

Queen Square Internet-based Group Therapy for Functional Neurological Symptom Disorder (FNSD)



Vasile Boico², Susan Humblestone¹, Michael Moutoussis^{1,3}, and Caroline Selai^{1,2}

1 – Neuropsychiatry Dept, National Hospital for Neurology and Neurosurgery, Queen Square, London, UK

2 – Dept of Clinical and Movement Neuroscience, UCL Queen Square, Institute of Neurology, London, UK

3 – Dept of Imaging Neuroscience, UCL, London, UK



Aim

- To present a service evaluation of the first 8 months of running the Queen Square Guided Self-Help (QGSH)¹ therapy groups remotely on Zoom.

Take-home messages

- We successfully adapted the Queen Square Guided Self-help preparation for intensive therapy for FNSD to be delivered via an Internet group;
- Qualitative data indicate that the on-line group offered helpful psychoeducation and peer support;
- This study provides preliminary support for Internet-based therapy with larger FNSD groups.



Background

The QGSH:

- Aims to ensure that, prior to admission, the patient understands:
 - FNSD diagnosis and how it has been reached;
 - our rehabilitation model;
 - the use of goal setting in rehabilitation.

Why group QGSH and remote delivery (via Zoom)?

- Large numbers and long waiting lists;
- COVID-19 and the first lockdown (March 2020);
- Evidence-based advantages of groups (e.g., Yalom's Curative Factors²).

Figure 1. QGSH session titles

1. What are FNSD symptoms?	5. The 5-area approach – focus on cognition, thinking and feelings	9. Thinking about the self and other: Mentalisation for FNSD
2. Body, the role of the autonomic system, stress and symptoms	6. Anxiety and FNSD	10. Mood problems
3. Goal setting	7. Fatigue and pain	11. The role of medication
4. Introduction to the 5-area approach (symptoms, behaviour and affect)	8. Presentation of workings of the in-patient therapies and the MDT	12. Avoidance in FNSD

Methods

- The QGSH was adapted for a group context (Table 1).

Table 1. Adjustments against BPS guidelines³

Adjustments needed	Adjustments made
Group orientation/contracting	Contracting before the first group session
Group boundaries and expectations	Confidentiality agreement
Group interaction	Introduced group activities to allow interaction (e.g., 'What is FNSD?')
Confidentiality	Permission from the group for those needing assistance
Risk (including dissociation)	Help on hand for those at risk (e.g., epilepsy)
Factors that may impact a person's ability to join the group	Language and other cognitive difficulties (e.g., 'brain-fog')
Length of sessions	Frequent breaks
Check-in and check-out	Checked in with the participants to allow discussion of any topics
Use of break-out rooms	Sometimes, but activities were mainly completed in the group
Security	Passwords and waiting rooms
To prepare for the possibility that someone becomes distressed during the group	We explored in advance what the follow-up would be
Any group members who appeared to be struggling	Contacted them one-to-one
Preparation of hand-over notes	To summarise the preparatory group work for the in-patient team

Results

- Between 11-May-2021 and 31-Jan-2022, 16 patients were treated in 3 groups (group 1: N=5, all female; group 2: N=6, 3 female; group 3: N=5, 2 female)
- Yalom (1995) has outlined 11 curative factors that emphasise change within group settings. Our group psychotherapy has achieved 9/11 (Table 2).

Table 2. Yalom's curative factors

No.	Yalom's Curative Factors	In our Group (GSH) on zoom
1.	Installation of hope	Yes – see figure 2
2.	Universality	Yes
3.	Imparting of information	Yes
4.	Altruism	?
5.	Corrective recapitulation of primary family group	? not long (e.g., enough to develop transference towards the group facilitators?)
6.	Developing of socialising techniques	Yes
7.	Imitative behaviours	Yes
8.	Interpersonal learning	Yes
9.	Group cohesiveness	Yes
10	Catharsis	Yes
11.	Existential factors	Yes

Figure 2. Feedback from participants:

- 'It is fantastic to meet staff who understand us and really understand what we are going through'
- 'It was lovely to be able to share with the group and receive empathy and support'
- 'You listened to us patiently and without judgement'
- 'Being in the group felt like people putting their arms round us and giving us a big hug'.

Key findings

- Overwhelmingly positive feedback.
- From the patients' comments, the group furnished 9/11 of Yalom's curative factors.

Where next?

- Can we increase numbers?
- Development of a 'stand-alone' psychotherapy group.
- We are developing further sessions to cover:
 - "Being your own therapist";
 - "Mind the gap" (the transition from being physically, psychologically and financially dependent on others to becoming more independent).

References

- Humblestone, S., Roelofs, J., Selai, C. and Moutoussis, M., 2022. Functional neurological symptoms: Optimising efficacy of inpatient treatment and preparation for change using the Queen Square Guided Self-Help. *Counselling and Psychotherapy Research*, 22(2), pp.491-502.
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