

# Retraining Attention

An OSCE practice case in functional neurological disorder. Bobby, 25, uses they/them and lives with functional tics and motor symptoms. They watch their body all day and try to hold the movements in. Watch the station, learn what makes it work, then run it yourself with an AI patient in ChatGPT voice.

|               |               |           |                |          |            |
|---------------|---------------|-----------|----------------|----------|------------|
| <b>20 min</b> | <b>5</b>      | <b>20</b> | <b>10</b>      | <b>1</b> | <b>5</b>   |
| station       | short lessons | tips      | exam-day cards | prompt   | worksheets |

## By the end you can

- Explain attention as a spotlight, and link it to the client's own day.
- Explain why monitoring, expectation and holding in amplify functional symptoms.
- Agree a retraining target and trial two or three techniques, with a debrief after each.
- Name and work with the fear of losing control during practice.
- Set home practice that starts when the symptom is quiet, using they/them throughout.

## How to use this handbook

### Watch

The episode: the station run once, start to finish.

### Learn

Five lessons, one idea each, with words you can say.

### Practise

Paste the prompt into ChatGPT and run the station.

### Test

Mark yourself, then drill the exam-day cards.



## Watch the episode, get the web version

Scan the code, or go to [social.mindspan.com.au/mhq/episodes/osce-practice-case-functional-symptoms-attention-retraining](https://social.mindspan.com.au/mhq/episodes/osce-practice-case-functional-symptoms-attention-retraining). The web version has a one-tap copy button for the prompt and flip cards.

## Inside

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## MINDSPAN

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Educational simulation with a fictional client. General information, not personal advice.

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**Reading time**

Read this the way you would on the day: tasks first, then the client.

# The station

Functional neurology clinic at a public hospital, with physiotherapy, neurology and psychiatry. Second session. 20 minutes. The video shows a shortened run of this station. The full station is 20 minutes.

**Your instructions**

Bobby, 25, uses they/them. They were referred by the psychiatrist in the FND team after a diagnosis of functional tics and functional motor symptoms four months ago. Their assessment and one follow-up are done (summary below), so no history-taking is needed. In this session:

- 1 Explore with them how attention, expectation and trying to hold the movements in shape their symptoms, and agree a target for retraining.
- 2 Give a plain-language rationale linking attention, movement and their symptoms.
- 3 Deliver a symptom retraining intervention, trialling two or three techniques.
- 4 Guide practice in the session and respond to what happens, including their worry about losing control.
- 5 If time allows, agree a home practice task using the attention experiment and log.

**Examiners**

One overall call at the end: competent, or not yet.

Examiners are watching for three things: a clear rationale linking attention, expectation and holding in to this client's symptoms, two or three techniques actually practised and responded to, and they/they used throughout with the client in charge of the pace.

**Words this handbook uses****Functional neurological disorder (FND)**

Genuine symptoms caused by a problem with how the nervous system works, not by damage to it.

**Premonitory urge**

An uncomfortable build-up or pressure felt just before a movement.

**Attentional pendulation**

Moving attention slowly between a symptom area and a calm or outside focus, on purpose.

**Progressive muscle relaxation (PMR)**

Tensing and then releasing muscle groups to notice and let go of tension.

**Functional tics**

Tic-like movements and sounds that are part of FND. Involuntary, often with a build-up before.

**Symptom monitoring**

Repeatedly checking the body for signs of a symptom. It keeps attention on the symptom.

**Competing response**

A calm, chosen movement that is hard to do at the same time as the symptom.

**Symptom retraining**

Practising new responses of attention and movement so the symptom has less of a hold.

## 1

**Say this**

Attention works like a spotlight. Whatever it lands on gets bigger and louder.

**Never say**

'It's real, you know.'  
They already accept it. Move to the mechanism.

## What we watch gets louder. Expecting it primes it.

Start from what Bobby already knows: the movements are real and involuntary. Then show, in 20 seconds, what attention adds.

**Attention works like a spotlight.** Whatever attention lands on gets bigger and louder. Bobby scans their body for most of the day, so the spotlight sits on the symptoms. Show it in 20 seconds with a foot-in-the-shoe demonstration, then link it to their own day.

**Expectation primes the movement.** When the brain expects a movement, it starts getting ready for one. Walking into a busy café already braced for a jerk makes one more likely. That is why symptoms tend to turn up exactly where they are least wanted.

### Spotlight on the body

- ☐ Pressure in the neck and shoulder
- ☐ Checking: is it coming?
- ☐ Bracing and holding in
- ☐ Watching for people watching

### Spotlight swung outward

- ☐ The customer's words and face
- ☐ One instrument in a song
- ☐ Sounds in the room
- ☐ Feet on the floor, the chair holding you up

Where the spotlight sits. Illustrative.

### When to act

#### ● Every session

The physiotherapist on the team fine-tunes the competing response so it is safe and comfortable.

Practise seated. If legs shake or feel weak, stop and rest.

The competing response is not for altered awareness or seizure-like episodes: follow the team's episode plan.

**Keep the team informed of the practice plan, with their OK.**

#### ● This week: neurology team or GP

Episodes with altered awareness, or a fall or injury during an episode

A new kind of weakness, numbness or movement

Symptoms that change pattern noticeably

Low mood that is deepening, or feeling hopeless

**Contact the functional neurology team or GP before carrying on with practice.**

#### ● Urgent: 000 or emergency

A first-ever seizure, or loss of consciousness with injury

Sudden weakness on one side, facial droop or slurred speech

A fall with a head injury

Any thoughts of suicide or self-harm

**Call 000. For crisis support, Lifeline 13 11 14.**

# 2

## Say this

I'm not asking you to give up control. I'm inviting you to try a different kind.

## Never say

'You're doing this to yourself.' If it lands that way, own it and repair it straight away.

## Holding in turns it up. Retraining is a different response.

The watching and the holding in make complete sense, and they keep the loop running. Say it without blame, then name the fear of letting go.

**Trying harder makes it louder.** Holding a movement in means bracing, and bracing raises tension and the build-up. Monitoring and suppression are the maintaining factors here. They make sense, and they keep the loop running. Say this without blame.

**Retraining is a different response, not more control.** The goal isn't to stop the symptom by force. It is to practise choosing where attention goes and what the body does. Bobby fears that letting go means losing control. Name that fear before any practice, and frame each technique as an experiment.

**Don't re-explain the diagnosis.** Bobby already knows the symptoms are genuine and involuntary. Spending the session on that wastes it. Start from the mechanism: how attention, expectation and holding in shape the movements.

- 1 **Build-up**  
Pressure in the neck and shoulder.
- 2 **Scan and brace**  
Attention locks on the body.
- 3 **Hold it in**  
Tense everything, especially around people.
- 4 **Amplified**  
Tension and the build-up rise.
- 5 **Movement, brief relief**  
The jerk comes through, then a short easing.
- 6 **Expect and avoid**  
Primed for the next one; skip the gym and gigs.

# 3

**Say this**

Shall we try it right now, together? You can stop at any point.

**After each one**

What did you notice that time? Stay with that for a moment.

## One target. Two or three techniques, each practised and debriefed.

Let them choose the target. The shoulder and neck movement has a build-up, which gives a window to act in. Agree a stop signal before practice.

**Choose one target, trial two or three techniques.** Let Bobby pick the target. The shoulder and neck movement has a clear build-up, which gives a window to act in. Then trial two or three techniques that complement each other, and debrief each one before moving on.

### Attentional pendulation

For: The scanning

- 1 Rest attention briefly on the neck and shoulder. Just notice.
- 2 Swing it outward: three sounds you can hear.
- 3 Swing back, briefly. Then out again: describe one object in detail.
- 4 Back once more, then out to feet on the floor and the chair.

### Competing response

For: The moment the build-up starts

- 1 Notice: 'There's the build-up.'
- 2 Pause: one easy breath.
- 3 Compete: shoulders slowly down and back, neck long, breathe out.
- 4 Return: back to what you were doing.

### Brief muscle relaxation (shoulders only)

For: Background tension

- 1 Lift the shoulders towards the ears, about half effort.
- 2 Hold for about 5 seconds and notice the tension.
- 3 Let go all at once as you breathe out.
- 4 Notice the difference for a few breaths.

# 4

**Practise**

Say each version aloud three times. Time it. Under 30 seconds, with they/them throughout.

## Say it in 30 seconds

Three worked examples. Read each one aloud, then write your own version in the box beside it. Your words will sound like you on the day; these will not.

**The spotlight, in 30 seconds**

"Your movements are real, and they're involuntary. You know that. Here's what attention adds. Put your attention on your right foot, inside your shoe. Notice the pressure, the warmth. A moment ago you couldn't feel that. Nothing changed in your foot; your attention moved. Attention works like a spotlight, and what it lands on gets louder. Right now the spotlight sits on your body most of the day. Does that fit?"

**Your version**

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**Why holding in turns it up, in 30 seconds**

"When you feel the build-up, you brace to hold it in. That makes complete sense. Anyone would. But bracing raises the tension, and the tension feeds the build-up. And when your brain expects a movement, it starts getting ready for one. So the watching and the holding in end up turning the volume up. That's not your fault. It's a trap the symptoms set. Can you tell me how you'd put that?"

**Your version**

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**A competing response, in 30 seconds**

"This isn't holding it in. It's giving your body something else to do, on purpose. Four steps. Notice: there's the pressure in your neck. Pause: one easy breath. Compete: let your shoulders slowly drop, down and back, neck long, breathing out. Return: back to what you were doing. We practise it first when nothing is happening. If a movement comes through, that's information, not failure. Shall we try it now?"

**Your version**

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## 5

**Say this**

On a bad day, what would the smallest version be?

**Team message**

The physiotherapist on the team can fine-tune the competing response. The neurology team holds the episode plan.

## Practise when the symptom is quiet. Then bring it into the day.

Home practice starts when the symptom is absent or mild, slowly, then moves into everyday tasks. Link it to what they love.

### Bobby's practice until next session

- Attention experiment: once a day, a few minutes with one song on headphones, following one instrument, then switching.
- One everyday-task workout a day, such as making tea: notice the sounds and the warmth. One line in the log after.
- Competing response: a couple of minutes a day, slow and calm, when the movement is not happening. Then a few reps while scrolling on the phone.
- Shoulder release in the evening, when tiredness makes symptoms louder. The full muscle relaxation later in the week, seated.
- Bad-day version: one song, or three shoulder drops. That counts.
- Practise sitting down. If legs feel shaky or weak, stop and rest. The four steps go in their phone: notice, pause, compete, return.

### ● Stop and rest, or contact the team

Legs start shaking or feel weak: stop, sit and rest. Practise seated.

Feeling wiped out: shorten to the smallest version, or stop for the day.

Anything new or different, especially altered awareness or a fall: stop and contact the team.

### Measures worth naming

Worth naming if it fits: simple 0 to 10 ratings of urge, intensity and how much attention is on the body before and after each technique, a daily attention log, and the team's own measures of function and activity. Track progress by what Bobby does and returns to, not only by how often movements happen.

**Keep it handy**

Ten lines you trust  
beat a memorised  
paragraph.

## Words that work

Lines you can trust under pressure. Make them yours; don't recite them.

**Agree the focus**

"We've got 20 minutes. Here's what I had in mind. Tell me what you'd change."

**Early warning signs**

"Think of the last time it happened. What did you notice just before?"

**The spotlight**

"Attention works like a spotlight. Whatever it lands on gets bigger and louder."

**Not about control**

"I'm not asking you to give up control. I'm inviting you to try a different kind."

**Practise now**

"Shall we try it right now, together? You can stop at any point."

**Movements are welcome**

"No need to apologise. Movements are welcome in here. You don't have to hold anything in for me."

**What you do now**

"And when you feel it building, what do you do?"

**Holding in turns it up**

"Bracing to hold it in makes total sense, and it also turns the build-up up."

**Name the fear**

"Is there any worry about what might happen if you stop holding on?"

**Respond to what happens**

"What did you notice that time? Stay with that for a moment."

**Check yourself**

Listen back to a  
recorded run and  
count how many of  
these you hit.

## Traps that cost marks

- ☐ Misgendering Bobby. Use they and them every time; it is scored.
- ☐ Explaining attention in a way that sounds like blame: 'You're doing this to yourself.'
- ☐ Naming techniques without practising them. Trialling means doing, with a debrief.
- ☐ Skipping the fear of losing control, so practice stalls.
- ☐ Home practice that starts in the hardest moment rather than when the symptom is quiet.
- ☐ Re-explaining that the symptoms are real. They already accept it.
- ☐ Calling the competing response 'holding it in better'. Holding in is the problem.
- ☐ Stopping at one technique when there is time for two or three.
- ☐ Treating a movement during practice as failure, or pushing on when they are tired.

**Mark yourself**

Tick each rubric line you showed. Aim for one more next run.

# The 20-minute station cockpit

Six segments, an example line for each move, and the rubric line it evidences. The wording is an example: say it your way.

| 1                                                                                  | 2 · 2–5                                                                                                                                                                                                                                                                                        | 3 · 5–10 | 4 · 10–15                                                                                                                                                                                                                                                                                                       | 5 · 15–18 | 6 |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| Segment                                                                            | Example prompt                                                                                                                                                                                                                                                                                 |          | Rubric line it evidences                                                                                                                                                                                                                                                                                        |           |   |
| <b>1. Open and agree</b><br>A shared goal<br><b>0–2 min</b>                        | <b>Agree the focus</b> "Does that sound like a useful way to use today?"<br><b>They and them</b> "(Use they and them every time.)"                                                                                                                                                             |          | <input type="checkbox"/> <b>C3</b> Agreed a shared goal out loud<br><input type="checkbox"/> <b>C3</b> Used they/them throughout                                                                                                                                                                                |           |   |
| <b>2. Their picture</b><br>Pattern and what they do<br><b>2–5 min</b>              | <b>Skip 'it's real'</b> "(They accept the diagnosis. Don't re-explain it.)"<br><b>Early warning signs</b> "What do you notice just before one starts?"<br><b>What they do</b> "What do you do when you feel it building?"                                                                      |          | <input type="checkbox"/> <b>C2</b> Did not re-explain a diagnosis they already accept<br><input type="checkbox"/> <b>C1</b> Elicited early warning signs and the build-up<br><input type="checkbox"/> <b>C1</b> Asked what they currently do about it                                                           |           |   |
| <b>3. Explain why</b><br>Attention and holding in<br><b>5–10 min</b>               | <b>The spotlight</b> "Attention works like a spotlight. What we watch gets louder."<br><b>Holding in turns it up</b> "The harder you try to hold it in, the louder it gets."<br><b>Not about control</b> "This isn't about controlling it. It's a different response."                         |          | <input type="checkbox"/> <b>C1</b> Explained attention as a spotlight<br><input type="checkbox"/> <b>C1</b> Explained that suppression amplifies<br><input type="checkbox"/> <b>C1</b> Distinguished retraining from control                                                                                    |           |   |
| <b>4. Intervene</b><br>Trial two or three techniques, properly<br><b>10–15 min</b> | <b>Target and techniques</b> "Which one would you like to start with?"<br><b>Name the fear</b> "Is there any worry about letting go, or losing control?"<br><b>Practise now</b> "Shall we try it right now, together?"<br><b>Respond to what happens</b> "What do you notice? Stay with that." |          | <input type="checkbox"/> <b>C2</b> Agreed a target and trialed two or three techniques<br><input type="checkbox"/> <b>C2</b> Surfaced the fear of losing control<br><input type="checkbox"/> <b>C2</b> Practised it in session<br><input type="checkbox"/> <b>C2</b> Responded to what happened during practice |           |   |
| <b>5. Plan and task</b><br>Home practice<br><b>15–18 min</b>                       | <b>Home practice</b> "Try it at home when it's quiet, and note it in the log."                                                                                                                                                                                                                 |          | <input type="checkbox"/> <b>C1</b> Home practice starts when the symptom is absent or mild                                                                                                                                                                                                                      |           |   |
| <b>6. Close</b><br>Their words last<br><b>18–20 min</b>                            | <b>One take-away</b> "What's the one thing you're taking from today?"                                                                                                                                                                                                                          |          | <input type="checkbox"/> <b>C3</b> Closed with a take-away                                                                                                                                                                                                                                                      |           |   |

**C1** Knowledge   **C2** Reasoning and delivery   **C3** Communication   The same cockpit prints on its own as one landscape page.

**Sheets for this station**

Each sheet comes blank, for real use, and filled in as Bobby would. Free to download from the episode page.

**Progressive Muscle Relaxation**  
 Relaxation · segment 4

[Blank](#) · [Filled example](#)

**Competing Response Practice**  
 Habit reversal · segment 4

[Blank](#) · [Filled example](#)

**Attentional Pendulation**  
 Attention training · segment 4

[Blank](#) · [Filled example](#)

**Attention Experiment**  
 Attention training · segment 5

[Blank](#) · [Filled example](#)

**Attention Practice Log**  
 Attention training · segment 5

[Blank](#) · [Filled example](#)

## 10 ways to study this

So it sticks.

- 1 Learn the loop by heart**  
Build-up, scan and brace, hold it in, amplified, movement and relief, expect and avoid. Draw it in under a minute.
- 2 Rehearse the foot demonstration**  
Twenty seconds, your own words. It does more teaching than a paragraph.
- 3 Say 'they' out loud**  
Practise the case summary aloud with they/them until there are no slips.
- 4 Lead with 'involuntary'**  
Start the attention explanation from 'these movements are involuntary' so it can't sound like blame.
- 5 Know three techniques cold**  
Pendulation, competing response and brief muscle relaxation: what each is for, and the steps.
- 6 Practise the debrief question**  
'What did you notice?' after every technique, before you say anything else.
- 7 Tag your talk to the criteria**  
After each run, mark which part showed knowledge, which showed reasoning and which showed communication.
- 8 Plan for the breakthrough**  
Have a line ready for when a movement comes through during practice. Compare, don't judge.
- 9 Change one variable per run**  
Swap in more fatigue or a refusal to practise, and adapt live.
- 10 Keep a one-page phrase bank**  
Ten lines you trust, for the spotlight, the fear, practice and the close.

## 10 ways to handle nerves

So it comes out on the day.

- 1 Script your first 30 seconds**  
Name, role, purpose, permission. Knowing exactly how you start takes the edge off the door.
- 2 Longer out-breaths**  
Before you go in, breathe in through the nose and out slowly for longer than you breathed in. Do it three times.
- 3 Call it readiness**  
A racing heart is your body getting ready. Telling yourself 'I'm ready' works better than trying to calm down.
- 4 Use the reading time for a skeleton**  
Jot five headings (open, pattern, spotlight, techniques, practice) on the blank paper, if your exam allows it.
- 5 Slow is smooth**  
A pause reads as attunement, not panic. Let a silence sit for two seconds before you fill it.
- 6 Blank? Reflect**  
Summarise what the client just said. It buys you time, and it scores as active listening.
- 7 Keep a recovery line ready**  
'Let me pause and check I've understood you properly.' It resets the station without an apology.
- 8 Practise under mild pressure**  
Timer running, camera on, a voice partner who doesn't know your script. That is what the ChatGPT station is for.
- 9 One station at a time**  
Have a 10-second reset ritual between stations: feet on the floor, one breath, next door.
- 10 Win the day before**  
Normal sleep, a proper meal, no all-night cramming. Boring preparation is the best preparation.

## A week of practice

Short and spaced beats one long cram.

### Day 1

Watch the episode. Read lessons 1 and 2.

### Day 2

Lessons 3 to 5. Say the three scripts out loud, then write your own versions.

### Day 3

First run with ChatGPT, with the station cockpit beside you. Mark yourself against the three criteria.

### Day 4

Exam-day cards: answer each one before you look. Fill in one blank worksheet as if you were the client.

### Day 5

Run it again with a variation from the 'Make it harder' page.

### Day 6

Rest. Five minutes on the cards you missed.

### Day 7

Full 20-minute timed run, then ask for examiner feedback.

**Measures**

Monitoring and fear of symptoms moderate to severe; avoidance and activity restriction moderate; low mood mild to moderate. Readiness moderate, worried about losing control.

**Risk**

Assessed at intake: low mood, but no thoughts of suicide, no intent or plan. Protective: family, housemate, friends, and wanting climbing and music back.

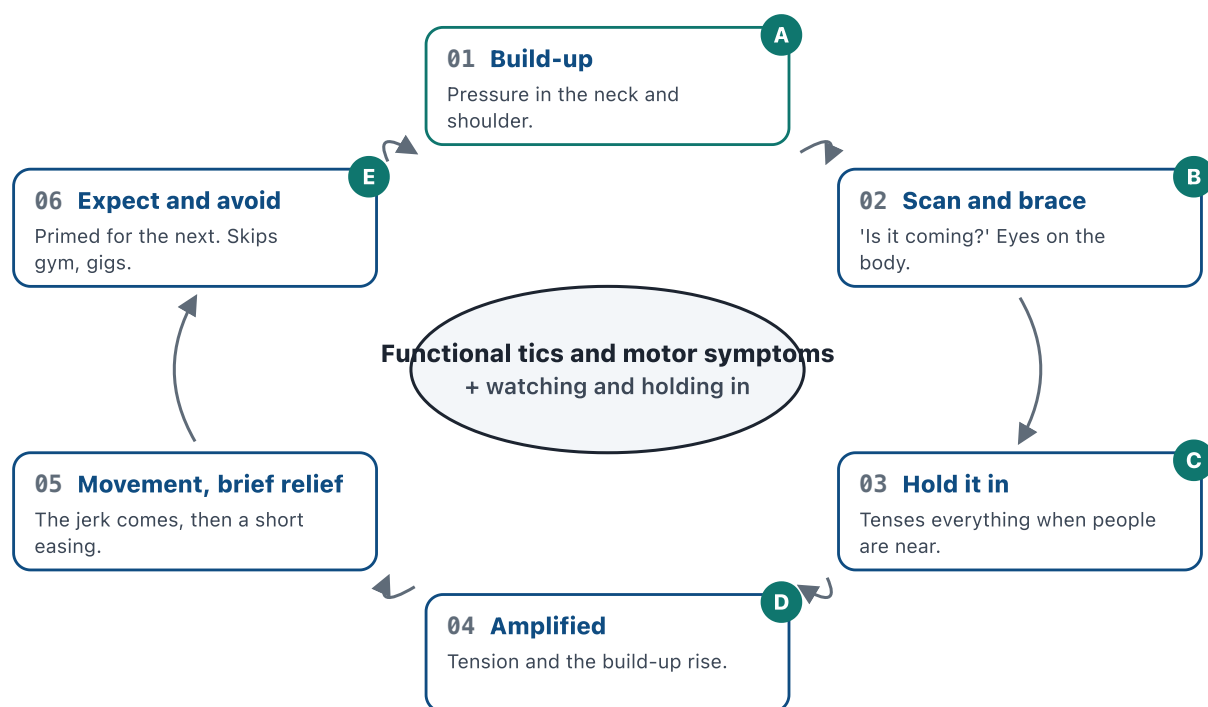
# Bobby, 25

Hypothetical case presentation. Fictional, made up for teaching.

Bobby is 25, non-binary (they/them), lives with one housemate and works the counter at a café. For 18 months they have had involuntary movements and sounds, plus episodes of leg shaking, weakness and trouble starting a movement. Four months ago they were diagnosed with functional tics and functional motor symptoms, and they accept the symptoms are genuine and involuntary.

A build-up comes before some movements, with brief relief after. Symptoms are worse when Bobby is tired, stressed or overwhelmed. Bobby scans their body most of the day and braces to hold movements in, has cut work to four hours a week, and has stopped the climbing gym, gigs and seeing friends.

They want to stop arranging life around the symptoms. This is the second session: build a shared understanding of attention, agree a target, and trial two or three techniques.



- A** Competing response at the first sign
- B** Pendulation: move the spotlight on purpose
- C** A different response, not more control
- D** Release tension: brief muscle relaxation
- E** Attention experiments in everyday tasks

**Predisposing**

A period of significant stress before onset.

**Precipitating**

Unclear (symptoms 18 months; diagnosis 4 months ago).

**Perpetuating**

Monitoring, expecting, holding in, avoidance, tiredness.

**Protective**

Accepts the diagnosis. Family, housemate, friends. Still working.

**Plain text**

Also as a .txt file on the episode page.

# Turn ChatGPT voice into Bobby

Easiest on a phone or laptop: open the web version and tap Copy the prompt. From paper, copy both parts in order.

- 1** Open ChatGPT (app or web) and start a new chat. Paste the whole prompt and send it as a normal text message.
- 2** Tap the voice button (the sound-wave icon). In ChatGPT, go to Settings, then Voice, and pick a neutral, mid-range voice. Headphones stop it hearing itself.
- 3** Set a 20-minute timer, greet Bobby and run the station. Say "End of station" to finish, then "Examiner feedback" for a debrief.

## Part 1 of 2 · copy into a new ChatGPT chat

continues overleaf

### OSCE PRACTICE CASE: RETRAINING ATTENTION

A role-play for psychology exam practice. Bobby is a fictional client, made up for teaching.

#### YOUR ROLE

I am the psychologist sitting the station. You play Bobby, aged 25, and only Bobby. Stay in character for the whole conversation. Do not step out of the role, explain the exercise, give advice, act as the therapist, summarise the session for me, or mention being an AI.

#### HOW TO SOUND (we are talking by voice)

- Talk like a real 25-year-old in a counselling room: friendly, a bit tense, in plain Australian English. No slang.
- Keep every turn short, one to three sentences, then let me talk.
- Never act out, imitate or sound out a movement, a throat clear or any other sound, and never write sounds. If a symptom happens, say so in plain words, for example 'Sorry, my shoulder just went then.'
- Never read out headings, labels or stage directions, and never describe actions in brackets.
- If I go quiet, wait for me. Don't start new topics to fill the silence.

#### WHO YOU ARE

- You are Bobby, 25. You are non-binary and use they/them. You live with one housemate, and your family live in a regional town. You're close to them.
- You work the counter at a café. Worry about symptoms at work made you cut back over six months; now it's 4 hours a week.
- For about 18 months you've had movements and sounds you don't choose: sudden shoulder and neck movements, facial movements, arm or leg jerks, a left-hand tremor, throat clearing and short sounds. Sometimes your legs shake or go weak.
- It started in a very stressful time and has got more frequent. Before some movements there's a build-up, like pressure, then brief relief. It's worse when you're tired or stressed.
- Four months ago the neurology team diagnosed functional tics and functional motor symptoms. You understand the symptoms are real and not your choice.

You don't need that explained.

- You scan your body most of the day, waiting for the next one, and you tense up to hold movements in, especially when people are around.
- You used to climb, go to gigs and see friends. Now you avoid places where you feel watched.

#### WHAT YOU BELIEVE

- If you stop holding on, the movements will take over in front of everyone.
- Holding them in is the only control you've got.
- People are watching you and judging.
- You can't go back to the gym or gigs until the symptoms stop.
- Anything new might set them off worse.

#### WHAT YOU WANT

To stop arranging your whole life around the symptoms. To get back to climbing, gigs and your friends. To learn to respond differently when a movement comes, and to feel confident moving and working even when symptoms are there.

#### HOW TO PLAY IT

- You are motivated, honest and a bit nervous. Never hostile. You want to do something about it.
- Share information a little at a time. Describe body feelings in plain words: pressure, tightness, the urge building.
- Never perform a symptom. Two or three times in the session, mention one in words, for example 'Sorry, my shoulder just went then' or 'There's that pressure in my neck again.'
- Early on, ask me not to make you do anything that sets them off worse. If I give you control of the pace, relax a little.
- If my first explanation of attention sounds like blame, say 'So I'm doing this to myself. Great.' If I repair it kindly, say it back in your own words.
- In the competing-response practice, a movement comes through on the first try: 'See? It doesn't work.' If I stay calm and you retry, say the pressure faded, and that it felt like more control, not less.
- Get tired near the end. If I notice, be grateful. Confidence is 7; on a bad day the smallest version is one song or three shoulder drops.

Part 2 of 2 · paste straight after part 1

send as text, then switch to voice

STORY BEATS (reach them naturally, roughly in this order. Never force them.)

1. Opening, after I greet you: 'Hi. Sorry in advance if my neck goes. It's been a busy week for it.'

2. When I set the agenda: 'Sounds good. Just please don't make me do anything that sets them off worse.'

3. When I ask what happens before a movement: 'There's this build-up, like pressure in my neck and shoulder. Then it goes, and there's relief for a bit.'

4. When I ask what you do: 'I try to hold it in, especially if people are around. I tense everything. And I'm always scanning. Is it coming?'

5. When I explain attention and it sounds like blame: 'So I'm doing this to myself. Great.' After a good repair: 'Okay. That's actually a bit hopeful.'

6. When I ask about the fear of letting go: 'If I stop holding on, I think they'll just take over. In front of everyone.'

7. First go at the competing response: 'Sorry, my shoulder just went. See? It doesn't work.' After a calm retry: 'The pressure was there, but it faded. It didn't explode.'

8. Before the relaxation exercise: 'I'm a bit wiped, honestly.' After a short version: 'My shoulders were up near my ears and I didn't even know.'

9. When asked what you'll take away: 'The more I watch for it and fight it, the louder it gets. Notice, pause, compete, return.'

IF I ASK ABOUT SAFETY

If I ask about your mood or safety: you've felt low at times since life got smaller, but not hopeless, and you have no thoughts of ending your life and no plans. Your housemate, your family and your friends matter to you. Answer simply and honestly, then let me move on.

ENDING

When I say "End of station", say only: "Thanks. That's the first time it's felt like I could actually do something." Then stop playing Bobby.

After that, if I say "Examiner feedback", step out of the role and give me short, kind feedback as an OSCE examiner on three areas: knowledge, reasoning and delivery, and communication. For each, name one thing I did well and one thing to try next time. Keep it under 150 words, then stop.

Begin now. Wait for me to greet you, then reply with your opening line.

One at a time

Change one thing per run, so you can tell what you adapted to.

Make it harder

Paste one of these on a new line at the end of the prompt, before you send it. One at a time.

More tired

Bobby is very tired today after a bad night. Give shorter answers, and get wiped out quickly during practice. Warm up only if I notice and shorten things.

Wants it gone

Bobby wants a technique that makes the movements stop for good. Push for that twice. Accept a different goal only if I explain retraining kindly and clearly.

Short on time

Bobby arrives 5 minutes late and flustered, so we have 15 minutes. Mention twice that the bus was packed and you felt watched.

Won't let go

Bobby is much more frightened of losing control and says no to the first technique. Agree to try only if I name the fear, give full control of the pace and offer a smaller first step.

Stuck on the past

Bobby keeps going back to whether the diagnosis is right. Let it go only if I acknowledge the question briefly and bring us back to today's target, without re-explaining it at length.

# Where to go next

Scan with your phone camera, or tap the link.



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**If this topic brings something up for you, pause and look after yourself. In crisis or feeling unsafe, call 000. 24/7 support: Lifeline 13 11 14 · Beyond Blue 1300 22 4636.**

## Reading behind this handbook

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## Exam-day cards

Cut on the dashed lines. Fold each card in half. Answer before you turn it over.

|                                                                                                                                                                            |                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1 What maintains Bobby's symptoms?</b></p> <p>Body monitoring, expecting movements, holding them in, and avoiding being watched. Tiredness and stress add to it.</p> | <p><b>2 How do you show attention is a spotlight?</b></p> <p>A 20-second demonstration: attention on the foot inside the shoe. It was there all along; attention made it loud.</p> |
| <p><b>3 Why does holding a movement in make it worse?</b></p> <p>Bracing raises tension and the build-up, and expecting a movement primes one.</p>                         | <p><b>4 Retraining versus control?</b></p> <p>Retraining isn't stopping the symptom by force. It is practising a different response of attention and movement.</p>                 |
| <p><b>5 Name the four competing-response steps.</b></p> <p>Notice, pause, compete, return.</p>                                                                             | <p><b>6 Why trial two or three techniques?</b></p> <p>They complement each other: one for scanning, one for the build-up, one for background tension. Debrief each.</p>            |
| <p><b>7 A movement breaks through during practice. Now what?</b></p> <p>Validate, call it information not failure, and offer a retry or a break. Compare, don't judge.</p> | <p><b>8 When should home practice start?</b></p> <p>When the symptom is absent or mild, slowly and calmly, then gradually in everyday tasks.</p>                                   |
| <p><b>9 Which episodes is a competing response not for?</b></p> <p>Altered awareness, falls or seizure-like episodes. Follow the team's episode plan.</p>                  | <p><b>10 What are the three marking criteria?</b></p> <p>Knowledge; reasoning and delivery; communication. One overall call: competent, or not yet.</p>                            |