

## Interview with CHUM

### ***Tell us about your background: Where are you from? Where do you work?***

We're from Montreal. We work at the University of Montreal Health Center, Quebec (Centre Hospitalier de l'université de Montreal; CHUM). The CHUM is a teaching hospital affiliated with the Université de Montréal, which offers specialized and supra-specialized health care services. Our team consists of two neurologists, one neuropsychiatrist, two occupational therapists, and two physical therapists.

### ***How did you get interested in Functional Neurological Disorders?***

Our interest came from the desire to make a real difference in people's lives by addressing both the physical and psychological aspects of their difficulties.

### ***Tell us about the FND service you have set up in Montreal/at the Gold Coast. Can you tell us a bit about the process of how you have set the service up (like funding and staffing etc)?***

Patients seen on the neurological ward or in the outpatient neuro clinics of the CHUM and presenting with functional neurological symptoms were traditionally referred to the CHUM outpatient physical therapy for treatment. Pierre-Luc, one of the future physiotherapists on the FND team, identified the need for the interdisciplinary management of this population. He approached Dre Bérubé, a neurologist, and Dre Chamelian, a neuropsychiatrist, with the idea of developing a program to address the complex needs of FND patients. In 2018, they opened the CHUM FND outpatient clinic and recruited an occupational therapist into the team. With the dedicated support of the CHUM rehabilitative services managers, hours from the existing budget were secured to ensure physical and occupational therapist staffing for this new program. We are now treating between six and ten patients weekly in the rehabilitative program while 3 to 4 new patients are evaluated by the neurologist and neuropsychiatrist per week along with follow-up patients.

### ***What were the biggest hurdles in setting up the service?***

The biggest hurdle was finding the financial resources to ensure the growth of the program. In a perfect world, we would also offer psychotherapy and speech-language therapy as part of the interdisciplinary team.

Another obstacle is the lack of a comprehensive measurement tool for this complex population. This absence makes it difficult to quickly document the efficiency of an intervention when advocating for more financial resources.

Yet another difficulty is in finding written resources for patients who don't have English proficiency. Many of our patients do not have access to excellent existing resources because French is their only language. Given that a patient's agency and knowledge are such a key aspect of the rehabilitation process in FND, we would

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like to have more French material to offer. Unfortunately, we have little time to devote to creating French material.



## ***What would you change about the service if you could and what are you most proud of?***

What we are the proudest of is the innovative interdisciplinary approach we developed, trying to close the artificial gap between the body and the mind. Initial assessment of patients is made in the presence of both the neurologist and the neuropsychiatrist. They simultaneously assess the patient and decide if he or she is a good fit for rehabilitation. Our rehab program focuses on helping patients resume productive activities such as work, voluntary work, or studies. The patient is then seen for six sessions of FND-informed physical therapy (twice a week). That is followed by eight to twelve weeks of weekly sessions of FND-informed global health occupational therapy, with therapists skilled both in mental and physical health. Regression and therapeutic impasses are addressed during follow-up visits with the neurologist and the neuropsychiatrist, where the therapist is also present. The patient's goals and progression are then discussed collaboratively. The entire FND team meets twice per month for clinical discussion and project development.

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What we would like to change is to find a way to keep track of patient's progress after they are discharged. Current obstacles are a lack of resources for follow-up assessment and a lack of a quick but comprehensive measurement upon assessment and discharge.

## ***What are your plans for the future?***

We're working on increasing our offerings in OT and PT and adding psychotherapy and speech-language pathology. We are also working on developing research projects and ways to measure the impact of our interventions. Additionally, we would like to create written and video resources in French. Finally, we are working on building a one-day educational workshop on FND for the allied health practitioners in our area.

## ***What advice do you have for other health practitioners who are thinking about setting up an FND service?***

Not to be scared off by the complexity of FND patients! Collaboration and trust between all team members is a key element to developing a coherent treatment plan for each patient and professional support. Here is another word of advice: engage in networking and exchange with other practitioners working with FND patients. Registering with the FND society is a great start!