FND Resources Teen







Agenda

Topics Covered

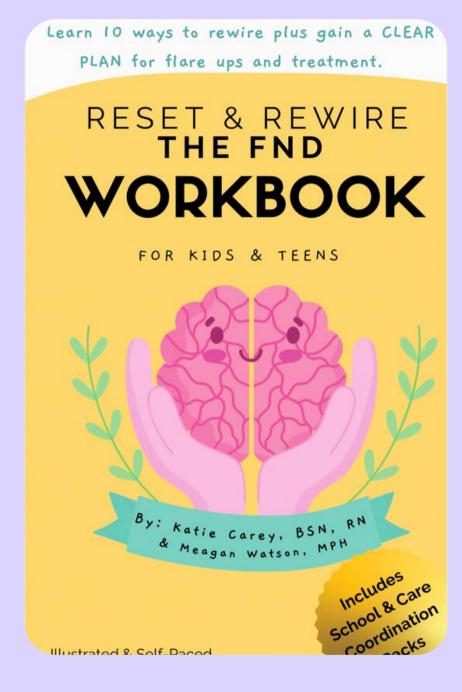
- What to do NOW
- Flare up plan + Tool kit
- Support Team
- FND Response Plan

What to do NOW (and for flares)



Reset Protocol

Do this now and during flares



Found in Workbook

Created for kids & teens out of neccessity

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.

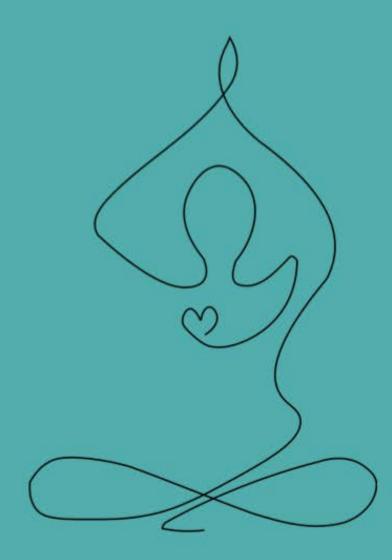
You are telling me what we need. Thank you for speaking up, when I could not.



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



Use a TENS machine on a comfortable vibration level on your back, legs and arms





Switch from very cold to hot during a shower



Journal for 30 minutes

Buy a baby hospital brush to brush your skin gently



Lay under a weighted blanket, breathe in aromatherapy while listening to relaxing music





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

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



"Body Scan Meditation" find on Youtube

Dance to music

in the living room

with one or

more of your FND

support team



Get and give a massage



Use a TENS machine on a comfortable vibration level on your back, legs and arms



Switch from very cold to hot during a shower



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

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

CLASSROOM FRIENDLY CALMING TIPS

for your nervous system



Temperature:

Cold will slow your heart rate.

Drink ice cold water. Rub

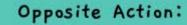
an ice cube on your wrist.





Suck on sour candy.

Engage all of your senses with the 54321 Method. (see Appendix) It will bring you out of your head and into the present moment.



Do something intentional with the affected body part. Press a shaking hand, swing a jerking arm, breathe deeply when you have the urge to tic cough.



Paced Breathing:
Try either Belly Breathing,
Box Breathing, or "Wait to
Exhale" (see Appendix)



After getting permission,
step away from what
you're doing or into the
hallway for 5-10
minutes.



Progressive muscle relaxation:

Start with the top of your body from head, shoulders, knees and toes. Tighten each muscle for 5 seconds and then release.

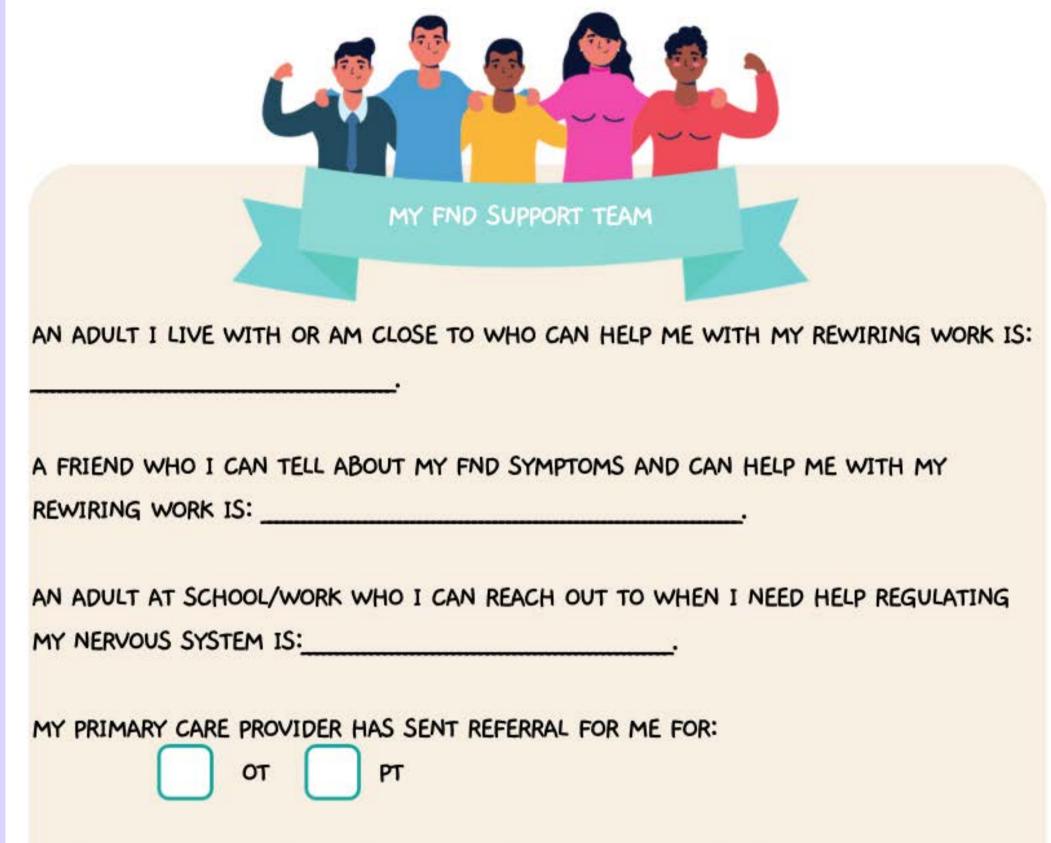


Aromatherapy:
Carry a scent you
like with you and
inhale when
needed.

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)



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 ROAIN DEWILDING EXPERT KNOWS ABOUT DSYCHOLOGY 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: , 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: WHAT TO DO IF AN EPISODE IS ABOUT TO HAPPEN MY WARNING SIGNS 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 SPEAK POSITIVELY ABOUT ME OR REINVOLVE ME/RETURN ME TO CLASS. BETTER YET, NOT AT ALL. I CAN HEAR YOU AND ATTENTION MAKES IT WORSE. PRAISE ME ONE-ON-ONE FOR COPING THROUGH MY HELP ME SAFELY TO SYMPTOMS. THE GROUND. PLEASE WAIT UNTIL THE END OF THE DAY TO CONTACT COVER HARD SURFACES MY GUARDIAN USING THEIR PREFERRED METHOD. NEAR ME. WHAT NOT TO DO SAY "YOU ARE HAVING AN FND DO NOT CALL AN AMBULANCE AUTOMATICALLY. EPISODE, YOU ARE SAFE, YOU HAVE (REASONS TO CALL LATER ARE INJURY OR CAN BE ADDED THE TOOLS TO GET THROUGH IT. I AM BY YOUR DOCTOR TO A SEPARATE LETTER). HERE WHEN YOU ARE READY." THEN GIVE ME PRIVACY AND SPACE. 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:	

FND RESPONSE PLAN

NAME/DOB: _		
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COVER HARD SURFACES NEAR ME.	PLEASE WAIT UNTIL THE END OF THE DAY TO CONTACT MY GUARDIAN USING THEIR PREFERRED METHOD.
CALL "1011 ADS 1141 FAIS AND FAIS	WHAT NOT TO DO
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.	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.
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Provider Signature:	Date:
Provider Name:	Provider Contact:

Tool Kit

