Session I Learning Plan

	Group Process	*Resources*
1.	Welcome and Introductions	
2.	Logistics, Course Overview and Objectives	
3.	Developing Emotionally Self-Regulated & Kind Supporters – Facilitating Comprehensive Biomedical Support & Treatment Well-being Facilitation Plan Part 1	Power Point – Ses.I-R1 Handout Resource – Ses.I-R2 Handout Textbook pages 41 – 52
4.	Session Preparation and Learning Log	Handout


CONSCIOUS CARE & SUPPORT
CCS
Conscious Care and Support
Developing
Emotionally Self-Regulated & Kind Supporters
Facilitating
Comprehensive Biomedical Support & Treatment
Session I – Resource 1
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Contributors to Conscious Care and Support

***Conscious Care and Support* has been developed while supporting, training or in direct consultation with:**

- Approximately 3,000 Moms, Dads, and Support Professionals.
- Dr. John Ratey, Associate Clinical Professor of Psychiatry at Harvard Medical School (reference 8 books on mental health and autism and other developmental disabilities including 'Spark' and 'Shadow Syndromes').
- Dr. Theresa Hamlin, Associate Executive Director of The Center for Discovery and her staff. Dr. Hamlin is the author of 'Autism and the Stress Effect'.
- Dr. Martha Herbert, Assistant Professor of Neurology at Harvard Medical School and a Pediatric Neurologist at Massachusetts General Hospital, where she is Director of the Transcend Research Program. She sits on the Scientific Advisory Committee for Autism Speaks (reference 'The Autism Revolution').
- Dr. Shinzen Young, Mindfulness Research Consultant, Harvard Medical School.
- Universities of Toronto and Western Ontario/London Health Sciences Centre and Centre for Addiction and Mental Health (CAMH)

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CCS Contributing and/or Trained Organizations & Agencies

- **Autism Ontario**
- **Community Living Ontario**
- **L'Arche Daybreak**
- **OASIS (Ontario Agencies Supporting Individuals with Special Needs)**
- **Community Living Windsor**
- **Community Living Cambridge**
- **Rygiel Supports for Community Living**
- **Community Living Oakville**
- **London Health Sciences Centre**
- **McMaster University**
- **University of Toronto**
- **Kerry's Place**
- **Ministry of Education Special Needs Division**
- **Ongwanada**
- **Sunbeam Community & Developmental Services**
- **Crest Support Services**
- **Norfolk Association for Community Living**
- **Community Living Kincardine**
- **Durham Association for Family Respite Services**
- **Christian Horizons**
- **Community Living Burlington**
- **Parents for Community Living**
- **Extend-A-Family Toronto and Waterloo**
- **Community Living Welland Pelham**
- **Community Living St. Marys and Area**
- **Community Living Chatham-Kent**
- **Community Living Stratford and Area**
- **Windsor-Essex Family Network**
- **Community Living Prince Edward**

Quotes by Shinzen Young - Harvard Medical School Researcher
From the Foreword of The Conscious Care & Support Book

HARVARD MEDICAL SCHOOL

"The Practical Tools and the 5 Essential Mindfulness Based Human Competencies that Peter has developed are examples of an excellent blending of Science and Heart. The results are improved levels of compassionate services while offering best practices."

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Conscious Care and Support
First Principles

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To Consistently Deliver Optimal Support – The Supporter Needs Three Key Professional and Intrapersonal Qualities

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Facts About Autism and Other Developmental Disabilities

The American Academy of Pediatrics dedicated to the health of all children.

"Autism behaviours have been adopted as unofficial criteria in the assessment of Autism, but there is no evidence supporting the attribution of behaviours such as head banging, aggression and night waking to the pathophysiology of Autism. Parents and supporters should be aware that these maybe the primary or sole symptom of underlying (bio) medical conditions." (Buie et al, 2010)

(Buie, T., Harvard Medical School – Professional of the Year, Autism Society of America, 2009). Reference: Evaluation, Diagnosis and Treatment of Gastrointestinal Disorders in Individuals with ASD; A Consensus Report.

7

AUTISM SPEAKS®

Autism Study Finds High Rates of Unmet Healthcare Needs; Suggests Public Policy Solutions

Complex Healthcare Needs
According to the national survey, 93 percent of children with autism have one or more co-occurring health conditions. This finding is backed by considerable research associating autism with high rates of many medical and mental health issues, including seizures (epilepsy), digestive disorders, disrupted sleep, anxiety and depression, among others.

See "Autism and Health: A special report by Autism Speaks", 2017

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Dr. Theresa Hamlin,

Associate Executive Director at The Center for Discovery

It's well documented, but not well understood that people with Autism suffer from a whole host of chronic problems such as:

- **brain and body inflammation**
- **gastrointestinal and metabolic problems**
- **seizures**
- **sleep problems**
- **high levels of chronic stress and anxiety**
- **general dysregulation of the emotional and psychological body systems**
- **immune and autoimmune problems**

e.g. Harvard study examining medical problems occurring in 14,000 individuals with Autism (Kohane et al. 2012)

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Western UNIVERSITY · CANADA

The Kilee Patchell-Evans Autism Research Group,
University of Western Ontario

Collectively, this suggests alterations in gut function, energy production and the immune system, a variety of environmental factors, possibly stemming from chemicals produced by gut bacteria, that may contribute to Autism associated behaviour.

It appears that these biological compounds, largely stemming from the digestive track but also present in diet, are, either directly or indirectly altering brain function at a variety of levels.

This has profound implications in identification prevention and treatment (of people with developmental disabilities).

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AUTISM SPEAKS®

Associated Medical & Mental Health Conditions

Children with autism are nearly eight times more likely to suffer from one or more chronic gastrointestinal disorders than are other children.

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Autism and Sensory Processing Disorders

Recent estimates of the prevalence of the symptoms of sensory processing disorder of people with Autism range from 69% – 93% in children and adults (Baranek et al., 2006; Billstedt et al., 2007; Klintwall et al., 2011; Leekam et al., 2007) and were recently added as a diagnostic criteria of ASD in the diagnostic and statistical manual of mental health disorders (American Psychiatric Association) 2013.

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Dr. Theresa Hamlin,

Associate Executive Director at The Center for Discovery (continued)

"Adrenaline (that is released when the person is stressed) causes a rapid release of glucose and fatty acids into the blood stream, causing our senses to become keener and less sensitive to pain and muscles to become activated. When all of this occurs together we are in metabolic overdrive."

- Chronic stress causing increased activation of cortisol in the body and brain can be a major problem. Particularly susceptible to damage from cortisol is the hippocampus that is critical for learning and memory.

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HARVARD MEDICAL SCHOOL

Dr. Martha Herbert,

Assistant Professor of Neurology at Harvard Medical School and Pediatric Neurologist at Massachusetts General Hospital

"Over time I gathered more and more evidence to support the idea that Autism is not about having a 'broken brain' but about having a brain that is having a hard time regulating its self."

So what kind of things can dysregulate a brain?

- insomnia
- pesticides and fumes from automobiles or household chemicals
- poor nutrition e.g. low zinc or magnesium or other vital nutrients
- too much sugar or additives or other junk
- gut inflammation and irritability that can not absorb nutrients well
- EMFs/RFRs that degrade optimal chemical/electrical functions thereby detuning our brains and nervous system

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AUTISM SPEAKS®

Associated Medical & Mental Health Conditions

- **Autism can affect the whole body.**
- **Attention Deficient Hyperactivity Disorder (ADHD) affects an estimated 30 to 61 percent of children with autism.**
- **More than half of children with autism have one or more chronic sleep problems.**
- **Anxiety disorders affect an estimated 11 to 40 percent of children and teens on the autism spectrum.**
- **Depression affects an estimated 7% of children and 26% of adults with autism.**
- **As many as one-third of people with autism have epilepsy (seizure disorder).**

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Ontario Association for Behaviour Analysis (ONTABA)

CCC acknowledges ONTABA as an important contributor to the objectives of Conscious Care & Support. In January 2019 the following vitally important study was published by (ONTABA).

Evidence-Based Practices for the Treatment of Challenging Behaviour in Intellectual and Developmental Disabilities: Recommendations for Caregivers, Practitioners, and Policy Makers – Report of The Ontario Scientific Expert Task Force for The Treatment of Challenging Behaviour.

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Scientific Expert Task Force Report - Quotations

"All individuals who engage in challenging behaviour should receive a medical assessment to rule out the possibility that the behaviour is occurring due to an underlying medical condition."

"The Canadian Consensus Guidelines (CCG) for the Primary Care of Adults with Intellectual and Developmental Disabilities (Sullivan et al., 2018) provide a comprehensive set of recommendations." (Reference The College of Family Physicians of Canada)

"These guidelines also identify a number of common medical issues that may contribute to the onset of challenging behaviour."

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Scientific Expert Task Force Report – Quotations continued

"If medical concerns have been ruled out as a cause for challenging behaviour, subsequent assessment strategies should be employed."
– Reference page 20.

"The bio-behavioural model of challenging behaviour indicates that both biological and environmental factors must be considered during assessment and addressed in treatment."
– Reference page 6.

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Behaviour Analyst Certification Board (BACB) Standards

BACB 2019, 3.02:

"Behaviour analysts recommend seeking a medical consultation if there is any reasonable possibility that a referred behaviour is influenced by medical or biological variables."

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Anxiety and Pain → Aggression → Calm

- Unmet regulation needs result in physical and emotional pain e.g. anxiety and stress.
- This often results in cycles of increased frequency and intensity of chronic and acute self injurious behaviours and aggressions.
- This is very often because the behaviours reduce the person's feelings of anxiety.
- This eventually results in temporary calm.

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Examples of Prevalence (30% - 88%) of Co-occurring Conditions* in PwDD with Complex Needs Contributing to Anxiety, Self-Injurious Behaviour & Aggression

- **Gastrointestinal**
  - infections
  - intolerances
  - imbalances (e.g. vit/min)
  - physical pain
- **Mental & Neurological**
  - e.g. seizures and mood disorders
- **Brain Imbalances**
  - inflammations
  - coherence (lack of)
  - under development
  - motor planning problems
- **Sensory Integration and Processing**
  - hyper/hypo activation
- **Human Energy**
  - sensitivities (e.g. EMF/ RWF)
  - intolerances
- **Cellular**
  - mitochondria dysfunction
- **Emotional**
  - fears and phobias
- **Adrenal Glands**
  - over production of cortisol

*Reference Hamlin, T. Autism and The Stress Effect (The Centre for Discovery)

"Autism itself does not cause challenging behaviour" – Autism Speaks 2012

21

Anxiety is Counterproductive

Support interventions that increase anxiety and stress are counterproductive and often increase challenging behaviours and the eventual compromise of the sympathetic nervous system's regulation.

> ***"For us to live our life to the fullest, we must prevent and better manage our fears."***
>
> Temple Grandin

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Behavioural Interventions Are Often Necessary

- Behavioural interventions such as ABA and IBI that follow the Behaviour Analyst Board Standards for Certification are useful and often necessary complements to the fully integrated biomedical support and supporter development process.
- The more complete the integrated process, the greater the potential for ABA/IBI to enhance well-being and prevent and manage anxiety and aggression.

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From 0-60 mph in Seconds?

"Individuals with Autism live in a challenging state of hyperarousal. Many live in pre-panic states day in and day out."

"Anger can be a strangely soothing emotion – Rage is organizing: When we have worked ourselves up into a fury, we are completely focused, involved and unified……."

(Our fear is replaced by anger – a much more 'user friendly' emotion).

Shadow Syndrome

John Ratey M.D.
Associate Clinical Professor, Harvard Medical School
Author and Co-author of 8 Books
Over 60 Peer Reviewed Papers

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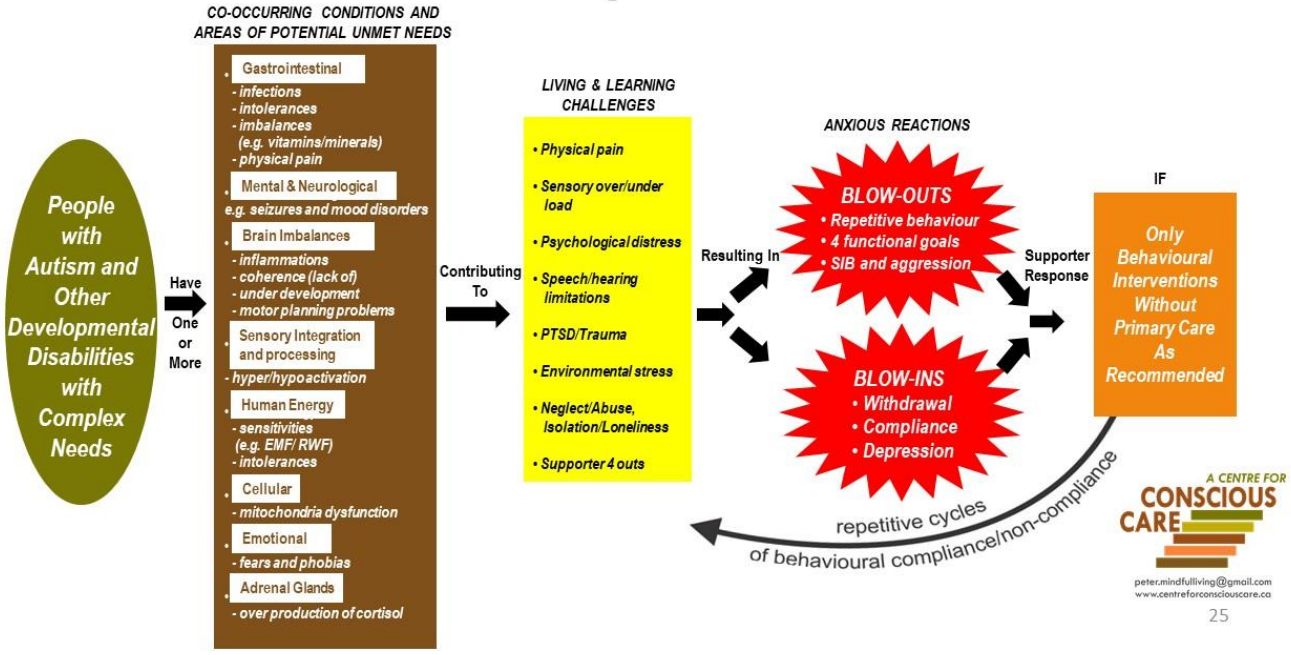
The Recurring Cycles of Behaviour to Compliance to Behaviour



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"A counterfeit peace exists when people supported are pacified, distracted, frightened or so tired of fighting that all appears to others to be calm."

(Adapted from Claiborne, Wilson-Hartgrove & Okoro. (2012). *Common Prayer, A Liturgy for Ordinary Rascals.)*

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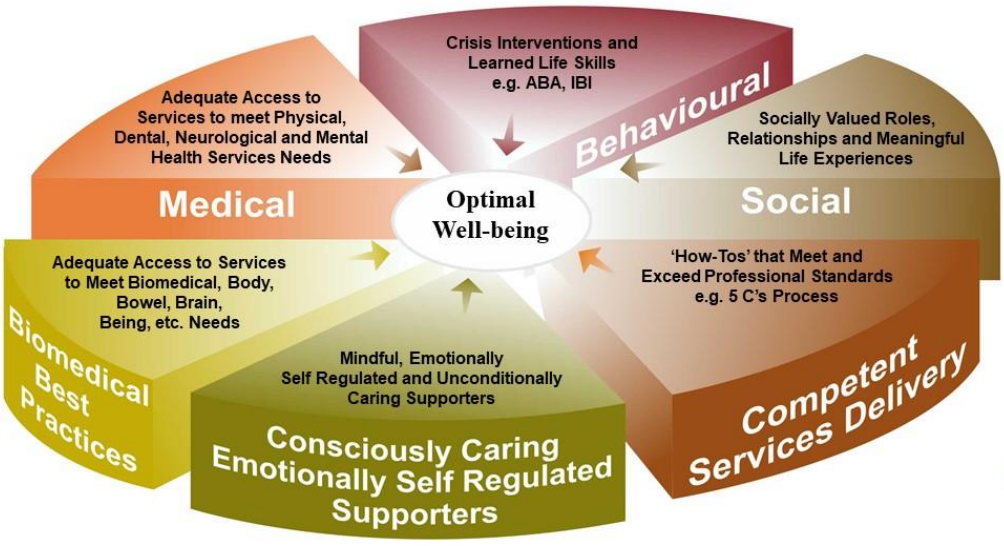
Evidence Based CCS Components for Well-being and the Prevention and De-escalation of Challenging Behaviours*



* CCS reduces challenging behaviours by 50%-75% compared to MCCSS current 'must use' crisis protocols alone.

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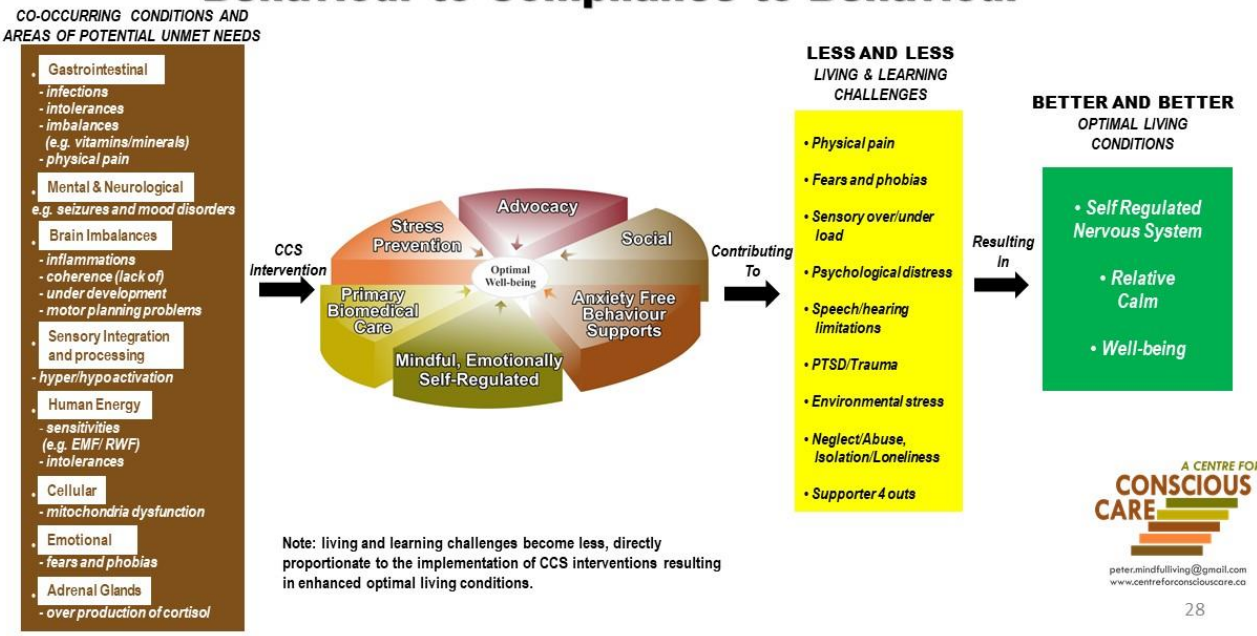
Breaking the Recurring Cycles of Behaviour to Compliance to Behaviour



Note: living and learning challenges become less, directly proportionate to the implementation of CCS interventions resulting in enhanced optimal living conditions.

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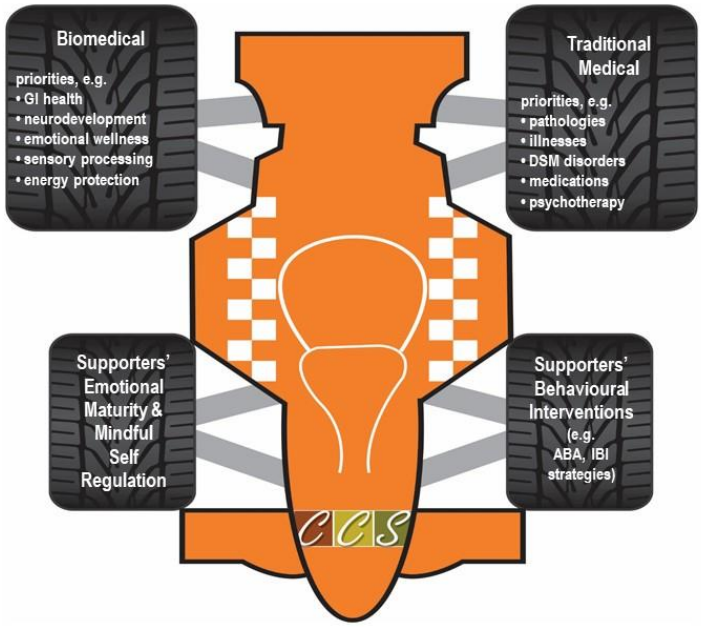
Comprehensive Anxiety Reduction



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CCS Well-being Facilitation Plan

Reference Session I – Resource 2

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CCS Hierarchy of Service Needs

Toward A More Complete Understanding

of the hierarchy of special needs to meet in order to facilitate optimal well-being and to prevent and mindfully manage anxiety, anger and aggression

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Examples of CCS Tools to Enhance Self and Others' Mindful Emotional Self Regulation

- B-FIT Mindfulness (the essential tool to initiate Conscious Care and Support)
- Calming others by calming oneself – emotional contagion and mirror neurons e.g. Pain Empathy
- Bilateral, Biomeridian Awareness Based Calming (BB-ABC) e.g. Rocking and 15 Tools

All Tools must be practised during times of calm.

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Mindfulness Benefits for Individuals with Developmental Disabilities

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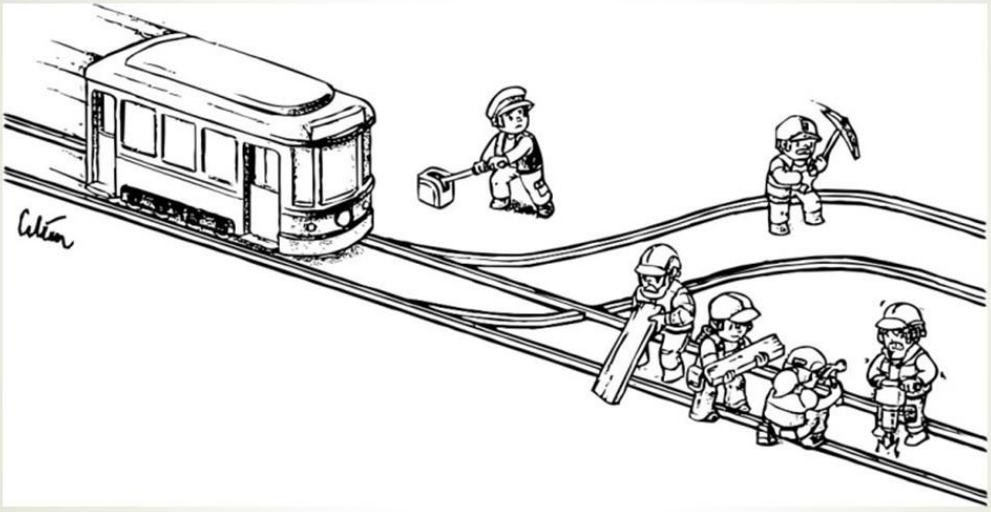

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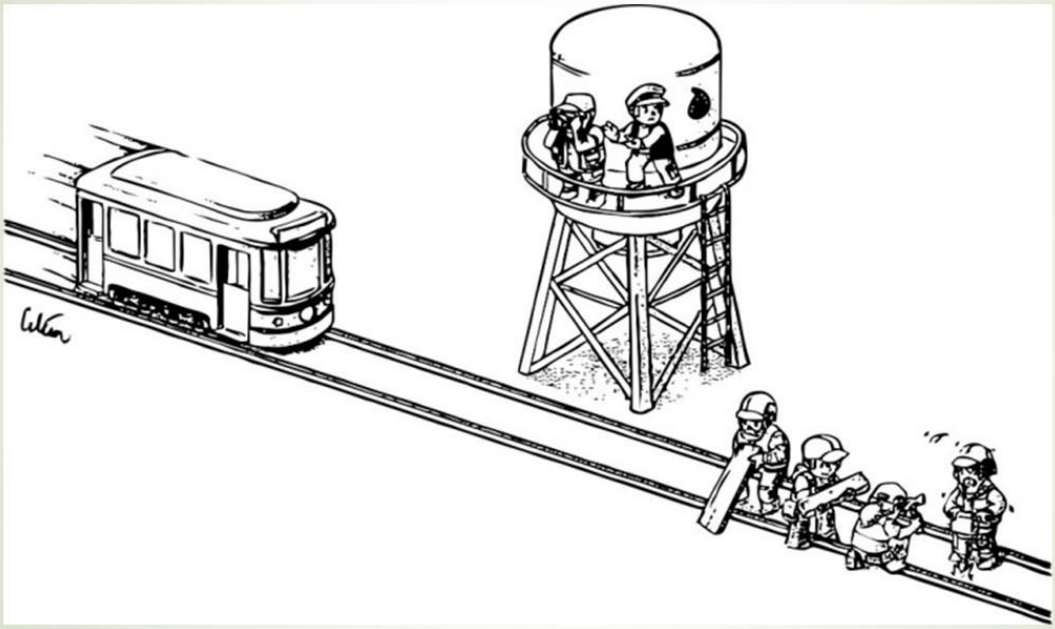

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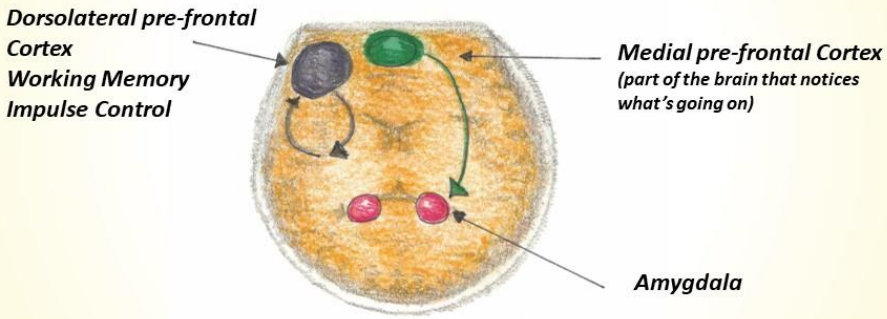
Mindful Emotional Self Regulation

The main way we can consciously access the emotional brain is through self awareness*, i.e. becoming mindful. Mindfulness increases connections in the medial pre-frontal cortex. This reduces anxiety for the Supporter and the Person Supported.



(*Research reference: J. LeDoux, "Emotion Circuits in the Brain", Journal of Neuroscience 33, no. 9 (2013) 3815-23)

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According to many published Neuroscientists, including Dr. Daniel Siegel (UCLA) in his book called ***The Mindful Brain*** (page 42 and 43) the following brain, body and being functions correlate with the activity of medial areas of the prefrontal cortex:

1. **Body regulation** – the emotional brakes and accelerator functions.
2. **Attuned communication** involves the coordination of the input from another person with the activity of one's own (as with mirror neurons).
3. **Emotional balance** to have enough activation so that life has meaning and vitality but not so much that life becomes chaotic.
4. **Response flexibility** is the capacity to pause before action.
5. **Empathy** – knowing what might be going on inside someone else.
6. **Insight or self-knowing** awareness to be able to link the past, present and future.
7. **Fear modulation** that may be carried out by the release of the inhibitory neurotransmitter GABA.
8. **Intuition** – a neural mechanism by which we process deep ways of knowing via our body i.e. 'somatic intelligence'.
9. **Morality** – taking into consideration the larger picture, to image what is best for the whole not just one's self, even when alone.

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The You

Who is Listening to Me

Did Not Make the Choice

To Push or Not!

(Unless you were mindful/conscious)

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Definitions to Better Understand the 'Set-up'

Over each 24 hour period, we can be experiencing consciousness on a 1-10 continuum.

Unconscious: (1)

- like when we are asleep in our bed.

Semiconscious: (autopilot) (5)

- like how we typically drive our car, relate to people and do most 'doings'.

Fully Conscious: (self aware) (10)

- like when we are paying attention – noticing **what** we are doing e.g. how we drive when a police car is following us;
- knowing **that** we are doing it and
- knowing **how** our **body's sensations, feelings and thoughts** are reacting to what is happening.

Subconscious:

- our data bank of 'files' that we inherit and develop.

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The Role of Early Educational Interventions

AUTISM CANADA

Physician Handbook

Studies have shown that early intensive educational interventions result in improved outcomes for the child and family. Initial strategies may include teaching the child to notice what is going on in their environment, to be able to pay attention.

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CCS Hierarchy of Service Needs

Toward A More Complete Understanding

of the hierarchy of special needs to meet in order to facilitate optimal well-being and to prevent and mindfully manage anxiety, anger and aggression

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Needs for GI and Bowel Management and Holistic Treatment

- Distressed Gut Microbes – produce Mind/Body Agitation, Pain and Anxiety which often leads to aggression.

1% Human
99 % Bacterial and Fungal

- Some Microbes found in the gut of individuals with Autism, when introduced into healthy rodents, create numerous Autistic like symptoms.
  e.g.
  - Repetitive behaviours
  - Social aversion
  - Easy to startle

(Reference: Dr. Derrick MacFabe, The University of Western Ontario)
(Young, E. - *I Contain Multitudes*, pages 69 & 70)

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Microbes, Anxiety and Aggression

Chronic anxiety means excessive toxic cortisol in the body. To neutralize this toxin, the body uses up basic building blocks like amino acids that are needed to:

- digest food
- build the immune system
- produce calming neurotransmitters

This depletion causes anxiety leading to challenging behaviour.

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CCS GI and Bowel Management and Holistic Treatments

Engage a qualified holistic GI specialist, e.g. qualified and available MD, ND or nutritionist who will for example:

1. Complete a comprehensive biomedical assessment e.g. Organic Acid Test
2. Remove food toxins/allergens and metals
3. Balance minerals, vitamins and neurotransmitters
4. Implement holistic bowel management
5. Optimize nutrition
6. Optimize sleep

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Dental and Myofunctional Needs

10 Observations to Identify Oral Health Problems that Could be Causing Pain and therefore Challenging Behaviours (reference OHTH*)

1. Noticed any changes in their eating and/or drinking?
2. Noticed any changes in their behaviour - more aggressive to themselves or others, more excited or more withdrawn?
3. Noticed any changes in their sleeping pattern?
4. Noticed an increase in teeth grinding, clenching or drooling?
5. Are they recently avoiding daily oral care?
6. Noticed any facial swelling or redness on one side, possibly with a fever?
7. Are their lips apart at rest and/or snoring at night?
8. Do they have really bad breath?
9. Look in the mouth: Red inflamed gums that bleed on looking or touching with a toothbrush, broken teeth, holes in teeth, pimples/boils/ swellings on the gums?
10. Need for more medications such as PRN medications for pain or behaviour?

OHTH
Oral Health, Total Health

Website: www.ohth.ca

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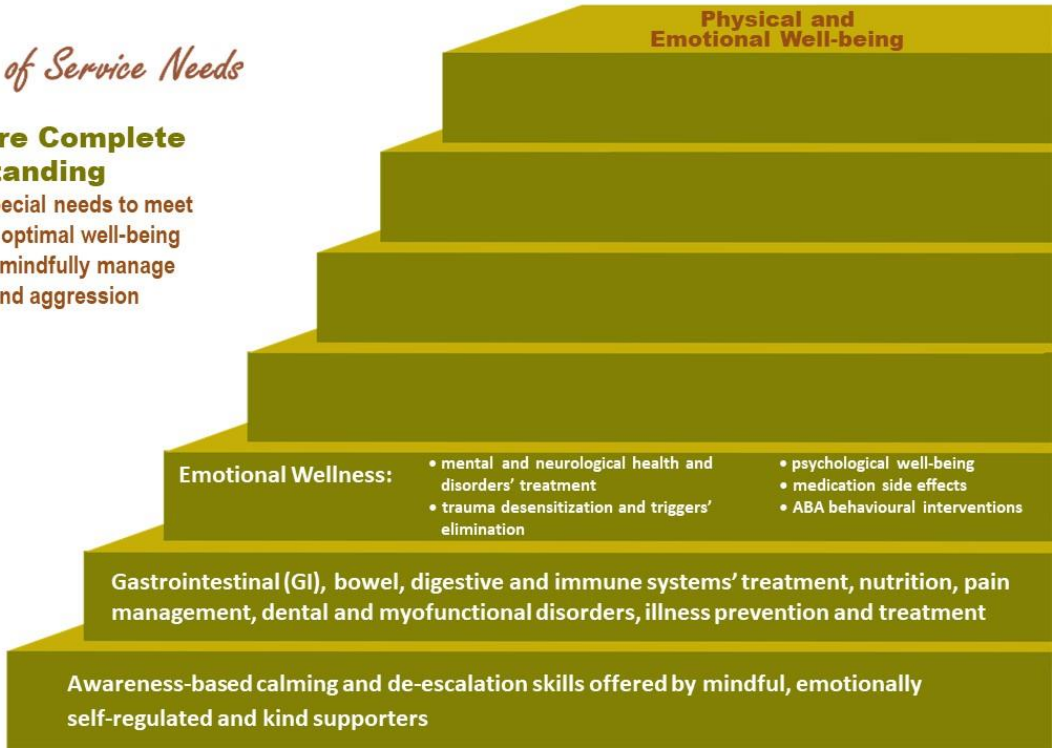

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Mental and Neurological Health

- Ensure accurate tracking of symptoms and report to the Primary Care Physician.
- Behaviour check lists must be an accurate reflection of the supported person's behaviour – not contaminated with the supporter's inadvertent 'Challenging Behaviour'

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Mental and Neurological Health

- **Benefits and Risks of Psychotropic Medications:**
  - Anti-psychotics
  - Anti-anxiety
  - Anti-depressants

- **Questions for the Primary Care Physician:**
  - How will we know that it is effective and helpful?
  - What will we observe if there are unacceptable side effects or risks e.g. Akathisia?

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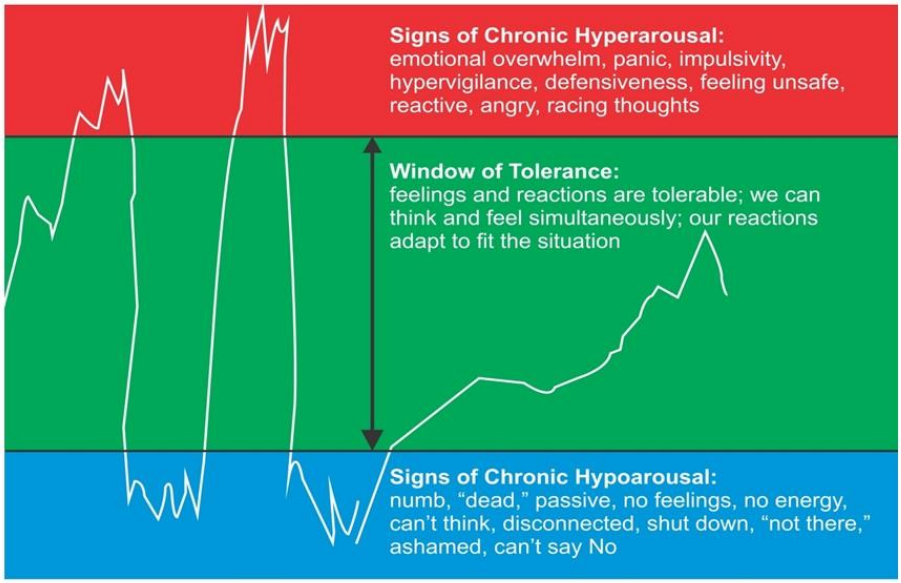
Trauma Closes The Window of Tolerance

After trauma, the nervous system remains prepared for danger (Ogden, Minton & Pain, 2006)



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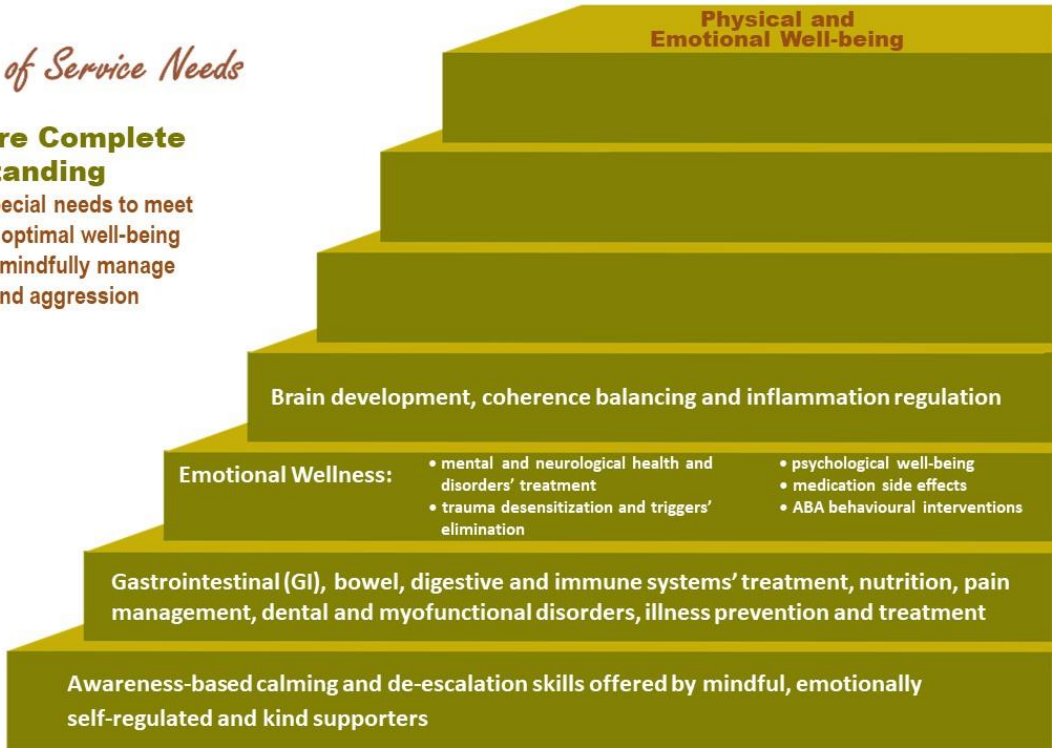
of the hierarchy of special needs to meet in order to facilitate optimal well-being and to prevent and mindfully manage anxiety, anger and aggression



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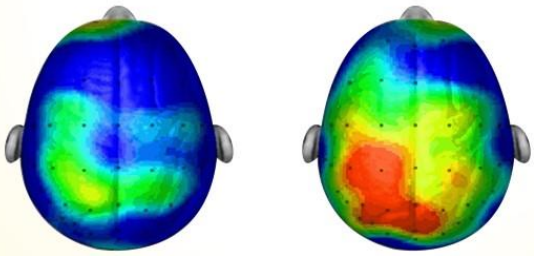
Brain Coherence

i.e. Many Parts of the Brian 'Talking' to Each Other

"Like you, I need to be able to understand and process information". **This requires optimal Brain Functioning e.g.**

- **neurogenesis (new neurons)**
- **neuroplasticity (more complete neuro networks)**
- **neuro electrical stimulation (brain firing)**
- **neurochemicals production (endorphins, dopamine, serotonin, oxytocin)**
- **Hertz e.g. Beta, Alpha, Theta, Delta**



(Brain MRIs before & after 20 minutes of exercise)

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Neuroscience also near unanimously concurs that neurogenesis, neuroelectric stimulation, neurochemicals' production, and neuroplasticity are, with appropriate training and conditioning, not only possible but highly predictable to measurably enhance cognition, empathy and emotional self regulation.

Reference:

N. Doidge – *The Brain's Way of Healing*
D. Siegel – *The Mindful Brain*
D. Eagleman – *The Brain*

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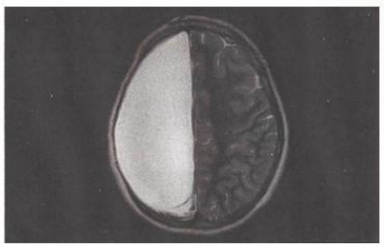
Could This Indicate Potential for Well-being for People Supported?

In 2007, Neurosurgeons removed half of Cameron Mott's Brain

In this scan of Cameron's brain, the blank space is where half of her brain has been removed.



The Results:
Aside from some weakening on one side of her body, she is indistinguishable from her classmates. She is a good student and participates in sports.

(Reference D. Eagleman *The Brain)*

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Neuroscience and Gastrointestinal (GI) Research Conclusions

1. No evidence to suggest that the Brain and GI of people supported cannot heal, grow and develop.

2. Evidence that the Brain and GI can heal, grow and develop with appropriate (CCS type) training and conditions.

(Reference Bibliography)

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CCS Brain Coherence, Balancing & Inflammation Regulating Interventions

1. Enhance essential brain calming elements
   e.g. GABA and Serotonin
2. Prevent excess of excitatory elements
   e.g. Cortisol, Glutamate, PPA
3. Balance anxiety producing vitamins and minerals
   e.g. Magnesium, Vitamin B6, Histamine reduction, Vitamin B12
4. Cerebellum activation
   e.g. 20 minutes of bouncing and balancing, and neurofeedback
5. Maintain adequate glutathione levels to prevent brain inflammation e.g. NAC

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6. Keep the Mitochondria Cell System Healthy:

- Mitochondria are known as the powerhouse of each cell
- They give cells their energy to do their work such as maintaining healthy brain functioning

Controllable Mitochondria Killers:

- Sugar and Simple Carbohydrates
- Oxidative Stress causing Brain Inflammation – low glutathione
- Medications such as Antibiotics and Antipsychotics
- Vitamins and Minerals Imbalance – low B vitamins, folic acid, magnesium, vitamin D

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7. Cardio Exercise:

- Cardio exercise, especially bouncing and balancing, increases brain wave activity (e.g. cerebellum) to give better brain coherence for optimal functioning.
- Improved coherence results in thoughts becoming more organized and focused.
- This results in less fear and therefore more calm.

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stabilization balls
and elliptical stabilization cushions

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CCS Hierarchy of Service Needs

Toward A More Complete Understanding

of the hierarchy of special needs to meet in order to facilitate optimal well-being and to prevent and mindfully manage anxiety, anger and aggression

Physical and Emotional Well-being

Human energy system – building, balancing and protecting from wireless radiation and electromagnetic fields (EMF)

Brain development, coherence balancing and inflammation regulation

Emotional Wellness:
- mental and neurological health and disorders' treatment
- trauma desensitization and triggers' elimination
- psychological well-being
- medication side effects
- ABA behavioural interventions

Gastrointestinal (GI), bowel, digestive and immune systems' treatment, nutrition, pain management, dental and myofunctional disorders, illness prevention and treatment

Awareness-based calming and de-escalation skills offered by mindful, emotionally self-regulated and kind supporters

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Human Energy – Building, Balancing and Protection

Protection from Environmental Toxins

e.g. - reduce electromagnetic energy fields (EMF)
(a.k.a. dirty electricity)
- reduce Wi-Fi and cell phone radiation

The Bioinitiative Report 2012 links EMF Exposure to Autism concluding: Based on strong evidence for vulnerable biology, in Autism, EMF/ Radio Frequency Radiation (RFR) can plausibly increase Autism risk and symptoms. "While we aggressively investigate the links between Autism disorders and wireless technologies, we should minimize wireless and EMF exposures for people with Autism disorders, children of all ages, people planning a baby, and during pregnancy,"
says Martha Herbert, MD, PhD, Pediatric Neurologist Harvard Medical School.

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CCS Hierarchy of Service Needs

Toward A More Complete Understanding
of the hierarchy of special needs to meet in order to facilitate optimal well-being and to prevent and mindfully manage anxiety, anger and aggression

- **Physical and Emotional Well-being**
- Sensory integration and processing
- Human energy system – building, balancing and protecting from wireless radiation and electromagnetic fields (EMF)
- Brain development, coherence balancing and inflammation regulation
- Emotional Wellness:
  - mental and neurological health and disorders' treatment
  - trauma desensitization and triggers' elimination
  - psychological well-being
  - medication side effects
  - ABA behavioural interventions
- Gastrointestinal (GI), bowel, digestive and immune systems' treatment, nutrition, pain management, dental and myofunctional disorders, illness prevention and treatment
- Awareness-based calming and de-escalation skills offered by mindful, emotionally self-regulated and kind supporters

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Filling the Gap – Sensory Integration and Processing:

Because research indicates that there is an 80% likelihood that individuals with ASD/DD will have sensory processing and integration challenges that cause and/or greatly influence anxiety and for some aggression, CCS advocates for screening, assessments and treatments by qualified Occupational Therapists.

This treatment does not generally appear to be the case for many people supported throughout Ontario.

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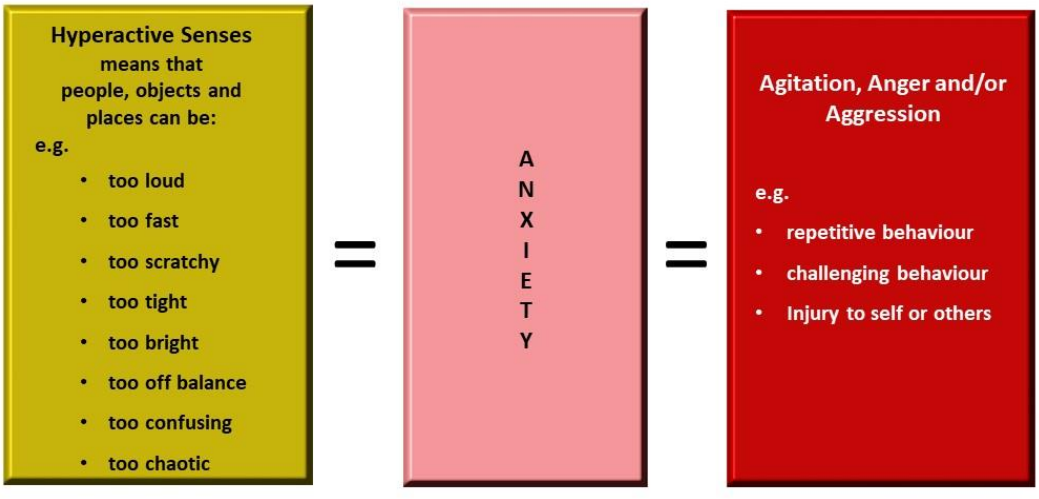
Hyperactive Senses Lead to Challenging Behaviours



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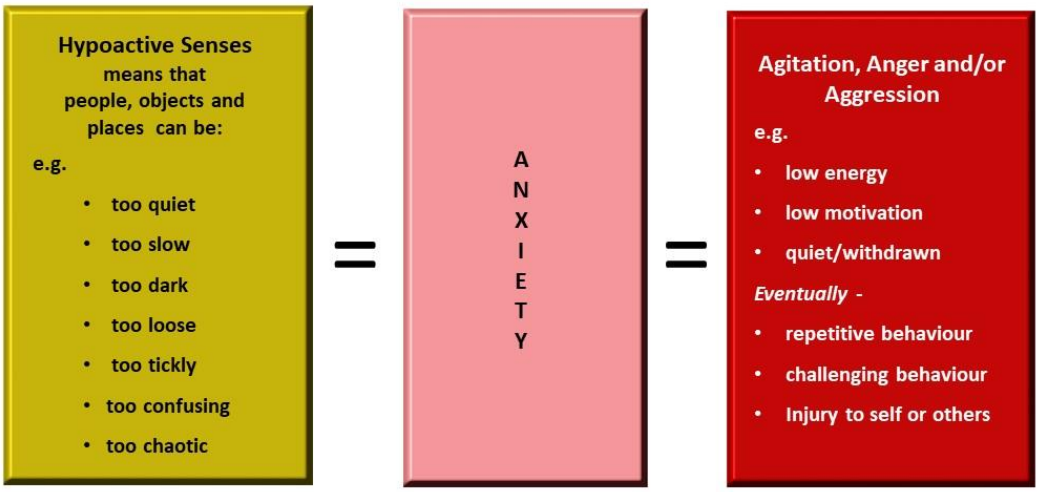
Hypoactive Senses Lead to Challenging Behaviours



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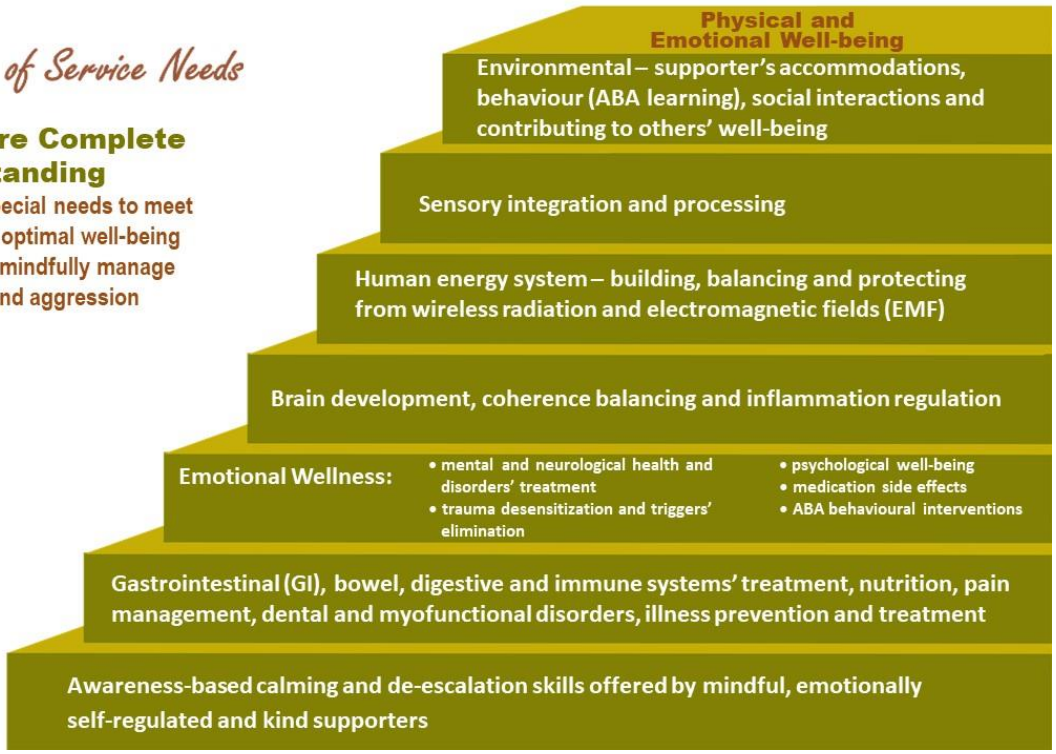
CCS Hierarchy of Service Needs

Toward A More Complete Understanding

of the hierarchy of special needs to meet in order to facilitate optimal well-being and to prevent and mindfully manage anxiety, anger and aggression



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Environmental Well-being

Communications – Validate not Vet
Accommodations e.g. – Limited Choices
– Avoid 'No'

Behavioural Learning e.g. – ABA, IBI, Best Practices

Social Interactions e.g. – "Go slow in ways I know"

Contributing to Others' Well-being e.g. – socially valued roles

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Stress Inducers and Reducers

Reference CCS Textbook – Page 169 – 175

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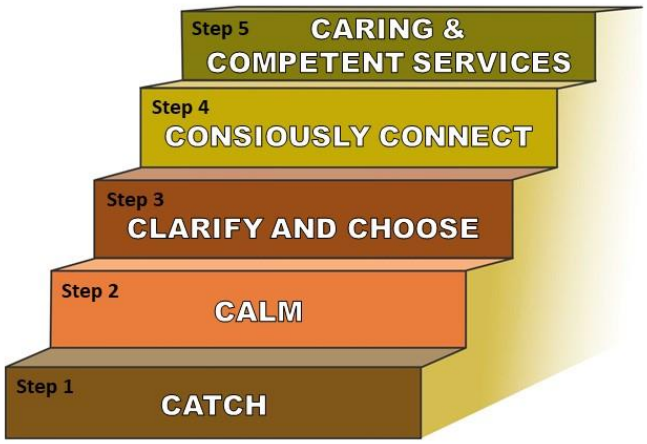
The 5 Step Conscious Care and Support Process



"My mindful words and actions are useful, truthful, timely and kind"

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What My Symptoms Are Saying:

"Even though I don't control them, most of my behavioural symptoms are messages to you. My nervous system is asking you for certain kinds of support to have its specific needs met. Please listen to what it is doing. If you don't, I can't stop it from becoming anxious and frightened. And the main way that it has learned to calm its fears is to get irritated, angry and even aggressive. I hate when it does that but the calm that follows my aggression makes me feel normal again. Please help me to find a better way."

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Through Substantial and Sustainable Supporters' & Leaders':

- Training in Evidence Based Best Practices;
- Development in Conscious Self-regulation;

Resulting in Competence & Commitment –

People Supported

Will

Live to Their Fullest Mind, Body and Spiritual Potential.

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Well-being Facilitation Plan Part 1

The purpose of this tool is to provide the support team with an efficient way to facilitate the development of a comprehensive wellness plan with the person supported to apply what is learned in each section of the book that follows. It is a template to follow.

As each section of the hierarchy of needs is presented, the supporter can refer back to this tool to capture and expand on important and relevant CCS best practices.

Person supported: _____ ***Plan Development Date:*** _____

Well-being facilitation plan team:

_____ _____ _____

_____ _____ _____

Community professionals:

_____ _____ _____

Description of person when calm, happy and cooperative: _____

Diagnosis, if applicable: _____

PRN Medications, if applicable: _____

Process:

1. Holding in mind the hierarchy of needs outlined throughout the Conscious Care and Support process, first complete the "action required" in PART A by identifying the best possible options to explore and address needs. "Action required" will include direct influences as a supporter and skilled advocate with community professionals.
2. Monitor and record each day's progress (reference PART A – 2).
3. Track progress using PART A – 3.

WELL-BEING FACILITATION PLAN

PART A – THE SERVICE-NEEDS ASSESSMENT AND ACTION REQUIRED

Needs Area # 1 **Awareness-based calming and de-escalation support and interventions offered by mindful, emotionally self-regulated and kind supporters:**	***Who***	***Date*** ***Initiated***
Continue:		
Stop:		
Start:		

PART A continued

Needs Area # 2 **Gastrointestinal (GI), bowel, digestive and immune systems' treatment, nutrition, pain management, dental and myofunctional disorders, illness prevention and treatment:**	***Who***	***Date Initiated***
Continue:		
Stop:		
Start:		
Needs Area # 3 **Emotional Wellness: mental and neurological health and disorders' treatment, trauma desensitization and triggers' elimination, psychological well-being, medication side effects, ABA behavioural interventions:**	***Who***	***Date Initiated***
Continue:		
Stop:		
Start:		

PART A continued

Needs Area # 4 **Brain Development, coherence balancing and inflammation regulation:**	***Who***	***Date Initiated***
Continue:		
Stop:		
Start:		
Needs Area # 5 **Human energy system – building, balancing and protecting from wireless radiation and electromagnetic fields (EMF):**	***Who***	***Date Initiated***
Continue:		
Stop:		
Start:		

PART A continued

Needs Area # 6 **Sensory integration and processing:**	***Who***	***Date Initiated***
Continue:		
Stop:		
Start:		
Needs Area # 7 **Environmental – supporter's accommodations, behaviour (ABA learning), social interactions and contributing to others' well-being:**	***Who***	***Date Initiated***
Continue:		
Stop:		
Start:		

PART A – 2
BIOMEDICAL INPUT INDICATORS FOR WELL-BEING

Name of the person supported_____ **Week of** _____

1 - no/low implementation **2** **3** – partial **4** **5** - near complete implementation

Input Indicators	***Criteria for Compliance***	***Days of the Week***						
		M	***T***	***W***	***T***	***F***	***S***	***S***
Gastrointestinal (GI), Bowel and Digestion:	**e.g. organic acid test pre- and post- biomarkers**							
• control of toxins (excess)								
• treatments, supplements								
• proper nutrition								
Physical Development:	**Recommendations provided by**							
• cardio (cortisol regulation)	**primary care physicians**							
• core and strength								
• balancing								
Bilateral/Biomeridian ABC:	**10 minutes each per day**							
• butterfly hug								
• arms/breath co-ordination								
• hand stimulation								
Neurodevelopment:	**10 minutes each per day**							
• neurofeedback								
• mindful movement								
• rebounding								
Sensory Diet:	**Prescribed by a qualified O.T.**							
• hyper-sensory needs								
• hypo-sensory needs								
Human Energy:	**Restoration and protection**							
• EMF regulation	– filter AC outlets							
• RWF e.g. Wi-Fi regulation	– minimum use of RWF							
• sleep hygiene	– as recommended by a Sleep Professional							
Emotional Wellness:	**Ongoing**							
• meds, trauma, behaviour	– per well-being plan							
Environmental:	**Ongoing**							
• ABA learning, communication	– per well-being plan							

PART A – 3
CCS INDICATORS OF SUPPORT PLAN SUCCESSFUL OUTCOMES

To facilitate case conferencing and coordination with other inter-agency and intra-agency support team members, make observations and notes and average the rating scale at the end of a month to summarize indicators of planned success or needs for modifications.

Person Supported:_____ **Month of:** _____

Ratings of Person Supported Outcomes		
Ratings: ***1- seldom 2- occasionally 3- often*** ***4- usually 5- near always***		***Comments***
1. Calmness		
2. Focus		
3. Learning		
4. Cooperation		
5. Socialization		
6. Emotional self-regulation		
7. Adaptive behaviour		
8. Constructively managing stress		
9. Positive response to de-escalation (less need for intrusive measures)		
10. Helping others		
11. Gratitude		
12. Initiative		
13. Positive participation in home maintenance activities		
14. Art, music and recreational fulfillment		
15. Other		

Session 2 Learning Plan

	Group Process	*Resources*
1.	Welcome and Session Overview	
2.	A More Complete Understanding of Optimal Support	Textbook page–31
3.	Developing Emotionally Self-Regulated and Kind Supporters – Claim Your Brain, Start Your Heart	Power Point – Ses.2-Res.1 Handout Textbook pages 213–216
4.	Developing Emotionally Self-Regulated and Kind Supporters – Breaking Out of PFP Prison	Power Point – Ses.2-Res.2 Handout Textbook pages 216–220
5.	Session Preparation and Learning Log	Handout

Follow-up and Preparation:

- Read all Text Book References
- Mindfulness Practice - www.centreforconsciouscare.ca

CONSCIOUS CARE & SUPPORT

CCS

Developing Emotionally Self-Regulated and Kind Supporters

Claim Your Brain, Start Your Heart

Session 2 – Resource 1

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1

THE FOUR PERSONAL QUALITIES OF Mindful Emotional Self-Regulation

SELF-EXPRESSION

- 'Here Now'
- Right Speech
- Feelings to Feelings and Reasons to Reasons
- Authentic Kindness in all Relationships

SELF-MANAGEMENT

- Catch, Calm, Clarify and Consciously Connect
- Private Victories, i.e. Self-Discipline/Sacrifice, Persistence, & Secular Moral Ethics

SELF-UNDERSTANDING

- Discovering and Disengaging from PFP Brain
  - no/low free will, e.g. choices of cities
  - we have a thinking problem, e.g. your next thought?
  - inattentional blindness, e.g. missing buildings, cuts and cars with 60 bits
  - PFP brain cheats and makes things up, e.g. checker board, memory
  - the body keeps the score, but 'we' ignore, e.g. cards
  - we are prejudice and racist, e.g. hurting hands
  - feelings not facts make our decisions, e.g. train trolley
  - cognitive bias – we speed dial feeling's reactions in 1.4 seconds

SELF-AWARENESS

- Awareness of being stuck in a 'Good Place', e.g. semiconscious
- Awareness of the actual cause of Suffering and what to do about it
  i.e. suffering = pain x resistance + pleasure x attachment
- B-FIT Mindfulness, i.e. Concentration, Sensory Clarity, Ahh-llowing and be 'Here Now'

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2

2

How often do power struggles compromise the quality of the supported person's well-being?

It appears that a minimum of 40% of behavioural incidents result from or are significantly influenced by generally good and caring supporters' unintended and unaware loss of mindful emotional self-regulation. This often results in power struggles and other supporter induced behavioural antecedents.

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Why might the average good and caring supporter become emotionally hijacked into power struggles that can cause challenging behaviours in the person being supported?

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4

4

Diane and Me

The 4 Outs in Action

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5

The 4 Outs

Tune-out is typically how the

Spaced-out Supporter

Protects our self from

Burn-out and **Freak-out**

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Loss of Emotional Self-Regulation of Good and Caring Supporters Can Result in Some of the Following:

- being impatient and becoming emotionally hijacked into power struggles (i.e. silent temper tantrums or anger);
- being self righteous, judgmental, critical and unforgiving;
- being generally indifferent to some supported persons' suffering;
- being overtaken by 1 of the 4 outs – (Burn-out, Freak-out, Tune-out, Space-out);

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Loss of Emotional Self-Regulation of Good and Caring Supporters Can Result in Some of the Following: (cont'd)

- the physical redirect/restraint that is executed mindlessly, mechanically and without compassion;
- the closed, "whatever," attitude that shows on the face of the supporter as they hear the same story over and over again;
- the change and clean-up that is now hours overdue;
- the powerful enforcing of 'unnecessary rules'.

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Could it be that these Supporters' 4 Outs too often drive Emotionally and Biologically Vulnerable People into:

- elevated levels of anxiety;
- anxious repetitive behaviour;
- self injurious behaviour;
- aggression towards peers and supporters;
- property destruction.

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Definitions to Better Understand Life's 'Set-up'

Over each 24 hour period, we can be experiencing consciousness on a 1-10 continuum.

Unconscious: (1)

- like when we are asleep in our bed.

Semiconscious: (autopilot) (5)

- like how we typically drive our car, relate to people and do most 'doings'.

Fully Conscious: (self aware) (10)

- like when we are paying attention – noticing **what** we are doing e.g. how we drive when a police car is following us;
- knowing **that** we are doing it and
- knowing **how** our **body's sensations, feelings and thoughts** are reacting to what is happening.

Subconscious:

- our data bank of 'files' that we inherit and develop.

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Life's Set-up
Understanding The Main Sources of Our Loss of Emotional Self-Regulation

- **To survive in the early, dangerous Paleo jungles**, we needed Quick and Simple Reactions to solve life threatening problems.

"Our Brain hasn't changed much over the last 50,000 years."

Dr. John Ratey
Associate Professor of Psychiatry
Harvard Medical School

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Life's Set-up
Understanding The Main Sources of Our Loss of Emotional Self-Regulation (cont'd)

- **The Brain therefore inherited and develops 'Files'/a data bank** from which to semiconsciously speed-dial reactions to manage our world and keep us (mainly our ego) safe.

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Speed Dialing Often Means.....

Being Semiconsciously Driven by the Ego's Primitive and Programmed Needs to:

- look good and impress
- be in control
- be right
- be treated fairly
- not be criticized
- be judgmental
- be accepted by the 'herd'

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Life's Set-up – Being Mostly Semiconscious

- Means that we have insufficient consciousness **to consistently offer our 'A' Game**
- Especially in crisis, we speed dial our 'C' survival game as our ancestors have done for thousands of years.

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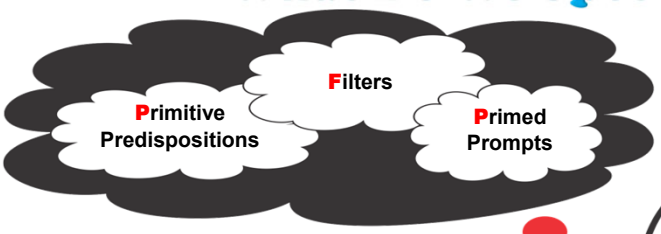
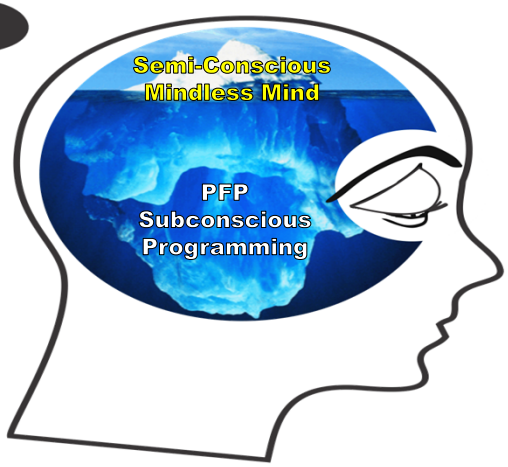
What Do We Speed Dial?





Primitive Predispositions
- Inherited genetic makeup re: survival and reproduction drives (i.e. 'Nature' You)

Filters
- Illogical beliefs/faulty filters from childhood conditioning e.g. "I need", "I am", "Others are" (i.e. 'Nurture' You)

Primed Prompts
- Societal and cultural brain washing/ stereotyping/branding/bigotry (i.e. 'Numbed' You)

Semi-Conscious Mindless Mind
- The "You" who is reading this but doesn't know it (i.e. 'Normal' You)

Because PFP So Controls Our Life – We Call It PFP Prison!

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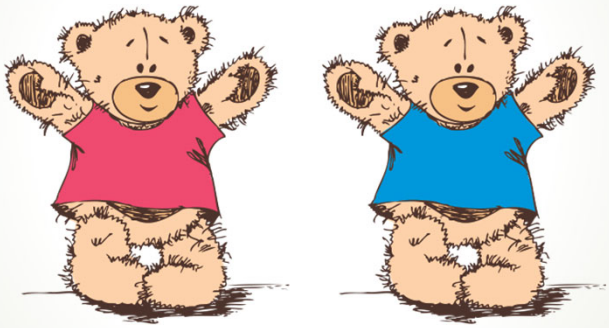
What do we mean by an 'Inherited DATA BANK'?



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Examples of Inherited Primitive Predispositions (The Hard-drive)

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Understanding Our Filters' Part of PFP

Installing Our Subjective Software

Understanding the Filters' Set-up:

We start our life perceiving that **"I am weak and vulnerable,"** both emotionally and physically. We therefore groped for ways to feel secure through inclusion in our family (the herd). This gives a sense of counting for something and connection which our brain registers as being safe and secure.

To figure out how to meet these needs, we became **a good mind reader**.

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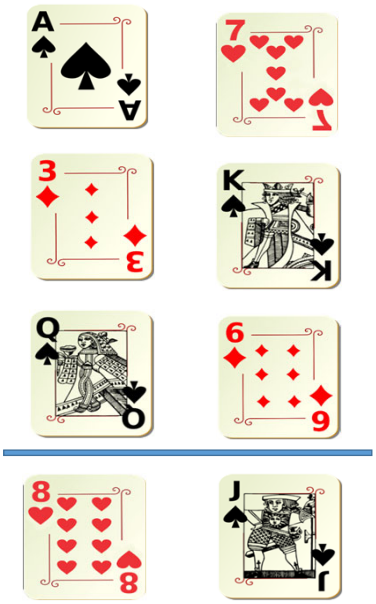

How you learned to read minds to get included and protected and in so doing, became you i.e. got programmed with rules about:

- *I must be …….*
- *Men are …….*
- *Women are …….*
- *The world is …….*

and

Who my 'In-Group' is

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The Birth Order Experiment

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Examples of Filters

- I think that I **need to be in control** or not out of control of most situations and people in order to feel okay.
- I think that **I need to be right** and above criticism in order to feel okay.
- I think that **I need approval** from important people in my life in order for me to feel worthwhile and okay.
- I think that **others and life must treat me fairly** otherwise, I have a God-given right to feel awful.
- I think that **I must be included** or not be excluded from social situations that I feel are important in order for me to have adequate self-worth.
- I think that **I need to be superior** to others in order to feel okay and worthwhile.
- I think that **I need to achieve and be busy** in order to feel okay and that boredom is very emotionally painful and anxiety producing.

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An Example of a Program/Filter

I can win an argument on any topic against any opponent.
People know this and steer clear of me at parties.
Often as a sign of great respect,
they don't even invite me anymore.

Lily Tomlin

When a pick pocket meets a saint –
All they see are the saint's pockets.

Ram Dass

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Experiment

1. Divide into pairs and decide who is #1 and who is #2.

2. Everyone close your eyes.

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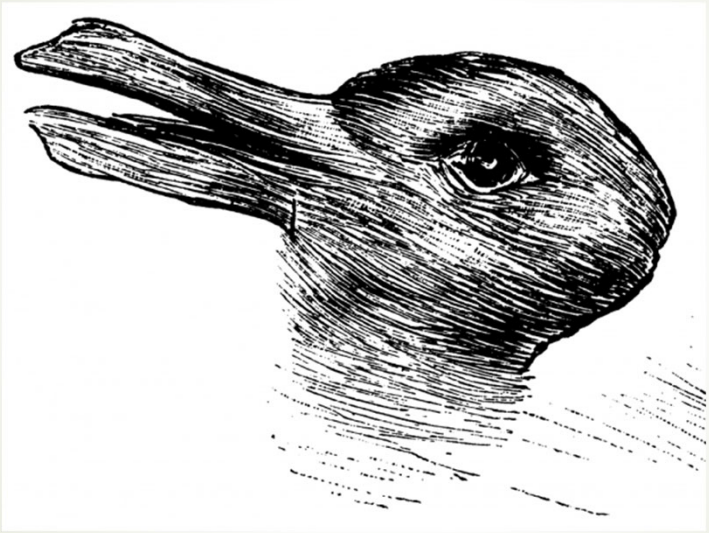

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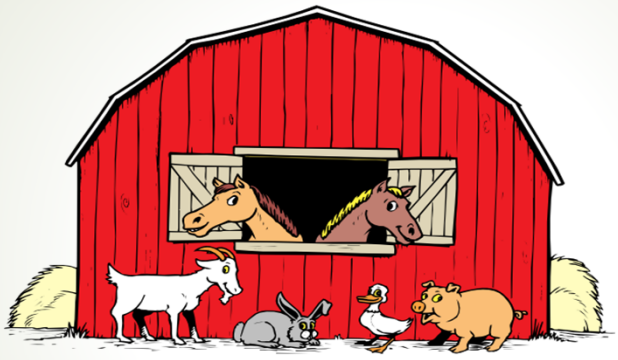

How many farm animals do you see in this picture?

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*Now tell me what you **first see** in this picture.*

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MRI Research

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Primed Prompts

Our Brain Fabricates
Much of Our Reality
Based on
How our 7 Senses have been Primed

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Priming Problems

Possibly one of the most serious brain primes that negatively impacts current services is most **supporters' limited beliefs regarding the potential** of people who we are supporting.

As we observe the highest level of a person supported experiencing life, know that this is probably representative of the lowest level of their potential.

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Examples of PFP Prison – Fellow 'Conspiracy' Theorists

"In each of us there is another whom we do not know."
Carl Jung

"There's someone in my head and it's not me."
Pink Floyd

"How can I tell what I think till I hear what I say?"
E.M. Forester

Could our PFP Programming be compromising the quality of some of how we offer support or leadership?

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Examples of Supporters' PFP Programming Prison's Mostly Unknown Causes For Less Than Optimal Support

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Using Your Free Will, Make the Following Choices:

- Think of someone you know.
- Now think of someone else you know.

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So then, let's explore our capacity for free will – Optimal Choices.

- Why did you think of the first person?
- Why didn't you think of the second person first?

Really – did the you who is listening to me actually plan and decide what city or person 'you' would think about

or

did it just pop into your mind as directed by your PFP subconscious?

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Do You Have A Thinking Problem?

More Of The Human Predicament of Being Semiconscious Indicating Limitations Of Free Will To Think and Feel

- Do you know what your next thought will be before you have it?
- Do you have incessant talking thoughts with yourself all day long?
- Can you stop these thoughts at will for even 15 seconds?
- When you are emotionally hijacked, how long does it take you to realize it and stop it?
- Would you share all the thoughts you had yesterday with anyone?

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Might this Limited*
Free Will Prison be Compromising Some of the Quality of Our Support?

* That is if we are only semiconscious i.e. mindless

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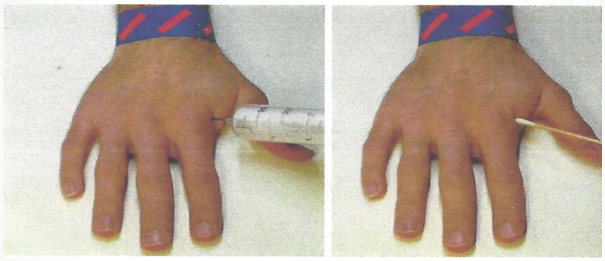
Is Most Everyone's Brain Designed to Devalue People Supported?



MRIs indicate that most individuals' brains react with strong pain empathy when they witness this painful procedure.

Provided……

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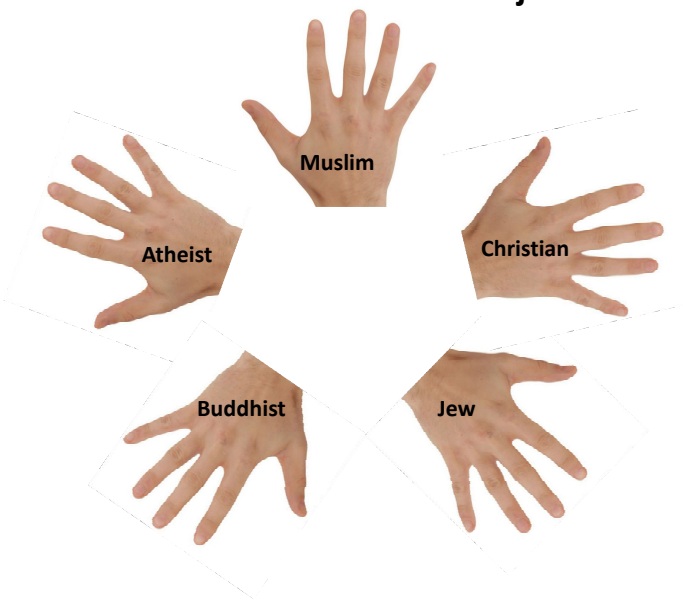
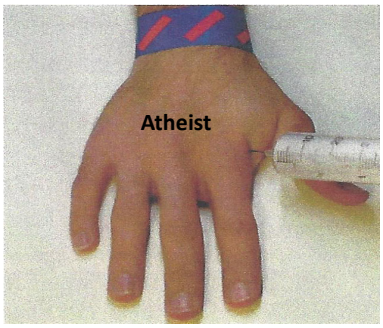
Provided the brain relates to the injured hand as being a lot like its own!





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Understanding 'In' and 'Out' Groups

- The brain is wired to devalue/exclude others who it perceives to be different. In the old days, in the jungle, **'different was dangerous'** so the brain evolved to reward taking care of our 'in- group' not other's i.e. the 'out-group'.

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Neuroscience research is showing that for average Canadians and Americans, **homeless people are dehumanized** by the semiconscious/mindless brain. They are **generally seen as 'different'** and therefore our PFP Programming (not us) often relates to them impersonally, not like our 'in' group members who we feel with and for.

Department store research
and MRI Research – Dr. L. Harris

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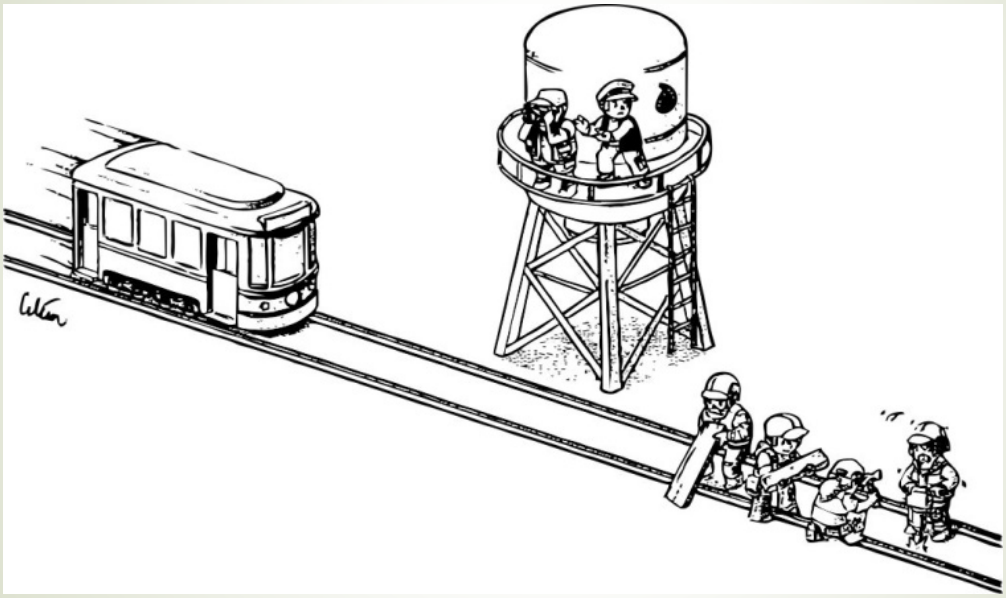
PFP-Feelings versus Logic



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Might Our Mindless Feelings Be Compromising the Quality of Our Support?

- Might the example of how we supporters get our **good feelings by giving unhealthy snacks** or avoiding bad feelings by not encouraging more healthy life styles, be an example of feelings overpowering logic?

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Managing Information Overload Results in Inattentional Blindness

Because of only 60 bits per second of data processing capacity, **our brain filters out** much information that comes our way. This filtering prioritizing is based on what it remembers is important and meaningful to it at the time, e.g. what it believes and wants to hear. We therefore **miss buildings, pain, gorillas and other truths**.

Might our brain's limited energy and narrow band width be compromising some of the quality of our support?

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Focusing and Concentrating:

The brain needs to be focused and this makes it feel safe. More and more in great part because of the speed and sensory stimulation of electronic devices, **our brain is being trained to lose focus quickly** if the communication is not fast and multisensory appealing.

This fast form of communication is one of the worst ways to learn and retain new information needed for implementation of new and more complete interventions e.g. CCS Best Practices.

Many people supported, process information much slower than neurotypical people – we need to slow down!

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Might Lack of Focus and Concentration be Compromising Some of the Quality of our Support?

To learn and retain and feel motivated to want to implement **Best Practices** thoroughly requires slow systematic repetition and persistence. This process is **contrary to how the brain is being trained** to learn through devices 'sound bites' and social media addictions.

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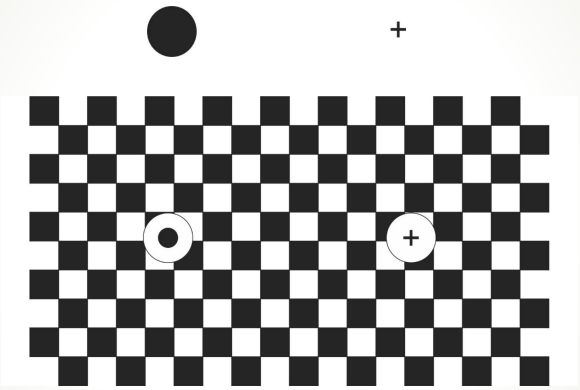
If I hadn't seen it, I would not believe it!



OR – could it be ……..
If I hadn't believed it – I would not have seen it!

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To summarize, internationally published and peer reviewed neuroscience research (reference last page) indicates that our brain (not the mindful you):

1. makes things up based on PFP directives;
2. has a serious 'thinking' problem;
3. is prejudice against one's out-groups;
4. is driven by feelings, not logic and doesn't feel the same empathy for perceived out-groups e.g. hand needle experiment;

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(cont'd)

5. is cognitively biased and addicted to opening existing 'old files' versus new files (e.g. CCS) and therefore misses 3 storey buildings and others' support needs etc.;

6. needs to process things very, very fast and therefore demands simple and easy solutions;

7. is losing its focusing power due to devices' screen addiction;

8. is programmed from childhood with many illogical and outdated programs of "I must, and should";

9. gets 'primed' and acts as it has been directed e.g. when people supported have challenging behaviour, might they become an out-group for us, who we can then support in less than optimal ways without us feeling guilty?

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So then ……..

Could it be that **Mindless** PFP Programming, at times is causing or seriously contributing to how we offer significantly less than optimal support?

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With your partner:

Name what you feel are 2 of the most concerning ways that PFP Programming is unknowingly compromising the quality of our support for others.

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CONSCIOUS CARE & SUPPORT

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Developing Emotionally Self-Regulated and Kind Supporters

Breaking Out of PFP Prison

Session 2 – Resource 2

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Breaking Out of PFP Prison Is An Inside Job

Consciousness/Mindfulness

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The VERY, VERY GOOD NEWS

- The Power/Influence of Negative PFP Programming can be significantly Reduced as a result of becoming more Mindful/Conscious.
- Mindfulness actually rewires the Brain's 'Live' Drive Modules like the Medial Prefrontal Cortex to give 5 ways to Prevent and Eliminate Emotional Hijacks and enhance our capacity to make better choices.

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B-FIT MINDFULNESS

it's not what you think

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How to Escape from the 'Dog Eat Dog' World

- If you can always be cheerful, ignoring aches and pains;
- If you can resist complaining and boring people with your troubles;
- If you can understand when your loved ones are too busy to give you any time;
- If you can take criticism and blame without resentment;
- If you can relax without alcohol;

...Then You Are Probably .....

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The Family Dog!

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Our Human Predicament and Potential

We human folks are different from other animals with whom we share this planet.

This is because we have the potential to be conscious. This is to know that we are here and as a result can make choices that your average dog likely can't.

Become aware that you are listening to me right now. Let's call this being somewhat more conscious.

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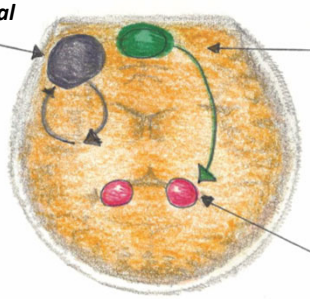
Mindful Emotional Self Regulation

The main way we can consciously access the emotional brain is through self awareness*, i.e. becoming mindful. Mindfulness increases connections in the medial pre-frontal cortex. This reduces anxiety for the Supporter and the Person Supported.

Dorsolateral pre-frontal Cortex
Working Memory
Impulse Control



Medial pre-frontal Cortex
(part of the brain that notices what's going on)

Amygdala

(*Research reference: J. LeDoux, "Emotion Circuits in the Brain", Journal of Neuroscience 33, no. 9 (2013) 3815-23)

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The Medial Pre-Frontal Cortex

According to many published Neuroscientists, including Dr. Daniel Siegel (UCLA) in his book called ***The Mindful Brain*** (page 42 and 43) the following brain, body and being functions correlate with the activity of medial areas of the prefrontal cortex:

1. **Body regulation** – the emotional brakes and accelerator functions.
2. **Attuned communication** involves the coordination of the input from another person with the activity of one's own (as with mirror neurons).
3. **Emotional balance** to have enough activation so that life has meaning and vitality but not so much that life becomes chaotic.
4. **Response flexibility** is the capacity to pause before action.
5. **Empathy** – knowing what might be going on inside someone else.
6. **Insight or self-knowing** awareness to be able to link the past, present and future.
7. **Fear modulation** that may be carried out by the release of the inhibitory neurotransmitter GABA.
8. **Intuition** – a neural mechanism by which we process deep ways of knowing via our body i.e. 'somatic intelligence'.
9. **Morality** – taking into consideration the larger picture, to image what is best for the whole not just one's self, even when alone.

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Write Your Signature

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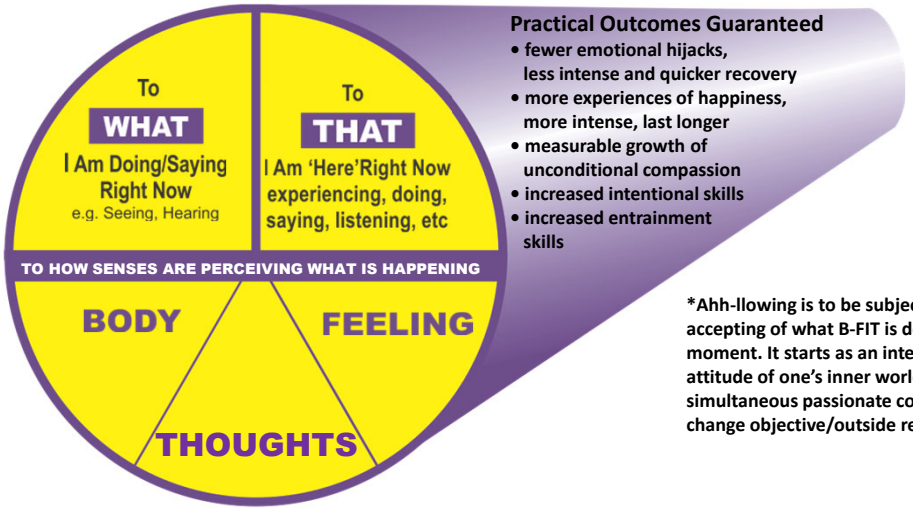
B-FIT MINDFULNESS IS...

Being Ahh-llowing* of and Paying Attention:



Practical Outcomes Guaranteed

- fewer emotional hijacks, less intense and quicker recovery
- more experiences of happiness, more intense, last longer
- measurable growth of unconditional compassion
- increased intentional skills
- increased entrainment skills

*Ahh-llowing is to be subjectively/internally accepting of what B-FIT is doing moment by moment. It starts as an intended 'let it be' attitude of one's inner world with a simultaneous passionate commitment to change objective/outside reality as useful.

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Looking with greater clarity

The Mindfulness microscope reveals a more complete and accurate experience of one's B-FIT senses, perceptions and misperceptions.

Complete the B-FIT Mindful Exercise

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Mindfulness Exercise Debrief

- What was your Predominant Experience of Thinking - Image or Talk? Conclusion? You are not your thoughts or feelings.
- What happened when you just noticed a thought?
- Did you feel relatively calm? This means Set Point movement of the Parasympathetic Nervous System and Vagus Nerve activation = Unconditional Compassion-after 25 hours some of the PNS stays turned on.
- Feelings – 'There is' versus 'I am'.

Mindfulness exercise reference www.centreforconsciouscare.ca Guided Mindfulness

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"It is the mind and only the mind that determines the quality of one's life."

Siddhartha

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The following 5 Ways are How We Accomplish Radical Changes to Nature, Nurture and Normal's Nasty PFP Programming

B-FIT Mindfulness has been specifically designed to interrupt this authoritarian regime's power in the following 5 ways:

1. **A reminder of being in prison:**
   Firstly, mindfulness reminds us that our Mind has a Mind of its own and that when we are only semiconscious (like how we drive our car), our **PFP** (not mindful us) is making many poor choices.

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2. **Awareness <u>right now</u> of More Optimal Responses:**
   The 'mindful me' has a much greater likelihood of not being as semiconsciously driven to behave in accordance with PFP Programming initial thoughts' and feelings' directives.

   The more conscious we become in the moment, we immediately 'rethink' more optimal responses than initially offered by PFP.

   I call this the Catch, Calm and Clarifying process.

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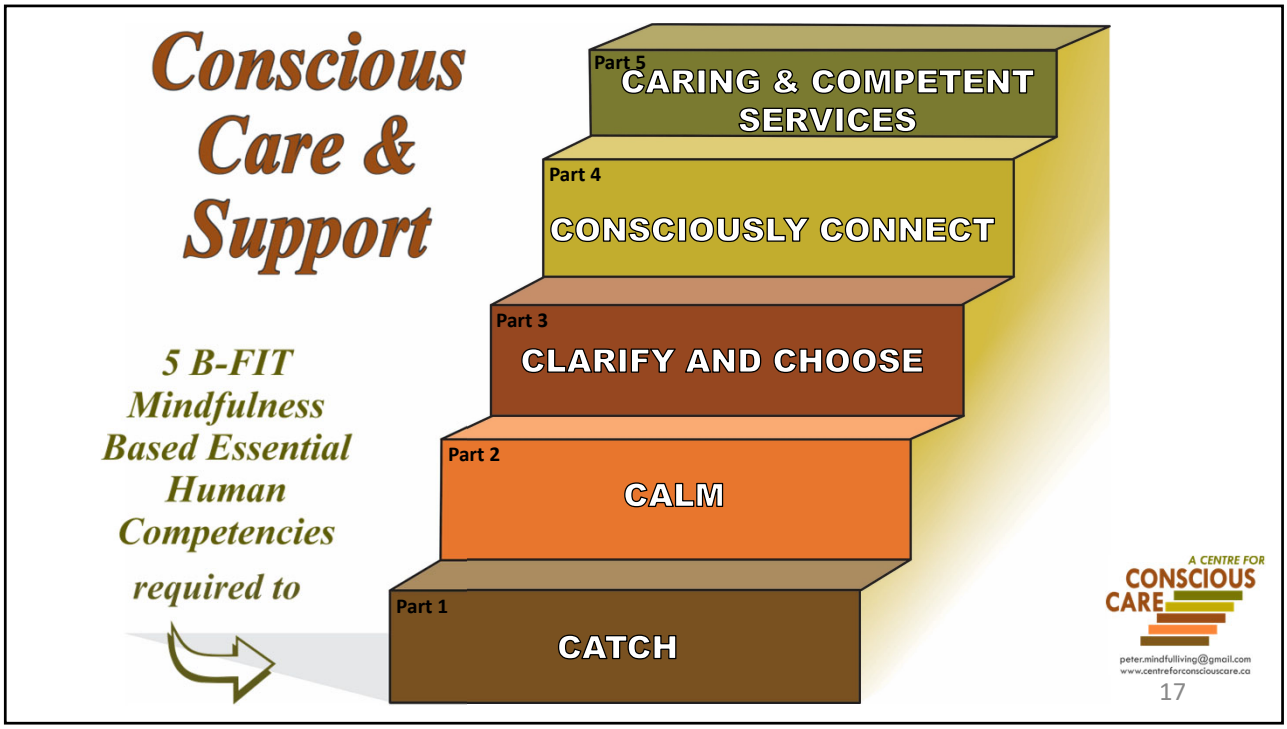

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3. **Upgrade the Live-Drive:**
   As we mature to B-FIT wisdom and kindness and intrapersonal skills, the PFP live-drive seems to be upgraded to a more complete version (i.e. me version 2.0) so even the PFP autopilot thoughts, feelings and actions are now more aligned with the more conscious 'ideal self' me.

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4. Those Thoughts and Feelings Are Not Me:

As we are 'just naturally' more and more mindful, the 'Mindful Me' (witness, noticer, observer), less and less identifies with 'the' thoughts and feelings as 'me'.

This results in consistently manifesting our highest level of Competence, Calm and Care for **all** others.

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5. Wisdom and Authentic Kindness:

With sufficient:

- Time
- Focus
- Sensory clarity
- Ahh-llowingness

B-FIT starts to self-organize into flowing 'emerging' wisdom and 'usness' authentic kindness.

Consider the following…

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**"From a mindful centre we can respond instead of react.
Unconscious reactions create problems.
Mindful responses bring peace.
Whatever happens can be met with wisdom and compassion."**

Jack Kornfield

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WE MUST LEARN TO……

Be Self-Aware e.g. Mindful and Intentional in the Moment to:

- Know/realize **that** you are here now.
- Experience Thoughts and Feelings as messages – not you.
- Ahh-llow Thoughts and Feelings to come and go and not drive and distort your subjective experiences.
- Ensure emotional self regulation regardless of Thought content.
- Be unconditionally compassionate – regardless of how you are Feeling.

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Practise

Practise

Practise

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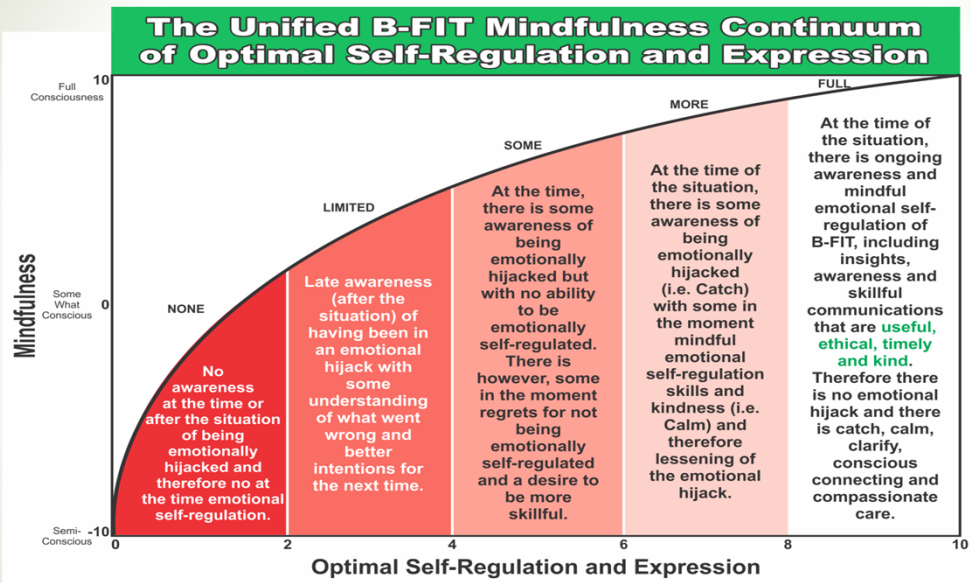

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Start Your Heart – Money Back Guarantee

As a result, happy and fulfilling and compassionate times can be more often, more intense and last longer

and

Times of suffering such as emotional hijacks and power struggles can be less frequent, less intense and recovery time will be quicker.

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Compassion appears as selfless service, yet in mindful care and support we do not serve the other; we serve "us". Compassion's communion brings us together in a whole. It does not see the world's pain and sorrow as other, it is shared, and it is ours. When we allow our shared vulnerability and humanness, our compassion is as natural as our breath and without hesitation we act to help.

Thich Nhat Hanh

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Summing It Up

CONSCIOUS CARE & SUPPORT

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BASICS

B	A	S	I	C	S
BRAIN	AWARENESS	SENSORY	INTESTINAL	CONSERVE	SELF
development & inflammation regulation	based calming & de-escalation	balance	GI health	energy	regulation

for

Well-being

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How I Will
Further Develop and Maintain
My Emotional Self-Regulation, Maturity and
Motivation to Consistently Offer More Optimal Support

Continue: _____

Stop: _____

Start: _____

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Growing Up With A Disability

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The Mindfulness Alternative

Approximately 25 hours of Mindfulness Training and Practise significantly reduces these risks and enhances your Conscious and Unconditional Compassionate Thoughts, Feelings, Care and Support Skills.

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7. *The Body Keeps the Score – Bessel van der Kolk (pages 203-218)*
8. *Waking Up – Sam Harris (pages 119-123)*

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Goldstein, J.; Kornfield, J.	*Seeking the Heart of Wisdom*
Goleman, D.	*Emotional Intelligence*
Goleman, T.	*Emotional Alchemy*
Hawkins, D.	*Power vs. Force*
Johnson, S.	*Mind Wide Open*
Marks, P. & G	*Conscious Care and Support*
Mlodinow, L.	*Subliminal*
Van der Kolk, B.	*The Body Keeps the Score*
Young, S.	*The Science of Enlightenment*

A CENTRE FOR CONSCIOUS CARE
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Session #_____

CONSCIOUS CARE AND SUPPORT (CCS)

Preparation and Learning Log

Date: _____

Important insights and/or skills resulting from this session are:

(Use back of page if required)

An example of how I intend to apply the insights and skills from CCS is:

(Use back of page if required)
