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EMOTIONAL WELLBEING TEAM KENT
EMOTIONAL SUPPORT TEAM MEDWAY

NELFT NHS
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Guidance for Management of Functional Neurological Disorders in Schools & Colleges

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1. Introduction

1.1. Context

This guidance was written with input from the local Child and Adolescent Mental Health Service, Mental Health Support Team, Educational Psychology Service, school staff, and students in a mainstream secondary school diagnosed with functional neurological disorder (FND). It was also circulated to professionals working in relevant specialist services and comments were used to inform the development of the guidance.

1.2. Introductory Statement

“Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.” (World Health Organization, 2022)

Schools and colleges have a responsibility to ensure the emotional wellbeing and mental health of students by creating a safe and nurturing environment that enables students to reach their potential.

“Governing bodies and proprietors should ensure they have clear systems and processes in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems.” Keeping Children Safe in Education (2023)[1]

Policies and procedures are developed to be followed with a view to ensuring the physical and emotional safety of both students and staff and students throughout the school day. A sample policy for management of functional neurological disorders (FND) has been included in Appendix 1.

2. Aim and objectives of this document

This document will provide an overview of FND in young people and guidelines for management of this presentation in an education setting.

Aim:

- To promote an evidence-based approach to supporting students presenting with FND, which supports the physical and emotional wellbeing of all students and staff.

Objectives:

- To ensure the safety and wellbeing of students presenting with FND
- To ensure staff understand FND (what it is, symptoms, causes, treatment)
- To ensure staff feel confident responding to FND in the education setting.

- To reduce the potentially negative impact of FND symptoms on the individual student and wider school community.

3. Understanding FND

3.1. What is FND?

Functional symptoms are:

- Physical symptoms in the body that appear to be caused by problems in the functioning of the nervous system, but which are not caused by a physical disease.
- Experienced by everyone (e.g., commonly experienced functional symptoms include blushing, headaches, and stomach aches).

FND is the diagnostic term that is given when functional symptoms have a significant impact on the individual. Common subtypes of FND are:

- motor weakness (e.g., walking difficulties, collapse)
- movement disorders (e.g., tremors and tic-like movements)
- seizure type symptoms (or non-epileptic attacks).

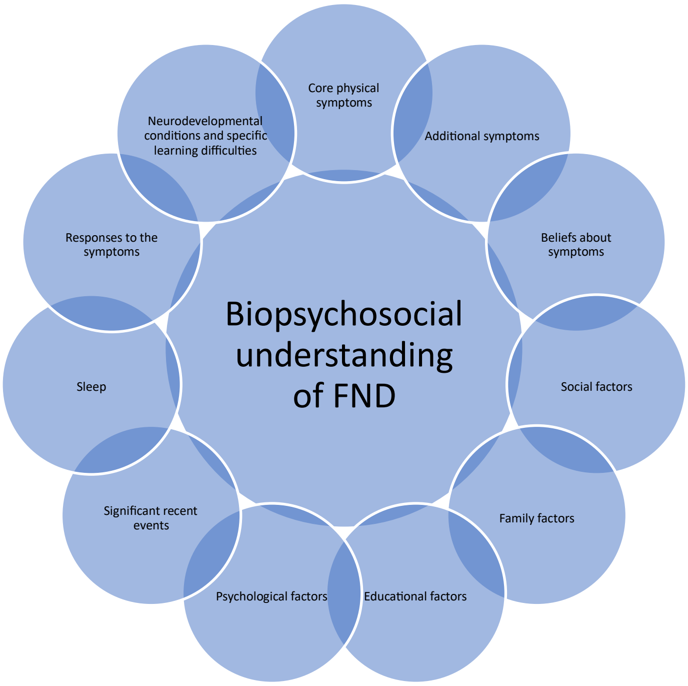
> *FND symptoms reflect problems with how the brain sends and/or receives signals to the body, which impacts on how the body responds to different tasks such as movement, control, and attention.*

Symptoms of FND often co-occur with other emotional well-being and mental health difficulties (e.g., anxiety, low self-esteem, self-harm). If left untreated, FND can have a negative impact on a student's daily life and functioning in different areas (e.g., friendships, education, family life)[2].

> *FND is most helpfully understood in a biopsychosocial context (see Figure 1) – as a problem occurring as a result of the interplay of biological, psychological, relational and school-related factors.*[3]

No single factor provides an explanation for FND. Therefore, the management of FND needs to be one that considers the range of contributory factors, with a consistent care approach across home and school settings being helpful to support each student[4].

Figure 1: A biopsychosocial understanding of FND



FND has been known by many other names over the years and some of these names continue to be used (e g., psychosomatic disorders, conversion disorder, medically unexplained symptoms (MUS), and functional symptoms).

3.2. How common is FND?

Whilst functional symptoms are common, FND is less common. Studies suggest that at least 16% of adults may have FND[5] and up to 10% of children may have FND[6]. It is also recognised that some functional symptoms (e.g., functional tics) became more common during and after the pandemic.[7, 8] Current research indicates that age of onset is typically early adolescence (e.g., 11 – 14 years) and that FND is more common in females than males (3:1 ratio)[9 – 12].

3.3. What are the symptoms of FND?

The onset of FND symptoms is typically sudden and unexpected. The symptoms of FND are wide ranging and can include:

- Sensorimotor symptoms (e.g., changes in bodily sensation, pain, visual changes, tremor, weakness, sharp uncontrollable muscle movements, muscle spasms, abnormal walking)
- Speech and swallowing problems (e.g., slurred speech, hoarse voice, hesitating whilst speaking, difficulty putting words together in a sentence)

- Cognitive disturbance (e.g., 'brain fog', memory difficulties, difficulty concentrating)
- Functional seizures

In addition to 'core symptoms,' there may also be additional physical and psychological symptoms that negatively impact quality of life (e.g., bladder and bowel dysfunction, fatigue, sleeping difficulties, low mood and anxiety)[13]. FND may worsen with an increase in attention to the symptoms (e.g., medical investigations, internal body scanning to 'check' on the symptoms) and the implementation of environmental supports that are aimed at helping the student manage (e.g., external aids to support muscle weakness, avoidance of aversive situations)[4].

3.4. How is FND diagnosed?

There is no single test for FND. It is diagnosed by a 'rule in' diagnostic process (i.e., a positive diagnosis of what is present as well as what is absent). This is based on physical examination and evaluation of other 'signs' within a biopsychosocial framework. Diagnosis will usually involve a neurologist, psychiatrist, or paediatrician, and may include other professionals e.g., a psychologist or other health professionals. According to DSM-V[14], to diagnose FND, there must be:

a) "one or more symptoms of altered voluntary motor or sensory function."
b) "Evidence of incompatibility between the symptom and recognized neurological or medical conditions as achieved through positive signs during physical examination".
c) "The symptom or deficit is not better explained by another medical or mental (health) disorder."
d) "The symptom or deficit causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or warrants medical evaluation."

3.5. What is the treatment?

Diagnosis and communication of this diagnosis is the first step in treating FND. Early diagnosis is preferable to support access to evidence-based treatment, with symptomatic recovery being possible[3,4].

For some people, reassurance that they do not have a serious underlying neurological or other medical disorder is an effective treatment[16].

The following guidelines for communicating the diagnosis are recommended:

1. Validating the symptoms as genuine (i.e., can be frightening and/or disabling)
2. Naming the condition (and reassuring that it is recognized and not uncommon)
3. Providing a model for understanding including a brief mechanistic explanation (e.g., "Sometimes your brain becomes overloaded and shuts down")
4. Outlining effective and ineffective treatments
5. Fostering hope about improvement / recovery[15]

Beyond this, current best practice suggests that treatment is informed by biopsychosocial principles considering physical symptoms, and relevant psychological/mental health, educational and sociocultural factors.

There are a range of different treatments available including psychoeducation, goal setting, learning stress reduction and relaxation techniques, building social support, attention training, CBT-informed interventions, and environmental considerations. Some young people may benefit from other types of psychotherapy, physiotherapy, motor relearning and sensory integration. This will depend upon the specific nature of FND.

Current research shows that different people respond differently to treatment, highlighting the importance of further research to understand how best to personalize treatments and develop new interventions.

3.6. What causes FND?

Physical or psychological difficulty may precede the onset of FND which is often sudden; however, evidence of a preceding significant event is not required for diagnosis[14]. The cause of FND is not known and is best understood in terms of 'risk factors' – that some factors make people more vulnerable to developing FND. Whilst psychological and social factors may play a part, they should not be considered as the sole cause.

Identified possible risk factors include:

- Difficulties at school[4] which could include social difficulties and/or unmet learning needs
- Minor injuries and other health issues[18,19]
- Biological and genetic factors such as increased sensitivity to pain or sensory processing difficulties[20]
- Common stressful family issues such as parental health concerns[21] and family conflict[22]

> *"Extraordinary life stressors are not required to trigger the disorder in children"*
> *(Gusmao, 2014[2]).*

An additional factor that is implicated in FND is neurodevelopmental conditions including autism and specific learning difficulties, which could be undiagnosed[7,23]. Therefore, potential neurodevelopmental conditions should be taken into consideration when developing an understanding of a student presenting with FND.

4. Listening to the voices of students with FND

Students with FND were asked “How can staff in your school support you?” These are their responses:

- “Treat me like a normal person”.
- “Don’t panic”
- “Try everything to enable me to stay in lessons”.
- “Make me laugh”.
- “Don’t isolate or exclude me”.
- “Treat me as an individual”
- “Help me to have a close connection with a teacher”.
- “If we miss lessons, help us to stay in the ‘flow’ of the class and not miss out”.

Students also highlighted the impact of the stigma associated with FND and how the responses of others, both students and staff, could impact negatively upon them. The value of developing an understanding of their symptoms and FND being a recognized condition was reported to be helpful, but at the same time, the importance of recognizing that whilst the ‘label’ might be the same, one person’s experience was likely to be different to another person’s experience.

5. Good practice in schools and colleges

The aim of good practice in schools and colleges is to promote symptomatic recovery for the students, and to minimise the impact of a student’s FND presentation on themselves and others. This takes place through recognition, understanding, support and evidence-based management. A policy for management of FND will support with this process.

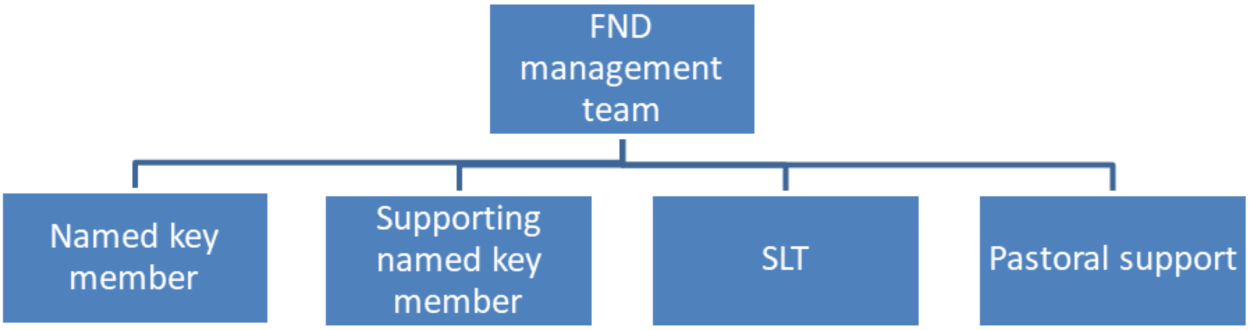
5.1. Establishing a FND support team

It is recommended that a FND support team is established. The role of the FND support team is to ensure the following:

- A swift response
- Consistency in approach
- Containment of the situation and resulting anxiety
- Minimising opportunity for ‘contagion’
- Joined up thinking.

The FND support team should include: a key member, a supporting key member, a member of the senior leadership team and a member of the pastoral support team (see Figure 2). Other members of staff may be co-opted to assist if necessary.

Figure 2: Organisational structure of an FND support team

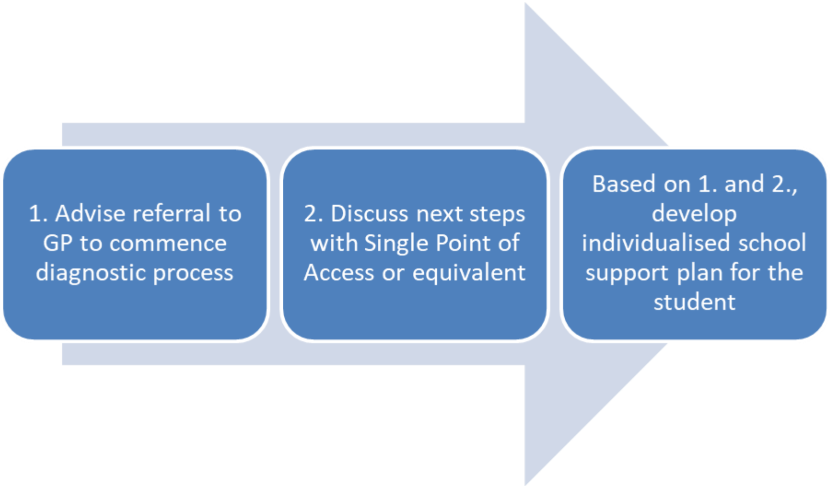


The named key member of staff will act to coordinate responses both in school and with parents/carers and other agencies, as well as share information with all relevant parties. This includes the completion and dissemination of the FND policy.

5.2. What to do when a FND is suspected

When FND is suspected, parents/carers should be advised to seek GP consultation to commence a process that will lead to an appropriate diagnosis. Next steps can also be usefully discussed with the Single Point of Access (or equivalent) for the local Child and Adolescent Mental Health Services (CAMHS). Where FND is diagnosed, based on the outcome of the assessment and any additional guidance provided, it is recommended that an individualized school support plan is developed. See Figure 3.

Figure 3: Steps to take when FND is suspected:



Additional support will be available from other services e.g., Mental Health Support Teams, educational psychology services and national resources (see Appendix 2: Additional Resources).

5.3. What to do when FND has been diagnosed

When FND has been diagnosed, it is important that there is a prompt response within the education setting, working in collaboration with the student, parents/carers and staff.

The following steps should be followed, where possible:

1. A meeting with student and parent/carer to understand the student's individual experience of FND. To:
    a. identify triggers.
    b. identify protective factors.
    c. identify times of 'exception'.
    d. establish what may be helpful when experiencing symptoms of FND

   This may be supported by the use of an 'ABC' (antecedent, behaviour, consequence) chart (see Appendix 3) to identify patterns.

2. To share psychoeducation resources and distraction/grounding/relaxation techniques (see Appendices 2 and 4).
3. Agree an individual support plan with the student, including details of the plan for times of increased vulnerability (e.g., moving from one part of the school to another, exams) (see Appendix 5).
4. Consider the impact of attentional focus (e.g., symptom checking, focus on internal bodily sensations) and ways in which environmental adaptations / reorganisation around FND may perpetuate the symptoms (e.g., a student having permission to leave the classroom if feeling like an episode may be about to occur).
5. Consider whether FND episodes reflect specific difficulties. Specific learning difficulties (e.g., for maths/English) and/or social anxiety may be present, and additional support and/or assessment may be required.
6. Maintain a focus on reengagement with 'normal' life.

> *The aim of the support put in place is to enable the student to participate as fully in school life as possible, rather than avoiding situations that may lead to the onset of symptoms of FND, which can contribute to a worsening of symptoms and a greater negative impact on learning, and social and emotional wellbeing.*

Formulation

It is beneficial to have a shared understanding of the individual student's experience of FND, as this will usefully inform the management approach. Developing a 'formulation' is an evidence-based approach to this, which can be done as part of the initial meeting with the student and parent/carer. A template and example formulation are included in Appendix 6.

Individual support plans

Individual support plans should be created at the earliest opportunity with staff, the student and parent/carer, with an emphasis on the student's views. A template is included in Appendix 5. The student may also choose to develop a brief social script to use if peers ask about symptoms.

School management plans

It may be necessary to develop a school management plan where there are several young people experiencing FND. A sample management plan for students with functional seizures (also known as non-epileptic attack disorder) is included in Appendix 7. To inform the development of the school management plan, it may be useful to develop a formulation at a whole school or group level. A template and example formulation are included in Appendix 8.

6. Working in partnership with parents and carers

Effective partnership working with parents and carers is key to ensuring the best outcomes for students with FND, as a shared understanding and agreed approach to support is necessary to ensure consistency across home and school settings. The following is advised:

- Invite parents and carers to be part of developing a shared understanding of FND symptoms in the education setting context and to join discussion about an individual support plan.
- Share policy for management of FND with parents and carers.
- Recognise that parents and carers will respond differently to learning about their child's FND and have different expectation of their child's school / college.
- Allow time to discuss any concerns / questions with parents and carers.
- Provide psychoeducation / signposting for parents and carers.

7. Supporting staff in the education setting

The everyday management of students with FND will place additional pressure on staff in education settings. FND symptoms (e.g., seizures) can be distressing and anxiety-provoking to witness. Staff may experience a range of emotions including fear, shock, helplessness, sadness, and frustration.

These emotions and others are all understandable responses to difficult situations and may be compounded by uncertainty around FND and appropriate management techniques.

Education settings have a duty of care towards employees, which includes the need to ensure that staff are adequately trained and supported to respond to difficult situations. One of the functions of this guidance is to ensure that staff feel confident and reassured about taking an evidence-based approach to the management of FND and are supported by the senior leadership team to do so.

Where appropriate, it is advised that additional specific support for staff most affected is put in place, e.g., supervision, debriefing, additional training. Support and advice for schools can be sought through the Local Inclusion Forum Team (LIFT) meetings.

Practical suggestions for staff include:

Try to recognise and understand your own thoughts and feelings

Discuss your feelings with colleagues or supervisors/managers

Identify you support networks and seek support

Look after yourself (make sure that you prioritise your own health and wellbeing)

8. Supporting the wider school community

8.1. Supporting friends and peers

When a student has FND or there is a group of young people with FND, it can be a difficult time for friends and peers. Friends and peers will often want to support but not know how to do so. Friends and peers may also be frightened by what they are witnessing in school (e.g., a functional seizure). It is useful to consider on an individual basis who may need additional support. This support can then be provided either individually or in a group. Decisions about what information to share should be led by the student with FND and their parents/carers, and may usefully include:

- What is helpful for friends to know?
- Is there anything that you do not want your friends to know?
- Is there anything that your friends should avoid doing?

- Is there anything that your friends can do to support you?

Friends and adults may change the way in which they respond to the student with FND in an attempt to help or keep them safe (called reorganisation). This can sometimes have the unwanted effect of maintaining or increasing FND symptoms. Conversations between the student with FND and friends should be informed by what is known, about the way in which reorganisation around FND symptoms may perpetuate the difficulties.

For friends and peers, the following may be useful:

- Information about how to access reliable sources of information about FND.
- Where and how to access emotional wellbeing and mental health support for themselves.

Providing this information to individuals or small groups is preferable to raising the issue in large school groups such as a lesson or assembly. This is to ensure that students feel comfortable to ask any questions and discuss as necessary, and to reduce the risk of social contagion.

8.2. Social contagion

Social and cultural factors can play a role in the development of FND and there are many accounts of ‘outbreaks’ of functional symptoms within communities (e.g., O’Sullivan, 2021)[24]. Historically, these ‘outbreaks’ have been confined to a spread amongst people who shared a physical location. However, there is increasing recognition of dissemination through social media. Hull & Parnes (2021)[25] found that six adolescent girls with functional tics all reported exposure to a specific social media personality before symptom onset. Therefore, cautious use of less regulated areas of social media is advised.

It is possible that the attentional focus component of FND may have a role here insofar as if students witness or hear about other students presenting with FND, this may lead to increased attention on internal and external sensory experiences, which in turn may become a precursor for the development of FND.

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Appendices

Appendix 1

Functional neurological disorder policy template

This policy should be adapted to meet the needs of the individual education setting, ensuring that there is adherence to the evidence-based good practice guidance. The policy should be written in conjunction with the individual education setting's safeguarding policy and approved via usual processes.

The policy should be regularly reviewed, and where possible, students and their parents and carers, should be part of this review.

Functional neurological disorder policy	[*Name of education setting*]	
Document status	[*In development/under review/completed*]	
Date of next review		Name of person responsible for next review:
Date of policy creation		
Date of policy adoption by governing body		
Method of communication (e.g., website)	Staff: Parents/carers: Other:	

1. Aims and objectives

Aim:

- To promote an evidence-based approach to supporting students presenting with FND, which supports the physical and emotional wellbeing of all students and staff.

Objectives:

- To ensure the safety and wellbeing of students presenting with FND.
- To ensure staff feel confident responding to FND in the education setting.
- To reduce the potentially negative impact of FND symptoms on the individual student and wider school community.

2. Understanding FND

Functional symptoms are:

- Physical symptoms in the body that appear to be caused by problems in the functioning of the nervous system, but which are not caused by a physical disease.
- Experienced by everyone (e.g., commonly experienced functional symptoms include blushing, headaches, and stomach aches).

FND is the diagnostic term that is given when functional symptoms have a significant impact on the individual. Common subtypes of FND are:

- motor weakness (e.g., walking difficulties, collapse)
- movement disorders (e.g., tremors and tic-like movements)
- seizure type symptoms (or non-epileptic attacks).

FND symptoms reflect problems with how the brain sends and/or receives signals to the body, which impacts on how the body responds to different tasks such as movement, control, and attention.

FND is most helpfully understood in a biopsychosocial context (see Figure 1) – as a problem occurring as a result of the interplay of biological, psychological, relational and school-related factors.[3]

The management of FND needs to be one that considers the range of contributory factors, with a consistent care approach across settings.

3. Roles and responsibilities

FND support team

<Insert school name here> has established a FND support team consisting of the following personnel:

- Key member of staff
- Supporting key member of staff
- Member of SLT
- Member of pastoral support team

The key member of staff will act as ‘team leader’, with the supporting key member of staff taking this role in her/his absence. The FND support team may co-opt other members of staff to assist them, should they deem it necessary.

Role of key member of staff

- The key member of staff alerts team members to the situation and convenes a meeting of the team to decide next steps and responsibilities of each team member including:

    1. Contacting outside agencies for support e.g., Educational Psychology Service, Mental Health Support Team, Child and Adolescent Mental Health Services, Area Education Officer, local GPs and if necessary, Area Education Safeguarding Officer.
    2. Agreeing a way of maintaining regular contact with all relevant parties.
    3. Coordination of all correspondence and records (all team members will keep records of phone calls, letters, meetings, interventions etc.)
    4. Undertaking a risk assessment and organising the supervision of students in the school, as appropriate.
    5. Meeting students to brief them on the situation.
    6. Identifying the needs and taking care of ‘vulnerable students’ and/or ‘vulnerable staff’.
    7. Meeting with individual parents/carers or groups of parents/carers.
    8. The role of the team will also be to explore contributing factors at the whole school, group and individual levels in order to effect positive change. Supporting documents (e.g., 5 Ps formulation model) can be reviewed jointly with other staff members and/or outside agencies.
- The key member of staff will keep staff updated on information/developments/progress and note their feelings and concerns.
- Liaise with the relevant families and other agencies.
- Write individual school support plans with relevant others including the student and share with all relevant adults in school and with parents/carers and other involved agencies.

Confidentiality and consent

This should be approached in the same way as it is for all other safeguarding, emotional wellbeing and mental health concerns. The approach should be clear and consistent, and communicated to staff, students and parents/carers.

FND support team

Name	Role	Contact number	Email
	Key member		
	Supporting key member		
	Member of SLT		
	Pastoral staff		
	Others (as appropriate)		

Additional important contact details

Name / organisation	Contact number	Email
Emergency Services	999	
Area Education Officer		
Duty Emergency Planning Officer		
Educational Psychology Service		
CAMHS		
Others (as appropriate)		

4. Steps to take when FND is suspected

1. Parents/carers of the student to be advised to seek GP consultation to commence a process that will lead to an appropriate diagnosis.
2. Next steps discussed with the local Child and Adolescent Mental Health Services. <Insert relevant local process here, e.g., Single Point of Access>
3. Where FND is diagnosed, develop an individualized support plan for the student, taking into account the outcome of the assessment and any additional guidance provided (see below).

4. Signpost parents/carers, students, and staff (where appropriate) to additional support available.

5. What to do when FND has been diagnosed

When FND has been diagnosed, <insert name of education setting> will ensure a prompt response working in collaboration with the student, parents/carers and staff.

The following steps will be followed:

1. A meeting with student and parent/carer to understand the student’s individual experience of FND. To identify triggers, protective factors, times of ‘exception’, and establish what may be helpful when experiencing symptoms of FND.

This may be supported by the use of an ‘ABC’ (antecedent, behaviour, consequence) chart to identify patterns. It is beneficial for this to be completed with specific detail (e.g., in which lesson the FND symptoms occurred, who was involved in any response).

2. Share psychoeducation resources and distraction/grounding/relaxation techniques.
3. Agree an individual school/college support plan with the student, including details of the plan for times of increased vulnerability.
4. Consider the impact of attentional focus and ways in which environmental adaptations / reorganisation around FND may perpetuate the symptoms.
5. Consider whether FND episodes reflect specific difficulties, and whether additional support and/or assessment may be required.
6. Maintain a focus on reengagement with ‘normal’ life.

> *The aim of the support put in place is to enable the student to participate as fully in school life as possible, rather than avoiding situations that may lead to the onset of symptoms of FND, which can contribute to a worsening of symptoms and a greater negative impact on learning, and social and emotional wellbeing.*

School management plans

Where there is a group of students experiencing FND, an education setting-wide management plan will be developed.

6. Staff support

At <insert name of education setting> we recognise our duty of care towards our employees, and the need to ensure that staff are adequately trained and supported to respond to difficult situations. One of the functions of this policy for management of FND is to ensure that staff feel confident and reassured about taking an evidence-based approach to FND and supported by the senior leadership team to do so.

Where appropriate, we will put in place additional specific support for staff most affected.

<Add details of general wellbeing support available to staff, and specific support if available.>

Practical suggestions for staff include:

Try to recognise and understand your own thoughts and feelings

Discuss your feelings with colleagues or supervisors/managers

Identify you support networks and seek support

Look after yourself (make sure that you prioritise your own health and wellbeing)

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7. Supporting the wider school community

Support will be made available on to friends and peers on an individually informed basis. Where appropriate, the following will be shared:

- Information about how to access reliable sources of information about FND
- Where and how to access emotional wellbeing and mental health support for themselves

In order to promote emotional wellbeing and mental health, and reduce the risk of social contagion, where appropriate, information will be provided to individuals or small groups, rather than in large groups.

Appendix 2

Additional resources

Neurosymptoms – FND Guide

Neurosymptoms is an information, resource and advice website. It was created and is managed by Professor Jon Stone, Consultant Neurologist and Honorary Professor, who is a leading expert in the field.

Functional Neurological Disorder (FND) – A Patient's Guide to FND (neurosymptoms.org)

Great Ormond Street Hospital for Children [NHS]

Great Ormond Street is a leading NHS children's and young people's hospital in London, UK. This document provided information for families supporting those with FND.

Functional_symptoms_F2324_A5_col_FINAL_Jun20.pdf (gosh.nhs.uk)

Epilepsy Actions

Epilepsy Actions is a national charity providing information and support. This webpage includes information about FND and signposts to specific FND information or support organisations.

https://www.epilepsy.org.uk/info/diagnosis/dissociative-seizures-non-epileptic-attack-disorder-nead

Neurokid

Neurokid.co.uk is an information website which has strategies for managing FND. It provides information for young people and their families.

https://www.neurokid.co.uk/strategies/

Get Self Help

Getselfhelp.co.uk provides cognitive behaviour therapy self-help and therapy resources. The emergency bag box or soothe box provides ideas for a 'tool kit' of sensory, grounding and breathing exercises to help young people develop techniques for use when they need them.

https://www.get.gg/media/jw3f22du/emergencybagbox.pdf

Appendix 3

ABC Chart

Antecedent	**Behaviour**	**Initial consequence**	**Final consequence**
(what happened right before the behaviour?)	*(what happened?)*	*(what happened in response to the behaviour?)*	*(what was the final outcome?)*
Student is asked to present in English class.	*Student collapses during presentation.*	*Student taken to school nurse by friends.*	*Student was collected from school by parent and taken home.*

Appendix 4

1. Star breathing

In 'Star Breathing', we are timing our breathing with movement around a star.

Put your finger on the starting point.

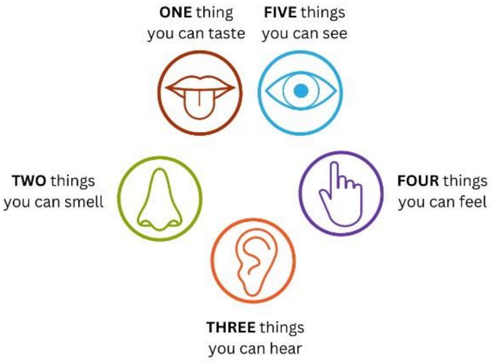
As you finger moves up the star, breathe in for a count of 3.

When it reaches the top of the point, hold your breath for a count of 3.

When your finger moves down the star, breathe out for a count of 3.

Repeat this for each point of the star.

2. 5-4-3-2-1 Grounding Technique



In this exercise we are becoming more aware of our environment.

Take notice of **FIVE** things you can see:

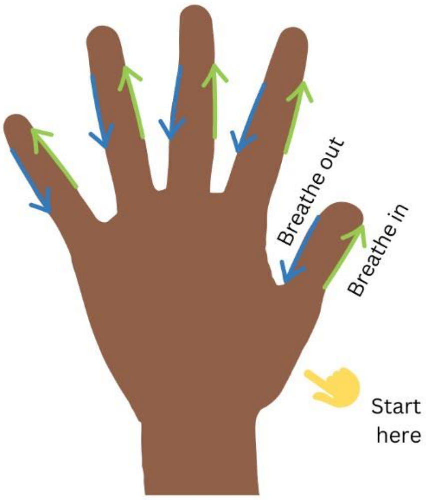
Take notice of **FOUR** things you can feel.

Take notice of **THREE** things you can hear.

Take notice of **TWO** things you can smell.

Take notice of **ONE** thing you can taste.

3. Finger breathing



In this exercise, we are tracing one hand with a finger from the other, breathing in as we go up the finger and breathing out as we go down the finger.

Put your finger on the starting point.

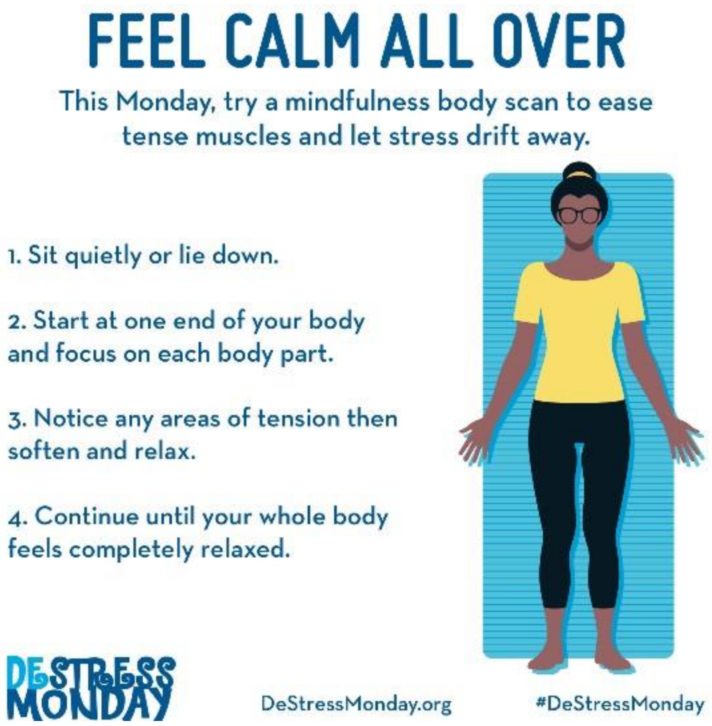
Breathe in as you go up the thumb for a count of 3.

At the top of the thumb, hold for a count of 3.

Breathe out as you go down the thumb for a count of 3.

Repeat this for each finger.

4. Body scan



FEEL CALM ALL OVER

This Monday, try a mindfulness body scan to ease tense muscles and let stress drift away.

1. Sit quietly or lie down.
2. Start at one end of your body and focus on each body part.
3. Notice any areas of tension then soften and relax.
4. Continue until your whole body feels completely relaxed.

DeStressMonday.org #DeStressMonday

(The Monday Campaigns, 2020)

5. Progressive muscle relaxation

RELAX YOUR MUSCLES GRADUALLY TO RELIEVE STRESS THIS MONDAY

Progressive muscle relaxation helps you ease tension in every part of your body, one muscle group at a time. Tense up each muscle group for a few seconds, then release the tension and feel yourself let go.

(The Monday Campaigns, 2020)

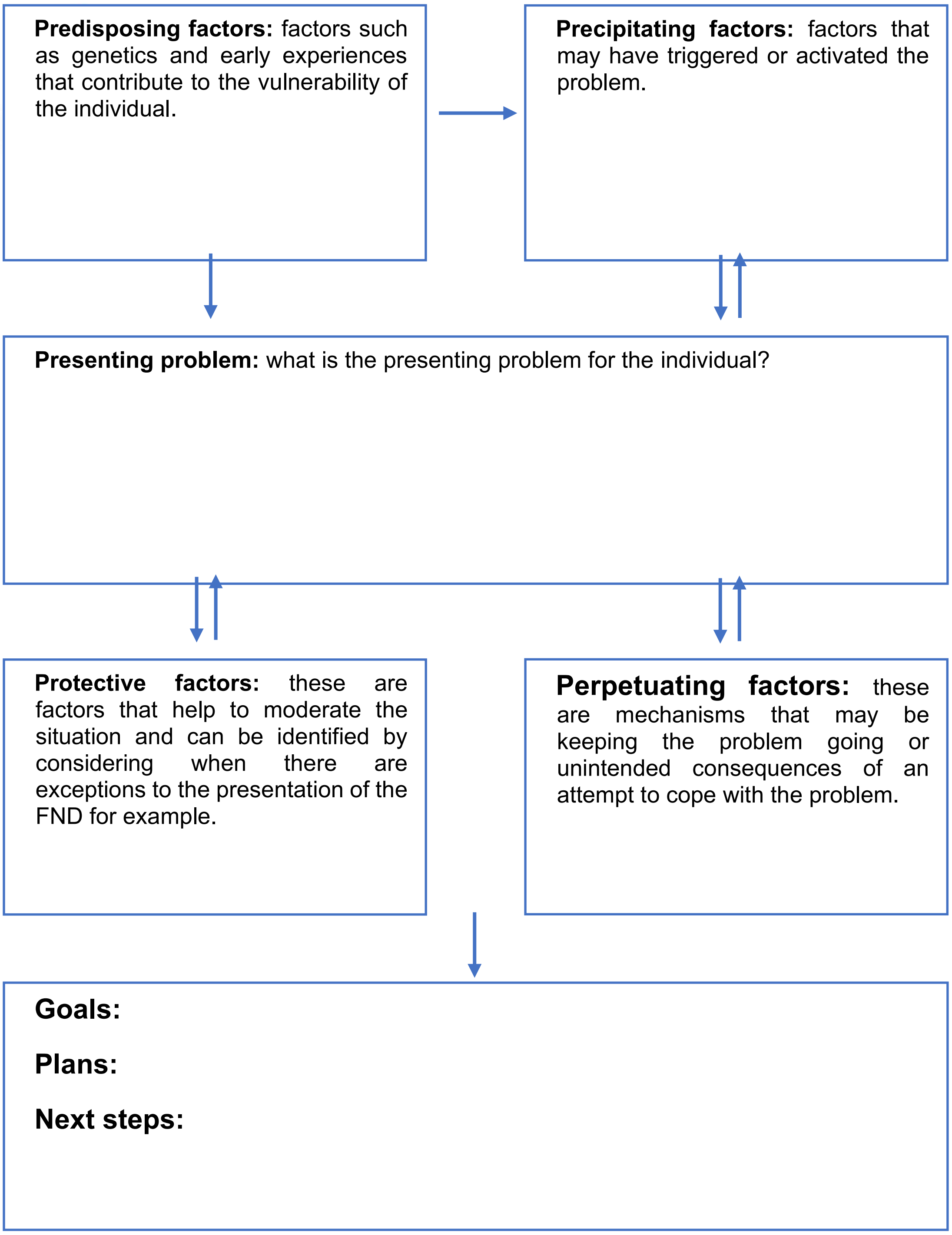
Appendix 5

Individual support plan

My school support plan	
What makes an episode more likely?	
What helps? What can I do? What would I like others to do?	Before an episode:
	During an episode:
	After an episode:
What can I say to anyone who asks about FND?	
Plan for times when a different approach is required	E.g., P.E., home economics
Additional support	

Appendix 6

The 5 Ps formulation model: Individual (blank)



Predisposing factors: factors such as genetics and early experiences that contribute to the vulnerability of the individual.

Precipitating factors: factors that may have triggered or activated the problem.

Presenting problem: what is the presenting problem for the individual?

Protective factors: these are factors that help to moderate the situation and can be identified by considering when there are exceptions to the presentation of the FND for example.

Perpetuating factors: these are mechanisms that may be keeping the problem going or unintended consequences of an attempt to cope with the problem.

Goals:

Plans:

Next steps:

Adapted from: Weerasekera P (1996) Multiperspective Case Formulation: A Step Towards Treatment Integration. Krieger: Malabar, FL.

The 5 Ps formulation model: Individual (Example)

Predisposing factors:

I am sensitive to things like noises, lights and patterns, and temperatures.

I want to do all my schoolwork right and I hate getting into trouble.

Some of my family have historical problems with things like migraines and pain.

Precipitating factors:

Exam periods, and lessons that I find more difficult.

Sudden loud noises, heat and bright lights

Poor sleep

Thinking that I really don't want an attack to happen now, like on the stairs.

My body becomes more and more tense.

Presenting problem:

- I begin to feel different and it's harder for me to think and speak.
- It begins to get harder to see.
- My neck and arm begin to shake.
- Sometimes I zone out and then come back and I am on the floor or leant over the desk. I don't know what happened.

Protective factors:

I practice and use my sensory grounding and breathing techniques.

My family and the school staff respond calmy and kindly. They reassure me and then help me get back to what we were doing in class.

There are people I can speak to in school when I am stressed like during exam time.

I have made some small adjustments, but I am still able to be part of after school clubs.

My family are very supportive.

I try to keep myself busy.

Perpetuating factors:

Focus or attention towards internal, physical sensations.

When people try to help in ways I don't like or makes the problem feel bigger like taking me home for the rest of the day.

Sometimes I worry if there is something else wrong with me. I've had lots of medical appointments.

I worry if other people believe me.

When I feel I am missing out on some of my classes and after school clubs or I feel like I am excluded.

Goals: To help manage when attacks happen

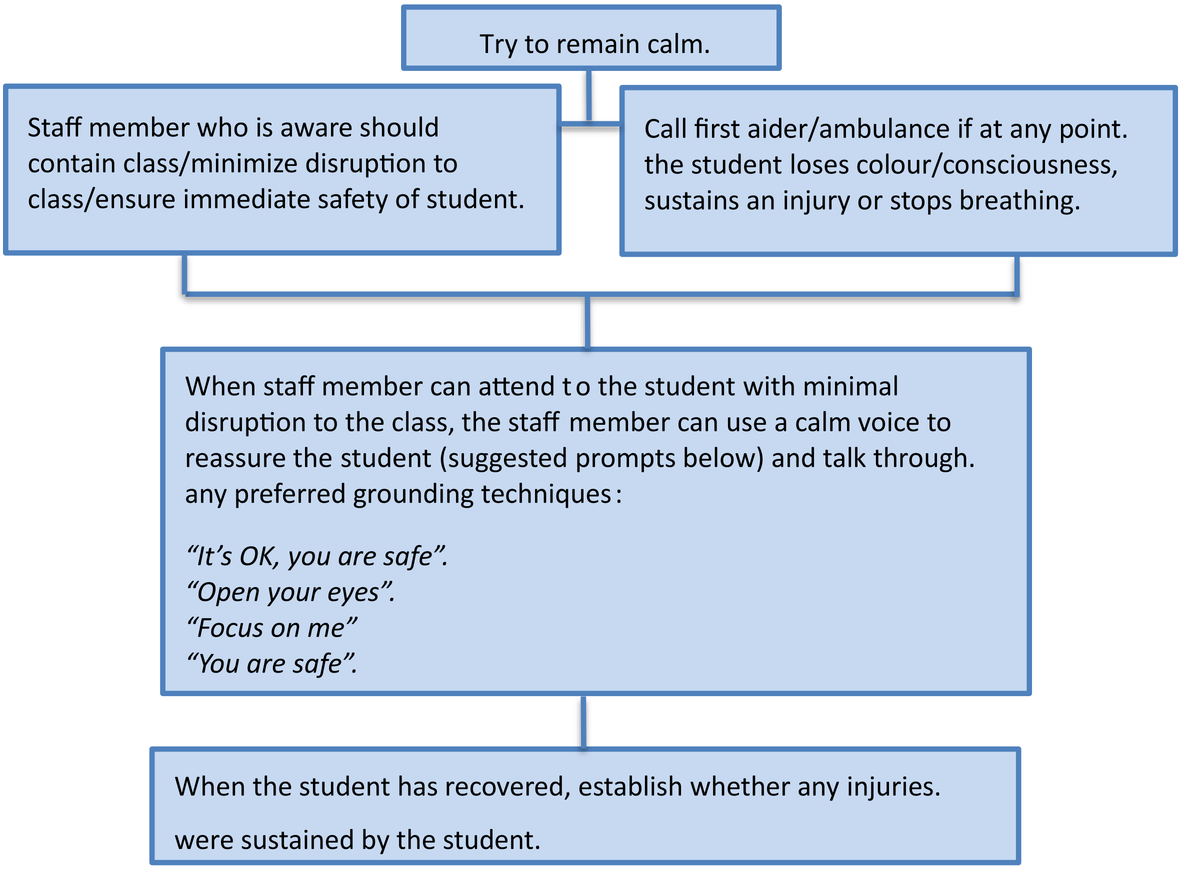
Plans: Creating a 'tool kit' of sensory, grounding and breathing techniques I can use.

Next steps: practicing my sensory, grounding and breathing techniques for when I need them.

Adapted from: Weerasekera P (1996) Multiperspective Case Formulation: A Step Towards Treatment Integration. Krieger: Malabar, FL.

Appendix 7

Management plan for students with functional seizures



Try to remain calm.

Staff member who is aware should contain class/minimize disruption to class/ensure immediate safety of student.

Call first aider/ambulance if at any point. the student loses colour/consciousness, sustains an injury or stops breathing.

When staff member can attend to the student with minimal disruption to the class, the staff member can use a calm voice to reassure the student (suggested prompts below) and talk through. any preferred grounding techniques:

"It's OK, you are safe".
"Open your eyes".
"Focus on me"
"You are safe".

When the student has recovered, establish whether any injuries.

were sustained by the student.

What to do if a functional seizure happens in:

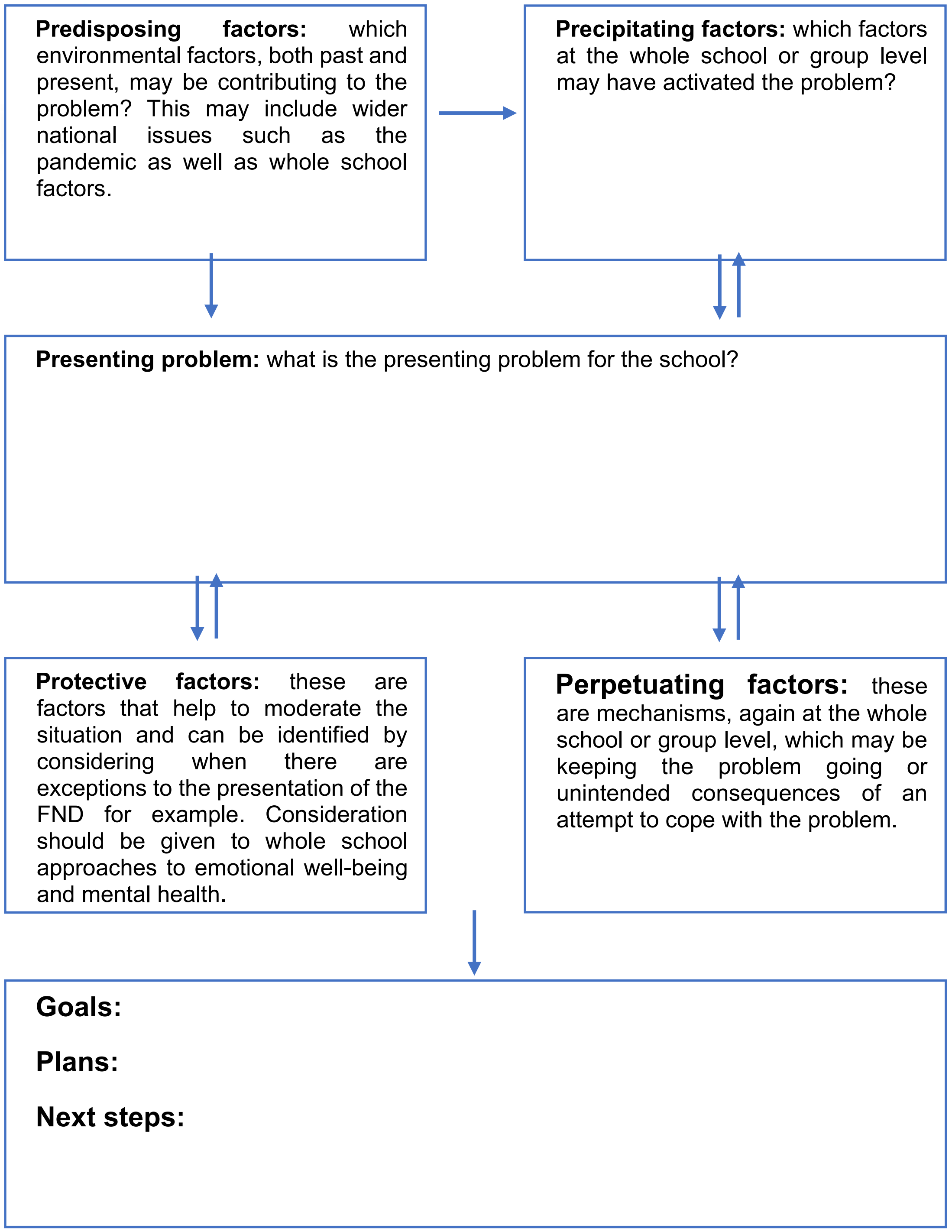
Exams – outline specific plans for exams.

Lessons that may present additional risks to a student experiencing a functional seizure (e.g., food technology, science, dance). Sspecific risk assessments should be completed.

Break time / lunchtime – outline specific plans if required.

Appendix 8

The 5 Ps formulation model: Whole school or group level (blank)



Predisposing factors: which environmental factors, both past and present, may be contributing to the problem? This may include wider national issues such as the pandemic as well as whole school factors.

Precipitating factors: which factors at the whole school or group level may have activated the problem?

Presenting problem: what is the presenting problem for the school?

Protective factors: these are factors that help to moderate the situation and can be identified by considering when there are exceptions to the presentation of the FND for example. Consideration should be given to whole school approaches to emotional well-being and mental health.

Perpetuating factors: these are mechanisms, again at the whole school or group level, which may be keeping the problem going or unintended consequences of an attempt to cope with the problem.

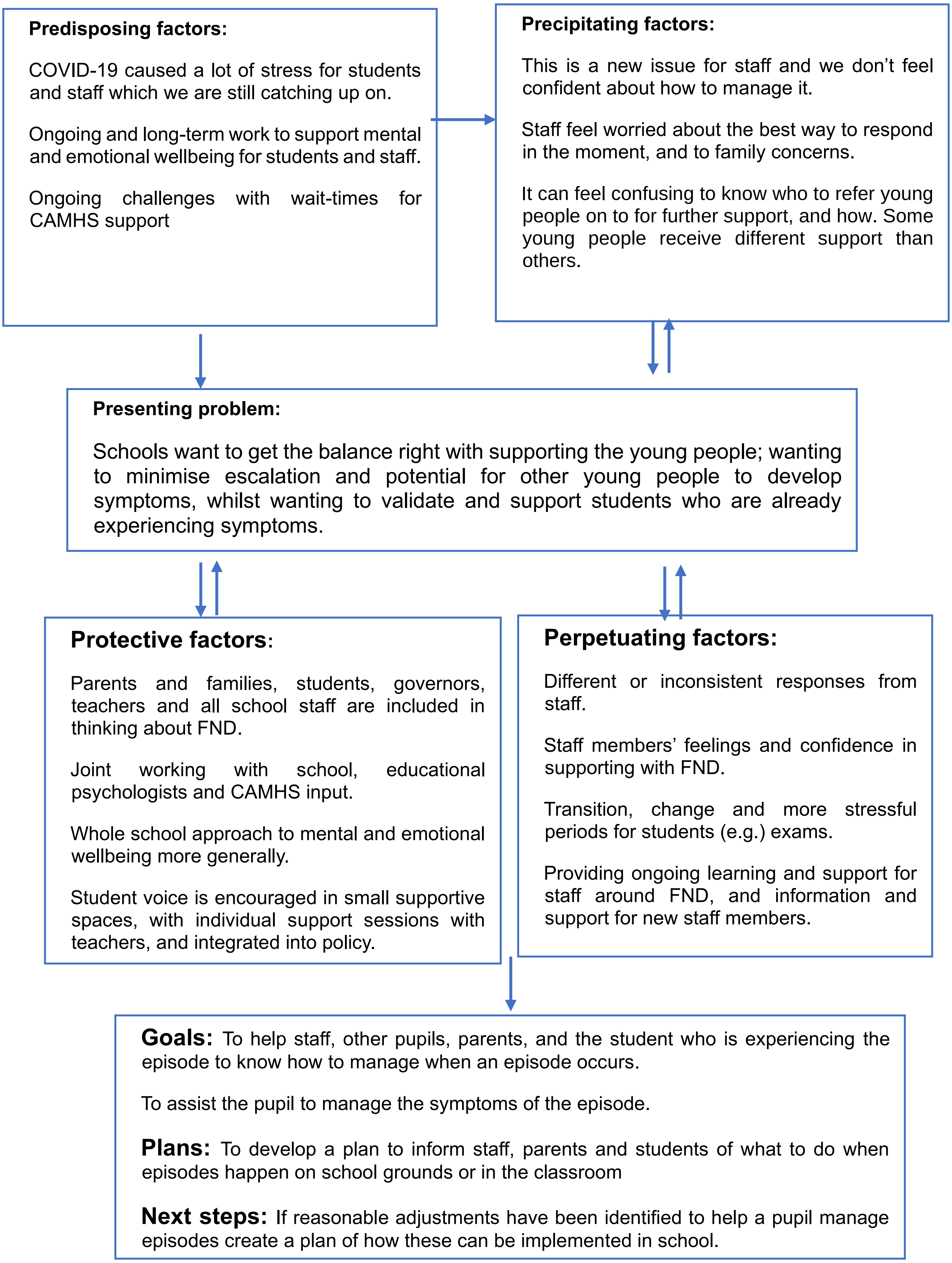
Goals:

Plans:

Next steps:

Adapted from: Weerasekera P (1996) Multiperspective Case Formulation: A Step Towards Treatment Integration. Krieger: Malabar, FL.

The 5 Ps formulation model: Whole school or group level (example)



Predisposing factors:

COVID-19 caused a lot of stress for students and staff which we are still catching up on.

Ongoing and long-term work to support mental and emotional wellbeing for students and staff.

Ongoing challenges with wait-times for CAMHS support

Precipitating factors:

This is a new issue for staff and we don't feel confident about how to manage it.

Staff feel worried about the best way to respond in the moment, and to family concerns.

It can feel confusing to know who to refer young people on to for further support, and how. Some young people receive different support than others.

Presenting problem:

Schools want to get the balance right with supporting the young people; wanting to minimise escalation and potential for other young people to develop symptoms, whilst wanting to validate and support students who are already experiencing symptoms.

Protective factors:

Parents and families, students, governors, teachers and all school staff are included in thinking about FND.

Joint working with school, educational psychologists and CAMHS input.

Whole school approach to mental and emotional wellbeing more generally.

Student voice is encouraged in small supportive spaces, with individual support sessions with teachers, and integrated into policy.

Perpetuating factors:

Different or inconsistent responses from staff.

Staff members' feelings and confidence in supporting with FND.

Transition, change and more stressful periods for students (e.g.) exams.

Providing ongoing learning and support for staff around FND, and information and support for new staff members.

Goals: To help staff, other pupils, parents, and the student who is experiencing the episode to know how to manage when an episode occurs.

To assist the pupil to manage the symptoms of the episode.

Plans: To develop a plan to inform staff, parents and students of what to do when episodes happen on school grounds or in the classroom

Next steps: If reasonable adjustments have been identified to help a pupil manage episodes create a plan of how these can be implemented in school.

Adapted from: Weerasekera P (1996) Multiperspective Case Formulation: A Step Towards Treatment Integration. Krieger: Malabar, FL.