

Teachers can help by...

- ✓ • **Being involved** in the treatment plan, which includes demonstrating acceptance and appropriate management of symptoms
- Maintaining **ongoing communication** with the home and medical advisors including doctors and psychologists
- **Managing stress** at school including safety concerns, bullying, teasing or pressure to perform
- Working with the student to **create a class schedule** to minimize possible stressors

Peers can help by...

- ✓ • Treating the individual as an **equal** (like any other peer)
- Being **respectful** of the individual
- **Referring to resources** (some included on the back of the brochure) for more information

Things that can harm...

- ✗ • **Giving too much** (e.g. constantly asking how they are feeling) **or too little attention**, which can make the symptoms worse
- Having **negative reactions**, which can decrease self-worth and confidence and make symptoms worse
- **Separating or excluding** the individual (e.g. not picking them for a team sport)

Resources

<http://www.childneurologyfoundation.org/>

The Child Neurology Foundation (2001) is a national non-profit organization

<http://www.neurosymptoms.org/>

A guide to understanding the symptoms, causes, treatments, and personal stories of those who suffer from this disorder

<http://www.fndhope.org/>

The Functional Neurological Disorder Hope (FNDH) promotes awareness of conversion disorder, supports those affected, and advances research towards curative measures

<http://www.epilepsy.com/learn/types-seizures/non-epileptic-seizures-or-events>

Information on preventative measures that can be taken to prevent and control seizures

<http://www.experienceproject.com/groups/Have-Conversion-Disorder/90580>

An anonymous support group for those with conversion disorders

CONVERSION DISORDER



What is it?

What do I need to know?

How can I help?

A Guide For
Teachers, School
Staff and Peers

What is it?

- A condition where the body displays some sort of paralysis (inability to move or feel a limb, or in severe cases the whole body), loss of functioning or loss of control without any apparent physical cause
- Often individuals who develop conversion disorder have experienced a traumatic event or are under a great deal of stress
- It is important to note that ***NOT ALL patients have identifiable stressors or have experienced trauma***

Common Symptoms

- Muscle weakness or paralysis
- Abnormal movements such as tremors or difficulty walking
- Numbness in different body parts
- Speech, vision, and hearing problems
- Non-epileptic seizures

An Example Case...

- A boy complains of blindness, but can walk around a room without running into furniture
- A girl falls off her horse and although she is not injured her leg becomes paralyzed
- ***They are not blind or paralyzed, but for them the symptoms are very real***

- Stigma is judgment and disapproval that comes from unfair beliefs about a person
- Conversion disorders are highly stigmatized due to disbelief and misunderstanding often due to their lack of physical cause



The symptoms are
REAL. The
individual is not
FAKING.

- Stigma harms one's ability to successfully engage in treatment and get better
- It is important to be accepting and understanding of these individuals
- It is damaging and harmful to undermine or discredit their struggles
- These students should be respected the same as their peers. They are not their diagnosis

How To Respond To An Episode/Non-epileptic Seizure (NES)

- Although NES are not the only symptom of conversion disorder, they may be the most dangerous if not handled correctly
- First aid for dissociative seizures is the same as for epileptic seizures in many ways

Steps to be followed in the event of a student experiencing an NES:

- 1) Keep student safe from injury or harm: only move them if they are in danger
- 2) If fallen, put something soft under student's head
- 3) Stay with student until recovered
- 4) Speak calmly to the student: this can help to reassure them and decreases length of episode
- 5) ***Do not call 911*** or an ambulance unless student is injured or if attack goes on for a long time. If ambulance comes, inform them that the attack is non-epileptic
- 6) ***Do not administer*** medication of any sort, this can make symptoms worse since it is not an epileptic seizure