FND Resources Teen

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Agenda

Topics Covered

- What to do NOW
- Flare up plan + Tool kit
- Support Team
- FND Response Plan
What to do NOW (and for flares)

Reset Protocol
Do this now and during flares

Found in Workbook
Created for kids & teens out of necessity
Reset Protocol

Who does it
Anyone who has or is supporting someone with FND

When to use it
Now and when you have flare ups

Why it works
Facilitates better body/brain signalling
It begins with a script
Hello, my incredible body. Thank you, for all you have carried and endured to help me get through.

That. Was. A. Lot.
I see you.
I hear you.
You are not broken.

You are telling me what we need. Thank you for speaking up, when I could not.
We deserve to rest and reset.

To reconnect...
What we do this weekend, we do because we are worthy of great care, and deep joy.
THE RESET PROTOCOL
Fun, Gentle and Backed by Brain Science

DAYS 1 & 2 SELF TALK SCRIPT:
YOU ARE SAFE.
I AM LISTENING NOW. THIS IS OUR TIME TO REST AND RESET.

DAY 3 SELF TALK SCRIPT:
THANK YOU. I HEAR YOU AND I PROMISE TO TAKE CARE OF YOU, SO YOU DON'T HAVE TO SHOUT.
I'M IN CHARGE, YOU CAN WORK.

CIRCLE AT LEAST 3 EXERCISES TO COMPLETE EACH DAY FOR 3 DAYS

- "Body Scan Meditation" find on Youtube
- Get and give a massage
- Dance to music in the living room with one or more of your FND support team
- Switch from very cold to hot during a shower
- Use a TENS machine on a comfortable vibration level on your back, legs and arms
- Buy a baby hospital brush to brush your skin gently
- Lay under a weighted blanket, breathe in aromatherapy while listening to relaxing music
- Journal for 30 minutes each day
- Sit, nap, walk in nature
Build your Tool Kit

Sensory
- TENS Machine
- Massage bar or cream you like
- Baby hospital brush
- Weighted Blanket or vest
Build your Tool Kit

Olfactory & Tactile
- Sour candy
- Putty
- Aroma therapy drops

Physiologic
- Support stockings
- Water
- Gatorade
- Salt/Vitamin D/Omega 3
- Eating schedule
- Bedtime routine
- Pulse oximeter
- Calmigo device
Form your Squad

Emotional/Social Support
- Identify your support team
- Assign roles
- Follow positive FND providers and role models on Social (if you do that)

MY FND SUPPORT TEAM

AN ADULT I LIVE WITH OR AM CLOSE TO WHO CAN HELP ME WITH MY REWIRING WORK IS: _____________________.

A FRIEND WHO I CAN TELL ABOUT MY FND SYMPTOMS AND CAN HELP ME WITH MY REWIRING WORK IS: _____________________.

AN ADULT AT SCHOOL/WORK WHO I CAN REACH OUT TO WHEN I NEED HELP REGULATING MY NERVOUS SYSTEM IS: _____________________.

MY PRIMARY CARE PROVIDER HAS SENT REFERRAL FOR ME FOR:

☐ OT  ☐ PT

OCCUPATIONAL THERAPISTS (OT) AND PHYSICAL THERAPISTS (PT) ARE BRAIN REWIRING EXPERTS. THEY HELP ME REGAIN FUNCTION AND ABILITY. I WILL SEE MY OT/PT WEEKLY/MONTHLY. I WILL WORK WITH THEM ON HOW MANY SESSIONS WE WILL NEED.

MY OTHER BRAIN REWIRING EXPERT KNOWS ABOUT PSYCHOLOGY. THEIR NAME IS: _____________________.

Make a plan

Care Coordination
- Create an FND Response Plan
- Edit Letters to fit your needs and share with your care team
- If you are missing key people from your care team, I'll show you how to find them!
FND RESPONSE PLAN

NAME/DOB: ____________________________

I, ____________________________, have been diagnosed with functional neurological disorder, by my health care provider. Symptoms can happen throughout the day or in episodes. Episodes are similar to panic attacks, **are not medical emergencies** and get better when responded to correctly. This form must be reviewed, completed and signed by a provider in order to be valid.

FOR ME, FND LOOKS LIKE:

_____________________________

_____________________________

_____________________________

_____________________________

MY WARNING SIGNS

WHAT TO DO IF AN EPISODE IS ABOUT TO HAPPEN

□ Give me a reassuring nonverbal signal that I know means, "I'm here. You are going to be okay."

□ Remind me to use a coping skill to regulate my nervous system.

WHAT TO DO DURING

□ Remain calm.

□ ____________________________

□ ____________________________

WHAT TO DO AFTER

□ ____________________________

□ ____________________________
WHAT TO DO DURING

☐ REMAIN CALM.
☐ SPEAK POSITIVELY ABOUT ME OR BETTER YET, NOT AT ALL. I CAN HEAR YOU AND ATTENTION MAKES IT WORSE.
☐ HELP ME SAFELY TO THE GROUND.
☐ COVER HARD SURFACES NEAR ME.
☐ SAY “YOU ARE HAVING AN FND EPISODE. YOU ARE SAFE. YOU HAVE THE TOOLS TO GET THROUGH IT. I AM HERE WHEN YOU ARE READY.” THEN GIVE ME PRIVACY AND SPACE.

WHAT TO DO AFTER

REINVOLVE ME/RETURN ME TO CLASS.

PRAISE ME ONE-ON-ONE FOR COPING THROUGH MY SYMPTOMS.

PLEASE WAIT UNTIL THE END OF THE DAY TO CONTACT MY GUARDIAN USING THEIR PREFERRED METHOD.

WHAT NOT TO DO

☐ DO NOT CALL AN AMBULANCE AUTOMATICALLY. (REASONS TO CALL LATER ARE INJURY OR CAN BE ADDED BY YOUR DOCTOR TO A SEPARATE LETTER). • DO NOT REMOVE ME FROM SCHOOL.
• DO NOT BEHAVE FRANTICALLY.
• DO NOT TIME THE EPISODES. UNLIKE EPILEPSY, THE CARE DOES NOT CHANGE AFTER 5 MINUTES.

Provider Signature:  
Date:  
Provider Name:  
Provider Contact: