CONSCIOUS CARE & SUPPORT

CCS

for People with

Autism & Other Developmental Disabilities

Balancing Body, Brain & Being

Peter Marks Adriana McVicker Leah Marks

"Drawing on many years of experience and supported by extensive Trans-disciplinary research findings, this book has the potential to significantly enhance the quality of support for Thousands of Canadian Citizens. A truly useful and practical resource for any one supporting individuals with autism and any other developmental disability"

Michael Bach, Ph.D. - Executive Vice-President, Canadian Association for Community Living

CONSCIOUS CARE & SUPPORT

Developing
Emotionally Self-Regulated and Kind Supporters
Facilitating
Comprehensive Biomedical Support and Treatment
for
People with Developmental Disabilities

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- Adriana deeply values using a comprehensive approach while providing quality supports for people and families and is a true believer that all of us are interdependent and carry a responsibility to help one another be the best we can.

A CENTRE FOR CONSCIOUS CARE

Foreword - Shinzen Young

Co-director, Neurodevelopment Lab – University of Arizona,
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Every complete growth path involves two facets: helping oneself and helping others. Indeed, one measure of maturity is the degree to which a person realizes the complementary and ongoing relationship between these two endeavors. This book, *Conscious Care and Support (CCS),* is a hands-on and heart-felt manifestation of that principle. I feel privileged to support its authors, Peter Marks and his Senior Associates. Together they have created a thoroughly interesting book full of practical procedures. Throughout every section the heart is nurtured by stories and references that remind the readers of the vital meaning and purpose of what family and support professionals do.

I find clear connections between my own Unified Mindfulness System and *Conscious Care and Support*. My System centres around two principles: Divide & Conquer and Connect & Serve. Divide & Conquer is derived from a core principle of science: divide a problem into manageable parts to facilitate its solution. Connect & Serve is based on the intrinsic goodness of humanity. This book extends and refines these concepts as the authors apply them to improving the quality of support, and therefore quality of life, for the person supported. *CCS* addresses the first principle by providing optimal *how-tos,* then focuses on the second by developing the mindful, emotional self-regulation skills and kind supporters, the *who.* With *CCS* training, supporters feel more connected to others. Their services flow naturally without undue effort and they become caring and compassionate, regardless of feelings they may have as they offer support.

In *Conscious Care and Support*, my mindfulness model gains strength by being integrated with four other essential human competencies. This integration enhances the benefits that the Unified Mindfulness System has been designed to achieve. Mindfulness is also developed through six readily accessible exercises. These exercises are presented in ways that make them useable for supporters and recipients alike, regardless of their experience or previous interests. Through these exercises, *CCS* develops leaders and supporters capable of unconditional kindness and best practices as they support individuals and their families.

As a result of Peter's career 40 years ago in the design and quality control of jumbo passenger jets, he brings a unique combination of proficiency in the hard science of engineering technology to compliment his expertise as an elite level mindfulness practitioner and facilitator. As a technologist, Peter insists on scientific rigour in the best practices that he suggests. As a mindfulness practitioner, he brings a willingness to explore brain and body well-being and compassion with the same scientific standards. Peter has undertaken over twenty thousand hours of mindfulness exploration of the conscious and subconscious mind and has combined that exploration with a search for deep sensory clarity within the brain and body. This combination of insights has enabled him to understand more fully that most Autism/DD symptoms are the result of complex interactions among all components of the human system.

Because he sees clearly this constant reinforcing interplay amongst the body, feelings, senses and thought, twelve years ago Peter began a rigorous scientific search for ways to enhance behaviour modification approaches and traditional medical interventions. This included how to prevent anxiety, anger and aggression and manage them more compassionately. This quest attracted him to the research at Harvard Medical School, The Center for Discovery and the University of Toronto (where he is a member of the Academic Programs Continuing Education Faculty) where researchers have recognized the need for comprehensive interventions.

In harmony with Peter's discoveries, the Autism research that he has investigated takes into account body, sensory integration, brain coherence, the autoimmune system, human energy balancing and protection and gastrointestinal and digestive health. Both the research and *CCS* views most behaviours as the individual's coping strategies resulting in great part from over 15 brain and body co-occurring unmet biomedical needs. By being attentive to the deeper purpose of behaviour beyond only social and functional goals, *CCS* supporters have a moment by moment window on how best to offer support.

CCS trained supporters learn to recognize the complexity of the individual's unmet needs and to have the *presence* required to consciously connect and skillfully communicate with them. This book doesn't just tell the supporter to be caring and calm - it actually teaches the supporter how to *Be* it.

The Practical Tools and the 5 Essential Mindfulness Based Human Competencies that Peter and his associates have developed are examples of an excellent blending of Science and Heart. They speak to every reader's basic human goodness and desire to help others. By understanding and implementing the best practices presented in *Conscious Care and Support,* Family and support professionals will provide an improved level of compassionate services. In short, this book is a fully modern and scientifically based resource to promote the age-old tradition of developing one's self to help others.

This book, more than any others that I have read offers a complete range of best practices to meet the support needs of people with developmental disabilities.

Shinzen Young

THE FOUNDATION OF OPTIMAL CARE and SUPPORT

AFTER the vitally important **Vision and Values** have been affirmed

AFTER the millions of **dollars** have been allocated

AFTER the best **Policies and Protocols** have been implemented

AFTER the trainings of **'how to and what to'** have been completed

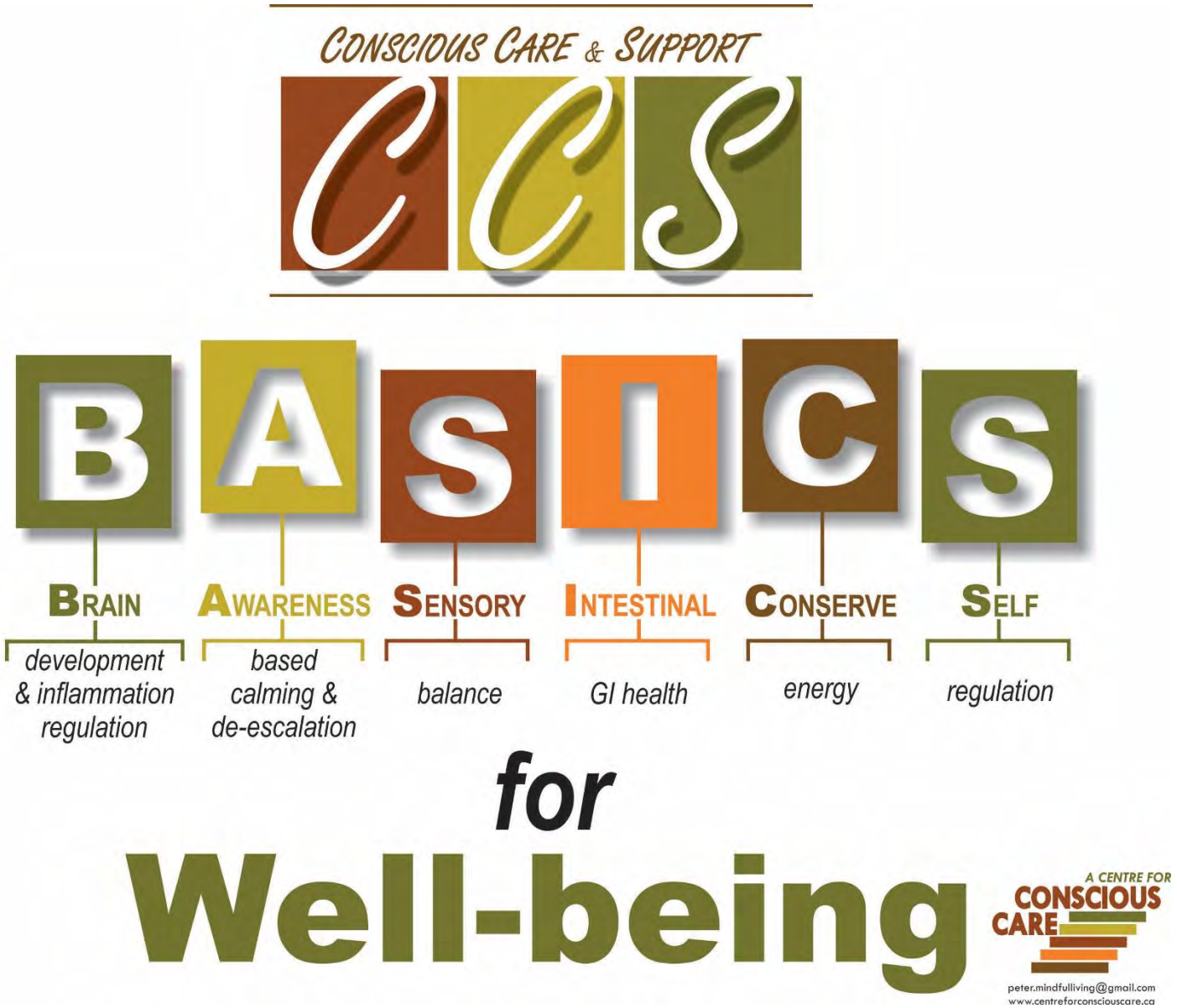
a full and meaningful life for individuals who we care for and support

ULTIMATELY DEPENDS ON THE

Mindful Presence
Unconditional Respect
Resourcefulness
Conscious Intentions
& Heart of

YOU

Summing It Up



Preface

This (2023) edition of Conscious Care and Support (CCS) has been substantially revised to better meet the needs of people supported. The revision is based on:

- personal experience training and interacting with well over 3,000 moms, dads, siblings, educators and support professionals;
- personal experience providing direct and indirect support to over a thousand people with developmental disabilities and challenging support needs;
- hundreds of research studies, many referenced below and in the bibliography;
- direct and continuing collaboration with many researchers and consultants from Harvard Medical School, University of Toronto, The Center for Discovery and others;
- Recommendations from the Auditor General of Ontario, Community Networks of Specialized Care, and the College of Family Physicians of Canada Consensus Guidelines.

The Auditor General of Ontario has made it clear that current approaches in Ontario in supporting people with developmental disabilities (PwDD) are often very incomplete. CCS corrects most of the many inadequacies, specifically related to quality and types of treatment for PwDD and the training for supporters.

Providing a more complete service means enhancing the current bio/psycho/social model by training family and other supporters to consistently apply well researched tools and processes (i.e. best practices). It also means training family members and other supporters to improve their own personal competencies of mindful, emotional self-regulation/calming skills and how to calm others.

The CCS Program first teaches supporters how to consistently offer over fifty well researched 'how-to' strategies and tools that help the person supported to live their life to their fullest potential. **This is achieved in great part by identifying and treating their biomedical comorbidities that a consensus of research clearly indicates are responsible for the majority of the anxiety, anger, self-injury and aggression toward others**. These strategies and tools apply well-researched discoveries in the fields of biomedicine, social neurobiology, neuro-development, nutrition, gastro-intestinal health, sensory integration, brain coherence, bio-meridian activation and mindfulness. Throughout the text I refer to these sciences collectively as bio-medicine or integrative medicine. These approaches are then integrated with current mental and physical health interventions and applicable behavioural treatments and management.

Even very caring family and other supporters often lack the mindful, emotional self-regulation skills and kindness to be compassionate and competent to prevent escalation and effectively de-escalate challenging situations. **While existing non-violent and 'safe' crisis management programs advise supporters to 'stay calm,' they generally do not specifically teach the vital skills necessary for competent emotional self-regulation/calm during crisis.** The CCS Program teaches these skills effectively. Compassionate and skillful support is essential especially at the time when a person supported is agitated, angry or aggressive. Part TWO of this manual is devoted to the development of these critical skills.

Our Readers

Many readers will be enrolled in the CCS Training Program offered through A Centre for Conscious Care and certified by the University of Toronto. This book will support their learning and provide deeper understanding of the strategies and tools.

Others may read the book independently or in informal groups, implementing what is learned in family or work environments.

Leaders as well as direct supporters will gain many long-term benefits from a thorough understanding and ability to apply all the strategies and tools.

Headings for research applications, strategies and exercises are shown in mustard.

Our personal quotations that we want emphasized are in green.

All quotations from other sources are in rust.

Some readers will be supporters who provide direct care, while others will be leaders in organizations. Both need a thorough understanding of the material in this resource. It is obvious that the daily work of supporters requires competence in direct care, but it cannot be forgotten that leaders are called upon to guide direct care and support.

Learning Objectives

CCS develops the following in support professionals, organizational leaders and family supporters:

- understanding, skills and motivation to effectively implement at least fifty evidence-based support and advocacy **best practices** for working with the person they are supporting;
- **mindful, emotional self-regulation skills** to remain calm in stressful situations, to prevent behavioural escalations;
- **unconditional compassion** for all people supported, regardless of negative feelings;
- **greater authenticity** as a supporter, friend, parent or partner;
- **insights that increase job satisfaction, personal fulfillment, safety and well-being**.

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TOWARD A MORE COMPLETE UNDERSTANDING OF HOW TO SUPPORT PEOPLE WITH AUTISM AND OTHER DEVELOPMENTAL DISABILITIES

The theory and practice on which Conscious Care and Support is based has been well investigated and in some cases extensively evaluated. The following are some of the recommended resources:

Azah, V. (2018). *Conscious Care and Support Demonstration Project Final Research Report.* (reference www.centreforconsciouscare.ca to request a copy).

Azah, V. (2016). *Conscious Classrooms Pilot Project Evaluation Report*. (reference www.centreforconsciouscare.ca to request a copy).

Behavior Analyst Certification Board. (2017). Professional and ethical compliance code for behavior analysts.

Bluestone, J. (2005). *The Fabric of Autism: Weaving the Threads into a Cogent Theory*. Seattle, Washington: Sapphire Enterprises.

Bock, K., & Stauth, C. (2008). *Healing the New Childhood Epidemics: Autism, ADHD, Asthma & Allergies.* New York, NY: Ballantine Books.

Boroson, B. (2011). *Autism Spectrum Disorders in the Mainstream Classroom.* New York, NY: Scholastic Inc.

Corbett, Blythe and Simon D. (2014). *Adolescence, Stress and Cortisol in Autism Spectrum Disorder. OAAutism. 2014; 1 (1): 2-. Retrieved from HHS Public Access..*

Doidge, N. (2015). *The Brain's Way of Healing*. New York, NY: Viking.

Eagleman, D. (2015). *The Brain.* New York, NY: Pantheon.

Hamlin, T. (2015). *Autism and the Stress Effect: A 4-step Lifestyle Approach to Transform Your Child's Health, Happiness and Vitality.* Philadelphia, PA: Jessica Kingsley Publishers. (Reference www.thecenterfordiscovery.org).

Haydicky, J., & Wiener, J. (2013). Promoting social and emotional competence through mindfulness. Retrieved from https://www.Idatschool.ca/mental-health-well-being/section-title-promoting-social-and-emotional-competence-through-mindfulness/.

Herbert, M. (2012). *The Autism Revolution: Whole-Body Strategies.* New York, NY: Ballantine Books.

Jepson, B. (2007). *Changing the Course of Autism*. Boulder, CO: Sentient Publications.

Laake, D., & Compart, P. (2013). *The ADHD and Autism Nutritional Supplement Handbook: The Cutting-edge Biomedical Approach to Treating the Underlying Deficiencies and Symptoms of ADHD and Autism.* Beverly, MA: Fair Winds Press.

MacFabe, D. F., Cain, N. E., Boon, F., Ossenkopp, K. P., & Cain, D. P. The Kilee Patchell-Evans Autism Research Group.

Marks, P., & Marks, G. (2018). *Conscious Care and Support: for Individuals with Autism and Other Developmental Disabilities.* Toronto, ON: Inclusion Press.

Packer, L.E., Pruitt, S.K. (2010). *Challenging Kids, Challenged Teachers: Teaching Students with Tourette's, Bipolar Disorder, Executive Dysfunction, OCD, ADHD, and More*. Bethesda, MD: Woodbine House.

Putnam, S. K., Lopata, C., Thomeer, M.L., Volker, M.A., Rodgers, J.D., (2015). Lower functioning children with ASD exhibit significantly higher cortisol and anxiety than higher functioning children with ASD. Institute for Autism Research, Canisius College.

Ratey, J., & Johnson, C. (1997). *Shadow Syndromes*. New York, NY: Pantheon Books.

Sherman, Jessica (2016). *Raising Resilience*. I.C. Publishing.

Siegel, Dan (2007). *The Mindful Brain*. Norton

Smith, R., Hannah, S., & Sengmueller, E. (2014). *ASD The Complete Autism Spectrum Disorder Health and Diet Guide.* Toronto, ON: Robert Rose Inc.

Van der Kolk, B. A. (2014). *The Body Keeps the Score*. New York, NY: Viking.

Terms and References

KEY DEFINITIONS

supporters/caregivers: support professionals, facilitators, volunteers and family members offering care and support services to individuals with Autism or other developmental disabilities.

Person supported: a child, youth or adult (i.e. person/people) with Autism or another Developmental Disability who receives support from their family, private supporters or service provider agency organizations.

leaders: persons with responsibility for development, guidance, instruction and/or accountability of support professionals. They may have titles such as manager, supervisor, director, coach or leader.

REFERENCES

A Glossary of essential terms is provided at the end of the text book. Words in the glossary are bolded and underlined the first time they are used in the text.

A Bibliography provides a list of additional resources for those who wish to explore concepts in greater depth.

Research Findings of CCS and CC

The outcomes of CCS in six community based support agencies and four School Boards in Ontario have been evaluated by an independent researcher over a three-year period. The research was funded by the MCSS Developmental Disabilities Branch, and the Ministry of Education Special Education Branch. The Evaluation Reports are available electronically on the www.centreforconsciouscare.ca website.

Approximately 200 supporters and educators took the CCS/CC Program of intensive training over a ten-week period. Most of the participants were well-experienced professionals who had been in their direct services roles for over ten years. Most had received the best conventional training available through their respective Ministries. Virtually all people supported had complex needs that were often unmet and manifested in numerous incidents of anger, aggression and self-injurious behaviour.

KEY FINDINGS

The following is a small sample of the findings from the two research reports. The Tables are available in the full reports (www.centreforconsciouscare.ca).

In all cases the outcomes were achieved through CCS holistic, integrated interventions as recommended by The College of Family Physicians of Canada and ONTABA. The focus is on evidence based promotion of wellness and prevention of anxiety in the person supported, as well as the development of significantly enhanced mindful, emotional self-regulation skills and kind supporters and educators to enhance their current practices such as ABA behavioural interventions.

As a result of the CCS/CC Program, the research documented highly significant, positive changes in people's behaviour and well-being as well as in the knowledge, skill, emotional competence and self-regulation of supporters and educators:

1. Physical assaults of educators of 6-10 times per week were reduced from 19% of participants to 2%.

2. Self-injurious behaviours and aggression decreased by up to 75% in the people supported with complex needs.

3. Significantly reduced feelings of physical vulnerability for participants when supporting individuals with disabilities who are angry and aggressive.

4. Measurable and meaningful improvement in supporters':
    - states of awareness, emotional competence and emotional self-regulation.
    - ability for respondents' implementation of best practices to meet the needs of people with challenging behaviours whom they support for quality of life and well-being.
    - levels of confidence and efficacy of participants in supporting individuals with challenging behaviours.
    - satisfaction with their physical safety and emotional well-being.

Conscious Care and Support First Principles

Autism Itself Does Not Cause Challenging Behaviour

1. Emotional, social and physical well-being of people supported is directly proportional to their regulation in the following areas:

   - Environmental, e.g. 'order'
   - Nutrition/Diet/ GI Health
   - Effective Psychological Supports
   - Emotional Self-regulation
   - Energy Balance and Protection
   - Social and Functional Needs Met
   - Physical and Mental Health
   - Sensory Integration
   - Neurodevelopment, e.g. Brain Coherence
   - Lack of Brain Inflammation
   - Freedom from Toxins & Infections

2. Unmet basic biological and emotional needs regulation result in chronic and acute anxiety and stress that compromises the individual's ability for optimal development.

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.

3. Significant reduction of anxiety and stress (and therefore aggression) will be helped by offering the fifteen CCS bilateral, biomeridian awareness-based calming (BB-ABC) interventions.

4. Support strategies are not helpful if they inadvertently cause:
   - learned helplessness
   - food/reward obsessions
   - inhibited interpersonal skills
   - anxiety
   - prompt dependency
   - low self-esteem
   - decreased intrinsic motivation
   - lowered confidence
   - isolation
   - trauma
   - adult reliance

   and

   Actually do positively influence optimal self-reliance, independence and a personally fulfilling life.

5. Support interventions that increase anxiety and stress can be counterproductive and can increase aggression and eventually compromise the regulation of the nervous system.

> ***The principal emotion experienced by people with Autism is fear. It is the foundation of many other feelings such as rage and depression.***
>
> John Robison quoting Temple Grandin

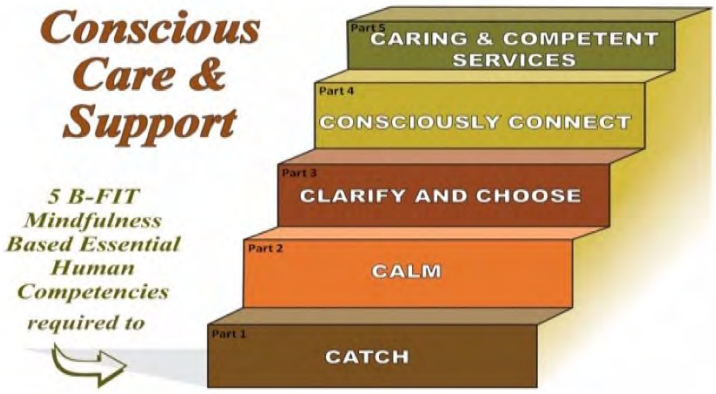
6. The majority of unmet biomedical regulation needs can be successfully met with the CCS hierarchy of needs support, optimal environmental conditions and behaviour therapy offered in accordance with approved best practices.

7. The mindful, emotional self-regulation skills and kindness of supporters is as important as any other variable in the prevention and treatment of anxiety and aggression and promotion of well-being. Over 50% of all reported behavioural incidents appear to be caused or significantly influenced by unnecessary power struggles with good and caring supporters.

8. The maturity and ability of supporters to be emotionally self-regulated during a crisis is directly proportional to their level of mindful awareness and equanimity at the time. These skills cannot be learned through cognitive or behavioural training; however, they can be learned through near daily B-FIT Mindfulness exercises (reference Part TWO).

9. In addition to planned protocol responses to crisis, supporters require a consistent process response, similar to EMS (Emergency Medical Services) Responders' Airway, Breathing, Circulation (ABC) process.

   The CCS response to meet this requirement is the following process:



10. In addition to best practices for support that meet as many regulatory needs as possible to optimize the potential for well-being, a fuller recognition for neuro-diversity and diversity in consciousness of the person supported is required.

Introduction

The goal of CCS is to achieve profound improvement in the quality of life of all people with Autism and other developmental disabilities. Such improvement can be achieved when caregivers/supporters learn not only the many specific practical strategies that are offered through CCS to reduce symptoms and alleviate behavioural issues, but also learn to apply these strategies in a consistently mindful way. CCS is a training resource that aims to help both supporters and the person supported with their own self-development and regulation and together, experience a radical improvement in the quality of their lives.

CCS is based on the observation that while some training needs of supporters are being reasonably well served by current programs, other essential skills and best practices are being ignored. This gap in training leaves supporters without many basic and essential tools and the emotional self-regulation required to offer complete support. Research demonstrates significant evidence that the strategies taught by CCS meet many of these unmet needs.

CCS Components of Optimal Support

Competently and compassionately supporting people who have complex support needs (e.g. those at risk of anxiety, agitation, anger and aggression) is a service that is one of the most mentally, physically and emotionally demanding of all human services.

Many family members and support professionals often attempt to meet these needs with only partial training in understanding them. Many supporters are unaware of the more complete continuum of best practices and services as published by international centres of program and research excellence (e.g. The Canadian Consensus Guidelines).

In addition, supporters are often guided by highly committed managers and team leaders who however, lack adequate training in necessary best practices of leadership and accountability relative to other human and health care professions.

Finally, these generally dedicated support professionals are unregulated and are guided by Quality Assurance Measures that are mainly focused on systems' compliance to quantitative measures (not qualitative, according to the Auditor General of Ontario, 2020 report) and much less focused on supporter competence, caring and the delivery process and outcomes.

In spite of the consistently strong commitment of the vast majority of family and support professionals, each year there are tens of thousands of recurring incidents in Ontario of people supported experiencing less than optimal support that results in their agitation, anxiety, self-injurious behaviours and aggression.

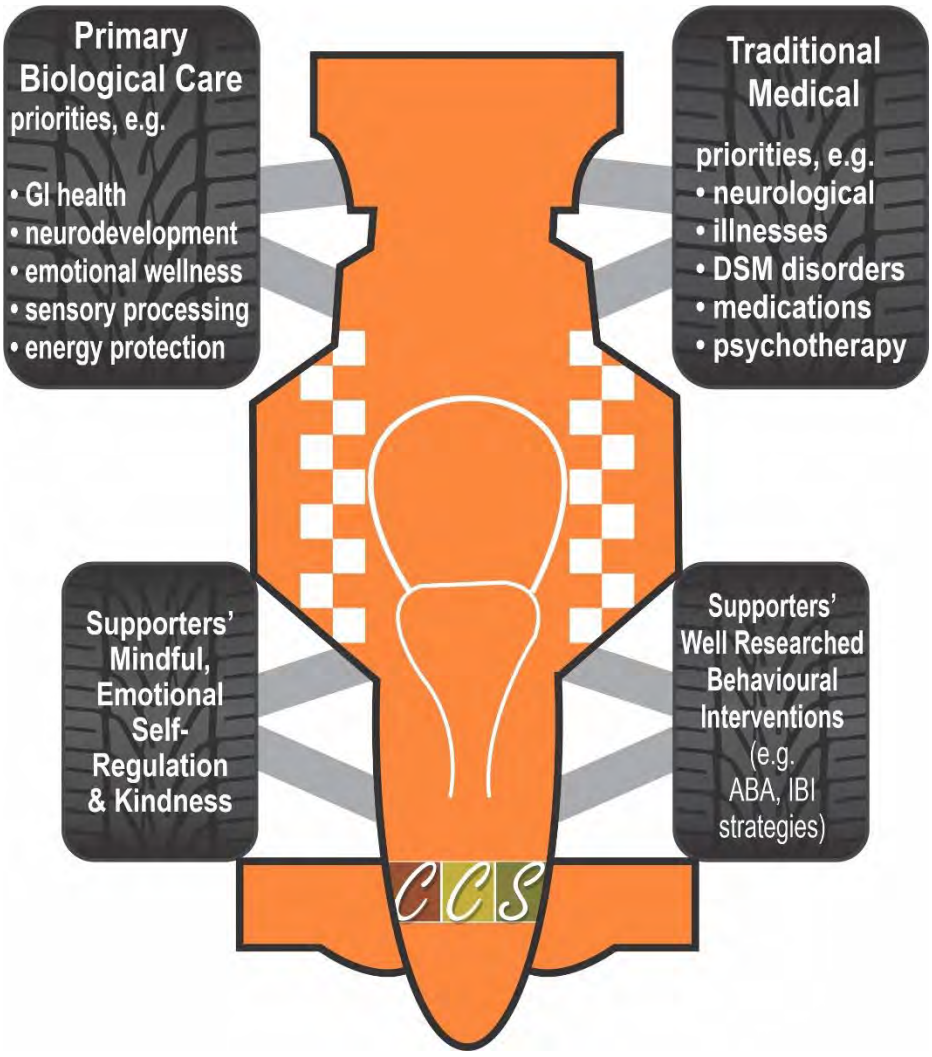
The CCS Services System: Making Current Support More Comprehensive

The most common current approach to support people is a combination of behavioural interventions (e.g. ABA/IBI), traditional medical protocols (e.g. some sensory processing, psychotropic medications), providing opportunities to experience socially valued and meaningful roles and a safe home life. In general, CCS recognizes the value of these treatments. However, according to the Auditor General of Ontario, 2020 report creditable qualitative research to validate the efficacy of how MCCSS is currently delivering ABA/bio/psychological/social services is just not happening.

CCS is offered to give family and support professionals the necessary training in emotional self-regulation and know-how to meet the most critical, unmet biomedical needs to strengthen the current approach.

The following illustration describes the focus of the essential four wheels that drive the CCS car of **Comprehensive Anxiety Reduction that is required for well-being**.

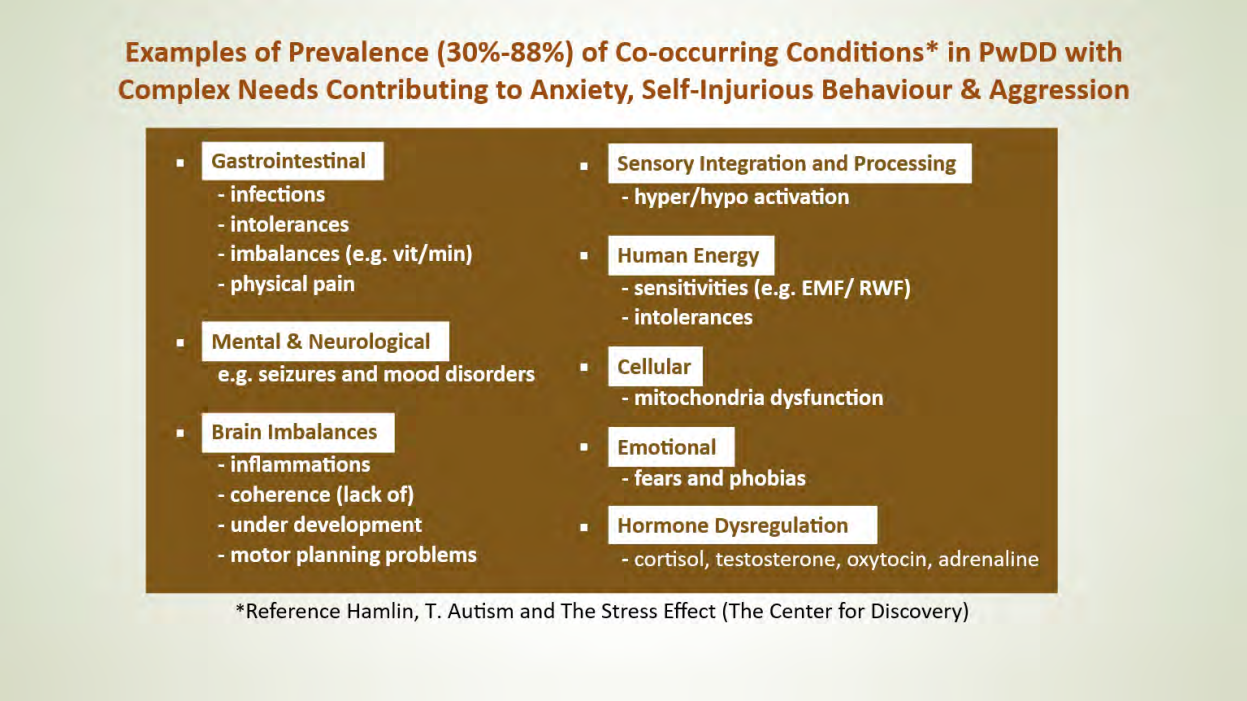
Comprehensive Anxiety Reduction (CAR)



Gaps

This next section outlines the numerous areas of concern and gaps in current best practices that we feel indicate a critical need for improved supporter development, broadening of some fundamental job performance objectives and activities, developmental services sector policy amendments and resources reprioritization.

Biomedical Needs:



Although research in this area is well established, consistent adequate attention to a number of critical biomedical needs is still quite limited, including the need for improved:

- comprehensive GI health, bowel functioning and nutrition;
- balancing of vitamins and minerals, hormones and calming neurotransmitters (e.g. GABA and serotonin);
- healing of dangerous GI pathogens, permeability and pain;
- elimination of toxins from the body;
- brain development, coherence and inflammation regulation;
- human energy system development, maintenance and protection from toxic electromagnetic fields and wireless radiation and;
- sensory integration and processing.

Conscious and Compassionate, Mindful, Emotionally Self-Regulated Supporters:

- While most of the approved crisis intervention trainings (e.g. CPI, Safe Management) consistently remind supporters to stay calm during emergency responses and behavioural incidents, none adequately teach supporters how to be calm and to calm their autonomic nervous system while in crisis.
- Supporters have generally not learned how to have their brain and body be authentically caring and compassionate when they don't feel like it.

Competent Services Delivery Process:

- A comprehensive, consistent professional delivery process (similar to how emergency responders complete their ABC (Airway Breathing Circulation)) for services in general and in crisis prevention and de-escalation is virtually nonexistent.

Traditional Medical Needs:

- Medications and biomedical treatments are generally administrated by primary care physicians (PCPs), many of whom lack the necessary dual-diagnosis training and time to accurately diagnose, prescribe and follow up on integrated medical and biomedical needs.
- Supporters lack adequate training in collecting data beyond tracking behavioural incidents (many of which are caused by supporters), recognizing medication side effects and advocating to facilitate optimal services from PCP.
- Psychiatric consultations are significantly fewer for people supported who have complex mental and neurological health needs compared to neurotypical people with similar needs.
- There is a lack of comprehensive dental health promotion services. Although unmet dental and myofunctional needs cause very serious illnesses such as bacterial pneumonia, pain and GI infections, the Ontario Disability Support Program covers on average only 60% of dental fees.

Behavioural Needs:

- For tens of thousands of behavioural incidents in Ontario each year, it appears that one of the most significant variables causing the incidents to escalate is that supporters often respond with too much power because they become emotionally hijacked.
- Supporters also often miss cues or "tells" that could have been addressed earlier to prevent the incident from escalating.
- Many Behaviour Support Plans and behavioural interventions are reported to be too complex for many supporters to satisfactorily remember what they are and how they are to be implemented.
- Many Behaviour Support Plans appear inadequate to address requirements for complete "biological" and "therapeutic" interventions as directed by the Behaviour Analyst Certification Board.

- Most plans appear to be based primarily on eliminating behaviours arising from functional goals, however those same manifestations of behaviours may actually be as a result of unmet biomedical needs or a combination of both.
- While some results in decreased behaviour can seem undeniable using BSPs, this single focus may at times**,** result in outward behavioural compliance rather than in the individuals' development of independence, well-being and emotional self-regulation skills.

Social Needs:

- For many (not all) people supported, planning and implementation of socially valued roles, enhanced social life experiences and meaningful relationships are generally not optimal because individuals have more fundamental unmet needs that must also be met before they are able to experience satisfying social interactions.
- There is ineffective advocacy between some families and community professionals and their support professionals about meeting the person's biomedical needs (e.g. the family's lack of adherence to nutritional needs and consistent implementation of support plans). This gap can severely compromise the development and well-being of the person supported.

About Optimal Support

Remember that you are facilitating another person's life process. It is not your process. Do not intrude. Do not control. Do not force your own needs and insights into situations.

If you do not trust the person's process, that person will not trust you.

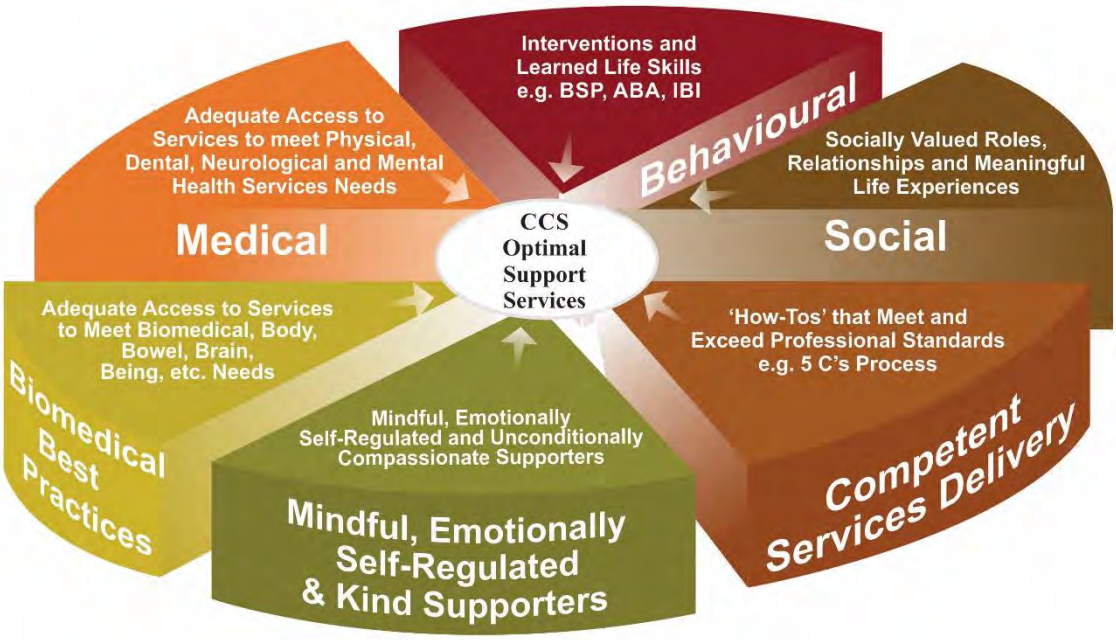
Image that you are a midwife; you are assisting at someone else's birth. Do good without show or fuss. Facilitate what is happening rather than what you think ought to be happening. If you must take the lead, lead so that the mother is helped, but is still free and in charge.

When the baby is born, the mother will likely say; "We did it ourself"!

John Heider

The graphic below integrates these six critical areas of unmet needs that are addressed directly or indirectly by CCS.

Evidence Based CCS Components for Individuals with ASD/DD Well-being Development and the Prevention and De-escalation of Challenging Behaviours*

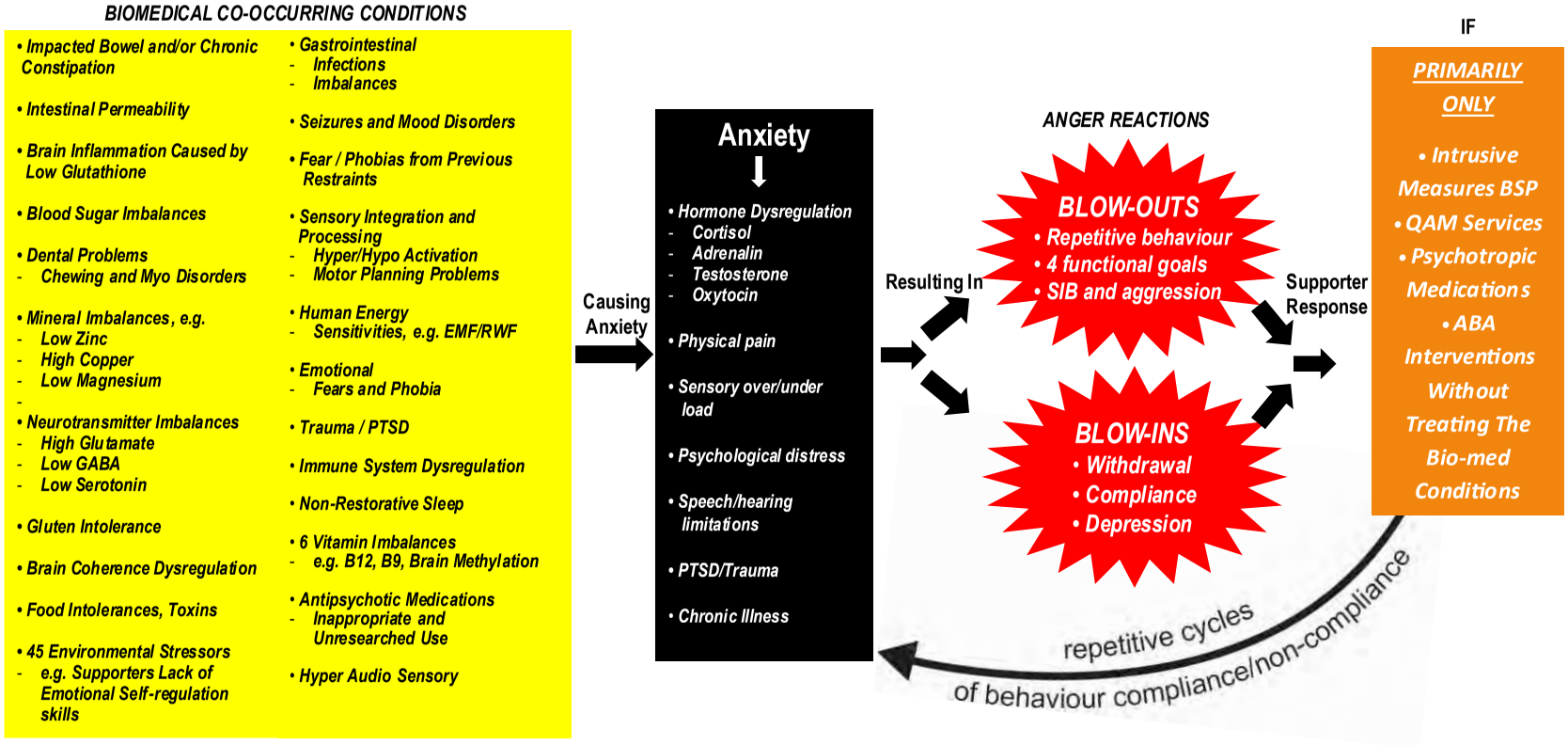


*CCS reduces challenging behaviours by 50%-75% compared to MCCSS current 'must use' protocols alone.

As illustrated on the following page, for individuals with complex needs especially, unmet needs can result in a recurring cycle that seems endless. The person supported moves from a difficult behaviour into a short-lived calm and then back to the behaviour, over and over again. However, as shown in the illustration on page 26, with the consistent implementation of CCS, these cycles can be broken, thereby providing the person supported with the best possible potential to live a most meaningful life.

50% of People With Autism and Other Developmental Disabilities Most Often Have One or More Biomedical Co-occurring Conditions Causing Anxiety and/or Pain Resulting in Anger and Aggression

The Recurring Cycles of Behaviour to Compliance to Behaviour



Chronic Unresolved Anxiety Causes Blow-Out and Blow-In

In the above illustration, particularly observe the blow-out and blow-in star bursts. The blow-out response represents people supported who require a behavioural support plan that includes the provision for an intrusive measure, e.g. a sedating PRN medication or physical redirects/ restraints.

The blow-in response represents possibly up to 20% of the people supported who have chronic anxiety as a result of any number of unmet needs, but, as a result of fear, are fully compliant and co-operative. A meta-analysis of children and adolescents with ASD completed by Van Steensel, Bogels & Perrin (2011) indicates that approximately 40% of the people in the study group suffered from anxiety disorders. This number does not include people supported brought to high-anxiety or panic due to physical redirects or restraints.

Conclusions from a significant body of research cannot be too strongly stated. Anxiety and its accompanying assault on the body and brain causes ongoing serious compromise to the quality of life, including many incidents of self-injurious behaviours and aggression (reference the following examples of quotes from Dr. Theresa Hamlin's research in her book, Autism and The Stress Effect):

"When activated by a perceived threat, the adrenal gland excretes adrenaline and cortisol. Adrenaline increases heart rate. Cortisol helps prepare the body for flee or fight. Cortisol is also responsible for brain destruction if it is not immobilized by other body and brain balancing calming chemicals."

"Excessive cortisol damages the brain region known as the hippocampus that is critical for learning and memory".

"Additionally, adrenaline causes rapid release of glucose and fatty acids into the blood stream, causing senses to become keener and less sensitive to pain" (this can account for some sensory dysregulation).

"A prolonged or high frequency response over time will result in a cascade of poor health and medical problems".

"Levels of cortisol have been found to be more prolonged and at higher levels in children with Autism". (Spratt. 2012)

It is for these reasons that I state that behavioural interventions that cause or contribute to stress and the accompanying increase in anxiety are detrimental to people who have Autism and other developmental disabilities. On occasion some anxiety producing behavioural interventions will be required for safety. Any support process however, that requires ongoing anxiety producing 'learning' procedures up to and including physical redirects and restraint as standard practice, in all probability has the potential for serious bio-psycho-social consequences.

I am not suggesting that the core symptoms of Autism arise out of this anxiety. More likely, the symptoms of anger and aggression are in great part created by the natural chemical reactions from anxiety that results from untreated biomedical co-occurring conditions. These are major contributors to chronic stress and anxiety that in turn compromise biomedical health in a vicious recurring cycle.

While many of these individuals are at least receiving help to somewhat manage their anxiety symptoms (usually with a medication), many, if not most, do not have comprehensive assessments and treatments for the fundamental biomedical causes.

It is our experience that many of these individuals (approximately 30%) do their best to self-control and suppress their anxiety. Because of their vulnerability (e.g. fatigue, fears and phobias), we observe that the majority of these individuals willingly comply with the behaviour that is expected of them, including participation in day programs and community activities. However for many, despite this outward compliance, their quality of life and health may still very much remain significantly compromised! Meeting their CCS needs to reduce and eliminate their emotional suffering should be the primary focus of their support interventions.

CCS Demonstration Projects' Research Outcomes:

- CCS strategies reduced the number of physical assaults of educators of 6 to 10 times per week from 19% to 2%.
- In 5 of the 6 community based support organizations in the research project, both surveys and focus groups measurably indicated a decrease in physical expressions of agitation, anger and aggression.
- Respondents felt more confident and able to support the needs of people they supported in order to decrease agitation, anger and aggression.

Dr. Vera Azah, Researcher 2018

While CCS places its highest priority on the people with autism and other developmental disabilities at risk of "blow-out" and the up to 30% at risk of "blow-in," CCS services are essential for all people supported, even those who are not at risk of chronic anxiety and aggression.

Breaking the Recurring Cycles of Behaviour to Compliance to Behaviour

BIOMEDICAL CO-OCCURRING CONDITIONS

- *Impacted Bowel and/or Chronic Constipation*
- *Intestinal Permeability*
- *Brain Inflammation Caused by Low Glutathione*
- *Blood Sugar Imbalances*
- *Dental Problems*
  - *Chewing and Myo Disorders*
- *Mineral Imbalances, e.g.*
  - *Low Zinc*
  - *High Copper*
  - *Low Magnesium*
- *Neurotransmitter Imbalances*
  - *High Glutamate*
  - *Low GABA*
  - *Low Serotonin*
- *Gluten Intolerance*
- *Brain Coherence Dysregulation*
- *Food Intolerances, Toxins*
- *45 Environmental Stressors*
  - *e.g. Supporters Lack of Emotional Self-regulation skills*
- *Gastrointestinal*
  - *Infections*
  - *Imbalances*
- *Seizures and Mood Disorders*
- *Fear / Phobias from Previous Restraints*
- *Sensory Integration and Processing*
  - *Hyper/Hypo Activation*
  - *Motor Planning Problems*
- *Human Energy*
  - *Sensitivities, e.g. EMF/RWF*
- *Emotional*
  - *Fears and Phobia*
- *Trauma / PTSD*
- *Immune System Dysregulation*
- *Non-Restorative Sleep*
- *6 Vitamin Imbalances*
  - *e.g. B12, B9, Brain Methylation*
- *Antipsychotic Medications*
  - *Inappropriate and Unresearched Use*
- *Hyper Audio Sensory*

CCS Intervention

Resulting In

BETTER AND BETTER

OPTIMAL LIVING CONDITIONS

- *Self Regulated Nervous System*
- *Relative Calm*
- *Well-being*

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

www.centreforconsciouscare.ca

Team work – ABA Behavioural Interventions and CCS Comprehensive Biomedical Treatments

Each year parents, school boards, governments and insurance providers spend millions of dollars on behavioural interventions to treat Autism and other developmental disabilities because relevant behavioural research indicates their effectiveness under certain conditions.

According to a significant body of internationally published research over the past ten years (reference Bibliography), actual comprehensive practices—especially for people supported who have complex support needs, in addition to needing some approved behavioural interventions, there is a need to include numerous biomedical treatments. This is directly and indirectly recommended by the Behaviour Analyst Certification Board (BACB) standards:

- BACB 2016, 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".

- BACB 2016, 4.07 a) – "If environmental conditions prevent implementation of a behaviour change program, behaviour analysts recommend that assertions (e.g. assessment, consultation or therapeutic interventions) by other professionals be sought."

Here are some specific examples of biomedical co-occurring conditions and needs that can contribute to challenging behaviours that most often require comprehensive biomedical treatment:

- GI infections like overgrowth of candida and clostridium bacteria
- food intolerances, allergens, and toxins e.g. gluten and casein
- imbalance of essential vitamins and minerals
- brain inflammation caused in part by oxidative stress and low glutathione
- neurotransmitters' imbalances e.g. GABA, serotonin, glutamate
- mitochondria malfunctioning
- intestinal permeability
- chewing and other myofunctional disorders
- immune system malfunctioning
- compromised human energy due to unregulated exposure to EMF and Wi-Fi frequencies
- medication side effects, e.g. antibiotics and antipsychotics
- environmental factors, e.g. social and sensory stressors
- sensory integration and processing disorders
- obesity
- years of chronic constipation/diarrhea
- non-celiac gluten sensitivity (NCGS)
- dysregulated brain coherence
- sleep disorders
- poor nutrition, e.g. excess sugar, GMO foods
- overly powerful support professionals
- low housemate compatibility
- oral health

One of CCS's primary objectives is to identify and help supporters to meet these biomedical co-occurring conditions and needs.

Training

CCS does NOT train in areas where current trainings of many best practices are already offered by community based and family support organizations. However, we see the following areas of support as critical and strongly endorse their integration.

- mental and physical health: traditional medical treatment services and medications to manage illness, neurological and mood disorders, etc.;
- ABA as endorsed by empirical research, specifically related to people with autism and other developmental disabilities;
- speech and physical therapies;
- Sensory assessment and screening for sensory needs.

Essential Supporter's Qualities for Optimal Support

All CCS service providers require three key professional and intrapersonal qualities to be successful. These qualities are:

1. Knowing what best practices are necessary to meet the specific needs of recipients.
2. Being authentically caring and compassionate as services are offered.
3. Delivering the services in ways that meet and exceed all professional standards.

This book is therefore presented in three distinct parts. While the focus of each part addresses one of the three necessary qualities illustrated above, we created sufficient overlap to ensure that the CCS approach seamlessly integrates the three qualities of optimal service delivery. Each part will then show how the qualities are mutually interdependent and complimentary.

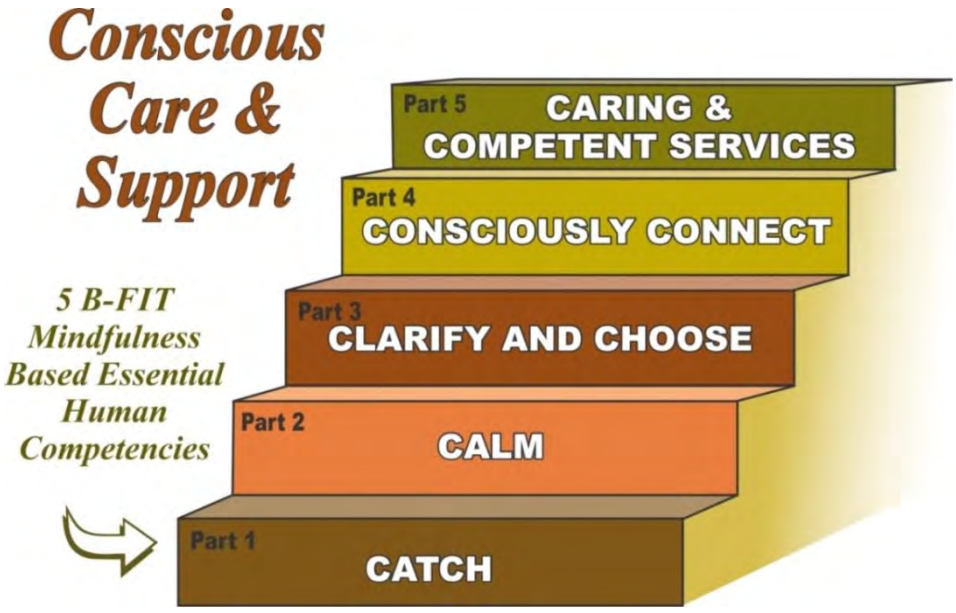
Part ONE of CCS provides an in-depth understanding of internationally researched and published comprehensive best practices to allow supporters to meet the challenges experienced by individuals along the needs' continuum. Its title, "Body, Brain and Being," confirms its emphasis on helping the reader understand the main, often unmet biomedical needs experienced by people supported to ensure a comprehensive biomedical-bio/psycho/social frame work from

which support should be provided. This part of the text identifies how we all need to feel pain-free, secure, calm and unconfused. It notes the specific ways in which people supported may not have their complex support needs met with only current behavioural and traditional medical best practices.

Part TWO addresses the development of the supporter's authentic caring to deliver optimal services not just because of "must and should" obligations as motivators. CCS cultivates the intrapersonal qualities of authentic, unconditional compassion and conscious connecting. The best practices in the world will be minimally effective unless caregivers and supporters are sufficiently mindful and emotionally mature to be present, caring and competent. When people supported receive less than adequate support, one of the main causes is the incomplete emotional self-regulation of the supporter. This is not to say that these supporters are not good people, because most are. They have just not had the opportunity to develop the intrapersonal, mindful, emotional self-regulation skills and kindness that their demanding vocation requires. This lack of development in many cases leads to unnecessary suffering as a result of power struggles that often lead to intrusive measures as part of the behavioural interventions.

Part THREE of this text provides the know-how needed to deliver support optimally, regardless of whether the individual has complex or moderate support needs. This part teaches the five-step CCS model (as illustrated below). The five steps provide an organizing framework in which each step is almost simultaneously implemented by the supporter to facilitate the delivery of optimal best practices, consciously and compassionately.

Although I have described Parts ONE, TWO and THREE as separate sections, they support and extend each other. The three sections should be treated as a whole, with three major themes.



There are no prescriptive solutions, no simple designs for grand problems. Life's solutions lie in the minute particulars involving more and more individual people daring to create their own life and art, daring to listen to the voice within their deepest, original nature, and deeper still, the voice of universal values and unconditional love for all.

Stephen Nachmanovitch

A More Complete Understanding of Optimal Support

There appears to be much confusion among supporters regarding their feelings in the support process. Many will acknowledge not liking or even fearing some individuals whom they support. Because of these feelings, they conclude that they are not the right fit for the job, or they even feel inadequate. CCS proposes that optimal care and support is not about having certain feelings. In my career, I have counselled violent rapists who were to me very unlikable. Our role is not to suppress "bad" feelings or "fake it 'til we make it." Below we define our full understanding of optimal care and support by showing how it transcends the nervous system's directives of following primitive feelings whose main role is to move us closer toward the "good" guys and away from the "bad."

CCS does not deal in good and bad or even others; we are working to grow to transform from **egos to us-ness**. The formula that we will be helping you to integrate is as follows.

Optimal Care and Support = Competence x Mindful/Conscious Compassion

We Don't Have to Feel It to Be It

"I have supported a man for several years. He is a very unlikeable, demeaning and unappreciative person. Honestly, I could not stand him. I tried to like him but he was so mean and self-centred. I talked to myself every day, reminding myself that it is his disabilities that are causing his negative behaviour, but still I couldn't stand him. Then during my CCS training I learned that liking is not a necessary part of being a compassionate supporter.

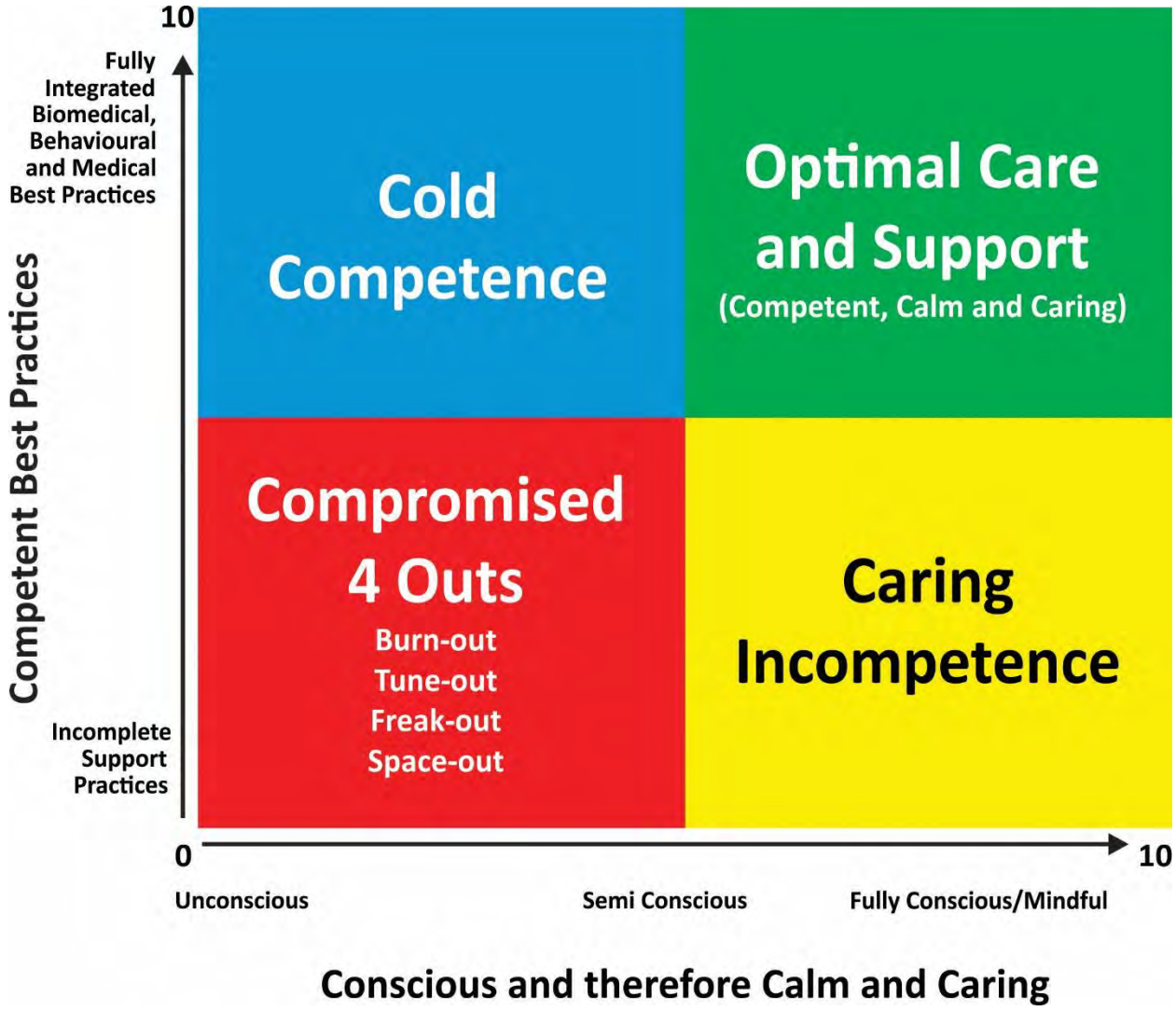
Liking is not the same as being competent and conscious. Liking is a feeling that may or may not happen in support relationships. Compassionate care is the by-product of being competent with best practices and being more conscious/mindful and skillfully ahh-llowing of internal/subjective B-FIT resistance.

When I learned this and just started to apply my B-FIT Mindfulness skill while supporting this man, everything started to change. I lost my negativity toward him. He is even it seems, becoming a bit more likeable."

A Supporter

Optimal Care and Support

The following illustration describes supporter's 0 to 10 continuum for competence and caring. The less competent and less caring we are, the greater our risk to become a victim of the four outs and thereby offer less than optimal support.



CCS Trains Supporters in Primary Biomedical Care

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.

A broad recommendation presented in the study is as follows:

"Assessing challenging behaviours can be influenced by a number of factors including, but not limited to, comorbid IDD and neurodevelopmental disorders, medical issues, and the complexity or history of the challenging behaviour. 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. These guidelines also identify a number of common medical issues that may contribute to the onset of challenging behaviour. If medical concerns have been ruled out as a cause for challenging behaviour, subsequent assessment strategies should be employed." – Reference page 20.

A Centre for Conscious Care – Experiences

In training over 3000 parents, educators, support professionals and clinicians, from approximately 40 community support organizations and boards of education that support and educate 1000's of students and other children, youth and adults with Autism Spectrum Disorder, Intellectual and Development Disabilities it is the CCC experience for those who have challenging behaviours that **less than 1 in 5 are assessed and treated in accordance the above ONTABA guidelines and internationally published research**.

PART ONE:
COMPETENT SUPPORT -
BALANCING BODY, BRAIN & BEING

Supporting Others to Live a Fulfilling Life:
What to Do and How to Do It?

Children, adolescents and adults who have Autism and other developmental disabilities including a dual diagnosis have many unique attributes. Too often these gifts are neglected because they are neither known nor understood by supporters. When these attributes are not recognized and encouraged, persons supported may not live up to their potential to live their life in the most meaningful way. They may also attempt to meet basic human needs through various maladaptive (problematic) behaviours.

Could it be that much of the unhappiness and many problematic behaviours exhibited by the person supported are the direct result of supporters not understanding the unique challenges of the individual's disability? Supporters may not realize, for example, that most individuals with challenging support needs are in a chronic state of anxiety. If their basic human needs are not being satisfied, individuals may behave in less-than-optimal ways that seem to them the only possible way to cope with these unmet needs. Too often, the end result is a crisis-management power struggle or a deeper withdrawal of the person supported into silence and inactivity. That kind of interaction can and must be changed.

Supporters who are required to respond effectively to crisis and induce positive behaviour need an additional set of insights, skills and awareness. **Only then will they be able to facilitate skills-building for long-term happiness, emotional stability, well-being, and growth for all** people supported**.** The American Academy of Pediatrics endorses this need for a more comprehensive model of support based on Dr. Buie's 2010 research and numerous citations (reference above).

In other words, it is misleading and even wrong to say that most behaviours observed in the person supported are uniquely a function of Autism. These behaviours can and should be addressed by understanding them differently. While there are some primary conditions that for now cannot be totally eliminated, there are numerous secondary co-occurring conditions that can be addressed. These secondary conditions, left unacknowledged, can compromise quality of life by causing anxiety, anger and aggression. When supporters recognize how these conditions can result in challenging behaviours, they can prevent this reaction or respond more appropriately. Challenging behaviours can be significantly minimized and well-being/quality of life enhanced.

While most challenging behaviours will manifest as an attempt to meet a functional need such as attention-seeking, task avoidance, access to tangibles (real things that they want) etc., underlying these behavioural goals there are usually unmet biomedical needs.

Virtually every need described in the hierarchy of needs model (see next page) will, if not met, result in some manifestation of fear, worry, anxiety, terror or panic. Dr. John Ratey and C. Johnson (1997 271-272) of Harvard Medical School offer the following insights:

- "Individuals with Autism live in a challenging state of hyper-arousal. Many live-in pre-panic states day in and day out."
- "[For the person with any degree of Autism] the startle response continues to build upon itself, driving the body into a state of chronic hyper-arousal and pre-panic."

Anxiety has a central role in increasing the risk for the person supported to have compromised well-being that often manifests as challenging behaviour. To help offset this reaction, our section on the supporter's mindful, emotional self-regulation skills and kindness offers fifteen effective tools (BB-ABC) to prevent, calm and de-escalate anxiety that results from unmet needs.

While it would appear that most individuals' behaviour escalates from zero to sixty miles-per-hour in less than a minute, this is very seldom the case. The fact is that most of these individuals are unknowingly (to the supporter) at fifty-five miles-per-hour most of the time. Much of what CCS successfully achieves is to bring their resting state down closer to or at zero.

The following illustration lists the critical components of CCS and, more importantly, indicates a specific hierarchy of needs. This hierarchy is meant to demonstrate the essential needs that the person supported has in order for their most basic and fundamental needs to be met. Each of the hierarchy components is learned through subsequent sections.

Transitions

After she hit me, she said "I hate you Mommy". We had just finished saying goodbye as I was putting her on the bus for school. We had a wonderful evening, a good sleep and a gentle and cooperative wakeup, followed by a good breakfast when she said "thank you mommy for my toast". What happened?

A transition happened. This started with her sudden awareness that she was about to be reimmersed into the chaos of a noisy sensory assaulting classroom, overwhelming social demands and that dreaded recess with its lack of predictability and so much exclusion and even some days bullying.

The anxiety that erupted was unbearable until it was instantly removed from awareness with the very predictable relief that comes from activation of her fight/flight response that has proven to be so successful for her thousands of times in the past.

How Can We Help? Reference Needs #7 (pg 165)

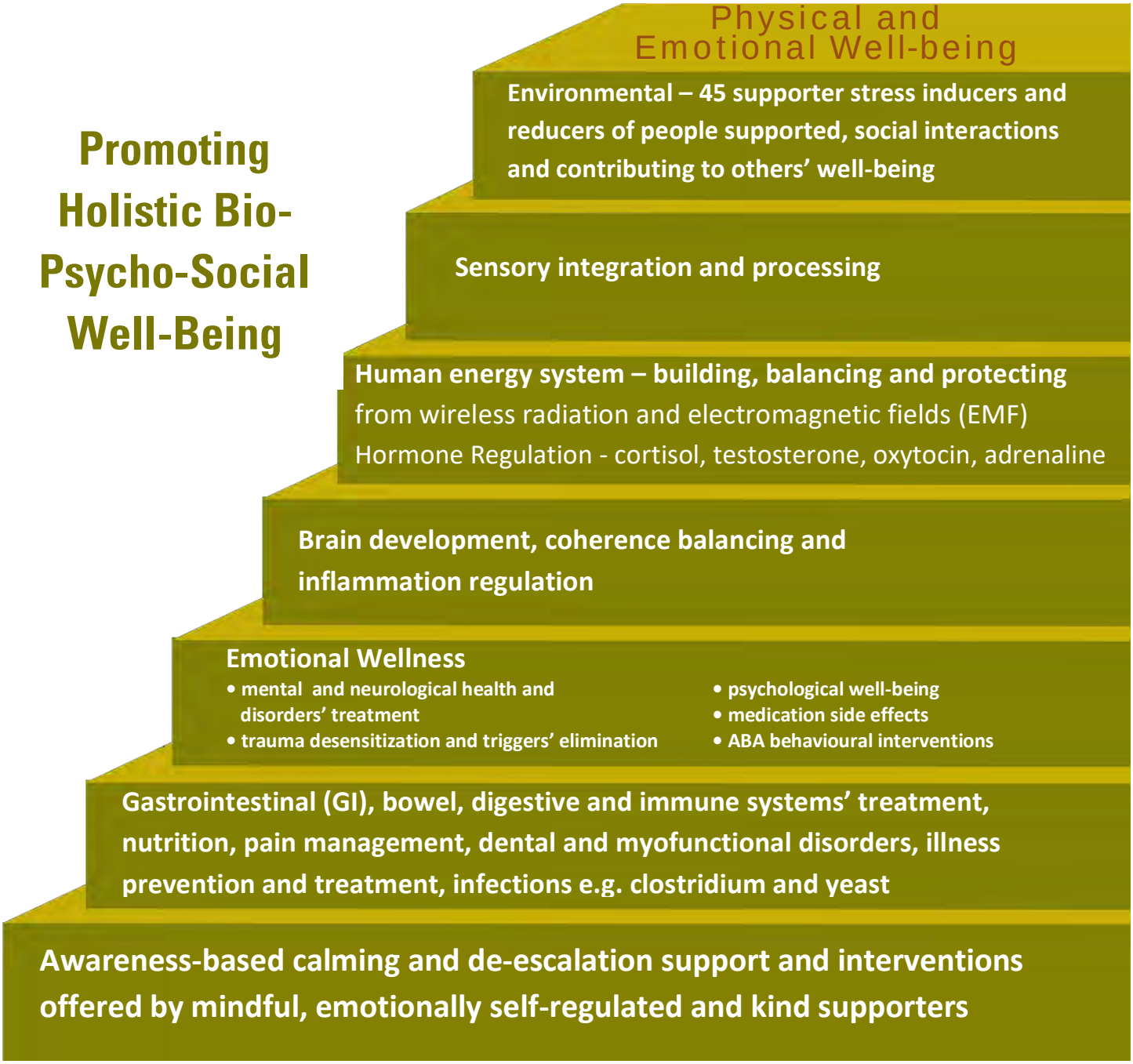
CCS Hierarchy of Service Needs

Preventing, Reducing and Eliminating

Inflammations, Imbalances, Infections, Intolerances,

and Intestinal Comorbidities

that are Causing Challenging Behaviours



First Things First

Often the issue for supporters is where to start when an individual has a variety of complex issues. There is much that supporters can offer, but not all at once. Just as no one would build a house by starting at the second story, supporters need to build their plans from the ground up. Violating this principle compromises many support plans for individuals with complex needs. When supporters ignore (however unintentionally) the basics of body, brain and being in favour of promoting adaptive behaviours, failure too often ensues.

CCS well-being facilitation plans require supporters to be aware that there is a hierarchy of needs that must be met to facilitate optimal living, adaptive behaviours and well-being. As supporters collect data for appropriate community professionals to assess the needs of persons being supported they need to keep this hierarchy front and centre in their own planning process. That is not to say that any hierarchy is a rigid prescription, but it does suggest that a conscious ordering of support is most likely to be successful. Emergencies will always take precedence and often several needs can be met simultaneously but having priorities in mind is essential.

To facilitate and de-escalate anxiety to achieve relative calm, the hierarchy begins with the most basic needs and proceeds through other variables to build a strong foundation.

Using the Hierarchy Wisely: Effective How-tos

The goal of all supporters is to help the person they support be happy and fulfilled—not anxious, angry and aggressive. Supporters need to keep in mind that the CCS first priority is to do no harm. Supporters also need to be aware of this important precept:

> **Remember that the hierarchy of needs is not rigid. Higher ordered development strategies such as ABA/IBI learning can be simultaneously applied, provided that they do not compromise the critical goal of eliminating and reducing anxiety.**

Although the hierarchy addresses foundational needs first, careful introduction of learning activities such as cooperation and helping others can be incorporated at the same time. When providing these learning opportunities, it is essential that the supporter not use discouraging, anxiety-producing consequences to stop challenging and maladaptive behaviours except in the case of immediate harm to self or others. The focus must always be stress-free support that will promote well-being and calm and eventually achieve the long-term objective of a personally satisfying and socially useful life for the person supported.

Responding to Basic Human Needs

Before reading on, call to mind a person you support and consider these three critical questions. Answering these questions will be the focus of Part ONE of CCS.

1. What are the basic human needs that this person has that must be met in order to live an anxiety free, personally satisfying and socially useful life, free of problematic-behaviour?

2. How does the person-supported attempt to have each of these needs met if supporters do not offer appropriate positive support?
3. How could supporters ensure that basic needs are met in ways that are satisfying and positive so that problematic behaviours are avoided?

In every situation, the person supported (like all of us!) must have six core human needs met, in one way or another. They must feel:

- pain-free,
- secure,
- calm,
- unconfused,
- connected,
- useful.

These needs are the same for all of us but are more difficult to satisfy for most people supported. Because of special brain architecture, energy rhythms, systems disorders, lack of verbal capacity, chemical imbalances, environmental toxins, overwhelming social demands or other unique mental and physical predispositions, they often cannot meet their needs fully on their own. They require a little more time, energy and skilled effort by supporters.

Behaviour that Attempts to Meet Needs

Again, all human beings have physical, neurological, emotional and social needs that must be met. In order to survive we have been programmed to experience anxiety, fear, and panic in situations where our needs are not met. These feelings motivate us to stay safe by changing the conditions in which we find ourselves. Similar feelings of anxiety can result from imbalances in things such as vitamins and minerals, foods and some medications. Whether in response to a perceived threat or a biochemical imbalance, the person supported, like **neurotypical** people, will cycle through agitation, anger and even aggression to regain calm and a sense of control.

Once these complex neurological, gastrointestinal (GI), immune, sensory and social needs are compromised by internal or environmental stimuli, even individuals with low-to-moderate support needs may become agitated, demanding or indifferent. For those individuals with greater needs, the body's fear, freeze, fight or flight mechanism will almost certainly be activated. For the person supported flight is seldom an option, so they freeze or fight. All humans have evolved to minimize and change a situation within seconds to defend themselves from painful and perceived dangerous experiences that cause anxiety, fear and panic.

As supporters work with individuals to regulate their behaviours, the most effective practice to prevent agitation, anger and aggression appears to be to provide relief from anxiety caused primarily by unmet needs as described in the hierarchy model. **While assessing the possibility of behaviours being related primarily to achieving functional goals, e.g. attention seeking, it is important to stay aware that there are also dozens of other potential antecedents to consider e.g. biomedical unmet needs or the supporter's mindlessly provoked power struggles.**

For supporters, it is essential to remember the wisdom of Dr. Alfred Adler, the founder of humanistic philosophy. He said, "No person's behaviour is ever crazy to the person who is doing it at the time they are doing it." For example, individuals in situations of stress will often become angry because anger is a much less distressing emotion than the pain produced by anxiety and fear caused by unmet needs. As a result, even though the anger or aggression may be problematic to the supporter, it is actually a relative relief to the person supported because it usually diminishes fear and panic. The behaviour may appear senseless to the supporter, but for the most part has a purpose and pay-off for the person being supported, however unaware that person may be of that purpose.

Just as everyone unknowingly blinks to meet the needs of protecting their eyes, most challenging behaviours are a manifestation of having essential sensory, immune, physical, neurological, social, emotional, GI or cognitive needs unmet. Behaviour management responses as a primary focus, although well-intended, can unknowingly provoke unsafe situations for both the supporter and the supported. This is especially true whenever a conventional behavioural strategy increases levels of anxiety. CCS advocates a fully integrated biomedical and behavioural approach that looks for the more fundamental non-functional causes of behaviour first (rather than assuming that a behaviour is mainly functional and related to the person's environment) and aligns the supporter's response with the basic needs of the person being supported.

Replacing Restraint with Understanding

Helen struggled with behaviours that her supporters found challenging. According to her behavioural protocol, if she did not change her behaviour after several warnings and a 15-minute timeline, she would be forced by a team of three supporters into an approved mechanical restraint chair, where she often continued to scream for an hour or more.

A CCS-trained supporter, Richard, was eager to work with Helen and look for better ways to help her. The day after she had been restrained, she was pleasant, talkative and relatively relaxed. She allowed Richard to hold her hand to teach her a calming exercise.

In the middle of Richard's visit, one of the staff (a very caring and competent person who had restrained Helen the day before), came into the room. Helen seemed to become more pleasant and even charming; however, because of Richard's CCS training he knew how to sense fear in others. He could see that Helen was frightened as she became tense.

As Richard held her hand and continued with a de-escalation strategy, he checked her pulse: it had sky-rocketed since the supporter had come into the room.

No one had understood what this poor woman had been coping with and how the presence of the support professional who had restrained her was filling her body with toxic cortisol. Without Richard's understanding and actions, she could have been plunged into another round of challenging behaviour in response to her unmet need for relief from anxiety/fear.

Seven Major Areas of Special Needs

The remainder of this Part ONE of CCS builds on the concepts of needs and behaviours and how supporters can use their understanding in providing appropriate responses. It addresses seven areas where the person supported may experience risks and may be seriously challenged as a result of unmet needs.

Each of these areas will be broken into two sections:

- a detailed explanation of the condition, including behaviours, often challenging, that the person supported may engage in as they try to satisfy their needs;
- solutions that supporters can adopt.

Points to Remember

- People with autism and other developmental disabilities seldom consciously plan their behaviour and most often don't realize what they are doing;
- no person's behaviour is ever "crazy" to the person who is doing it, at the time they are doing it;
- most problematic behaviour, in addition to serving a purpose like attention seeking, trying to access tangibles, or task avoidance, most often has a biomedical purpose of satisfying unmet needs.

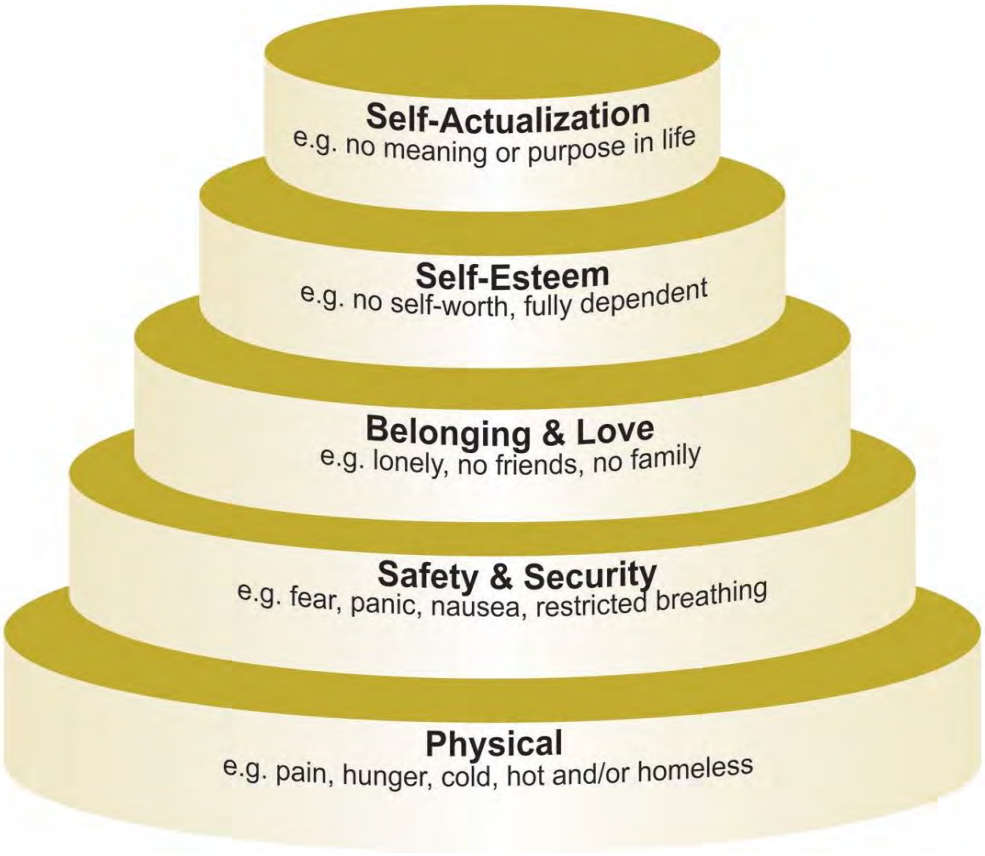
The implementation process of the hierarchy of needs can seem almost simultaneous for some of the seven needs areas shown. CCS works on the principle that expecting a person supported to enjoy and learn from meaningful experiences such as taking on socially-valued roles when any basic need, is seriously compromised is impossible. It would be like expecting a car to speed up with one's foot on the brake.

The tools on the following pages guide a planning process that incorporates the actions required to meet as many needs as possible. Implementation of any plan, however well-devised, needs attention to practical details such as:

- placing the highest priority on prevention;
- being fully inclusive of all support interventions with a recognition for some priorities based on relevant research;
- keeping learning activities doable, interesting and fun but reasonably challenging;
- only doing for the individual what he or she cannot do, or is not motivated to do, at the time. Motivational strategies must not increase anxiety;
- putting the learning on hold when an individual experiences increasing anxiety in a learning situation and addressing the anxiety. As soon as possible after emotional recovery is achieved, return to the learning task that was put on hold;
- using functional and interesting concrete, sensory-learning strategies;
- avoiding focus on eliminating the person's harmless, repetitive activities. These serve as self-calming strategies and will often dissipate once needs are better met.

Hierarchy of Unmet Needs*

After reviewing the hierarchy of unmet needs, reflect on the following.



1. Using the graphic above, recall or imagine a time when you experienced each unmet need. Think of three to four words that could describe your feelings as a result of that unmet need.
2. Now think of an actual support plan that you are implementing for someone who has self-injurious behaviours or aggression symptoms.
3. Imagine yourself in a situation where most of your unmet needs were being managed and supported by that support plan.
4. If this were the case, what parts of this plan would you like to see continued or stopped and what else would you like to see started?

Continue:

Stop:

Start:

**Adapted from Maslow's Hierarchy of Needs*

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 protection 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		

Getting Started

Let's say for now, you don't feel that you have the time, need or motivation to learn how to and why to more completely implement all seven service needs with the person supported. You are, however, highly motivated to get started implementing some vitally important basic CCS Services.

The following summary will get you started picking the "low-hanging (but very nutritious) fruit." The illustration on the next page describes the four main areas to be explored to help the person supported, namely:

- Biomedical,
- Traditional medical,
- Environmental,
- Behavioural.

The process starts with recognizing the co-occurring conditions that if unmet can lead to agitation, anger and aggression, recognizing the four components of the CCS system of unmet needs, whom to contact to have an assessment completed, what will be assessed and how to treat and intervene competently and compassionately.

The illustration on page 51 lists some specific 'to dos' or what we call low-hanging fruit that you can pick. This is followed by the most critical insights and skills necessary to successfully advocate for the person supported with community professionals.

Enjoy your time in the orchard; it is a good place to get started.

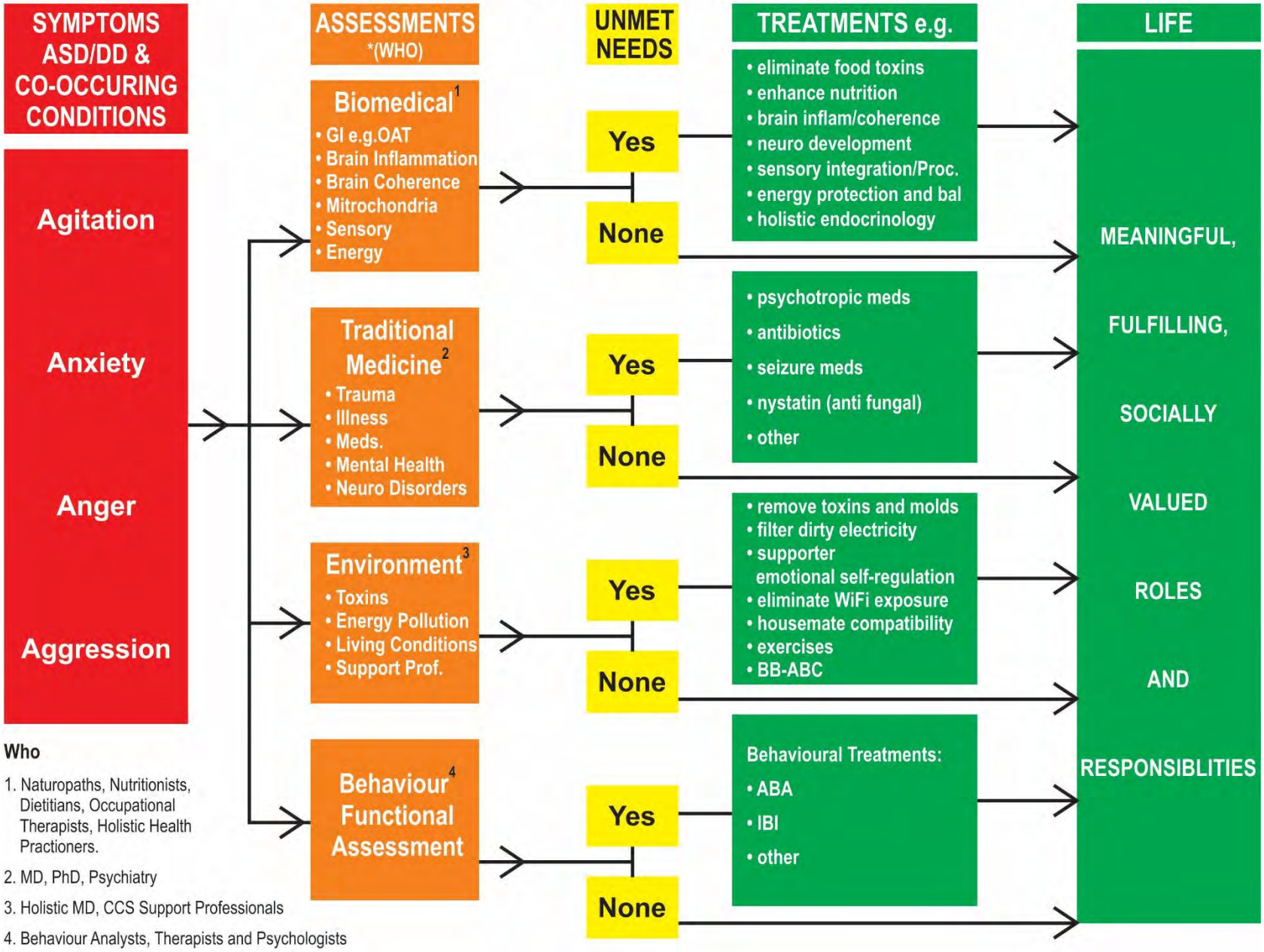
COMMITMENT

Until one is committed, there is hesitancy, the chance to draw back, always ineffective. Concerning all acts of initiative, there is one elementary truth, the ignorance of which kills countless ideas and splendid plans: that the moment one definitely commits oneself, then "hidden hands" help with the "heavy lifting " All sorts of things occur to help one that would never otherwise occur. A whole stream of events comes from the decision, raising in one's favour all manner of unforeseen incidents and meetings and material assistance which no one could have dreamt would have come this way.

Whatever you can do, or dream you can, begin it.
Getting started has genius, power and magic in it.

W.H. Murray

"Where to Turn" - to Get Started



Who

1. Naturopaths, Nutritionists, Dietitians, Occupational Therapists, Holistic Health Practioners.
2. MD, PhD, Psychiatry
3. Holistic MD, CCS Support Professionals
4. Behaviour Analysts, Therapists and Psychologists

Top Ten Low Hanging Fruit

Below is a list of mostly immediate ways in which you as a supporter can ensure that you are on the right path while you provide integrated, optimal and more complete support to the people and families you serve.

1. Starve candida and clostridia by monitoring and discontinuing the overage in daily sugar intake. Maximum intake should be 50 gm (12 teaspoons per day for adults) and half of this for children. Substitute refined sugar with organic Stevia extract, 100% pure and not chemically processed or limited amounts of coconut palm sugar.
2. Get moving with cardio for 20 minutes a day along with building core strength and balance.
3. Bounce on a rebounder or balance on a stabilization cushion for 20 minutes to boost your brain.
4. Ensure good sleep hygiene that promotes restorative sleep.
5. Build the prefrontal cortex of the brain through mindful movement, breathing and muscle relaxation.
6. It's as easy as BB-ABC: Bilateral Bio-Meridian Awareness Based Calming! Initiate daily calming exercises like:
   - pressure points in hands at base of thumb and forefinger
   - butterfly hug
   - collar bone point activation
7. Clean up the 'dirty electricity' by filtering the 110-V outlets and keeping Wi-Fi to a minimum.
8. Enlist the services of:
   - a pharmacist for an independent psychotropic medication review.
   - a registered naturopathic doctor to test for toxins, food intolerances and infections and start treatment as recommended.
   - a registered nutritionist, holistic nutritionist or dietician to implement a diet based on the results from the above testing.
   - a dentist who is qualified to complete an assessment of both dental and myofunctional disorders.
   - an occupational therapist to complete a sensory assessment and treat as indicated.
9. Look to modify ABA/IBI interventions if they induce moderate to high anxiety, except to ensure safety. Ensure that all biomedical and other treatments are happening prior to or concurrent with behavioural interventions.
10. After offering the above optimal support, encourage and validate neurodiversity and other gifts.

All of the above is to be facilitated by a mindful, emotionally self-regulated and kind supporter.

Practise the low hanging fruit for yourself and you can also reap some reward.

Remember that your own wellness begets the wellness of others.

Fifteen Support Strategies for Advocating with Professionals

Almost every supporter will find him/herself in the position of having to advocate with various health services professionals for the needs of the people they support. This list of strategies will help manage those negotiations.

1. **Remain aware and ahh-llowing:** i.e. Catch, Calm and Clarify.
2. **Build relationships** e.g. "Thank you for _____."
3. Stay aware that **all other professionals have a pre-programmed mind-set**. Use your awareness of possible filters for optimal communications: respond feelings to feelings, reasons to reasons.
4. **Ask permission** – "Can I give you an update on some **new** information?"
5. **Reports must be summarized** – not rambling with too much detail. Start big and move to detail as appropriate. Share summarized Tracking Report.
6. **Use relative descriptors** – "On a scale of 1-10, with 1 being a low level, in the morning _____'s pain/confusion etc. is at a level 7."
7. **Use test questions** – "Do you want more detailed information than what I just gave you?"
8. **Use clarifying questions** – "Do you mean we should _____?"
9. **Use open questions** – e.g. What, How, When.
   "What should we observe and record to help you determine _____?"
   "How often should we _____?"
10. **Redirect discussions** if possible and helpful, e.g. with eye contact focused on the person supported, ask "Sam, what would you like to add/ask?"
11. **Don't talk** when the professional is thinking. **Don't talk** after asking a good question.
12. **Encourage the professional to lead** the conversation and redirect or direct as necessary and helpful, but you and the person-supported stay focused to achieve your objectives e.g. "How else can we be helpful in this treatment plan?"
13. **Give concise summarized reports** followed by a clear question, e.g. "We have a concern, when (describe the behaviour) _____,
    then (describe the outcome) _____.What would you suggest?"
14. **Before leaving prepare for the next visit.** "What would you like us to do/track/report to you when we return?" or "If a new medication or strategy has been started_____?" Can we visit you in three to four weeks to see if we are on the right track?" Then when you call to make the next appointment, you can say "Doctor _____ wants to see _____ now."
15. **Conclude with sincere gratitude**, e.g. "Thank you _____ for taking the time to _____."

In our discussion of needs, we often recommend that supporters search for and engage competent community professionals to assist with assessments and treatments. Being a competent advocate is critical to facilitate this process.

> Most resistance from other professionals is a **problem of "won't", not "can't**"– they lack sufficient feeling reasons to change.

Supporter's Additional Solutions to Ensure Optimal Support Interventions:

- Carefully plan daily-support guides a few days in advance, with indoor and outdoor options.
- Provide a structured support environment that is friendly, safe, predictable, interesting and appropriately exciting.
- Avoid social situations in large, noisy settings with many people unless unavoidable (e.g. medical appointments).
- Keep the setting predictable and try to be with familiar people.
- Keep the time structured.
- Keep the person supported informed by communicating: "This will happen and then this will happen." (In general, talk out loud to yourself so that the individual-supported knows what you are doing and planning.)
- Slow the pace for movement and talking.
- Eliminate cell phone emissions: keep cell phones off.
- Use Conscious Care and Support de-escalation and calming strategies. (see Part Three, Section Two: Calming)
- Give some choices to help the individual to organize thoughts and feelings, and create focus and calm.
- Provide cardio-exercise. This is critical: exercise has been proven in research to be as effective as antidepressant medication for all but severe clinical depressions.
- Develop a network of connectors to develop and grow the individual's positive gifts and attributes; for example, if the person likes to help others, provide suitable opportunities to volunteer help.
- Respond appropriately to the differing needs of introverts and extroverts.
- As a general rule, always let the person supported do what they can for themselves.

Need #1

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

INTRODUCTION

This section will focus on your development of insights, skills and Awareness-Based Calming and De-Escalation of the person suffering from anxiety, anger or aggression (emotional first aid, so to speak). As the seven primary needs are met as described in this first part of the text, most of the sources and causes of anxiety, anger or aggression will be addressed, minimized and often eliminated.

Until the CCS longer-term development process is complete (i.e. meeting all seven of the needs on the hierarchy), however, it is vitally important that you are given ways to skillfully and compassionately understand and intervene to de-escalate anxiety, anger or aggression if they arise during the recovery process. The following tools will help you work towards this objective:

1. Fifteen non-behavioural tools to prevent, reduce and eliminate anxiety, anger and aggression, (e.g. bi-lateral, bio-meridian, awareness-based calming (BB-ABC);
2. BB-ABC and emotional contagion to calm;
3. Communications skills to prevent power struggles: matching "reasons to reasons and feelings to feelings" and;
4. Essential how-tos to integrate CCS with behavioural support strategies;
5. Development and implementation of the behaviour prevention and de-escalation plan.

I strongly emphasize that in order for supporters to be competent, calm and caring while implementing these tools, you will require core interpersonal competencies and foundational intrapersonal, mindful, emotional self-regulation skills and kindness as offered in Part TWO of this text.

Potential Root Causes of Anxiety and Fear, and therefore Challenging Behaviours

Let's begin by reviewing some potential causes of difficult feelings and challenging behaviours. To repeat, most often the individual exhibiting the feeling or behaviour is completely unaware of these causes—their behaviour is seldom deliberate or in many cases controllable. I define **challenging behaviour** as aggressive actions that are the outward expression of feelings of anxiety, fear or panic attack that result from unmet biological, social or psychological needs. According to our consultations with researchers from Harvard Medical School (e.g. Dr. John Ratey), verbal and physical aggression is in great part the nervous system's primordial reaction to transform fear into potential action in order to change a threatening condition.

Before describing the BB-ABC non-behavioural tools to prevent, reduce and eliminate anxiety, anger and aggression, we have gathered a list of the most prevalent causes of anxiety that need to

be addressed as part of the prevention plan. The rest of Part ONE, Needs areas 2-7, addresses these causes and their solutions.

The following list of causes of generalized anxiety and panic attacks will provide you with a better understanding as to how maladaptive behaviours are often initiated by anxiety from unmet needs. With this information it is hoped that you, as a family member or support professional, can also improve the tracking and charting you will need in order to advocate with primary care physicians and other community professionals as they decide how best to treat this most distressing and painful condition of anxiety.

This information is for your educational purpose: not to diagnose or prescribe treatment.

Anxiety is generally defined as feeling nervous, stressed, fearful, jittery, wired etc. Sometimes there will be an obvious cause for these feelings, and other times not. For example, sleep disturbances often result from anxiety, which contributes to spiraling down into deeper anxiety and clinical depression.

Extreme anxiety or panic attacks have similar symptoms to anxiety; however, they seem ten times worse. Anxiety attacks can be so acute that even breathing is impaired. Supporters are encouraged to visit the many reputable online sites (e.g. Mayo Clinic) for a more complete description of symptoms.

All symptoms should be reported to medical doctors and all other members of the support team as soon as possible for assessment and treatment. Naturopathic doctors and nutritionists also have excellent treatment options to complement other medical interventions.

Coping Behaviours

Coping behaviours can include rapid pacing, yelling, anger, aggression and forms of self-injurious behaviour.

The sources or causes listed on the next two pages must be treated using the CCS "Supporter's Optimal Solutions" suggested after each of the needs in order to assist ABA/IBI strategies to be effective or sustainable. Often behavioural interventions can have minimal influence on behaviour, let alone quality of life and well-being, when the individual has emotional pain such as panic or terror or physical pain resulting from dysregulation of the biomedical systems and lack of effective psychiatric treatment.

For this reason, the Behaviour Analyst Certification Board, the Ontario Association of Behaviour Analysts (ONTABA) and The College of Family Physicians of Canada Consensus Guidelines requires referral to other professionals when "there is a reasonable possibility" that an unmet biological need is influencing the behaviour.

Comorbid Variables that can Contribute to Compromised Well-Being Resulting in Anxiety, Anger, Pain and Subsequently Challenging Behaviours

Essential Understandings

As a result of the CCS experience over 15 years with 1000's of parents, educators, support professionals and internationally published researchers and programmers, we offer the following support principles to identify and effectively treat the main comorbid variables that often contribute to anxiety, anger, pain and subsequently challenging behaviours. The principles and potential contributors are based on a combination of evidence based research and/or a consensus of numerous reports such as The College Of Family Physicians of Canada Consensus Guidelines and the 2021 report from the Auditor General of Ontario.

Principles

1. If the source of the expression of compromised well-being resulting in maladaptive behaviours is solely from functional/psychological/environmental antecedents, skillful ABA behavioural interventions based on the four functional goals of maladaptive behaviour can be very helpful.

2. As a consensus of international research indicates the source of unmet needs and compromised well-being of PwDD are seldom only functional goals, assessment and treatment of underlying comorbid biomedical conditions is, as recommended by ONTABA required. Through these assessments, biomedical interventions can be pursued to address the comorbid conditions contributing to the emotional and/or physical pain. This holds the strong potential for improved quality of life, for example by minimizing and often eliminating challenging behaviours.

3. Behaviour compliance resulting from fear or fatigue does not promote sustainable well-being.

4. Challenging behaviours appear to most often not be conscious or intentional.

5. Some behaviours appear to temporarily help regulate some of the PwDD systems, e.g. sensory and brain coherence.

6. Prevention and treatment of unmet needs (i.e. comorbid conditions reference next page) will often require the services of appropriate and co-operating professionals (e.g. primary care physicians, psychiatrists, naturopathic doctors, pharmacists, registered holistic nutritionists, speech and language pathologists, occupational therapies and/or behavioural consultants) who follow researched assessment and treatment guidelines.

7. All services must be evaluated using well researched quality control guidelines.

Systems	***Examples of Potential Comorbid Variables that can Contribute to Compromised Well-Being and often Leads to Challenging Behaviours***
Gastrointestinal (GI)	• poor nutrition e.g. excessive sugar, processed food, preservatives • infections – candida and clostridium (PPA), fungi • intolerances – casein, gluten, lectins, antibiotics • digestion – e.g. constipation, diarrhea • vitamin and mineral imbalances e.g. — low magnesium, zinc, chromium, calcium — high copper, mercury, lead — low omega^{3}, fatty acids, vitamin A, C, D^{3} • *hypoglycemia/hyperglycemia*
Immune	Immune Deficiency or Dysfunction: • hypersensitivity, e.g. over reaction to toxins • autoimmunity, e.g. inappropriate reactions to one's own cells • inflammation, e.g. too aggressive an attack against infections
Dental Myofunctional	• pain from tooth decay • bacterial infections leading to bacterial pneumonia
Emotional Wellness/Psychological	• faulty filters' activation e.g. control, entitlement • seeking attention, avoiding tasks, seeking tangibles, sensory stimulation • perceived or actual threats
Mental Health	• excessive stimulating neurotransmitters e.g. norepinephrine and glutamate from low B6, MSG, grains, dairy, processed foods etc. • low levels of calming neurotransmitters e.g. GABA, serotonin • excessive stimulating hormones e.g. cortisol • unresolved trauma and phobias • untreated or undertreated mental health disorders e.g. depression • side effects of some medications e.g. antipsychotics • chronic non-restorative sleep
Brain	• lack of brain coherence e.g. uncoordinated sensory processing • cognitive differences • under-functioning brain cerebellum • neurological disorders e.g. seizures, headaches • inflammation due in part to low levels of glutathione
Human Energy	Low Cell Energy i.e. mitochondria/methylation problems influenced by: • low B^{12}, B^{9} (folate) • low zinc, magnesium, iron • excessive sugar • hormone dysregulation • oxidative stress/low GSH • chronic non-restorative sleep • low hertz (EME) • low amino acids
Sensory Integration and Processing	• hyper – too high arousal of one or more of the eight senses • hypo – too low arousal of one or more of the eight senses

Systems	*Examples of Potential Comorbid Variables that can Contribute to Compromised Well-Being and often Leads to Challenging Behaviours*
Environmental and Social *(reference pages 169-175)*	• supporter's anxiety and power struggles resulting from lack of mindful emotional self-regulation • feeling alone, disconnected, excluded, uncared about • environmental overwhelm e.g. noise, chaos, transitions • non-compatible social interactions e.g. introvert vs. extrovert • toxins – EMF, microwaves e.g. WiFi, allergies • incomplete ABA protocols (reference 'all' ONTABA standards) • four functional goals preoccupation • no/low clear knowing of what is expected or required • change in patterns or schedules that is not adequately communicated • quick and sudden movements • slow cognitive processing (a ten-second person in a one-second world)

Fifteen Bilateral/Biomeridian and Brain Awareness-Based Calming and De-escalation (BB-ABC) Tools to Prevent, Reduce and Eliminate Anxiety, Anger and Aggression

By way of a reminder and reinforcement, difficult feelings and/or challenging behaviour is seldom just about trying to achieve a functional/psychological goal. Any one of the above conditions could be significantly influencing feelings and behaviours that result in a social/functional goal.

The tools that make up our BB-ABC calming and de-escalation process integrate effective calming strategies from the following evidence-based protocols: (rationale, research and references are listed below).

- mindful, emotional self-regulation – internal resonance and entrainment;
- bi-lateral stimulation procedures similar to those applied in tactile EMDR;
- acupressure (bio-meridian);
- calming through repetitive patterning (reference Autism Research Institute – Self stimulating behavior);
- mirror neuron enhancement via firing and wiring of the medial prefrontal cortex of the brain;
- Emotional Freedom Therapy and;
- "Soles of the Feet" B-FIT Mindfulness technique.

The additional awareness-based calming and de-escalation best practices provided below are most effective when they are integrated into every-day, normal living activities. If the person supported does these exercises when they are relatively calm, the practices are normalized and are significantly more likely to be used effectively during times of pre-crisis and crisis.

BB-ABC Exercise # 1: Butterfly Hug

The butterfly hug can be readily taught for self-administration to the vast majority of supported children, youth and adults. Supporters can model this simple practice at any time of the day and thereby help influence others to start the practice.

- Fold arms across the chest so that the left hand rests on the right bicep and the right hand rests on the left bicep.
- Raise one hand and apply pressure first on one bicep (thus activating the brain), and then on the other. Alternate at a rate of one activation per second. Both the individual and the supporter count out loud: "1,000 Here; 2,000 Here," up to 10,000 and start over. "Here" is an essential label to keep both you and the person mindful in each moment of activation.
- The person supported activates, models and labels the behaviour of the supporter.
- Whenever you (the supporter) are not talking, silently and mindfully intend calm.
- Continue for up to five minutes. If agitation or difficult feelings continue, introduce other parts of the Behaviour Support Plan and return to the most suitable BB-ABC exercise.

BB-ABC Exercise # 2: Collar Bone Activation

- Using the three middle fingers on each hand, alternating from left side to right side each second, press to activate the sensitive acupressure point of the collar bone region approximately one inch below the top of the collar bone.
- Refer to Exercise #1 for instructions about timing, role modeling, intentions and affirmations.

BB-ABC Exercise # 3: Hand BB Activation by Supporter

As certain biomerdian areas are activated, if possible lead the person in the following statements. If the person is non-verbal, encourage them to say the words to themself and give them time to do it. E.g. "I am letting go of the _____", "I am releasing resistance to the _____", "I am more relaxed"- continue to repeat during the hand activation exercise.

- As appropriate, you (the supporter) hold the individual's hand. With your thumb activate the sensitive space between the thumb and index finger of the supported person's hand.
- Alternately activate this region, following the timing, role modeling and intentions as described in instructions for Exercise #1.
- For all exercises remind the recipient to notice how it feels by labelling "here." This teaches mindfulness and activation of brain-calming circuits (e.g. the medial prefrontal cortex).

BB-ABC Exercise #4 – Mindful Movement Awareness-Based Calming

This exercise should be practiced near daily so that the skill becomes automatic and neuron development is reinforced.

- Stand facing the individual you are supporting. Slightly bend your knees and become aware of what you are doing.

- Ask the individual you are coaching to do what you do.
- On your next inhalation, slowly raise your arms to the count of four; encourage the individual to do the same and to pay attention to how it feels (e.g. "heavy"). Once arms are parallel to the floor have the individual label— say "up" out loud (if the individual is verbal).
- On the exhalation, slowly lower your arms to the count of eight and label "down." Encourage the individual to notice how that feels.
- Repeat the up and down movement five times.
- With arms in the down position, on the next inhalation have the individual tighten their hands and arms to the count of four and notice and label how it feels (e.g. "tight").
- On the exhalation, have the individual release to the count of eight and ask them to notice and label how it feels (e.g. "release").
- Repeat the muscle tightening exercise at least five times.
- Next, ask the individual to lift one of their feet (or just the heel if balancing is difficult) and label "lift." Ask them to notice lifting. Place foot down and label "place." Lift and place the other foot, notice. Repeat five times.
- Optionally, the individual can do the lift, place and notice sequence in a slow walk.

BB-ABC Exercise #5 – Mindful Walking

- Optionally, the person supported can do mindful walking at a slow rate of speed.
- To keep the exercise mindful and thereby grow medial prefrontal neuron cells, incorporate one of the following three noticing activities in the mindful-walking exercise:
    - do a preplanned treasure hunt
    - play "I spy" with a peer or supporter
    - list in categories, e.g. objects, colours, shapes etc.

Supplemental Awareness-Based Calming Exercises (ABC)

All of the next exercises should be done mindfully while encouraging the person supported also to pay attention and be mindful:

ABC Exercise #6	-	hand/foot massage, essential oils optional
ABC Exercise #7	-	high intensity interval training, e.g. rebounder
ABC Exercise #8	-	fitness exercises – core, balance and strengths
ABC Exercise #9	-	mindful, progressive muscle relaxation
ABC Exercise #10	-	calming music and vibro-acoustics
ABC Exercise #11	-	sensory diet as prescribed
ABC Exercise #12	-	neuro/bio feedback
ABC Exercise #13	-	bosu stabilization ball and cushion
ABC Exercise #14	-	balancing exercises, e.g. Wii, Xbox, wobble board
ABC Exercise #15	-	vestibular and proprioception swing. (reference Need #6 for more details)

BB-ABC and Emotional Contagion to Calm

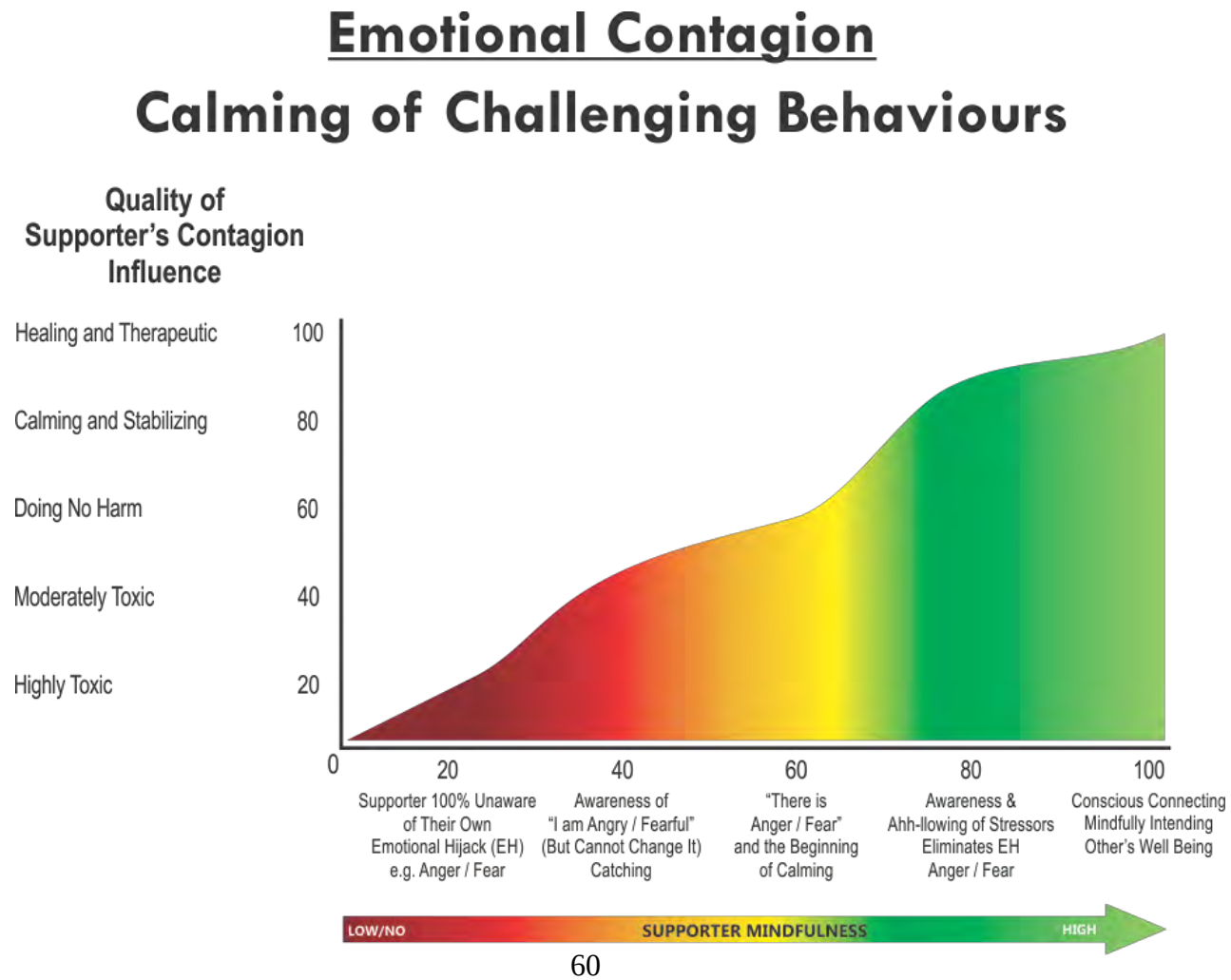
While the above BB-ABC evidence-based practices can significantly prevent and de-escalate anxiety, anger and aggressive behaviours, its effectiveness is directly proportional to the calm focus of the family or support professional.

Calm begets calm, fear begets fear!

The mindful, emotional self-regulation skills and kindness of the supporter will influence the person's emotions to calm. This response is based in part on the human social phenomenon called **emotional contagion** whereby human energy systems influence each other. The individual's stress is therefore often caused or made worse by the supporter's agitation or anxiety. If a supporter lacks mindful emotional self-regulation, being under pressure or stress will cause him or her to become increasingly anxious. This anxiety is passed on to the the person supported through emotional contagion.

The effect of emotional contagion is not limited to a single occurrence. If, for example, an individual is influenced to feel frightened in relation to a particular person, event or action, the response learned through emotional contagion can repeat itself with each new exposure to that person, event or action.

The following illustration further describes what emotional contagion is and how supporters can be helpful or harmful in influencing individuals whom they support.



Emotional contagion is the phenomenon of having one person's emotions and related behaviours directly trigger similar emotions and behaviours in other people. One view developed by Elaine Hatfield et al. is that this can be done through automatic mimicry and synchronization of one's expressions, vocalizations, postures and movements with those of another person. When people unconsciously mirror their companions' expressions of emotion, they come to feel reflections of those companions' emotions. Emotions can be shared across individuals in many different ways both implicitly or explicitly. For instance, conscious reasoning, analysis and imagination have all been found to contribute to the phenomenon. Emotional contagion is important to personal relationships because it fosters emotional synchrony between individuals. The behaviour has been found in humans, primates and dogs.

1. Hatfield, E.; Cacioppo, J.T.; Rapson, R.L. (1993). "Emotional contagion". *Current Directions in Psychological Sciences.* 2: 96–99.

2. Morrison, I.; Lloyd, D.; di Pellegrino, G. & Roberts, N. (2004). "Vicarious responses to pain in anterior cingulate cortex: is empathy a multisensory issue?". *Cognitive & Affective Behavioral Neuroscience.* 4 (2): 270–278.

3. Van der Gaad, C.; Minderaa, R.B. & Keysers, C. (2007). "Facial expressions: What the mirror neuron system can and cannot tell us". *Social Neuroscience.* 2 (3–4): 179–222.

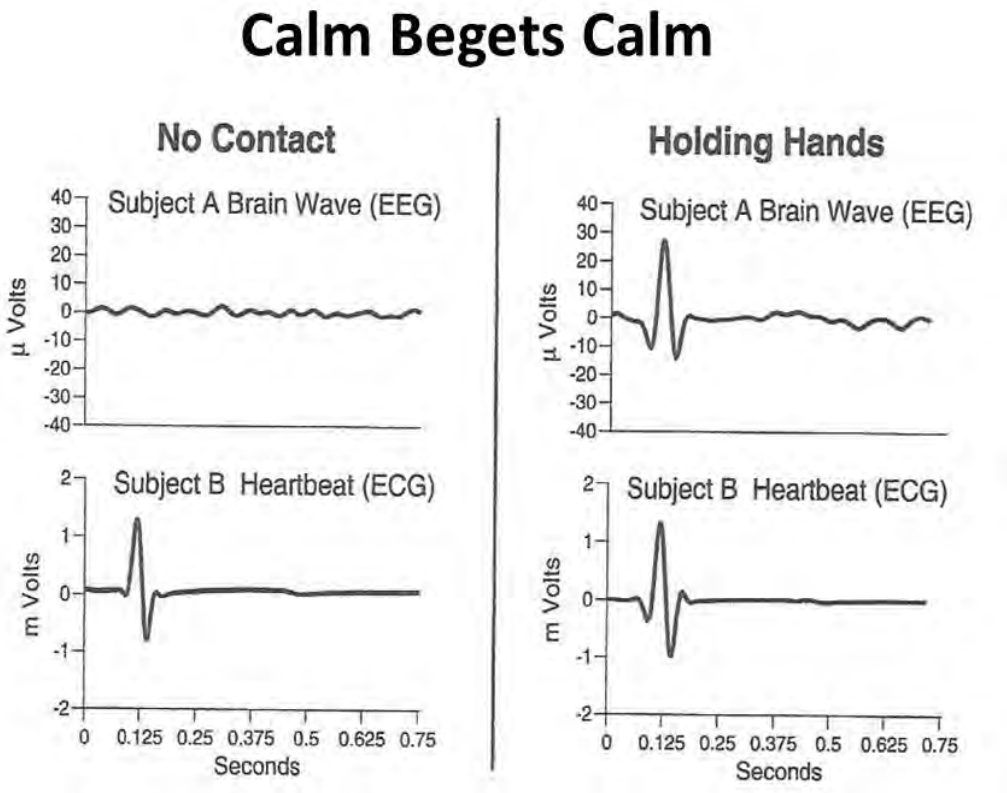
David Eagleman, who was part of the group of neuroscientists who published the PBS book entitled *The Brain*, notes how critical the role of something as simple as the mirroring of facial muscles from one person to another is in the creation of empathy. He reports that "my mind reads your facial expression, my facial expression mirrors yours and then activates a feeling in

me of what you may be experiencing." The chart below shows a more profound effect created by physical contact.

Research[1] concludes that there is emotional perception deficits in people with autism and other developmental disabilities. Research does however also indicate that "there is no significant difference in brain activation between people supported and neurotypical individuals during the perception of pain expressed by others". Both groups show similar levels of activation in areas associated with pain showing evidence of the presence of emotional empathy and emotional contagion.

While our research reviews could not (so far) find specific studies on fear contagion in people supported, the fact that their brain does respond neurotypically to pain emotional contagion, the CCS approach trains supporters to assume that the fear/anxiety of the supporter in all probability is at least somewhat contagious between the supporter and the people supported. Anecdotal reports to substantiate this assertion are overwhelming. Mindful, emotional self-regulation skills and kindness are therefore critical.

Hadjikhani, N. (2014). "Emotional contagion for pain is intact in Autism Spectrum Disorder", *Translational Psychology*.



Reference Institute of HeartMath Research Center

According to the above chart from the HeartMath Institute, calming heart rhythms can be achieved through emotional contagion when holding another's hands.

Communication Skills to Prevent Power Struggles

Effective and Ethical Speech: feelings to feelings, reasons to reasons

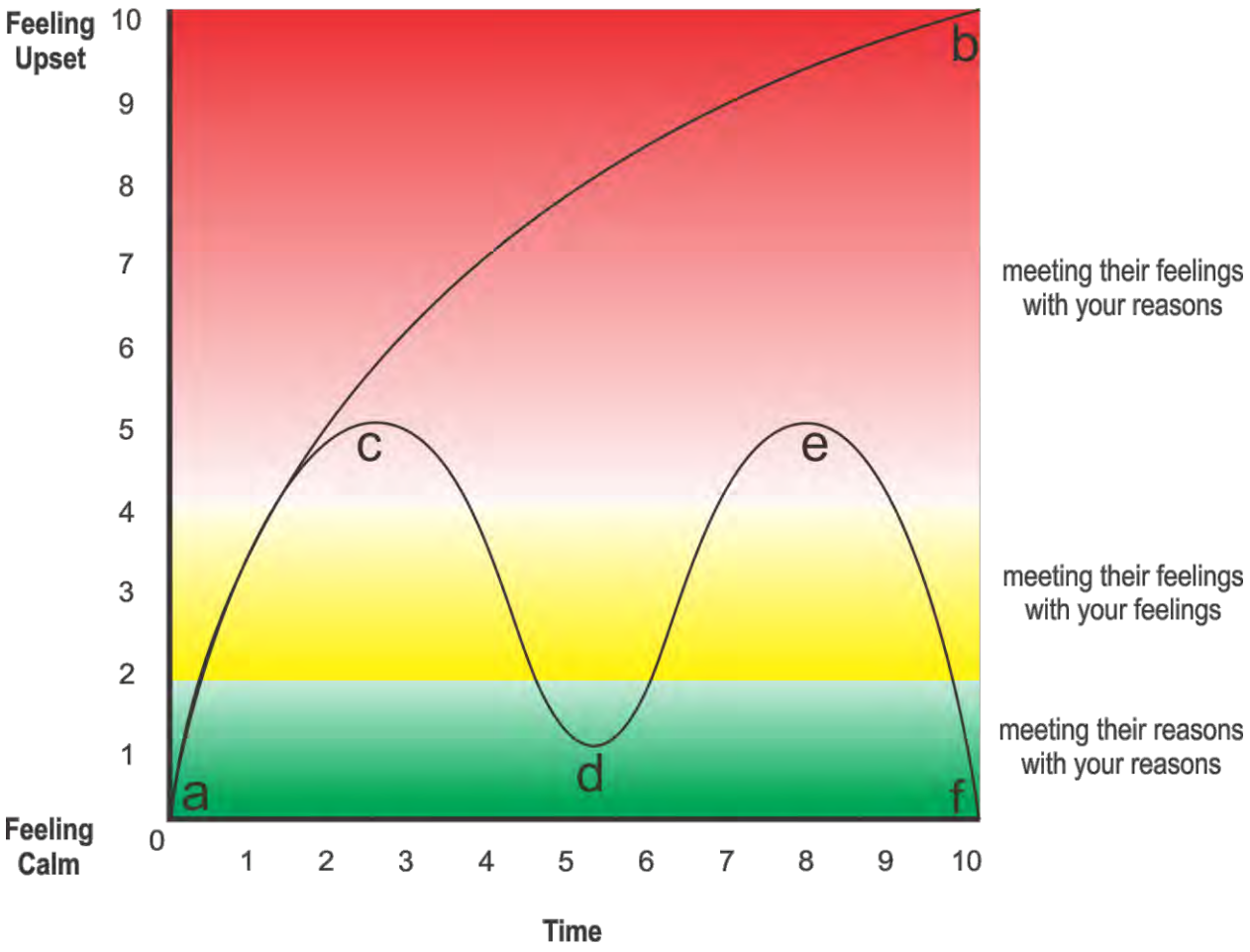
In effective communication, one of the most fundamental tools to remain calm and help others to remain calm is simply to mindfully speak feelings in response to feelings and reasons in response to reasons.

When someone is upset, anxious or angry, empathetic responses such as "please tell me more" or "I can see how upsetting this is for you" or "yes, and what else?" are the best ways to understand and respond to the person's needs at the time. This response also optimally facilitates a process whereby logic and reason can eventually, and in a timely way, be effectively introduced.

Not until the person de-escalates to feeling relatively calm should you ever offer problem-solving statements or, worse yet, try to use logic or reason to justify your position or attempt to calm them down. When someone is upset, statements like "But that is not what I said (not what I meant, not what happened") or "Don't you remember that . . ." or "Can't we discuss this reasonably" or even "Okay, what do you think?" will often only escalate to upset the other person. Giving "reasons" to "feelings" is also the worst way for either of you to understand and objectively consider alternate solutions or perspectives. Have you noticed how when you are angry your IQ drops to single digits?

Remember the four elements of effective speech: it must be useful, truthful, timely and kindly. NEVER miss a good opportunity to stay silent.

The following illustration demonstrates the outcomes of these different responses.



Let's walk through a positive calming sequence, using the letters in the above illustration:

At **point a** the conversation starts with speaking **reasons to reasons**.

Before the the person supported can become **emotionally hijacked (point b),** mindfully **meet their feelings with your feelings (point c)**.

When they become calm, return to the topic (a) with **reasons to reasons (d).**

When they escalate again, mindfully **meet their feelings with your feelings (e).**

When they return to calm, return to topic (d) with **reasons to reasons (f).**

Helpful Phrases to Clarify and Gain Consensus:

At **reasons to reasons** stage–how to introduce a concern:

"I have noticed that it often seems that when you *state behaviour* that *person's name* and *describe their reactions.*

"How would you feel about *suggest a change ?*"

If the the person supported calmly disagrees with your suggestion, work for a **commitment to change**:

"What I heard you say was_____."

"Is this your main concern?" ("yes")

"If we can find a way to take care of this, then would you feel okay with making this change?"

(if yes). Then problem solve to consensus.

(if no) "Okay, can I ask what else is concerning you?"

"If we can take care of_____, then would you feel okay with proceeding?"

At **feelings to feelings** stage–if an emotional response happens:

"Please tell me more."

"I want to help you.

"I have not understood enough of your difficulties."

"I can see how upsetting this is for you, and I am sorry if anything I have said or done is contributing to your difficulties."

"It is not my intention to upset you further."

"I want to better understand you, please tell me more"

At this stage, **never say**:

"But that is not what I meant, not what happened."

"Can't we discuss this reasonably?"

Integrating CCS with Behavioural and Mental Health Interventions

Fundamental Purposes and Payoffs of Maladaptive Behaviours

For the person supported even after the seven unmet needs on the hierarchy have been effectively assessed and addressed, there can still remain maladaptive behaviours that maybe driven in great part by psychological and mental health unmet needs.

Once actual mental health needs have been assessed and treated with, for example, an appropriate medication regime, formal functional assessments and ABA Behaviour Support Plans can be useful at this stage. ABA Functional Assessments typically evaluate the purpose of behaviour relative to the following needs areas:

- attention seeking,
- task avoidance,
- seeking access to preferred enjoyable activity,
- sensory stimulation – it feels good.

The following CCS insights and strategies are recommended as prerequisites and compliments to all behavioural interventions. They are based on well-researched principles of humanistic

psychology and presume that there are no/low unresolved biomedical co-occurring conditions as described in the hierarchy of needs:

- Humans are social beings and their basic motivation is to belong, i.e. avoid solitary confinement.
- All maladaptive behaviour (other than due to biological and toxic environmental co-occurring conditions) has psychological purposes (see the three main purposes below); however, the purpose is seldom known by the person, and their behaviour is seldom planned.
- If a person cannot achieve their basic human needs (reference below) through positive behaviour, they will attempt to do so with maladaptive behaviour.
- Humans are semiconscious decision-making organisms who are always trying to move from "felt minus" to "felt plus."
- Humans only perceive their reality, and their perception is often mistaken or biased.

In the next section, we list three of the most fundamental needs that all humans can attempt to have met using adaptive and maladaptive behaviours. Below the need, we offer additional (beyond BB, ABC) CCS humanistic psychological interventions that can be effective provided the other needs of the hierarchy are met.

Behaviour Purpose and Payoff

1. **Need for greater connection, perceived worth and counting for something: a sense of belonging with significant others**.

   Supporters' Response to Promote Socially Useful Expression
   - Give as many positive and sincere expressions of connection to the person supported as is possible e.g. "I like the way you ……."
   - Catch them being "good": for example, "I noticed how you _____."
   - Be authentically grateful for their contributions to others: "Thank you for _____."
   - Explore giving them responsibility somewhat beyond their current self-perceived level of competence: for example, let them lead the grocery shop.

2. **Need to use power struggles to distract themselves from painful emotional upsets such as feeling excluded, embarrassed, guilty, fearful, angry, out of control or in physical pain.**

   Supporters' Response to Promote Socially Useful Expression**:**
   - When times are good, lay ground rules for communications during power struggles such as when they seem to have a need to pick a fight with you. Give them "the sign" that you like/love them but will ignore them so as not to be a part of this negative power struggle. Refrain from eye contact and speaking to them as previously agreed upon.

- Leave the space (if possible) after giving "the sign."
- Catch and Calm yourself so as not to become emotionally hijacked into a power struggle which will result in influencing challenging behaviours in others.
- "The sign" will acknowledge their power is stronger than yours and you need to leave.
- Communicate feelings to feelings versus reasons to reasons (reference above).
- Remember, how you behave—powerfully or respectfully—teaches the person supported how to behave.

3. **Need to overcome feelings of inadequacy due to perception of exclusion, being controlled, making a mistake, being treated unfairly, perceived solitary confinement etc.**

   Supporters' Response to Promote Socially Useful Expression:
   - Propose a positive task and teach it by breaking it down into bite size pieces.
   - Connect them to a positive peer.
   - Role model having the courage to be imperfect yourself.
   - Recognize their achievements.
   - Always provide choices.
   - As appropriate during optimal teaching moments, reduce doing for individuals what they can do for themselves to avoid teaching them that they are incapable/inadequate/not enough.
   - When they make a mistake, DO NOT say anything that would make them feel like a failure. Say instead, "I am sorry that it didn't work out for you," and "If you could do that/say that over again – how would you do/say it?"
   - Be encouraging: "I like the way you _____."

A misbehaving person
is a
discouraged person.

Rudolf Dreikurs

In the absence of intervention plans being developed using evidence based 'complete' systems' assessments and 'comprehensive' treatments, not only will the results be relatively ineffective but symptoms will tragically intensify and prolong the person's unnecessary painful suffering, supporters' safety risks and wasted resources.

CCS, Mental Health e.g. Medications and Behavioural Interventions – A Comprehensive Team Approach:

As discussed earlier, the Behaviour Analyst Certification Board standards (BACB) and the Ontario Association for Behaviour Analysis (ONTABA) give very clear directives to professionals who employ behavioural interventions to enhance the person's well-being and to reduce or eliminate their challenging behaviours. The research that indicates the efficacy of behavioural interventions (e.g. ABA and IBI) is based on the fundamental principle that all relevant biomedical, traditional medical and mental health unmet needs are treated either prior to or concurrently with the interventions. Readers are encouraged to always review the individual's behavioural support plans to explore if some areas of the plan require biomedical needs interventions as described in the CCS Hierarchy of Service and as required by the BACB standards.

> **It is worth noting that ABA/IBI interventions cannot be justified to manage maladaptive behaviours by referencing published ABA/IBI research unless all BACB standards are applied. This appears to include all biological services included in CCS.**

CCS has been developed primarily to ensure that the seven-main biomedical and other non-functional causes of behaviour are sufficiently addressed.

Children with special needs are raised in conditions that often develop deeply-engrained social schemas, filters, and illogical beliefs. It stands to reason then, that the person's needs for well-being and the personal and unique ways they attempt to have their needs met may at some level require the training and tools provided by skilled support professionals using behavioural strategies, biomedical CCS and mental health treatments.

Therefore, in addition to always addressing the "up-stream" unmet biomedical needs, the maladaptive behaviour can be more completely understood, managed and prevented in the context of also determining and treating functional antecedents, such as attention, task avoidance, access to tangibles, etc.

While CCS does not attempt to teach ABA behavioural interventions, the following basic principles of intervention are offered to facilitate a relatively seamless merging of traditional medical, behavioural and CCS support and biomedical strategies.

1. Many behavioural issues are the result of unmet biomedical needs that can then lead to functional antecedents. Therefore, simultaneously invest your time, energy and resources to identify and resolve these foundational biomedical antecedents to the best of everyone's ability. Once all comorbidities as reference above are resolved, the remaining maladaptive behaviours may require some form of ABA intervention.

2. **Unplug the power that powers the struggles!** We define power struggles as supporter interventions where authoritarian language (tone and/or content) is used to achieve a desired behaviour.

   Reasonable estimates suggest that in Ontario, tens of thousands of power struggles that are unrelated to safety concerns happen each year (and power always begets power).

   This form of communication is of course, disruptive, degrading and devaluing.

   As a team or individually, explore the causes and options to correct:

   Step 1: List examples of power struggles that are unrelated to safety.

   Step 2: Determine what power struggles were absolutely necessary i.e. could not be avoided.

   Step 3: Explore how the remaining power struggles could be partially or fully avoided.

   Step 4: Explore these suggested prevention strategies:

   - Determine and resolve the cause: ask why until it becomes ridiculous;
   - Determine and resolve the support "human error" variable, e.g. the emotional hijack, driven by a filter, supporter's preference, silly rules;
   - Determine and resolve environmental variables such as being too rushed, under staffed, under resourced;
   - Determine and resolve the cause for the person's lack of emotional self-regulation, e.g. food intolerance, imbalances, GI infections, brain incoherence, sensory dysregulation;
   - Determine and resolve leadership issues: for example, inappropriate placements (staff or support recipient), no/low leadership skills or an inadequate supervisory system;
   - Ask for the person's opinions and help;
   - At the first sign of agitation avoid phrases like:

you agreed	you always
you said	you never
you made the choice	you must

   - Avoid actions such as:

     -powerfully threatening: "If you do that one more time, I will_____;"
     -powerfully arguing: "Yes you did____" "No, you can't ____;"
     -powerfully demanding: "Go take space now!"

3. First, do no harm. **Ask yourself, "Is what I am about to do helpful given this person's unmet needs and current emotional state?"** Except as is required to prevent self and other's injury, only "consequence" non-essential issues and items such as nice-to-have (not need-to-have) social privileges, unneeded material objects, minor emotional perks (and even then, only when the person is not anxious). Taking away the places and social activities the individual needs for emotional stability and feelings of self-worth can lead to increased anxiety, discontent, resentment, discouragement, distrust, indifference and/or dangerous maladaptive behaviour.

4. As appropriate (once biomedical concerns are addressed), and proven to be useful, do establish natural and logical positive reinforcement and consequences as required regarding nonessential wants, perks, comforts and privileges, (e.g. social events, extra screen-time). Avoid talking as much as possible when implementing agreed-upon consequences.

5. Determine appropriate and time-sensitive consequences during the good times by asking the individual, "What if this happens again, what should we do?"

6. Primarily give incentives to gain more wants and comforts in their life, e.g. extra social outings.

7. Essential items, living conditions and must-have's for growth as a self-reliant and trustworthy person are given unconditionally as part of being a member of the group, home or family. For example, never use allowances, food, minimum screen-time, recreation or exercise opportunities as incentives. The use of edibles is controversial. As a minimum ensure that edibles used as re-enforcement do not violate the laws of good nutrition.

8. Non-powerful and respectful "First this, then ___" reminding communications can be helpful, however only provided the explanations are clear before the incident occurs and the person supported is not upset. Avoid NO "we can do that when _____ but not now. Do you want to _____ or _____?"

9. We are trying to teach internal locus of control/self-regulation (e.g. self-reliance and mutual respect of self and others), therefore no rescuing unless to avoid discouragement or unsafe consequences. Generally, only do for the person supported what they cannot do for themselves at the time.

10. Model what you desire to develop in the person you are supporting, (e.g. respect).

11. The essential currency is a mutually respectful, trusting and friendly relationship. A supporter's influence is directly proportionate to their willingness and ability to build this relationship.

12. The supporter's internal anger, resentments and fears are always passed on to the person supported and impact their behaviour. Therefore, practise mindful, emotional self-regulation to avoid destructive emotional contagion.

13. Supporters, learn the sources/triggers for your **emotional hijacks**, (e.g. filters, and learn to reframe and recover).

14. Always make amends for non-helpful and powerful interactions/comments. Remember that their challenging behaviour is seldom all about them.

15. Be grateful for what the person supported has taught you about yourself and how they are helping you to mindfully, emotionally mature.

16. Remember that because a behaviour stops, changes or increases (once the supporter responds to the demand through giving them what they want or ignoring them, redirecting them, giving them incentives or consequences, etc.), this does not mean that the behaviour is solely functionally goal-directed. Often the emotional or physical discomfort caused by biomedical and other non-medical needs can be temporarily ignored by the individual with sufficient changes to the environment, expectations and social and mental inputs.

17. As applicable, refer to the above support options to assist the person supported to outgrow their mistaken, limiting beliefs.

18. Facilitate a support team:

- Provide as many supporters trained in mindfulness and emotional-maturity as possible.
- Retain a qualified and committed medication manager, e.g. primary-care physician who will assess and treat. Also, as required, recruit a naturopath, nutritionist, sensory regulation manager.
- Ensure that all staff members follow prescribed protocols.
- Train all staff to meet the seven basic needs on the hierarchy naturally.
- Train all staff to follow protocol and collect accurate data to describe symptoms to assist the primary care physician.

20. Physical Restraints

The universal Human Services and Health Care professionals' credo is **"First, do no harm,"** so let's remind you what not to do.

It is our hope and intention that this training will ensure the consistent application of this value. In the absence of catch, calm, clarify and conscious connecting, we would suggest that this universal value will be time and time again compromised by even good caring supporters. A most vivid example of this unintended, however harmful support is in the execution of so-called non-violent and safe challenging behaviours' management practices that end up using physical restraint for the workers or housemates personal safety.

Let's start by being more accurate in communications. All challenging behaviour practices that end up in a physical or mechanical restraint is relatively violent, unsafe and often can impact long-term post-traumatic stress disorder and other related psychological and neurological

damage that, as a minimum, in many cases increases the risk of more and more challenging behaviours.

Physical restraint techniques generally place individuals supported and staff at increased risk of physical injury and psychological distress! [1, 2, 3, 4, 5, 6]

The person supported can experience a range of negative consequences both during and after physical restraint, including pain, discomfort, injury, and occasionally even death has been reported. They can also experience frustration, anger, panic, fear, sadness, feelings of isolation, and shame. Additionally, there is an increased risk that people who have previously experienced physical or sexual abuse and are exposed to physical restraint will experience conditions such as anxiety, depression or the reoccurrence of post-traumatic stress disorder. Restraint can also adversely impact the relationship between the support worker and the person who is restrained.

Reference the CCS behaviour prevention and de-escalation plan below that significantly decreases the use of physical restraint with the highest risk people supported.

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[1]Fish, R., & Culshaw, E. (2005). The last resort?: Staff and client perspectives on physical intervention. Journal of Intellectual Disability, 9(2), 93-107.

[2]Hawkins, S.,Allen, D., & Jenkings, R. (2005). The Use of Physical Interventions with People with Intellectual Disabilities and Challenging Behaviour; the Experiences of Service Users and Staff Members. Journal of Applied Research in Intellectual Disabilities, 18(1), 19-34.

[3]Bonner, G., Lowe, T., Rawcliffe, D., & Wellman, N. (2002). Trauma for all: a pilot study of the subjective experience of physical restraint for mental health inpatients and staff in the UK. Journal of Psychiatric & Mental Health Nursing, 9(4), 465-473.

[4]Sequeira, H., & Halstead, S. (2001). "Is it Meant to Hurt, is it?". Management of violence in Women With Developmental Disabilities. Violence Against Women, 7(4), 462-476.

[5]Reay, D.T.M..D., Howard, J.D.M.D., Fligner, C.L.M.D., & Ward, R.J.M.D. (1988). Effects of Positional Restraint on Oxygen Saturation and Heart Rate Following Exercise. American Journal of Forensic Medicine & Pathology, 9(1), 16-18.

[6]Department of Public Welfare. (2006). Elimination of restraints through positive practices. Pennsylvania: Commonwealth of Pennsylvania: Mental Retardation Bulletin.

Staff who implement restraints can also be physically injured or experience strong emotions including fear, anger, sadness, worry, shock, frustration, and self-doubt that influence their future interactions with people supported.

CCS Well-being Facilitation Plan PART 2 – Challenging Behaviours Prevention, De-escalation and Safety Practices (CBPMSP)

PART I of the Well-being Plan has been outlined above as team members have developed the specific requirements for each of the needs on the hierarchy.

Some people supported will also require PART 2 to ensure a safe and effective response to anxiety when it transitions into rage, self-injurious behaviour (SIB) or potentially serious physical harm or aggressions. Once completed, this PART 2 will be fully integrated with the approved Behaviour Support and Safety Plan and Mental Health Protocol.

Given the extensive international research that supports the following proposed CCS components, CCS well-being, behaviour management and safety procedures will align with any approved BSP developed in accordance with BACB and Mental Health Protocols e.g. hierarchy. This is provided that the plan is written in accordance with BACB standards.

Ultimately the behaviour support plan along with any included CCS components must be approved as directed by quality assurance measures. Once approved, changes must be communicated to all members of the support team along with training sufficient to ensure effective implementation.

The essential need to more fully integrate CCS, Behavioural and Mental Health interventions are highlighted in the following Alarming Question.

A Most Alarming Question

IF –	as is generally acknowledged by caring supporters, between 35% to 45% of all incidents of challenging behaviours are directly caused by or significantly influenced by the supporter's lack of emotional self-regulation leading to power-struggles and increased anxiety in both the supported and the supporter.
WHAT –	is the likelihood then of Behaviour Support Plans and prescribed medications alone (based on recorded incidents) accurately and effectively responding to meet the treatment needs of people supported when almost half of the causes of the reported incidents have little to do with the persons supported?

The following offers the CCS safer anxiety, anger, and aggression prevention and de-escalation process that is intended to close much of the gap identified in the above question regarding prevention and management requirements.

This resource is further intended to 'bridge' or facilitate a relatively seamless integration of the fully comprehensive support model i.e. CCS, Biomedical, Behavioural and Mental Health Protocols.

Until such time as the fully comprehensive model has been implemented, it is recognized that some people supported will be at very high risk of self-injury or seriously harming others.

One key principle of the CCS comprehensive support model is that physical restraint actually is 'a last resort' and is to be avoided at all costs. While most support plans make this statement, the majority of support conditions, staff training, lack of staff emotional self-regulation and safety plans virtually ensure that physical restraint will too often be a necessary response for safety. Sadly, the standards to justify 'the last resort' are seriously compromised.

The clear goal for this CCS Well-being Plan Part 2 (motivated by the overwhelming research that confirms the danger of physical restraint) is that physical restraint should only be required to intervene to prevent self-injurious behaviour after all available optimal standards for support conditions, staff training to develop emotional self-regulation and truly preventative safety measures have been employed.

Given the proven traumatizing results from physical restraint, most behaviour learning protocols that can lead to the need for physical restraint must be seriously questioned regarding efficacy and professional ethics.

The apt metaphor of driving with one's foot on the brake bears repeating at this time. A physical and emotional manifestations of anxiety like excessive cortisol levels and near emotional panic attack are most often precursors to SIB and aggression. Therefore a 'learning program' that could likely promote anxiety is seen as counterproductive to the person's long-term development of emotional and behavioural self-regulation.

The following is intended to offer essential general guidelines to facilitate the development of detailed plans required for each person supported.

Prevention

The following mandatory preparation steps are examples of what is required to effectively implement the goals of this CCS Well-being Plan – Part 2:

1. All supporters to be certified in Conscious Care and Support – Level I.

2. The CCS Hierarchy of Needs Well-being Plan Part 1 will be developed and implemented concurrently as part of this plan (reference Part One Conclusion Summary below).

3. Supporters to be proficient in their own mindful emotional self-regulation while in crisis.

4. Optimal daily medications and fast acting PRN protocols will be prescribed and followed.

5. Support Environment Criteria:

- Required sensory equipment in a room with a 5ft high door, safety windows, and bed adjacent to the person's living space;
- Single occupancy living space for a person supported who experiences SIB and physical aggression;
- Sensory compatible decorating
- Appropriate home activity options;
- Meets all building and fire code requirements.

6. As part of the necessary prevention protocol, the person supported will be guided to complete the following daily activities:

    - Three – 10 minute BB-ABC mindful self-regulating practice exercises in the sensory activities room;
    - Two – periods of cardio, balancing and core strength fitness training as recommended and approved;
    - One – practice session in planned de-escalation procedures (reference Phase 3 Interventions below).

7. The person supported will as appropriate, be offered community based activities options that are interesting, meaningful and sensory compatible. Adequate staffing for safety interventions will be provided. Community activities will be timely based on the person's demonstrated learned emotional self-regulation skills.

8. Behavioural learning and support strategies will be calming and not anxiety producing.

9. The person supported will as applicable and available, wear an anxiety monitor and reporting sensor. Other appropriate non-invasive monitoring of non-behavioural indicators of increased anxiety will be introduced as useful (e.g. cortisol saliva testing).

10. Development of a process to identify the person's feeling level (e.g. chart, colours) to be practiced often each day.

11. Generally use and practise alternate choice questions for decision making e.g. 'this' or 'that'.

12. All staff will be trained in the person's unique behavioural early signs (predictors) of anxiety and agitation e.g. repetitive behaviours. (reference column A of the plan below)

13. Development and practise to determine and respond to the 're-entry' option once calming is confirmed.

14. Regular incidents of physical redirects, transports and restraint will indicate the need for an improved behavioural support plan, enhanced training or staff replacement.

15. The Person's Unique Gifts, Likes, Dislikes are:

    Gifts:

    Likes:

    Dislikes:

16. The Person's Behavioural PRN Protocol is:

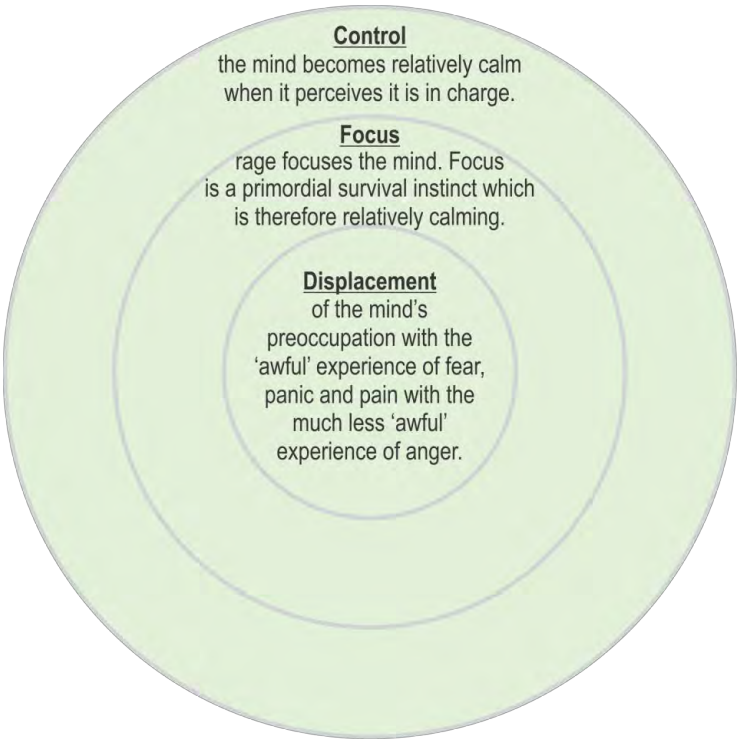
Why I Need to Self-Medicate with Challenging Behaviour Until You Help Me Find a Better Way

Because of your powerful behaviour toward me, and unmet biomedical condition, a trauma or a fearful situation, I am experiencing serious hormone dysregulation of –

Increased levels of cortisol, adrenaline and/or testosterone (if it is a boy or man with ASD) and lowered levels of oxytocin will be an important factor.

As a result of this hormone dysregulation I am now forced through neuro-chemicals to be angry, aggressive or self-injurious. This neurochemical process helps me to be relatively calm because when I get angry, aggressive or self-injurious it significantly displaces/takes my mind off what originally dysregulated my calm hormones.

I now start to get calmer because my mind is not perseverating/worrying about what I was afraid of because I now perceive that I am more in control and more focused which tells the inner me "don't worry you are safe now". So to really understand what I am saying to you please understand that my anger and aggression are the other side of the coin of anxiety and fear. Because I only have limited capacity in my brain each second to process just 60 bits of information, I lose my fear and soon become calm provided you stay calm to help me.



Challenging Behaviours Prevention and De-escalation Planning

Instruction:

1. The following tool provides a complementary (to the BSP) planning process to outline general steps to be taken to prevent and ultimately de-escalate, anger and aggression.

2. The person's specific goals for this plan are:

    - Safety
    - Emotional Self-Regulation Learning
    - Physical Fitness/Health
    - Social/Communications
    - Responsible Behaviour

3. Column 'A' provides generic descriptions of the 5 potential phases of escalation. Team members area asked to complete Column 'A' by adding specific indicators of each anxiety level as reported by sensors, other testing and observation.

4. Column 'B' provides examples of complementary (to other plans and protocols) supporter responses to prevent and de-escalate challenging behaviour. Team members are asked to complete column B with more examples of successful interventions. Where the generic strategies offered in column B conflict with the approved BSP, column B interventions will be modified to align with the approved BSP

5. Use Tools 'B' and 'C' to help debrief incidents and improve the planning, prevention and management process.

Challenging Behaviours Prevention & De-escalation Implementation Plan

Plan Phase	***A*** ***Behavioural Symptoms of Anxiety (Reference Sensory/Observations)***	***B*** ***Supporter's Responses to Prevent Behavioural Escalations***
0	Relatively calm e.g. - smiling - cooperative - interested - communicating - completing chores - happy	▪ Complete prescribed sensory activities in sensory room three times each day ▪ Community based interests and meaningful roles and activities facilitation, e.g. employment, volunteering, recreation, education ▪ ABA learning experiences per BSP ▪ Life skills training ▪ Home maintenance, food preparation, laundry ▪ Well-being Facilitation Plan - Part 1 ▪ Proactive BB-ABC teachings ▪ Coaching ▪ Encouragement ▪ Validation

Challenging Behaviours Prevention & De-escalation Implementation Plan

Plan Phase	***A*** ***Behavioural Symptoms of Anxiety (Reference Sensory/Observations)***	***B*** ***Supporter's Responses to Prevent Behavioural Escalations***
1	Initial non-behavioural indicators of start of anxiety i.e. feelings and/or behaviour preceding anger e.g. - sensor alert - facial indicators - impatient - their feeling chart report - other	▪ Continue phase 0 activities as appropriate ▪ Adjust activities and environment to better align with emotional regulation abilities and sensory needs e.g. modify - place - people - pace - preferred activities - volume, speed, intensity of activity ▪ Increase person's control of their preferred activities, e.g. offer choices ▪ Introduce BB-ABC basics e.g. - butterfly hug - hand activation ▪ Introduce non-anxiety producing interventions per BSP recommendations ▪ Other

Challenging Behaviours Prevention & De-escalation Implementation Plan

Plan Phase	***A*** ***Behavioural Symptoms of Anxiety (Reference Sensory/Observations)***	***B*** ***Supporter's Responses to Prevent Behavioural Escalations***
2	First behavioural indicators of anxiety e.g. - facial expression - repetitive behaviour - vocalizations - task avoidance - attempted access to a more preferred activity - moderate anxiety e.g. can be redirected - may slam door - throw objects - cover ears - intensity	▪ Adjust environment to sensory needs e.g. - Stop learning activities that could be causing anxiety, frustration and agitation ▪ **Move person to sensory activities room** ▪ Activate sensory calming strategies per Occupational Therapist's Plan ▪ Introduce appropriate BB-ABC exercise as practical ▪ Introduce non-anxiety producing interventions per BSP ▪ If anxiety persists and the person is at risk of SIB, offer the person the proprioception sensory regulator (PSR) and start proprioception sensory exercises ▪ If in the community and anxiety continues - return home immediately if applicable (reference BSP) ▪ Other

Challenging Behaviours Prevention & De-escalation Implementation Plan

Plan Phase	***A*** ***Behavioural Symptoms of Anxiety (Reference Sensory/Observations)***	***B*** ***Supporter's Responses to Prevent Behavioural Escalations***
3	Maladaptive behaviour such as verbal demands or threats Initial refusal to cooperate Behaviour that does not place anyone at risk of physical harm Cannot be redirected readily however historically, de-escalation strategies are eventually effective Other	▪ Continue all of Phase 2 above ▪ Continue sensory activities as appropriate and processing as recommended by the Occupational Therapist's Plan ▪ Consciously catch, calm, clarify and connect and intend calm ▪ Supporter move to nearest exit of the sensory room ▪ Start power struggle prevention plan e.g. communications slower ▪ Mindfully decide on tone, e.g. stronger or softer ▪ Encourage – first this - then this ▪ Encourage person to participate in proprioception sensory regulator activities ▪ If person is at risk of SIB give them approved protective equipment ▪ No threats ▪ No consequences ▪ No criticism ▪ No attitude ▪ No unnecessary rules ▪ Monitor sensor report ▪ Introduce non-anxiety producing interventions per BSP or BB-ABC ▪ Stop anything that increases anxiety unless for safety ▪ Other

Challenging Behaviours Prevention & De-escalation Implementation Plan

Plan Phase	***A*** ***Behavioural Symptoms of Anxiety (Reference Sensory/Observations)***	***B*** ***Supporter's Responses to Prevent Behavioural Escalations***
4	Phase 3 behaviour that lasts 30 minutes or more with no indicators that anxiety is reducing First indicators (from sensor, behaviour, and historical record) of behaviour that continually places person and others at risk of physical harm Other	▪ Person continues BB-ABC and proprioception sensory regulator activities in sensory exercise room (reference Phase 3) ▪ Continue, Catch, Calm, Clarify, Connect and intend Calm ▪ Administer PRN ▪ No/Low talking beyond encouragement and empathy ▪ Stop all attempts to control/redirect ▪ As PRN activates, offer healthy snack and rest ▪ When necessary for safety, the supporter exits the sensory exercise room and closes 5ft high door and continues to communicate as in Phase 3 ▪ If the person supported leaves the sensory exercise room before the door is closed and remains a threat to others, the supporter/s will, along with other house mates move to inside the sensory exercise room for protection ▪ Continue slow and low (tone) empathy and intentions for calm ▪ Introduce non-anxiety producing interventions per BSP ▪ Other

Challenging Behaviours Prevention & De-escalation Implementation Plan

Plan Phase	***A*** ***Behavioural Symptoms of Anxiety (Reference Sensory/Observations)***	***B*** ***Supporter's Responses to Prevent Behavioural Escalations***
5	Maximum anxiety level for the person as reported from sensor potential to hurt self and/or others Other	▪ Person remains in sensory exercise room until they are calm ▪ Continue, Catch, Calm, Clarify, Connect and intend Calm ▪ Administer second PRN if necessary and possible ▪ Introduce non-anxiety producing interventions per BSP ▪ If person's self-injurious behaviour is harmful, intervene as recommended in the safety protocol e.g. enhanced PRN medication administration ▪ Once relative levels of calm are achieved, open doors and commence normal living activities ▪ Debrief e.g. - "I am sorry you had anxiety". - "Can you tell or show me what was upsetting?" - "What can I do better next time when you are upset?" ▪ Other

CCS BB-ABC for Extreme Risk

Occasionally, when all safety interventions fail, a supporter will be alone and required to defend them self against physical aggression.

This intervention is suggested as a compliment to manage this crisis until help arrives. It is derived from a model developed by Dr. William Paul, a Harvard-trained psychologist. It is based on the "Un-martial" Art of Bagua (Howard, Kent *Nonviolent Self-Defense*: *The Un-martial Art*).

When we must do battle, we enter the battle field as if we are going to the funeral of our best friend

This practice is an extension of the CCS Behaviour Prevention and De-escalation Plan Part 2 described above. It requires the mindful emotional self-regulation skills of the supporter. To these fundamental prerequisites, it adds the skills of **soft engagement** that protects the person supported and the supporter by setting up the following six-tier protective defense system:

- Continued implementation of awareness based calming responses if possible;
- Mindful emotional contagion of the person supported to calm;
- Defensive posturing – hands and body;
- Pliancy to defuse the energy of a strike;
- Evasive movements;
- Maintaining distance, e.g. keep furniture between the person supported and the supporter.

Even trained athletes, in excellent physical condition can only sustain high intensity physical activity for a short period of time before they become tired. Therefore, to softly engage (if possible) as described above will offer a useful additional crisis strategy.

PART B

Anxiety, Anger and Aggression (AAA)
Incident Reporting and Prevention Planning

*	Challenging behaviour descriptions	Describe actual safety & de-escalation interventions offered at each level	PRN given? √ - yes x – no	Physical Restraint? √ - yes x – no	Probable functional/ situational antecedent	Probable hierarchy of unmet needs antecedent	Planned prevention strategies
1.							
2.							
3.							
4.							
5.							

***Incident level as described above in the Well-being Plan – Part 2**

PART C

Behaviour Incident Reporting & Prevention Planning

Instruction:
This guide is offered to assist teams in debriefing incidents and improving prevention strategies

Check all known or suspected factors that contributed to the incident.							
Factors	***Yes***	***No***	***Not Sure***	***Factors***	***Yes***	***No***	***Not Sure***
▪ Fear/phobia about what is happening or may be going to happen				▪ Change of plans, e.g. staff change, trip cancellation			
▪ Symptoms of a mental health mood disorder, e.g. depression, phobia, ADHD, delusion				▪ Forced to do unlikeable/frightening activity, rushed, power struggle			
▪ Neurological issue, e.g. seizure				▪ Behavioural (reference below)			
▪ Power struggle with staff				▪ Frustration in not being able to communicate effectively			
▪ Physical discomfort, e.g. pain, constipation, sickness				▪ Psychological –having their filters hijacked			
▪ Embarrassment, shame, guilt, anger, confusion				▪ Nutritional, e.g. food intolerances, sugar, gluten, dairy			
▪ Medication problems				▪ Sensory issues			
▪ PTSD triggers, e.g. loud "command"				▪ Worker's stressed energy			
▪ Transition issues, e.g. shift change				▪ Other (name)			
Behavioural Factors	***Yes***	***No***	***Not Sure***	***Behavioural Factors***	***Yes***	***No***	***Not Sure***
▪ **ATTENTION** – seeking				▪ **ACCESS** – to tangibles			
▪ **AVOIDANCE** – escape from demands				▪ **ACTION** – "stimming"			
What is being done to prevent similar incidents from happening again?							

Summary

BB-ABC is a successful compliment to the Behaviour Support Plan even with individuals who become very physically aggressive:

- CCS-trained supporters have significantly grown and developed to be more mindful and emotionally self-regulated.
- The environment is designed for maximum effective use of passive protection and prevention due to the sensory room layout for the supporter and the supported.
- The proprioception sensory regulator prevents most potential self-injurious behaviour.
- The CCS catch, calm, clarify and consciously connect (reference Part Three) enables the supporter to calm through emotional contagion, without even saying any words.
- Because the supporter is not fearful, they do not pass aggression-producing fear onto the person supported.
- Every self-protective response from the supporter is simultaneously designed to calm and not further agitate the person supported.
- Restraint is rarely a necessary option for personal safety because it creates increased risks for both. The supporter therefore stays mindfully focused on de-escalation.
- Even in the case of the necessary strict adherence to the behavioural support plan for extreme risk, most BB-ABC interventions are essential to optimally de-escalate behaviour.

Reference List for Bilateral, Biomeridian Awareness-Based Calming (BB-ABC):

Benor, Dan J. (2007);
Church, Dawson (2013);
Feinstein, David (2012);
Grandin, Temple (1992)
Ortner, Nick (2013);
Ratey, John (2008);
Rimma, Teper et al. (2013);
Siegel, Daniel (2007);
Singh, Nirbhay (2007);
Van der Kolk, B. (2015);
Veteran's Stress Project (2017).

(Full citations in Reference List at back of text.)

Need #2

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

Gastrointestinal (GI), bowel and digestive health is the foundation for a healthy mind.

Up to 90% of People with autism and other developmental disabilities have GI problems including leaky gut. Scientific America

The majority of people supported have ongoing GI, bowel and digestive problems that are seriously compromising their:

- physical health,
- cognition,
- emotional well-being,
- levels of agitation, anxiety and aggression
- potential to pursue and sustain community connections e.g. work and volunteer opportunities,
- overall quality of life, and

As proven beyond any doubt by Dr. Buie and the research of many others as listed above, the vast majority of these co-occurring conditions can be successfully treated. Typically often the majority of symptoms of GI problems are not even considered for effective treatment but merely managed with dependency-producing pharmacological interventions, e.g. stool softeners or laxatives. In addition to effective temporary management, supporters must advocate with qualified professionals to answer two very important questions:

1. What is causing the chronic problem?
2. How can the GI system (e.g. digestion and bowel) be restored to healthy functioning?

The following four steps summarize the CCS approach which the supporters should complete with the coordinated assistance of family, the primary care physician, a naturopathic doctor, a qualified nutritionist and/or registered dietitian.

CCS Steps to restore GI health:

1. testing and treatments for toxins, imbalances (e.g. vitamins, minerals and hormones) food intolerances and sensitivities;
2. reduction and removal of foods that are responsible for GI and bowel problems;
3. development and implementation of nutritious meal plans to promote GI and bowel health;
4. testing and treatment of specific problems, e.g. yeast and clostridia infections, constipation, bacteria overgrowth, mitochondria imbalance, GI permeability.

Stomach Health Challenges

Kinds of cells in the human body
- 25% human
- 65 % bacterial
- 10 % fungal

Number of cells in the human body
- 1% human
- 99 % other

The Brain-Bowel Connection?

Research shows how changing gut microbes can change behaviours. Transferring gut microbes from children with Autism into mice produces rodents with symptoms of Autism. (Yong, E. (2016). *I Contain Multitudes,* 70).

Following courses of antibiotics or excessive sugar intake, a waste product known as propionic acid (PPA) tends to overgrow in the gut. High levels of PPA-producing bacteria are found in the gut of many children with Autism. When healthy, pregnant rodents are fed diets containing PPA from stools of people with Autism, they often give birth to pups that in four to seven weeks show numerous signs of Autism. **PPA thrives on simple carbs and refined sugar.**

Chronic Anxiety

Chronic anxiety results in ongoing excessive toxic cortisol in the body. To neutralize this toxin, the body uses up basic building blocks like amino acids needed to build the immune system, digest food, and develop neurotransmitters. Depletion of these vital amino acids significantly compromises these systems—causing illnesses that are then often treated with antibiotics that cause an increase in distressed gut flora. (Bluestone, (2005). *The Fabric of Autism*, 130.)

Examples of behavioural symptoms of people supported with unmet GI, bowel and digestion needs (all of these behaviours are reactionary and cognitively unintended):

- to create situations or take advantage of situations to become agitated, angry and aggressive; this distracts from physical and/or emotional pain;
- to eat soothing but addictive and toxic “junk” foods;
- to withdraw;
- to reduce the preoccupation with pain in, for example, the bowel, the individual may harm themselves so that they will have a stronger, self-induced physical pain—for example, biting or cutting;
- to escape into rage or OCD;
- to self-induce vomiting to relieve the stomach pain.

ASD/DD and GI Issues

The first description of an association between autism and gastrointestinal syndrome began in 1971. Finegold performed an intestinal flora study in regressive autism. It is compelling to observe that there were higher counts of Clostridium and Ruminococcus spp. in the stools of autistic children when compared to those in the control group. Nine clostridial species were found in autistic children, while only three were found in healthy children. The researcher further observed histologic changes in the gastric and duodenal specimens.

World Journal of Gastroenterology
2015 Jan 7; 21 (1): 102-111

Why Vulnerable?

- **Poor diet** (e.g. refined foods, sugar) inevitably leads to poor GI health.

  The area of the brain that controls attention, motor impulses and the capacity to inhibit impulses (for people supported) was discovered to be metabolizing sugar at the rate of 10-12 percent slower than that of a neurotypical person (Zametkin & Ernst, 1999). The brain needs energy to keep the mind and body focused. Without that energy, thoughts and actions spin out of control (Ratey, 1997). So, these individuals crave more and more sugar.

  The impact of a poor diet **(**View video "Food Matters: Hungry for Change"):
  - An average Canadian diet is
    - ✓ rich in refined foods
    - ✓ low in fats, fermented foods, complex carbohydrates and fibre.
  - Refined foods are easily broken down in the upper GI track, therefore
    - ✓ very little healthy food makes it to the colon.
  - The colon should be the site of most beneficial gut microbe activity, therefore
    - ✓ starvation of this community can lead to ecosystem damage.

- **Chewing Problems:** Good, balanced meals do not necessarily result in good gut nutrition.
  Proper chewing is essential to:
  - ✓ break down food for the gut to process;
  - ✓ activate flow of specific digestive enzymes;
  - ✓ facilitate pain free swallowing.

  Chewing problems are often an indicator of the trigeminal nerve dysfunction which can be treated. Inner ear and vestibular sensory dysfunction are also contributors to poor chewing.

- **Inflammation in the gut and brain** can be caused by toxins, food sensitivities, bad bacteria or yeast in the gut. This can cause pain that manifests as self-injurious behavior: for example,

eye-poking and head-banging can actually be signs of pain. In 2015, a study at John Hopkins Hospital indicated that most individuals who have Autism have brain inflammation.

- When **detoxification is poor**, as is common with people supported, toxins from food and the environment can build up and act like bad drugs on the brain, causing irritability, aggression, brain/cellular damage.

- When **digestion is poor** and the gut is too permeable (leaky gut), nutrients cannot be properly absorbed. This leads to nutrient deficiencies which can affect all cellular function including poor brain function.

- **Opiates can be created** from inadequate breakdown of gluten, casein, and soy, leading to symptoms of opiate excess: foggy thinking, insensitivity to pain, opiate addiction, withdrawal, and irritability.

- **Yeast**: when there is yeast overgrowth in the GI tract, toxins enter the bloodstream and make their way to the brain where they can cause symptoms ranging from spaciness, foggy thinking, and aggressive behaviour.

- **Neurotransmitters:** when the biochemistry is not working properly, neurotransmitters are not sufficiently produced and cannot function as they need to. This increases the likelihood of anxiety, depression, ADHD, and sleeping issues.

  Examples of the functions of adequate serotonin and dopamine neurotransmitters are as follows:

Serotonin	Dopamine
✓ learning	✓ sensitivity and processing of information
✓ appetite	✓ perception of change
✓ language development	✓ relaying information
✓ mood and noise sensitivity	✓ fundamental brain function – cognition
✓ sleep	✓ motivation
✓ behaviour	✓ emotional responses
✓ sensory perception	✓ attention and focus
✓ memory	✓ transitions

- **Enzymes:** Williams, B.L. (2011) found that levels of three enzymes responsible for breaking down sugars are significantly lower in the small intestines of children with Autism.

More than 90% of these children have deficiencies in at least two of the three enzymes, and 73% in all three. According to Dr. Derrick MacFabe (2015), director of the Kilee Patchell-Evans Autism Research Group at the University of Western Ontario, "this study is consistent with data showing disruption of the gut microbiomes as a key factor in Autism. It also provides indirect evidence of carbohydrate-rich meals increasing ASD/DD gut symptoms and behaviour worsens."

Harmful Effects of Sugar:

- ✓ contributes to hyperactivity, anxiety, depression, concentration difficulties
- ✓ causes headaches, including migraines
- ✓ increases bacterial fermentation in the colon
- ✓ suppresses the immune system

Sugar and Aggression:

- High levels of copper often results in severe levels of anxiety.
- Anxiety then causes aggression in many people supported.
- Levels of chromium and zinc keep the copper in balance.
- Sugar significantly reduces chromium and blocks zinc absorption

(Reference table below for sugar substitutes, e.g. Stevia, or coconut palm sugar)

Supporter's Optimal Solutions: The five key steps to GI, bowel and digestive health and problem-elimination

Note: As with all other needs described in the Hierarchy of Needs Model, the following information is presented to help keep the family and support professionals well informed, effective advocates and facilitators. This in turn will enable them to search and find competent community professionals to assess and implement the comprehensive support plan.

All assessment and treatment services will be directed by community professionals and authorized by the primary care physician.

Step One: Testing and Treatments for

- toxins, food intolerance and sensitivities, e.g. gluten, dairy, egg, nuts;
- nutrient deficiencies and imbalances of the colon:
  - minerals and metals, e.g. copper, zinc, magnesium, calcium, iron, mercury, lead, sulphur, PCB;
  - vitamins, e.g. B12, B3, B6, D, C, E, Omega 3;
  - glutathione;
  - glutamate;

- celiac disease;
- bowel (x-ray if constipated);
- urine and stool (sample, e.g. yeast or staph infections).

Biological Functional Testing:

(Contributor: Jess Sherman, RHN, 2018)
Functional testing can be helpful to gain a better understanding of where the body is struggling and what might be contributing to development, mood and behaviour concerns. The following tests are not diagnostic of medical condition or illness; they simply help us better understand what is going on in the body so we can tailor our support.

The Organic Acid Test (OAT):

The OAT is a urine test that offers a snapshot of overall health. Over seventy biomarkers give us insight into intestinal yeast and bacteria, nutrient absorption, hormonal pathways, oxidative stress, and neurotransmitter levels. The test helps us better understand the enzymes and pathways in the body that may be struggling so we can boost the appropriate nutrients for support.

The OAT gives us insight into possible underlying contributors to symptoms like hyperactivity, movement disorders, aggression, fatigue, poor immune function, attention, sleep, pain, self-injury, anxiety and depression by helping us better understand the health and function of the pathways involved in those symptoms.

Gluten and Casein Peptide Urine Test:

Poor digestion of gluten from certain grains and casein from dairy can be a contributor to development, behaviour and mood struggles. If gluten and casein proteins are not broken down well by the digestive process, they can create opioid-like peptides. These can potentially interact with opioid receptors in the brain, altering mood and behaviour. This test gives us an idea as to whether gluten and dairy might be contributing to neurological, emotional and physical symptoms.

Food Sensitivity Testing and Zonulin:

An immune reaction to food along with poor digestive integrity can put undue stress on the body and activate chemical pathways that can influence behaviour, mood and development. Common allergy tests, which look for antibodies and diagnose a true food allergy, can be helpful. Food sensitivity tests are different however because they test for IgG or IgA antibodies - other immune chemicals that can respond to food.

The presence of IgG and IgA antibodies accompanied by high zonulin levels (a protein that is involved in intestinal health and function) along with physical or neurological symptoms that have no other cause, can indicate that there is substantial work to be done to support the health

of the digestive and immune systems and can give direction as to how to proceed with a systematic food elimination trial to learn what is truly bothering the body.

These tests can help clinicians to better understand what is going on in the gut and, since the connection between the gut and the brain has now been firmly established in the scientific literature, the more insight we can get about what is going on in the gut the better we can understand behaviour.

Hair Mineral and Metals Test:

Since metal and mineral levels in hair are correlated with levels in organs and other tissues, this test is a helpful tool to determine if metal toxicity or mineral deficiency might be contributing to symptoms.

The toxic elements in this test such as arsenic, aluminum, cadmium, lead, antimony, and mercury may be 200-300 times more highly concentrated in hair than in blood or urine. Therefore, recent exposure is more likely to show up in the hair even if a blood or urine test has been clear. Some of the nutrient levels in this test that are most relevant to development, mood and behaviour are magnesium, zinc, copper, lithium, lead, and chromium.

Like the other tests described here, this is not a stand-alone diagnostic test for nutritional deficiency or metal toxicity. But it can be helpful when looked at in conjunction with a detailed health and behaviour profile and other laboratory tests.

Copper: Zinc Profile:

Copper and zinc compete against each other to regulate physiological pathways. When zinc is high, copper is low, and vice-versa. The two need to be in a healthy balance in order for optimal mood, behaviour and development to occur. The body needs more zinc than copper, but diet and lifestyle factors, along with environmental contaminants, some genetic factors and some medications often cause an imbalance.

Panic attacks, headaches, chronic infections, chronic fatigue, brain fog, diarrhea, reduced appetite, weight loss, skin problems, anxiety, depression, poor immune function, Autism and ADHD are some symptoms that can be associated with a copper: zinc imbalance.

This ratio can be checked using the hair test already discussed or by a blood draw.

References:

Foster, J.A., & McVey Newfeld, K. (2017, October). Gut-brain axis: how the microbiome influences anxiety and depression. *Trends in Neurosciences*, 36 (5) 305-312. Retrieved from sciencedirect.com.

Gershon, M.D. (1999). *The second brain*: *A groundbreaking new understanding of nervous disorders of the stomach and intestine*. Toronto, ON: HarperCollins.

Maier, S.F., Goehler, L.E., Fleshner, M., Watkins, L.R. (1998,May). The role of the vagus nerve in cytokine-to-brain communication. *Annals of the New York Academy of Sciences*, v840. Retrieved from Wiley Online Library.

Mayer, E.A. (2011). Gut feelings: the emerging biology of gut-brain communication. *Nature Reviews Neuroscience*, 12, 453-466. Retrieved from Nature.com.

Reichelt, K. & Knivsberg, A.M. (2009, November). The possibility and probability of a gut-to-brain connection in Autism. *Annals of Clinical Psychology*, 21(4):205-211. Retrieved from researchgate.net.

Stilling, R.M., Dinan, T.G., Cryan, J.F. (2014, January). Microbial genes, brain & behavior – epigenetic regulation of the gut-brain axis. *Genes, Brain and Behaviour*, 12 (1) 69-86.

Step Two: Reduction and removal of foods and minerals that are responsible for GI and bowel problems as indicated by testing. For example,

- sugar, soft drinks, power drinks, juice, bars and candy etc.;
- grains/gluten—especially white and refined-grain carbohydrates;
- dairy—a high percentage of all Canadians have a dairy intolerance,
- deep-fried foods;
- artificial sweeteners;
- preservatives, e.g. MSG, artificial food dyes;
- processed meats and cheese;
- hydrated or heated fats, e.g. Crisco and Mazola oil, and margarine,
- toxic minerals, e.g. lead and mercury.

Step Three: Development and implementation of nutritious meal plans to promote GI and bowel health:

The following table, developed by the Autism Research Institute from data collected from more than 25,000 parents, while not hard research data, does offer a very compelling case to determine an optimal diet.

The better/worse ratio shows the likelihood of a particular diet being better versus worse. If nothing else, the conclusion from this data must be that diet is extremely important to the quality of life of individuals being supported.

Special Diets	*Parent Ratings*				
	Got Worse	*No Effect*	*Got Better*	*Better: Worse*	*No. of Cases*
Candida Diet	3%	43%	55%	19:1	867
Feingold Diet	2%	43%	55%	24:1	850
Gluten/Casein-Free Diet	3%	32%	65%	20:1	2208
Removed Chocolate	2%	48%	50%	29:1	1944
Removed Eggs	2%	57%	41%	18:1	1290
Removed Milk Products/Dairy	2%	48%	51%	32:1	6113
Removed Sugar	2%	49%	49%	24:1	4014
Removed Wheat	2%	48%	50%	28:1	3565
Rotation Diet	2%	48%	50%	21:1	881
Specific Carbohydrate Diet	7%	28%	66%	10:1	195

Eat Foods that Support Glutathione Production

Glutathione is the “mother” of all antioxidants. It is essential to prevent brain inflammation. It is also one of the body and brain’s most critical elements to regulate well-being. The majority of people supported test well below required glutathione levels.

Tips to Optimize Glutathione Levels:

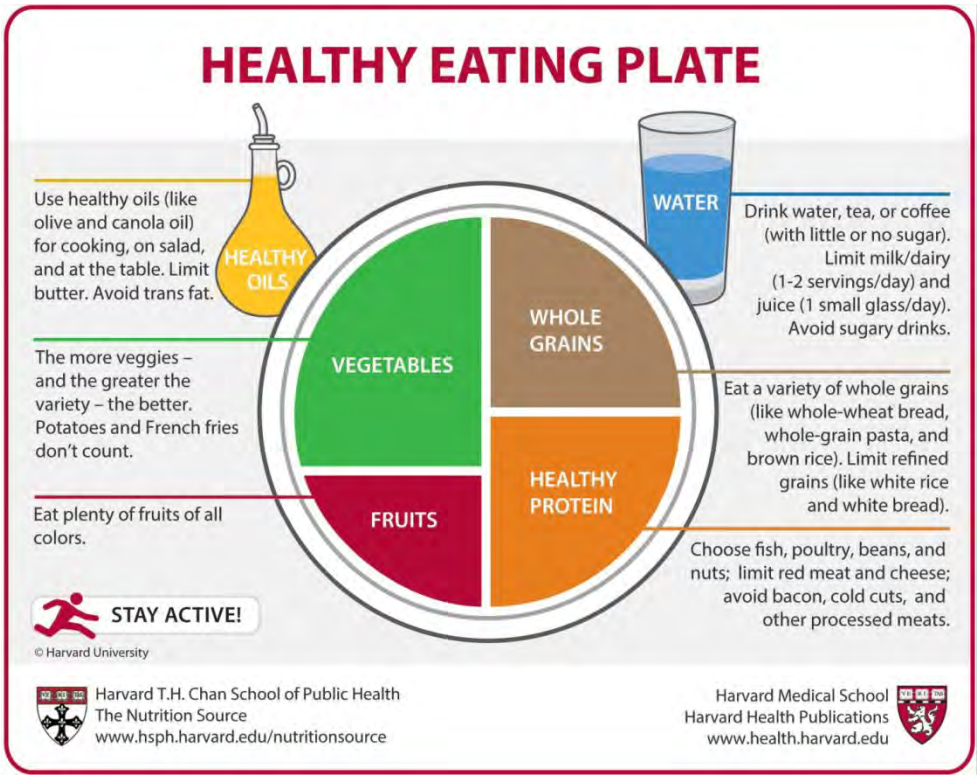
- Consume sulfur-rich foods, e.g. garlic, onions and the cruciferous vegetables (broccoli, kale, collards, cabbage, cauliflower, watercress).
- Bioactive whey protein is a great source of cysteine and the amino acid building blocks for glutathione synthesis. The whey protein MUST be bioactive and made from non-denatured proteins ("denaturing" refers to the breakdown of the normal protein structure). Choose non-pasteurized and non-industrially produced milk that contains no pesticides, hormones, or antibiotics. “Immunocal” is a prescription bioactive non-denatured whey protein.
- Exercise boosts your glutathione levels and thereby helps boost your immune system, improve detoxification and enhance your body's own antioxidant defenses.

The Whole Foods Transition (www.thecenterfordiscovery.org)

We now know that the additives used in food production and processing are a hidden cause of all sorts of problematic behaviours and cognitive deficits. Our goal then, is to move away from processed foods as much as possible, and towards a diet of transitional or, ideally, whole foods. The following chart shows the healthy alternatives.

PROCESSED FOOD PRODUCTS	TRANSITIONAL FOODS	WHOLE FOODS
PROTEINS • processed meat, deli meat, • eggbeaters, protein powders • bouillon cubes	• natural meats, fish, poultry, eggs • seeds and nuts • broth powders with natural ingredients	• organic, free-range, grass fed, or wild meat, fish, poultry, eggs • homemade bone or vegetable broths
PROTEIN/CARBS • any soy substitutes • powdered milk, non-dairy creamer, aseptic UHT milk, processed cheese foods	• natural dairy products, real cheeses, commercial yogurt	• soaked, home-cooked beans, traditional fermented soy foods-tempeh, miso • organic, grass-fed milk, organic plain yogurt, artisan cheese
Beverages • sodas, diet sodas • sweetened juices • energy drinks, coffee	• 100% juice (diluted, spritzer, tea, • seltzer, • decaf coffee	• herbal tea, water • fresh, organically-grown fruit in season
Sweeteners • white sugar, turbinado sugar, brown sugar, molasses, corn syrup, high-fructose corn syrup, aspartame, saccharin	• barley malt, rice syrup, maple syrup, honey, organic brown sugar, fresh fruit	• organic coconut palm sugar
CARBOHYDRATES **Grains** • white rice, white pasta, commercial – baked goods • refined flour cereals sweetened w/white sugar, corn syrup etc.	• 100% whole grain bread and flours • organic, whole grain cereal with natural sweeteners	• soaked, cooked whole grains

PROCESSED FOOD PRODUCTS	TRANSITIONAL FOODS	WHOLE FOODS
Starchy Vegetables • instant potatoes, canned vegetables w/preservatives, frozen dinners, French fries, creamed corn	• real potatoes, frozen vegetables	• organic and locally grown root vegetables in season
Non-starchy Vegetables • no vegetables, TV dinners, canned vegetables w/preservatives	• frozen vegetables w/vegetable ingredients only, fresh precut vegetables	• fresh, organic and locally grown vegetables in season
FATS • margarine, Crisco, Mazola oil – any hydrogenated fat • any fat brought to very high temperatures (fried) or heat-extracted oils • virtually all commercial oils	• plain vegetable oils	• monounsaturated or saturated fats for cooking (butter, pure lard) • cold-pressed, polyunsaturated oils for salad or flavour drizzle • unrefined oils, coconut



Note: The illustration "Healthy Eating Plate" is Harvard Medical School's best advice on nutrition as of June 2017. They certify that it has not been influenced by government agricultural policies or the food industry. For more detailed information visit *https://www.health.harvard.edu/staying-healthy/healthy-eating-plate*.

In addition to the whole foods transition table and the Healthy Eating Plate, I would like to emphasize the following three messages taken from numerous other research sources:

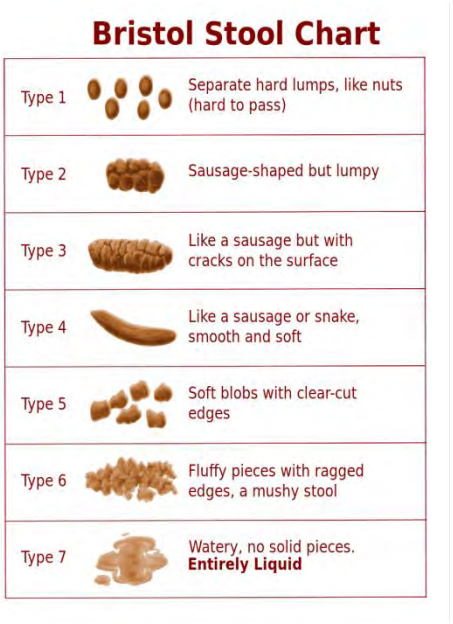
- avoid commercially produced red meats entirely;
- eat only free range organic poultry and eggs;
- avoid cow's milk dairy products such as milk, cheese and yogurts, use organic cashew, coconut and almond products and water buffalo cheese as healthy alternatives.

Step Four: Identification and treatment of specific problems:

Problem: Constipation

Unresolved constipation often leads to: challenging behavior, pain, anxiety, hormone dysfunction, nutrient deficiencies, self-stimulating behaviours.

Possibly no other symptom is more indicative of the individual's pain, discomfort and health risks than the quality of their BM/stools. The Bristol Stool Chart shows a continuum of stool health. If stools are not generally Type 3 and Type 4 and daily (as a minimum) the individual must be referred to a qualified bowel management specialist to treat their condition holistically. (i.e. nutrition, supplements and pharmacological treatments as required.



Cost of unresolved problems which often lead to challenging behaviours:

Constipation must be corrected; otherwise, it can result in maladaptive behaviours in response to:

- physical discomfort from retained stool, gas and bloating;
- urinary frequency and incontinence from the stool pressing on the bladder;
- inadequate excretion of behavior-producing toxins;
- worsened reflux symptoms.

Bowel ballooning and loss of bowel peristalsis is a significant part of the constipation problem.

Recommendations:

1. Strict adherence to nutritious diet.
2. Eliminate dairy products as per nutrition plan.
3. 4-5 teaspoons of hemp hearts per day.
4. 4-5 teaspoons of chia seeds per day.
5. Proper hydration: 4-6 glasses of water per day.
6. Adequate fibre, e.g. flaxseeds.
7. As a minimum, test for magnesium and vitamin C deficiencies.
8. If stools are yellow or gritty/sandy, check taurine (essential amino acid). If constipation continues, refer to a medical doctor to check for (i.e. x-ray) impacted bowel. Supplementing a pharmacological laxative regime with the steps outlined above is generally an essential part of the protocol.

The following problems are best addressed by the primary care physician, registered nutritionists and/or naturopathic doctor.

Problem: Yeast Infections:

Clinical signs:

- rashes
- eczema
- bad smell
- itchy: perianal, genital or generalized
- redness: perianal, paravaginal
- abdominal bloating
- increased in flatulence
- constipation or diarrhea
- change in smell of stool (yeasty, bready, foul or sweet)
- tip of penis white in colour

Cost of Unresolved Problems associated with yeast infections:

- demanding behaviour
- non-compliance
- aggression, excessive emotion, frequent crying
- repetitive behaviours
- overuse of hands
- chewing on everything, grinding teeth
- night waking
- giddiness, silliness
- loss of energy
- brain fog, seeming out of it
- craving for bread and sweets
- hyperactivity
- jumping, rolling excessively, climbing all the time
- standing on head or hanging upside down a lot

Other GI, Bowel and Digestion Problems

1. **brain inflammation**
2. **excessive cortisol from stress**
3. **glutamate**
4. **non-celiac gluten sensitivity (NCGS)**
5. **enzyme imbalance**
6. **PPA (bacteria overgrowth)**

Cost of unresolved other GI, Bowel and Digestion problems:

- pain, anxiety, immune dysfunction
- compromised immune system, digestion, and neurotransmitter production
- anxiety from sensory processing problems
- brain inflammation
- socialization problems, repetitive behaviours
- nutrient deficiencies, digestive problems
- poor glutathione production

Recommendations for treatment: (with naturopathic doctor, registered nutritional specialist and primary-care physician)

- FODMAP diet (restriction of many forms of carbohydrates)
- methyl B12 and folate (B9) supplements to keep mitochondria (the cells' engine) tuned up to drive methylation (the cells' production process). This is extremely important!
- N-Acetyl Cysteine (NAC)—a study at Stanford University 2013, showed that NAC reduced irritation in individuals with Autism by 82%; milk thistle, selenium to enhance glutathione levels;
- increase intake for vitamins D, E, & C or supplements;
- neurotransmitters, e.g. GABA, and serotonin;
- increase intake for zinc, chromium (to balance copper) or supplements;
- use of probiotics: a healthy gastrointestinal tract maintains a healthy colony of flora and prevents overgrowth of harmful pathogens and yeast–all essential for emotional and behavioural self-regulatory capacity. A recommended daily dose of a multi live-strain probiotic is 20-50 billion colony forming units (CFU) e.g. Ultra Flora Plus DF by Metagenics. While probiotics do not re-colonize the gut, they are a critical element to maintain a healthy colony.

GI, Bowel and Digestion Conclusions:

1. Continued GI, bowel and digestive problems will **100%** ensure ongoing risk for anxiety, anger and aggression.

2. GI, bowel and digestive health will likely need ongoing effective support, not unlike diabetes. This is not a quick fix but a deep fix.

3. GI, bowel and digestive health will impact all other important parts of the individual's well-being and quality of life, e.g. impulse control, emotional self-regulation, communications and socialization. Ideally recruit a GP who is qualified and willing to consult with GI specialists if necessary.

4. A member of the support team must manage these vital needs as their number-one priority.

5. The team must have zero tolerance for making conditions worse.

Could Gut Microbes Have a Mind of Their Own? Apparently…

- Parasites living inside fish eyeballs control the fish's behaviour. When the parasite is young it helps its host to stay safe from predators. But once the parasite matures, it does everything it can to get that fish eaten (for example, by a bird) and so continue its life cycle in another host.
- Ants dying from particular gut bacteria climb to the top of trees where birds eat them. This guarantees a new healthy host for the bacteria.
- Cattle suffering from a certain disease, foam at the mouth and leave their foam on food (hay) that is then consumed by other cattle to guarantee the bacteria a new healthy host.
- Dogs that get rabies eventually foam at the mouth, giving their pathogen a chance to be transferred to a new healthy host.
- PPA taken from the stools of persons ASD, when fed to healthy pregnant rodents caused delivery of pups with many symptoms of ASD.

Problem: Immune System

> ***"Genes put a child at risk of Autism, but environmental factors are often required to turn that risk into an illness. Many of these factors turn on the child's immune system, causing it to release antibodies and produce chronic inflammation that affects the brain. Many children with Autism have immune system abnormalities and over-reactive immune systems."***
>
> Norman Doidge, *The Brain's Way of Healing*

The immune system of people supported is more vulnerable than that of neurotypical individuals. It may be over- or under-responsive compared to others. The main job of this system is to defend against infections; this defense requires a series of complex intercommunications among immune

cells and all organs, including the brain. Some of the problems encountered with the immune system directly affect quality of life and increase the risks of challenging behaviours.

Indicators of immune system problems include:

- hypersensitivity: overreaction to innocuous foreign material, out of proportion to potential damage (as seen in allergic responses);
- imbalanced reactions: decreased response to potentially dangerous infections and overreaction to things that may not be harmful;
- autoimmunity: an inappropriate reaction to one's own cells or tissues;
- inflammation: too vigorous an attack against invaders with bystander damage to normal tissue.

Recommendations:

A qualified MD or ND should prescribe treatment. Numerous reliable tests for immune deficiency, allergies and autoimmunity problems are available from medical and naturopathic doctors.

Potential treatments to strengthen the immune system are:

- probiotics, which can modulate abnormal intestinal immune responses;
- treating triggers of inflammation such as allergies, intestinal bacterial imbalance, low glutathione, yeast overgrowth, and toxins;
- nutritional supplementation, such as NAC; probiotics; vitamins A, D, and C; zinc; omega-3 fatty acids; quercetin; and curcumin;
- calming reduces production of toxins such as excessive cortisol which is produced as a result of anxiety. Cortisol can deplete the body of vital amino acids that are required to build and maintain a healthy immune system.

"If you look at the hard neuroscience that has emerged in the last year alone, all the fundamental processes that neuroscientists have spent their lives working on are now shown to be regulated by microbes."

(John Cryan (2016), Neuroscientist, University College Cork, Ireland)

Reference List for Need #2:

Arranga,Terri, Claire I. Viadro, & Lauren Underwood. 2012. *Bugs, Bowels and Behaviour*.

Bock, Ken & Cameron Stauth. 2007. *Healing the New Childhood Epidemic*.

Gottschall. Elaine. 1994. *Breaking the vicious cycle*: *Intestinal health through diet with the specific carbohydrate diet* (SCD).

Hamlin, Theresa. 2015. *Autism and the Stress Effect*.

Herbert, Martha & Weintraub, Karen. 2013. *The Autism Effect*.

Laake, Dana Godbout & Compart, Pamela. 2016. *Autism Nutritional Supplement Handbook*.

Perimutter, David & Loberg, Kristin. 2013. *Grain Brain.*

The Center for Discovery. thecenterfordiscovery.org

Dental and Oral Functional Issues in Persons with Intellectual Delay

Michael J. Sigal and Alison V. Sigal

The following information has been created or edited for this text in collaboration with the organization Oral Health/Total Health, a reflection of their absolute commitment to this neglected area of health care. I have included their complete list of references.

Dental and oral issues are often overlooked or missed because dental health may not be considered a key part of one's overall general health and well-being. However, anyone who has experienced a toothache knows all too well that dental disease can result in significant pain and suffering which will affect your quality of life.

Persons with special needs, including those with intellectual delay, suffer more oral diseases such as cavities, abscesses and gum disease than the general public, all of which can be painful (1,2,3,4,5,6). Dental decay in children is the **most common** chronic infectious childhood disease in America (7). The ability to feel pain is very important because it warns us of possible dangers and motivates us to escape or avoid the source of the pain, which if not removed may lead to more serious damage. Pain motivates us to seek help in a timely manner (8).

Unfortunately, persons with intellectual disabilities may lack the ability to communicate verbally and therefore cannot self-report their pain. Changes in their behaviour such as anger, aggression towards others or themselves, increased anxiety, alterations in their eating, sleeping and other daily activities may be due to pain. They may look pale and tired with dull eyes. Something is bothering them, and this is frustrating. Caregivers must be able to identify and interpret these non-verbal behaviors as possible indicators of pain. The challenge then is to determine the source of the pain (8,9,10,11,12).

Don't forget the mouth in this assessment: look in the mouth and lift the lips to get a good look at the teeth and supporting soft tissues. If you see holes in teeth (cavities), broken teeth, badly discoloured teeth, inflamed red gums, swellings that look like boils (abscess) or ulcers (cuts) anywhere in the mouth you should arrange for them to see a dentist. All of these conditions can be very painful and can all be treated! Once the oral-dental pain is relieved the person's behavior and temperament should return to normal. The common dental diseases (cavities and gum disease) are preventable! This is the rationale behind the goal for all infants to have their first dental visit/screening before the age of one year. In order to identify any dental oral conditions that could result in pain or infection but more importantly to establish a sound, life-long preventive dental plan including tooth brushing with a fluoride-containing toothpaste, proper diet, dental trauma prevention (mouth guards and helmets) and regular dental visits. Preventing dental disease from developing in persons with intellectual delay should be the goal (13).

In addition to the common dental diseases, persons with intellectual delay can also present with functional disorders affecting their chewing, swallowing and breathing all of which can have serious consequences for their health and behavior. The functions noted above will affect the growth and form of the head and neck, and if not treated can result in more serious behavioral problems such as aggression, hyperactivity or withdrawal or health problems such as sleep apnea.

Infants who have problems with breastfeeding or were bottle fed and may have utilized pacifiers and then transitioned to a soft baby-food diet and sippy cups most likely will be mouth breathers with a poor lip seal (lips apart at rest and sleep), have a narrower upper jaw, experience difficulty with swallowing and may drool. All of which will result in these children being sleep deprived, which can then cause their attention or behavior to become worse. Ultimately, they will develop chronic sleep apnea, which will affect their quality of life (14,15). Unfortunately, many of these signs and symptoms can be found in older individuals and adults unaware of the consequences of their restricted airway or mouth breathing tendencies. For persons with special needs, many of these signs and symptoms can exacerbate their ability to function in day-to-day activities. Fortunately, if the functional airway issues are corrected then with increased sleep and rest their overall growth, development and function can be optimized. This further applies to addressing and improving breathing, swallowing, and sleeping in the adult population.

As with the other dental diseases, early identification and appropriate management and prevention are the way to go. All infants should be assessed shortly after birth to assess them for tongue-tie and to ensure that they are being breastfed. If they are feeding and suckling properly this will promote normal development of the upper jaw and nasal airway, which is located directly above it. In addition, the caregivers should be instructed not to use a pacifier or sippy cup, and, when the time comes, to introduce solid foods to encourage chewing which will promote normal oral and facial development. The focus is on the development and maintenance of a normal airway with normal nasal breathing (16,17).

It should be emphasized, however, that although early identification and management is best practice, the same examinations should be conducted on adults (i.e. assessing tongue restriction, tongue range of motion, breathing, etc.) as with appropriate diagnosis and therapy much improvement could still be gained. Physical signs that the person with intellectual delay may have an oral functional problem are: tooth grinding and clenching, lips apart at rest, an anterior open bite (space between upper and lower front teeth when mouth is closed with back teeth in contact), drooling, snoring, head flexed forward (poor posture—ear lobe is in front of the center of their shoulder when assessing from the side), chronic nasal congestion, allergies, facial grimacing with swallowing, speech problems and facial/jaw pain. In addition, they may present with behavioural issues such as hyperactivity, short attention span, aggressiveness, anger, withdrawal and/or depression.

If any of these signs are present the person with intellectual delay should be referred for oral myofunctional therapy (OMT) for assessment and management. The goals of therapy will be to eliminate any oral habits to restore lip seal, nasal breathing with correct tongue position at rest

with proper chewing and swallowing. For individuals who are still growing, optimizing the normal growth and development of their airway with appropriate early assessment and treatment will maximize their potential for their personal growth and development (18,19,20).

To reiterate, dental and functional oral issues should be assessed in infancy for all individuals. Preventive and interceptive therapies can be put into place to prevent dental disease and to optimize normal oral facial growth and development, which in turn will allow the person with intellectual delay to reach their full potential. If not addressed, dental and functional oral issues may be responsible for behavioural and adaptive problems seen in persons with intellectual disability.

What can happen if the oral/dental issues are ignored? Oral pain from dental disease can have serious effects including lack of sleep, poor growth, and learning and behavioural problems. This can affect the individual's socialization, communication, self-esteem and acceptance. Dental problems and their management are also associated with significant lost time from school or work (21,22,23,24,25). Dental disease may also be associated with increased risk for cardiovascular disease, severe respiratory disease (pneumonia), poor diabetic control, low birth weight and pre-term delivery (26,27). Aspiration pneumonia most notably occurs when an individual inhales bacteria that have formed in their mouth for over 48 hours (indicating a lack of sufficient daily oral hygiene care). These increased risks for general diseases, pose even greater health risks with catastrophic outcomes for this high-risk population. Furthermore, untreated dental caries can lead to severe infections with serious consequences such as brain abscess and death (28,29). If the airway, breathing and swallowing issues are not addressed this may result in a greater risk for developmental and respiratory disturbances with the possible development of sleep apnea. Sleep apnea can result in chronic fatigue with an impact on overall growth and development, heart health with an increased risk for high blood pressure and heart attack, the development of diabetes and liver disease (30).

The early identification and management of oral/dental issues in those with special needs such as intellectual delay will maximize their natural potential for their normal growth and development and improve their daily quality of life—consistent with the saying, "an ounce of prevention is worth a pound of cure".

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

As a caregiver, family member or staff member you have the ability to help ensure that persons with special needs are able to attain a state of good oral health with optimized function. We ask that you do your best to provide daily oral hygiene practices to all individuals in your care.

If you observe any of the following signs that an individual is in pain and the cause may be related to oral health, please have the individual seen by a professional for assessment.

1. Have you noticed any changes in their eating and/or drinking?
2. Have you noticed any changes in their behaviour - more aggressive to themselves or others, more excited or more withdrawn?

3. Have you noticed any changes in their sleeping pattern?
4. Have you noticed an increase in teeth grinding, clenching or drooling?
5. Are they recently avoiding daily oral care?
6. Have you noticed any facial swelling or redness on one side, possibly accompanied by a fever?
7. Are their lips apart at rest? Do they snore at night?
8. Do they have really bad breath?
9. Look in the mouth: red, inflamed gums that bleed easily, broken teeth, holes in teeth, or pimples, boils, or swellings on the gums?
10. Do you suspect there is a need for medications such as PRN medications for pain or behaviour?

Author's Note:

As a last resort consider exploring (with the primary care physician) a three-to-five-day trial with a pain medication, e.g. Tylenol with codeine. If during this trial, behaviour returns to normal, the individual may well have pain from some unknown source and a referral to a dentist should be made as soon as possible.

* *Oral Health, Total Health* (OHTH) is a Federal Non-Profit Organization, dedicated to addressing the lack of access to oral health care issues which face persons who have special needs. *OHTH* works in affiliation with many associations and organizations in order to educate, advocate and improve the oral health care of persons who have special needs.

OHTH
Oral Health, Total Health

Website: www.ohth.ca

References

1. National Institute of Dental and Craniofacial Research, Oral health in America: A report of the Surgeon General. (2000). Rockville, Md.: U.W. Public Health Services, Department of Health and Human Services.
2. Henequen, M., Faulks, D., Roux D. (2000). Accuracy of estimation of dental treatment need in special care patients. *Journal of Dentistry*, 28:131-136.
3. Newacheck, P.W., McManus, M., Fox, H. B, et al. (2000). Access to health care for children with special health care needs. *Pediatrics*, 105: 760– 766.
4. Cumella, S., Ransford, N., Lyons, J. et al. (2000). Needs for oral care among people with intellectual disability not in contact with community dental services. *Journal Intellectual Disability Research*, 44: 45–52.
5. Tiller, S., Wilson, K, Gallagher, J. (2001). Oral health status and dental service use of adults with learning disabilities living in residential institutions and in the community. *Community Dental Health*, 18: 167–171.
6. Reid, B.C., Chenette R., & Macek M.D. (2003). Prevalence and predictors of untreated caries and oral pain among Special Olympic athletes. *Special Care Dentistry*, 23 (4), 139-142.

7. U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville: National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000: www.nidcr.nih.gov/Datastatistics/SurgeonGeneral/sgr
8. Bouvy-Berends, E.C.M. & Peters, J.W.B (2007). Assessing pain in children with cognitive impairment in relation to oral health care. *National Congress SIOH*, Milan University: 4-6.
9. Malviya S., Voepel-Lewis T., Trait A.R., Merkel S., Lauer A., Munro H. & Farley, F. (2001). Pain management in children with and without cognitive impairment following spine fusion surgery. *Pediatric anesthesia,* 11: 453-458.
10. Hennequin, M., Faulks, D., Allison, P. J. (2003). Parent's ability to perceive pain experienced by their child with Down syndrome. *Journal of Orofacial Pain,*17:347-353.
11. Hennequin, M., Counil, S., & Feine, J. (1998). Localisation of stimuli and pain latency in Down syndrome individuals. *Journal of Dental Research*, 77, special issue B, 1568.
12. Carter, B., McArthur, E., & Cunliffe, M. (2002). Dealing with uncertainty: parental assessment of pain in their children with profound special needs. *Journal of Advanced Nursing,* 38 (5): 449-457.
13. Pediatric Dentistry Reference Manual (2016). Dental home, Infant care, 38(6): 25-26, 150-154.
14. Paskay, L.C. (2012). Orofacial myofunctional disorders: assessment , prevention and treatment. *J Amer Orthodontic Society* , March – April : 34-40.
15. Bonuck, K., Rao, T., Xu, L. (2012). Pediatric sleep disorders and special educational need at 8 years: a population-based cohort study. *Ped* 130: 1-9. Doi:10.1542/peds.2012-0392.
16. Moeller, J. L. Myofuctional therapy. (2016). www.myofunctional-therapy.com
17. Guilleminault, C., Huseni, S., Lo, L. (2016). A frequent phenotype for paediatric sleep apnea: short lingual frenulum. *European Resp Journal Open Res* 0:00043-2016 DOI: 10.1183/23120541.00043-2016.
18. Paskay, L. (2016). Chewing, biting, clenching, brushing and oral health. *Oral Health* March 1-4.
19. Moeller, J.L., Kaplan, D.G., McKeown, P. (2012). Treating patients with mouth breathing habits: The emerging field of orofacial myofunctional therapy. *Journal of the American Orthodontic Society* March / April 10 – 12.
20. Moeller, J. L., et al.: (2013). Frequently asked questions and answers in the area of orofacial myofunctional therapy. Academy of Orofacial Myofunctional Therapy (AOMT): https://aomtinfo.org
21. Locker, D, Matear, D. Community Health Services Research Unit, Faculty of Dentistry, University of Toronto. Oral disorders, systemic health, well-being and the quality of life: A summary of recent research evidence. 2000. www.utoronto.ca/dentistry/facultyresearch/dri/cdhsru/health_measurement/7.%20%20No%2017.pdf Accessed February 2017.
22. Low, W., Tan S., Schwartz, S. (1999). The effect of severe caries on the quality of life in young children. *Pediatric Dent* , 21(6):325-6.
23. Ayhan H., Suskan, E., Yildirim, S. (1996). The effect of nursing or rampant caries on height, body weight and head circumference. *J Clin Pediatr Dent* , 20(3):209-12.
24. Jackson S. L., Vann W. F. Jr., Kotch, J. B., et al. (2011). Impact of poor oral health on children's school attendance and performance. *Am J Public Health,* 101(10):1900-6.
25. Gift, H.C., Reisine, S.T., Larach, D.C. (1992). The social impact of dental problems and visits. *Am J Public Health* , 82(12):1663-8.
26. Offenbacher, S, Katz, V, Fertik, G, et al. (1996). Periodontal infection as a possible risk factor for preterm low birth weight. *J Periodontol* , 67(10 Suppl):1103-13.
27. Kim, J, Amar, S. (2006). Periodontal disease and systemic conditions: a bidirectional relationship. *Odontology* 94: 10-21.
28. Gavett, G. (2012). When dental care is out of reach. Frontline at PBS.org/wgbh/frontline/article/tragic-results-when-dental-care-is-out-of-reach/
29. Hibberd, C. E., Nguyen, T. (2012). Brain abscess secondary to a dental infection in an 11-yr-old child: case report. *J Can Dent Assoc* 78:c49.
30. Sleep apnea – Mayo Clinic (2015). Diseases and conditions: Sleep Apnea. www.mayoclinic.org/diseases-conditions/sleep-apnea/basics/complications/con-20020286 Accessed February 2017.

Need #3

Emotional Wellness

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

In addition to identifying and successfully addressing all other needs in the hierarchy, emotional wellness will also be dependent on:

- mental and neurological health and disorders treatment, e.g. dual diagnosis (DD);
- trauma desensitization and elimination of triggers and;
- psychological well-being;
- medication side effects;
- ABA behavioural interventions.

Mental and Neurological Health

Mental and neurological health are two of the most critical requirements on the hierarchy of needs. The vast majority of professional services are offered by the primary care physician with psychiatrists and neurologists providing specialized care and consultations.

Typically, individuals with a dual diagnosis and very complex needs appear to receive significantly less specialized services than a neurotypical individual with similar needs. This, of course, is not because of insensitive or uncaring professionals, but rather because of so few psychiatrists specializing in the field of developmental disabilities. This reality places even more responsibility on supporters to chart and collect accurate data in order for the specialist to make the best decisions with such limited time for treatment and follow-up consultations.

The Ontario Centre for Addictions and Mental Health (CAMH) offers an excellent information guide for the screening, assessing and treatment of DD (dual diagnosis). (reference Lunsky and Weiss. (2013). *Dual Diagnosis – An Information*.)

The Ontario Community Networks of Specialized Care also offer a number of applicable consensus guidelines and tools to support effective advocacy (reference www.communitynetworks.ca).

At this time in the history of service for people with a dual diagnosis, the need to strengthen the interface between traditional psychiatric medicine and biomedicine has never been more critical. Unfortunately, in my experience, the case consultations between primary care physicians, psychiatrists, naturopathic doctors, registered nutritionists and other members of the integrated medical team are almost nonexistent.

Neurological assessment and treatment is beyond the scope of CCS. Supporters however, through the primary care physician will ensure that satisfactory neurological specialist services are received. In addition, given the significant influence that environmental stressors and biomedical concerns like brain coherence, human energy balance and

protection, sensory integration and even gastrointestinal health have on neurological well-being, it is critical that these co-occurring conditions be effectively addressed.

As a result of supporters seriously addressing the other critical needs in the hierarchy, the primary care physician (PCP), neurologist and psychiatrist will be able to diagnose a mental health disorder more accurately, i.e. make a dual diagnosis. If we do not address all biomedical needs, mental health and mood disorders can often be hidden or misdiagnosed. Gastrointestinal, immune, neurological and sensory problems can all cause symptoms and behaviours, especially anxiety, anger and aggression, which can be mistaken for things like clinical anxiety disorders or depression.

If the mental health symptoms of the person supported are the result of a biological failure, psychotropic medication, including calming medications, will not eliminate the root cause but will serve only, at best, to manage the symptoms. This response also adds the unnecessary risk of serious side effects from medications such as anti-psychotics that compromise GI and bowel health.

While the person supported, with the advocacy of their supporters, should always report all abnormal symptoms to the primary care physician, it is also usually advisable to simultaneously encourage the services of other relevant comprehensive community professionals (e.g. naturopathic doctors, nutritionists and sensory integration specialists).

In an ideal world, mental health professionals, medical practitioners, naturopathic doctors, sensory integration specialists and other community professionals would work as a team to ensure an accurate diagnosis and comprehensive treatment plan. While this objective is one of the primary outcomes of CCS, seldom will the supporter encounter community professional treatment teams having regular joint case conferences except in the case of well-informed and committed professionals. It is therefore critical for the family and support professional to facilitate collaborations.

All comprehensive treatment variables must be included in the screening and support plan. Potential mental health complications number in the dozens: including ADHD, obsessive compulsive disorder (having constant thoughts and fears that cause ritual and excessive routines), depressions, bipolar disorder, social anxiety disorder, post-traumatic-stress disorder, psychotic disorders (e.g. delusions and hallucinations), and paranoid personality disorder.

Supporter's Optimal Solutions - Mental Health Promotion and Treatment

- Once the supporter has facilitated a comprehensive assessment and treatment plan with appropriate community professionals, they will follow the mental health treatment plan prescribed by the PCP or mental health professional. This will include as a minimum: administering and recording all prescribed medications in accordance with dosage levels, times and specific directions etc.…;

- Closely monitor and track changes in symptoms and behaviour (see instrument below);
- Continue to engage all relevant community professionals and follow directions.

Emotional-Wellness Symptoms Tracking Tool

There is a high prevalence of mental health and mood disorders in people with developmental disabilities. The following emotional-wellness symptoms tracking record can be used to collect basic data to help the PCP or psychiatrist to accurately assess and treat mental health disorders, trauma/PTSD and compromised psychological well-being.

The tool below is specifically provided to help support professionals screen for the possible need for treatment of anxiety and depression. This is one of the most common mental health and mood disorders.

In order to complete the screening tool, track observations over one week. Each day give a rating that represents an average of your observations for the day. Use a scale of 1-10 as indicated on the tool. At the end of the week take an average of the daily scores and note indicators that seem abnormal. Report any observations to the PCP that appear abnormal. Several of these weekly observations over a period of time may suggest need for treatment.

MENTAL HEALTH SYMPTOMS TRACKING TOOL

WEEK OF _____ **NAME:_____**

SYMPTOMS	very abnormal = 1						very normal = 10	
	MON	**TUE**	**WED**	**THU**	**FRI**	**SAT**	**SUN**	**Avg.**
sleeping patterns								
weight gain or loss								
concentration								
energy level								
decision making								
fatigue								

	MON	TUE	WED	THU	FRI	SAT	SUN	Avg.
tearfulness								
interest in daily activities								
sense of being overwhelmed								
patience								
worry								
expressions of fear								
interest in work								
interest in socializing								
expressions of shame								
anger								
aggression								
judgmental behaviour								
expressions of guilt								
sadness								
satisfaction with life								
REQUIRED ACTIONS: **poor compliance = 1** **complete compliance = 10**								
taking prescribed meds								
exercise regime								
recommended diet								
working with “filters”								
acts of service or kindness								
energy balancing								
COMMENTS:								

OCD and Mindfulness

Obsessive Compulsive Disorder compromises many lives of people supported and limits their potential to live a fulfilling life. For most people supported it appears that one of the main causes is over-connectivity of brain circuits in the part of the brain known as the orbital frontal cortex. In 1999 a research team led by Dr. J. Swartz proved that mindfulness could be as good as or even better than the best medications for OCD (which reduced symptoms by 50% or better).

Autism and ADHD Co-occuring Conditions

Attention Deficient Hyper Disorder (ADHD) is a chronic condition that includes persistent inattention, hyper activity, impulsivity. Estimates suggest that two thirds of people with ADHD show features of ASD (Davison and Kollins, 2012) and 30 – 50% of people with ASD manifest ADHD. It has been the CCS experience that less than half of people with ASD are treated for ADHD.

Trauma and PTSD

The prevalence of PTSD in people supported is most alarming. Given many relevant findings and studies there is a reasonable probability that PTSD at a level sufficient to cause maladaptive behaviours affects one out of every two to three people supported. PTSD symptoms, when triggered, cause anxiety or even panic. PTSD may have been caused by real abuse or neglect, perceived abuse or neglect, or even anxiety resulting from frequently feeling out of control. The person supported cannot sustain calm as effectively as neurotypical people and also experience panic attacks with people or in places that others would not find stressful. Even though the trauma is from the past, the individual's brain keeps giving messages that elicit fear and helplessness.

The person supported can explode at the smallest sign of something that reminds him or her of the past or activates complex brain circuits made hyperactive by traumatizing events. It is therefore important to have clear strategies to intervene. When, for example, a scream or yell from a nearby person triggers anxiety or panic, the supporter needs to consider implementing one of the BB-ABC protocols (reference Need #1). Using this approach will allow the supporter to restore relative calm to the traumatized ASD/DD individual.

Causes of PTSD in People Supported

For neurotypical individuals most trauma results from neglect and abuse. While people supported can often develop these painful symptoms for the same and different reasons, it is important to take note of the prevalence of abuse among these individuals. Consider the following facts:

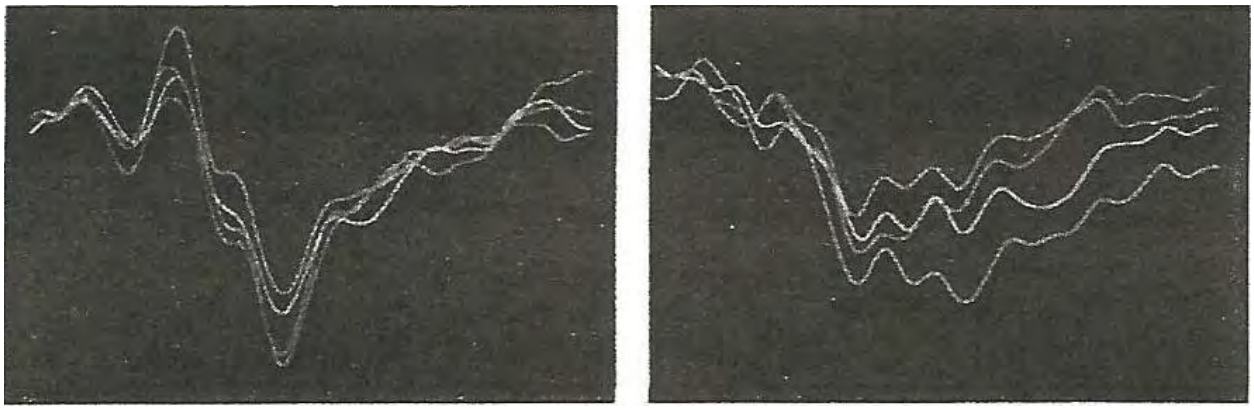
- "It is estimated that children with developmental disabilities are more than twice as likely to be physically or sexually abused as their typically-abled peers" (Petersilia, J., 2001).
- When looking at just sexual abuse, Sullivan and Knutson (2000) report children with intellectual disabilities (from 55,000 studied) are three to four times more likely to experience sexual abuse before age 18 than children in the general population.
- And, when looking just at the childhood years, people supported are five times more likely to be abused than neurotypical individuals (Monsell and Sobsey, 2001).

These documented situations of abuse can cause PTSD, but in addition, people supported can develop PTSD for reasons that are significantly different from those reported for the neurotypical population. Among these causes are:

- sensory irregularities causing feelings of being overwhelmed;
- isolation and lack of socializing;
- cognitive inability to comprehend and assess the safety of many normally stressful situations;
- normal levels of shouting and criticism;
- exclusion, boredom and being bullied.

Whatever the cause, it is absolutely essential to recognize that the behaviours related to PTSD in people supported are related to unmet needs, and are not simply task avoidance, attention seeking or desire for power and control.

Brain Characteristics of PTSD



(Image reproduced from van der Kolk, B., 2014*)*

The images above compare a normal brain (left) and a PTSD brain (right). Normally all regions of the brain collaborate in a synchronized pattern (left), while the brainwaves in PTSD (right) are less well-coordinated. The brain has trouble filtering out irrelevant information and has problems attending to the stimulus at hand. This causes anxiety that leads to anger and aggression, especially if brain waves are destabilized through an inadvertent triggering of PTSD symptoms. In *The Body Keeps The Score*, Bessel van der Kolk (2014) notes, "Trauma results in a fundamental reorganization of the way the mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think." Van der Kolk's research proves that trauma/PTSD actually changes the hard wiring of the body and brain.

Trauma research also suggests we have to change our treatment strategies for those who have experienced trauma. Van der Kolk says,

> "We have discovered that helping victims of trauma find the words to describe what has happened to them is meaningful, but usually is not enough. The act of telling the story doesn't alter the automatic physical and hormonal responses of the body that remains hyper-vigilant as it prepares to be assaulted or violated at any time."

Long-lasting Effects of Trauma

Trauma from years ago can still cause problems even when present conditions are generally safe and supportive. Understanding the development of the brain helps with understanding this phenomenon. The brain develops from the bottom up in three separate systems:

1. The brainstem, reptilian **lower** animal brain develops in the womb and organizes basic life-sustaining functions like breathing, digesting, and excreting. It is highly responsive to threat throughout one's lifetime.

2. The limbic, **middle** emotional brain is organized mainly during the first six years of life but continues to get "programmed" by, for example, traumatic situations.

3. The prefrontal cortex, **upper** thinking brain develops last and also is affected by exposure to trauma and remains vulnerable throughout life to going off-line in response to threats.

In any situation of threat, the intense reaction of the limbic brain begins with the amygdala, the gate keeper to the limbic (middle) brain. It assesses the threat level twice every second. In a brain that has not been traumatized, an objective assessment of the threat is made. If, for example, a person in authority yells at someone, the threat may be perceived as controllable and containable. In that case the upper brain remains activated, and the threat is managed through withdrawal, a power struggle, or social and intelligent engagement.

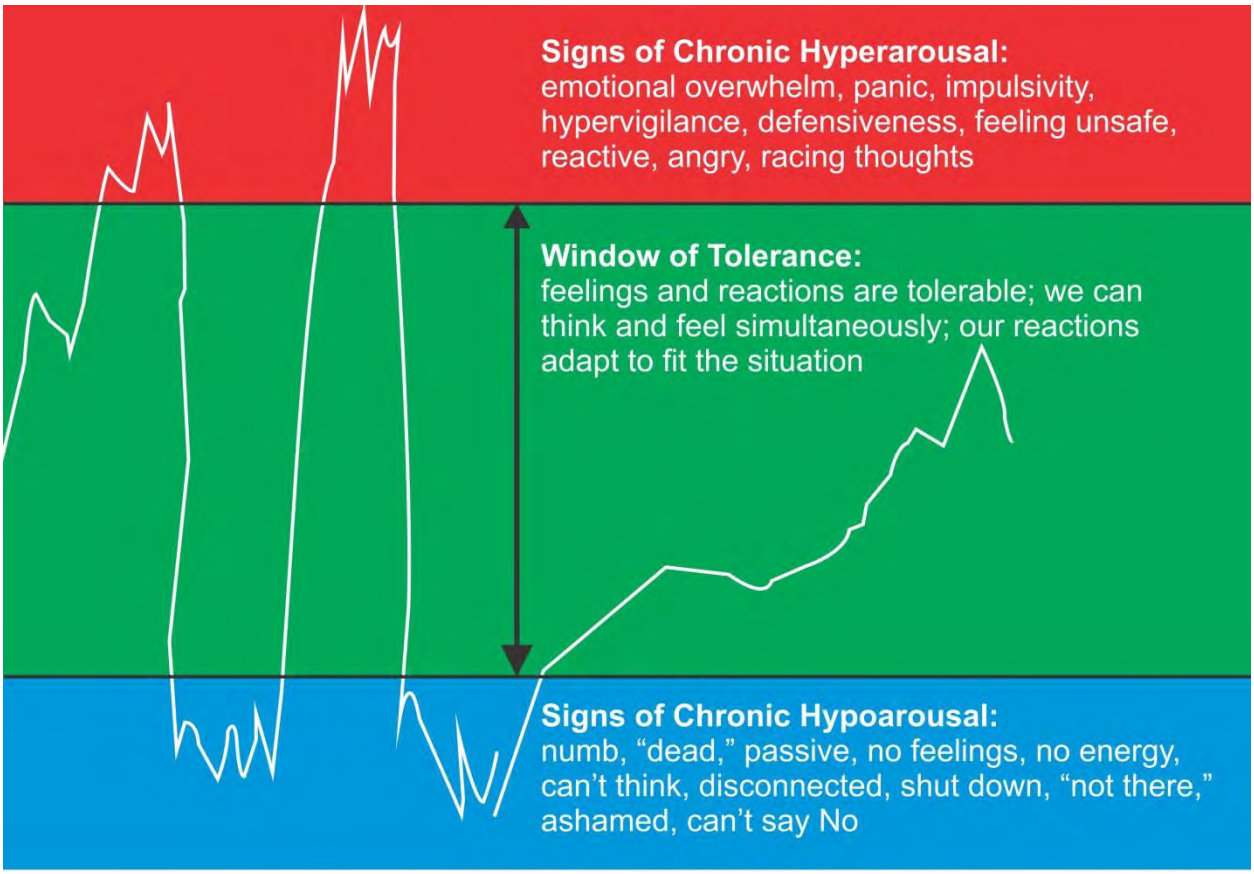
The pattern is markedly different for the traumatized brain. A traumatized emotional (limbic) brain, when exposed to virtually any person, situation, sound, sight, touch or anything else that reminds it of a past threat, however long ago, however real or unreal, will (unless the individual

is mindful) almost always turn off the prefrontal cortex and take the thinking upper brain off-line and react with the intensity learned during the historical experience of threat. Even if the present threat is relatively mild, the middle brain recognizes the same triggers as in the past experience. With the thinking brain off-line, the limbic brain decides how best to fight or flee. If neither is possible, the brain tries to preserve its life by shutting down the middle brain, therefore expending as little energy as possible. Total shutdown and withdrawal results and the reptilian brain takes over.

Emotional Response to Re-Traumatization

The following illustration describes the potential emotional response when the person supported becomes re-traumatized from an inadvertent trigger. The trigger could be part of an ordinary day – a person yelling or a dish smashing in the kitchen, but the effect will be dramatic.

The centre portion (green) of the illustration represents the "window of tolerance." This window represents a state of mind in which feelings and reactions are tolerable. Persons in their window of tolerance can think and feel simultaneously and adapt to situations at hand. The sections above or below of the window of tolerance represent hyper-arousal (red) and hypo-arousal (blue). When hyper- or hypo-arousal is activated the window of tolerance closes (becomes smaller and smaller) as the nervous system remains prepared for danger (Ogden, Minton & Pain, 2006).



Trauma Closes The Window of Tolerance

Dr. Bessel van der Kolk (2014) describes the closed window of tolerance as follows:

> Traumatized people live with seemingly unbearable sensations. A traumatized person feels heartbroken and suffers from intolerable sensations in the pit of the stomach or tightness in the chest. Even though the trauma is a thing of the past, the emotional brain keeps generating sensations that make the sufferer feel scared and helpless. Traumatized people are often afraid of feeling and avoid feeling these sensations in their bodies. Sadly this avoidance increases their vulnerability and the likelihood of being overwhelmed by the feelings. Their own physical sensations are now the enemy. Apprehension about being hijacked by uncomfortable sensations keeps the body frozen and the mind shut. It is not surprising that so many trauma survivors are compulsive eaters and drinkers, prone to anger or aggression or avoidance of many social activities. Their sensory world, so painful and debilitating, is largely off limits.

Trauma Recovery Through Mindfulness

What traumatized persons lose is the body awareness which could put them in touch with their inner worlds. When people are able to pay focused attention to bodily sensations, they are led to recognize the ebb and flow of emotions and therefore increase their control over

those emotions. Recognizing annoyance, nervousness, or anxiety helps a person shift perspective and find options other than automatic, habitual reactions. Mindfulness (reference Part Two), through its emphasis on body awareness, puts us in touch with the transitory nature of our feelings and perceptions. Practicing mindfulness is an essential part of recovery for traumatized people with ASD/DD, who need to connect with their emotions through enhanced bodily awareness (Bessel van der Kolk, 2015).

Supporter's Optimal Solutions – Trauma Desensitization and Elimination of Triggers

Mindfulness, of course, is also essential for supporters. Fear begets fear, calm begets calm. Supporters must mindfully catch and calm themselves to avoid the influence of fearful emotional contagion on the person-supported. They can:

- reduce or eliminate the person's environmental triggers such as overwhelming stressors, people, places, situations etc. until coping skills are adequate;
- interact calmly. Gestures of power such as yelling often creates fear in the person supported that then can result in challenging behaviours or withdrawal;
- provide cardio exercise such as time on a mini-trampoline or platform swing;
- introduce bi-lateral, bio-meridian awareness-based calming (BB-ABC) tools (reference Need #1): use as often as possible;
- be intentional with positive emotions. Use body, eyes, smile, voice to induce positive emotions;
- make sense of the senses by encouraging prescribed sensory-integration exercises. By connecting with the senses the individual can regain a sense of calm;
- engage professionals as necessary. Include PTSD specialists such as EMDR therapists and neuro-feedback coaches.

Psychological Well-being

Supporters must remember that the person supported is a whole person. Beyond mental health disorders and trauma treatment, family and support professionals must communicate and relate in ways that complement the person's preferred communications style, social inclusion preferences and psychological predispositions, (e.g. filters, reference Part Two, Appendix I).

Support options to assist people supported to outgrow mistaken limiting self-beliefs

People supported, along with everyone else, develop mistaken limiting beliefs while they grow and mature. The following chart identifies some of the most prevalent mistaken beliefs that compromise their quality of life and lead to challenging behaviours. Try implementing any of the suggested support options that seem appropriate for the person whom you are supporting.

Mistaken Beliefs/Filters	***Supporter's Optimal Solutions (align communication with cognitive abilities)***
1. "I feel 'less than' and discouraged."	✓ Offer encouragement, complements and acknowledgements.
2. "I believe that to be happy, I need more stuff: bigger, better, more."	✓ Meet all basic needs. ✓ Give choices with appropriate limits. ✓ Give opportunities and incentives to work for improved quality of life.
3. "I believe that I am not capable."	✓ Give "bigger than expected" responsibilities. ✓ Offer "I believe in you" statements. ✓ Guard against your own need to just do things yourself because it is more efficient, it makes you feel good, and if you do it, it will be done right.
4. "I believe that I am not loveable or even likeable."	✓ Use emotional contagion to influence them with your feelings of love and respect. ✓ As appropriate, touch them often. ✓ Acknowledge their worth. ✓ Catch them being nice to someone.
5. "I feel a lack of sense of belonging."	✓ Offer many opportunities for them to be of help in the "family" or community. ✓ Point out when they are being helpful to someone and acknowledge their contributions.
6. "I can't manage interactions because I get annoyed or discouraged when people are powerful with me."	✓ Communicate with these individuals "feelings to feelings and reasons to reasons".
7. "It isn't fair! It isn't enough! Why not me!" (envy)	✓ At the time of these demands, give a clear signal of caring then walk away – limit talking. ✓ After the incident, make time to discuss this misperception.

Mistaken Beliefs/Filters	*Supporter's Optimal Solutions (align communication with cognitive abilities)*
8. "I am afraid that I'll be criticized or laughed at for making a mistake."	✓ Model acknowledging your own mistakes openly.
9. "I feel like nobody needs me."	✓ Give the individual meaningful responsibilities.
10. "I can't cope when people talk to me in ways that make me feel discouraged."	✓ Listen mindfully and attentively to the individual. ✓ Express how you value the person. ✓ Model "feelings to feelings/reasons to reasons" communication. ✓ Never use belittling language: for example, "Why can't you ever?" "How come you never?" "How many times do I have to tell you?" ✓ Never use power or force of any kind.
11. "I am a helpless victim."	✓ Once they are calm, address each situation by asking them the following questions: "If you were able to do that over, what would you do differently?" "How do you plan to deal with the situation now?"

Medication and Medication Side Effects:

There is inconclusive evidence that antipsychotics are effective in treating the behaviour of developmentally-disabled patients who do not have a mental illness. About 56% of developmentally-disabled group home residents were prescribed antipsychotics. Of those, around 43% had no documented mental health issues. Even for people with developmental disabilities and mental health issues that are commonly treated with antipsychotics, careful monitoring is vital. People with developmental disabilities may be more sensitive to side effects while, at the same time, less capable of articulating to doctors how they are experiencing them.

Researchers with the Centre for Addiction and Mental Health and The Institute for Clinical Evaluative Sciences – August 2017

CAUTION

For all people supported who are taking antidepressants, antipsychotic medications and/or a sedating benzodiazepine (which is the vast majority of individuals with a Behaviour Support Plan), supporters must be extremely vigilant in tracking and reporting side effects such as akathisia and other extrapyramidal symptoms (EPS). Risk of serious anxiety and therefore self-injurious behaviour and aggression can be a chronic side effect of some of the often prescribed medications for people supported (e.g. antipsychotics). How well do you as a supporter know what to look for?

Akathisia is a (painful and emotionally distressing) movement disorder characterized by a feeling of inner restlessness and a compelling need to be in constant motion, as well as by actions such as rocking while standing or sitting, lifting the feet as if marching on the spot, and crossing and uncrossing the legs while sitting. People with akathisia are unable to sit or keep still, and they may fidget, rock from foot to foot, and pace.

Antipsychotics (also known as neuroleptics) are the leading cause of akathisia. When antipsychotic-induced, akathisia is an extrapyramidal side effect. Akathisia is also a symptom of psychosis, bipolar disorder, and agitated depression. Akathisia is a component of the repetitive movements in some cases of autism and intellectual disability. Other known causes include side effects of other medications, and nearly any physical-dependence-inducing drug during drug withdrawal. It is also associated with Parkinson's disease and related syndromes.

However, some people experience akathisia with no external signs, as follows*: "The akathisia affects the sufferer inside, causing feelings of despair, agitation, intense panic and worry, an augur of disaster that feels completely real, and in some cases, the person actually has a physical sensation of pain in the solar plexus area of the body that they claim feels hot to the touch, a burning ache that is unbearable."* High-functioning patients have described the feeling as a sense of inner tension and torment or chemical torture. A term many sufferers use is feeling like they want to "peel off their own skin." Akathisia is linked to suicidal ideation and should be treated. In a psychiatric setting, patients who suffer from neuroleptic-induced akathisia often react by refusing treatment. In addition, patients with Obsessive Compulsive Disorder are extremely susceptible to drug-induced akathisia, and, in a study of OCD patients on SSRIs, they developed severe akathisia after a single dose of the antipsychotic Amisulpride.

When misdiagnosis occurs in neuroleptic-induced akathisia, it is mistaken for primary akathisia and a worsening of the underlying disease. The treatment for many doctors, then, is to raise the dose of the akathisia-causing medication or add another neuroleptic, which often makes the akathisia worse. Doctors prescribe anti-anxiety medication, such as benzodiazepines, which is usually only partly effective in mitigating the anxiety caused by akathisia. However, withdrawal from long-term use of benzodiazepines can also cause akathisia. Neuro-psychologist Dr. Dennis Staker had drug-induced akathisia for two days. His description of his experience was this: "It was the worst feeling I have ever had in my entire life. I wouldn't wish it on my worst enemy." Many patients describe symptoms of neuropathic pain akin to fibromyalgia and restless legs syndrome.

The table below summarizes factors that can induce akathisia, grouped by type, with examples or brief explanations for each:

Category	*Examples*
antipsychotics	haloperidol (Haldol), droperidol, pimozide, trifluoperazine, amisulpride, risperidone, aripiprazole (Abilify), lurasidone (Latuda), ziprasidone (Geodon), and asenapine (Saphris)
SSRIs	fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa)
antidepressants	venlafaxine (Effexor, tricyclics, trazodone (Desyrel, and mirtazapine (Remeron)
drug withdrawal	opioid withdrawal, barbiturates withdrawal, cocaine withdrawal, and benzodiazepine withdrawal
sedatives	benzodiazepine (Ativan, Lorazepam, Clonazepam)
serotonin syndrome	harmful combinations of psychotropic drugs

At least 25% of individuals on these medications (including atypical antipsychotics) have been shown to manifest acute or chronic Extrapyramidal Symptoms (Divac, N. (2014)).

Additional references Re. Antipsychotic effects

http://theconversation.com/antipsychotics-used-to-manage-autism-and-intellectual-disability-behaviour-can-have-serious-side-effects-new-study-90983

ABA Behavioural Interventions

ABA Behavioural Interventions have a key role to play in the emotional well-being of many people supported.

While direct services' implementation of these interventions are beyond the scope of CCS, when applicable it is absolutely essential for support professionals to consult with a behavioural professional to ensure that a fully integrated CCS and behaviour interventions' protocol is established, practised and held to Ontario Quality Assurance Measures when applicable.

There is little research demonstrating the effectiveness of ABA/IBI interventions in Ontario when they are implemented by family and unregulated support professionals (which is true in the majority of cases). It is therefore critical that close supervision by a qualified behavioural professional be practised as often as possible.

Need #4

Brain development, coherence balancing and inflammation regulation

"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.)*

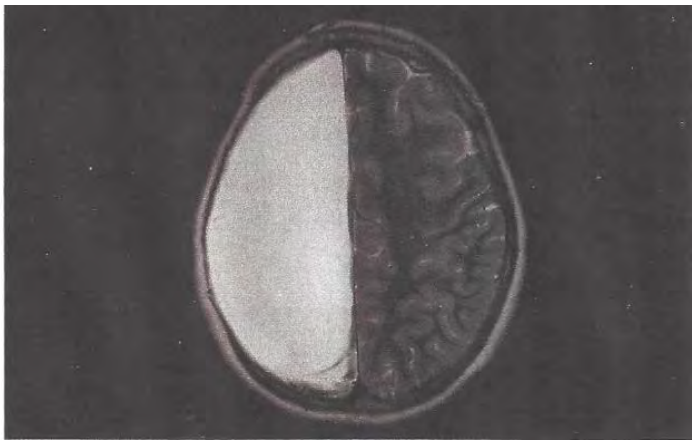
In our discussion of this fourth critical need on the hierarchy of special needs, we offer numerous ways to enhance brain functioning including empathy, cognition and emotional self-regulation. All strategies are proven to be effective by the best current research.

This said, many supporters will start reading this section with heavy skepticism that the brain of people supported can develop beyond behaviour compliance and conforming to directives.

We therefore decided to introduce this area of need with the true story of Cameron Mott, as described by David Eagleman, (Eagleman, D. (2015) *The Brain*, 162-163):

> At the age of four, Cameron began to have violent seizures. The seizures were aggressive: Cameron would suddenly drop to the floor, requiring her to wear a helmet all the time. She was quickly diagnosed with a rare and debilitating disease call Rasmussen's Encephalitis. Her neurologist knew that this form of epilepsy would lead to paralysis and eventually to death – and so they proposed a drastic surgery. In 2007, in an operation that took almost twelve hours, a team of neurosurgeons removed an entire half of Cameron's brain.

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



What would be the long-term effects of removing half her brain? As it turns out, the consequences were surprisingly slight. Cameron is weak on one side of her body, but otherwise she's essentially indistinguishable from other children in her class. She has no problems, understanding language, music, math, stories. She's good in school and she participates in sports.

How could this be possible? It's not that one half of Cameron's brain was simply not needed; instead, the remaining half of Cameron's brain dynamically rewired to take over the missing functions, essentially cramming all the operations into half the brain space. Cameron's recovery, and thousands of other examples, underscore a remarkable ability of the brain: it rewires itself to adjust to the inputs, outputs, and tasks at hand.

CCS invests significant time and energy training supporters to learn how to become more mindful. The reason for this is two-fold.

Over twenty years ago, neuroscientists confirmed beyond any doubt that each human has a part of their brain that is responsible for activation of ***mirror neurons***. Mirror neurons are the most prevalent of all brain cells that are responsible for empathy. Empathy, in great part governs our emotional self-regulation.

Neurological studies (e.g. Siegel, 2007, Brefczynski–Lewis 2006, Lazor 2006, Short 2006) independently found that areas of the brain connected to mirror neuron activation could be fired and wired (i.e. developed) by Mindful Awareness.

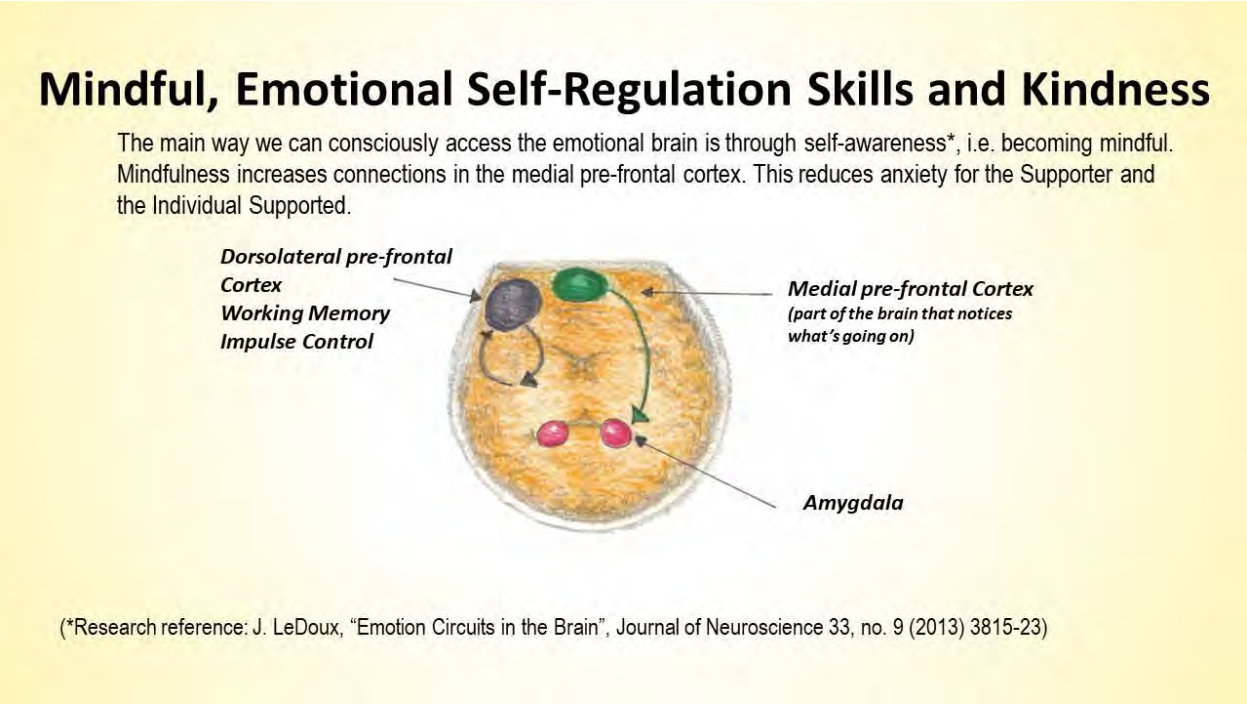
These areas are mainly the insula, superior temporal and medial pre-frontal cortex (MPFC). This system forms the interconnected "resonance circuitry." Each time we become mindful, we fire-up these regions and whatever fires, also gets wired (i.e. grows new neuron cells—neurogenesis) (Siegel, D., (2007). *The Mindful Brain*, 165-190).

> ***"The idea that the brain can change (heal) its own structure and function through thought and activity is, I believe, the most important discovery of the brain since we sketched out its basic anatomy and the workings of its basic components, the neuron."*** (Doidge, Norman. *The Brain That Changes Itself)*

For this reason, CCS invests heavily in mindfulness training to enhance the development of emotional self-regulation in supporters, who in turn will be competent and committed to teach the person supported mindful awareness to enhance their emotional self-regulation.

Studies show that the medial pre-frontal cortex of people supported can be functional but not as readily activated as neurotypical brains. Our goal in this section is to offer strategies to enhance this region's functioning (Dichter, G. 2015).

The following drawing shows the location of the MPFC and describes its nine basic functions.



According to Dr. Daniel Siegel in (2007, 42-43) the following brain, body and being functions correlate with the activity of areas within the medial prefrontal cortex:

- **body regulation**—the emotional brakes and accelerator functions;
- **attuned communication**—the coordination of the input from another person with the activity of one's own (as with mirror neurons);
- **emotional balance**—to have enough brain activation so that life has meaning and vitality but not so much that life becomes chaotic;
- **response flexibility**—the capacity to pause before action;
- **empathy**—knowing what might be going on inside someone else;
- **insight or self-knowing**—awareness and ability to link the past, present and future;
- **fear modulation**—the release of the inhibitory neurotransmitter GABA;
- **intuition**—a neural mechanism by which we process deep ways of knowing via our body, sometimes known as somatic intelligence;
- **morality**—taking into consideration the larger picture, to image what is best for the whole not just one's self, even when alone.

The illustration above also provides a glimpse of how mindfulness regulates one important part of the brain. However, the medial prefrontal cortex (MPFC)—in green—is not naturally activated sufficiently in most people supported. This deficit compromises the individual's ability to self-regulate. **The practice of mindfulness significantly helps them improve activation**.

Much research has been done with respect to this under-active part of the brain. Detailed understanding of the complex wiring and firing of both the neurotypical brain and the autistic brain began with the use of functional MRI. This technology is not perfected, but many findings to date have proven reliable and useful. The illustration is based on MRI evidence and shows links between the MPFC and the amygdala—the twice-a-second watchdog to the emotional brain regions.

If there is an under-active MPFC, anxiety often results. An under-active MPFC means that people supported do not experience the calming of the amygdala that neurotypical people do. Researchers have demonstrated that mindfulness exercises can be beneficial in increasing brain activation and function. As we will discuss in Part Two of this text, mindfulness consists of paying non-judgmental attention to:

- what one is doing or saying at the time;
- awareness that one is "here now" and paying attention;
- how one's body, thinking and feeling senses are reacting to life experiences.

Increasing activation of the MPFC is strongly influenced by exercises that develop these elements of self-awareness. Mindfulness practice decreases amygdala sensitivity and therefore limits the firing of brain regions linked to fight, flight and freeze responses. In other words they encourage calm. The heartening discovery is that the vast majority of people supported can be taught to do mindful movement and other exercises which activate the MPFC, calm the individual and make self-regulation possible.

Consider this practical example of a mindfulness activity and its relation to emotional self-regulation. At Community Living Cambridge, a large organization in Ontario, Canada, eighty to ninety people supported have been gathering for several years on Monday to Friday mornings for thirty minutes of group mindful-movement exercises. They are led by Jonathon Turnball and other CCS graduates. With mindfulness exercises, these participants are learning self-regulation skills through this non-cognitive and non-behavioural experience of emotional self-awareness. This training not only teaches calming skills that can be used at times of stress, but it also develops capacity to eliminate resistance and stress.

Mindfulness to Develop Social, Empathic & Emotional Self-Regulation Skills

If you were looking at someone right now and they put their arm back as if to throw something, several interesting things would be happening in their brain. But maybe even more interesting is what would be happening in your brain.

At this moment millions of very specific neurons fire (mirror neurons) that are associated with that movement and neurons that are anticipating their next move (to throw) also fire.

In your brain, the identical firings are also taking place. It seems that to help our ancestors to survive long ago it was very helpful to know what other folks were up to by observing their actions—whether they were friend or foe.

Mirror neurons actually enable us to perceive and understand other people's emotions. For example, when you see someone start to cry, neurons are activated in you whereby you automatically start to empathize and have concern for the other person. "Because our survival depends on understanding the actions, intentions and emotions of others, we simulate those automatically without logic, thinking or analyzing," says Sandra and Matthew Blakeslee (2008) in their well-researched *The Body Has a Mind of Its Own*. For most (if not all) of our brothers and sisters with ASD/DD, their mirror neuron functions are compromised because they have not been sufficiently activated through appropriate exercises.

The Blakeslees discuss this link between mirror neuron dysfunction and Autism:

> According to numerous studies [see Recommended Reading list below] most individuals with Autism when studied with EEG brain tracking show that their mirror neurons respond mainly to what they do and not to what others do. Researchers go further to say that mirror neurons are not only involved in the execution and observation of movement, but also in higher cognitive processes like language or being able to imitate and learn from others' actions and decode their intentions and empathize with their pain.

These are keys to socialization and interpersonal communications which are typically compromised with most people supported: fortunately, mirror neuron activation and its related benefits can be learned.

Mirror Neuron Development/Activation Skills Enhancement and Therapies (e.g. mindfulness, bio and neurofeedback)

Dr. Daniel J. Siegel is a professor of clinical psychiatry at the UCLA School of Medicine, the Executive Director of the Mindsight Institute, and the author of *The Mindful Brain*. According to Siegel (2006) he states the following about mindfulness and neural firing:

> The basic steps linking consciousness with neural plasticity are as follows: **Where attention goes, neural firing occurs. And where neurons fire, new connections can be made**. In this manner, learning a new way to pay attention within the integration of consciousness enables an open receptive mind.

That, at its core, is what mindfulness-based self-awareness is all about: learning a new way of paying attention to everything going on within you and without you, while concurrently cultivating empathy and insight regarding self and others – which are skill functions of the mirror neuron system.

Supporters' Optimal Solutions for Mirror Neuron Activation

Dr. Siegel, the Blakeslees and many other researchers make a strong case that mindfulness has the potential to develop mirror neuron capacity. The outcomes of the Conscious Care and

Support B-FIT Mindfulness interventions are consistently showing decreased anxiety, anger and aggression and enhanced social interaction and connections in people supported.

Recommended Reading: (complete information in Bibliography)

Blakeslee, Sandra and Matthew. (2008). *The Body Has a Mind of Its Own.*

(News Medical Life Sciences Jan 2015, *Improving the prefrontal cortex activity could help autistic people regulate emotions*, UNC School of Medicine, published in the Journal of Autism Developmental Disorders, Gabriel Dichter, PhD, associate professor of psychiatry and psychology).

Doidge, Norman. (2016). *The Brain's Way of Healing*.

Sequerid, S. & M.Ahmed. (2012). Meditation as a potential therapy for Autism: a review.

Siegel, 2006, The Mindful Brain

Singh, N.N. et al. (2013). Mindfulness-based treatment of aggression in individuals with mild intellectual disabilities.

reference Molecular Psychiatry (2015) 20, 447-453: dol:10. 1038/ 2014-74. *Oxytocin's neurochemical effects in the medial prefrontal cortex underlie recovery of task-specific brain activity in Autism: a randomized controlled trial*).

Society for Neuroscience. (2007, Nov.7). Mirror, mirror in the brain: mirror neurons, self-understanding and Autism research.

Theoret, H. (2005). Autism's fogged-up mirror.

Promoting Motor Function by Exercising the Brain (reference Brain Science 2013, Mar:3 (1) 101-122).

Five Mindfulness Exercises for People Supported

The following exercises are recommended to be added to the daily activities of people supported whom you are supporting. These exercises meet the criteria defined by Dr. Siegel and other researchers to develop emotional self-regulation skills by activating the medial prefrontal cortex and the mirror neuron system.

1. Mindful Movement

This exercise should be practised for ten minutes almost daily so that the skill becomes automatic and neuron development is reinforced:

- You the supporter stand facing the individual you are supporting. Slightly bend your knees and become aware of what you are doing;
- Ask the individual you are coaching to do what you do;
- On their next inhalation, slowly raise your arms to the count of four and encourage the individual to do the same and to pay attention to how it feels (e.g. heavy). Once arms are

parallel to the floor, have the individual-supported label—say "up" out loud (if the individual is verbal). Hold for 10 seconds and stay aware of "heavy;"

- On the exhalation, slowly lower your arms to the count of eight: label "down" and notice how that feels;
- Repeat steps 3 and 4 – five times;
- Now, with arms in the down position, on the next inhalation have the individual tighten their hands and arms to the count of four and notice and label how it feels, e.g. "tight;"
- On the exhalation, have the individual release to the count of eight and ask them to notice and label how it feels, e.g. "release;"
- Repeat steps 6 and 7 – five times;
- Conclude with a statement like "We are thankful, calm and happy." Remind and help the individuals whom you support to do this each morning, and especially if they start to become upset, worried, anxious or angry.

2. Mindful Walking

- Show the person-supported how to mindfully walk (lift and place their feet);
- Slowly lift your left foot and say out loud, "lift;"
- Slowly move your leg (a very short step) forward and say out loud, "move." Notice being slightly off balance;
- Slowly place your left foot down and say out loud, "place." Notice the sensation when the foot is placed;
- Repeat with your right leg;
- Repeat several times;
- Ask the individual to repeat, and (if they are able to talk out loud) have them say with you, "lift, move, place;"
- Remind them to pay attention at each part of the step;
- If they don't communicate verbally, label out loud for them;
- Continue for five to ten minutes.

3. Mindful Breathing

- Ask the person supported to sit down and close their eyes;
- Ask them to pay attention to their breathing as they breathe in through their nose and out through their mouth;
- Have them notice how their stomach goes up and down;
- Have them notice how the air comes and goes in and out through their nose;
- If they are verbal, ask them to say (label) out loud, "up," "down" or "in," "out;"
- If they stop labeling for ten seconds, remind them to label out loud;
- Repeat for three minutes in the beginning; as they develop, extend to ten minutes.

4. Mindful Eating

- Demonstrate mindful eating;

- Ask the person supported to take one bite of food and pay attention to chewing and swallowing;
- As you eat with them, both take one bite of food, put your fork/spoon down and slowly chew your food at least ten times before swallowing;
- After swallowing, pick-up your fork/spoon and repeat five times.

5. Mindful Jumping

- Demonstrate mindful jumping on a rebounder;
- Help the person pay attention to jumping;
- Ask them to label out loud "up" when they jump;
- Ask them to label when you raise your hand (raise it every 15 seconds). If they don't communicate verbally, have them label by blinking (opening and closing) both eyes.

Note: Along with mindfulness exercises to activate the MPFC, the BB-ABC exercises we described earlier for bilateral and biomeridian stimulation significantly increases the person's levels of oxytocin. Oxytocin also grows and develops their MPFC

Brain Wave Energy Levels and Brain Central Coherence (BCC)

The word "coherence" is itself an acronym for its own features; connection, openness, harmony, engagement, receptivity, emergence, noetics, compassion and empathy.

Brain energy levels must be "turned on" to optimal power for effective cognitive functioning, otherwise there is poor cognition, leading to confusion. This confusion can result in extreme anxiety and lead to challenging behaviour. The condition of not having enough energy could be compared to a flashlight with low batteries in need of recharging.

Some brains on the ASD/DD spectrum are often too sluggish; they lack optimal energy. Like many people when they first wake up, these individuals may be low key or even in a bad mood. As a result, they take longer to figure out situations and are easily confused. Depending on the level of confusion and the perceived consequences for not readily understanding a situation, the individual can experience anxiety, fear or even a panic attack. This often leads to aggression for the person supported. Unlike with most neurotypical functioning brains, this mental state will go on for a long time until the brain is stimulated to more balanced operating (see Powering Up BB-ABC With Exercise – next page).

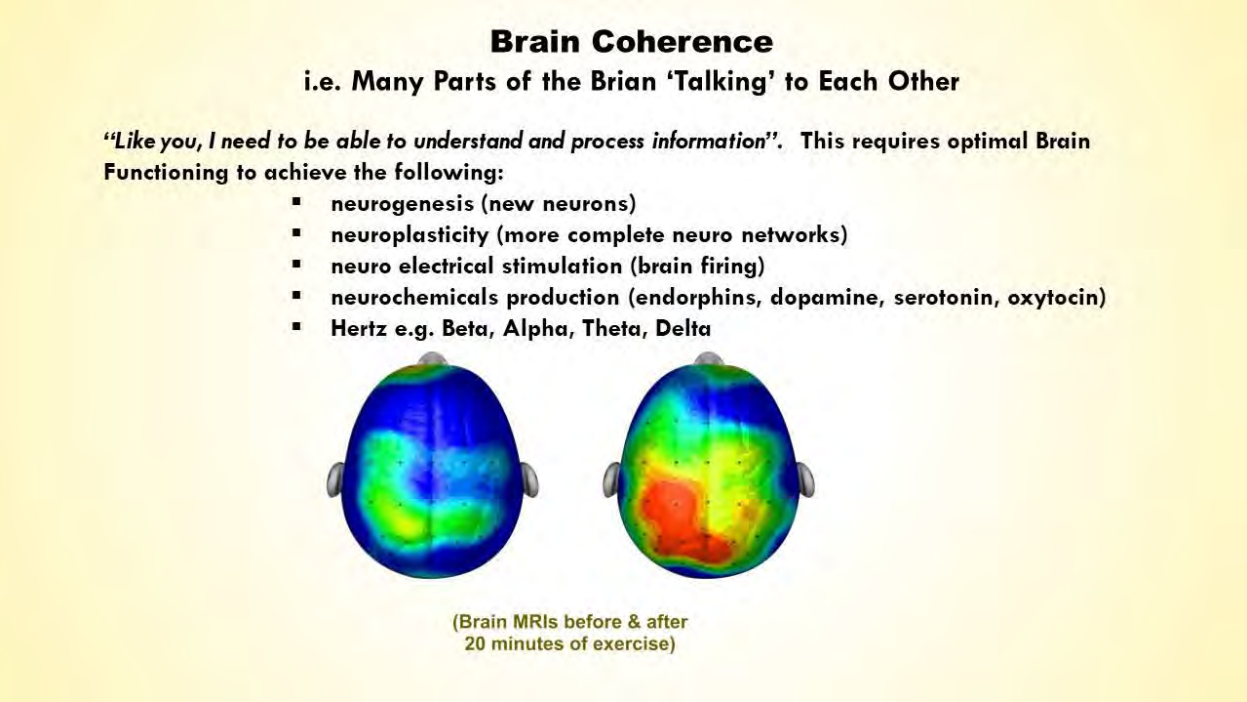
Not seeing the forest for the trees, so to speak, describes one dimension of the person's brain processing. Brain central coherence provides the cognitive ability to coordinate a jumble of separate sense data and process them into a coherent thought. However, in addition to the under-powered problem that creates confusion, poor brain coherence can result in individuals being so over-focused on details that they miss the bigger picture.

For example, hold a coffee cup and examine it. Notice its form, weight, texture, and colour. Your brain coherence enabled you to take less than a second to absorb these bits of data and conclude that the object can be used to hold coffee. However, without brain coherence this data

would lack integration. The observer requires brain coherence to conceptualize a whole that is greater than the sum of its parts. Many people supported have limited coherence and therefore see the world in a fragmented way. This contributes to their being obsessive or absorbed by objects—it also contributes to their gift of being able to appreciate detail.

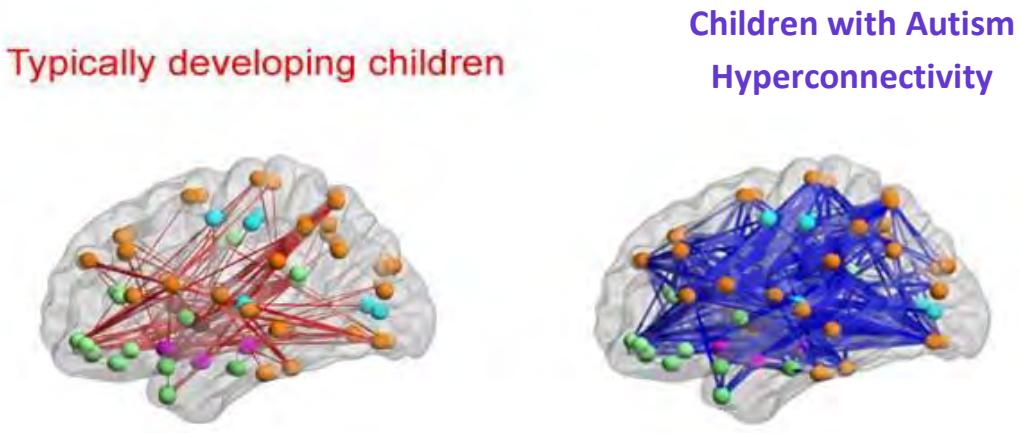
Powering Up BCC With Exercise

The image below is a functional MRI of the brain. The left side shows the brain when it is not at an optimal cognitive processing level, and the right shows the radical difference in brain activity after only twenty minutes of moderate activity. This level of brain activity is essential for optimal cognition; therefore, individuals on the ASD/DD spectrum require physical exercise (especially bouncing and balancing) to achieve this outcome.



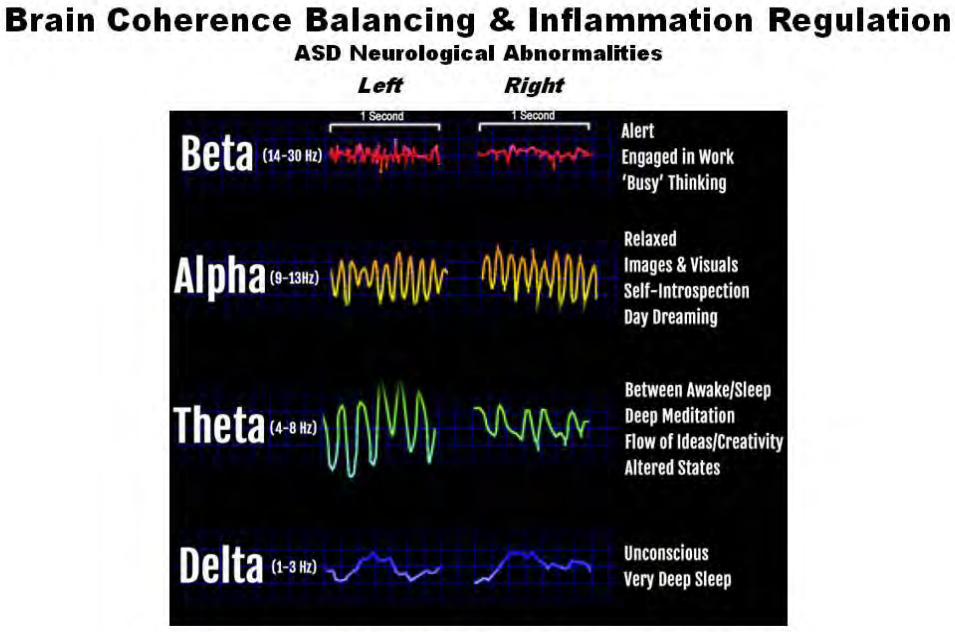
The Hyper- and Hypo-Connected Brain

Another condition that appears to indicate the need for brain energy balancing is hyper- and hypo-connectedness. This condition, which exists in most people supported and contributes to a lack of brain coherence, is illustrated in the two following images. People supported have millions more switches and transfer stations in some parts of their brain than neurotypical individuals and in other parts they have hypo-connectedness (i.e. fewer connections).



Other Electroencephalography (EEG) Abnormalities

In addition to coherence limitations, EEG abnormalities, including enhanced power, are seen in the left hemisphere of the brain of people supported. These abnormalities could contribute to anxiety and lead to challenging behaviours. The illustration below shows the subtle but significant difference in the enhanced left-brain power versus right brain power.



Resting State EEG Abnormalities Including Enhanced Power in the Left Hemisphere of The Brain is Shown in ASD
(Journal of Neurodevelopmental Disorders 2013, 5:24)

Maladaptive Behaviours Related to Brain Balancing

In trying to satisfy their need for brain central coherence, individuals experiencing problems associated with brain balancing may behave in reactionary and cognitively unintended ways. They may:

- become angry. Anger stimulates the brain to focus and in so doing organizes the individual's thoughts, therefore offering the individual relative calm. For everyone, anger is a much less painful emotion than fear. Thousands of incidents like this throughout the individual's lifetime have taught them that anger is an effective, so their subconscious mind continues to repeat this behaviour until it is no longer required;
- obsess and become compulsive. These behaviours organize the individual's thoughts, create focus and therefore calm the individual;
- blame and even hit others. This is another way the individual can self-medicate with anger. These behaviours are magnified by a supporter's mindless fear and unknowing powerful communication of that fear.

Brain Facts to Enhance Brain Central Coherence and Functioning and Reduce Challenging Behaviours

Sadly, the proven potential for brain development and enhanced functioning is possibly the least appreciated and understood fact regarding needs in supporting people to live a fulfilling life. Through proven training and maintenance of a healthy brain (e.g. inflammation prevention) enhanced brain functioning is possible as a result of development in the following area:

- neurochemicals production: e.g. endorphins, oxytocin, neurotransmitters like dopamine (pleasure) and serotonin and GABA (calming) (Ratey and Manny, 2014);
- neurogenesis—the promotion of the growth of new neuron cells (J. Ahlskog et al., 2011; (D. Siegel, 2006);
- neuroplasticity—the reformation of neuron networks to take on new and extra tasks (N. Doidge, 2007, 2016);
- neurostimulation
- promoting motor function by exercising the brain (2013, Mar:3 (1) 101-122).
- transcranial magnetic stimulation (D. Eagleman, 2015, 94-95).

Aerobic Exercise to Enhance Brain Central Coherence to Develop Emotional Self-Regulation

The human energy system must be regularly fueled by aerobic exercise. Any regime of aerobics should be approved by the Primary Care Physician. Dr. John Ratey (2014) has shown that aerobic exercise is *miracle grow* for the brain. Exercise and movement are essential pieces of any human energy system's well-being program.

As discussed above, many aspects of a fulfilling life are dependent on a fully turned-on medial prefrontal cortex (MPFC) in the brain. The MPFC was developed by our ancestors who ran and sprinted fifteen miles every day. It's not surprising, then, that aerobic exercise is essential for cell organization and brain coherence because it activates the MPFC.

Aerobic exercise is defined as physical activity that brings the heart rate up to training level, which is calculated by subtracting one's age from 220 and taking 75% of that number to determine the optimal beats per minute during exercise (220 minus age x 75% = optimal beats per minute). As a person exercises, electromagnetic energy in the brain increases to the levels necessary for optimal functioning. This desirable level of functioning includes improving organizing signals, focusing, evaluating consequences, delaying responses, increasing memory and growing brain cells.

The growth of brain cells occurs because aerobic exercise stresses and even destroys some neurons, helping the brain to regenerate more, better and stronger cells. The process is similar to the result of exercising muscles to make them grow stronger. Through aerobic exercise, millions of new brain cells are developed.

Exercise also controls the fear reactions of the Autonomic Nervous System (ANS) that lead to responses of flee, fight or freeze and the resulting problematic behaviours. Exercise elevates the functioning of neurotransmitters such as dopamine, the happy hormone, and produces natural painkillers.

Another factor influenced by exercise is the presence in the brain of a substance called Atrial Naturiuretic Peptide (ANP). Aerobic exercise significantly raises the levels of ANP and avoids the detrimental effect of blocking ANP, which can in turn induce panic attacks.

Supporter's Optimal Solutions

According to Oriel et al. (2011), vigorous exercise for twenty minutes or longer, five times a week reduces maladaptive behaviour.

- Aim for twenty minutes twice a day of aerobic exercise;
- Establish a walking speed similar to someone in a hurry;
- Include balancing movement such as exercise on a mini-trampoline to activate and grow the cerebellum, therefore amplifying the operations of the prefrontal cortex;
- As approved by a physician, use interval training twice a week. The pattern could be 20 seconds of intense exercise followed by 10 seconds of rest, repeated for 4 minutes.

Ratey and Manning (2014) propose that exercise improves all brain learning in the following ways:

- increases attention, makes person less fidgety, less impulsive;
- causes over 100 billion brain cells to be better nourished by neurotransmitters, growth factors and hormones that wire in memories more easily;
- grows new brain cells.

Brain Balancing and Coherence

A recent study (Piochon et al., 2014) shows that the cerebellum—the motor and coordination centre of the brain—is not functioning well in many children with Autism. Exercises such as Bosu bouncing strengthen the cerebellum.

Using stabilizing and Bosu balls, balance beams and elliptical cushions increases brain cerebellum activation and therefore improves brain energy balance and coherence. The cerebellum, one of the most common sites of anatomic abnormalities in ASD, is particularly implicated in problems with connectivity and coordination of cognitive functions. Bouncing and balancing exercises significantly improve the brain's energy system. This improvement seems to bring less confusion, more coherence and cognition, and therefore less maladaptive behaviour.

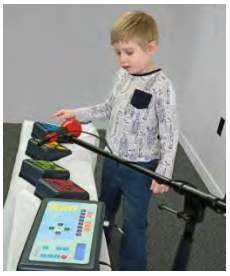
A review by the Mayo Clinic (Ahlskog et al., 2011) demonstrated that of more than 1600 scientific papers on the effectiveness of exercise and cognition, there was profound positive effect of exercise on keeping our brains growing rather than eroding with age, making us smarter and allowing us to use our brain most effectively.

T. Hamlin, 2015, *Autism and The Stress Effect*

Rebounders give critical stimulation for healthy brain functioning, do in part to activation of the cerebellum.

Sound and music are another excellent option for brain activation, and many new devices are becoming available—such as *Soundbeam*, an invisible keyboard. Hundreds of enjoyable songs can be played on the Soundbeam by almost anyone, regardless of ability. Numerous neuro-

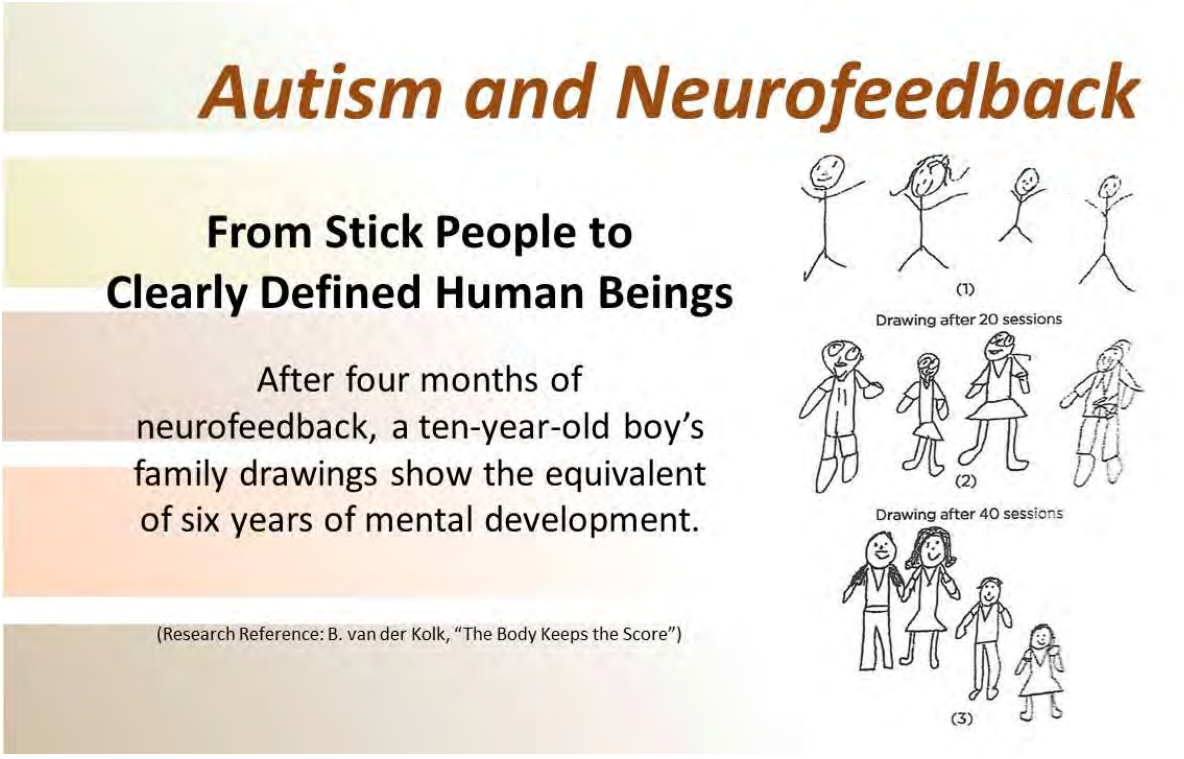
connections and sensory integrations are achieved from listening to music. Interacting and creating music on the Soundbeam significantly enhances these quality-of-life essentials.



(reference Sensory One www.sensoryone.com)

Neurofeedback for Brain Development and Coherence

Neurofeedback has been found to be highly effective in helping individuals with Autism to increase their beta brain waves in parts of the brain required for improved cooperation and calm. While research studies applying neurofeedback to relieve some symptoms of Autism are positive but limited, many studies confirm the effectiveness of neurofeedback for individuals with ADHD (van der Kolk, *2014*). It is estimated that 1 in 3 children with ASD also have ADHD.



Tips from Brain Research

Some useful insights into helping people supported learn and remember:

- The brain seeks patterns, connections and relationships between prior and new learning, therefore try to use comparisons and call up previous experiences;
- The brain is curious and has an innate need to make meaning through patterns. Patterns (especially those self-initiated) are therefore calming;
- The brain pays attention to meaningful information and deletes that which it does not see as relevant; therefore keep communications useful;
- The brain responds to challenges and not threats. Positive emotions enhance learning and retention, therefore communications must be kind and encouraging;
- If you don't use it, you lose it! That which fires the most, wires the most—therefore repeat and repeat;
- Visual stimuli are recalled with 90% accuracy; therefore also use images to teach concepts;
- The brain is a social collaborator; therefore interactions with others facilitates understanding and higher-order thinking;
- The brain responds to feedback;
- Paying attention/mindfulness collects neurons to work together to activate the medial prefrontal cortex, the home of numerous well-being qualities.

Neurological Development, Toxicity and Inflammation Regulation

Brain inflammation can be a serious cause of loss of well-being through its promotion of agitation, anger and even aggression. As the body metabolizes nutrients in all of its systems, waste is created and must be eliminated. Waste products that remain in the brain create inflammation or swelling that compromises effective functioning. In addition, brain functioning is compromised because of toxins such as heavy metals like lead and mercury.

Supporter's Optimal Solutions – Brain Toxicity and Inflammation Regulation

In spite of compromised brain architecture and function, much can be done to enhance the brain's capacity to develop. Many of the brain's disabling variables are treatable; in fact, many of the issues identified for gut health are influential in brain health as well. (For example, having too much glutamate and not enough GABA, a calming neurotransmitter, contribute to brain dysfunction and cause anxiety).

Examples of potential treatments to improve emotional self-regulation presented in the *Nutritional Supplement Handbook* that should be explored by a qualified MD or ND are:

- correcting nutritional deficiencies and providing nutrients needed to make and keep the brain healthy. Nutrients important in brain structure, development and function include:
    - omega^3 fatty acids, especially DHA

- minerals – magnesium, zinc, chromium (not too low) and copper (not too high)
- vitamins, especially B^{12}, folic acid, B^{6}, and B^{3} (niacinamide) and Vitamin C
- amino acid precursors to neurotransmitters (e.g. tryptophan, tyrosine, choline, glutamine, GABA);

- eliminating triggers for inflammation and providing anti-inflammatory supplements (e.g. N-acetylcysteine (NAC)) increases the body's own production of glutathione (GSH) which is the most critical antioxidant that protects the brain from many toxins and contaminants that cause inflammation. Many people supported are dangerously low in GSH. This deficiency can be remedied by increasing the intake of sulfur-rich foods and supplements such as NAC. NAC, given to a group of children with ASD/DD during a controlled research study by Stanford University in 2013, was 72% effective in reducing the levels of irritation in addition to;
- treating traditional allergies and lowering histamine;
- restoring intestinal health and balance;
- eliminating problematic foods;
- eliminating sources of toxins and supporting the body's own detoxification processes;
- restoring appropriate balance between excitatory and inhibitory transmitters in the brain.

Supporter's Optimal Solution—How to Accelerate Neurodevelopment and Regulation

1. Prompted noticing/awareness/paying attention. Give a word or sign—thumbs up—every minute or so when participating in activities like the following:
    - mindful breathing
    - sensory exercises:
        - balance beam
        - bean bag diving
        - hammock
        - glider swing
        - fidget tools
    - mindful walking
    - aerobic exercises
    - eating
    - arts and crafts
    - stabilization ball
    - hand massage
    - neurofeedback
    - I spy
    - treasure hunt
2. Audio regulation, e.g. sound/music therapy
3. Noticing BB ABC Exercises such as hand stimulation, butterfly hug, mindful arm movement
4. Creating **beginner's mind** by engaging in new, novel and/or challenging activities, such as:
    - new puzzles
    - board games
    - brain gym
    - building models/Lego
    - sensory exercises
    - running in new locations and reporting on different observations

5. Use key phrases:
    a. Notice, pay attention.
    b. How about a high-five, thumbs up!
    c. Well done!
    d. How do you feel?
    e. Where do you feel it?
    f. Remember when you _____?
    g. I really like the way you _____.

Repetitive Transcranial Magnetic Stimulation (rTMS)

While substantial clinical research is yet to conclude that rTMS should be offered as a standard treatment for people supported, of all the research-based treatment happening in North America today, rTMS gets my vote for one of the most promising neuro-regulators for people supported.

rTMS is a treatment of exposing the brain to mild magnetic currents to regulate electrical activity up or down in different parts of the brain. It was approved as a safe and effective treatment for individuals with Unipolar Depression in Canada and the United States approximately ten years ago.

A search for Transcranial Magnetic Stimulation in the Treatment of Autism Spectrum Disorder will open the reader's awareness to a most encouraging possibility to reduce and eliminate numerous ASD symptoms, including self-injurious behaviour and aggression (reference CAMH improving executive functioning in young people with Autism).

Summary

Brain development, central coherence, regulation and inflammation prevention are essential to promote the well-being of people supported.

Brain development and central coherence are proving to be possible through mindfulness, physical exercise, nutrition and other support initiatives as outlined in Need #1: Fifteen BB-ABC Best Practices/Tools.

Need #5

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

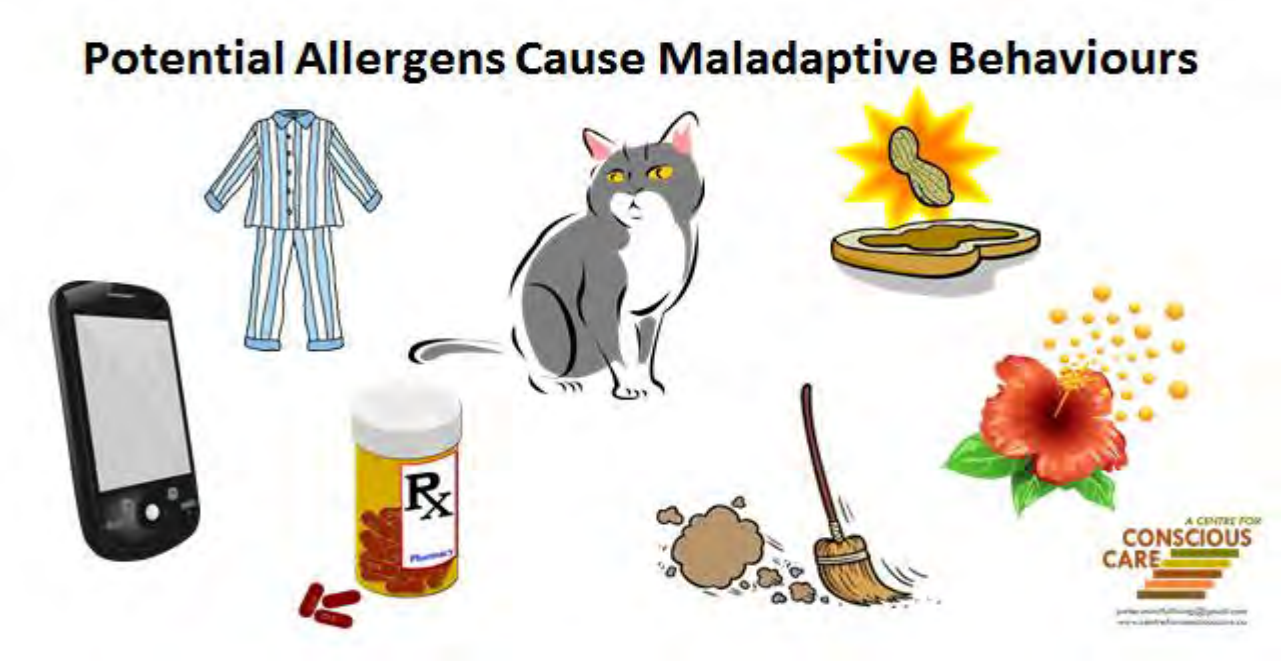
This section on human energy balancing and protection begins by examining some of the chief environmental toxins that some studies suggest could be contributing to the compromised well-being of people supported, sometimes causing anxiety, anger and aggression (AAA). Just as potential allergens such as eggs, nuts and dairy have been linked to dangerous health problems when ingested, numerous "air-born" contaminants and electromagnetic pollution have been associated with the potential compromised well-being of people supported.

We must get much better at protecting the biological vulnerability of people supported.

After reviewing several of the major physical environmental threats and safe guards, we will present ways to protect and balance the human energy system, including how to promote better sleep patterns.

Environmental Toxins and Contaminants, Airborne Toxins and Material Toxins

Toxins can deplete the human energy system in some people supported contributing to anxiety that can lead to anger, anxiety and aggression. Screen for toxins and allergens using muscle testing and consult with a medical doctor, naturopath or allergy specialist to identify and eliminate this threat to health and well-being. (See examples below).



Dirty Electricity - Electromagnetic Fields (EMF)

Our training concerning the energy-related factors that can contribute to maladaptive behaviours would not be complete without providing an understanding of the potential impact of electromagnetic fields (EMFs) i.e. dirty electricity and radio wave frequency (RWF). "Dirty electricity" is the term given to the energy that escapes from any electromagnetic field, or, more simply, electrical pollution. Think of all the devices and appliances in the field of people supported: televisions, fridges, phones, radios, lights, toasters, and on and on and on.

EMF is broadcasted from every 110-volt AC wall outlet and RWFs from every single electronic device, and is potentially picked up and retained by the human body. It can have a negative impact on the feelings and behaviours of people supported—especially those who are much more sensitive than neurotypical people. This includes the radiation from any and all wireless systems which disrupts the balanced operation of the human electromagnetic system.

Although safe standards have been set for dirty electricity, neither short-term nor long-term cumulative impact of EMFs or RWFs have been adequately tested for people supported. However, anecdotal reports are starting to indicate that the already destabilized energy system of the person supported can be further compromised in some people by EMFs and by RWFs.

International research has tested the impact of these emissions on neurotypical subjects, but seldom on people supported. The fact that all human bodies act as holders and receivers of these emissions is undisputed. It is also undisputed that EMFs and RWFs of a certain level do impact living cells. Cells are both treated and destroyed by certain levels of radiation.

What is only beginning to be indicated, however, is the possible connection between anxiety, anger and aggression and the exposure of people supported to EMF. One telling study was conducted by Magda Havas at Trent University (as cited on www.emfsolutions.ca). Prof. Havas established that filtering out dirty electricity from the immediate environment led to a clear decrease in the focusing problem and agitation symptoms associated with people supported.

Possible Risks Reported to be Associated with Short- and Long-Term Cumulative Exposure to Dirty Electricity

- damage to human cells, e.g. different forms of cancer and chronic disease;
- interference with natural processes including sleep, hormone production and the immune system;
- children, who seem more vulnerable: symptoms could include, headaches, chronic fatigue, vertigo, concentration and memory problems, learning and behavioural disorders and more frequent incidents of ADHD.

The following are examples of public policy groups taking action to reduce EMF emissions:

- The American Academy of Pediatrics;
- The European Parliament;

- The German Government;
- The Russian National Committee on Non-Ionizing Protocols;
- The Austrian Medical Association;
- Public Libraries in France.

Possible Connections to Autism

Dr. Herbert is a Pediatric Neurologist with Harvard Medical School who offered important insights and collaboration to assist me in the development of CCS. The following statement is from research reported by her in *The Autism Revolution (2013).*

> **"The evidence is sufficient to warrant new public exposure standards benchmarked to low-intensity (non-thermal) exposure levels now known to be biologically disruptive, and strong, interim precautionary practices are advocated."**

The science, re. short and long term of EMF and RWF is reported to be at present inconclusive. This is even though many highly recognized scientists like Dr. Martha Herbert from Harvard and Dr. David Carpenter from the University of Albany are very concerned with the current use of this technology and its safety standards in Canada and the United States. Similar concerns are expressed throughout Europe and the United Kingdom. Possibly the influence of a multibillion dollar manufacturing industry and the average user's strong reluctance to modify the use of wireless technology (e.g. screen addiction) is harmfully confusing the data.

I have invested many hours of my own study of this important needs area, including hearing numerous comments from Moms and Dads of children with special needs who swear that in eliminating, minimizing and filtering exposures has made a difference in their child's well-being. As a result, I firmly come down on the side of recommending extreme caution and minimal exposure to EMF/RWF for biologically vulnerable people , e.g. people with ASD/DD for the following reasons:

1. Of the thousands of studies conducted all over the world, no report disputes the conclusion that EMF and RWF radiation causes serious health conditions such as cancers, heart attacks and challenging behaviours. The only question that remains is how much exposure and for how long is harmful. (reference legal disclaimers of all cell phone manufactures that these devises must not be held to within 5-60mm of the human body).
2. No scientific study can claim that there is no potential for long term high risk to even low levels of exposure because it takes long term to conclusively make this claim.
3. While on balance the evidence is said to be inconclusive, hundreds of credible studies from around the world and thousands of anecdotal reports are indicating potential harm from toxic radiation exposure.
4. Studies are low to non existent that have conducted tests of EMF/RWF exposure even within the published safe guidelines for children and adults with Autism and other Developmental Disabilities.

5. Something seems 'backwards' when the government directs that it's safe to be exposed to potentially serious harmful radiation until such time as the evidence is 100% conclusive that EMF/RWF does cause cancers, behavioural issues, etc.

Note: Reference Need #5, Appendix I below

Given the reluctance of traditional medical and behavioural practitioners to suggest reasonable cautions related to EMF/RWF, I have included a resource as Appendix I indicating some of the current published science. This is a typical example of how much evidence it takes to improve established professional 'best practices'. A similar reluctance was seen in how it took 26 years of evidence to stop medical doctors in the United States and Canada x-raying pregnant women even after it was proven that it doubles the risk of childhood cancers. Further examples of this reluctance have been seen in the time it took to make wearing seatbelts, airbags in cars and prohibiting smoking in public areas mandatory.

Supporter's Optimal Solutions to minimize the fallout of EMF

- Insert protective filters in 110-volt outlets that reduce EMF risks by 80%;
- Turn routers down to minimum settings. In most home environments, 10% is sufficient to send out and receive online communications. Turn to the lowest power required to transmit;
- Do not use wireless devices close to people supported;
- According to manufacturers, cell phones should never be closer than 5 to 60mm from the human body. Use a protective case that meets these standards;
- Use landlines as much as possible;
- All people supported should wear shoes with non-rubber treads, such as leather or cork. (This will help to ground EMF out of the body);
- All people supported should walk on mother earth or on basement floors for a minimum of several minutes a day.

At night (if feasible)

- Unplug bedroom monitors;
- Unplug wireless charging stations;
- Unplug Wi-Fi;
- Keep cell phones off as much as possible;
- Shut off breakers from electrical circuits in bedrooms.

The following are excellent links to support our *CCS* cautions and solutions regarding EMF and RWF concerns:

Youtube: Dr. Martha Herbert on Autism and EMF Radiation
http://www.cbc.ca/marketplace/episodes/2016-2017/the-secret-inside-your-phone
http://www.marthaherbert.org/library/autismconnection-EMF-2015spring-herbert-text_w_link.pdf

Eliminate Airborne Indoor Toxins

- Mould bacteria;
- Mycotoxins (secondary metabolites produced by mircofungi);
- Chemical off-gassing formaldehyde from particle board cabinets and furniture.

Sleep Disturbances

Adequate sleep is one of the most critical elements to facilitate optimal health, quality of life and adaptive behaviour.

If sleep problems are the result of a generalized anxiety disorder, follow an anti-anxiety regime such as diet, supplements, exercise, and medications as recommended by a medical doctor or psychiatrist. If an individual falls asleep normally but is wide-awake in two or three hours, this is one of the primary signs of typical clinical depression. (In atypical depression, an individual can sleep twenty hours per day.) Consult a medication manager.

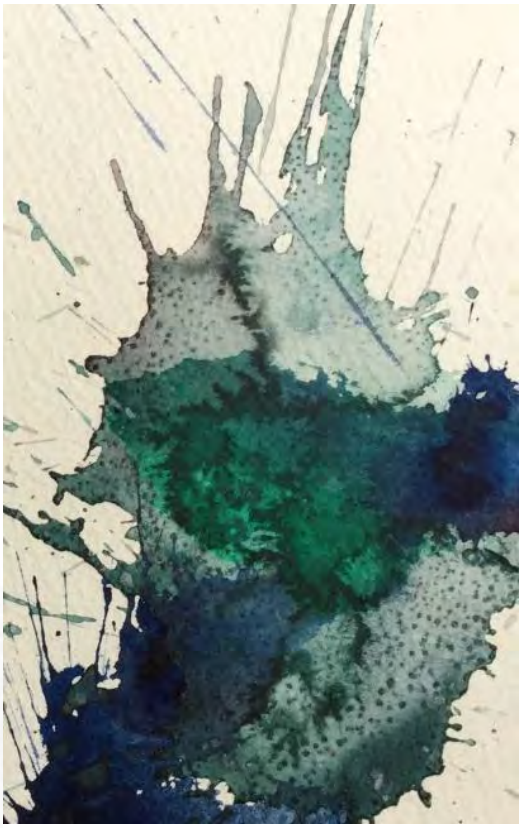
Supporter's Optimal Solutions for Sleep Disturbances

The following are examples of suggestions often given by community professionals to help ensure adequate sleep:

- Do muscle testing with person, using clothing and bedding to rule out environmental intolerances disturbing sleep;
- Consult a naturopathic doctor to test and recommend supplements/diet such as:
    - Vitamin B^6 (100-500 mg/day) helps with remediation of a deficiency of decarboxylase;
    - Taurine is a powerful antioxidant that increases the activity of the calming neurotransmitter GABA. Supplements in the range of 500-2000 mg per day have been successful, if testing shows a deficiency;
    - GABA supplement (a calming neurotransmitter);
    - Magnesium supplement (100-500 mg/day) if testing shows a deficiency;
    - Melatonin supplement (3-5 mg/day);
- Eliminate alcohol, a central nervous system suppressant that backfires as a sleep aid;
- Eliminate all stimulants such as caffeine, nicotine, chocolate, sugar;
- Use antihistamine medications for short periods (three nights maximum) to break the cycle of histamine dependence. Pantothenic Acid cleanses histamines (500 mg/day);
- Ashwagandha is an herb that regulates the production of cortisol (that wakes people up in the middle of the night). Regulation recalibrates the circadian rhythms closer to morning (back to its normal time);
- Increase serotonin levels;
- Exercise (30 minutes of cardio) early in the day;

- Low/no refined sugar – one of the best substitutes is organic coconut palm sugar, but still use limited amounts;
- Essential oil therapies.

David Gifford is a local artist from Ingersoll, Ontario. His artwork has a unique experience to share with its viewers. David has autism and is non-verbal. By painting water colours, David has found another way to express himself where no words are needed.



David's mother and father, Kathleen and Terry, are graduates of the Conscious Care and Support Course. This family are strong advocates of CCS recommendations, including the above suggestions related to Human Energy Balancing and Protection.

Remember consultations from creditable professionals are absolutely essential for administrating any supplement regime.

HOW MIGHT EMF CONTRIBUTE TO AUTISM?
Written and copyrighted by Martha R. Herbert, Ph.D., M.D.

A version of this paper was published s Connections in our Environment: Sizing up Electromagnetic Fields where Dr. Herbert reviews key points in two pages; published in Autism Notebook Spring 2015, pp. 24-25 (dropdown menu from the Page indicator takes you to the paper).

If someone had asked me nearly 20 years ago, when I first started working in autism research and seeing autism patients, whether electromagnetic fields (EMF) or radiofrequency radiation (RFR) had anything to do with it, I would have had no idea what they were talking about. At that point I was already hooked on computers and email, but the web was new and we weren't using cell phones, so there were no cell towers. I had a microwave oven and used it to "nuke" my food with only the vaguest inchoate concerns. So not so much Wi-Fi, and not so much autism either – a coincidence? Lots of other things have changed since then too, [1] and there was already plenty of electricity, [2] but in any case I had hardly seen any autistic patients during my training in the early 1990s, and back then, the teaching was that autism and other childhood neurodevelopmental or neuropsychiatric disorders were caused by genetically based early disturbances of brain development. [3]

Many things have transpired to bring me to the point where I would co-author a 40,000 word paper with 560 scientific footnotes supporting the plausibility of a connection between autism and EMF. [Editor's note: This paper may be may be downloaded from http://www.bioinitiative.org/report/wp-content/uploads/pdfs/sec20_2012_Findings_in_Autism.pdf, and a revised version has been published in the journal *Pathophysiology*. [4]]

Over the years, I have learned a lot from watching and listening very carefully to my patients. I found large discrepancies between what I had been taught to look for in my brain research and what I was actually finding in the data. I started learning about more and more ways the environment and diet could affect brain and body. And I watched the numbers of autistic kids skyrocket when it was supposed to be purely genetic and inherited. [5-7]

Listening to my patients was a huge impetus in changing my thinking. My pediatric neurology training did not really prepare me for the problems my patients presented. My first clinic was in 1996, in a neuropsychiatric practice. As my clinical practice filled with children with autism, ADHD, obsessive-compulsive disorder, trouble in school, and seizures, I sometimes put them through the elaborate hunts for genetic and metabolic underpinnings that I had been trained to do, but I rarely found anything wrong. As I listened to their stories I found myself intrigued by the commonplace problems that were shared by so many patients who were in other ways different from each other. These children were just plain not healthy! They had diarrhea, or constipation, or rashes. They had headaches. They could not sleep. They wiggled a lot in their chairs. They had food allergies. They ate a few foods and refused many others. They hated certain textures, or sensations. I had to work really hard and rephrase and repeat a lot to get them to follow my instructions when I examined them. All these challenges happened with most of my patients, not just the ones with autism. And my practice was filling up with these unhealthy, unstable kids.

As I straddled the worlds of brain research, environmental neurotoxicology, and in-the-trenches medical care I found I could no longer be satisfied with the questions people were asking in any one corner. It wasn't enough to ask how the brains of people who had autism or other neuropsychiatric conditions

might differ from the brains of people who are "normal," or what toxins in the environment might cause autism. I didn't see those questions as directly helping me get my patients better. And in fact, some of my patients, and patients of friends of mine, WERE getting better – but HOW were we changing the brain's "autism" if it wasn't supposed to be changeable?

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 itself. This set me on a hunt not for "what causes autism," but HOW autism is caused, and how you might un-cause it. [8,9] [10,11]

So what kind of things can dys-regulate a brain? Well, lots of things. [12] Like disrupted sleep or insomnia. Like exposure to pesticides and fumes from automobiles or household chemicals and glues, and other chemicals. Like having a diet that is short on zinc or magnesium or other vital nutrients or has too much sugar or additives or other junk. Like having a gut so irritated or inflamed that you don't absorb your nutrients well. Like having allergies.

A dys-regulated brain may or may not show changes in its anatomy – on what you see if you look at an MRI picture of what the brain looks like. It may not show brainwaves that are sufficiently abnormal to be seizures if you do an EEG brainwave study. But on more subtle examination, brain researchers who study brain FUNCTION in ASD find that the different parts of the brain aren't as well coordinated with each other as in kids with more typical development. [13-15]

Now we're starting to get close to where EMF/RFR came into the picture for me. These brain waves that the brain uses to communicate with inside of itself are electrical, or electromagnetic. So is EMF/RFR. Given the proliferation of devices that emit RFR (such as cell phone towers, cell phones, DECT cordless phones, Wi-Fi routers etc.) we are walking around in an invisible soup of electromagnetic signals without really knowing whether we might be complicating or confusing the communication processes in our brains.

That might seem a little far-fetched, but there is more here. First of all, it's not just the brain that uses electromagnetic signaling. The more sensitive our scientific measurement instruments become, the more we learn that every cell in our body uses electromagnetic signaling – many cellular processes, and even DNA, involve electromagnetic properties that change in meaningful ways. The main thing different about the brain is that it takes this electromagnetic activity to a dazzlingly high and complex level of organization. [16]

When we go to school we study biology, chemistry and physics (including electromagnetism) as separate subjects, but in reality our biological bodies and brains operate through processes that are simultaneously chemical and electrical. Chemical ions set up electrical voltage differences across cellular membranes, for example, that keep us alive. Recently it was found that people with lower voltage difference between the inside and outside of a membrane are more vulnerable to cancer, and if you increase the voltage difference between the inside and the outside of the cell, the vulnerability goes down and the cancer may improve. [17] So even cancer may be simultaneously electrical and chemical.

Our vital biological functions derive from countless chemical-electrical interactions, and for us to be at our best they need to be optimized. I think there is enough strong scientific support to argue that *EMF/RFRs are important contributors to degrading the optimal chemical-electrical function of our bodies – thereby detuning our brains and nervous systems.* [18]

How would EMF/RFR do this? The problems I list below are parallel to issues that have been documented in people with autism spectrum disorders. [4,18]

- EMF/RFR stresses cells. It lead to cellular stress, such as production of heat shock proteins, even when The EMF/RFR isn't intense enough to cause measurable heat increase. [19-21]
- EMF/RFR damages cell membranes, and make them leaky, which makes it hard for them to maintain important chemical and electrical differences between what is inside and outside the membrane. This degrades metabolism in many ways – makes it inefficient. [22-30]
- EMF/RFR damages mitochondria. Mitochondria are the energy factories of our cells. Mitochondria conduct their chemical reactions on their membranes. When those membranes get damaged, the mitochondria struggle to do their work and don't do it so well. Mitochondria can also be damaged through direct hits to steps in their chemical assembly line. When mitochondria get inefficient, so do we. This can hit our brains especially hard, since electrical communication and synapses in the brain demands huge amounts of energy.
- EMF/RFR creates "oxidative stress." Oxidative stress is something that occurs when the system can't keep up with the stress caused by utilising oxygen, because the price we pay for using oxygen is that it generates free radicals. These are generated in the normal course of events, and they are "quenched" by antioxidants like we get in fresh fruits and vegetables; but when the antioxidants can't keep up or the damage is too great, the free radicals start damaging things.
- EMF/RFR is genotoxic and damage proteins, with a major mechanism being EMF/RFR-created free radicals which damage cell membranes, DNA, proteins, anything they touch. When free radicals damage DNA they can cause mutations. This is one of the main ways that EMF/RFR is genotoxic – toxic to the genes. When they damage proteins they can cause them to fold up in peculiar ways. We are learning that diseases like Alzheimer's are related to the accumulation of mis-folded proteins, and the failure of the brain to clear out this biological trash from its tissues and fluids.
- EMF/RFR depletes glutathione, which is the body's premier antioxidant and detoxification substance. So on the one hand EMF/RFR creates damage that increases the need for antioxidants, and on the other hand they deplete those very antioxidants.[4,18]
- EMF/RFR damages vital barriers in the body, particularly the blood-brain barrier, which protects the brain from things in the blood that might hurt the brain. When the blood-brain barrier gets leaky, cells inside the brain suffer, be damaged, and get killed. [4,18,31]
- EMF/RFR can alter the function of calcium channels, which are openings in the cell membranes that play a huge number of vital roles in brain and body. [32-41]
- EMF/RFR degrades the rich, complex integration of brainwaves, and increase the "entropy" or disorganisation of signals in the brain – this means that they can become less synchronised or coordinated; this has been measured in autism. [13-15,42-51]
- EMF/RFR can interfere with sleep and the brain's production of melatonin. [52-54]
- EMF/RFR can contribute to immune problems. [55,5657-61]
- EMF/RFR contribute to increasing stress at the chemical, immune and electrical levels, which we experience psychologically. [62-68 31,69-73 74-79]

Please note that:

1. There are a lot of other things that can create similar damaging effects, such as thousands of "xenobiotic" substances that we call toxicants. Significantly, toxic chemicals (including those that

contain naturally occurring toxic elements such as lead and mercury) cause damage through many of the same mechanisms outlined above.

2. In many of the experimental studies with EMF/RFR, damage could be diminished by improving nutrient status, particularly by adding antioxidants and melatonin. [80-83]

We live in a world full of new-to-nature substances and electromagnetic frequency combinations and intensities, many of which damage our cells, tissues and living processes in similar ways. So it is hard for me to believe that EMF/RFR is the ONLY contributor to ASD or other neuropsychiatric or health issues. On the other hand, its impact could be significant – and we can do a lot to reduce exposure and thereby reduce that impact. [84]

We have barely begun to explore the impact of EMF/RFR on fetuses and babies, but it does not look good. A developing fetus or young infant is engaged in an incredible set of dynamic processes that are very vulnerable, where even small shifts can have lifelong consequences. And yet how many people put wireless baby monitors right next to their babies' head, blithely unaware of the potential degradation they may be inflicting on their child's brain? [85] How many pregnant women plug in their laptops and put them on their laps while they are pregnant, exposing their fetuses? [86] How many men stick their cell phones in their pants pockets when this has been demonstrated to degrade sperm counts and lead to mutations? [87-92]

The more I know about the underlying biology of autism and of many other chronic neuropsychiatric and medical diseases, the less store I hold by the labels we put on specific diseases. From the point of view of protecting people and helping them get better, I don't care so much about whether it's autism or ADHD or OCD or whatever other label you may choose, because under the surface I see more overlap than differences. Where I think we can make a difference is addressing the FUNCTION of our bodies and brains, [8] by

- reducing noxious exposures as much as we can, to avoid the degradation of our body function and to prevent the detuning of our brains and nervous systems – and
- maximising the quality of our food through a high nutrient density diet so that our bodies have all the nutrients they need to protect themselves and to function at their best.

Meanwhile, given how much we have already learned about the subtle biological, cellular and electrical impacts of EMF/RFR, we need to update our out-of-date regulations to take into account of how exquisitely vulnerable we now know we are. And we need to aim for safer ways of meeting our needs for communication and other devices that generate EMF/RFR. Just because EMR/RFR is invisible doesn't mean it's harmless. We need to admit that we have a problem, and do something about it.

About the author:
Dr. Martha Herbert is an Assistant Professor of Neurology at Harvard Medical School, a Pediatric Neurologist at the Massachusetts General Hospital in Boston, and an affiliate of the Harvard-MIT-MGH Martinos Center for Biomedical Imaging, where she is director of the TRANSCEND Research Program (Treatment Research and Neuroscience Evaluation of Neurodevelopmental Disorders). Information about Dr Herbert's research may be found at these links: www.transcendresearch.org - http://nmr.mgh.harvard.edu/transcend/ and www.marthaherbert.org. Dr Herbert's approach to autism treatment is to methodically identify the issues for each child and respond by optimising nutrition, reducing toxic exposures, supporting the immune system, reducing stress and promoting creativity. She is the author of the book *The Autism Revolution: Whole Body Strategies for Making Life All it Can Be*.

http://www.AutismRevolution.org/ and http://www.autismWHYandHOW.org and codirector of the Body-Brain Resilience Center (www.bodybrainresiliene.com) which is a clinical and practice-based research organization organized along the principles described in her book.

References

1. Herbert M. Time to Get a Grip. Autism Advocate 2006;45:19-26 (available on www.marthaherbert.org under publications).
2. Milham S. Dirty Electricity: Electrification and the Diseases of Civilization: iuniverse.com; 2010.
3. Rapin I, Katzman R. Neurobiology of autism. Ann Neurol 1998;43:7-14.
4. Herbert MR, Sage C. Autism and EMF? Plausibility of a Pathophysiological Link, Parts I and II. Pathophysiology In press.
5. Hertz-Picciotto I, Delwiche L. The rise in autism and the role of age at diagnosis. Epidemiology 2009;20:84-90.
6. King M, Bearman P. Diagnostic change and the increased prevalence of autism. Int J Epidemiol 2009;38:1224-34.
7. Grether JK, Rosen NJ, Smith KS, Croen LA. Investigation of shifts in autism reporting in the California Department of Developmental Services. J Autism Dev Disord 2009;39:1412-9.
8. Herbert MR, Weintraub K. The Autism Revolution: Whole Body Strategies for Making Life All It Can Be. New York, NY: Random House with Harvard Health Publications; 2012.
9. Autism WHY and HOW. 2012. at www.autismWHYandHOW.org.)
10. Herbert MR. Autism: The centrality of active pathophysiology and the shift from static to chronic dynamic encephalopathy: Taylor & Francis / CRC Press; 2009.
11. Herbert M. Autism: From Static Genetic Brain Defect to Dynamic Gene-Environment Modulated Pathophysiology. In: Krimsky S, Gruber J, eds. Genetic Explanations: Sense and Nonsense. Cambridge, MA: Harvard University Press; 2013:122-46.
12. Herbert MR. Contributions of the environment and environmentally vulnerable physiology to autism spectrum disorders. Curr Opin Neurol 2010;23:103-10.
13. Just MA, Cherkassky VL, Keller TA, Minshew NJ. Cortical activation and synchronization during sentence comprehension in high-functioning autism: evidence of underconnectivity. Brain 2004;127:1811-21.
14. Muller RA, Shih P, Keehn B, Deyoe JR, Leyden KM, Shukla DK. Underconnected, but how? A survey of functional connectivity MRI studies in autism spectrum disorders. Cereb Cortex 2011;21:2233-43.
15. Wass S. Distortions and disconnections: disrupted brain connectivity in autism. Brain Cogn 2011;75:18-28.
16. Buzsaki G. Rhythms of the Brain. New York: Oxford University Press; 2006.
17. Lobikin M, Chernet B, Lobo D, Levin M. Resting potential, oncogene-induced tumorigenesis, and metastasis: the bioelectric basis of cancer in vivo. Phys Biol 2012;epub:epub.
18. Herbert MR, Sage C. Findings in Autism Spectrum Disorders consistent with Electromagnetic Frequencies (EMF) and Radiofrequency Radiation (RFR). In: Sage C, Carpenter DO, eds. BioInitiative Update: www.BioInitiative.org; 2012.
19. Blank M, ed. Electromagnetic Fields2009.
20. Blank M. Evidence for Stress Response (Stress Proteins) (Section 7)2012.
21. Evers M, Cunningham-Rundles C, Hollander E. Heat shock protein 90 antibodies in autism. Mol Psychiatry 2002;7 Suppl 2:S26-8.
22. Desai NR, Kesari KK, Agarwal A. Pathophysiology of cell phone radiation: oxidative stress and carcinogenesis with focus on male reproductive system. Reprod Biol Endocrinol 2009;7:114.

23. Phelan AM, Lange DG, Kues HA, Lutty GA. Modification of membrane fluidity in melanin-containing cells by low-level microwave radiation. Bioelectromagnetics 1992;13:131-46.
24. Beneduci A, Filippelli L, Cosentino K, Calabrese ML, Massa R, Chidichimo G. Microwave induced shift of the main phase transition in phosphatidylcholine membranes. Bioelectrochemistry 2012;84:18-24.
25. El-Ansary A, Al-Ayadhi L. Lipid mediators in plasma of autism spectrum disorders. Lipids Health Dis 2012;11:160.
26. El-Ansary AK, Bacha AG, Al-Ayahdi LY. Plasma fatty acids as diagnostic markers in autistic patients from Saudi Arabia. Lipids Health Dis 2011;10:62.
27. Chauhan A, Chauhan V, Brown WT, Cohen I. Oxidative stress in autism: increased lipid peroxidation and reduced serum levels of ceruloplasmin and transferrin--the antioxidant proteins. Life Sci 2004;75:2539-49.
28. Pecorelli A, Leoncini S, De Felice C, et al. Non-protein-bound iron and 4-hydroxynonenal protein adducts in classic autism. Brain Dev 2012:epub.
29. Ming X, Stein TP, Brimacombe M, Johnson WG, Lambert GH, Wagner GC. Increased excretion of a lipid peroxidation biomarker in autism. Prostaglandins Leukot Essent Fatty Acids 2005;73:379-84.
30. Yao Y, Walsh WJ, McGinnis WR, Pratico D. Altered vascular phenotype in autism: correlation with oxidative stress. Arch Neurol 2006;63:1161-4.
31. Salford LG, Nittby H, Persson BR. Effects of EMF from Wireless Communication Upon the Blood-Brain Barrier2012.
32. Pall ML. Electromagnetic fields act via activation of voltage-gated calcium channels to produce beneficial or adverse effects. J Cell Mol Med 2013.
33. Nesin V, Bowman AM, Xiao S, Pakhomov AG. Cell permeabilization and inhibition of voltage-gated Ca(2+) and Na(+) channel currents by nanosecond pulsed electric field. Bioelectromagnetics 2012;33:394-404.
34. Maskey D, Kim HJ, Kim HG, Kim MJ. Calcium-binding proteins and GFAP immunoreactivity alterations in murine hippocampus after 1 month of exposure to 835 MHz radiofrequency at SAR values of 1.6 and 4.0 W/kg. Neurosci Lett 2012;506:292-6.
35. Maskey D, Kim M, Aryal B, et al. Effect of 835 MHz radiofrequency radiation exposure on calcium binding proteins in the hippocampus of the mouse brain. Brain Res 2010;1313:232-41.
36. Kittel A, Siklos L, Thuroczy G, Somosy Z. Qualitative enzyme histochemistry and microanalysis reveals changes in ultrastructural distribution of calcium and calcium-activated ATPases after microwave irradiation of the medial habenula. Acta Neuropathol 1996;92:362-8.
37. Dutta SK, Das K, Ghosh B, Blackman CF. Dose dependence of acetylcholinesterase activity in neuroblastoma cells exposed to modulated radio-frequency electromagnetic radiation. Bioelectromagnetics 1992;13:317-22.
38. Palmieri L, Persico AM. Mitochondrial dysfunction in autism spectrum disorders: cause or effect? Biochim Biophys Acta 2010;1797:1130-7.
39. Peng TI, Jou MJ. Oxidative stress caused by mitochondrial calcium overload. Ann N Y Acad Sci 2010;1201:183-8.
40. Pessah IN, Lein PJ. Evidence for Environmental Susceptibility in Autism: What We Need to Know About Gene *x* Environment Interactions: Humana; 2008.
41. Stamou M, Streifel KM, Goines PE, Lein PJ. Neuronal connectivity as a convergent target of gene-environment interactions that confer risk for Autism Spectrum Disorders. Neurotoxicol Teratol 2012.
42. Bachmann M, Lass J, Kalda J, et al. Integration of differences in EEG analysis reveals changes in human EEG caused by microwave. Conf Proc IEEE Eng Med Biol Soc 2006;1:1597-600.

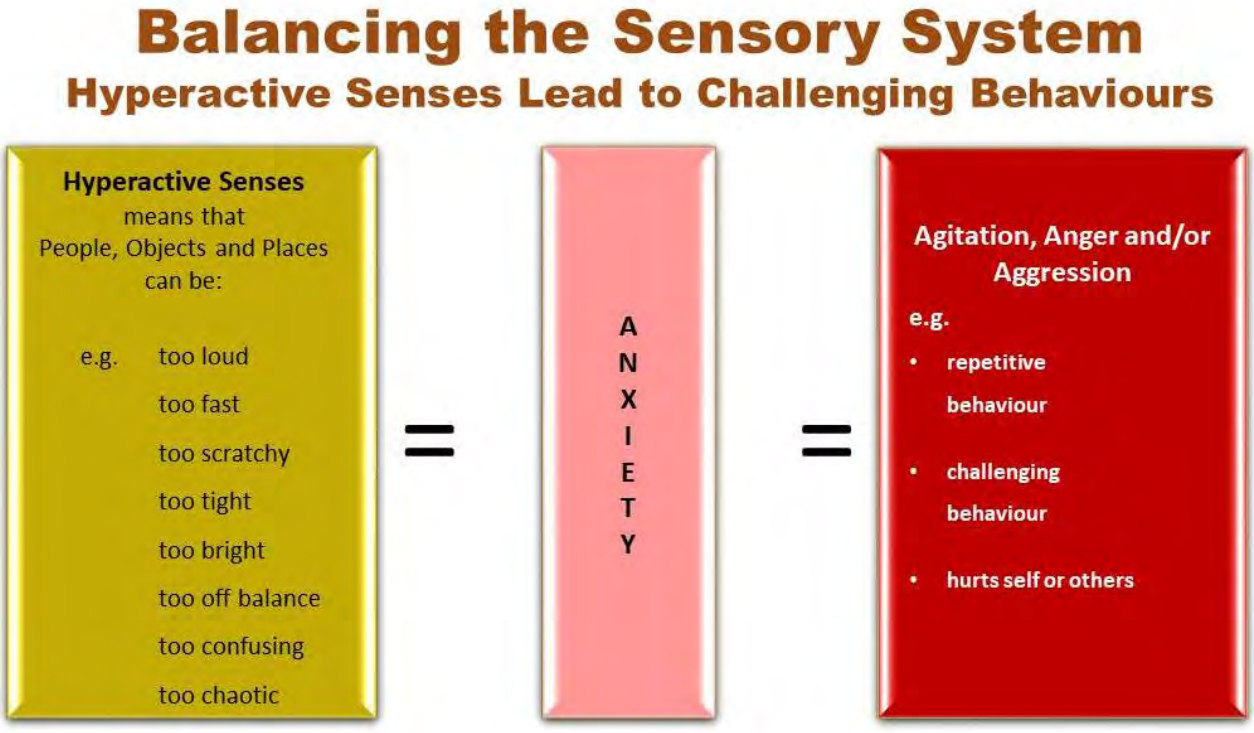
43. Marino AA, Nilsen E, Frilot C. Nonlinear changes in brain electrical activity due to cell phone radiation. Bioelectromagnetics 2003;24:339-46.
44. Marino AA, Carrubba S. The effects of mobile-phone electromagnetic fields on brain electrical activity: a critical analysis of the literature. Electromagn Biol Med 2009;28:250-74.
45. Vecchio F, Babiloni C, Ferreri F, et al. Mobile phone emission modulates interhemispheric functional coupling of EEG alpha rhythms. Eur J Neurosci 2007;25:1908-13.
46. Hountala CD, Maganioti AE, Papageorgiou CC, et al. The spectral power coherence of the EEG under different EMF conditions. Neurosci Lett 2008;441:188-92.
47. Duffy FH, Als H. A stable pattern of EEG spectral coherence distinguishes children with autism from neuro-typical controls - a large case control study. BMC Med 2012;10:64.
48. Isler JR, Martien KM, Grieve PG, Stark RI, Herbert MR. Reduced functional connectivity in visual evoked potentials in children with autism spectrum disorder. Clin Neurophysiol 2010.
49. Murias M, Swanson JM, Srinivasan R. Functional connectivity of frontal cortex in healthy and ADHD children reflected in EEG coherence. Cereb Cortex 2007;17:1788-99.
50. Murias M, Webb SJ, Greenson J, Dawson G. Resting state cortical connectivity reflected in EEG coherence in individuals with autism. Biol Psychiatry 2007;62:270-3.
51. Coben R, Clarke AR, Hudspeth W, Barry RJ. EEG power and coherence in autistic spectrum disorder. Clin Neurophysiol 2008;119:1002-9.
52. Rossignol DA, Frye RE. Melatonin in autism spectrum disorders: a systematic review and meta-analysis. Dev Med Child Neurol 2011;53:783-92.
53. Buckley AW, Rodriguez AJ, Jennison K, et al. Rapid eye movement sleep percentage in children with autism compared with children with developmental delay and typical development. Arch Pediatr Adolesc Med 2010;164:1032-7.
54. Giannotti F, Cortesi F, Cerquiglini A, Vagnoni C, Valente D. Sleep in children with autism with and without autistic regression. J Sleep Res 2011;20:338-47.
55. Johansson O. Disturbance of the immune system by electromagnetic fields-A potentially underlying cause for cellular damage and tissue repair reduction which could lead to disease and impairment. Pathophysiology 2009;16:157-77.
56. Johannson O. Evidence for Effects on Immune Function2007 2007.
57. Bilbo SD, Jones JP, Parker W. Is autism a member of a family of diseases resulting from genetic/cultural mismatches? Implications for treatment and prevention. Autism Res Treat 2012;2012:910946.
58. Persico AM, Van de Water J, Pardo CA. Autism: where genetics meets the immune system. Autism Res Treat 2012;2012:486359.
59. Kong SW, Collins CD, Shimizu-Motohashi Y, et al. Characteristics and predictive value of blood transcriptome signature in males with autism spectrum disorders. PLoS One 2012;7:e49475.
60. Waly MI, Hornig M, Trivedi M, et al. Prenatal and Postnatal Epigenetic Programming: Implications for GI, Immune, and Neuronal Function in Autism. Autism Res Treat 2012;2012:190930.
61. Lintas C, Sacco R, Persico AM. Genome-wide expression studies in autism spectrum disorder, Rett syndrome, and Down syndrome. Neurobiol Dis 2012;45:57-68.
62. Andrzejak R, Poreba R, Poreba M, et al. The influence of the call with a mobile phone on heart rate variability parameters in healthy volunteers. Ind Health 2008;46:409-17.
63. Szmigielski S, Bortkiewicz A, Gadzicka E, Zmyslony M, Kubacki R. Alteration of diurnal rhythms of blood pressure and heart rate to workers exposed to radiofrequency electromagnetic fields. Blood Press Monit 1998;3:323-30.
64. Bortkiewicz A, Gadzicka E, Zmyslony M, Szymczak W. Neurovegetative disturbances in workers exposed to 50 Hz electromagnetic fields. Int J Occup Med Environ Health 2006;19:53-60.

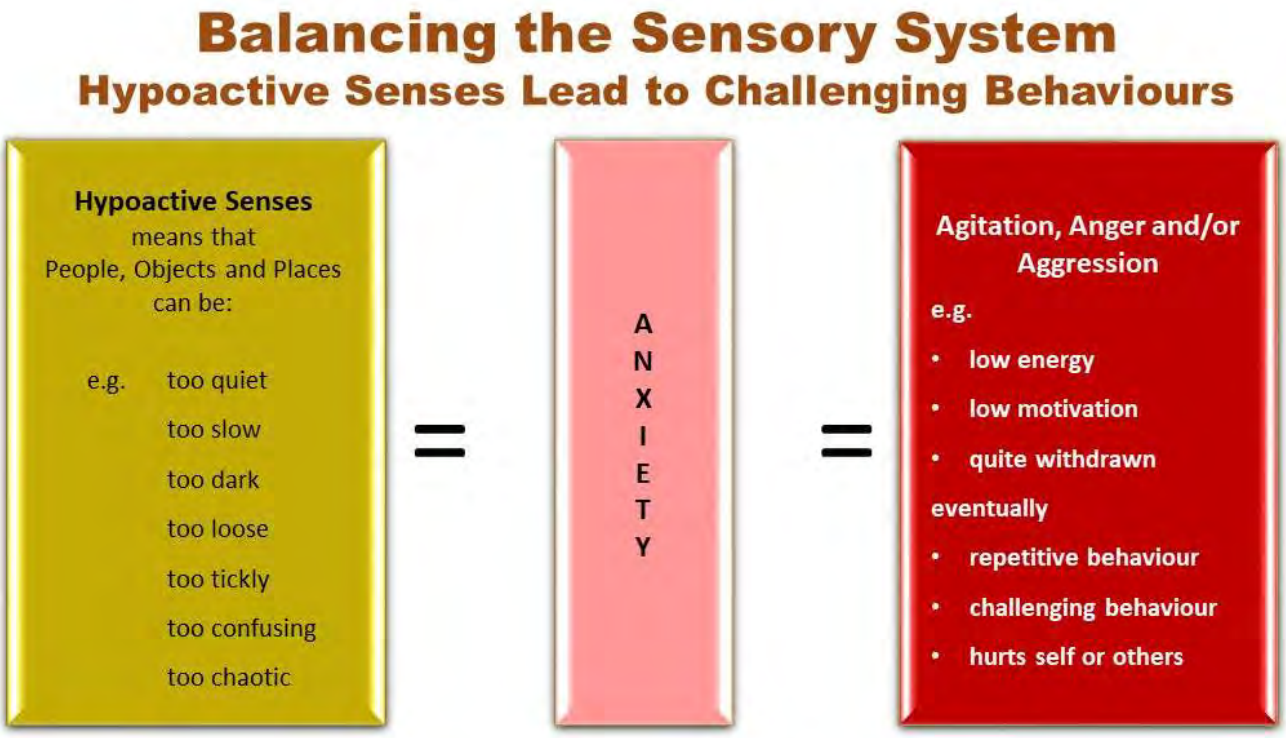
Need #6

Sensory integration and processing

Everyone is dependent on seven senses to experience life. Each person's reality is formed through sensory input: taste, smell, hearing, sight, touch, balancing and body-awareness. The latter two we also describe as vestibular (balancing) and proprioception (knowing where one's body is in space). If any of these senses are not fully developed and operational, the person-supported can be over-stimulated or under-stimulated. The result of receiving too intense a signal is hypersensitivity. The result of insufficient sensory signals is hyposensitivity.

People supported are more biologically vulnerable than neurotypical people to hypersensitivity and hyposensitivity. In both cases individuals are experiencing a loss of sensory integration and balance. The sensory stimulation may be too much or too little or distorted. Their experience may be brain chaos – too much noise and not enough signal because of poor sensory processing. If a sensor is over- or under- stimulated, anxiety can result in anger or aggression. The following two charts illustrate the effects of hypersensitivity and hyposensitivity in creating anxiety that often results in challenging behaviours.





Dr. Martha Herbert demonstrates that there are identifiable factors that are most helpful in supporting individuals who are striving to be calm, relaxed and engaged in life. One very important factor is a proper daily, sensory diet. By sensory diet we mean a combination of activities that will stimulate or reduce the sensitivity of the senses as required in a balanced way. Occupational therapists who are trained and certified in sensory integration methods and processing are the best qualified to assess and plan interventions and daily sensory diets.

Although a trained occupational therapist may be needed to prescribe a sensory diet, there are observations supporters can make that will indicate the need for a referral. Because an individual's preferred stimulating activities are often clues to the need they are trying to meet, observing and asking the right questions can be very revealing. In the Supporter's Optimal Solutions section below, there are examples of typical sensory screening questions outlined in *My Sensory Book* by Lauren Kerstein (2008), as well as examples of exercises that might be prescribed. Engaging in appropriate exercises that are recommended by a qualified occupational therapist will help the individuals become less sensory-defensive or sensory-craving and therefore better able to understand what is happening; it will also increase their ability to focus.

When a person supported has chronic problems with challenging behaviours, the likelihood is greater than 80% that a sensory irregularity is producing some of the individual's anxiety that leads to maladaptive behaviours. Balancing the senses reduces anxiety and helps individuals to self-regulate. As a result, they are more likely to engage in enjoyable life tasks and realize their full potential.

A very significant example of sensory dysfunction that seems to be treatable and yet is contributing to thousands of incidents of the person's anxiety and aggression is audio irregularities.

Audio Sensory Processing Problems and Solutions:

Paul Madaule, the director of The Listening Centre, has done some excellent work in the field of audio sensory-processing. Many of the insights below come from his work.

Audio Sensory Processing Problems

Some people supported often cannot tune in to human speech because they cannot use their middle ear muscles to dampen the lower frequencies. This difficulty compromises attachment, and social engagement abilities and desires;

- In humans, low frequency sounds trigger anxiety because they remind us of predators;
- This hypersensitivity keeps the fight/flight brain mechanism turned on which restricts social engagement;
- When lower frequencies are at full volume, they mask the higher sounds of speech, leaving the person supported hypersensitive to sound;
  Chronic inflammation disturbs developing neural circuits needed for all brain functions including listening.
- Treating the circuits that control the middle-ear muscle can decrease this hypersensitivity and increase social engagement;
- Autopsies of people supported found "particularly striking inflammation in the cerebellum" – the sub-cortical area with close links to the vestibular (inner ear). (Vargas, D.L., Johns Hopkins, 2005.) Sound Therapy is effective in treating this condition;

- The area of the auditory cortex that processes the human voice is under – connected to the brain's reward centre (dopamine receptors). Therefore human speech is not pleasurable to many people supported;
- Individuals with Autism have significantly lower levels of oxytocin which also lowers social engagement. (Simple touch significantly increases oxytocin).

Vital Needs to Activate the Parasympathetic Nervous System

The parasympathetic nervous system (in addition to many other calming functions) helps us connect with others, precisely because it regulates the brain area that controls the middle ear muscles (the vestibular system).

These muscles are used to tune in to the higher frequencies of human speech and also turn on the muscles used for vocal and facial expression. Being in "parasympathetic mode" is about calm, collected and connected.

Norman Doidge, 2007

Supporter's Optimal Solutions: Screening for Sensory Irregularities

1. Use the following tool to screen each person supported to determine if an Occupational Therapist should assess the needs for a sensory-integration treatment plan.
2. List the activities that are highly preferred and help people supported do these activities on a near-daily basis.
3. List the activities that are strongly resisted and, as much as possible, eliminate these concerns.
4. Follow the Occupational Therapists' recommendations as much as possible each day.

Use the following tool to screen for sensory issues and then if appropriate engage an occupational therapist for assessment and treatment.

Rating:
1 not applicable/seldom
2
3 several times per week
4
5 nearly daily

Things to consider as you make your rating:

- Everyone has some sensory integration problems now and then, because no one is well regulated all the time. All kinds of stimuli can temporarily disrupt normal functioning of the brain, either by overloading it with, or by depriving it of, sensory stimulation. Screen for trends.
- Gut health is an extremely important consideration for sensory integration. Poor GI function limits production of necessary neurotransmitters required to interpret and regulate sensory messages. Regulation often requires improved GI, bowel and digestive symptoms management.
- Once the screening indicates some concerns (e.g. two to three items at ratings of three and above), a qualified occupational therapist should be retained to assess, develop a plan and train supporters to implement the plan.

Signs of Tactile Dysfunction:

The tactile sense is the input received from the skin receptors about touch, pressure, temperature, pain, and movement of the hairs on the skin.

Hypersensitivity to Touch (tactile defensiveness)

- becomes fearful, anxious or aggressive with unexpected touch
- appears fearful of, or avoids standing in close proximity to other people or peers (especially in lines)
- becomes frightened when touched from behind or by someone/something they cannot see
- bothered by rough bed sheets (i.e. if old and "bumpy")
- avoids group situations for fear of the unexpected touch
- resists friendly or affectionate touch from anyone besides parents or siblings (and sometimes them too!)
- may overreact to minor cuts, scrapes and or bug bites
- avoids touching certain textures of material (blankets, rugs, stuffed animals)
- refuses to wear new or stiff clothes, clothes with rough textures, turtlenecks, jeans, hats, or belts, etc.
- avoids/dislikes/aversive to "messy play", i.e. sand, mud, water, glue, glitter, playdough, slime, shaving cream/funny foam etc.
- will be distressed by dirty hands and want to wipe or wash them frequently
- excessively ticklish
- distressed by seams in socks and may refuse to wear them
- resists brushing teeth and is extremely fearful of the dentist
- can be a picky eater, only eating certain tastes and textures; mixed textures tend to be avoided as well as hot or cold foods; resists trying new foods
- may refuse to walk barefoot on grass or sand
- may walk on toes only
- prefers to be naked

Hyposensitivity to Touch (under-responsive):

— may crave touch, needs to firmly touch everything and everyone
— is not aware of being touched/bumped unless done with extreme force or intensity
— is not bothered by injuries, like cuts and bruises, and shows no distress with shots (may even say they love getting shots!)
— may not be aware that hands or face are dirty or feel his/her nose running
— may be self-abusive; pinching, biting, or banging his/her own head
— mouths objects excessively
— repeatedly touches surfaces or objects that are soothing (i.e. blanket)
— seeks out surfaces and textures that provide strong tactile feedback
— thoroughly enjoys and seeks out messy activities
— craves vibrating or strong sensory input
— has a preference and craving for excessively spicy, sweet, sour, or salty foods

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Signs of Vestibular/Balance Dysfunction:

The balance sense provides input from the inner ear about equilibrium, gravitational changes, and movement experiences.

Hypersensitivity to Movement (over-responsive):

— climbs stairs one at a time
— avoids/dislikes playground equipment; i.e. swings, ladders, slides, or merry-go-rounds
— prefers sedentary tasks, moves slowly and cautiously, avoids taking risks, and may appear "wimpy"
— avoids/dislikes elevators and escalators; may prefer sitting while they are on them or, actually get motion sickness from them
— may physically cling to an adult they trust
— may appear terrified of falling even when there is no real risk of it
— afraid of heights, even the height of a curb or step
— fearful of feet leaving the ground
— fearful of going up or down stairs or walking on uneven surfaces
— afraid of being tipped upside down, sideways or backwards; will strongly resist getting hair washed over the sink
— startles if someone else moves them; i.e. pushing his/her chair closer to the table
— may be fearful of and have difficulty riding a bike, jumping, hopping, or balancing on one foot (especially if eyes are closed)
— loses balance easily and may appear clumsy
— fearful of activities which require good balance
— avoids rapid or rotating movements

Hyposensitivity to Movement (under-responsive):

- in constant motion, can't seem to sit still
- craves fast, spinning, and/or intense movement experiences
- could spin for hours and never appear to be dizzy
- loves the fast, intense, and/or scary rides at amusement parks
- always jumping on furniture, trampolines, spinning in a swivel chair, or getting into upside down positions
- loves to swing as high as possible and for long periods of time
- is a "thrill-seeker;" dangerous at times
- always running, jumping, hopping etc. instead of walking
- rocks body, shakes leg, or head while sitting
- likes sudden or quick movements, such as, going over a big bump in the car or on a bike

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Signs of Proprioceptive/Awareness of Body and Space Dysfunction:

The proprioceptive sense provides input from the muscles and joints about body position, weight, pressure, stretch, movement, and changes in position in space.

Sensory-Seeking Behaviour: (hyposensitive proprioceptive functioning):

- seeks out jumping, bumping, and crashing activities
- stomps feet when walking
- kick his/her feet on floor or chair while sitting at desk/table
- bites or sucks on fingers and/or frequently cracks his/her knuckles
- loves to be tightly wrapped in many or weighted blankets, especially at bedtime
- prefers clothes (and belts, hoods, shoelaces) to be as tight as possible
- loves/seeks out "squishing" activities
- enjoys bear hugs
- excessive banging on/with toys and objects
- loves "roughhousing" and tackling/wrestling games
- frequently falls on floor intentionally
- would jump on a trampoline for hours on end
- grinds his/her teeth throughout the day
- loves pushing/pulling/dragging objects
- loves jumping off furniture or from high places
- frequently hits, bumps or pushes other people
- chews on pens, straws, shirt sleeves etc.
- **difficulty with grading of movement:**

• misjudges how much to flex and extend muscles during tasks/activities (i.e. putting arms into sleeves or climbing)

- difficulty regulating pressure when writing/drawing; may be too light to see or so hard the tip of writing utensil breaks
- written work is messy and he/she often rips the paper when erasing
- always seems to be breaking objects and toys
- misjudges the weight of an object, such as a glass of juice, picking it up with too much force sending it flying or spilling, or with too little force and complaining about objects being too heavy
- may not understand the idea of "heavy" or "light"; would not be able to hold two objects and tell you which weighs more
- seems to do everything with too much force; i.e. walking, slamming doors, pressing things too hard, slamming objects down
- plays with animals with too much force, often hurting them

Signs of Auditory Dysfunction (no diagnosed hearing problem):

Hypersensitivity to Sounds (auditory defensiveness):

— distracted by sounds not normally noticed by others; i.e. humming of lights or refrigerators, fans, heaters, or clock ticking
— fearful of the sound of a flushing toilet (especially in public bathrooms), vacuum, hairdryer, squeaky shoes, or a dog barking
— startled with or distracted by loud or unexpected sounds
— bothered/distracted by background environmental sounds; i.e. lawn mowing or outside construction
— frequently asks people to be quiet; i.e. stop making noise, talking or singing
— runs away, cries and/or covers ears with loud or unexpected sounds
— may refuse to go to movie theaters, parades, skating rinks, musical concerts etc.
— may decide whether they like certain people by the sound of their voice

Hyposensitivity to Sounds (under-registers):

— often does not respond to verbal cues or to name being called
— appears to "make noise for noise's sake"
— loves excessively loud music or TV
— seems to have difficulty understanding or remembering what was said
— appears oblivious to certain sounds
— appears confused about where a sound is coming from
— talks self through a task, often out loud
— had little or no vocalizing or babbling as an infant
— needs directions repeated often, or will say, "What?" frequently

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Signs of Oral Input Dysfunction (taste):

Hypersensitivity to Oral Input (oral defensiveness):

- picky eater, often with extreme food preferences; (i.e. limited repertoire of foods, picky about brands, resistant to trying new foods or restaurants, and may not eat at other people's houses)
- may gag with textured foods
- has difficulty with sucking, chewing and swallowing; may choke or have a fear of choking
- resists/refuses/extremely fearful of going to the dentist or having dental work done
- may only eat hot or cold foods
- refuses to lick envelopes, stamps, or stickers because of their taste
- dislikes or complains about toothpaste and mouthwash
- avoids seasoned, spicy, sweet, sour or salty food; prefers bland foods

Hyposensitivity to Oral Input (under-registers):

- may lick, taste, or chew on inedible objects
- prefers foods with intense flavour; i.e. excessively spicy, sweet, sour, or salty
- frequently chews on hair, shirt, or fingers
- acts as if all foods taste the same
- can never get enough condiments or seasonings on his/her food
- loves vibrating toothbrushes and even trips to the dentist

Signs of Olfactory Dysfunction (Smells):

Hypersensitivity to Smells (over-responsive):

- reacts negatively to, or dislikes smells which do not usually bother, or get noticed, by other people
- tells other people (or talks about) how bad or funny they smell
- refuses to eat certain foods because of their smell
- offended and/or nauseated by bathroom odours or personal hygiene smells
- bothered/irritated by smell of perfume or cologne
- bothered by household or cooking smells
- decides whether he/she likes someone or some place by the way it smells

Hyposensitivity to Smells (under-responsive):

- has difficulty discriminating unpleasant odours
- may drink or eat things that are poisonous because they do not notice the noxious smell
- unable to identify smells from scratch 'n sniff stickers
- does not notice odours that others usually complain about

— fails to notice or ignores unpleasant odours
— makes excessive use of smelling when introduced to objects, people, or places
— uses smell to interact with objects

Signs of Visual Input Dysfunction (no diagnosed visual deficit):

Hypersensitivity to Visual Input (over-responsiveness):

— sensitive to bright lights; will squint, cover eyes, cry and/or get headaches from the light
— has difficulty keeping eyes focused on task/activity he/she is working on for an appropriate amount of time
— easily distracted by other visual stimuli in the room; i.e. movement, decorations, toys, windows, doorways etc.
— has difficulty in bright colourful rooms or a dimly lit room
— rubs his/her eyes, has watery eyes or gets headaches after reading or watching TV
— avoids eye contact
— enjoys playing in the dark

Hyposensitivity to Visual Input (under-responsive or difficulty with tracking, discrimination or perception):

— has difficulty telling the difference between similar printed letters or figures; for example, p and q, b and d, + and x, or square and rectangle
— has a hard time seeing the "big picture"; focuses on the details or patterns within the picture
— has difficulty locating items among other items; i.e. papers on a desk, clothes in a drawer, items on a grocery shelf, or toys in a bin/toy box
— often loses place when copying from a book or the chalkboard
— difficulty controlling eye movement to track and follow moving objects
— has difficulty telling the difference between different colours, shapes, and sizes
— often loses his/her place while reading or doing math problems
— makes reversals in words or letters when copying, or reads words backwards; for example, "was for "saw" and "no" for "on" (after first grade)
— complains about "seeing double"
— difficulty finding differences in pictures, words, symbols, or objects
— difficulty with consistent spacing and size of letters during writing and/or lining up numbers in math problems
— difficulty with jigsaw puzzles, copying shapes, and/or cutting/tracing along a line
— tends to write at a slant (up or down hill) on a page
— confuses left and right
— difficulty judging spatial relationships in the environment; bumps into objects/people or missteps on curbs and stairs

Internal Regulation (the interoceptive sense):

- becoming too hot or too cold sooner than others in the same environments; may not appear to ever get cold/hot, may not be able to maintain body temperature effectively
- difficulty in extreme temperatures or going from one extreme to another (i.e. winter, summer, going from air conditioning to outside heat, a heated house to the cold outside)
- respiration that is too fast, too slow, or cannot switch from one to the other easily as the body demands an appropriate respiratory response (heart rate variability (HRV))
- heart rate that speeds up or slows down too fast or too slow based on the demands imposed on it (HRV)
- narrow range of heartrate variability, e.g. high resting, low when exerted
- respiration and heart rate that takes longer than what is expected to slow down during or after exertion or fear (HRV)
- severe and frequent mood swings throughout the day (angry to happy in short periods of time, perhaps without visible cause)
- unpredictable state of arousal or inability to control arousal level (hyper to lethargic, quickly vacillating between the two; over-stimulated to under-stimulated, within hours or days, depending on activity and setting, etc.)
- frequent constipation or diarrhea, or mixed during the same day or over a few days
- does not seem to know when he/she has to go to the bathroom (cannot feel the necessary sensation that their bowel or bladder are full)
- unable to regulate thirst; always thirsty, never thirsty, or oscillates back and forth
- unable to regulate hunger; eats all the time, won't eat at all, unable to feel full/hungry
- unable to regulate appetite; has little-to-no appetite and/or will be "starving" one minute, then full two bites later, then back to hungry again (prone to eating disorders and/or failure to thrive)

Responses to Sensory Challenges:

Pay attention to what individuals spontaneously do to calm themselves, and then help them do it when they start to become agitated. Encourage following the prescribed daily sensory diet developed by an occupational therapist to help senses remain balanced and prevent sensory overload (see examples below).

Use techniques as recommended by a qualified occupational therapist to enhance levels of organization in the brain with the possibility of growing new neuron cells.

The following are examples of activities that could be beneficial with frequent and consistent use, depending on OT recommendations:

Vestibular/Balance Integration Exercises to Stimulate:

- jumping, hopping, bouncing on mini-trampoline or stabilization ball, catching, throwing, skipping or bouncing on pogo stick;

- swinging, rotating or hammocking in all directions (also improves inner-ear function);
- walking toe-to-heel on balance beam (1" x 6" x 8" boards in pattern);
- balancing on boat bumpers;
- vaulting (sudden jolts are very helpful);
- standing and balancing on elliptical cushion while catching balls;
- doing balancing exercises on Wii or Xbox;
- sitting on an air cushion (weight shifting stimulates balance and improves inner ear and motor behaviour functioning therefore reducing movement fear and anxiety).

Proprioceptive Body Awareness Integration Exercises to Stimulate:

- vibration (highly stimulating to our proprioceptive sense, e.g. massage chair);
- weighted/compression clothing and blankets (self-calming to this sense);
- measured strengthening exercises to learn to use an appropriate level of force;
- squeeze machine;
- regular doses of touch from massage, brushing, handholding;
- caving or rock climbing;
- pushing and pulling;
- carrying heavy objects;
- weight resistance and pressure workouts;
- jumping on the trampoline;
- throwing or catching a heavy ball or beanbag;
- rolling up tightly in a blanket;
- "bicycling" (two people laying on backs playing bicycle with their feet);
- digging in heavy sand;
- sucking on a water bottle;
- chewing heavy, crunchy food.

Tactile Integration Exercises:

To stimulate:

- Use chewing appliances;
- Walk on a variety of textures in bare feet;
- Use gripping appliances to stimulate feeling;
- Choose colourful clothing, pictures;
- Experience different textures through hand stimulation (e.g. from sand to water, from rough to smooth, from hot to cold).

To calm:

- Avoid people who get too close;
- Choose user-friendly clothing—not too tight or too scratchy;
- Arrange for snoezlen-type environments: slow moving, soft light, soft textures and colours, soft music, bubble tubes;
- Use ear plugs or headphones;
- Serve soft-textured food (minced, pureed, smoothies);
- Wear sunglasses.

Need #7

Environmental – supporter's accommodations, behaviour (ABA learning), social interactions and contributing to others' well-being

This final need on the hierarchy of special needs further addresses the person's need for inclusion, normalcy, social interest, self-reliance and self-worth. Our CCS premise is that, similar to how Maslow's hierarchy of needs operates, the person supported must have body, mind and security needs met in order to be ready to grow to their fullest emotional and social potential. Now that the first six needs have been addressed, this culminating part of the process will significantly increase the likelihood of optimal support.

While safety for the person with complex needs can be significantly enhanced as a result of the comprehensive support process that ideally includes behavioural best practices if required, these interventions can also be useful and even necessary for some people for the development of social interest and contributing to other's well-being.

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".***

Need #7 includes the person's development through the following:

1. facilitation of life skills, meaningful-day experiences and socially valued roles through community connections;
2. providing help in managing social situations, such as accommodating specific needs;
3. behavioural social skills development.

1. Facilitating Life Skills, Meaningful-Day Experiences and Socially-Valued Roles Through Community Connections

Once the first six need areas are identified and met, the person supported will be much more able to grow and mature into their fullest potential. This absolutely includes their potential to be empathic and learn to be committed to contributing to others' lives and well-being. In each community there are meaningful volunteer and employment opportunities to foster this goal of self-reliance, relative independence and commitment to community building, social justice and other community concerns.

People supported often suffer from either boredom or under-utilization of their gifts in meaningful achievements. Both of these conditions can be reduced if we provide these individuals with a way to make a meaningful contribution to their world by using the gifts they already have.

One of the first activities critical to meeting this need is to facilitate the person's community connections. The following is a summary of some key strategies from Peter Block and Dr. John McKnight's (2010) excellent book on community connections, *The Abundant Community*.

The following steps will help supporters promote meaningful connections for the person supported:

1. Determine the person's gifts and interests by what they tell and show, by the activities they try.
2. Ensure that all disability/mobility challenges are fully addressed.
3. Conduct a complete inventory of interests and skills of all staff and family members. Compile a similar inventory of all the person's interests and skills. Match supporters and the person by interests and skills.
4. Determine socializing and role preferences. Is the individual an introvert or an extrovert? What activities cause the individual social anxiety? This is a most critical step as it will be emotionally harmful to facilitate an individual who has predominately introvert preferences to engage in extrovert activities, e.g. larger group experiences versus one-on-one.
5. Explore community resources.
    - inventory all activities in the community such as recreation centres, libraries;
    - visit activity locations: stocked fishing ponds, sports arenas, parks, recreation centres, swimming pools etc.;
    - visit stores or suppliers of equipment and talk to staff about customers who might be interested in helping. Leave a picture and resumé of the individual receiving support and
    - make follow-up visits to receive the names of interested community members.

6. Talk to individuals or small groups in the community. Ask them the following questions:
    - What gifts were you born with? What interests do you have? Would you be willing to share them with others?
    - What skills have you developed? Would you be willing to share them?
    - What are you passionate about? Would you be willing to teach that to someone else?
    - What would you like to learn?
    - What organizations do you belong to?
    - Who else do you know whom you think I should talk to?
7. Select places where the person can share his or her gifts—jobs are good, but gift sharing is preferable. Offer choices to the person supported.
8. Facilitate and maintain connections. Assess and continue, stop and start.

Adaptive/Positive Reinforcement for a Meaningful Day

Use the following chart to assess the likelihood that various activities have a positive effect on the individual's day, alleviating stress and creating greater calm. Make notes that reflect the individual's responses. Be proactive in assisting the person to pursue the adaptive activities that they identify for themselves.

Activities	Really Enjoys/ Stress Reducers	Somewhat Enjoys	Does Not Enjoy/ Stress Inducers
Entertainment/ Recreational/ Toys/Hobbies			
Food Preferences			

Activities	Really Enjoys/ Stress Reducers	Somewhat Enjoys	Does Not Enjoy/ Stress Inducers
Social/Friends/ Family e.g. introvert vs extrovert preferences			
School/Work			
Communications			
Miscellaneous			

Please Hear What I am 'Saying'

In the following chart I have gathered—from research and from experience—a comprehensive list of the variables (environmental and personal) most likely to increase anxiety for people supported and therefore increase the risk of challenging behaviours. As you become familiar with this list and start to implement the recommendations, you will find that challenging behaviours arise much less frequently.

Conditions That Increase 'My' Anxiety and What You Can Do To Help 'Me'

What you need to know and remember about my anxiety that can lead to challenging behaviours.		How best to help me self-regulate.
1.	I am a ten-second person living in a one-second world.	▪ Please slow down your communications and wait for my response.
2.	I hate not knowing my time limits. I really need to know timelines.	▪ Stay committed to established timelines, e.g. when we are going to the park and warn me when change is necessary. ▪ I really like a timer. Let me set the timer up and start it.
3.	I hate too many choices. Too many choices confuse me.	▪ Ask me "this or that" or "first this – then that."
4.	I really need to think that I have a choice in what happens.	▪ Ask me, "Do you want to do it now or in five minutes?"
5.	An environment that gives me too much overload (social, sensory or cognitive) makes me anxious.	▪ learn my sensory needs and support me accordingly.
6.	Some hours and some days will just not be good for me, and I don't know why.	▪ Expect and plan for my "off times" with some of my preferred activities.
7.	When I start to get anxious, please stop making it worse by becoming more logical.	▪ I now need your empathy and validation. ▪ Help me with BB-ABC exercises.
8.	There is a 50% chance that I have PTSD syndrome.	▪ Please stop triggering me with a loud voice and shouting.

What you need to know and remember about my anxiety that can lead to challenging behaviours.		How best to help me self-regulate.
9.	I hate changes – I fear the unknown.	▪ Stay on schedule as much as is possible and let me know when you have to change things. ▪ When you tell me about the change, expect me to react with "but what if _____ happens?" If I am non-verbal, I will still be thinking – but what if ____ so keep telling me as much as is possible. ▪ Think out loud as much as you want – the more the better.
10.	I am highly sensitive to your reactions and need to know and feel that I have not upset you.	▪ Please work to stay emotionally self-regulated and tell me if something is bothering you.
11.	I have nine meanings for the word *no*.	▪ When I say *no*, remember it can mean any of the following: - I'm afraid of doing it wrong. - I don't want to look bad. - I'm not ready yet. - I'm not sure what to do. - I want more information. - Ask me later/again/tomorrow. - I'm afraid to do what you ask. - Give me better reasons to do it. - I'm in pain; please help me.
12.	When I am physically uncomfortable because, for example of constipation, I get agitated and anxious.	▪ Do everything you can to identify and treat my pain.
13.	Uncertainty scares me.	▪ Be consistent and persistent.
14.	Sometimes I get so anxious that I hit, bite or kick.	▪ Please don't think I really have a choice. It really does feel better than being really scared – also don't take it personally. ▪ Start BB-ABC calming as soon as possible.
15.	I have many reasons for not wanting to be around people. One big reason is that most people like to be spontaneous. I hate it!	▪ As much as possible, let me do it my way if plans change. Also let me do a repetitive behaviour because it's my way of calming when things go off schedule.

What you need to know and remember about my anxiety that can lead to challenging behaviours.		How best to help me self-regulate.
16.	My sensory world is very different than yours.	▪ Learn what I need as a sensory diet – keep my list available for your reference. ▪ Even when you help me to process sensory input, remember I mostly can only process one sense at a time. This is especially true for hearing and seeing. Therefore, stop telling me to look at you when you are talking to me. ▪ My peripheral vision can be much better than yours, so let me use it when I want to. ▪ When you stare at me I feel anxious. ▪ Because of my linear processing abilities, don't expect me to listen to you while I am doing something else.
17.	Some of my defiant behaviour is me trying to keep my sensory processing on-line.	▪ Please stop confusing my sensory processing with non-compliance. For example, most often attention-seeking or not trying to do something is not only about a functional goal.
18.	When I am anxious, I sometimes freeze.	▪ Before and after I have a *fight* or *flee* blow-out I may look calm, but often I am really more frightened than ever, so I *freeze*. Continue to respond to me as if I am very afraid because often I am. Some BB-ABC Tools work well at this time.
19.	When I get scared my thinking brain (like yours) goes off-line.	▪ Please stop thinking that I am learning something from you once I get scared. Just like you, I say silly and often hurtful things when I get mad because my upper brain is off-line. If I am upset, I need your calming strategies not your logic. Many behavioural interventions at this time are annoying. I learn next to nothing from them because my learning brain has gone to sleep. ▪ Once I am calm, please revisit what happened and very slowly teach me what I need to know.
20.	More often than you, I lie and embellish the truth. I do this to stay-out of trouble and/or to impress you.	▪ Please stop vetting my words. At these times I am feeling "less than," so please validate me and respectfully redirect my conversation. At these moments, I love to hear things like "you enjoyed doing that didn't you" or "I like the way you ____."

What you need to know and remember about my anxiety that can lead to challenging behaviours.		How best to help me self-regulate.
21.	I am a black or white, logical kind of person. I think everything has a reason. I sometimes get very anxious trying to figure things out. This makes me seem unfeeling at times because I am trying to figure things out.	▪ When you see me pondering something or fixated on something, give me time and cues to figure out what is happening. ▪ Even let me obsess a bit to figure it out. ▪ Asking me how or what I am feeling at this moment is unhelpful and annoying. ▪ Instead, give me help to find answers: "Okay Peter, that is a ____." ▪ I really need closed or alternate choice questions.
22.	I have many ways of stimming, such as rituals, pacing, hand flapping, rocking, finger flicking, vocalizing, tics, twitches, repeating words, etc. etc. Stimming generally (not always) means that I am not feeling comfortable/calm in myself and I need predictability and focus.	▪ Please help me calm with BB-ABC and my preferred activities, e.g. tactile, proprioception, balancing exercises. ▪ Please don't think less of me when I stim. I don't think less of you when you stim with your phone.
23.	Sometimes I unknowingly but intentionally annoy you, refuse to cooperate, keep asking questions that I know the answer to or pick a fight with you—even when you have done everything I wanted.	▪ Know that this often distracts my mind away from being scared, nervous or my pain. ▪ Stop responding to what I am saying or doing and respond to my real message. Please help me calm with BB-ABC and my preferred activities.
24.	Seemingly minor things that you as a supporter sometimes do make my life miserable and cause my anxiety.	▪ Please try not to: - rearrange furniture in my room or common areas; - stop my stimming unless it's harmful; - get into power struggles with me; - change activities. ▪ If it is necessary to change schedules, please change things gradually with notice and with my input: - use inclusive language, like "Peter would you rather do this or this?" - a social story with pictures is helpful – when I am calm ; - be gentle and slow, but be persistent and consistent; - include BB-ABC exercises; - as appropriate tell me what might happen that would change our plan. "Peter, what might happen is this, and we will ___."

What you need to know and remember about my anxiety that can lead to challenging behaviours.		How best to help me self-regulate.
25.	I will give you very clear cues that I am getting anxious and on the edge of a blow-out or blow-in.	▪ Please develop your mindfulness skills so that you can learn to identify when I am becoming anxious and pleading to you for help with calming e.g. BB-ABC.
26.	I hate most transitions. I hate when good activities are over – especially abruptly.	▪ Please give me a heads-up with what will happen and when. ▪ Please tell me what unforeseen event could happen and what we will do about it. ▪ Please keep me in charge – Ask me – "Do you want to put your coat on before you_____" ▪ I always need a three-minute notice.
27.	I dislike open ended questions – *what, how, when, why.*	▪ Use closed questions (that can be answered with yes or no) e.g. *would, could, should, is.* ▪ Use alternate choice questions e.g. "Do you want this or this?"
28.	I don't understand metaphors or similes. I take everything literally, even if it is not meant to be literal: e.g. *wait a minute*.	▪ Be precise and concrete.
29.	I am most likely an introvert, so don't expect me to live in your world if you are an extrovert.	▪ Learn my preferred social style. ▪ Always give me choices if possible re: social outings.
30.	As with all neurotypical folks, feelings make up my mind around choices that are about me and you.	▪ When possible, give me mostly feeling reasons to do things, not logical reasons: e.g. "Let's do this now so that we can go and have fun swimming later."
31.	I am often confused by requests to do things.	▪ Always ask – "Would you please_____now?" This clarifies what you want and when you want it.
32.	I hate to hear *no,* because it means many things to me and confuses me.	▪ Instead, say, "You can when _____but not right now. Now we need to do _____or _____. What do you want to do?"
33.	I get increasingly anxious when I feel myself start to blow-out, and I need to know you will really help me.	▪ Make sure I am and others are safe, then as soon as possible reduce the environmental triggers that are in my Sensory Assessment and Plan: e.g. sensory issues, such as lighting, people or noise. ▪ Start a sensory physical activity with me to help me calm. ▪ Stay calm yourself: - fear begets fear; calm begets calm. - only by learning and practicing emotional self-regulation skills will you be able to stay calm. Most tactics that are done when you are upset (emotionally hijacked) are dangerous illusions of helping me.

What you need to know and remember about my anxiety that can lead to challenging behaviours.		How best to help me self-regulate.
34.	When I do get upset, there are ways to help me calm down more quickly.	▪ Start by – - reducing your requirements of me and giving me some personal space. - direct me to BB-ABC strategies. - introduce some pleasant sensory focusing activities e.g. watching a falling feather, or balloons floating or popping.
35.	I need you to teach me literacy and numerical skills in concrete ways. Abstract ideas make me anxious.	▪ Use the times when I am doing physical or sensory exercises or other concrete activities to teach me: for example, building structures with blocks or balancing objects. But keep it simple – only one sense door activated at one time.
36.	Concentrating wears me out, so I get bored easily and boredom makes me feel anxious.	▪ Change my activities fairly quickly: every ten to fifteen minutes maximum.
37.	Incentives and reinforcers are good ways to get me to co-operate without making me feel anxious.	▪ Learn my preferred activities that you can use as incentives and let me do them as required for me to cooperate and learn. Don't use them to fill-in time, because I lose interest. ▪ Don't give me food for incentives (especially simple carbohydrates and sugar): the more I get, the more I need.
38.	I feel less anxious when you let me watch you do something before I do it.	▪ Model what you want me to do and describe in words what you are doing: e.g. butterfly hugs or arms up and down with calming breathing. ▪ mirror neurons are alive and well in you and me (NLP research).
39.	Developing my medial lateral prefrontal cortex helps me to regulate my emotions– please help me.	▪ Two-Three times every hour, remind me to notice, pay attention – - "blink if you notice _____." - "say or notice when _____." ▪ Let me use the rebounder.
40.	Some days I will not like something that I usually like.	▪ Encourage me to try it, but know that there could be ten reasons why today it's not for me.

What you need to know and remember about my anxiety that can lead to challenging behaviours.		How best to help me self-regulate.
41.	If I can see the things associated with my preferred activities all of the time, I will be unable not to focus on them and bug you to do them. We may then get into a power struggle.	▪ Keep the tools and equipment for my preferred activities hidden from me, in a locked place if necessary.
42.	I'm not sure but it seems like for me and some of my friends fluorescent lights, WiFi and microwaves and dirty electricity bother me.	▪ Please filter out these anxiety producing triggers, including keeping your cell-phone turned off around me. ▪ Filter the outlets in my bedroom at least
43.	My number one sensory need is to stimulate my proprioceptive sense door.	▪ Every hour for sure, give me proprioceptive activities.
44.	Your energy directs mine.	▪ Please learn to stay calm, especially when I get anxious.
45.	When I get anxious, I often give you attitude and resistance. This often gets us involved in a power-struggle and I find fighting with you is an excellent diversion from my anxiety attacks.	▪ Although your power-struggles with me are relatively better than my fears, they often get out of hand and just make things worse. Please learn to not get pulled into my behaviours. I need your calm, caring and conscious connecting to get me back on track.

Recommended Reading

Much of the above has been adapted from the following resources:

Bluestone, J. *The Fabric of Autism.*

Lipsky, D. *From Anxiety to Meltdown.*

Herbert, M. *The Autism Revolution.*

2. Providing Help In Managing 'Specific' Social Situations

The statements below are what the person whom you support would like to say to you so you could better understand their need for independence, self-reliance and purpose.

- **Behavioural & Mindful, Emotional & Self-Regulation Skills' Development e.g. ABA, IBI Learning**

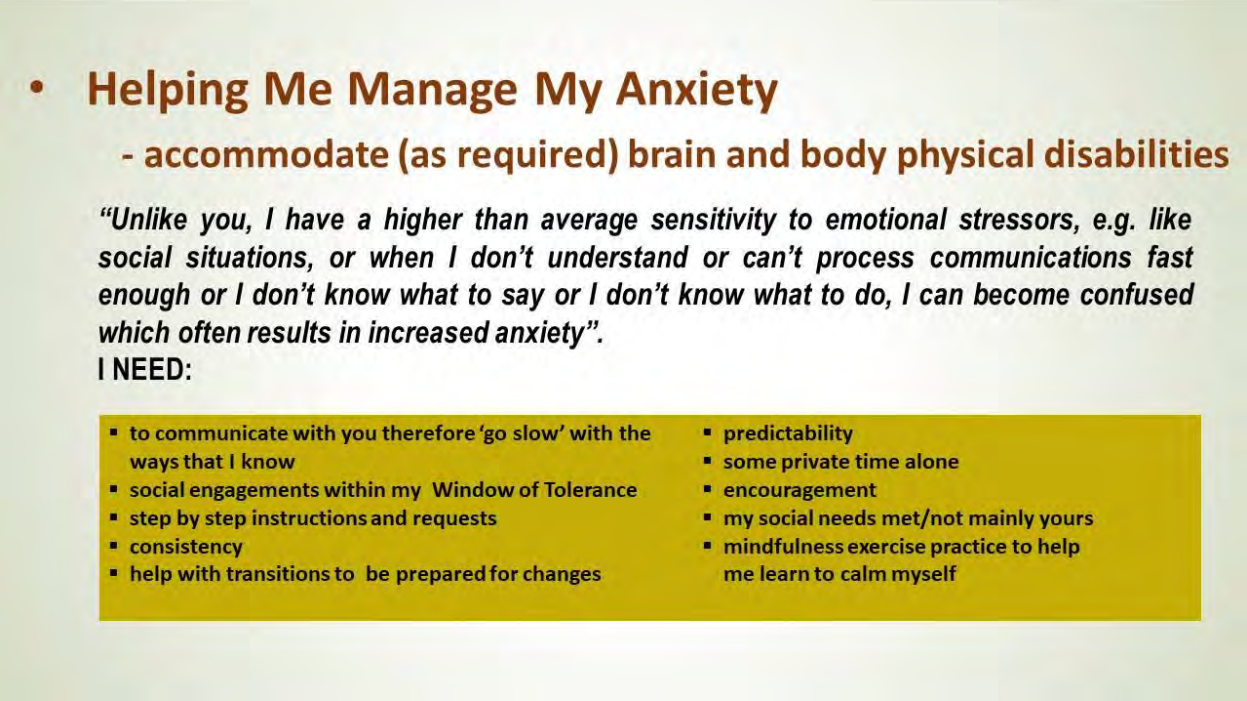
"If I don't have a chance to use my energy constructively, my nervous and sensory systems can get bored and agitated".
I NEED YOU TO:

- treat me as an intelligent adult
- stop giving me unnecessary rules
- keep my BSP current and relevant as I am developing and maturing
- protect me from supporters who offer me less than optimal behavioural interventions, e.g. power struggles
- through behavioural best practices teach me caring for and about others
- help me to revise my outdated ideas of who I think I am e.g. I don't have to please or gain your approval, rather we need a relationship built on respect for each other
- consistently implement my behaviour support plan without increasing my anxiety

- **Contribute to Others' Well-being Through Socially Valued, Meaningful & Inclusive Roles**

"I feel useless and anxious if my days lack what I perceive to be purpose and meaning".
I NEED:

- to have meaningful days where I can feel useful, appreciated, stimulated and have opportunities to be included in social interactions that (like you) recognizes my unique needs and gifts.
- you to know what my unique social interaction needs are e.g. Am I an introvert or an extrovert?
- you to help me to find ways to contribute to others' well-being.



Accommodations – Further Facilitating Opportunities

Many symptoms of people supported will be significantly reduced and eliminated as a result of Conscious Care and Support interventions. Some will continue.

The following are examples of how supporters can, **if required**, best further facilitate opportunities for people to live a fulfilling life.

1. **Brain Growth and Development:**
   - Reduce inflammation/irritation (e.g. NAC);
   - Follow recommended nutrition and supplements plan;

- Strongly encourage participation in and structure a wide variety of physical, mindful/"noticing" and mental exercises into daily routines (e.g. BB-ABC).

2. **Dietary Needs:**

- Encourage the reduction/elimination of poor food choices;
- As required, facilitate adherence to meal schedules and food amounts eaten;
- Advocate for and closely adhere to recommended diets and supplements;
- Keep blood sugar levels stable.

3. **Communications:**

- Teach an effective form of communicating;
- Validate opinions and ideas – avoid vetting or correcting except as useful, timely and necessary;
- Communicate slowly as indicated by their thought processing needs;
- Only as necessary, offer prompts, complete sentences, thoughts etc.;
- Honour and respect repetition, incorrect memory and confabulations.

4. **Social:**

- Honour and respect social preferences e.g. introvert/extrovert;
- Proactively offer Awareness Based Calming supports in anticipation of social stressors e.g. transitions, waiting times, change in plans;
- Prevent environmental stressors e.g. keep person well informed;
- As indicated, offer limited choices and use effective open and closed questions.

5. **Sensory Processing:**

- Know the individual's hypo- and hyper-sensory needs and offer integration and processing exercises;
- Prevent the individual from experiencing environmental overwhelm, based on known sensory needs.

6. **Meaning and Purpose:**

- Authentically celebrate achievements, roles and activities based on probable brain development level versus individual's chronological age;
- Facilitate participation in work and volunteer roles that are meaningful to the individual and socially valued.

7. **Emotional:**

- Structure (hour by hour) calming self-regulation exercises, such as mindful movement.

8. **The Supporters' Conscious Connecting and Facilitating Process:**

- Only do for the person what they cannot or will not do for themselves at the time.

Part ONE - Conclusion

Summary of CCS Support Best Practices to Enhance Well-being

1. Facilitate an independent psychotropic medication review with the Pharmacist and the Primary Care Physician (PCP). Clarify what medications are managing what symptoms. Track and give updated information on symptoms to the PCP for review.

2. Enlist the services of a naturopathic doctor to test for toxins, food intolerances and infections and start treatment as recommended, for example, stool samples for Candida/Clostridia and Urinary Organic Acid Test.

3. Enlist the services of a qualified nutritionist or a registered dietitian and using the results from testing, implement the recommended diet and supplements. Reduce and eliminate unhealthy foods. Starve candida and clostridia: control sugar and simple carbs.

4. Enlist the services of a qualified dentist to complete a dental and myofunctional disorders' assessment and advocate for the individual to implement a treatment plan as indicated.

5. Implement a "dirty electricity" clean-up; for example, filter 110-volt outlets and keep Wi-Fi power to a minimum. At night, turn off all bedroom monitors (if appropriate), wireless chargers, Wi-Fi and cell phones.

6. Enlist the services of a qualified occupational therapist and complete a sensory assessment and treat as indicated (reference screening instrument).

7. Advocate to modify ABA/IBI interventions if they induce moderate to high anxiety, except to ensure safety. As directed by the Behaviour Analyst Certification Board Standards, ensure that all biomedical and other treatments are happening prior to or concurrent with behavioural interventions.

8. Initiate daily well-being practices and exercises:

    - Bilateral, Biomeridian, Awareness-Based Calming (BB-ABC), e.g. hand BB-ABC, butterfly hug, collar-bone point activation
    - Physical workouts, e.g. cardio, core, balance and strengthening
    - Brain coherence development, e.g. bouncing and balancing, and neurofeedback
    - Medial pre-frontal cortex development: for example, mindful-movement exercises, mindful breathing, B-FIT and hand and foot massage
    - Human energy-system mindful balancing and protecting: for example, satisfactory sleep- hygiene and protection from dirty electricity and Wi-Fi radiation
    - Positive emotional-contagion self-regulation skills, e.g. practise B-FIT Mindfulness to learn to Catch and Calm yourself
    - Mindful muscle relaxation, e.g. hands, legs and arms

- Music calming, e.g. vibroacoustics
- Essential oil treatment, e.g. lavender.
- Standard sensory exercises, e.g. Bosu and stabilization balls and cushions, Wi-Fi, Xbox, wobble board, swinging, etc.

9. Implement Fifteen Support Strategies for advocating with professionals.

10. Enhance meaningful day activities, including mindfulness and social connections.

11. All of the above to be facilitated by emotionally mature and mindful, self-regulated supporters applying the integrated CCS and behavioural support strategies.

12. After offering the above optimal support, encourage and validate neurodiversity and other gifts.

Every person with Autism and other developmental disabilities must be skillfully supported to have these basic human needs met each day. If individuals' needs are met in ways that satisfy their unique challenges and complement their emotional, physical, sensory and neurological predispositions, they can live a significantly enhanced satisfactory life and achieve their full potential. If supporters fail to recognize the needs of individuals for meaningful support or ignore the well-researched best practices in this Part ONE, they may be contributing to compromising quality of life, including unknowingly increasing the risk of challenging behaviours.

It cannot be stated too strongly that problematic behaviours must be understood as messages about unmet needs, not symptoms of individuals just wanting their own way. Generally, these problematic behaviours are:

- a communication to ask for help to meet one of their fundamental biological needs
- a distraction from emotional anxiety or physical pain
- a way to balance the body's electromagnetic energy to achieve relative calm or
- an attempt by the individual to have a sense of security through being in control of their life.

Very few family or support professionals intentionally ignore the implementation of these best practices. The vast majority of supporters simply lack the knowledge and training on how to and why to implement them. In addition, they often lack the mindful emotional self-regulation that is required to overcome the blockages to optimal support. This includes inadequate motivation to support in a more complete way. This lack of intrapersonal maturity and mindful, emotional self-regulation is often a fundamental block preventing family and support professionals from fully assisting people supported to live a fulfilling life.

Part Two addresses the development of supporters' mindful, emotional self-regulation skills and kindness**.**

THE ARTIST
Grace Culliton

Grace was diagnosed with autism at the age of five. She demonstrated talent in art at an early age, and despite the significant challenges she faces as an individual affected by autism, has won awards and recognition for her work. Grace's art is characterized by a dynamic use of colour, and a mature sense for spatial design, patterns and textures.

A portion of proceeds from sales of Grace's art is donated to autism related organizations. Learn more about Grace and view her gallery at:

www.graceart.ca

Waves

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Author's Note: Grace is an excellent example of the thousands of people with a disability who have gifts and talents waiting to be discovered and appreciated.

To love someone is not first to do things for them, but to help them discover their value, to say to them through our attitude; you are valued, loved and you are important. I trust you (can do it). You can trust yourself.

PART TWO:
Claim Your Brain, Start Your Heart

In The End

In the end, only four things really matter: how much you loved, how gently you lived, how gracefully you let go of things not meant for you and how well you helped others to love, live gently and let go.

(Adapted from Buddha)

INTRODUCTION

The first need on our hierarchy emphasizes the supporter's need for progressive development of their own self-regulated calm and caring qualities in order to be able to consistently offer several specific intrapersonal support skills (i.e. BB-ABC). This development is essential for a family member or support professional to successfully implement the rest of the hierarchy of needs.

If Part ONE of this book can be compared to a car, Part TWO is both the gas and the GPS. Without you learning and practising the numerous personal and professional life enhancing and changing insights and tools in Part TWO, you will live to a fraction of your potential. This will include experiencing a lot of unnecessary suffering from the inevitable pain and significantly less fulfillment from your relationships and achievements.

We start this section with a self-assessment to identify the human qualities that you (the supporter) will learn throughout this book. This Part TWO is dedicated solely to facilitating your development in intrapersonal mindful, emotional self-regulation skills and kindness and three other human qualities.

Human Qualities Self-Assessment

The following table illustrates the critical qualities that the supporter must learn to bring to the support process as a result of being conscious/mindful and compassionate. In the absence of these qualities on the part of the supporter, people supported are left to their own, often less-than-optimal, behaviours to seek attention, avoid tasks, get access to tangibles etc. These behaviours are often their attempt to cope with a stressful anxiety producing environment that results in part from mindless supporters, as well as their attempt to meet one or more of the seven needs identified in Part ONE.

Please complete the following (confidential – for your eyes only) human competencies and emotional self-regulation skills assessment. As you develop the insights and skills learned in this Part TWO, you can review this tool to measure your progress.

CCS Supporters' Human Competencies and Emotional Self-Regulation Skills Self-Assessment

Instruction: **Complete monthly to track your development progress and also as a reminder of what your ongoing personal and professional development could be.**

Put an (N) for how you respond *normally* and an (S) for how you respond under *high stress* along the 1-10 rating scale for each quality.

I.D. Code: _____ **Date:** _____

Competencies (while supporting individuals with special needs)	**Competence Level** **Normally (N) Under high stress(S)** **1 2 3 4 5 6 7 8 9 10**		
Patience and kindness	Impatient, insensitive		patient, sensitive
Calmness	angry, anxious		very calm
Authenticity of connection	tuned-out, indifferent		committed
Empathy	low		high
Crisis intervention, risk management implementation	ineffective, contributes to escalation of power struggles		effective resolutions, no power struggles
Awareness, presence	mostly unaware of feelings & behaviours at the time		highly aware of feelings & behaviours at the time
Emotional self-regulation skills	low: yelling, moodiness, disrespect		high: respectful communications
Preference for working with individuals with complex needs and challenging behaviours	resistant or fearful		open and equanimous
Effectiveness in supporting best practices	infrequent and intermittent		consistent and ongoing
Advocacy skills	low		high

Mindful Emotional Self-Regulation and Maturity – Self and Others

This enhanced mindful emotional self-regulation will initially be developed as you learn the following skills and insights. It will continue to grow throughout your lifetime provided that you dedicate some part of most days to this absolutely essential personal and professional development process.

In the absence of staying dedicated to an internal growth process, you will pretty much remain 'normal' and always be at significantly greater risk of the 4 outs.

- **Burn Out** - e.g. unfulfilled, worried, anxious, depressed, irritable
- **Freak Out** - e.g. emotional hijacks (passive or active), unkind
- **Tune Out** - e.g. indifferent, bored, uncaring
- **Space Out** - e.g. mindless, unaware

Imagine
Imagine walking along a sidewalk with your arms full of groceries and someone roughly bumps into you so that you fall and your groceries are strewn all over the ground. As you get up from the puddle of broken eggs and tomato juice, you are ready to shout, "You idiot! What's wrong with you? Are you blind?" But before you can speak, you see that the person who bumped into you actually is blind. He too is sprawled in the spilled groceries, and your anger vanishes in an instant, replaced by sympathetic concern: "Are you hurt? Can I help you up"?*

How could this anger swell up and vanish so quickly? This kind of initial reaction and other negative feelings are simply mindless survival fear, fight or flight instincts. They often happen during supporting because the less emotionally mature supporter does not connect with or value another until they get to know and like them and realize their needs and vulnerabilities. Once this 'immature' supporter gets to know the individual they are supporting, they are more likely to see and respond to the person's needs, particularly if they are cooperative and appreciative. But caring support cannot be dependent on your liking the person! Caring is more than a feeling.

I was recently confined to a wheelchair and crutches for eight weeks. Virtually dozens of folks I met in restaurants, stores and at work waited for a minute or more to open a door for me or in some other way make my day less of a struggle. Why?

When the need is obvious and the other is judged positively, almost everyone's natural human goodness and empathy are at least somewhat activated. In this act of kindness another one of our most fundamental needs of having meaning and purpose—worth—is satisfied. Sensing that we have worth is such a universal personal need, the human nervous system is designed to give a motivational message to our mind and body to act when we see a need – especially when we are mindful.

***** adapted from Gorman and Dass, *How Can I Help?*

Our challenge is to be unconditionally kind and respectful when supporting others when their needs are not obvious; especially when our mindless brain does not judge them as deserving because, for example they are not likeable or appreciative.

Fortunately this does not have to be the way it is. Your ability and value to be unconditionally kind and caring will develop if you pursue a mindful emotional self-regulation growth process.

To mature to actually be relatively authentically, unconditionally kind and caring, this Part TWO will offer you the following insights and how-tos.

1. B-FIT Mindfulness – What Is It and How Does It Work
2. Discovering and Disengaging from Roots of Risks – PFP Programming
3. Intentional and Intuitive Skills
4. Developing and Sustaining Meaning, Purpose and Heart – The Path to Unconditional Kindness
5. How to Live What You Learn

Completion of the Part TWO insights and skills will enable you to achieve your four main life tasks. These tasks are to:

- Construct a life that is as responsible and complete as is possible;
- Catch and correct the drivenness of PFP Programming and the human predicament;
- Cultivate consciousness;
- Nurture others' life journey of constructing, correcting, and cultivating.

The illustration on the following page identifies the 4 personal capacity qualities for anyone who learns and practices these 5 critical skills offered in this Part TWO. These capacity qualities then, significantly influence one's ability to be consistently mindfully happy, independent of many conditions that would normally have seriously challenged this optimal state of being.

Mindful happiness, as we define it (reference Live What You Learn below) is cited as our number one indicator that supporters will consistently bring their best heart and mind 'A game' to the service of others.

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'

“What is **REAL**?” asked the rabbit one day when he was talking with the wise old horse. “Does it mean having things that buzz inside you and a stick-out handle?”

“Real isn’t how you are made,” said the wise old horse. “It’s a thing that happens to you. When a child loves you for a long, long time, not just to play with, but **really** loves you then you become real.”

“Does it hurt?” asked the rabbit. “Sometimes,” said the skin horse for he was always truthful. “When you are **real** you don’t mind being hurt.”

“Does it happen all at once, like being wound up,” he asked, “or bit by bit?”

“It doesn’t happen all at once,” said the horse. “You become. It takes a long time. That’s why it doesn’t often happen to people who break easily, or have sharp edges, or who have to be carefully kept. Generally, by the time you are real, most of your hair has been loved off, and your eyes drop out and you get loose in the joints and very shabby. But these things don’t matter at all, because once you are real, you can’t be ugly, except to people who don’t understand.”

The Velveteen Rabbit by Margery Williams

1- B-FIT Mindfulness – What it is and how it works?

The first foundational skill to be learned in this Part TWO is B-FIT Mindfulness. As I see it, we human folks are different than other animals with whom we share this planet. This is because we have the **potential** to know that we are here and as a result can make some choices, and your average dog or tree likely can't. Stop reading for a moment and become aware that you are here now, doing what you are doing. Let's call this being somewhat conscious.

To go a step further, at any second over each 24-hour period we can be experiencing this consciousness at a level somewhere on a 1-10 continuum:

At 1, you are unconscious:

- like when you are asleep in your bed

At 5, you have reached the level of semi-conscious:

- like how you typically drive your car, relate to people and do most other 'doings'

At 10, you are fully conscious:

- like when you are paying attention/noticing **what** you are doing *and*
- knowing **that** you are doing it *and*
- knowing how your Body sensations, Feelings and Thoughts are reacting/responding to or are a part of what you are doing.

B-FIT Mindfulness is a set of intrapersonal (internal) tools to help us develop the capacity to be conscious (more fully awake) as much as is possible – Body (B), Feelings (F), Image (I) thinking, Talk (T) thinking.

To be fully conscious also means to be **ahh-llowing or equanimous.** This is to be **subjectively/internally accepting** of how your B-FIT senses are experiencing or reacting to life situations second by second.

This subjective accepting is not to be confused with how we (when conscious) work passionately to change (not accept) **objective or outside** reality to help make the best possible life for ourselves and others. This especially includes helping the folks who go through their day walking and talking in their (semiconscious) sleep. For these folks, we do whatever we can to help them awaken. However until they do awaken, if necessary we skillfully and compassionately do whatever we must to stop them from hurting others. Also depending on how conscious we are ourselves, we never put them out of our heart. When fully conscious, we help all others to grow to their fullest potential, regardless of how we feel about them or their behaviour.

16 Reasons to Learn and Practice B-FIT Mindfulness

You are about to be introduced to an essential life skill called B-FIT Mindfulness. B-FIT offers a significantly richer and more complete way of experiencing life. We will attempt to prove to you that without it you will live your personal and professional life at a small fraction of your potential. This means that you will probably suffer emotionally and physically two or three times more than necessary from life's inevitable challenges and losses. This also means that you will probably experience fulfillment from life's joys and happiness three times less than you could.

My job then is to give you sufficient reasons to invest the time and effort to learn the skill, and then to teach you how to do it. I have successfully taught thousands of individuals how to do B-FIT Mindfulness, so this part of my job is generally successful. Having you adopt a life-long practice and performance is my greatest challenge.

To help both of us meet this challenge, I have summarized sixteen good reasons for you to commit to explore the potential that B-FIT can bring to your life and the lives of others, especially individuals whom you support. While you should really only need one good reason, we thought that we would offer you a more complete menu:

1. Mindful Kindness Matters;
2. Supporting is A Most Challenging Vocation;
3. Mindfulness is An Immunization to Cure the Supporters' Four "Outs;"
4. Conscious Care is as Close as Air with B-FIT Mindfulness;
5. My Teachers and Their Teachings;
6. Discovering Conscious Care;
7. An Important Observation: Power Begets Power, Power Begets Aggression;
8. Mindful and Compassionate Emotional Self-Regulation: Five Stages of Development;
9. What Is B-FIT Mindfulness?: The Big Picture – Benefits to Waking Up;
10. Experience More – Inside and Out;
11. Transcending the Driven EGO;
12. A Mindfulness Self-Assessment;
13. Free Will Ain't Free – But It Is For Sale: How to Manage A Hundred-Thousand Year Old Brain With A Mind of Its Own;
14. Do You Have A Thinking Problem?;
15. Research that Endorses Mindfulness;
16. The Unnecessary Tragedy of Exclusion Resulting from Mindlessness.

LESS BECOMES MORE

Just as a wine taster can experience 10 times more units of awareness of wine, grapes and growing conditions with one swallow, so to an individual's mindful mind in one breath knows 10 times more about their subjective experiences than the normal mind does in 100 breath cycles.

People who are mindful are positive role models not so much because they are admired by others but because the skill of mindfulness makes it possible for them to admire everyone else.

Thomas Merton

1. Mindful Kindness Matters

I was just a young boy that morning when I held my mother as she cried and cried after supporting my great Uncle Rob as he had just died in our home. Uncle Rob was eighty-seven and had been in bed for the last two years of his life. During this time he was incontinent, coughing up blood and mucous and requiring complete personal support such as feeding, changing and washing non-disposable briefs, bathing etc. My dad, myself and four siblings and also some neighbours helped but it was my mom who was his 24/7 primary caregiver in the 1950s when Homecare and Hospice did not exist. At this time mom was also homemaker for our family and did a full shift with dad in our family grocery store.

Somehow during this time she made time to come to my hockey games, take me fishing and made sure Uncle Rob always felt **cared about - not just cared for**. Her warm greeting "how are you Rob" had such mindful intensity that even as a young boy I recognized this kindness as real! Without even thinking about it she offered this authentic kindness and compassion that ensured Uncle Rob's best possible feelings and experiences for this time in his life.

Although somewhat unique in that she also worked near full time in our family store, this story was being replicated at this time in many city homes and on farms throughout Ontario and probably Canada. Healthcare was limited as was 'insurance' to rebuild the barns that burned, to hire nurses or replace the wages of 'bread winners'.

As a result, it was typical for the community, family and church to spontaneously offer unconditional support and it was no big deal. A home cooked meal from a neighbour would just 'show up' or a friend from the church would offer to stay the night. Then we as a society started to 'institutionalize' care.

Many vital and necessary societal changes have taken place over the past sixty years. In human and health services however, in spite of numerous physical health gains **there has been one most regrettable loss through institutionalizing care**. There are of course many exceptions; however the loss is that far too many caregivers and healthcare workers are, in their perceived need to be efficient, sacrificing authentic kindness and compassion. This is usually a result of mind**less**ness and their mistaken belief that kindness and being efficient can't both happen at the same time. They do their work and ask "and how are we today Mrs. Jones" with mechanical precision not a lot unlike the hum that comes from the computers and equipment that they operate. This is not to say that these workers are not 'nice' and 'professionally warm' as they do their job. Behaviour can be impeccable even when the heart is mindlessly closed. These mindless supporters are generally 'good' and caring people.

I wonder how often loneliness is the most painful part of living with a disability or having a chronic illness. Our shared human predicament is that even good and kind supporters are subject to forgetting where we are and therefore not being fully present with others when we are with them. For the person-supported this must feel like being alone. Acting mindlessly, we may help someone to eat or do what needs to be done, but we don't make eye contact—or any other contact—with the "I" behind the eye. When this happens, the supporter is experienced as someone "just covering a shift" without really connecting.

Regardless of their feelings about a person being supported, mindful supporters can help those they support live an optimal life with meaning through simple acts of kindness. This consistently happens because mindful kindness is not dependent on feelings of being kind. The mindful supporter has learned the importance of a conscious connection called *emotional contagion*. This important form of connection appears to be based in part on what neuroscientists are calling mirror neurons that are found in the brains of many primates, including humans. MRI brain scans can consistently identify similar brain neurons firing in two individuals when one person's calm energy state has activated a similar state in another. This calm is often seen to be an activation of the medial and right prefrontal cortex and the parasympathetic nervous system.

The mindful supporter is aware of this capacity. He or she can guard against being overtaken by someone else's anger or challenging behaviour and use positive conscious intentions to engender positive experiences in another. Supporters are constantly confronted with crises, anything from a distraught care recipient who needs to be calmed to a life-threatening seizure. Mindfulness training prepares supporters to recognize this influence of one person's emotional state on another's, and to consciously accept responsibility to stay calm to help others be calm.

The gap between the previous generation's version of kind and compassionate care vs. much of what is offered today in long term care facilities, nursing homes, hospitals and supported living homes in our communities is widening and must be closed.

Mostly I believe that our growing lack of kindness and compassion is a problem of under-developed mindful emotional self-regulation and limited discovery of our innate compassion. It takes no more time and energy to be mindfully present, and this naturally ensures kindness with supported individuals and co-supporters – and this really does matter.

2. Supporting is A Most Challenging Vocation

Human Services and Health Care organizations and families are struggling to meet the ever-increasing service needs of people supported. I often see leaders and family and agency supporters in a state of overwhelm as they struggle to be more caring and competent in their roles. So why with all of the investment in excellent training programs do we have so much dissatisfaction among supporters and compromised lives of people supported?

External factors create some of the challenges that supporters and leaders experience. Financial resources are ever-decreasing and there are constant demands to be more efficient, to do more with less time and less financial support. Societal change, including shifting family values and the stresses of combining work and personal life, also underlie some of the causes. Although most supporters and leaders are committed to meeting these challenges, many find the person's needs just too complex for them to consistently bring their "A-Game".

In addition to these pressures, some supporters experience frequent threats. A study published in September 2016 by the Ontario Education Services Cooperation (OESC) determined that 85% of Ontario Special Education Teachers involved in the study are physically assaulted by students with ASD/DD with unmet needs at least once per week, and 19% reported being assaulted six to ten times per week. Studies conducted by the Ontario Public Services Employees Union (OPSEU) and other organizations report that a minimum of 50% of support professionals and 25% of nurses are regularly physically assaulted by people supported, residents and patients. OPSEU also reports that one third of all reports of injury due to attacks submitted to the Workplace Safety and Insurance Board (WSIB) come from social services and health care workers. The full consequences of these working conditions are, however, even more serious. The report goes on to say that;

> *Workers who are subject to constant verbal abuse or who work with constant fear of assault are chronically stressed. They are at high risk for serious digestive disorders and heart disease. A daily dose of emotional stress can lead to serious physical and psychological problems. Common symptoms include chronic fatigue, fear and anxiety, depression and substance abuse, and even symptoms similar to those seen in post-traumatic stress disorder.*

Below we will show how B-FIT Mindfulness is an essential tool to minimize these risks. The following three scenarios demonstrate the realities of many supporters' lives. In each case, the staff person describing the situation is experiencing one or more of the outs previously identified: burn out, freak out, tune out or space out. These supporters have become limited and offer less than optimal care and support services to the individuals they are supporting. Distressed themselves, these workers have a negative effect on their co-workers and the environment in general.

"Martin, one of the people I support, has a dual diagnosis. He really scares me. As soon as I see him getting agitated, I'm afraid that he's going to blow up and hurt me. Last year, one of his punches landed on my face, and I still feel that trauma. Nothing in my training prepared me to manage the fear that keeps coming up; worse yet, I know that my fear makes his agitation worse. As a result, he gets more aggressive and sometimes needs physical restraint to ensure everyone's safety. I know that it traumatizes him and makes him even more likely to have challenging behaviour in the future. I keep thinking that there must be a better way to manage both Martin's and my fear so we both stay safe and no one needs restraint. I'm so on edge and frustrated."

"Mrs. Porter is so demanding! I know it's because of her disability, but it still upsets me. She reminds me so much of my mother when I was growing up that I have a hard time responding to her bark. Often I just ignore her, or sharply remind her of who I am and all I do for her; then, hours later, I feel terrible about getting in power struggles with her. It seems like I'm two people some days. A part of me says and does things that I later deeply regret. It's so frustrating, and I feel so guilty. If only I could catch myself being disrespectful and powerful in time to stop it. How can I keep my heart open to her when she most needs my support? My manager says it's just part of the job and that I need to try harder to stay calm, but no one shows me how! I'm taking more sick days off than ever because of the stress".

"This is not what I thought being a supporter would be like! I'm struggling to find meaning and purpose in what I do anymore. I don't have time to offer most individuals the care and compassion that they so much need; I just run from one to another doing the basics. I had no idea it would be this way, so impersonal, so mechanical. How can I really care for the 'whole' person when I have to be this efficient and I get so little time with them? Most days now I just come in and cover my shift because it's just too painful to really care about them anymore. My supervisor seems oblivious to my discouragement and how I have just tuned-out. I've told him many times; now I've stopped bringing it up".

Stop for a moment and picture these staff members: one under the constant cloud of depression, another deeply discouraged by guilt and lack of confidence, still another too disheartened to be able to respond adequately. Imagine for a moment the energy and attitude that each one brings to this vital work. Also imagine the possibility of significantly greater risks resulting from their errors and poor judgments. Yet these staff members, like most of their colleagues, are not incompetent or uncaring.

We have noted that most supporters and leaders are working in environments that are far from ideal, and many of the problems we have noted are related to the limitations of these environments. We realize, however, that working conditions are not likely to improve much more given service demands, fixed staffing levels and limited financial resources. Therefore we must find ways of avoiding these problems within the circumstances we know exist.

Improvements in support will be dependent on more effective comprehensive best practices as learned in Part ONE. Workers will succeed when they have also significantly expanded their "how tos" (reference Part THREE).

Development of your authentic mindful, emotional self-regulation skills and kindness will be essential to meet these challenges.

3. Mindfulness is An Immunization to Cure the Supporters' Four "Outs"

These risks are strong indications that the pressures of human and health services workplaces are formidable. These pressures result in many leaders and supporters being unable to act consistently for the benefit of individuals they support. Supporters may become incapable of authentic compassion and look instead for ways to deal with the discomfort this compassion fatigue creates. Often they become emotionally detached and rationalize their lack of emotional involvement by calling it professionalism. By not being too connected, they say, they are being good professionals. They may also experience other symptoms of unmanageable stress that we identify as the four "outs": burn-out, tune-out, freak-out and space-out.

Burn-out: Supporters who are burning out can suffer from chronic or low-grade depression, anxiety and a host of other mood disorders that can last for years. Although not totally debilitating, these conditions dramatically impact the supporters' ability to offer the level of care and support that they so desperately want to provide.

Tune-out: Supporters unknowingly armour their heart in a desperate move of emotional self-preservation. They learn the skill of being professionally warm. At the first sign of anyone breaking through their heart's wall of protection, they emotionally withdraw and rationalize their behaviour with distractions, like socializing with or gossiping about co-workers. They move into deeper and deeper denial of many of the real needs of people supported.

These tuned-out supporters may also unknowingly begin to spend more of their time with people supported who are less needy, more appreciative and in the supporter's mind perhaps even more deserving of care. At some deep, unconscious level some of these staff members have decided that to deserve good support you must be a good resident/ person.

Freak-out: Supporters lose control, behave powerfully, seem moody afterwards and feel terrible about any outbursts.

Space-out: Being mindless, i.e. providing service while the supporter's mind is some place else.

These conditions then lead to less than optimal support when supporters, preoccupied with their own concerns, miss subtle cues for routine assistance and early signs of agitation and anxiety. As a result, for many with complex needs this unintentional insensitivity can quickly cascade into challenging behaviours.

Diane and Me and My Four Outs

Early in my career for about 20 years, I lived, volunteered and worked off and on in about 25 first nations communities in Northern Ontario and the Yukon. This life changing experience gave me my first opportunity to support people with autism and other developmental disabilities.

One day I was working in my office in one of these communities and had just started to write a 300 page tribal council long term care plan. At this tribal council they had employed Diane, a band member with fetal alcohol syndrome. After spending several hours reviewing my notes and organizing my thoughts, I started to write. Soon I heard someone coming down the hall to my office. I looked up to see Diane who frequently came by to chat with me when I was in the community.

"What are you doing?" she asked. Even before her question was asked, I noticed frustration building in me as I anticipated having to leave my train of thought to socialize with her. In spite of this, I looked up and gave a brief, "Oh I'm just writing a report." "About what?" she asked.

My mindless mind doubled down on my conflicted feelings. Without my noticing it, my self-preservation instincts had already started to impersonalize my responses. At one level I wanted to listen to Diane but knew that I would forget some important thoughts needed for my report. My "tuning-out" prevailed!

Diane tried to turn the conversation to what she wanted to discuss: "I feel like…. You remember yesterday when …?" "I don't like it when …." Her struggles to share her feelings made my dilemma all the more tangible. I should have been listening better. I glanced over at her and noticed that her facial expression had changed. I said, "Oh yeah," unconsciously trying to keep the conversation brief and not too heavy. My inner voice was saying, "Why today?" "Why now?" "I should have closed the office door." But I asked, reluctantly, "Are you okay?"

As she started to pour out her feelings, I said to myself, "This is going to take awhile, time that I don't have." I smiled, and she continued. I marked my place in my report and set it aside. Acting concerned (what I call "cognitive caring"), I probed deeper into the drama, but my mindless mind said, "Oh not that again, we discussed that one last week." When she finished, I gave her a brief version of my suggestions from the last week.

She continued, but my mind was drifting back to the report. "Should I push for the Executive Director to …. And what will that cost?" I don't know how long I was "absent" or what I missed. I rejoined the conversation and renewed my efforts to concentrate and "care."

"So as I was saying, when he yelled at me, I should have said …." I cleared my throat, wanting to say something but she talked over my cue. I smiled empathetically, and she continued. My mind drifted again—"I must call the bank about that loan," and so it goes.

Diane finally finished and said, "Thank you, I feel better." I said, "You're welcome." But it wasn't until driving home that night that I stumbled onto the question—how welcome was she?

My mindless tuned-out mind hardly gave her any space to resolve her fears. My closed heart barely acknowledged her pain. I was so busy judging, resisting and internally freaking-out that I really barely connected.

In these early days, my mind clearly had a mind of its own and it owned me. It would be some time later before I learned that it didn't have to be this way. This insight came during and after my clinical depression over 30 years ago when my twin sister was diagnosed with terminal brain cancer. My "great depression" started my deeper journey inward to discover how I was frequently, in many of my personal and professional relationships, spaced-out, tuned-out and freaked-out to armour my heart against burn-out.

As my career in human and health services progressed, I was blessed to meet several highly evolved teachers who showed me the meaning of authentic conscious connecting. These skills started to keep me better focussed and authentically caring regardless of my little boy's demands and tantrums to distract me away from the truth of each painful moment. I learned how to identify and skillfully process those many painful moments of watching and hearing about injustice and unfairness as in the lives of many Diane's. These sad moments that if not processed skillfully (i.e. without resistance) cause burn-out for supporters. My mind slowly had less and less need to armour my heart with make-believe deadlines concerning the urgency of work priorities over people's needs.

What a gift to discover that the way to escape suffering is to mindfully and equanimously turn 180 degrees back into the pain. This is the true path to calm within the chaos and the only real place where resistance and the illusion of separateness can be transcended.

While there are still times when my mindless mind is too formidable an opponent for my current level of awakened presence and compassion, just knowing in the moment that it doesn't have to be this way seems more and more to weaken the power of the four outs.

4. Conscious Care is as Close as Air with B-FIT Mindfulness

CCS can be learned and applied by supporters like those in the previous examples who need to prevent burn-out, tune-out, freak-out and space-out in their day-to-day work. Through training in intrapersonal human competencies such as mindfulness, supporters and leaders can learn to be calm and caring even when providing services in stressful situations. They can learn to provide authentic, respectful, kind and safe support in difficult situations, even regardless of their own feelings at the time.

B-FIT Mindfulness – enjoying it has nothing to do with it

Depending on the day, mindfulness could feel good, neutral or a challenge. Remember you are building awareness capacity. Most folks find physical exercise a challenge as well.

If for no other reason do it to be a better person for your loved ones and the vulnerable who need a more competent, calm and caring caregiver and supporter.

The learning objective for this Part TWO will be to develop more mindful, caring and compassionate and emotionally regulated family and agency supporters. But what does this mean?

In great part it means as insightful teachers/supporters have encouraged, to travel the dual path of service as a vehicle to awakening to become more fully human. That is to say, to transform to our deepest potential as a person and professional. This will require commitment, persistence and even some justified personal risks to overcome the brain's stuckness in old outdated programming. The following attempts to offer a preliminary description of this journey that we have called conscious (mindful) care.

Conscious Care

To know the real you I had to travel far,
Beyond separateness born of my closed heart's scar.
Thought support meant only to help you conform.
Just didn't know of my need to transform.

Until this journey – sadness and shame.
No way could I love you as those of my name.
Not seeing your gifts, caused my heart to freeze.
Believing my role, only to train you to please.

The best of plans, always incomplete.
To connect I needed deeper to seek.
Found Conscious Care to open heart's door,
Now whatever I give, you give me more.

Finally heard the Master's words, "through ME we are one",
And the prison of separateness becomes undone.
Awakened Consciousness – the ME who spoke.
The path to inclusion in one sacred stroke!

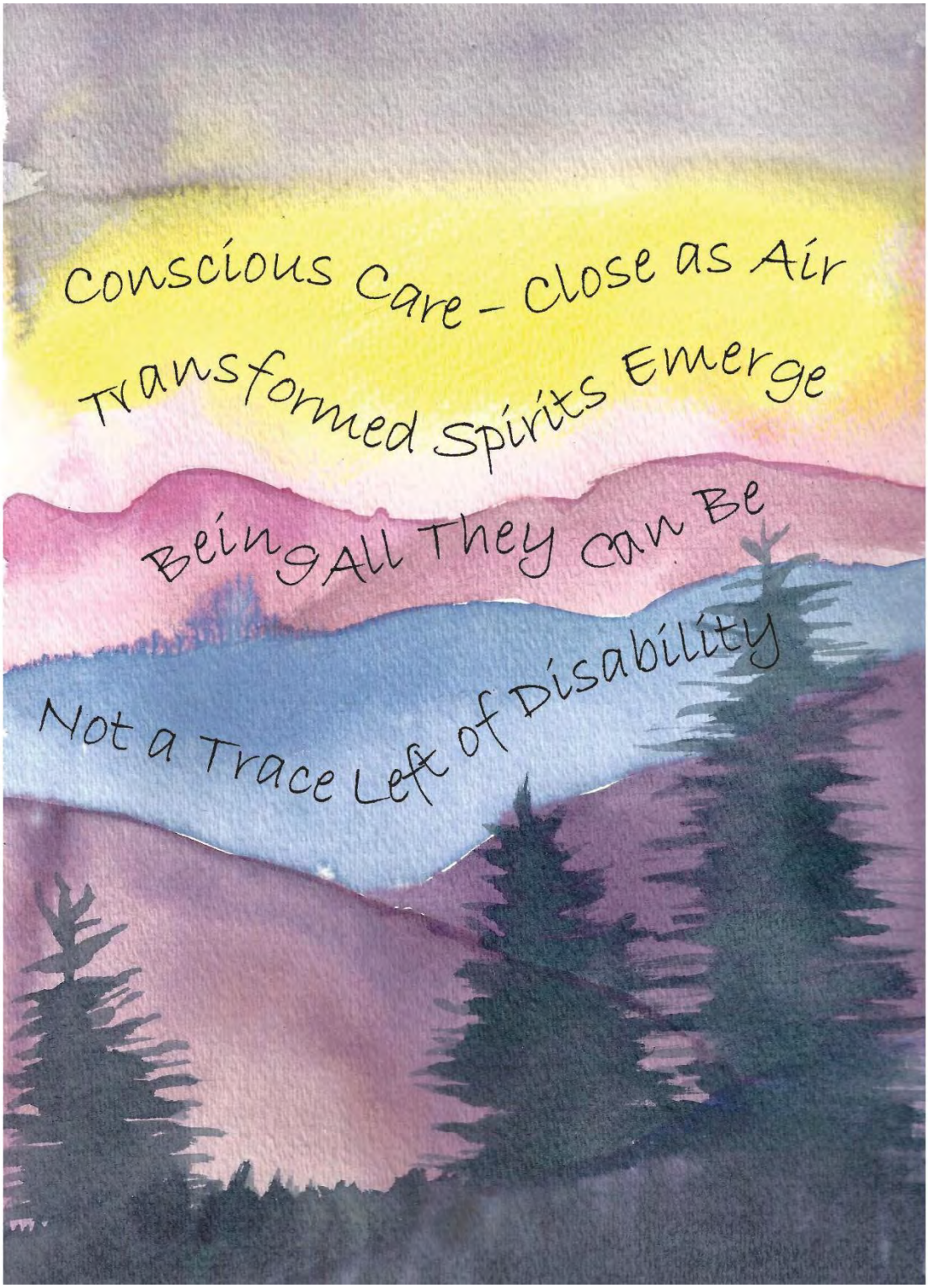
So I learned to be still while on the run.
B-FIT Mindfulness got it done.
Just 'covering my shift' finally started to die,
'Fully present' with you, my heart's new cry.

Awakened the 'us' behind ego's fraud.
Some call this sacred – like talking to God.
Conditional support, does just not compare.
Conscious Care, now close as air.

As beliefs now mercifully fade away,
Your life being precious, my support does convey.
Now from your silence I hear laughter and such.
My 'I' that is 'We', can finally touch.

As we experience each other in this here and now,
Greeting every moment with soft ahh-llow,
Transformed spirits emerge, being all we can be,
Not a trace left of our dis-abil-it-y.
Not a trace left of our dis-abil-it-y.

Peter and Joanne


Conscious Care - close as Air
Transformed Spirits Emerge
Being All They can Be
Not a Trace Left of Disability
Alyssa Marks

5. My Teachers and Their Teachings

Let me share a few personal support stories from some of my teachers, from whom I began to learn about mindfulness, emotional self-regulation and compassion.

I will attempt to pass on some of what I learned from their earned wisdom while supporting them. These teachings are essential for supporters to learn how to effectively implement evidence-based comprehensive best practices without falling prey to the "outs."

I came out of my bedroom in the middle of the night to find my mother-in-law curled up in the fetal position on our kitchen floor. She was dressed in her winter coat, clutching her purse and asking to go home to help milk the cows. This 92-year-old pioneer woman, mother of seven daughters, was once the most compassionate, intelligent and hard-working nurse, farm wife and devoted mother. She now lived in the special world we call "dementia." I lay down beside her on the floor, reassuring her that her husband would take care of the milking (that had stopped twenty years ago). With that comfort she agreed to go back to bed to get some sleep so she could be ready to prepare the meal and bake the pies on her woodstove for the ten men who (in her world) would be coming for the harvesting the next day. Some months later, we held her hand and helped her take her last breath of this life.

Twenty-seven years ago as my twin sister and I walked off the court after winning our mixed - doubles tennis championship, I encouraged Polly to push her doctor to find the cause of her recent severe headaches. I can describe in detail when I called to get the news that the CT scan had revealed an untreatable brain tumour. It would take her life three years later. Her devoted husband, family and siblings fought to save her, but eventually had to let go as she grace-fully embraced "Thy Will" with sacred gratitude for her forty-nine years. I helplessly watched, by then totally consumed by my own life-threatening clinical depression with medical complications that left me disabled for two years.

Bret and Julie met me for coffee and told me that Bret was dropping his tools a lot at work; they wondered if it could be the result of the alcoholism from which I had helped coach him through recovery several years earlier. I was with them when the doctor informed Bret he had Amyotrophic Lateral Sclerosis (ALS, also known as Lou Gehrig's disease). For five years Joanne, my life partner, and I volunteered as part of his primary support team. Bret had lived a most challenging life as an abused child, street fighter and alcoholic. Through his ALS journey he transformed into a caring and compassionate being; making amends and helping others as best he could was a near daily activity until the end of his life. The day before he died, I carried his one hundred pounds of skin and bone from toilet to bed. Unable to speak for over a year, he now gave me that sacred smile of gratitude. He motioned for me to hit "play" on his cued-up CD player, and Louis Armstrong sang us "What a Wonderful World." He died at age thirty-three, an enlightened sage.

My phone rang at 2:26 a.m. on a Friday morning. The garbled voice on the other end of the phone was my Dad in the midst of a massive cerebral hemorrhage. We rushed him to the hospital where for an agonizing week his five children struggled with the impossible yet necessary decision to remove life supports from our brain-dead best friend. As I held his hand I encouraged him in his journey to the other side to be with Mom.

After my mother's massive heart attack she had been assured by doctors that she could live a good long life if she stopped gardening, caring for grandchildren, volunteering, cooking family dinners and dancing. Sitting beside my father, I recalled the night twelve years ago when his beloved wife, Mur, died on the dance floor—and took his heart with her. For twelve years, we, his children, actively supported him and tried in every way to help him retrieve his spirit, but to no avail. Now in our final act of mindful, loving care that tore our hearts apart, we gave permission to withdraw his life supports and helped him find that peace.

These personal stories and many more throughout this book share a little of what I have learned from these teachers about being a competent and compassionate supporter regardless of how I am feeling at the time. Their most important teaching has been that we will require personal emotional self-regulation, mindful presence, and discovery and development of our innate compassion if we ever hope to implement best practices effectively to meet the needs of others (and ourselves) authentically and compassionately without burning-out, freaking-out or tuning-out.

Learning from Jim

I try to remember that learning doesn't always come from those we call teachers. Sometimes those we support become our teachers. This is the case with many Jims who I have supported.

Jim was relatively high functioning but given to bursts of anger and aggression. When I visited Jim's home for the first time, I was deeply saddened to see the holes he had punched through the drywall. Jim's family and supporters were convinced that his autism made him helpless to control his impulsivity.

Given my familiarity with extensive internationally published research on which CCS is based, I knew there is an 80% likelihood that these assumptions are incorrect.

His staff told me that when Jim was aggressive with them they responded with approved crisis intervention procedures as they were certified to do. The incidents would typically last for about half an hour from the time he threw his first punches to when he was finally physically restrained. They sometimes lasted longer when he had a panic attack from being restrained. About three times a month the staff had to call 911. Police would immediately put Jim in mechanical restraints and take him to the emergency psychiatric unit. He sometimes waited in handcuffs for three hours before being triaged and sent home, now severely traumatized and without treatment.

As the staff and I were talking I heard a loud noise behind me, and Jim came rushing into the room. He lunged at one of the support professionals, who quickly stepped out of the way. I moved in front of him to attract his attention. I asked the others to leave immediately.

I started to talk to him softly but firmly: “Hey Jim, it’s okay.” At the same time I noticed my arms become a little tighter and intended them to release as I do each day during my mindfulness practices exercises. I also started saying to myself, “Be calm, my friend, be calm,” knowing that my intention was to help Jim to be just that--calm. Then Jim threw his first punch at me. I stepped out of the way as he passed me and made sure that he didn’t lose his balance. It was a bit like we were partners in a ritualistic dance. I blocked and stepped aside, while continually talking to him and myself, “It’s okay Jim, it’s okay.” “Peter, be aware, be ahh-llowing.” The dance continued, as I continued to intend calm, awareness and ahh-llowing of my body sensations and feelings.

I kept eye contact as best I could and held my internal intention of our being connected and friends. Each time I cradled Jim’s force with my arm, I renewed this intention and softly repeated, “It’s okay, Jim, it’s okay.” This went on for a minute or two before he calmed. I looked at him with my arms open and softly said, “It’s okay, Jim. You’re just having a bad day.” I asked him if he wanted a drink of water, but he shook his head no. I could see that he was confused, so I asked him to show me his room, a safe and familiar place. As he walked away I followed, and was soon enjoying pictures of his family.

Many of the Jims and Janes whom I have supported through the years have helped me to recognize anxiety, anger and aggression as their response to unmet needs with fear, confusion and isolation. They help me to integrate the tools of B-FIT mindfulness with other well-researched calming and de-escalating procedures.

6. Discovering Conscious Care

Often a single event can teach much more than hundreds of words of explanation. The following account of a real-life event demonstrates how a truly mindful, competent and caring professional demonstrated through his actions the qualities that inspired me to develop the *CCS* process.

CCS - In The Beginning

As an enraged 6' 6" man attacked Dr. Adler and dangled him in the air, five of us from the class rushed to restrain the attacker—but were calmly and gently asked by Dr. Adler to leave while they “completed their conversation”. And so my journey into Conscious Care and Support (CCS) began.

At this time, about thirty years ago, I was completing some graduate training in Counseling Psychology at 999 Queen Street, Toronto, Ontario. This institution supported and treated residents who had serious developmental disabilities and/or mental health disorders. (After working many years since that time in Addictions, Corrections, Long-Term Care and Developmental Disabilities Services, I have not experienced anything like the tragic human suffering that was a near daily occurrence for many patients and health care providers who worked there.)

I was thirty-something and still pretty much operating from my naïve, adolescent life view of "not knowing what I didn't know." This regrettably manifested in my "believing I was always right" approach to my roles at work and as a life partner, parent and adult child. At times I even seemed "to really not resist" being brought to anger in arguments when I self-righteously fought for people who were devalued or disabled.

My graduate studies class was gifted to have as one of its professors Dr. Kurt Adler (Dr. Alfred Adler's son). That day at the Queen Street hospital awakened me to experience one of those very rare and special life-changing moments. Dr. Adler (who was 5' nothing tall and about 75 years of age) asked the hospital if they could arrange for a dual-diagnosis patient to be interviewed by him in front of our class. Two male nurses arrived with a patient named Tom who was prone to aggression. We were briefed prior to the interview that Tom had a developmental disability and a bipolar disorder. Dr. Adler conducted a most interesting interview and thanked Tom for his participation. We all thought the "lesson" was over, but in reality it was just about to begin.

Tom proceeded to ask Dr. Adler for his pass to leave the hospital for the weekend. Unknown to Dr. Adler, Tom had been promised the pass by hospital staff if he agreed to be interviewed. When Dr. Adler informed Tom that he was not aware of this arrangement, Tom instantly started to threaten him. He lunged at him, lifted him out of his chair and held him over his head.

Five of us from the class rushed to restrain Tom. Adrenalin pumping, I led the charge. I had been trained in a form of Non-Violent Crisis Intervention, and Adler was about to get hurt. I had no choice but to restrain Tom to ensure Dr. Adler's safety. I must confess that on occasion I had fantasized about this kind of a situation—helping the weak by overpowering the strong.

As we rushed toward them, Dr. Adler looked down at us and calmly said, "Please, please stop and leave. My friend and I are just continuing our conversation." He continued to talk calmly to Tom as we all filed out of the room. He similarly dismissed the male nurses who came running in from the hall to help. From the window outside the classroom we could see that Tom had set Dr. Adler down, and they were talking as if nothing had happened. Tom began to cry as Dr. Adler held his hand and "cradled" him with his kindness.

I don't know what happened with Dr. Adler and Tom after that but I do know what happened to me. As I left the building, I realized that I had experienced what I now call ***Conscious Care and Support***. I had never seen anyone so effectively meet power and potential violence with calm, clarity and compassion in the face of serious danger and fear. How Dr. Adler responded did not at all seem like a technique. He was clearly genuine and authentic. What a revelation! What I had believed could only be achieved through forceful restraint was completely facilitated with mindful, emotional self-regulation calm and kindness.

The focus in Part THREE is on the five-step process of *CCS* inspired by the personal emotional self-regulation, mindful presence, and innate compassion of Dr. Adler and my many other wise teachers. Their work has demonstrated that we can meet the needs of others (and ourselves) authentically and compassionately without burning-out, tuning-out, freaking-out or spacing-out.

Each step of the *CCS* process is a response to another's physical, mental, social and emotional needs, including responses in situations where feelings are difficult or behaviours are challenging. Training in *CCS* teaches supporters how to

1. **CATCH** - be aware in the moment
2. **CALM** - self-regulate
3. **CLARIFY** - assess the needs of the situation and **CHOOSE** to act
4. **CONSCIOUSLY CONNECT** - activate caring intentions and desire to help
5. **CARE AND SUPPORT** - remember and calmly and compassionately follow a simple predetermined protocol

Part TWO has been specifically written to help supporters develop mindful and compassionate emotional self-regulation skills that are prerequisites to implement the five-step process. These foundational intrapersonal skills will be primarily learned through numerous applications of B-FIT Mindfulness and four other intrapersonal skills to reduce the risk of an emotional hijack and the power struggles that usually follow. I begin this journey by describing my version of the five stages of development of mindful, emotional self-regulation skills and kindness (reference next page) as an introduction to what mindfulness is, why it is so critical to ensure compassionate support and how to consistently calm through mindfulness, especially in times of challenging behaviours.

7. An Important Observation: Power Begets Power and Power Begets Aggression

To stress the need to learn these mindful and compassionate emotional self-regulation skills, I must start by passing on an important observation. There is one service variable that has been consistently reported (usually unknowingly by supporters) in the thousands of behavioural incidents and serious occurrences that I have reviewed over my many years of consulting with families and agencies. This variable is the hundreds of 'faces' of power struggles between the supporters and the person supported, often disguised as something else. No matter how subtly this power is described or how well it is rationalized, most supporters in private will admit – "I feel so bad losing it again with_____." **While estimates are difficult to confirm, my experience suggests that close to half of the behavioural incidents that occur can be attributed to some extent to a supporter who has become emotionally hijacked and therefore harmfully powerful.** The role of supporter is incredibly challenging. Seldom is this "power" conscious or intended, and I recognize that supporters at times do have to be very

assertive to ensure adherence to unchangeable appointments or schedules and to ensure safety. The problem is not in the assertion. The problem is also not in the supporters knowing what would be best practices. No, the problem seems to lie in the use of a mindless, driven tone and demands that clearly communicates a frustrated and impatient supporter being hijacked and sowing the seeds of discouragement. In #8 below, I propose an alternative assertiveness process, i.e. stage five, that requires development of mindful, emotional self-regulation skills and kindness.

8. What is B-FIT Mindfulness?: The Big Picture – Benefits to Waking Up

The family and support professional's potential to consistently offer competent, calm and compassionate support is directly controlled by our ability to be mindful in each moment of service.

Before proceeding to in-depth learning of how to do mindfulness and apply it to every moment of service, let's more completely define what it is. As noted, mindfulness underlies successful implementation of each of the five steps of the *CCS* process, and learning how to be mindful must be a part of all supporter's development.

The term *mindfulness* means different things to different people. When I was a child, my Dad would often say to me, "mind what you are doing now, son." After four decades of approximately 20,000 hours of practice, for me mindfulness at one very important level still means "mind what you are doing now." Mind, pay attention or be mindful is, of course, a relative term. When you think about the word "looking" there is a great difference between looking at something with the naked eye or looking at something with a 10, 100, 1000-power microscope. It's all looking at the same thing, but what is seen and experienced is radically different. Mindfulness is the same. Looking through the mindfulness microscope creates a more complete and accurate understanding of the experiences of one's senses, perceptions and misperceptions. Neurodevelopment through mindfulness practice is like being in life looking through a 10x microscope.

At night you sleep and most often dream (even if you don't remember dreaming). Compared to right now, you become **unconscious,** so to speak. That is, you lack any perspective on reality and your role in it.

Your dreams seem in many ways to be as real as life events. In your dreams you do things, plan, worry and feel the full range of activities, thoughts and feelings. Even your heart rate and body respond as if you were awake. Pleasure brings feelings of excitement and bliss. A nightmare or bad dream is painful, and you are happy when you awaken.

Most people would truly value having the skill to be able to choose to awaken from their bad dreams whenever they want. Imagine being in a bad dream and being able to awaken whenever you choose – "OMG, I am only dreaming – what a relief."

After every night of sleep and dreaming, you eventually wake up and start your day, which is filled with similar content to when you dream at night. Daytime experiences are more orderly, of course, with fewer weird events, but basically they are the same stuff. For example, in a night dream or a daytime experience when you experience pleasure, time seems to fly and you want more. When you experience emotional pain, a.k.a. the bad stuff, from boredom, anger, fear, sadness or guilt, time drags and you want less. Fulfillment and suffering seem to be mostly a result of conditions and situations in both night-time and day-time experiences.

The most significant similarity between your daytime experiences and your night dreams is the realness of both experiences. The clear exception is that with night dreams you always eventually wake up to be able to say and feel "Oh, I was just dreaming," which breaks the spell of realness. In daytime experiences, for most normal people it usually takes a change in the situation to feel better.

But what if I told you that you could learn to awaken from your daytime experiences or "dreams" whenever you choose? That is, you could learn the skill of being aware that you are in a daytime dream situation (like when you awaken from a night dream) and have that feeling of noticeable relief almost at will. With this skill and the capacity it grows in you, your pleasurable experiences become more intense, last longer and happen a lot more frequently. Also, when you become aware during your daytime dreams your bad situations become much less frequent, are less intense and your recovery time to feeling good again is significantly accelerated. Equally as important, you are in a much better calming, caring and cognitive place from which to best respond.

In other words, although a distressing situation may continue if you can't change it, you will be able to gain a clearer perspective of the thoughts and feelings within each event and you would not be as gripped and emotionally driven by them. It would be something like when you are watching a movie and are one-hundred-percent deeply engaged in the events on the screen that have you terribly frightened, but suddenly you realize, "Oh, this is just a challenging movie. what a relief!" Stop for a moment and recall a moment like this. As soon as you can, watch a challenging movie like *Schindler's List* and intentionally stay aware that you are watching it. Notice how you feel less gripped by the bad stuff.

You can learn to be in life in this skillful way so that you can very frequently experience the good stuff with more fulfillment and the bad stuff with much less suffering. This skill is called *B-FIT Mindfulness* when it is applied to daytime life experiences. It could be called *lucid dreaming* when you are asleep in a dream and know it.

As soon as most people learn this skill of B-FIT Mindfulness and apply it for a period of time, a deep, new, insightful perspective starts to emerge. As it turns out, you learn that when you awoke this morning, it was only being relatively awake compared to being quite **unconscious** like when you slept. This morning when you awoke, you really just entered a lighter kind of dream state level where you were more conscious but still not near fully conscious of life events and your role in those events. I call this state being **semi-conscious** compared to the normal night dream state of being **unconscious**.

While semi-conscious (as you probably are now), you are still typically driven by the same laws of the mindless mind as when you dream at night. For example when only semi-conscious, as you are now, you are only partially awake and aware of life events and in control of your role in them. As in night dreaming, when you are in this daytime partially awake, semi-conscious state throughout your typical days, you become fully consumed by the movie/dream we call "life". Here you spend all day being unknowingly controlled by your mindless mind as you try to get and hold on to more of the good stuff and less of the bad stuff, just like in night dreaming. This illusion of thinking that you will finally be happy from getting lots of good stuff that will last, drives most people's suffering through their entire life.

This section of our book will teach you how to be more **fully conscious** and less driven in daytime experiences, and therefore not semi-conscious in almost everything you do. This increase in awareness results in ongoing increased fulfillment and compassion regardless of conditions around "do'n, get'n and hav'n."

I call this state of mind being more **fully conscious** because consciousness is really on a scale from 0-10. Even though your whole life you have thought that your awareness or consciousness is only on (awake) or off (asleep), just for a moment consider that you could be wrong, like before you learned that there is no Santa Claus. While being more fully conscious (a level ten of full consciousness) through B-FIT Mindfulness, you "awaken" much more from your daytime semi-conscious experiences.

As an example of becoming more mindful and therefore more fully conscious, right now become aware that you are reading this sentence. So you are paying attention to the content and meaning of my words, and you are also at more or less the same time aware that you are doing it. This is a learned skill, but see if you can do it a bit for even a couple of seconds. Alternatively, stop reading and just become aware that you are experiencing this moment: you have just significantly increased your being conscious of a life event and your role in it (e.g. you awaken to maybe a level seven compared to your previous level five semi-consciousness). For as long as you can hold that awareness, you will find that you are much less controlled by the content of your reactive thoughts, feelings and behaviours. This is just like becoming aware in the scary movie ("Ahh, I am just experiencing a moment in life, interesting"). At these times of being mindful, outside your objective reality may still need to be changed and you therefore work passionately and skillfully to do that. At the exact same time, however, being mindful brings calm and peace to you on the inside: your subjective experience no longer drives you into an emotional hijack.

"It is the mind and the mind alone that determines the quality of our life." Siddhartha

If you start looking, you will see more clues (in addition to my movie comparison) of being aware of being in this moment. You will also notice that your potential to be more awake/aware of what is happening is much more complete than your typical daytime semi-conscious experiences of being awake.

Consider the times when you have had a thought, seemingly from nowhere, that something is going to happen, and it does. Or, how about your experiences of synchronicity otherwise known as very improbable coincidences? These are simple examples of how you can potentially experience more than just normal semi-consciousness.

Think of the mind as a two-story mansion. You could say the basement is night dreaming, or being unconscious. The first-story is how you typically live each day: thinking about the past or future (being semi-conscious) but seldom aware of "being here now." We call being mindful the second story, or being more fully conscious. This means being more awake and aware to what is happening (as it is happening) in outside reality and inside subjective reality, (e.g. your five senses and thoughts and feelings).

Because you likely have already forgotten that you are reading, try that little mind shift again. Become aware right now that you are reading this sentence. Even say to yourself, "I am aware of reading." This is a taste of what living in the top story is like: unlike when you are dreaming, you are now aware of Being Here Now, and therefore you have perspective and enhanced potential to make clear choices. As you practise this skill, you start to Be Here Now more and more. Without intentionally doing it, you "become it," just like when you spontaneously awoke this morning—you were automatically transformed from being unconscious to being semi-conscious without doing anything to make it happen. **So too can you learn to spontaneously go from being semi-conscious (as you probably are now) to being more fully conscious—and therefore more fulfilled and suffer less in most of your daytime experiences, be they joyous or painful**.

> ***A human being experiences himself, his thoughts and feelings as something separated from the rest—a kind of optical delusion of his consciousness. This delusion is a kind of prison for us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty. The striving for such achievement is, in itself, a part of the liberation and a foundation for inner security.***
>
> Albert Einstein

This *aware consciousness* is being so fully awake that your mindless mind—that typically drives you to need to do, get and have, bigger, better, more to be happy—stops owning you. You become aware not only that you are Here Now, but also that you are thinking, feeling and having body sensations. **You now experience these feelings and thoughts much like other sense messages**, like the sense of smell: "Ahh, I am aware right now of the smell of smoke" or "There is the smell of smoke". Now you experience, "Ahh, I am aware, fully conscious of **"There is anger"** (or whatever)—not **"I am angry**". Unlike when you unconsciously night dream, or semi-consciously dream your way through your day and don't realize it, when you awaken to being more fully conscious, you become aware and can therefore subjectively ahh-llow these experiences to come and go. This as referenced above, is just like spontaneously becoming aware of watching a movie: "This is just a movie – what a relief" or "Relatively speaking, this is no big

deal". This new perspective also makes the conscious you unconditionally compassionate and optimally problem solving.

Compassion seems to develop in direct proportion to the degree that one is aware and ahh-llowing of B-FIT reactions instead of being driven by them.

In the following pages you will learn the skill of B-FIT Mindfulness to soften the "realness" of less preferred life events and experience preferred life events more completely. This helps with perspective so that most of the life problems that you have (while important to be solved) won't overwhelm and emotionally hijack you as they tend to do now.

Transforming to No/Low Sense of a Solid Separate Self

Let's take this idea of "there is" versus "I am" to another level to clarify this seemingly abstract idea. My main mindfulness coach and collaborator Shinzen Young, does a nice job helping us to understand this idea of 'I' in his excellent book, *The Science of Enlightenment*.

He uses a metaphor of braiding together two white threads with one red thread. If we look at this string from ten feet away, it looks pink. But this is just an illusion because really there are only white and red threads.

Similarly, we are constantly experiencing B-FIT senses (braided together) that seem to give us an identity of "I am". As with the pink string, "I am" is coloured with baggage like "I am not enough, I must be perfect, I must have the approval of others, I must be in control, I must be treated fairly otherwise I have a God-given right to feel awful etc." (See Part TWO, Appendix I for more detail on transcending the addiction to this faulty sense of a "self" and being a "somebody").

If, however, when you have one of the many difficult feelings associated with "I am," you mindfully experience its B-FIT component parts—that is your body, feeling and thought responses to it—growing stronger and weaker and moving faster and slower, etc. the components are still present but not tightly braided together. The components are therefore not as strong, so they have significantly less negative influence over your subjective, illusionary experience of "I am this or I am that."

With mindfulness you can dissolve the illusion of the pink (unbraid the strings so to speak). So instead of feeling "I am anxious," you respond more from a calm, sense of "there is" the experience of anxiousness, e.g. a tight chest, headache, sweating, etc.: not from your typical survival-code, reactive feelings coming from a mindless "I must fight, flight or freeze."

I'm not saying that with mindfulness fear, for example, vanishes and is replaced by perfect calm and peace. Rather the subjective experience is a sort of neutral hybrid, not familiar to the evolved, vulnerable, human nervous system. After working with this process for maybe twenty to thirty times, you will notice a remarkable and helpful truth. **The truth is that as long as you can maintain your awareness and ahh-llowingness of B-FIT "there is" you can never be overwhelmed.**

Also, your simple pleasures will now be experienced so completely that your craving for "bigger, better and more" will not constantly drive you into semi-conscious suffering. Now and only now will you be able to consciously bring your 'A-Game' of unconditional compassion to your roles as parent, partner, friend and supporter to offer Conscious Care and Support to help yourself and others to be all that you/they can be.

Refer to Part TWO, B-FIT Mindfulness Exercise #3, **Full Field Focus** to actually experience dissolution of a significant part of your "I am."

9. Experiencing More - Inside and Out

Mindfulness, then, can also be seen as an ability to be more aware of what is happening as it is happening—an ability to be *present.* For example, how often have you had the experience of driving down the same road you have travelled for years and then one day noticing a large building that you have obviously looked at many times but have never seen? Most people have also had the experience of not seeing many cars of a particular make, model and color until they are thinking of buying one. Then suddenly blue Honda Accords are everywhere! Similarly, we often don't feel any pain from a minor cut or bruise sustained while we are working hard on a project until we are in the shower or in bed that night—and then we can't even remember how it happened. Scientists call this normal problem of missing much of what we experience "inattentional blindness." To the degree that we miss important things happening around us, we lack presence.

We have said that mindfulness is the foundation for the *CCS* process. Further learning will show that as we develop our mindfulness microscope we start to see many more "large buildings" that we had previously overlooked in our support roles and relationships. We will see ourselves consciously connecting with others in previously unanticipated ways. Furthermore, as we experience others mindfully we are less judgmental. They are freer to respond to us in non-defensive ways because of the well-being and openness that we can help them achieve.

Someone with pneumonia cannot will himself to stop coughing; neither can people will themselves into mindfulness. Mindfulness must be learned and earned through the dedicated program of mindfulness practice exercises that is the focus of this part of the book. Here you will learn how you can help others manifest their natural human goodness just by being mindful: that is, by being positive, open and fully aware.

10. Transcending the Driven EGO

If mindfulness is of such great benefit to humans, it would be comforting to think that we can naturally develop a mindful presence. After all, we have evolved with some exceptional gifts, like the potential to develop a values' system that treats others with respect and fairness. This gift and many more help us make the best possible choices to enable ourselves and others to live useful, moral and fulfilling lives. Yet many of our positive gifts, including the ability to be truly

mindful, do not just happen as a result of wanting them. This is due in great part to the driven **EGO** that is one manifestation of the PFP Programming (see below #13).

For me **EGO** is an acronym: **E**nslavement to greedy **G**ratification and **O**bsessive self-centredness. This is not the *ego* commonly understood as simple vanity or arrogance, as in "She's got such a big ego!" Later we will spend more time understanding this powerful force, but it is worth brief mention here to demonstrate that the **EGO** is a formidable opponent to the development of mindfulness and it's byproducts like compassion. This then means, that to learn this skill we must invest consistent effort. **EGO** as we understand it here is a complex mental state powerfully fueled by feelings, by body sensations and by thoughts of which we are often unaware. Feelings can be constructive motivators, but the feelings that support **EGO** are barriers to unconditional kindness and emotional self-regulation. For supporters, being mindlessly unaware and controlled by **EGO** puts both the supporter and the person receiving support at risk of having a much less than optimal interaction.

When our actions as humans are dominated by what we characterize as **EGO**, we are no longer influenced by what draws us together. Rather we are dominated by resistant feelings that move us away from one another. Anger, for instance, is sometimes used by our nervous system without our being aware that what we are really doing is protecting ourselves from experiencing deeper suffering like fear or grief. This process often creates even deeper suffering for self and others. A major task in becoming mindful is increasing our awareness of the full range of our feelings, thereby lessening our **EGO** dependencies and the personal suffering these dependencies create.

Jack Kornfield tells the story of a military officer who was studying mindfulness in a class for PTSD. After one class he went to the supermarket where it was very crowded with long lines. The woman carrying a child in front of him had just one item but would not get into the express line. The officer was impatient and began to get annoyed with her. It got worse when she got to the checkout stand: she and the clerk starting cooing over the baby, and the woman then handed the child to the clerk. The officer began to tense up, his anger building at the thought of how selfish she was. But because he had just come from his mindfulness class, he noticed what he was doing to himself and began to breath more softly and relaxed. He even noticed the thought that this was a cute baby. By the time he got to the clerk he had let go enough to say "that was a cute little boy." "Oh, thank you," she said. "That was my baby. You see, my husband was in the air force, and he died last year in a plane crash. Now my mother takes care of my boy and brings him in once a day so I can see him."

We judge each other so quickly, yet know so little about what another carries in his or her heart. To truly awaken and be present, we must offer to all the same respect we would give a great teacher. The angry, inconvenient, hurried, difficult folks around us can teach us ahh-llowing and compassion. Throughout *CCS* we teach supporters that we are grist for each other's EGO mill.

11. A Mindfulness Self-Assessment

For leaders and supporters who are thinking about increasing their own capacity for mindfulness, a good starting point is an analysis of your current level of mindfulness. Completing the questionnaire that follows will allow each person to do two things. First, it will help you identify day-to-day experiences that are signals of mindfulness. It will answer the question, "What should I look at to determine if I am experiencing mindfulness?" Second, it will provide a score that is a rough indication of the percentage of time that you are actually mindful.

Below is the questionnaire. Using the 1-5 scale, circle the number that reflects how frequently or infrequently you currently have each experience. Answer according to what really reflects your experience rather than what you think your experience should be.

Mindfulness Self-Assessment

1	2	3	4	5
Most of the Time	Frequently	Occasionally	Infrequently	Almost never

I drive to places on "automatic pilot." I put the key in the ignition, and then realize I've driven some place once I get there.	1 2 3 4 5
I experience important emotions (positive or negative) and am not conscious that I am having these feelings until sometime later.	1 2 3 4 5
I eat without being conscious of what I am eating.	1 2 3 4 5
When I am involved in an activity with a loved one such as bathing a child, feeding an elderly parent, or playing a favourite sport, my mind wanders to other things like what is next or a memory of the past.	1 2 3 4 5
I seem to be running on autopilot when I am offering care and support to others. I have little awareness of what I'm doing at the moment.	1 2 3 4 5
When I get anxious about or angry with someone, it takes me some time—an hour or more—to actually catch myself feeling this way.	1 2 3 4 5
I do mundane tasks or boring things mainly just to get them done.	1 2 3 4 5
When I can't fall asleep, I have a stream of unnecessary thoughts and feelings that continue to keep me awake.	1 2 3 4 5
When I am caring for or supporting someone, I don't consciously intend for them to have an optimal experience: that is, to feel safe, to heal, to feel good	1 2 3 4 5
To keep having happiness in my daily life I need more and more of what seems desirable.	1 2 3 4 5

Scoring: Add the numbers you circled for each statement and multiply the total by 2. This number gives a rough percentage of the time each day that you are mindful.

Our sampling suggests that average adults are mindful only 30-45 percent of the time. We also know that a score of 45-60 percent (which is highly attainable through mindfulness practice) suggests a level of insight and skill to make a significant difference in many of life's moments.

Mindfulness, however, does not happen on its own. Later sections of Part TWO will explore the ways in which the capacity for mindfulness can be developed.

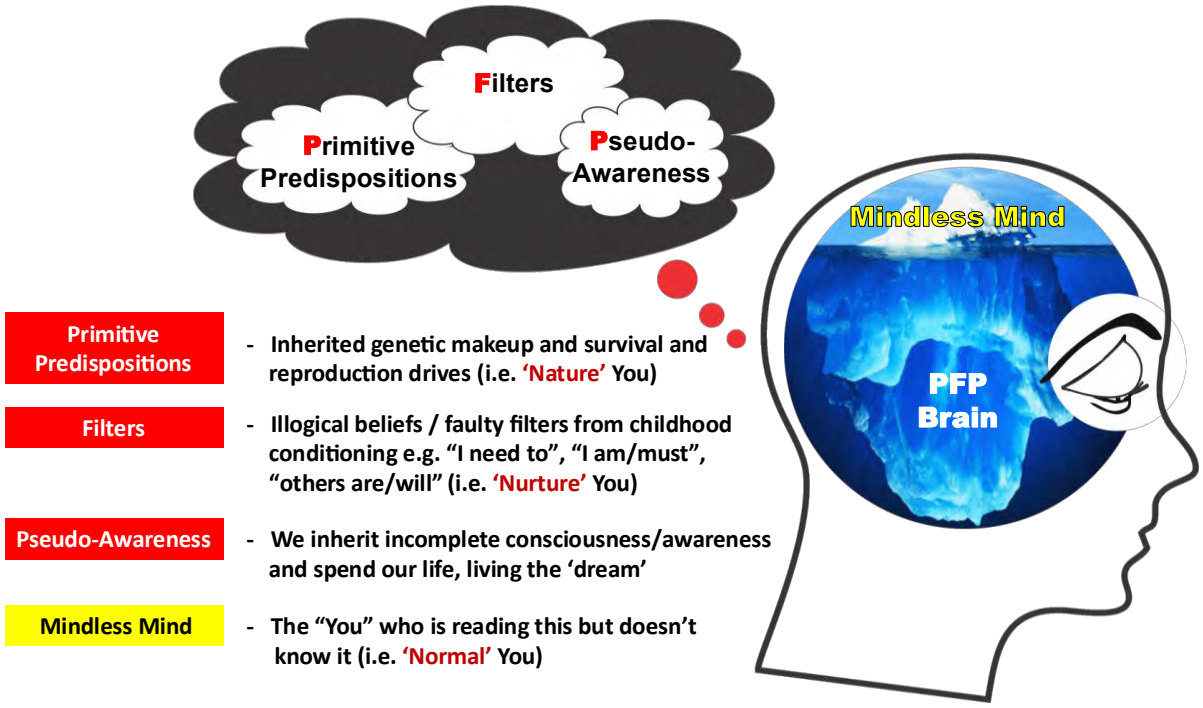
12. Free Will Ain't Free – But It Is For Sale: How to Manage A Hundred-Thousand-Year-Old Brain With A Mind of Its Own

Just in case our summary so far of the benefits of mindfulness and our needs assessment have not convinced you to give maximum effort to learn and practice mindfulness, we offer the following evidence to further encourage your awakening.

No matter what software you program into your brain, the hardware is still a hundred-thousand-year-old brain, and it has a mind of its own until, that is, we enhance the 'live ware' through neurodevelopment.

Below I will give many examples to prove that your ability to be in control of your life and to make optimal support decisions, especially when stressed, is, without mindfulness, extremely limited. You will be introduced to the dark secret that you are unknowingly locked in a prison of primitive brain architecture, brain conditioning (programming) and priming. We call this being locked in PFP Programming prison.

How to Hack Your Own Hardware



PFP Programming Definitions and Examples:

Numerous highly credible neuroscientists (reference bibliography) are making a radical claim that you, an average human, are owned/driven over ninety percent of the time by your subconscious PFP Programming and that free will to make optimal decisions based on facts and not PFP feelings is mostly an illusion when you are mindless.

Primitive Predispositions are thoughts, feelings and behaviours driven primarily by survival and reproduction brain architecture and the nervous system that came from our hundreds of thousands of years of evolution via genes passed on from generation to generation. They are most definitely directly and indirectly driving much of our physical and emotional survival.

It seems that almost regardless of your personality, many, many decisions are made according to how hungry, tired or sensory stimulated or depleted you are. These conditions together with the accompanying hormone levels, neurotransmitter balances and gut health dominate and often override nurture. For example, for the same offense and similar conditions, if your case for parole is heard just after lunch rather than just before it, you will have a thirty-percent better

Our Human Predicament

Understanding Our Human Predicament is vital to breaking out of this PFP prison. A brief summary of the way 'Nature' is that I have concluded from my own inner journey and the best consensus thinking of evolutionary biologists goes like the following:

- We humans have evolved as a species with our prime design feature being to survive and pass on genes to a future generation.
- To live and survive, nature has specifically designed us to be motivated to hunt food, hunt mating partners and stay safe/physically comfortable.
- To guarantee this motivation, every normal person has inherited (not developed) automatic dopamine (the pleasure neurotransmitter) rewards when they anticipate eating, having sex, impressing others 'like you' and competing against/beating others who are 'different' from you. Note the word anticipate! We are actually designed to crave these things by being given significantly greater dopamine when we anticipate these needs versus actually getting it. This is so we will continue to 'do it again' to ensure a daily diet.
- This inheritance, keeps us basically unsatisfied with our life because gratification is given significantly fewer rewards and is therefore fleeting. This is the main reason we can be living in the top 5% of social and environmental conditions on the planet and still be craving more because of discontent.

  These four factors then keep all folks, especially we who are supporting and caring for others in need of growing to be more conscious to be able to have a consistently caring response to override nature's more self-centered setup. More reminders of this primitive predisposition human predicament will follow throughout Part TWO.

chance of gaining parole.

Filters are rules of "I am, others are and the world is" that are developed during childhood and adolescent conditioning.

Did You Ever Wonder Why…

- Certain things trigger your irritability (or worse) but don't bother other people whom you know and respect the same way?
- When you're stressed out you too often say and do things that are not your "A-Game"?
- You become emotionally hijacked but are not aware of it in time to stop it?
- You want to feel kindness for someone but can't?
- Relatively minor "stuff" can make you angry, anxious or sad, even though you know your quality of life is that of the top ten-percent of the world's population?

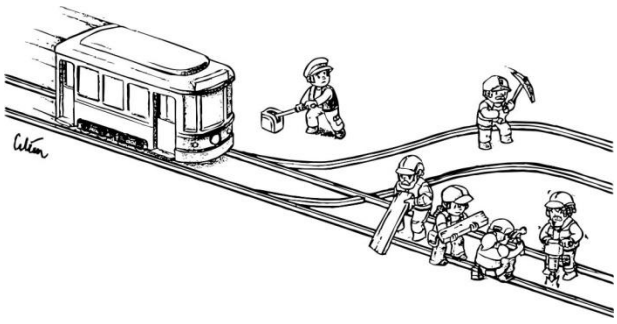
These things all happen because your conditioned filters are "controlling your keyboard." One of hundreds of examples of how just your birth order in your family programmed your priorities as an adult is that, of the first twenty-three American astronauts, twenty-one were only-children or eldest-children who were unknowingly programmed to be responsible, take charge, get good grades in school, be a leader and not make mistakes. This programming happened during the times when they experienced thousands of life situations (like taking care of younger siblings) that demanded these traits for them to gain approval or not get scolded by Mom and Dad. In Part TWO, Appendix I you will determine many of your hidden faulty and fruitful filters, i.e. filters.

Primed Prompts refers to exposing a person without their knowing (i.e. subconsciously) to an influencing message, like a word or picture or sound, that then directs their thoughts, feelings and behaviour to act in accordance with the message.

For example, if you are given ten sets of six scrambled words and asked to make ten four-word sentences, you will walk measurably slower after the exercise if, without your knowing it, each list contains a reference to being old: for example, grey, wrinkles, forgetful.

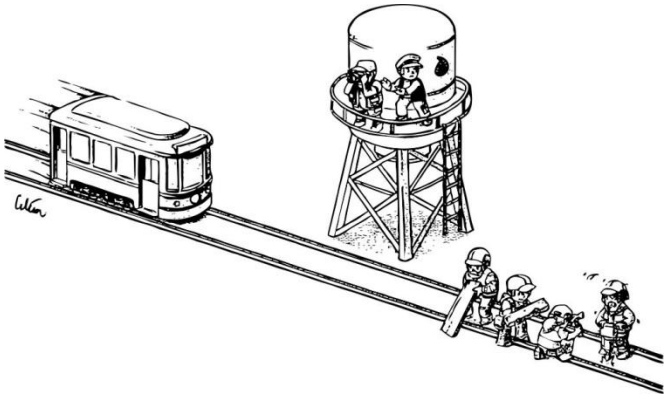
A Brain Experiment Using Your Hundred-Thousand-Year-Old Brain Architecture

I invite you to participate in the following experiment. You are witness to a train trolley running out of control and likely to kill four workers on the tracks 100 yards away from the trolley. You are standing by a switch, however, that could shunt the trolley to another track where only one worker would be killed. Before reading on decide if you will pull the switch to the track with only one worker.



☐ **Yes** ☐ **No**

Now you are faced with the same dilemma, but you are not beside a switch. You are standing in a water tower above the tracks where the trolley is about to kill the four workers. In front of you is a large person. If you push them off the bridge, their dead body will derail the trolley and save the four men. Would you push the person to their death to save the four workers?



☐ **Yes** ☐ **No**

90+% of people (regardless of nurture conditioned 'traits' or nature inherited 'states', ethnicity, culture or religion) say yes to the first scenario and no to the second. Why?

Welcome to the world of how your brain architecture drives many of your decisions. In this case, the first scenario was driven by a different part of your brain (i.e. the dorsolateral pre-frontal cortex) than the second scenario (i.e. the medial pre-frontal cortex - MPFC). The first, because it is relatively impersonal was basically a logical math problem. Saving four is worth the loss of one life. The second scenario however, being more 'personal' activated emotional centers in the brain developed for surviving in the herd or tribe: don't hurt or kill other members of our herd because they are needed for protection, mating and survival tasks requiring cooperation, such as hunting.

Below we offer a glimpse at some of the challenges that just your primitive brain architecture provides. This summary is offered at this time (and expanded on below) to emphasize the essential message that B-FIT Mindfulness is vital to "awaken" you to a world not driven by mindless PFP Programming. This world of PFP Programming produces your emotional hijacks and resulting power struggles that unintentionally too often adds to the unnecessary suffering of individuals whom we support.

As a species, we have arrived at the top of the food chain. We can build hundred-story buildings and survive illnesses that killed thousands only a few years ago. And yet, with a few rare exceptions, the average good person and even our most intelligent and powerfully influential minds in medicine, technology and psychology become for example, emotionally hijacked when they absolutely don't want to. Without an enhanced understanding and the necessary mindfulness skills, they can't begin to break out of this maximum security prison or even get the odd weekend pass.

Breaking Out of PFP Prison Is an Inside Job

Every one-on-one interaction includes 6 people!

They are 'Mindless You' (the you who is reading this but probably didn't know it until I reminded you), 'PFP Programmed You' and potential B-FIT 'Mindful You' plus the other person's trio.

Typically, for untrained folks, the degree to which 'PFP You' hijacks your air time is directly proportionate to how actively 'Mindful You' participates in the interaction. The more 'Mindful You' engages, the less 'Mindless You' is driven and distracted by 'PFP You'.

This mindless drivenness is what accounts for 'your' near total lack of Free Will to make optimal choices to bring your "A-Game" to the field of life, both personally and professionally.

Let's refresh your memory with an example of how 'PFP You' owns your willpower to make choices. Right now, think of someone you know. Do this now before reading on. Let's say Uncle Fred came to mind. Where did that thought of Uncle Fred come from? Did **you** decide before Uncle Fred came to mind that it would be Uncle Fred who would come to mind? No you did not. In other words, why didn't 'you' think of someone else, say Aunt Martha? The only plausible answer is that 'you' don't know. In fact, it would appear that some process totally beyond your conscious 'free will' made the determination for you.

'PFP You' for whatever reason selected Uncle Fred for you. Even more concerning should be that mindless normal you, (the reader of this sentence) in all probability is driven by 'PFP You' autopilot for virtually all thoughts and therefore feelings that you have every day as well.

Remember also that you do not know what your next thought will be before you have it; it happens to you. Like the car that now parks its self, you are being parked probably most every moment by 'PFP (Brain) You'.

This is happening virtually every second in most aspects of 'your' (or should we say PFP's) life, unless of course you are B-FIT mindful. In fact under high resolution fMRI, before we begin to do anything, billions of PFP Neuron Cells are firing as they prepare their next set of behavioural instructions for the unsuspecting you to deliver. If, for example you decide to lift one hand versus another – that command is shown to come from preprogrammed brain processes that are activated approximately 1.4 seconds before 'you' do it.

By extension of this logic then, if your thoughts and feelings 'just happen', your behaviour is also going to 'just happen' to obey PFP commands. If by the way you enjoy a normal amount of happiness, are reasonably caring and compassionate and can relate to others most of the time with respect, patience and encouragement, at this point in your life be grateful for your good fortune, not so much very good management.

So how does B-FIT Mindfulness significantly help your ideal self 'you' to ensure more optimal thoughts, feelings and behaviour and improved quality of 'willpower'?

B-FIT Mindfulness has been specifically designed to interrupt this authoritarian regimes' power in the following 4 ways:

1. **A reminder of being in Prison.** Firstly, mindfulness reminds you that your Mind has a Mind of its own e.g. thoughts come from nowhere and they sometimes are awful – not who 'you' really are. These insights show us how we are locked in a kind of prison which motivates our breaking out.

2. **Awareness right now of what's happening.** Even when you are somewhat mindful, your thoughts and feelings are still driven by 'PFP You'. You however are more aware as this is happening, e.g. you spontaneously remember that you are talking to someone. Because of this B-FIT 'supervisory' process, you therefore have a greater likelihood of not being as subconsciously driven to behave in accordance with PFP thoughts' and feelings' directives as a more conscious you – immediately 'rethinks' what is happening. I call this the Catch, Calm and Clarifying process (reference Part THREE for details).

3. **Upgrade your live drive**. As you mature in B-FIT insights and intrapersonal skills, the PFP live drive seems to be upgraded to a more complete version so even the PFP autopilot thoughts and feelings are more aligned with the more conscious 'ideal self' you. For example, using B-FIT as our 'server', we can literally re-prime our PFP to put forth more of our ideal self by practising, for example, mindful visualization and intentional exercises (reference Stress Rehearsal).

4. **Those thoughts are not me**. And finally, as we are 'just naturally' more and more mindful, the 'Mindful You' (witness, noticer, observer) less and less identifies with the thoughts and feelings as 'me'. They seem to become more like messages from another 'sense door' i.e. 'there is a tight chest versus I am angry'. Relatively speaking, this is real freedom.

Summary

There are other subjective experiences of the 'Mindful You' but these 4 will give you lots of homework. So then, to the extent that your 'PFP Programmed You' is reprogrammed with values, beliefs and conscious intentions that reflects your maturing 'ideal self', and further when this version 2.0 of you is aware and ahh-llowing in each present moment, your 'thoughts, words and deeds' will manifest more as a competent, conscious and authentically caring person, regardless of how 'you' are feeling at the time.

In the absence of this rebooted upgrade version of you, you will live throughout your entire life in the illusion of being totally in charge of your thoughts, feelings and behaviour but sadly so often experience many less than optimal human interactions – because you are not in charge.

The following 'Breaking Out of PFP Prison' strategies are proven to help you enhance your support and other relationships.

> ***I know of no more encouraging fact than the unquestionable ability of men and women to elevate their life (and the lives of others) by conscious endeavours.***
>
> Henry David Thoreau

The following table explains how just one quality of PFP Programmed you— i.e. primitive architecture over which you have very, very little control (unless you are mindful)—virtually

owns you and keeps you limited in your ability to feel and relate competently and compassionately (e.g. playing your "A-Game").

Mindfully Breaking Out of The PFP Prison of Cognitive Bias
A Hundred-Thousand-Year-Old Brain – With A Mind of Its Own!

Four Challenges to Mentally Surviving In Our World	*How Our Mindless Brain and Body Have Evolved to Cope i.e. Cognitive Bias*	*How We Can Use Mindfulness to Minimize the Consequences and Enhance Better Processing*
1. Information Overload: The world sends our seven senses hundreds of times more information each minute than we can possibly consciously process/be aware of. This is why you can drive down the same road for two years and then one day (for the first time) notice a three-story building that you probably have looked at hundreds of times before…. *or* You cut yourself in the garden but don't notice that you have until you are in the shower that evening.	**We aggressively filter out and therefore miss most input. We have inattentional blindness:** ▪ We stay mainly focused on the task at hand ▪ We are drawn only to detail that confirms our beliefs/filters ▪ We mainly notice when something has changed and even then not readily. For example, if we are asked to count the number of times in a minute that four men pass a basketball, 80% of us will miss a person dressed as a gorilla who walks front and center across the court for 15 seconds.	**Awareness Processing:** ▪ Consciously concentrate ▪ Become aware in the moment that your brain is filtering out most new information ▪ **When supporting someone,** be constantly asking "what am I missing here?"
2. Meaning is a Must and Memory Makes Meaning: The overload of messages per minute is very confusing but we must make sense of them to feel safe and secure…. *but* We must also conserve vital brain processing energy to meet a potential vital survival crisis in the next minute/hours. Our conditioning gives us an open personal file on most subjects. We call this file memory.	**We mainly only pay attention to information for which we already have an open file:** ▪ As "primed," or experienced over and over, we very selectively pick and choose bits and pieces from the "new" information that fits our values, expectations, preferences, and beliefs because that which is familiar is more readily meaningful to us. This also conserves valuable brain energy needed for survival. ▪ The brain creates meaning from bits and pieces of new data as it links to existing files in our brain (i.e. memory). ▪ The brain then, without our knowing, fills in the gaps to make a rational (left brain) story (e.g. we unknowingly confabulate or colour the stories with stereotypes and generalities from memory files of people and ideas of which we are familiar).	**Catch:** ▪ Stay conscious of the moment-by-moment B-FIT reactions during this "sorting and selling" processing. ▪ The body (which has a mind of its own) will give signals when the brain is processing contrary to universal values. ▪ Become Calm and Clarify. ▪ **When supporting someone**, use your B-FIT awareness to know when your PFP Programming is demanding that a primed directive is blocking your compassion by creating thoughts and feelings of self-righteous judgementalness, prejudice or exclusion.

Four Challenges to Mentally Surviving In Our World	*How Our Mindless Brain and Body Have Evolved to Cope i.e. Cognitive Bias*	*How We Can Use Mindfulness to Minimize the Consequences and Enhance Better Processing*
3. Speed Kills: We were wired to make fast decisions to survive in the neolithic and paleo jungles. To test this, raise your index finger. 1.4 seconds before you saw it raised, billions of neurons fired in your brain. This firing scans thousands of rules from your past to tell you it is safe to do so.	**We Speed Dial with Rapid Processing and Jumping to Conclusions:** ▪ We are addicted to options that appear simple and can be done quickly. ▪ From the too many pieces of filtered information in front of us, we rapidly process the easiest (based on our programmed memory files) so that we can make quick decisions. This gives us an artificial sense of confidence and security.	**Non-driven Processing:** ▪ **When supporting someone,** inform the process with mindfulness to experience the slow motion affect (i.e. more data per minute makes the process more complete and non-driven).
4. Memory is Master: We build our data base only from information that is critical for our personal perception of physical and emotional survival. It is highly subjective, based in great part on conditioned filters and Primitive brain processing. Our memory, therefore, (even from last week) is very inaccurate regarding, for example, relationships, social and emotional experiences. This is why eye witness accounts are usually quite inaccurate when compared to video of the same event.	**Memory Made Easy:** ▪ PFP Programming memory drives your world. For example, can you tell me what your next thought will be before you have it? No, because you are not in charge – your PFP Programming memory is! ▪ We edit and reinforce some memory files after the fact based on our preferences and prejudices. ▪ We store data according to easy access to the simple stuff and not necessarily the most important or accurate.	**Capacity Building of Values:** ▪ Mindfulness capacity building seems to order memory data on needs to follow universal values and principles, (e.g. love and compassion versus security and gratification). ▪ **When supporting someone,** stay mindful and your conscious you (not the PFP Programming you) will manifest your compassionate thoughts, feelings and behavior.

No Self No CEO

So then, not only is your sense of an 'I' self not as real as you would like to think but the 'you' who experiences body sensations, feelings and thoughts is not nearly in control as much as you think either. There is no 'in control' CEO on the ORG chart.

Who Are You – Really?

Typically, depending on our feelings, we describe who we are by saying – I am this or I am that e.g. worried, happy. In other words, your sense of 'yourself' is ever changing and most often without your consent. It is also almost without your knowing it!

Depending on how fiercely a B-FIT 'bundle' you are unknowingly attached to e.g. rage, fear, guilt, embarrassment, joy, you may need to acknowledge that instead of there being one you (CEO) in charge of the corporation so to speak, you are many different 'temp' sub – yous who are not in charge of much at all.

Would you not agree that when you are pleasant, when things are going your way and then you become upset when things aren't going so well e.g. jealousy, money problems, that it sure looks like your company has another temporary new CEO? In other words, there is 'no one self'.

This is fact unless of course, no matter what B-FIT illusionary person is constructed by PFP Programming in response to a situation, you, the mindful you just continues to observe, notice and ahh-llow the B-FIT subjective experience. Now, the conscious, mindful, higher ordered 'present' you continues to consistently manifest the only you with whom you would want to be CEO of your company. We call this the 'conscious you'.

Become aware that you are reading this sentence. This aware 'you' is always available when you are mindful. It is really the only constant 'you' or 'self '. This 'you' is not driven by reactive, self-centred, survival sense doors and therefore can be authentically, unconditionally compassionate – regardless of the situation or your feelings.

Without this conscious 'you', free will to override PFP Programming's drivenness is all but nonexistent. 'Free Will ain't free but it is for sale'.

The Brain's Conscious Processing Capacity

The body, as a minimum sends the brain 11 million bits of data per second for processing.

Human Brain Neuroscience, cognitive science – basic knowledge 101, Dr. Joseph Dispenza

The conscious mind processes data at approximately 50 bits per second.

MIT Technology Review

Brain Sales and Marketing

If you didn't 'get' the previous 2 pages about how the brain works, don't worry about it, we will revisit the brain's 'predicament' later in Part TWO.

In essence, what I described is that the you 'self' who is reading this sentence is not in control of much of what gets decided. Your brain, based on PFP influences, is made up of numerous departments trying to run the company while the CEO is out golfing most of the time.

At any given moment when the company is doing business, different department managers will compete to take over the boss's job. The most successful department to run the show is sales and marketing with their obsession with looking good to potential customers.

Of the hundreds of widgets manufactured and stored in the warehouse, the sales manager (also in a hurry to go golfing) will most often try to sell the widget that:

- is easiest to find in the warehouse;
- is the simplest to operate and therefore easy to explain to the customer;
- makes the sales manager look good;
- has given the best commissions previously; and
- requires the least amount of paper work to be filled out.

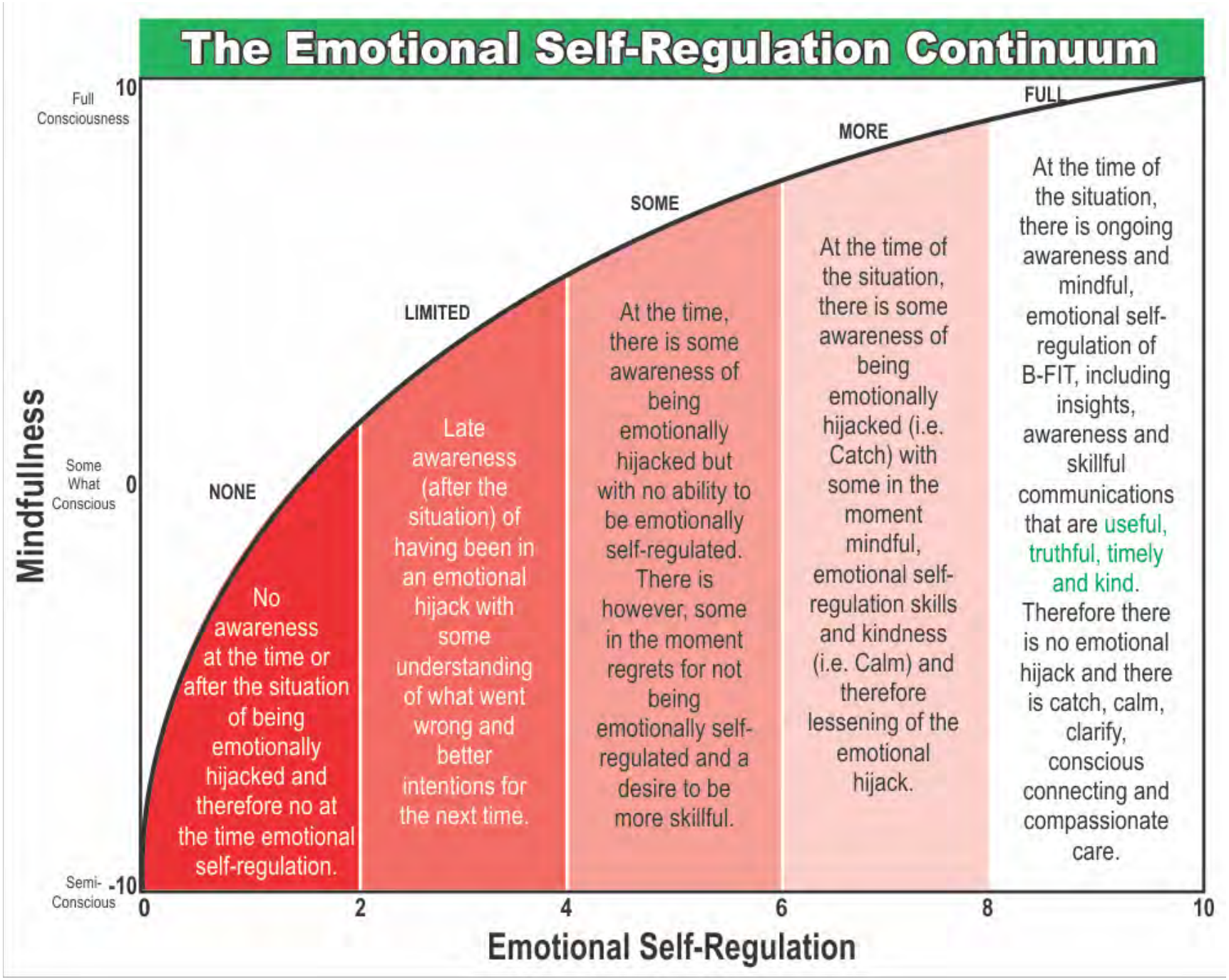
This is often the process even if it is not the best widget to meet the customers' needs and to gain repeat sales for the company at a later time.

13. Mindful and Compassionate Emotional Self-Regulation: Five Stages of Development

Review the Emotional Self-Regulation continuum on the next page. Where we have no control over an emotional hijack (0-2) we are only semiconscious (e.g. how most folks typically drive their car and do most doings).

However, as we become more mindful, the conscious 'us' can in the moment, 'recycle' raw PFP impulses. With this recycling, the impulses get more and more refined and clarified and therefore more and more manifest our ideal self (8-10).

In addition, as we continue to complete more intrapersonal growth processes (reference the 5 ways of this Part TWO) neurogenesis and neuroplasticity gives us the potential to rework PFP into version 2.0 of us. This means that even the autopilot that activates as a result of thousands of years of survival PFP programming is now more aligned with our ideal self/'A' game. We now have relatively speaking, significantly more free will to make choices regarding emotional self-regulation.


The Emotional Self-Regulation Continuum
Full Consciousness
10
Some What Conscious
0
Semi-Conscious
-10
Mindfullness
NONE
LIMITED
SOME
MORE
FULL
No awareness at the time or after the situation of being emotionally hijacked and therefore no at the time emotional self-regulation.
Late awareness (after the situation) of having been in an emotional hijack with some understanding of what went wrong and better intentions for the next time.
At the time, there is some awareness of being emotionally hijacked but with no ability to be emotionally self-regulated. There is however, some in the moment regrets for not being emotionally self-regulated and a desire to be more skillful.
At the time of the situation, there is some awareness of being emotionally hijacked (i.e. Catch) with some in the moment mindful, emotional self-regulation skills and kindness (i.e. Calm) and therefore lessening of the emotional hijack.
At the time of the situation, there is ongoing awareness and mindful, emotional self-regulation of B-FIT, including insights, awareness and skillful communications that are useful, truthful, timely and kind. Therefore there is no emotional hijack and there is catch, calm, clarify, conscious connecting and compassionate care.
0
2
4
6
8
10
Emotional Self-Regulation

After reading all five stages I encourage you to estimate your typical level of emotional regulation when you are in a situation where you are upset, overwhelmed, angry or attempting to calm and de-escalate anxiety, anger or aggression. Use it as a way to chart your progress towards compassion and competent self-regulation. Without learning and applying the skill of mindfulness, the likelihood of consistently regulating beyond 'limited' is seldom possible.

Is There Ever A Place For Anger?

For most of us, there are situations each week that mobilizes Body Sensations, Feelings and Thoughts into varying degrees of primordial readiness to fight, flee or freeze. These reactions generally become anger to the extent that we experience them mindlessly. When experienced mindfully, these same B-FIT tremors continue but are subjectively experienced as coming and going, ebbing and flowing, like waves upon a shore. I call this transformational process *Conscious, Compassionate Conflict* (CCC).

These B-FIT reactions toward perceived and actual injustice, threats or even people living with such unmet needs that they appear 'difficult', are merely predictable 100,000 year old PFP Programming cries for survival. They are not us! Closing the heart with weaponized words and actions need not follow. The heart of compassion and lucid brain do not have to go 'off line' and default to anger and a single digit I.Q. With presence to prevent a poisonous power overwhelm, in spite of 'nature and nurture' drives being present, we can still passionately and skillfully simultaneously be calm and with an open heart.

As we develop mindful capacity for conscious compassion, it is true that our primordial responses eventually become fewer, are less intense and we recover quicker. The nervous system's rewiring schedule however is irrelevant because the conscious 'us' keeps the heart open no matter what B-FIT attempts to dictate. The Primordial B-FIT dance is inevitable but the mindless emotional hijack is truly optional.

Sometimes it seems that we must 'do battle' with others to prevent them from causing more suffering or to change pathetically outdated policies and cruel manifestations of man's inhumanity to man – but we need never put anyone out of our heart. As one great master wrote "We enter the battlefield as if we are attending the funeral of our best friend". (Lao-tzu-Tao Te Ching)

(Reference page 64-70 – Communication Skills to Prevent Power Struggles – Effective and Ethical Speech: feelings to feelings, reasons to reasons.)

There is a story told of an ancient samurai warrior who was dispatched by the courts of Japan to execute the man who had been found guilty of slaying the samurai's master. One day he found and cornered the guilty man. As he was about to bring down his sword and deliver justice, the killer spit in the samurai's face. With that the samurai stepped back, put away his sword and let the man escape.

14. Do You Have A Thinking Problem?

The next reason we give to you to gain your commitment to learn and practice B-FIT Mindfulness goes even deeper to prove to you that unless you are conscious and aware, your life is virtually driven by autopilot.

You need awareness and ahh-llowing skills because you have a thinking problem. You would probably agree that your ability to think for yourself is one of your most important abilities to make free will choices to live a fulfilling and useful life. We ask you to complete the following little quiz to explore the possibility that your power to think for yourself and thereby make informed decisions may be grossly inaccurate.

To become more aware of your inability to be in charge of your life through your thinking processes only, answer the following five questions.

- **Do you know what your next thought is going to be before you have it?**
  ☐ Yes ☐ No

- **Can you stop yourself from thinking when you want?**
  ☐ Yes ☐ No

- **You talk to yourself all day long, but there is nobody listening inside you. If you did this audibly in front of people, they would call 911 or avoid you. As ridiculous as talking to yourself about thoughts all day long is, can you stop doing it?**
  ☐ Yes ☐ No

- **When you become emotionally hijacked and you say or do things that you'll later regret, do you know that you are thinking, saying and doing these things at the time?**
  ☐ Yes ☐ No

- **Yesterday you had 50,000 thoughts. If I could download these thoughts onto a computer and protect this file with a password, would you give your password to anyone?**
  ☐ Yes ☐ No

The more No's that you had to this quiz, the more I'm sure you agree that your ability to exercise free will and manage your life through your ability to think for yourself is severely compromised. This acknowledgment is critical because it will give you another reason and motivation to make a commitment to learn and practise B-FIT Mindfulness and the other ten tools listed below!

Stray Thoughts about Thinking and Feeling

Ignorance is not Bliss.
What you do not know
'Bout Thoughts and Feelings
Can and will hurt you.

So why then would you, a reasonably intelligent person, score so poorly on this test indicating that you are generally not effectively in control of your thinking – one of your most essential life skills? Hopefully this revelation about your thinking predicament will be quite scary so let's take advantage of your vulnerability to enhance this motive to mend your mindless mind.

Mindfulness will shift some of your No-s to Yes-s. Much more important however, is that whatever thoughts and feelings your PFP Programming decides to activate on your behalf, because of your awareness and ahh-llowing they will not drive and distort your perspective. They will be experienced like all other sensory experience – as a message e.g. 'There is anger' versus 'I am angry'.

The following lists my (and many other mindfulness practitioners') observations about how our brain works and how the mind can be trained to make thinking and feeling more helpful and responsible than is generally now the case for virtually every untrained mindless person.

This is provided at this time to sensitize you (give you a heads up) to what you will experience as you practise B-FIT Mindfulness. You will not likely remember many of these descriptors until you do actually experience them. Without knowing and managing these thinking and feeling processes you will be unnecessarily enslaved by your PFP Programming with very serious Bio/Psycho and relationship consequences. As you learn and practise B-FIT, the following insights will actually be personally discovered and experienced to positively influence your ways of being more competent and caring.

1. Your thoughts develop into comprehendible messages in the **forms** of internal images/mind movies and/or internal talk/monologue.

2. Feelings created by body sensations and PFP Programming Directives are very specific **'specialist' thoughts** designed through thousands of years of evolution to keep us safe, surviving and 'sexing' (SSS) i.e. move us away from bad things and bad people and toward good things and good people (to pass on good genes).

3. All thoughts have a **life cycle** e.g. beginning, (labelled 'some') middle (labelled image or talk) and end (labelled none). The beginning appears to be a precognitive 'rumble' (pre-talk) or 'ripple' (pre-image) with the middle morphing into a comprehendible message. Once complete, there can be a momentary or longer experience of no Image or Talk (i.e. none).

4. Throughout the life cycle, the form goes through **cycles of stronger and weaker** then fades away or instantly dissolves (i.e. is 'gone').

5. **Unconscious resistance and/or attachment** to a thought significantly extends its life cycle and influence on the development and intensity of feelings.

6. The **content or message** of a thought can be compared to the words put on a monitor by a computer. The **process** or way of thinking is more like the mechanical workings of the software program. Change how the software operates (i.e. become mindful) and the 'words that appear on the monitor' have a very different meaning and power to influence feelings and therefore behaviour.

7. In spite of your illusion to the contrary, **feelings**, much more than logic, **drive behaviour**.

8. As mindfulness becomes more enhanced, we start to notice the role that thoughts and body sensations have in exaggerating feelings – another hold-over from the 'Paleo days' to keep us 'SSS'. In fact, the formula now starts to appear i.e. **Feelings = Situation x Body Sensations x Thoughts**.

9. Fearful thoughts seem to **amplify** a full range of **feeling** body sensations. With mindfulness, less resistance and attachment to these body sensations lessens the feelings' power to drive and distort behaviours.

10. Thoughts have a **finite amount of energy** available for them to develop into comprehendible PFP Messages. With B-FIT Mindfulness, when 'awareness' energy is redirected toward just observing the forms and movement/changingness of the mind/body process (reference 1-9 above), fewer thoughts and 'difficult' feelings come and go with less and less gripping power. This gives us a choice to act on the thought/feeling.

11. Even having disturbing thoughts is not really a concern provided they are experienced as part of an optimal B-FIT Mindfulness process. Moment by moment skillful B-FIT processing creates recognition that **thoughts are merely impermanent PFP Messages** activated by a primary sensory experience like visual, audio, or tactile touch etc. This awareness together with equanimity is all that is required to not be driven by them in ways that create personal and 'global' suffering.

12. The more **equanimity** that is applied to each passing thought, the less it drives and distorts our perceptions of reality and therefore feelings and therefore behaviour.

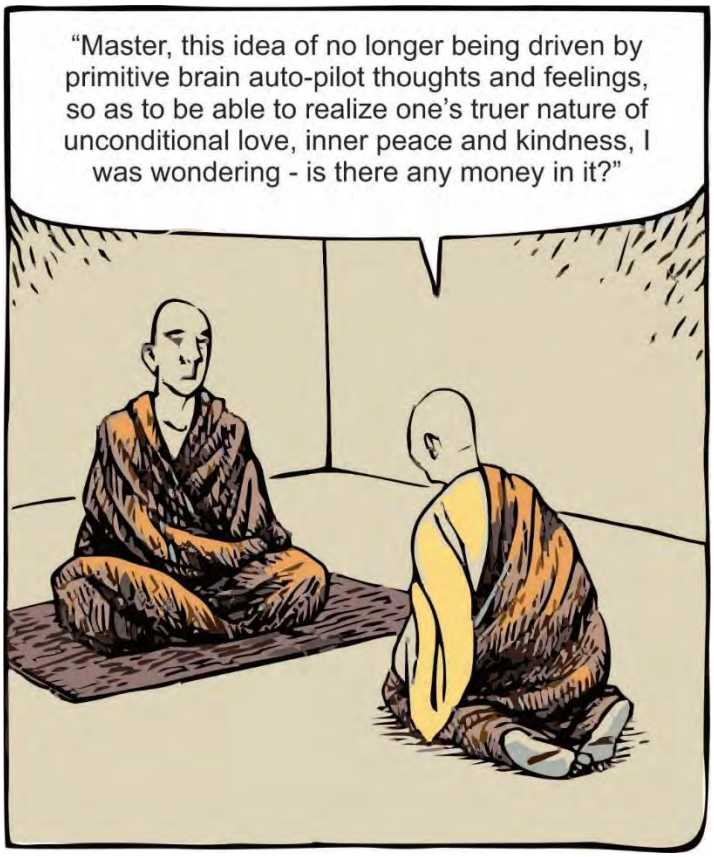
13. Without B-FIT awareness, **thoughts seem to be 'us'**. With B-FIT awareness, because many thoughts arise, become a discernible message and pass away without our identifying with them as 'I am', we start to observe that thoughts experienced mindlessly, 'stick' to and reinforce our sense of 'I' like iron filings adhere to a magnet.

14. The B-FIT process also reveals the transient and **impermanent nature** of the sense of a self i.e. from 'I am this or that', to 'there is this or that'.

15. As the thoughts we have become less and less semi-consciously used to plan and preserve our SSS (safety, survival and sexing), the content of our thoughts becomes less ‘self ’ centred and more related to **authentic caring and compassion** for others – more we, less me!

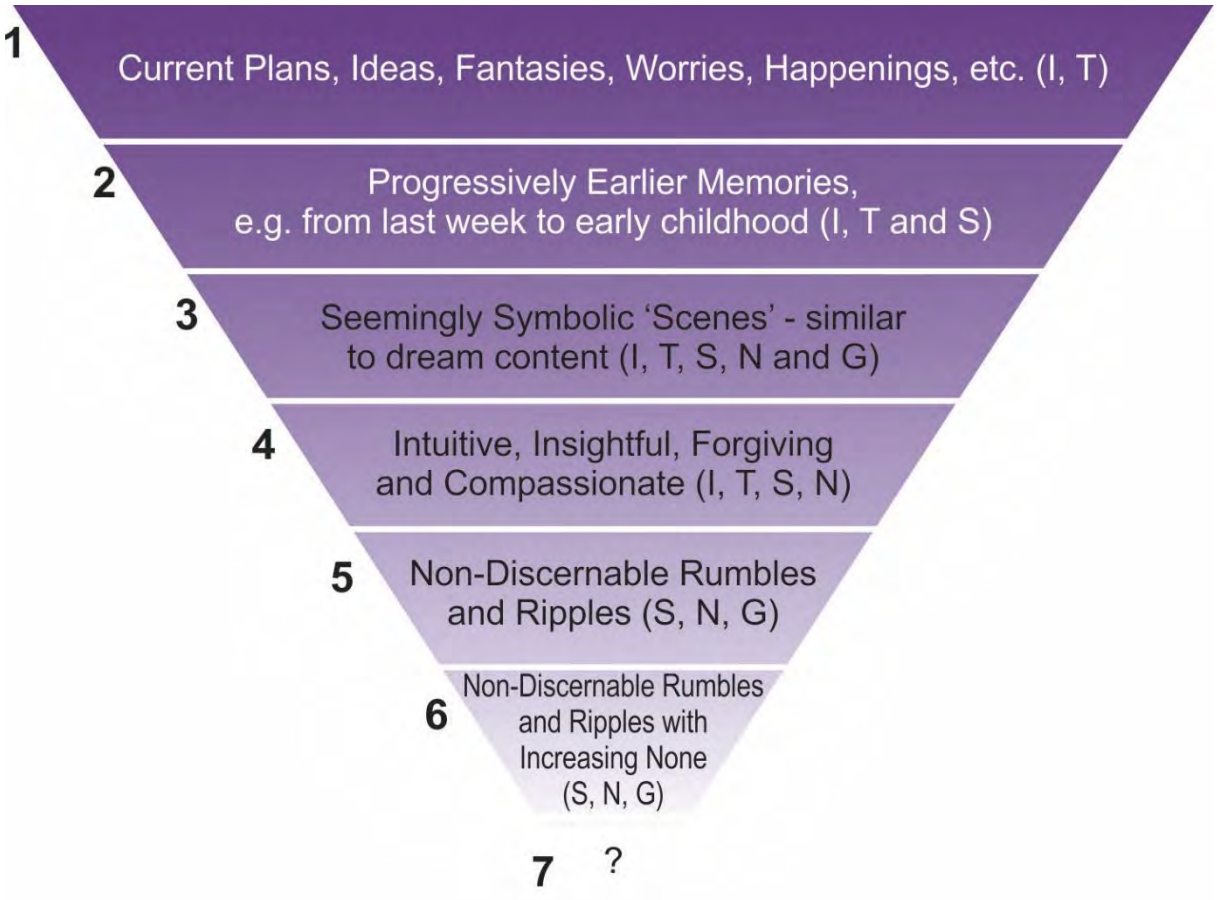
16. **Intentional and Belief Thoughts** seem to dictate much of one’s reality as demonstrated for example in the placebo effect. To modify an old cliché, “If I hadn’t believed it I wouldn’t have seen it.”

17. So then, while thoughts are still generated by some ‘source’ of electromagnetic energy from the raw material stored in the PFP warehouse of trillions of cells’ memory – it is our **conscious self** that can decide whether to behave as directed or not.



<u>Potential</u> Image and Talk, Content and Form
<u>Possible</u> B-FIT 'Spontaneous' Experiences Relative to Time at Task

The illustration below identifies potential 'Content' and 'Form' of Image and Talk during a formal practice exercise. Generally speaking, the longer we practise (e.g. 10 minutes vs. 25 minutes) the more complete the experience over the months and years. As one's practice matures, the time with each of the top 3 layers of subjective experience (i.e. 1, 2 and 3) diminishes while the bottom layers (4, 5, 6 and 7) increases and expands (e.g. more experiences of wisdom and compassion).



Definitions of Forms:

- Image (I) – your mind's representation of people, objectives and places (POP) with a discernible message.
- Talk (T) – your mind's representation of words, phrases with a discernible message.
- Some (S) – a partial non-discernible form of an Image or Talk experience e.g. Pre or Post Rumble (T), Ripple (I).

— None (N) – No discernible Image or Talk in any form.

— Gone (G) – A sudden termination of any form into None.

Note: All layers could have any of the above forms.

Optional Strategies to Apply with B-FIT Exercises

1. Notice and label each arising of Image or Talk.
2. Notice how Image and Talk 'dissolve' as well as come.
3. Notice how Image and Talk give a clearer discernible message at sometimes compared to others i.e. clear Image of a door vs. a wavy, partial construct of a door (maybe).
4. Focus then on changing. Each time there is a new Image, Talk or Some label 'change'.
5. Focus deeper on changing – observe and label events –
   Time – "slower", "faster" or "gone".
   Rhythms/Patterns – Yes, Maybe, No.
6. Focus only on one B-FIT component e.g. the different forms of Thinking, Image, Talk, Some, Gone, None e.g. Some – attempt to discern ripple (I) or rumble (T).
7. Focus on Ahh-llowingness of process, content, form.
8. Focus on Splash-Ripple – e.g. Image or Talk enhancing Body Sensations.
9. Focus on Body Sensations –
   - location
   - size – larger, smaller, same
   - intensity – stronger, weaker, same
   - rate of change – faster, slower, same.
10. Focus on Feel Sensations –
    - location
    - size – larger, smaller, same
    - intensity – stronger, weaker, same
    - rate of change – faster, slower, same.

Damage Control for Negative Thoughts, Urges and Feelings

(By Mindfully Escaping Into Them)

Under the Microscope of Mindfulness:

As noted above, feelings (although being the CEO of the organization) appear to be virtually always significantly influenced by our reactive thinking and body sensations. It also seems that much of the feeling process is experienced in the body. One of the main challenges in managing difficult feelings is to know that thinking and feeling have different 'life cycles' and potential (or not) for intensity.

Once feelings are activated by a situation and our own unique subjective PFP Programming 'thinking' interpretation of the situation, the feeling is activated at say Level 1. This Level 1 feeling takes 1 of 2 potential directions. When the B-FIT reactions are infused with Awareness and Ahh-llowingness, the intensity of the feelings stays at Level 1 and/or begins to decrease depending on the situation becoming more or less threatening.

When the reactive feelings (i.e. body sensations and thoughts) are not infused with Awareness and Ahh-llowingness they 'naturally' cascade (faster, stronger and more intense) and force Level 1 feelings into Levels 2, 3, and 4 etc. (e.g. worry becomes anxiety, anxiety becomes terror, irritation becomes anger, anger becomes rage, sad becomes 'down', and down becomes depression). Remember PFP's prime directive of 'SSS' to protect us from 'the bad' by driving us to the good.

We know from neurobiology research that all levels of afflictive feelings are associated with chemicals, e.g. cortisol and adrenaline, being manufactured and distributed throughout the body. When the thoughts are infused with Awareness and Ahh-llowingness, the manufacturing and distribution of these fight or flight chemicals seems to be minimized. The afflictive feelings then begin to lose their gripping power and fade away. As a side note, men's bodies compared to women, take up to 5 times longer to neutralize the fight or flight chemicals (when just left to mindless/unconscious processing).

Because the feeling chemicals have been distributed into the body, afflictive feelings may not readily disappear even after B-FIT has been skillfully, mindfully processed. However, mindfulness is more likely to maintain the intensity of the feelings at a level 1 or 2 (not 3, 4, 5,) and promote a faster recovery time.

Now Imagine

These thousands of years of evolved and deeply wired thoughts' and feelings' processes are for most people very formidable masters. You can however learn a skill that, on average several times every hour and for 80% of potentially conflicted situations, will have you spontaneously drop into 'catch' awareness of "Talk" or "Image" thinking. This then activates awareness and

ahh-llowing of the rest of B-FIT e.g. “tight chest”, “anger”, resulting in you much more likely manifesting authentic and unconditional calm, compassion and competence (speech and action).

As previously mentioned, reference #8 to review the 5 stages of development of this process of mindful, emotional self-regulation skills and kindness.

15. Research that Endorses Mindfulness

We have described mindfulness, shown how it can make human interactions more compassionate and emphasized this human capacity as essential for the implementation of *CCS*. Now we can look at significant research evidence that endorses the importance of mindfulness.

Credible institutes and universities around the world have been conducting mindfulness research projects for over thirty years. Their results indicate that even beginner practitioners of mindfulness improve in many critically important aspects of their life and their role as a supporter. The following brief statements summarize several key research findings. For more in-depth understanding, readers can refer to the articles cited.

1. Mindfulness significantly lowers workers’ job stress. Workers in high-stress jobs, after eight weeks (three hours/week) of training in mindfulness meditation rewired their brain’s emotional set point so that their normal brain functioning had significantly more activity in the area of the brain that creates positive feelings like calm, caring and concentration (Davidson, R. et al. 2003).

2. A 2010 University of Massachusetts study found that non-meditators who had eight weeks of training in mindfulness meditation were more likely than a control group to access the brain region of the “here and now” as opposed to the region associated with worry. In other research, brain scans of mindfulness participants with no previous meditation experience showed increased grey-matter density in regions involved in learning and memory, emotional regulation, self-awareness and perspective (Holzel, B. et al. 2011).

3. Research has proven that individuals with mental illness can control their aggressive behaviour through mindfulness training (Singh, N. et al. 2007).

4. Research has shown that mindful staff can increase learning and reduce aggression in adults with developmental disabilities (Singh N. et al. 2006).

5. A summary of the research into health benefits of mindfulness found the following benefits (Davidson et al. 2003).
    - increases flu antibodies
    - lowers blood pressure
    - reduces cholesterol
    - strengthens immune function

- relieves insomnia
- decreases the production of stress hormones, like cortisol and glucagon
- makes it easier to reduce weight
- restores body and mind natural balance
- relieves chronic pain.

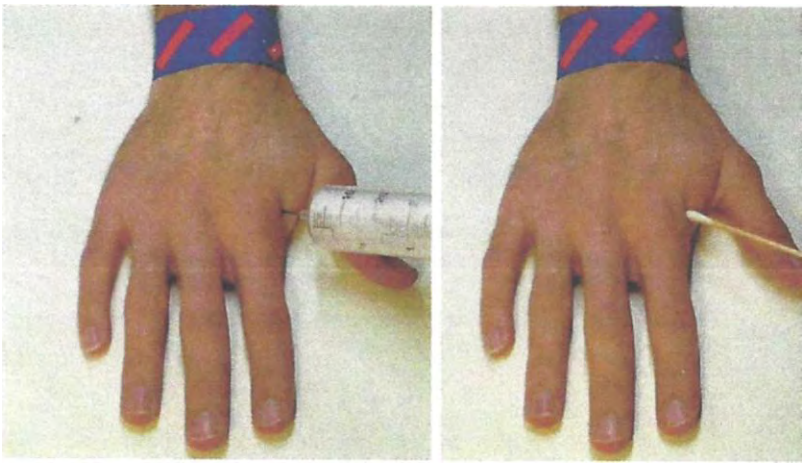
6. Physicians who were given a short mindfulness course improved in job satisfaction, quality of life and compassion for up to nine months after the course. The researchers found that at nine months, the physicians were significantly less burnt out and had lower levels of depression, anxiety and stress than doctors who didn't undergo the training course. They also scored higher on scales measuring compassion (*Krasner MS, Epstein RM, Beckham H, et al*. 2009).
7. Clinicians who scored higher on the mindfulness scale were more likely to engage in patient-centred communication, meaning that the clinician and patient built a greater rapport and spent more time discussing psychosocial issues faced by the patient. The patients of mindful clinicians also reported high overall satisfaction. *(Dr. Luke Fortney MD, Meriter Medical Group, Madison Wisconsin)*

The research information provided here is a small fraction of the evidence that has been gathered on the importance and effectiveness of mindfulness, but even these few examples should be sufficient to make a convincing case for the importance of mindfulness. Our bibliography gives references for further in-depth study.

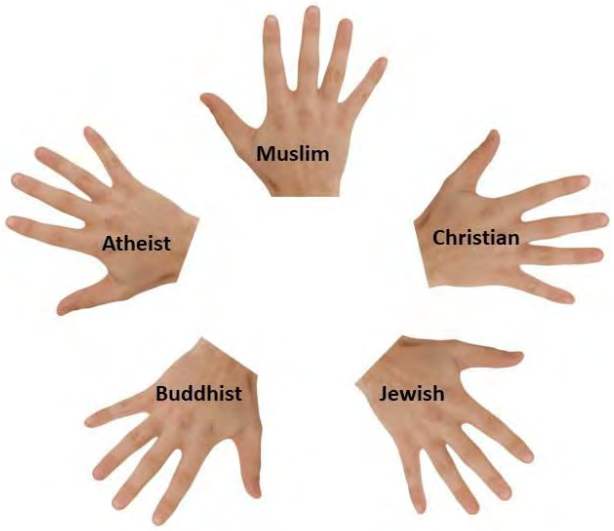
16. The Unnecessary Tragedy of Exclusion Resulting from Mindlessness

There is compelling evidence that mindfulness is a foundation for positive human interaction. It is equally clear that its opposite, mindlessness, is associated with the tragedy of exclusion. We have set-up artificial barriers that exclude many people who have a developmental disability, mental health disorder or dementia from participating fully in society. Because they are excluded they cannot realize their full potential to have personally fulfilling and socially useful lives. The causes for exclusion are multi-faceted, but without a doubt the foundational cause is the impact of the mindless PFP Programming. Generally, I don't believe that exclusion and prejudice is done by bad people. It's mainly that people who have not freed themselves from this mindless delusion of separateness, instantly experience those with developmental disabilities or dementia as different and therefore objects of fear. The fear arises from a deeply-driven brain-architecture survival need to distance one's self from threat. The mindless mind's deep, deep neural pathways have evolved over thousands of years to prompt the person to **fear the threat of someone perceived as different**. Unless the person (who may be good and caring under most circumstances) becomes mindfully aware of this subconscious PFP Programming drivenness, the prejudice continues. Only by becoming mindful does this person kill the prejudice, realize that a sense of separateness is not inevitable, and replace it with normal acceptance. The research on this is near unanimous. It says that when normal and good people perceive a threat, whether real or not, they "circle the wagons" with their own inner group.

One experiment published by David Eagleman in his book *The Brain* has subjects who are in a scanner view the following two pictures.



When the cotton swab touches the hand, there is no particular brain reaction. When the needle was inserted in the hand of the person however, the brain activated in the regions of empathy – a key measure of inclusivity. Taking the experiment to another level however, revealed a different automatic brain reaction.



In the next sequence five different hands were viewed by the subject in the scanner. Each hand was labelled either Christian, Jewish, Buddhist, Atheist or Muslim. When each hand was injected with the needle, on average "people's brains showed a larger empathic response when they saw a hand of their 'in' group in pain and showed less a response when the needle was inserted in the hand of a member of one of the 'out groups'. With just a one word label, the brain without your consent, establishes many 'out groups' for you for acceptance or rejection as directed by PFP.

THIS "different is dangerous" is I believe also at the heart of racism, prejudice and wars, etc. that have been prevalent since we left the African Savannahs. The problem is PFP Brain - not intentionally bad people. Without this realization we will continue to invest in inferior and ineffective solutions. I'm not sure if there is a more tragic consequence to being mindless/semiconscious.

The Business of War – Turning 'ins' to 'outs'

Generally speaking, hurting or killing another human violates the brain's 'in' group rules. One way that politicians (generally good but unconscious people) convince citizens to kill others in the name of national security is by redefining (priming) others as 'out' through impersonalizing designations.

In Group Designations		Out Group Designations (that make it easier to hurt)
Moms and Dads/Adult Children	→	Enemy Combatants
Deaths	→	Casualties
Torture	→	Enhanced Interrogation
Killing Missions	→	Tours

We must learn to progress toward full mindful, emotional self-regulation. Becoming more mindful and emotionally mature opens the head and heart to inclusivity.

"There is a lack of synchronicity between our society and people with multiple disabilities and long-term needs. A society that honors only the powerful, the clever and the "winners" necessarily belittles the weak. It is as if to say to be human is to be powerful.

A society that encourages us to break open the shell of selfishness and self-centredness contains the seeds of a society where people are honest, truthful and loving. A society can function well only if those within are concerned, not only with their own needs and of those who immediately surround them, but for the needs of all. Each one of us, I believe, is on a journey towards this openness where we risk to love."

anonymous

A Quick Review

Take a moment to review our thinking in Part TWO so far.

- Many supporters are currently experiencing strong negative pressures in settings where they provide support.
- In many cases, supporters experience burn-out, tune-out, freak-out or space-out (mindlessness) and are therefore unable to provide an effective level of support.
- For struggling supporters as well as those whose struggles are less obvious, training in more conscious methods is needed.
- Fundamental to *CCS* is the concept of mindfulness, an enhanced awareness of our inner and outer worlds, and a capacity to be present in the moment.
- B-FIT Mindfulness is a skill designed to address this need for a caring and compassionate methodology that serves the needs of all supporters and those supported.
- Mindfulness must be learned, and there are factors in the human disposition (e.g. **EGO**) that make that learning challenging.
- Assessing one's current state of mindfulness is possible and helpful. Reflecting on one's responses to daily situations helps this understanding.
- Research that demonstrates the benefits of mindfulness is plentiful, and many of the findings apply to supporters of individuals with Autism/DD.
- Mindlessness (the absence of mindfulness) can do great harm by creating a culture of exclusion and prejudice for many with Autism/DD.

This next section will offer instructions on how to practise B-FIT Mindfulness.

For readers who are not participating in the *CCS* course, you are encouraged to visit our website www.centreforconsciouscare and start daily guided exercises - reference audio resources disks 9 & 10.

Readers are also invited to join a Home Practice Program at http://homepracticeprogram.com/ This program is led by some of the most accomplished mindfulness facilitators in North America.

B-FIT Mindfulness – Qualities and Tools

The focusing power of your mind is the single most important tool that you have in this life.
Shinzen Young

As discussed in the previous section, **B-FIT Mindfulness** is a simple mindfulness practice built on Shinzen Young's Unified Mindfulness System which has been researched by scientists at Harvard Medical School and Carnegie Mellon University. We have tailored it for this specific

Conscious Care and Support process with six applications, uniquely suited to our purpose here. This section then further defines B-FIT Mindfulness, teaches how to practise it and shows how it is applied as a fundamental skill while care giving and supporting.

B = BODY sensations
F = FEELING states
I = **IMAGE** thinking
T = TALK thinking

B-FIT Mindfulness

There are different ways to develop the qualities of mindfulness. The essential competency I am presenting here to meet the needs of leaders and supporters is a specific process for developing this skill that I have, together with Shinzen Young, modified from the Unified Mindfulness system during years of practice, teaching and caregiving: B-FIT Mindfulness. You will learn specific B-FIT Mindfulness exercises that will allow you to practise the skills of mindfulness so that you are able to draw upon them automatically when you most need them.

For our purposes here, of course, the primary outcome of mastering B-FIT Mindfulness is to give you the inner resources to apply the *CCS* process consistently in your ordinary working life and in times of crisis. We will focus specifically on how it will help you achieve the ability to stop and catch your unconscious reaction to your situation as a human services' leader or worker but it will also significantly enhance your roles as friend, partner, parent, adult child and community member.

Whenever I refer to "mindfulness," I am referring to the specific strategy and tools that I term *B-FIT Mindfulness*. Seeing and hearing are also a part of this mindfulness approach and are fully described in Exercise #3 – Full Field Focus.

Body: (B)
Body sensations are sensations of internal pressure or external exertion like pain or physically soothing pleasure. The sensation can be experienced any place in or on the body, including muscles, bones, or skin. Body (B) includes every physical sensation except body sensations that are the result of emotions. For example, your dentist is drilling a tooth and it hurts. When you turn your attention to that hurt, you are being aware of (B) in the jaw. Simultaneously, your hands are white-knuckled to the chair. This tension in the hands and arms is not a Body sensation as defined here; it is actually sensation felt in the body but related to a Feeling, like fear. Similarly, in receiving a massage, the sensation of this external pressure on your skin and muscles would be awareness of Body. However, the ripple effect of feeling calm and relaxed in adjacent muscles would be awareness of Feeling (F) in the Body.

Feeling: (F)
In addition to feeling as described above, that is for example the ripple effect from the "splash" of a physical body sensation, Feeling could also be body reactions to an emotional event. For example, when we are sad often a Feeling sensation is experienced as tightness in the throat. In addition, there is a range of emotions like anger, pleasure, fear, excitement, sadness, happiness, embarrassment or impatience that may not seem to resonate in your body (or at least cannot be detected). Regardless of whether you can detect a related body sensation, these subjective experiences are identified as Feeling (F).

Image: (I)
Most people are not aware that they think primarily in two different forms. One form of thinking is using internal images, pictures and mind movies. Stop reading for a moment. Look at an object in the room. Now close your eyes and intentionally recall an image of what you were just looking at. This same effect is constantly happening without your deliberate effort—the images just appear in your mind, seemingly out of nowhere. This is called Image (I) thinking when it just happens without effort when you are recalling, fantasizing, planning, dreaming etc. For now, also consider colours as image.

Talk: (T)
The second form of thinking is internal talk. Stop reading, close your eyes and say a sentence to yourself, like "This is interesting." Be aware that you are saying these words to yourself; do it until you become aware of saying the words. Now stop intentionally saying the words and just sit like a cat at the mouse-hole waiting for something—a word or phrase—to appear. What appears is a Talk thought.

The following 3 'Pithy' quotes beautifully describes why becoming B-FIT mindful is essential if we ever hope to transcend the directives of ancient hardware, programmed by other's software and pop up brain primes. This is referred to below as PFP Programming – Primitives, Filters and Primes.

"In each of us there is another whom we do not know." Carl Jung
"There is someone in my head and it ain't me." Pink Floyd
"How can I tell what I think, til I see what I say." Forester

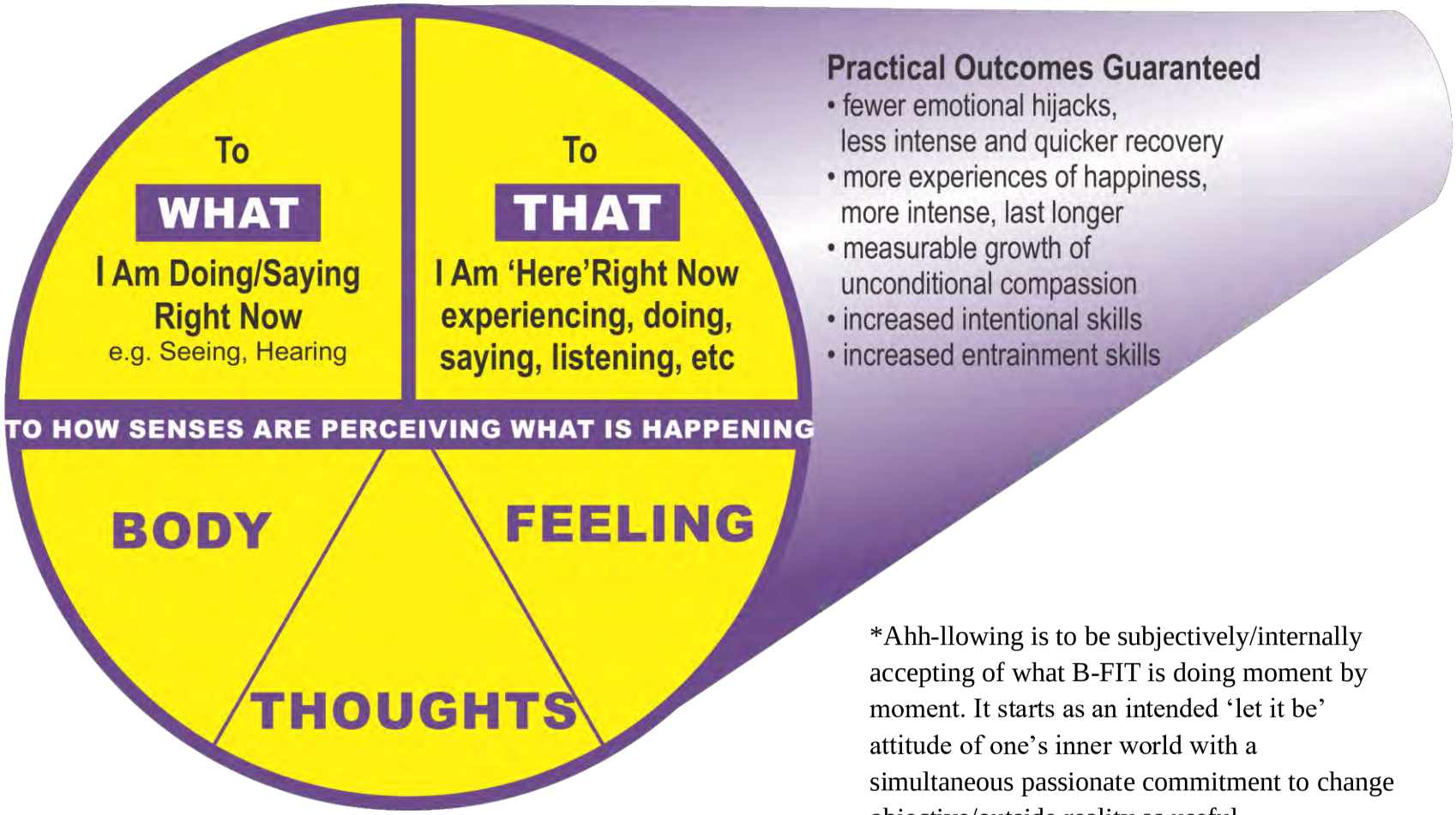
I've also included my own (less 'pithy') two liner.

"Oh, so many thoughts happening every minute
in delusion I think I'm in charge to spin it"

The diagram on the following page illustrates the main components of B-FIT Mindfulness.

B-FIT MINDFULNESS IS...

Being Ahh-llowing* of and Paying Attention:



*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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B-FIT comprises the main internal components and senses that all humans use to perceive and experience people and situations. Later on I will explain where these mindless reactions come from. For now, it is most important to know that the process of B-FIT Mindfulness does not mean using our thinking mind at a given time to understand, reject, fix, or challenge irrational, extreme or negative thoughts and feelings about a situation or person. Instead, when mindful, our goal is simply to be aware of B-FIT experiences in the moment and subjectively or internally clarify their form and flow, and **ahh-llow** them to stay or go. **Remember one vital part of the B-FIT Mindfulness process is merely recognizing that you are having Body Sensations, Feelings, Image or Talk Thoughts, but not focusing on the content or meaning of what the experience is about. Once your internal/subjective experience is calm you can then (and only then) work passionately and effectively to change outside/objective reality**.

B-FIT as a Spectator Sport

The first and possibly most long-lasting insight that will result from just an initial twenty-minute practice session of B-FIT Mindfulness is a new awareness that our concept of "who I think I am" is quite incomplete. Most folks would say, "I am a doer, relater, thinker and feeler". But doing, relating, thinking and feeling without mindfulness also creates subconscious identifications that tend to drive and distort our actions and perceptions. For example, if I am subconsciously mindlessly driven by an identity of being a good helper, then I unintentionally may define you as being a vulnerable helpee—not as an "unbroken" individual just needing some assistance (as we all do). This incomplete and harmful identity is developed and reinforced by mindless B-FIT messages. As another example, if I am mindlessly identified with fear of being criticized, I may relate to you primarily as a threat—my judge and jury—not as a friend just trying to help me change a bad habit.

When mindful, we realize that much more is actually going on. B-FIT Mindfulness radically changes the way we relate to body sensations, feelings, image or talk thought messages that arise moment by moment in response to life experiences. When we just watch them as if we are watching a sporting event and observe—"there is" a worry feeling, or "there is" angry self-talk—these reactions have less gripping power over us because we don't make the mistake of saying they <u>are</u> us; they're just happening to us. This process of "there is" vs. "I am" reprograms our sense of self in that we start to realize that the feeling is not me—just a sense message.

When we relate as B-FIT observers, reactions are still present, but we experience them just like any other message from our other senses. For example, when smelling, we say, "There is the smell of smoke" not "I am smoke." Similarly, when mindfully relating to (that is, watching) our Body Sensations, Feeling and Image messages, we perceive and believe, "There is anger" not "I am angry." By identifying these reactions as "there is" instead of "I am" we are much freer to choose whether to respond or not to these body, feeling and thinking messages! The activity becomes more like a spectator sport than actually playing the game of EGO (reactive thinking and feelings of **E**nslavement to greedy **G**ratification and **O**bsessive self-centredness.) As a

result, we are significantly less attached to or driven by the meanings of the negative messages we give ourselves.

In order to understand B-FIT Mindfulness, it is essential to be able to clearly observe these four B-FIT "sense doors" (Body sensations, Feelings, Image thought messages and Talk thought messages). Deepening this awareness enables us to observe accurately what is happening internally; it helps us not to lock onto or be gripped by the content of image and talk thoughts or feelings, or be driven by body reactions of which we are unaware. Like a spectator, we watch them coming and going without getting affected by them. During this B-FIT Mindful process we see and experience first-hand how our unaware, and therefore reactive, mind and body often unnecessarily create unsatisfying and even painful emotions such as indifference, anger or fear.

This shift from being the player who unknowingly thinks he "is" the reactions, to being the objective, matter-of-fact spectator who just observes each internal B-FIT movement and message significantly lessens the intensity of our semiconscious body sensations, feelings and image and talk thoughts that normally have very strong power over us. As a result we are less subjectively resistant to what happens around us or to us, and more likely to connect positively and to support others consciously, regardless of our thoughts or feelings about them. This less resistant and non-attached way of being brings relative peace and an open heart, especially when we catch our self being in a leadership or care/support situation. It also puts us into optimal problem-solving and decision-making mode as it breaks down the illusion of 'in-groups' and 'out-groups' to allow for the experience of just 'us'!

Deep and Lasting Happiness—Beyond Fixing Conditions and Chaos

All of us—especially those in the helping professions—know that life is full of unexpected challenges and chaotic conditions that make it very difficult to stay calm: remember that "calm" is the second critical step of the *CCS* Process. The B-FIT Mindfulness approach is not dependent solely on fixing conditions; it is not based on developing new strategies to change or more positive ways to think about things (we discuss these valuable skills in other essential competencies). Instead, the B-FIT Mindfulness process develops the **basic mindfulness tools** of concentration, enhanced sensory clarity, subjective ahh-llowing (equanimity) and the final tool of "Here Now" (I, Peter, am aware <u>that</u> I am reading this sentence). These four tools allow us to get our EGO/PFP Programming out of the way so that our natural human goodness and connectedness can spontaneously show itself—even, and especially, during difficult conditions and chaos.

When mindful…life's evitable pain doesn't happen to you, rather it happens for you.
Anonymous

The Four Tools of B-FIT Mindfulness

Each B-FIT tool and exercise will help you understand how to integrate both the practice and the tools into your daily life. B-FIT is a way of being, moment by moment, not a way of doing at isolated times. This is a real-time practice.

Mankind has evolved physically, mentally and socially as a result of physical tools. The first tool accurately carbon dated by archeologists was invented by our ancestors over a million years ago. Not surprisingly, it was a cutting tool—a chopper knife—designed to cut up food supplies, to divide and separate meat into smaller more manageable pieces. Knives are such an elegant and perfect analogy to introduce the tools of B-FIT Mindfulness, which are also used to "divide" B-FIT sensations into manageable pieces so that they do not overwhelm us and can be more easily managed.

As our skill with each of the following tools increases over time, our overall capacity to be mindful will increase as well. The benefit works both ways. The deeper our mindfulness becomes, the more proficient we become in using the tools.

Tool # 1: Concentration

Possibly the most important human faculty to enable us to have a meaningful and socially responsible life is **concentration**. Concentration is simply the ability to pay continuous attention to what we feel is relevant and important at the time. It is not hard to see the importance of this ability in leadership and supporting. How often does the well-being of one person depend on another's ability to pay attention to physical changes and symptoms or nonverbal cues of emotional distress? Without the ability to concentrate—to focus and pay attention—our ability and motivation to be in the world in the best possible way, and to be the best possible leader or supporter, will be seriously compromised.

However, every day we are confronted with a battalion of new electronic devices that appear to be decreasing our natural ability to concentrate. The brain cells required for this vital, life-saving faculty of concentration are assaulted by the deadly radiation energy emitted from devices. Even more important to our concerns, however, is the fact that much of this electronic, multi-sensory-stimulation gadgetry, being operated by the average person for many hours each day, focuses the mind so well that the mind's natural ability to concentrate atrophies. Just as having your leg in a cast for eight weeks makes the muscles become incredibly weak from lack of use, so too does the mind's capacity to concentrate on its own become weak when it is constantly being concentrated, without any effort, by these devices and our multi-sensory lifestyle.

Being unable to concentrate with another unless we find them co-operative, appreciative, or interesting is one of the most challenging barriers of leader-staff or supporter-recipient relationships. Many support moments are boring to the mindless mind, so it wanders to thoughts such as, "Oh, I must pick up bread and milk on my way home." Using B-FIT Mindfulness

concentration skills to focus on the needs of the staff or the support recipient will do much to eliminate this barrier.

The B-FIT Mindfulness tool of concentration is a proven and powerful way to develop and maintain this all-important ability. Each time we focus on the subtle subjective experiences of B-FIT senses coming and going we build this muscle of concentration which enables us to focus even better, and so on. In turn, this significantly improves our ability to know and understand the needs of others. Being able to concentrate on the subtle but important messages from those we are leading and from those to whom we are giving care, is the foundation of offering fully compassionate personal support and care.

Tool # 2: Sensory Clarity

Sensory clarity is the ability to get clear about what is happening in each of the B-FIT senses (Body Sensations, Feelings, Image and Talk thinking), one by one and then eventually all together. It is unbundling these entangled senses that normally clump together so we don't know what is happening or why we are reacting the way we are. We need to "deconstruct," or take apart, this bundle of driven senses. As we become more aware of how the B-FIT senses are inter-acting, we become less driven by the PFP Programming as it tries to control situations and others in order to regain emotional and physical security.

In B-FIT sensory clarity we are not focused on the content of the thoughts or meaning of the feelings, because in this moment reasons for them are secondary. Of course, as we are skillfully processing B-FIT internally, we are also taking appropriate and measured action to change anything that should be changed, such as giving the support that is needed. We experience all situations in this simultaneous way. We just need to be fully aware of our B-FIT subjective reactions so they no longer control us.

Deconstructing the B-FIT senses through sensory clarity requires the following specific steps:

1. Watch closely and observe each separate sensory strand on its own. What are your **B**ody sensations? What are your **F**eelings? What **I**mages are going through your head? What internal **T**alk messages are you hearing?

2. Become aware that one or more of these senses have been activated: for example, an upset stomach, or there is the feeling of frustration or there is self-talk about being happy.

Observe the ever-changing, intensity of body sensations, feelings and thoughts (e.g. stronger, weaker, same);

3. Fill this clarifying experience with intentional ahh-llowing (equanimity, let-it-be-ness).

Tool # 3: Ahh-llowing (Equanimity)

> As surely and as powerfully as gravity holds the most inconsequential of particles of dust to the earth's surface, so too does resistance and attachment control every life event, no matter how mundane or magnificent—until, that is, they come into awareness and are ahh-llowed.

Ahh-llowing simply means letting go of all the resistance and attachment that has developed against or for those B-FIT sensations of which you are now aware. Remember that this means focusing on the forms and process of B-FIT, not the content: for example, the forms of thinking are **I**mage and internal **T**alk—not the meaning or content of a thought like "this is awful." The process you become aware of is the "changingness," like an image becoming stronger, weaker or simply gone. You observe these forms and intend a mindful "ahh-llow." That is, you intend for them to be just what they are, without you trying to change or get rid of these **subjective** experiences. There is no judgment or action. Ahh-llowing is just being with the ever-changing forms of subjective B-FIT reality.

At any given moment, objective reality is taking place outside of you. Someone is criticizing you, or yelling at you, or complimenting you. Simultaneously you have subjective, internal reactions to this situation: embarrassment, anger, joy. Ahh-llowing begins with intentionally responding to the awareness of your subjective reactions with an attitude of "let it be." Ahh, there is embarrassment: let it be. We call this matter-of-fact, nonjudgmental, internal letting go of your physical, mental and emotional response "non-attachment" or "ahh-llowing."

It is very important to remember that ahh-llowing does not mean that you accept any harmful or negative situation with a sense that "It's all good" or "This too will pass." It always includes working passionately to improve the real, objective situation. Ahh-llowing also does not mean creating a place where there is no pain, challenge or problem. It is in the very definition of leadership or support to be constantly confronted with all of these things. Ahh-llowing means to be surrounded by the chaos and still be subjectively calm, connected, compassionate, capable and cheerful. This mindfulness tool just asks you to let go of your driven B-FIT sensory reactions in the moment so you can respond fully to what is happening. When you are subjectively non-attached and ahh-llowing of specific external actions and outcomes, you will be able to find the most appropriate words and actions. Because you are mindful, you will be calm and conscious as well, so your heart will remain open. Your words will be useful, truthful, kind and timely.

The benefits from this new attitude of ahh-llowing will be huge. You will experience much less emotional and physical suffering because you will not have resistance or reactions to it. You will also be much less vulnerable to emotional hijacks, those situations in which your emotional reaction to a negative or difficult event quickly takes you somewhere you didn't want to go. When you do experience an emotional hijack, you will recover much more quickly, resulting in

significantly improved management of your feelings and behaviours. Another wonderful benefit from developing this quality is increased fulfillment from the things that bring you pleasure, simply because you are more consciously aware of more of the experience and non-attached to the pleasure.

Discomfort on the other hand has a finite amount of energy, and then it releases/breaks up/dissolves. Being 'present' when this natural release happens, conditions the nervous system to be less resistant to pain and therefore suffering is released.

Being a non-attached/ahh-llowing leader or caregiver/supporter has been compared to being an excellent bookkeeper. The bookkeeper meticulously enters all numbers on the balance sheet, adds them perfectly and effectively prepares the financial reports. He/she does not become anxious, defensive or even excited about profit and loss—he/she just does his/her best, and rests with the rest. Similarly, you, as a non-attached supporter, compassionately manage and optimally respond to all of the details around someone's feelings, behaviour, nutrition, personal care, medication and treatment without any need to control the outcome.

How To Develop Ahh-llowing/Equanimity

Equanimity skills development and capacity building requires specialized mindfulness practice. This tool has its own set of optimal training conditions and strategies that are available to us during formal B-FIT Mindfulness practice sessions and in the marketplace of informal learning.

Examples of excellent ahh-llowing training conditions are:

1. Intend ahh-llowing of B-FIT with deliberately generated or naturally occurring physical and emotional discomfort.
2. Intend ahh-llowing of Image and Talk thoughts that naturally occur during practice. Also focus on the Image and Talk rest states of 'none' in formal practice.
3.
3. One of the most effective ways to develop equanimity is to extend practice sessions 5-10 minutes beyond the time that 'B-FIT' has decided that it wants 'you' to stop. Most every mindfulness practitioner reaches that point of 'return', be it in 30 minutes, 3 hours or 30 hours. 'Here', the conscious us can learn to not be driven by the 'I got to' B-FIT 'us' by gently but firmly (i.e. skillfully) observing B-FIT's demands e.g. "I must stop now".

   As we infuse these moments of the B-FIT elements becoming stronger and weaker, bigger and smaller and faster and slower etc., with intended ahh-llowing, we facilitate the lessening of the drivenness of B-FIT. As we experience this birth/dying cycle over and over, it seems like the B-FIT nervous system reduces, then virtually stops demanding its own way i.e. we grow and nurture the capacity to be 'in the world but not of it'.
4. Monthly, view a movie showing man's horrendous inhumanity to man: for example, *Hotel Rwanda, Sometime in April, Schindler's List,* or *The Patriot*. Use the viewing as a formal equanimity practice by tracking and ahh-llowing B-FIT.

5. When you view a television commercial, there often is a subtle B-FIT irritability resistance due to the interruption in the satisfaction of the mindless driven-ness of B-FIT—you want to watch your show! Track and label every new scene or camera angle in the commercial. Label each as "change" and intend "ahh-llow." Another excellent opportunity is to view commercials and programming using Full Field Focus and ahh-llowing.
6. As a formal practice, apply B-FIT Ahh-llowing strategies to marketplace generated difficult emotions such as: situations like waiting in line, receiving poor or disrespectful service, being stuck in traffic, being late for an appointment, being embarrassed, worried, criticized, or out of control, being betrayed, experiencing an emotional hijack, having a financial or job crisis or waiting for test results of a potentially life threatening illness or a serious medical diagnosis, or experiencing grief and anxiety.
7. As we work passionately to improve objective reality for self and others in times of action maintain awareness of 'here now and ahh-llow' so as to be able to not have an unknown, driven attachment to the outcomes – 'I do my best then rest with the rest'.
8. Mindfully self-talk first world problems as we work passionately to solve them with "yes this is a problem that must be addressed **and** its severity is relative to what?"
9. During interpersonal activities become aware of resisting body sensations and intentionally release cringe i.e. sympathetic tightened muscle groups.
10. Become aware of Feeling Body or Image or Talk amplifiers of painful emotions and intend release.
11. Intend ahh-llowing to 'I' and 'T' as they attempt to figure-out feelings.
12. Practise with physical pain. At least weekly, create medium to strong but safe physical discomfort for 30 minutes or more (reference www.centreforconsciouscare.ca – Audio Resources ('Preventing and Managing Physical & Emotional Suffering'.)
13. During formal practise, label out-loud during, for example the pain clinic with an intentional slow cadence and 'soft' tone, then listen and ahh-llow.
14. Do service for others as formal ahh-llowing exercise.

NOTE: Remember that all B-FIT practice occurs at the subjective level. Objectively, we always work passionately to change what should be changed.

Ahh-llowing

- Is a way of being
not a feeling, or thinking state

- Is an active, dynamic non-attachment process, not indifference

- Always includes working to passionately improve objective 'outer world' realities while simultaneously accepting and surrendering subjective 'inner world' reactions ie. Body, Feeling, Image and Talk Thoughts (B-FIT)

- Is to do one's best then rest with the rest

- Embraces uncertainty and is trusting that the outcomes are 'just right' for this moment

Ahh-llowing does not mean to be in a place where there is no pain, challenges or life problems. It means to be surrounded by this chaos and be subjectively calm, connected, compassionate, capable and cheerful.

Ahh-llowing Summary

Ahh-llowingness is:

- a cultivated skill and also a naturally occurring biological process of 'release' that brings non-resistance to emotional and physical pain/discomfort and nonattachment to emotional and physical pleasure i.e. 'I gotta have';
- the significant enhancement of fulfillment from pleasure and happiness;
- the significant reduction in suffering by reducing internal/subconscious resistance.
  The basic formula is Suffering = Pain x Resistance. Lower resistance and suffering diminishes. Lower resistance to 0 and…

As Pema Chödrön said:

> *We can put our whole heart into whatever we do; but if we freeze our attitude into for or against, we're setting ourselves up for suffering. Instead, we could just go forward with curiosity, wondering where this experiment will lead. This kind of open-ended inquisitiveness captures the spirit of equanimity.*

Or, as I say:

> *We work passionately to*
> *change what must and should be changed*
> *e.g. injustice, exclusion*
> *And as we do our Best, we Rest with the Rest*

Tool # 4: HERE NOW!

"Here" is simply being aware **that** you are experiencing this present moment -"I, Peter, am aware that I am writing this sentence". I am focused on the task and simultaneously—"dual processing," so to speak—being aware that I am Here Now! It is the opposite of how you typically drive your car. As a tool of B-FIT Mindfulness we simply say to ourself, "here!" An excellent way to practise this tool is each time your mind automatically reads a sign along the highway, say to yourself, "talk, here". With these two words you are first becoming aware of the internal B-FIT talk process and then bringing your awareness fully back to the present moment. With practice, this awareness becomes second nature. This is the "catching" that is the first step of the *CCS* process discussed in Part THREE.

> ***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

Summary of the Four Tools of B-FIT Mindfulness

Take a moment to try the following exercise:

1. Write your signature.
2. Now write it again with your non-dominant hand and stay aware of feelings of frustration and/or maybe a body sensation associated with frustration or maybe an image or talk thought etc. as you do it.
3. Write your signature again with your non-dominant hand and be aware that you are doing it. Say to yourself, "here, writing."

The first step is generally how most people go through life. You just autopilot your signature like you do most things you know how to do. Think of how many tasks and routines there are in your daily work, and think of how easy it is to fall into mindless auto-pilot. I'm sure you can help the person you are supporting take a bath or assist them with their dinner without giving it any more thought than you gave to writing your signature the first time—and that is exactly what we need to avoid doing.

The second step was a forced mindfulness experience because your lack of competence with your non-dominant hand and the newness of the situation forced you to be aware of what you are doing. If you observed any feelings or thoughts of frustration, then you were somewhat B-FIT Mindful.

In the third step, if you were able to hold a similar awareness of "HERE," along with paying attention to what you were doing and also being aware of some B-FIT reactions, and you ahh-llowed those reactions to 'flow and go', congratulations—you just experienced all four tools in action.

Once you have developed these four B-FIT Mindfulness tools of Concentration, Sensory Clarity, Ahh-llowingness and Here Now! you will find that you can more wisely, intuitively, effectively and kindly respond to the needs of others.

This mindful way of responding—not reacting—is similar to how we naturally and calmly open our heart and be our most compassionate self when we are caring for a sick child or a loved one who is dying. Regardless of our preferences, thoughts and personal filters, we don't just emotionally experience the other as difficult and demanding. The situation is no big deal for us. We just calmly connect with the person supported unconditionally, no matter what subjective internal messages are being given. Similarly, with B-FIT Mindfulness we can now respond to even difficult support recipients or staff in this optimal fashion because we are no longer driven by mindless indifference or fears.

Waking up to Unconditional Kindness

As people in a leadership or support role, we want to learn how to be fulfilled and happy by accessing our inherent natural gifts of goodness, wisdom and compassion that lay hidden just below our awareness. Take a moment to consider the outcomes of B-FIT Mindfulness that we have just outlined. You will see that the gifts of B-FIT Mindfulness are multi-faceted. Almost everyone who grows with B-FIT Mindfulness experiences the gift of unconditional kindness—the qualities of conscious connecting and being love.

Although this is not a spiritual text, there is spirit at its heart. The many quotations I have included about our natural human ability to "love our enemies" (or friends, family, work colleagues, people we support)—even when we have difficult times with them or need to prevent them from causing further harm—are not just some ancient sales sound bites. Once our unaware attachments and resistances to body sensations, feelings (anger, fear, grief, shame, impatience and guilt etc.) and thoughts are brought to awareness and subjective ahh-llowingness, they lose their gripping power to drive and distort our perceptions, behaviours and feelings.

At this readily accessible level of our human experience, it turns out that we are not broken after all and don't need fixing. Instead, we just need to replace difficult "I am" messages with B-FIT "there is" messages: "there is anger," not "I am angry". In this radically less ego-driven way of relating, we respond very differently to conditions that normally would cause emotional fear, fight, flight or freeze reactions. Instead, natural reactions of kindness and connection are automatically activated in the moment by applying the tools of B-FIT Mindfulness. We then develop a more natural, intuitive ability to do this every time we apply the skills.

By being aware and ahh-llowing of (non-attached to) B-FIT experiences, we automatically, without even trying it seems, become unconditionally, authentically kind. When a mindfulness strategy is applied to each component of B-FIT, we no longer experience others as separate and we are no longer loaded with moralistic judgments of good and bad, or right and wrong. Therefore, if I am expected to care for and support you, but I do not feel like it either because of

your behaviour or my own issues, unconditional kindness and support will still happen to the extent that there is sufficient B-FIT Mindfulness. Experiencing B-FIT mindfully softens our subjective identification with "I." My aware and non-attached experience of "you" is now beyond my driven, attached "I" B-FIT senses. In this aware state, situations and people are experienced with significantly less subjective judgment.

Note that in this state, we still absolutely continue to take care of objective reality. For example, if an individual receiving our help is behaving in a way that could threaten her or our own physical well-being, we must enforce appropriate boundaries or redirect these inappropriate behaviours. In fact, this state of mindfulness is the optimal space to change what should be changed. (reference Part ONE, Need #1, Awareness Based Calming and De-escalation – ABCD)

The B-FIT Mindfulness process places intense focus on the tool of enhanced sensory awareness and clarity. Spending fifteen to twenty minutes a day, on most days, is all that is required to become quite proficient. In return for this commitment of time, you will experience significantly fewer emotional hijacks like fear, anger, shame or sadness in response to difficult situations. When these responses do happen, they will be less intense and the recovery time will be much shorter. This also means that there will be many more occasions spent in authentic fulfillment (deep happiness), compassion and service without the need to be motivated by positive feelings about the person supported. These moments become more intense, and they will last longer.

The Nervous System's Door to the Heart of Compassion

Unconditional kindness can be better understood and experienced to the extent that we mindfully examine our nervous system's survival instincts at two levels. It goes something like this.

In a relatively short period of time in getting to know a little more about who we really are through practising B-FIT Mindfulness, we receive direct experience of a life-giving insight. This critical insight is that we are driven by survival instincts wired into the human nervous system and existing at a minimum at two levels. The first level is mostly concerned about safety and security—the limbic brain's fear, flight, freeze or fight emotional and physical reactions.

At a second level, however, survival instincts are manifested as deep, deep empathy, altruism and kindness. This response comes, in part, from activation of another part of our nervous system associated with our parasympathetic and vagus nervous system, which mindfulness practice stimulates. These Level Two reactions are as real and potentially as spontaneous as Level One's instant reactions of anger or fear. Understanding this neural set-up and learning how to stimulate it and mindfully work with it, not against it, is fundamental to being authentically and unconditionally kind and connected—regardless of how we are feeling at the time.

Love and compassion appear as selfless service.
Yet in mindful caregiving we do not serve the other, we serve us.

Thich Nhat Hanh

Let's get a little more concrete by drawing on Western science. Let me share just a glimpse of how our human nervous system has evolved to help us "love enemies" or anyone we support or lead without needing to be motivated or compensated by good feelings.

The human nervous system is indeed very complex and far beyond my understanding except to summarize conclusions from reliable studies. For example, studies show how even simple touch, regardless of one's feelings, makes people trust, increases body weight in premature babies, reduces depression in adults in nursing homes and builds stronger immune systems. Individuals participating in controlled experiments can communicate compassion, love and gratitude to a stranger with a one-second touch to the forearm. One of the essential building blocks for our immune system associated with the vagus nerve is a substance called oxytocin. Once again, just simple touch (regardless of feelings) between two strangers produces significant quantities of this life-giving substance.

Dacher Keltner (2009) provides a good overview:

> The vagus nerve is directly connected to rich networks of oxytocin receptors throughout the body. These neuropeptides are intimately involved in the experience of trust and love. As the vagus nerve fires, it stimulates affiliative vocalizations and calmer cardiovascular physiology which triggers the release of oxytocin, sending signals of warmth, trust and devotion throughout the brain and body and ultimately to other people.

Therefore unconditional compassionate connecting does not have to be willed, felt, developed, learned or believed in—only activated.

B-FIT Mindfulness as an Effective Activation Tool

It is vitally important for us to learn how to activate our Level Two neural response system. This is how B-FIT Mindfulness can be used as a highly effective tool for activation. As soon as the slightest hint of physical or emotional trouble or threat is perceived, blood immediately starts to flow from the centres of thinking (logical) brain to the centres of limbic freeze, flight or fight brain. This limbic reaction is linked to billions of cells throughout our entire body. For example, Functional Magnetic Resonance Imaging (fMRI) demonstrates that just hearing the name of the political party that promotes positions contrary to one's beliefs starts blood flow and activation away from the thinking cortex to the limbic brain.

Mindless, survival, Level One B-FIT reactions to unknown, different, difficult people or situations keep us indifferent, uncaring, resistant, defensive, agitated, angry or even aggressive. If we don't mindfully experience these B-FIT reactions as they happen over and over, our perceived separate "I" (optical delusion) is continuously fed and therefore lives on. These B-FIT senses, experienced mindlessly, control our perspectives and produce indifferent, uncaring feelings and judgments and the illusion of alienation (me vs. you). However, as the tools of B-FIT Mindfulness sculpt away our resistance, they activate this natural Level Two system of vagus nerves, hormones and "heart".

I have used the four B-FIT Mindfulness tools and *CCS* process to calm many individuals with dementia, mental health disorders, Autism and other developmental disabilities. Although I have had to block punches at times until I could bring them to calm with *CCS*, the vast majority of situations were de-escalated within minutes without any violence. As a result, vulnerable individuals were not traumatized with restraints and violence, but were calmed and re-directed to peacefully go about their everyday life with self-respect and dignity. At the same time, supporters' roles became significantly safer. The awareness-based compassionate de-escalation strategies offered in Part ONE, describes this specific *CCS* BB-ABC application.

If you are reading this text, I expect that you have already or soon may be in a situation with great potential for physical or verbal aggression, with the outcome of peace for both of you totally dependent on your own mindful emotionally self-controlled ability to be skillful with your fear or anger. As Martin Luther King so beautifully reminds us in his model of non-violent interventions, "we shall overcome—means all of us."

> ***No ray of sunshine is ever lost. But the green which it awakens into existence needs time to sprout, and it is not always granted for the sower to see the complete harvest. Most work that is worth anything is started in faith.***
>
> Albert Schweitzer

Our more compassionate self is what is left after each strand of B-FIT is mindfully "ahh-llowed" to show our true being. This clearing away is a natural by-product of the four tools of skillfully being with what B-FIT is doing, moment-by-moment. That's all! Through this process we realize that it is not necessary or natural to separate people into good guys and bad guys. In fact, that separation (e.g. 'in-groups' and 'out-groups') is just an illusion created by our survival-conditioned hormones and ego (hormego) PFP Programming, and not a fundamental truth. With this understanding, we are freer to act from a place of sincere kindness and compassion. This response is no longer dependent on the content of our sensory feelings, thoughts or body sensations. As a result of skillfully clarifying our sensory reactions by deconstructing them strand-by-strand, our mind and heart open beyond our PFP Programming's fear, indifference, mindlessness, or anger. We now have an accurate perception of the needs of the moment. From this place we don't have to "think" of the best response because it just comes to us, as naturally as when someone is falling and we automatically reach out to help them.

Equally important, this B-FIT process puts us in an optimal place to choose our response: to move closer or farther away, to take action or be passive, to speak or to be silent, to direct or be directed, to be gentle or firm. By learning how to be this aware and repeatedly applying these tools, we come to understand that we do not have to be driven by our sensory reactions—body sensations, thoughts and feelings—based on the false identity we have built up through our life time. Rather, at our core, we all share a common connection beyond our driven senses.

Once you achieve this real clarity about yourself, you will stop responding inappropriately to the challenging feelings and behaviours you are sometimes confronted with as a leader or supporter. You will still, of course, implement best practices to manage the reality of the situation as you objectively see it. You will do what needs to be done! Subjectively (inside), however, you will now be able to respond appropriately to the individual who may be overly-demanding, depressed, frightened or angry. In this way you will also help them be their best by not reinforcing their difficult feelings and challenging behaviours. This B-FIT mindful response is the best way to ensure optimal respect for everyone involved. In connecting beyond the subconscious, entangled B-FIT senses, you will see and believe in all possibilities for another's and your own goodness.

> You will respond to the person, not the behaviour!

The motivation for learning and practising these tools, however, will not be sustained by mythical stories of miracles and magic. To maintain a strong consistent practice, we must stay focused on the subtle but significant improvements to one's life, relationships and care for others that increasingly happen every day in simple acts of mindful kindness and the ordinary miracles (e.g. forgiveness of a hurt from a family member or your conscious connecting while de-escalating a challenging behaviour).

As my practice has matured, more and more, even in situations when I become aware that my heart is not completely open or that I am not fully present, my B-FIT process keeps me consciously connected beyond my ego's misperceptions of good guys and bad guys and its desire to be appreciated, cooperated with and kept interested. At these times I at least *catch* and *calm* myself so that I can make a choice not to be fully taken over by my fears and prejudices, which is B-FIT's natural and normal mindless way of being in our world.

Remember, **Catching** is being aware in the moment and realizing that my heart is somewhat closed and I am not able to be sufficiently mindful to open it at this time. This "knowing what we don't know or can't do" in the moment is a Big Deal! At these times, my response to the individual becomes the practice – and it won't always be our best "A-Game" but it will be relatively superior to all mindless responses.

> ***Ring the bell that still can ring.***
> ***Forget your perfect offering.***
> ***There is a crack, a crack in everything,***
> ***And that is how the light gets in.***
>
> L. Cohen

Being Present – Fully Present

Being present to another in any relationship is essential to really experience that authentic, unconditional connecting that nature stores deep in our hearts and souls. Regrettably, however, many never experience this connecting much beyond their family or circle of close friends and even then for many it is fleeting and incomplete. I would suggest that for many leaders, caregivers and supporters, even those who want it otherwise, this authentic experience is seldom fully realized because they lack the skill of *presence*. What do I mean, skill? Isn't presence all about willpower, intentions and values? I would say only somewhat, because willpower, intentions and values all require consciousness to be fully activated. Looking is not the same with the naked eye compared to also using a 1,000-powered microscope. Because of our natural human predicament of experiencing all of reality through our reactive and survival-oriented six senses and PFP Programming, the experience of presence based only on willpower, intentions and even values in the absence of conscious, mindful connecting is relatively limited. However, with B-FIT Mindfulness we can be fully present in every relationship—as described and taught in all of the Wisdom traditions. We can authentically connect and even 'love enemies' when we bring conscious mindfulness to each awe-filled or "awful" moment of care and support. **This is the presence that transcends the** PFP Programming**'s survival thoughts and feelings.**

So then…initially, mindfulness is something that you do as part of your day. Eventually your day is something you do as part of your mindfulness.

Shinzen Young – *The Science of Enlightenment (2016)*

I invite you to explore expanding your ability to be consciously present and authentically kind and connected to everyone. My caution is for you to know that creating change requires you to practice this presence for 15-20 minutes on most days—but your natural "non-present" mind will want to hold fiercely to its habit of only past and future fearful non-presence.

B-FIT Mindfulness Practice

As we quiet our mind and heart while supporting others,
our stillness nurtures their calm and courage.
Now they can peacefully manifest more of who they really are,
in part because of our mindful presence.

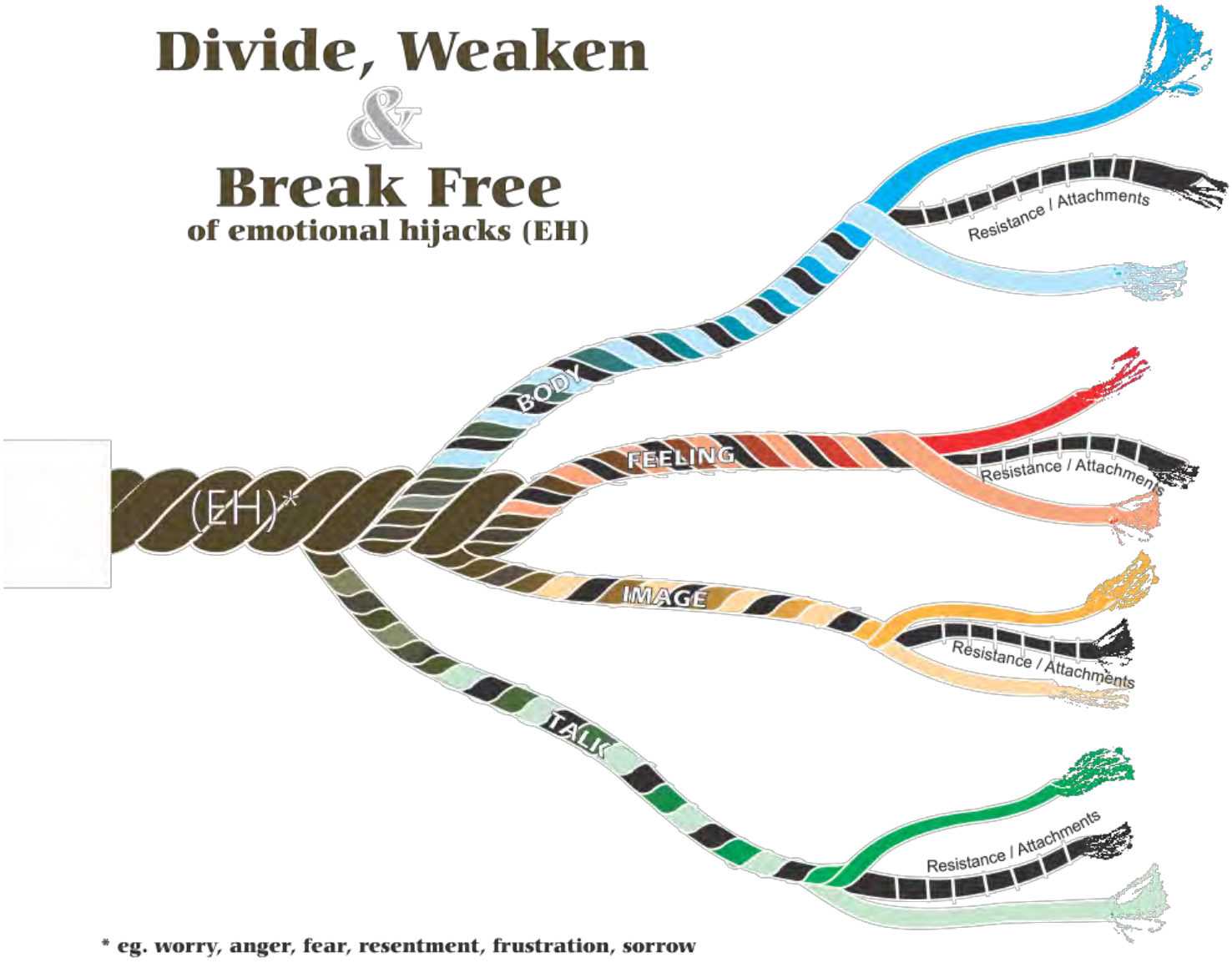
We end this section of Part TWO with specific exercises to help you develop your capacity to be B-FIT mindful and compassionate. The principles of B-FIT Mindfulness apply to the whole of the *CCS* process and to the exercises for each of its steps described in Part THREE. **I strongly recommend that you review these following pages whenever you are learning a new exercise.**

Divide and Conquer

The general principle that applies to all B-FIT Mindfulness strategies is "divide and conquer." Through concentration, sensory clarity, ahh-llowingness and being Here Now!, our mind observes our specific B-FIT responses, and EGO-based, survival-oriented, sensory reactions are diminished. This dividing and clarifying of our sensory reactions actually conquers our subjective resistance to the bad stuff (like criticism) and our attachment to the good stuff (like praise).

The following comparison will help describe what happens when we apply the skills of B-FIT Mindfulness to these hard-wired and conditioned reactions. We all experience **emotional hijacks** when our reactions are literally hijacked by our emotions and taken someplace we didn't intend to go. We all can remember situations in which we had the best possible intentions to be kind, but then something happened to trigger our anger or to embarrass us, and we behaved badly instead. That's an emotional hijack.

Think about a typical emotional hijack like a strong, thickly braided rope that ties you up and keeps you from responding in the way you would choose. The following illustration shows how we can use the strategy of "divide and conquer" to break free. By dividing the braided rope into its four parts (B-FIT) we are able to weaken the strength of the rope. If we go another step and unbraid each of the four strands into three strings each, we now have weaker pieces of string that we can quite easily break. Note that removing the resistance/attachment strand is essential.



Similarly, if we use the skills of mindfulness to divide an emotional hijack into the various body responses, feelings, image thoughts and talk thoughts that are hijacking our reaction, we can weaken them and so conquer them. It's these B-FIT reactions, experienced semi-consciously, that create our illusion of being a separate self. This dividing and separating is achieved through skillfully applying the tools that you have just learned: concentration, deconstructive sensory clarity, ahh-llowingness and Here Now! Within just one hour of B-FIT Mindfulness practice, you will experience the significant power of this divide and conquer approach to any stressful life situation or support experience.

A situation cannot overwhelm you as long as you can, moment by moment, experientially (not cognitively) divide B-FIT into manageable parts.

Shinzen Young

Sample B-FIT Active and Rest Experiences and Labels

By now I'm sure you understand that this entire approach to mindfulness depends on your awareness of the B-FIT senses that arise constantly in response to your life situations. The sample exercises below are intended to sensitize you to a B-FIT experience. They will be particularly important if you have not had any previous mindfulness experience to make you aware of how much is happening in your body and your mind, even when you believe you are still and calm. Once you have completed these sample experiences you will be ready to use the six exercises that follow to bring B-FIT Mindfulness to naturally occurring situations.

A Note about Labelling

You will see in the following chart a column identified as "label." To *label* is to give a word to what one becomes aware of or notices. Labels are very helpful to stay focused during mindfulness practice exercises. Be on guard however not to start just saying the words and forgetting to notice.

Labelling Laws:

Labelling is:	• naming what you are experiencing/noting with B-FIT
Labelling's purpose:	• to stabilize focus and concentration
Labelling can be:	• out loud, when alone, to increase power • silent, when you are relatively focused
Labelling timing:	• can be on time or late
Labelling accuracy:	• can be accurate or a guess
Labelling duration:	• is replaced by just awareness, i.e. no internal or external spoken words when you are relatively focused

Examples of Primary Labels:

	Definition	***Label***
(B)	all Body sensations other than those associated with emotion	▪ location, shape, intensity – stronger, weaker, same
(F)	all body sensations associated with an emotion	▪ feel – name emotion ▪ feel – name location and repeat as in (B)
(I)	picture or mind movie way of Thinking e.g. a person, object or place (POP)	▪ "Image"
(T)	words, phrases way of Thinking	▪ "Talk"

B-FIT SENSATION	SAMPLE EXPERIENCE	LABEL
BODY Could be located anywhere in your body, inside or outside, where pressure or exertion is felt.	Pick up any fairly heavy object and then raise that arm straight in front of you. Hold that pose for several minutes, paying attention to the muscle fatigue. Bring your arm to a rest position. Pay attention to that sensation.	*(active)* name the location and sensation: "arm weak." *(rest)* "none"
FEELING An emotion, such as happy or sad, and any body sensations associated with that feeling, not caused by pressure or exertion.	Deliberately recall something that makes you feel happy, sad or anxious (or any other emotion); pay close attention to the feeling. Create a space where no active feeling is present and you feel neutral.	*(active)* name the feeling: for example, "happy" *(rest)* "none"
IMAGE THINKING For example, a mental image, a picture, a mind movie. An undeveloped partial image; pre-cognitive shimmering	Deliberately recall an image of a person, object or place e.g. a sunset. Pay attention to this image as if it was projected onto an internal screen and you are watching like TV. Notice a moment when no internal image appears, or when an image leaves or fades away.	*(active)* "image" *(rest)* "none" "some"
TALK THINKING For example, internally talking to yourself with words and phrases Undeveloped partial talk – pre-cognitive rumble	Deliberately say words or sentences in your head about a person, object or place, such as "Why did I do that?" Pay attention to yourself saying those words. Notice when no internal talk is happening, or when it leaves or fades away	*(active)* "talk" *(rest)* "none" "some"

A Note on the Importance of Noticing

As you have already seen, the importance of noticing B-FIT sensations is part of every mindfulness practice. Whenever you stop and deliberately notice a sensation or an experience, a non-attached, non-judgmental observing (the wave like qualities of the nervous system's sensory experience) process begins that leads to wisdom and authentic kindness.

Looking for "Image"

While there is no need or hurry for you to discover thinking in images, the following sensitizing exercise could be (internally) eye-opening.

There is an old story told of a person who had lost his valuable ring one night and was looking frantically for it under a street lamp. A person passing by volunteered to help in the search. After looking for the ring for a long time the stranger asked where exactly the owner was when he lost it. The owner replied, "Over there in the alleyway." Extremely frustrated, the stranger asked, "Then why are we looking for it so far away from where it was lost?" Without hesitation, the man answered that the light was better under the street lamp.

A significant problem with many new practitioners in trying to find image thought is looking for it in all the wrong places.

Try the following exercise.

> First let's define *image* as a visual representation of people, objects or places that could be part of
>
> - a memory, e.g. a childhood scene;
> - planning, e.g. a sheet of paper;
> - fantasy, e.g. a scene in nature;
> - current environment, e.g. a friend;
> - one's own body, e.g. a hand.

Read the following instructions and then implement them.

1. Close your eyes and imagine yourself walking through a park.
2. Start to label out-loud, i.e. name when you 'see' any of the following five forms:
    a. people,
    b. objects,
    c. places,
    d. partial, (e.g. an abstract idea),
    e. none—all other thought experiences such as talk or colours etc.
3. Continue this labelling for five minutes or so.

If you had any kind of visual representative (even vague) when you labelled person, object or place you mindfully observed what is meant by the experience of "image."

To repeat, as an important option during practice sessions, speaking labels out-loud will stabilize your focus. Once your focus has momentum, you can drop the labels and just note B-FIT experiences on the following five key noting/labeling experiences together with very important examples that you can apply as you learn the following six mindfulness exercises.

As you progress through this course you will learn six B-FIT Mindfulness exercises that use all four tools and more complete labelling terms. The exercises are:

Exercise #1 - Concentrating and Focusing - The Mindful Labyrinth

Exercise #2 - Awareness and Ahh-llowing of the Four Main Senses (B-FIT)

Exercise #3 - Full Field Focus (focus out - look and listen)

Exercise #4 - Opening Your Heart Under Stress – Stress Rehearsal

Exercise #5 - Preventing and Managing Physical and Emotional Suffering

Exercise #6 - B-FIT Healing, Compassion Practice

Once you learn these exercises, you can do any exercise at any time, in any sequence. However, while you are learning the exercises it will be most helpful to do them in the sequence in which they are presented here. Remember to review the Settling In instructions as often as necessary. As you move through these exercises, it will also be helpful to listen to the guided instruction on our website to fully understand this text if you (as a reader) are not participating in a study group.

Settling In and General Instructions:

The following practices are incremental; that is, they build on each other and strengthen each other as you grow more adept. In order to gain this incremental benefit, create this practice as a daily ritual: same time, same special place in your home. The instructions below will help you avoid some of the common pitfalls in this practice; all the techniques mentioned are described more fully within the actual six exercises. **Come back to this list often to refresh your practice.**

1. **Decide** what skills and process you will apply in the session and for how long, and stick to it.

2. **Posture**—assume a relaxed but alert posture. Avoid lying down (unless necessary) as this makes it very difficult to stay highly alert. Alertness of the mind is essential.

3. **Manage mindfulness menaces – doz'n, froz'n, and poz'n**

   doz'n (pre-sleep) - If you find yourself nearly falling asleep during an exercise, open your eyes for a minute and only focus on the extreme peripheral vision in both eyes. Standing up is also very helpful. Continue with the mindful process. If doz'n persists, do a mindful walking exercise.
   froz'n (in a day-dream) - **label**, label out-loud or scroll (see Exercise #1)
   poz'n (acting as if you are committed, when you really are not) - mindfully commit to your best effort.

4. **Label your experiences -** say to yourself or out-loud a word that describes what you are experiencing: for example, "talk" (reference all labelling options, see next page).

5. **Initially scroll** across your body in order to deliberately inventory your experiences: scroll your attention from left arm to right leg to left leg to right arm. This minimizes the risk of spacing out (froz'n). Use one breath cycle to prompt moving on to the next area in your scroll. A breath cycle is inhaling to the count of four and exhaling to the count of eight. This is a focusing exercise that can gently tug the mind to focus. Repeat three or four times to gain focusing momentum.

6. **Commit to time** periods for practice that are challenging but not overwhelming**.** For beginners, a ten-to-twenty minute session is typical. We encourage initially setting aside twenty minutes. If you lose your focus, just sit quietly and stay aware of "doing nothing" for the balance of the time. Label "Here!" as in Being Here Now.

7. **Practise ahh-llowing** throughout each session. Give your inner self over to whatever is being experienced: be subjectively ahh-llowing, yield to it, surrender to it, let it be. In the rush and busyness of your everyday life, while working passionately to change what should be changed, Do your Best, and Rest with the Rest. Be equanimous.

8. Complete every practice session with the following intentions:
   - Mindfully intend well-being for others.
   - Recite a sincere statement of gratitude.
   - Mindfully review your day and state positive expectations for yourself and all others.

9. Every couple of minutes, become aware of "being here": label "here." Commit to "being here" and label "here" at least once each hour of each day. Reading a highway sign, whether you realize it or not, a talk thought is activated. See if you can catch it. Label "Talk – Here."

With time, attention, clarity and ahh-llowing, B-FIT starts to self- organize into flowing 'emerging' wisdom and 'us'ness authentic kindness.

Wisdom and Authentic Kindness
from
B-FIT Sensory Clarity and Ahh-llowing

B-FIT Elements (examples)		***Noting Labels***				
		"Clear"	***"None"***	***"Flow"***	***"Here"***	***"Ahh-llow"***
Body	External	Touch Sensations of Clothing, Hot, Cold etc.	No/Low Sensations	Touch gets - Stronger/Weaker, Bigger/Smaller	Aware of Being Aware **That** • 'I' Am Aware or • 'I' Am Doing or • 'I' Am Getting or • 'I' Am Having Feelings or • 'I' Am Thinking	Ongoing Subjective Non-Driven Yielding to B-FIT Internal and External Experiences
	Internal	Physical Sensations of Pleasure, Pain, Neutral	Physically Relaxed	Pulsating, Vibrating, Aching, Undulating, Stronger/Weaker, Bigger/Stronger, Faster/Slower		
Feel	Emotions	Anger, Joy, Fear, Sadness, Excitement	Neutral Feel	Intensity – Stronger/Weaker, Faster/Slower		
	Feel Body Sensations	Physical Sensations of Feeling (name location)	Calm/ Peace	Pulsating, Vibrating, Aching, Stronger/Weaker, Bigger/Smaller, Faster/Slower		
Image	See (external)	External Sights	Full Field Focus	Cycles of Stronger/Weaker Visual Experience		
	Image (internal)	Internal Mental Images	Blank Mental 'Screen'	Cycles of Pre or Post Cognitive Ripples/Wavy, Pixels, Fading In and Out, Moving Distortions		
Talk	Hear (external)	External Sounds	External Silence	Cycles of Stronger, Weaker Sound e.g. bell		
	Talk (internal)	Mental Talk	Mental Quiet	Cycles of Pre or Post Cognitive Rumble/'Echoes'		

B-FIT Mindfulness Exercise #1 - Concentrating and Focusing

A Most Essential Daily Ritual: Intentions, Expectations, Gratitude, Renewed Vision

Today may I

- Be more present and aware than ever before;
- Be more fulfilled and happier than ever before;
- Be more caring, compassionate and peacemaking than ever before;
- Be more helpful to my family, friends and strangers;

Today I absolutely expect the very best from all others, the universe and myself.

Today I am deeply grateful for

- My emotional and physical well-being;
- My insights, skills and fulfillment in helping others;
- My past and present family and friends who support and nurture me;
- The consciousness that connects us all.

Today I renew my desire and commitment to fulfill my life's purpose and meaning to help all others to also *be here*: healthy, happy, humble, and hopeful.

The Mindfulness Labyrinth

One of the earliest and most familiar labyrinths is the one from Greek mythology, designed to hold the minotaur inside it. In order to conquer the minotaur, Theseus had to go to the centre of the labyrinth that held it and then come safely out again. Since then, the labyrinth has been a metaphor for the journey to the centre of our deepest self and back out into the world. This journey broadens our understanding of who we really are and develops in us a stronger commitment to the well-being of all others.

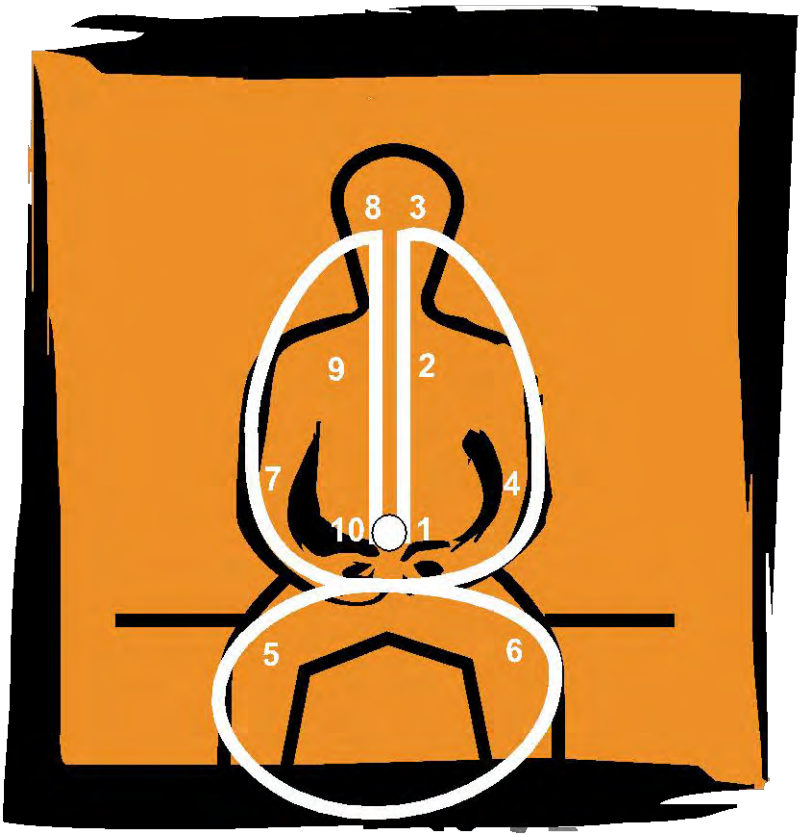
In mindfulness practice, the key is to walk a circular path to the centre of a number of concentric circles and back out again. As we walk the path, our attention is held and focused on staying present to and aware of the mystery of living and loving.

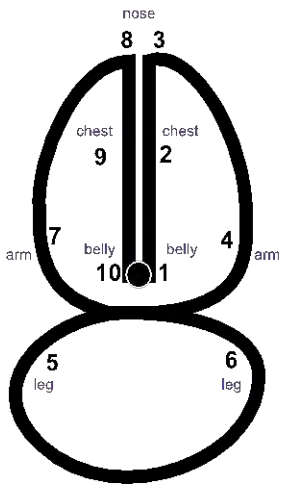
Remember to internally ahh-llow (be equanimous with) all of B-FIT experiences

"Life is easy for those who have no preferences"

Ram Dass

For our practice, we have developed an inner labyrinth to help travelers stay focused and present as we practise B-FIT Mindfulness (see below). Again, this inner labyrinth is meant to help keep the mind from wandering. Once the mind is relatively stable you can stop scrolling. The steps are as follows:





1. Settle into a relaxed but alert posture on a chair or the floor. Be aware of and label "Here Now"
2. Intend that this process will somehow enrich the well-being of self and others: for example, "May *Peter* be *well, happy and peaceful*."
3. Mindfully scroll up and down the three body locations—belly, chest, nostrils—using one complete in-out breath cycle to prompt moving on. Give your complete attention to each body sensation.
   - Label each location by saying its name to yourself: "belly," "chest," "nostrils." You may also label the sensation in that location: "rise, fall" or "in, out."
   - Select one location—belly, chest or nostril—that calls to you the loudest. This we call "breath home base." Focus here for a period of time.
   - To help get started, pause for three or four seconds after each exhalation before inhaling. Note the subtle discomfort, then inhale and continue to the next breath cycle. Repeat as useful.

4. Add more locations: left arm, right leg, left leg and right arm (see illustration on previous page). To help with focusing for the first few complete "walks" around the labyrinth, touch each body location with your hand and experience both the internal sensation of breathing and the outer pressure from your hand.
5. Infuse your focused attention with ahh-llowing what you sense: just let it be.
6. If you notice that your mind's eye is actually seeing a body sensation, label this thought as "image" and gently but firmly return to the body sensation.
7. If you forget where to go next, just stay put until you remember. If this forgetting brings you feelings of confusion, label those feelings and return to the location. Skipping a location, "standing" in place and back-tracking are perfect mindfulness practices so long as you stay aware of what you are doing. Awareness is the key—getting it right absolutely doesn't matter.
8. Once focusing is relatively stable, you may leave the labyrinth process and deliberately explore another B-FIT process, e.g. exercises 2-6.

B-FIT Mindfulness Exercise #2 - Awareness and Ahh-llowing of The Four B-FIT Senses

Body Sensations—**F**eelings—**I**mage Way of Thinking—**T**alk Way of Thinking.

This should be the exercise you turn to most frequently in your practice. You need not do all steps every time. Any step on its own will give you an excellent practice.

(reference www.centreforconsciouscare – resources – guided mindfulness exercises)

Body Sensations:

1. Sit with a posture that for you is alert but relaxed i.e. close your eyes, straighten up and settle in.
2. Start to inhale to the count of 3 and exhale to the count of 6 i.e. one breath cycle. Experience the Body's expanding and contracting in your belly, then chest, then nostrils. For this part of the exercise, any thought or feeling that appears, 'Catch' it, (i.e. become aware) label it "Thought" and/or "Feeling", and gently but firmly return to your body focus.
3. After one up and down, belly, chest and nostril (breathe cycles) move your awareness to your left arm and shoulder. On your next inhalation, intentionally and progressively tighten your left arm and shoulder to the count of 3 and slowly release to the count of 6 while paying close attention to the body sensations. Label the release "ahh-llow" (*ahh-llow* is the label for all internal release, acceptance, let it be).
4. After another breath cycle, move your awareness to your right leg and repeat #3 above (pause 10 seconds).

5. After another breath cycle, move your awareness to your left leg and repeat #3 above (pause 10 seconds).
6. After another breath cycle, move your awareness to your right arm and shoulder and repeat #3 above (pause 10 seconds).
7. Optionally complete more body awareness cycles.

Thought (Image and Talk) Mindfulness:

Now leave body sensations in the background and become aware/observe thought forms or parts thereof.

"Image" Thought Forms:

Intentionally bring to your mind's eye a sunset. Become aware that you are observing a picture or image of a sunset. Label "image." The content is the sun over a lake or forest. The form is an image. When a form happens spontaneously, we label this **Image**. Not everyone will initially experience image thoughts, and this is not a problem. Some individuals will mainly initially experience image as just colours and patterns. As the mind settles, these colours will start to manifest as images. This will happen in its own time.

"Talk" Thought Forms:

Intentionally say some words to yourself (e.g. my name is _____). Be aware that you are saying the words. Once again, you have content and form. The content is the meaning of the words. The form is internal Talking. When this form happens spontaneously, we label this **Talk**.

Now, let your mind start to observe the form of any thought that arises spontaneously. Let your observer mind be like a cat sitting at a mouse hole, waiting for a mouse to appear. When a thought appears, "notice" if it is an Image or Talk form and label accordingly. Some forms will last for a fraction of a second, others for up to approximately five seconds or longer. Let the form last as long or as short a time as it wants to. "You," the observer, are just observing what forms (not content) are arising (pause 30 seconds).

Intentionally keep a nonjudgmental "ahh-llowing" attitude for all forms that appear. For now content and meaning are totally irrelevant. Do not attempt to encourage or shut down any image or talk. Just become the "ahh-lowing" observer, witness or noticer and label the form that you see. There is no preference for image or talk forms. Some of you may only have either talk or image, and some of you will have both (pause 30 seconds).

You may or may not start to notice that there is the experience of something that is not a discernible thought. This is what we call a precognitive rumble i.e. the seed of Talk or precognitive shimmering – the seed of an Image (something like a "beam me up Scotty" moment in an old Star Trek show) that is a preformed, partially formed image or talk. You can label and ahh-llow all of this experience as "**some**" as in something is happening (pause 30 seconds).

You may also notice a fourth experience where there is none of the above, label this "**none**". You now have four balls in the air so to speak: image, talk, some and none (pause 30 seconds).

"Feel":

1. Now leave Image and Talk forms in the background and start to observe what you are **Feeling.** Once again just start to observe what is happening with your Feel and ahh-llow it to happen.
2. If you are experiencing relative calm or peace, label this "Calm" and notice what is happening in your body—one location or even your whole body. Label the feeling and location and ahh-llow calm.
3. If you are experiencing frustration, impatience or whatever, once again label the feeling and intend ahh-llow. We have no preference for what Feeling is spontaneously arising. We just notice (the feeling and body sensation), label and ahh-llow the body sensation to be as intense as it wants and label "stronger," "weaker" or "the same." We just label the form and the forms' changingness, if it is changing, noting and labeling with an intention of ahh-llowing.
4. Optionally, after some proficiency with the above **exclusive** focus of one component of B-FIT, consider designating two or more experiences as your focus. This is called inclusive focusing.

Close Session:

Close the session with a couple of statements :

- **Gratitude:** "I am so deeply grateful for being gifted one more day."
- **Affirmation**: "May I fully participate in this day, mindfully, joyfully, wisely and compassionately."
- **Intention:** "With everyone I meet today, I intend to help them be their best self."

Mindful Music Making (an optional awareness and ahh-llowing #2 exercise)

1. Select 5 tracks of your favourite music and download them on to your devise.
2. Designate free floating as your technique and all of your B-FIT as your field of focus.
3. Go to your place of formal mindfulness practice or walk in nature or exercise.
4. Turn on the device and as you listen to the lyrics in each song, become aware of and label body, feelings, image, and or talk as the words and feelings prompt your spontaneous awareness.
5. For periods of no obvious B-FIT, label none.

B-FIT Mindfulness Exercise #3 - Full Field Focus

The following B-FIT Mindfulness exercise will help you to develop your capacity for calm. This calming training exercise will also help you to develop the capacity to implement Awareness Based Calming and De-escalation strategies mindfully and compassionately.

1. Stop for a moment and look at a scene in nature with nothing moving. Notice how you automatically focus on a tree or some other thing. You may even say to yourself, "I see that maple tree."

2. Keep your eyes straight ahead.

3. Now bring your attention only to your extreme peripheral vision with both eyes. Notice how you have to work to discern or lock onto an object in this peripheral vision. I call this soft focus. It is difficult to label "I see a tree."

4. Now notice this same "soft" focus to include the whole scene in front of you. Add in awareness of the depth of the field of vision in front of you. Look softly and intentionally. Spread your focus over everything at once. Do not focus or lock on to any one object: nothing should really grab or hold your vision. Just **look** at everything but **see** nothing in particular. I call this way of looking Full Field Focus. Return to peripheral vision to stabilize as necessary.

5. Notice now that the awareness that "I am seeing something" is relatively absent. Do this for one to two minutes. Notice the relative calm that seems to just happen with this experience. Label this experience "just looking".

   Stop reading and do this exercise now – then complete reading from #6 to #8 below.

6. Just look for a couple of minutes, and then quickly move your head to the left and back again. You probably will observe how you cannot hold Full Field Focus; you seem to be uncontrollably pulled to focus on something: "I see a flower." Label this "lock."

7. Return to Full Field Focus again by starting with peripheral vision. Practise by slowly sweeping across the field of vision. When you unintentionally lock on to an object, stop moving: deliberately go back to the Full Field Focus, hold it for a minute and continue turning. (With practice you will be able to use Full Field Focus in your everyday world without any visual "locking on.")

8. Continue with Full Field Focus for the rest of the session.

9. Now do a complete practise session.

10. Practise this for several minutes every day.

Reflection on Full Field Focus

This is the state of your external visual sense experiencing relative non-attachment because the "I" is not "seeing" anything. There is relative freedom from subjective attachments (wanting)

and resistance (not wanting). This is an example of your at-rest state or non-attachment way of being with the visual sense. All six senses—looking, listening, thinking (Image, Talk) Body sensations, smell, and taste—have a similar at-rest state. This rest state, however, is not readily experienced. What happens naturally is that we become unknowingly "locked on" to active mind states like attachments and resistances to our objective experiences.

Notice how when the mind locks onto specific objects the "I" is instantly born: "I" see a tree or "I" see leaves moving. Even though you may only say to yourself "tree," what is really happening is **"**I see a tree" vs. the just-looking visual sense being active. When we do Full Field Focus, there doesn't seem to be enough capacity (bits of conscious energy) to create the perception of "I" or "me" that comes with lots of baggage: for example, I am this, I like this, I don't like that, and they are that. When we are not intentionally using Full Field Focus, this locking-on is how "I" sees and creates the world every moment.

This visual locking-on that creates me vs. you is happening all of the time to everyone, in great part when we are not mindful. The problem (our human predicament), however, is much more serious than this. All of the B-FIT senses are also simultaneously locking-on in the same way that the visual sense is, and this seriously compounds the problem of creating the idea of a separate solid self.

"Divide and Conquer" brings Calm, Peace, Fulfillment and Unconditional Compassion

The Full Field Focus experience demonstrates how the "divide and conquer" principle of B-FIT automatically brings the experience of subjective non-attachment to each moment of experience. When experiencing Full Field Focus with just the visual sense, we notice the absence of attachments and resistance. This brings peace, calm and fulfillment that is not even intended or worked for. It just happens with Full Field Focus as our sense of self (I) is almost eliminated.

Similarly, when we bring a Full Field Focus-type process to the other B-FIT senses, our conditioned "I" is displaced. It is therefore no longer available to drive and distort the other B-FIT experiences either: we are much less likely to have an emotional hijack.

In experiencing the "I am" self instead of the Full Field Focus no/low self, there is an artificial perception that separates me from you. This separate self then depends on basic feelings in order to take action: good feelings based on some form of reward make us move closer; bad feelings move us apart. Therefore, when we are "locked-on," good feelings are necessary for us to act with conditional compassion. When we are not locked-on, i.e. ahh-llowing of B-FIT, our innate compassion and kindness just naturally manifests – regardless of what B-FIT is signaling: Ahh-some!

Prove this fact for yourself the next time you have an emotional hijack. As soon as possible during the hijack, become aware of how totally mindless you are of any of the B-FIT senses.

Deliberately activate a full field focus and notice how your emotional self-regulation somewhat returns not from willpower, but from mindfulness.

Mindfully Opening The Heart

When a Full Field Focus mindfulness strategy is applied to initiate (if only for fifteen seconds) each Bilateral Biomeridian Awareness Based Calming (BB-ABC) intervention, we experience others not as separate and not as opposite. We are not loaded with moralistic judgments of good/bad, right/wrong. Automatically, without even trying, we will become unconditionally, authentically kind and calm (reference more details at the end of Part TWO).

To practise Full Field Focus in action while supporting in general, I would suggest the following. When supporting someone where the process is relatively uncomplicated such as when someone is in bed (e.g. asleep, ill, dying) complete some of your care/support in Full Field Focus. Most supporters at this time read their book, watch T.V. or open their device. However, staying consciously connected at this time is as critical as any other time, especially if the individual is ill or dying. With Full Field Focus your need for intellectual stimulation to relieve boredom will be minimized and your vitally important support through intentions can be optimal.

B-FIT Mindfulness Exercise #4 - Stress Rehearsal

Always, always tune in to your own PFP Programming reactive feelings that are activated in a moment of crisis. Once you have identified them, activate this B-FIT Mindfulness and non-attachment skills exercise. (reference Filters Reframe Part TWO, Appendix I)

The key to success in this exercise is your capacity to identify and address your own emotions in a given situation. The exercise below will build on your "here now" and "calming" capacity.

STEP 1: Begin a B-FIT Mindfulness session.

STEP 2: After settling in and becoming calm, deliberately recall a person or situation that causes you stress. Observe your talk thoughts and image thoughts (as applicable) about this person or situation. After one minute, drop this deliberate recalling and resume the ahh-llowing practice, with strong intentional ahh-llowing of each B-FIT experience.

STEP 3: Observe your B-FIT and ahh-llow your resistance to decrease.

- Whenever you become aware of a body sensation related to a feeling—for example, weakness in your arms which you know is associated with anger—bring your intentions of non-attachment to that sensation, fully experience it and then return to your B-FIT focus.
- At each step, as often as possible, intentionally bring a subjective ahh-llowing, surrendering, and matter-of-fact attitude to everything that is being observed. This is being non-attached.

- Conclude all practice sessions with intentions for loving kindness and gratitude and review intentions.

As an alternative, you could deliberately add in Talk and Images of a positive intention instead of a stressful situation. Follow the same steps as described above.

B-FIT Mindfulness Exercise #5 - Preventing and Managing Physical & Emotional Suffering

Many people supported will experience physical and mental suffering. Being able to teach people how to prevent, manage and minimize that suffering is one of the most meaningful and heart felt support processes for any caregiver and supporter. The following insights and process will teach you how to be an effective and compassionate reliever of your own and other's suffering.

SUFFERING = PAIN x RESISTANCE
(S = P x R)

Shinzen Young (www.unifiedmindfulness.org), the gifted contemporary teacher and creator of the Unified Mindfulness System (i.e. B-FIT Mindfulness), uses this formula to describe how pain becomes suffering (both physically and mentally) unless it is experienced mindfully. Physical *pain* here means the actual physiological signal sent to your brain to warn you something is wrong. You can't really change that. *Resistance* is how your B-FIT subconsciously reacts to that signal, how strongly negative or positive your reaction is. You <u>can</u> change that, and as you do, you also change your level of *suffering*—the actual discomfort you feel from the pain.

For example, pain at level 8 (on a 1-10 scale) and resistance at level 7 creates 56 units of suffering (8 x 7 = 56).

However, the same pain (level 8) with less resistance (level 2) creates only 16 units of suffering (8 x 2 = 16).

The numbers may change, but the principle is powerfully accurate. In life we often cannot remove the inevitable physical (and emotional) sources of pain, but we can learn to modify or lessen much of the resistance that we unconsciously bring to the process. Less resistance means less suffering. Take a moment to consider what this could mean for the person you are caring for, or for yourself as you face emotionally painful situations.

Divide and Conquer, Again

Remember that divide and conquer is the key principle behind the 'workings' of B-FIT Mindfulness. Let's imagine pain and resistance as parts of that strong, braided rope we talked about in the "Intentions" section. As we mindfully explore and separate each of the braided

strands, the rope loses it strength. Once each strand is separated from the whole, each thread can be easily broken.

Similarly, mindfully managing pain can be seen as dividing it into more manageable parts.

To further understand this divide-and-conquer strategy, remember that the conscious and unconscious **energy that is the source of our resistance is finite**. This is proven every day by our earlier example of when the average person looks at objects—like a building on the way to work –many times, but yet never sees it. There is only so much that we can consciously focus on. Then one day, driving the same road travelled for years—there it is!

If we can skillfully use up this finite amount of conscious energy in mindfully exploring what is actually happening in B-FIT as we experience pain, the nervous system will not have sufficient conscious energy left to resist the pain.

For example, let's say that you experience a physical injury. Your nervous system, which is wired in layers to protect your injured tissue, has (let's say) 100 units of conscious and subconscious energy. The average untrained nervous system (the average person), without being aware of it, uses all 100 units of energy to automatically flood the body with hormones and other messages to activate the layers of tissue to resist and tighten, in order to give the brain the message to stop this harmful external activity—it hurts, it is dangerous.

Suppose however, that you use your conscious, mindful energy to explore and ahh-llowingly experience the different locations and qualities of the pain, such as:

- the location of the body sensation; for example, knee, back;
- the spatial form of the pain - the shape of the area affected;
- the intensity of the pain – stronger or weaker;
- the changing "flavours" of the body sensations.

Say that you invest 20% of your units of energy into exploring and ahh-llowing each of these elements of the painful body sensations: those units of energy are no longer available to build resistance to the pain and actually increase the suffering.

In B-FIT Mindfulness, then, **we redeploy conscious energy 100% into studying the form and movement of the pain**. We thereby use up the energy that otherwise would have been used naturally by the nervous system to over-compensate in the production of resistance and therefore suffering. Once this process is successfully completed many times, the nervous system starts to say, "Hmm, I like this lack of suffering," and starts to manage its resources better on its own.

Understanding Resistance

To effectively manage pain, then, we must start by understanding resistance. Not too surprisingly, all of the components of B-FIT (**B**ody sensations, **F**eelings, **I**mage thoughts and **T**alk thoughts) are the energy sources of resistance and therefore also potentially the source of relief from suffering.

Body Sensations:
Through hundreds of thousands of years our bodies have evolved in ways to prevent injury because not too long ago, before the age of modern medicine, a serious injury meant certain death. The nervous system therefore provides layers upon layers of resistance to offer protection against further injury. With the mindfulness microscope of B-FIT however, we can clearly observe and release this tension in the tissue at the centre of the pain.

Another strategy to reduce the level of suffering from the pain is to focus on what we call the "cringe" reactions surrounding the most painful location where much of the resistance is held. This is like observing the ripples on a pond after the stone makes the splash. Specifically, if awareness and an intention of ahh-llowing are brought to the following body sensations around the pain centre, the resistance—and therefore the suffering—will be significantly reduced:

Shape and Size: All body sensations have a spatial form, and the form is always changing. The shape can be round, long, jagged or virtually anything including three dimensional. Resistance reduces when you skillfully observe the changing shape and label the changes "bigger," "smaller," or "same."

Movement: As noted, the spatial form of this resisting area is always moving. It may change slowly like an amoeba or jerkily like a throbbing toothache or a pounding headache. Observe the changes in movement and label them "fast," "slow," "jerky," or "same."

Intensity: The final change is in the intensity of the pain. For a while it can be strong, then it may become quite weak. Observe the changes in intensity and label them "stronger," "weaker" or "same."

Just this three-fold exploration of the sensations and infusing of the sensations with ahh-llowingness can significantly lower the level of suffering.

Feelings:
The feelings or emotions that we experience act as a catalyst to increase or reduce resistance and therefore suffering. Stressful feelings like fear, anger, impatience, irritation or guilt always intensify suffering. One reason for this is that a stressful body is naturally tense and tight. This is, in part, the body's way of signaling to the brain to stop what it is doing. To the extent that stressful feelings can be minimized, this catalyst can be managed or even eliminated. As B-FIT Mindfulness softens and calms stressful feelings, it is acting to give the body a relaxing internal massage.

Image and Talk Thinking:
Similarly, thoughts can either diminish or increase the body/brain resistance mechanisms. Science has now proven that thoughts create much of our reality. "Seeing is believing, cause if I hadn't believed it, I wouldn't have seen it".

Negative, worrying, hopeless, helpless or overwhelming image or talk thoughts clearly make resistance increase. They prepare the body for freeze, flight or fight action. As counter-intuitive as it may sound, the more we can make friends with the pain, the less it will hurt us. We have 50,000 thoughts per day. To the extent that we are unaware of having a thought—it has us.

When the body is in pain, the thinking mind automatically sympathizes with the condition and becomes a co-conspirator in the push to intensify the pain: "This is awful!" "When will it ever stop?" "I can't stand it!" Simple awareness of and intentional ahh-llowing of Image and Talk thoughts an effective way of reducing the increased suffering from pain caused by negative internal thinking. As always, the best way to ahh-llow these thoughts is to label them without attachment, "Ahh, there is distress", "There is upset."

Resistance and B-FIT: There is a more complete version of the suffering formula.

SUFFERING = PAIN x RESISTANT BODY SENSATIONS x RESISTANT FEELINGS x RESISTANT THOUGHTS

Shinzen Young

10 x 10 x 10 x 10 = 10,000 units of suffering!

Even when B-FIT can be directly experienced with ahh-llowingness, the painfulness is still present. However, when resistance is diminished, it's like the formula becomes one of addition rather than multiplication.

10 + 10 + 10 + 10 = 40 units of suffering.

I'll conclude this discussion of resistance with my most productive exercise to motivate you to pay attention to and make friends with all B-FIT suffering-producing components.

Do this experiment. Carefully, with gloves and eye protection, break a glass jar. Pick up a 2" piece of the glass, put it in the palm of your hand (no glove) and mindfully walk around your home with it for three to five minutes. Imagine it to be a baby. Do not drop it! Do the experiment before reading further!
Did you close your hand and hold the jagged piece of glass tightly to prevent it from falling, or did you hold it gently and rely on mindfulness for it not to fall?

Gently and mindfully is the only way to effectively carry pain without creating suffering.

B-FIT Mindfulness Exercise #5 -
Preventing and Managing Pain to Reduce or Relieve Suffering

1. Maintain an alert body posture and commit to no voluntary muscle movement except swallowing.

2. Practise the "Concentrating and Focusing", e.g. body sensations caused by breathing exercise for five to ten minutes.

3. Once concentration is relatively stable, the body is relatively relaxed, feelings are relatively calm and you are relatively more aware of image and talk thoughts, select a body discomfort or pain to be your field of focus.

4. Explore the pain's location, shape, intensity and changingness (rate of change).
   Conduct each exploration for two or three minutes using the following spoken labels (either to self or out loud if alone):

Location	-	knee, elbow, head etc.
Shape	-	bigger, smaller, same
Intensity	-	stronger, weaker, same
Changefulness	-	fast, slow, jerky, same

   Infuse each awareness with an intention to soften, relax, open to, and be ahh-llowing with all sensations.

   Label at the end of each in-out breath cycle. Once stable you can drop the labelling.

5. Now leave location, shape, intensity and changingness in the background and select Feelings, Image thinking and Talk thinking as your field of focus. Regardless of thought content, just focus on the form. Label "image" or "talk", or "none" or "some" and the feeling flavour: for example, "irritability."

6. Now look for and select a "cringe" body sensation associated with the pain sensation or a secondary location and repeat steps 3 and 4, exploring the pain.

7. If available select more locations of physical discomfort or pain. Select either the epicentre or cringe location. Repeat steps 3 and 4 with this new focus.

General Helpful Hints:

- Initially let your awareness be called to one location and stay with it for the first applications of steps 3 and 4. Keep other sensations in the background for now. Eventually, keeping more than one sensation in your focus will be useful and possible.
- Continuously apply an attitude of "It's all good;" welcome it like greeting an old friend; label "Ahh-llow."
- Pay special attention to the flavour of body sensations associated with fear.

- No white-knuckling: this will always make the suffering worse.
- Observe how at the moment of overwhelm, your strategy starts to collapse.
- Every emotional or physical pain can only overwhelm if it is not accompanied by B-FIT Mindfulness. Said more positively, if the strategies in Steps 1 to 6 are maintained, it is not possible to be overwhelmed by emotional or physical pain.

The cure for the pain is found in how we experience the pain.

The following is a marketplace mindfulness suffering prevention strategy.

The Mindful 'Startle' Calming Process

1. Designate every startle throughout daytime activities as a mindfulness field of focus.

2. When a startle happens, immediately observe Body Sensations and Feel Reactions:
   - Body
     - become continuously aware of tightness – label locations;
     - become continuously aware of release – label locations.

   - Feel
     - become continuously aware of tightness – label emotion e.g. fear;
     - become continuously aware of release – label emotion e.g. calm.

3. Infuse **B**ody and **F**eel with ahh-llowing equanimity.

4. Experience continuous 'flow and go' to **B**ody release and **F**eel calm.

5. Experience the afterglow of calm.

B-FIT Mindfulness Exercise #6 - Healing Compassion Practice

B-FIT healing is a mindful compassion practice. It is most effective when activated as part of the four tools of B-FIT Mindfulness. It manifests as an intended conscious healing connection between the supporter and the care recipient. It is an integration of the skills of B-FIT Mindfulness, intentionality, visualization and innate compassion.

Steps:

1. Complete ten minutes of awareness and ahh-llowing B-FIT – Exercise #2.
2. Deliberately recall through image thinking, the image of a person to be healed.

3. See yourself, sitting in a chair across from the person. Deliberately start a flow of light coming down through your crown, down through your body, through your belly crossing over to the belly of the person being healed, up through their body, out of their crown, and circling to the right behind them, below both of you and up to come back into your crown where it merges again with the constant stream of light flowing. (Keep this image moving, colorful and flowing as outlined in the illustration below.)
4. Once the image is flowing, intend with talk thinking that this energy heal the other person as it flows through them. Label "May you be healed with this energy."
5. Intend that this moving light is gently moving their illness/mood/negative energy etc. out of their body/mind and is replaced with more and more healing light that is coming through your intentions.

   For example, if the person is agitated, angry or aggressive, intend their peace and visualize their whole body as calm light energy. If the person has a medical condition, see that location taken over by an intense concentration of this light energy. If the person is letting go of the known life force, intend their peaceful crossing over. Image them as all light.
6. Now to conclude this B-FIT healing process, do free floating awareness throughout all of your B-FIT senses for five to ten minutes. Consider bringing in other people from your life: for example, a person who needs physical or emotional healing, a person whom you are emotionally disconnected from, a global community group of suffering people, or yourself as a little girl or boy.
7. Return to five minutes of Exercise #2 with gratitude for being a part of this healing process.

Opening the Heart – Capacity Building

It seems that as we skillfully 'NOTICE' the qualities of physical pain and Ahh-llow them to spread and contract, change shape, and intensify and weaken, we simultaneously also evolve our innate equanimity that now can manifest as capacity for healing, tolerance, forgiveness and unconditional connecting with all others.

Note: reference www.centreforconsciouscare.ca - resources for guided audio support to practise B-FIT Mindfulness Exercises #1 - #6.

B-FIT and Unified Mindfulness

The B-FIT Mindfulness System has been adapted from Unified Mindfulness (UM). UM has been in development for approximately 3 decades. The founder, Shinzen Young is a Senior Mindfulness Consultant at Harvard Medical School, Author of *The Science of Enlightenment*, and has brought UM to students in over 20 countries.

UM is taught through several excellent online courses offered by highly qualified UM facilitators at home, week-end retreats called Home Practice Programs (HPP), and regular group 7 day retreats in Canada and the United States.

For more information refer to the Unified Mindfulness website at unifiedmindfulness.com.

Although B-FIT is based on the UM System it differs in the following ways:

1. **Complexity –** B-FIT is less complex and could be put 'mid-way' on the mindfulness learning continuum. At one end of this continuum of complexity are the basic concentration and calming strategies that mainly focus on a single, simple object such as the breath. At the far end of the complexity continuum, is UM, that explores a very complete approach that focuses on most components of the human experience to achieve enhanced concentration skills, sensory clarity and equanimity. All points on this continuum are valid and useful to discover and manifest one's innate compassion.

2. **Application –** B-FIT has been designed to be specifically applied by human and health service workers, volunteers and family members who provide care and support to others. B-FIT has six applications to develop unconditional and authentic compassion for self and others during support regardless of one's feelings.

3. **Labelling –** As discussed above, Labelling is the process of either in silence or with spoken words during practice sessions, tracking one's subjective sensory experience. It is hoped that mindfulness practitioners will cross over back and forth from B-FIT to UM, to show the different labels that are used in each system.

A great online resource from our long time colleague Shinzen Young from Harvard can be found through the following

https://unifiedmindfulness.com/core

This training is a free online ten session self-learning to help deepen your mindfulness practice.

B-FIT & Unified Mindfulness (UM) Labelling Comparisons

1. Both systems track all sense experience, i.e. Thoughts, Emotions (somatic and cognitive) and Body Sensations (from emotions or body mechanics/pressure, taste or smell).
2. Both systems track single occurring experiences (exclusive labelling), e.g. see or image and multiple simultaneous occurring experiences (inclusive labelling), e.g. see and hear or image and talk.
3. Both systems track activation levels using labels such as,
    - full e.g. image or talk,
    - partial e.g. some,
    - no activation e.g. none.
    - rapid disappearance e.g. gone
4. Feel Activation Labels for the wave form (changingness) of emotions and body sensations
    - location e.g. knee, chest
    - shape e.g. larger, smaller, same
    - intensity e.g. stronger, weaker, same
    - rate of change e.g. faster, slower, same

Formal practice sessions of mindfully labelling internal and external sensory experience can be tracked using any one or a combination of these labels.

B-FIT, Authentic Unconditional Compassion and Emergence

Author's Side Note: Authentic Unconditional Compassion and Emergence

> *The following several pages are for optional reading only. Do not worry if you don't fully understand the following discussion of authentic unconditional compassion and "emergence" as I give the same message in different ways throughout the book. The following mostly describes my 'hunches' about what might/could be happening as we offer authentic unconditional compassionate service: but they are hunches based on thousands of hours of mindfulness. Go as far as your interest carries you, proceed for 'fun' or skip the next five pages altogether.*

Numerous times throughout my years of teaching mindfulness I have been asked, "What the heck do you mean that I can actually be authentically, unconditionally compassionate, especially when I am supporting/caring for someone who is uncooperative, unappreciative and even physically aggressive?" My usual incomplete answer is that– you can be kind even if you don't feel kind because your feelings are just reactive messages that our species has evolved over hundreds of thousands of years to keep us away from the bad guys and close to the good guys. Your feelings and thoughts are just nervous system messages—like smelling. They are not you. Provided you stay mindful and intentional, your connecting will be optimal and your actions

impeccable. This answer is for most, usually sufficient. The following is my best thinking to date to understand unconditional compassion at a deeper level however, I am sure that it is still quite incomplete.

Let's start by hearing about compassion from some folks who knew what they were talking about much more than me.

Two Kinds of Compassion

Ordinary compassion gives rise to a very close feeling, but it is most often essentially attachment. As long as the other person appears to you as worthy, appreciative or good, compassion remains. As soon as he or she, however, appears to you as less worthy, non-appreciative or less good, ordinary compassion changes . . . . Instead of compassion one often now feels something neutral or negative.

With genuine compassion, another person's values or behaviour has no effect on one's attitude, intentions or behaviour. Real compassion comes from mindfully experiencing the other's suffering. You become aware and you want to do something for him or her, regardless of their acknowledgment or perceived "worthiness".

(Adapted from a statement by The Dalai Lama)

"But I say to you, love your enemies." – JC

Emergence

One of the most unique qualities of our Human Nature is a process called "emergence." Simply put, emergence means that all physical and biological things and processes are not only more than the sum of their parts, but also significantly more ordered (but not necessarily better) and more spontaneously driven than just the simple separate parts of the whole. At a certain scale and complexity, increased numbers of *parts* have a super-enhanced intelligence, coordination and intensity that is somehow more radically organized (than fewer parts) but not by any obvious external control. In other words, "more" is not only more, but also a special and unpredictable kind of "different'."

Consider the example of bees, ants and termites. While living in a small colony their intellectual capacity to build and maintain a home is, say, X. Once the colony reaches a certain number, however, their intelligence grows, or emerges, exponentially—X i.e. X x Y x Z—just from the increase in number. Their engineering and intelligence become significantly more sophisticated, as do their seemingly undirected co-operative efforts.

Also consider the following other examples that I sense could also be emergence:

- participating in a drumming circle when random drumming (after 5 to 10 minutes) all seems to spontaneously come together as an orchestrated symphony;

- the coordinated patterns of flocks of birds or schools of fish once they reach large enough numbers, e.g. large flocks of birds fly at 40mph within inches of each other as if joined by an invisible thread that prevents them from hitting each other;
- the significantly increased feelings of intensity and solidarity among larger numbers of:
    - patrons at live theatre/concerts,
    - fans at sporting events or
    - folks at political rallies;
- PFP neurons firing in the brain;
- cell tissue in the body reacting in fear;
- swarms of bees;
- elite athletes spontaneously falling into the "zone."

Google any of the following terms to find fuller discussions: *emergence, swarm intelligence, more is different or emotional contagion.* Begin by Googling "amazing starlings murmuration" on YouTube: watch this before reading further.

NOTE: For simplicity, I have made up a word: "de-emergence." It simply means the reduction of the variables in an already emergent system so that emergence reduces or stops.

Reference: Amazing Starlings Murmuration – YouTube 4:06 - Google this reference now.

Emergence of Our "Seven" Senses

Typically we mindlessly and therefore incompletely experience our seven senses (five senses plus our thoughts and feelings) as survival-based, fixed, solid, particle-like nervous system messages: e.g. pain or, pleasure, on or off, strong or weak. Through the deep sensory clarity of B-FIT Mindfulness, we can instead more completely and continuously experience our senses more as wave-like flow: expanding and contracting activities and patterns. As B-FIT Mindfulness radically increases our awareness of the numbers, intensity and identification with these wave- like qualities of our senses, I think the phenomenon of emergence is activated. This activation then leads to our transformation into a more unified compassionate sense of self as we emerge with others.

My hunch then (from personal experience only) is that this B-FIT process manifests in our subjective experiences and then activates as authentic unconditional compassion when the wave-like properties of our senses are continuously observed in adequate numbers and intensity and with sufficient equanimity and intentionality. This activation then seems to lead to our transformation into a more unified compassionate sense of self as we emerge with others.

I see this process as similar to how pieces of ice can melt into (flowing) water with sufficient thermal energy (heat) applied. To extend our metaphor, it could be said that mindfulness is the heart's thermal energy.

One of the by-products of this process of emergence is then—without believing anything or trying at all—to know at a deep level (far beyond cognition) that we (you and I) are not separate dualistic "particles" of good guys and bad guys, deserving or undeserving individuals. Rather, we are non-separate flowing activities of *us-ness* as in *uni*-verse. To live this wave-like experience, we have two jobs to do.

Job #1: We must reverse feelings that close the heart.

Let's start by first exploring feelings that close the heart, such as anger, fear, or uncaring, tuning out, all of which compromises authentic compassion. All of our feelings are combinations of B-FIT sensations that exhibit emergent properties. For example, when a person with developmental disabilities has a challenging behaviour and we remain in a mindless state, a tight chest combines with driven Image and Talk thoughts (neuron firings): B-FIT then seems to emerge exponentially to create the feelings of a closed heart.

Our first job is to mindfully deconstruct this bundle of B-FIT sensations back into their separate parts so that they lose their negative emerged gripping power over us: instead of a swarm of ants, they become more like a few ants calmly foraging back and forth. To achieve this, we practice and apply the following B-FIT Mindfulness exercises:

B-FIT Mindfulness Exercise #4 - Stress Rehearsal
B-FIT Mindfulness Exercise #5 - Preventing and Managing Physical & Emotional Suffering
B-FIT Mindfulness Exercise #6 - Healing Compassion Practice

Typically without mindfulness, I am suggesting that emergence, without our awareness, naturally cascades B-FIT into a less than optimal closed-heart experience. Separating these component parts—a tight chest and uncaring image, talk thoughts and feelings—reduces the process to a few simpler variables, and therefore a *de-emerging* takes place as a result of this B-FIT awareness and ahh-llowing. As a result of this job #1, there is relatively more authentic caring that is a prerequisite for job #2.

Job #2: From particles to waves—emergence while consciously connecting

Further along the compassion continuum from job #1, de-emergence, as we apply even more continuous awareness and ahh-llowing while supporting someone with for example a challenging behaviour, a radical shift in our level of caring and connecting can occur. This happens when our typical reactive survival- based sub-conscious experience of fearful and resistant thoughts and feelings are replaced by caring and positive intentions and experienced in B-FIT as continuously expanding and contracting 'flow'/waves. At this point we, being more conscious, now experience B-FIT continuously getting stronger-weaker, bigger-smaller, faster-slower.

The Field

Out beyond self-righteous judging, blaming and criticizing,
*there is a **field** – I'll meet you there!*
When the aware us lies down in that grass,
ideas of good guys and bad guys, deserving and undeserving,
and even the phrase "each other"
don't make any sense. Inspired by Rumi

I see this could be the transition point along the caring continuum from de-emergence to the start of emergence. Once sufficient in-depth awareness and ahh-llowing of our normal positive, caring feelings is reached, a radical shift in connection to the other seems to just happen.

It seems to goes like this in a support situation no matter how challenging. As we saw with job #1, initially PFP-brain reacts mindlessly with fearful and instinctual thoughts, feelings and body sensations. We **catch** and **calm** this reaction with 'in the moment' directed awareness and ahh-llowing. In addition we are carried by our base line of calming 'capacity' that has been cultivated through daily B-FIT practice. So we become aware of many, many individual 'hits' of thoughts (image and talk), feelings and body sensations. These hits it seems to me are the PFP-brain creating reactions as it assesses objective reality: for example, sending a thought – "I am anxious." (Even just these catching and calming steps bring more compassion and competence to this moment.)

Now job #2 begins. Activated with significantly more continuous awareness, the mind trained in deeper experiences of B-FIT awareness becomes more simultaneously aware of here now, thoughts, feelings and body sensations and their qualities of flowing impermanence. First, for thoughts we experience them more at their pre-cognitive rumble stage. Where our thought energy is not yet giving a discernible message, such as "I am anxious".

Secondly, we experience B-FIT at a deeper level of clarity: the tight chest, the clear thought, the anxious feel in the gut, etc.

And thirdly, we observe the break-up or dissolution ("gone") of this moment of the experience. As a result of being more 'almost' simultaneously fully identified with these three levels of sensory experience, they continue (more and more) to be perceived as continuous waves, not unaware hits of on/off fixated 'particles' of sense experiences.

Now (of course, what I am about to say is relative, but…), with this enhanced continuous pre-, present- and post-B-FIT awareness, a new and very different subjective experience spontaneously happens. Sometimes it builds, but for me mostly it usually just erupts into being.

Each moment stops being experienced as hits or events and just flows smoothly into each other in a gentle, slow-motion, wax and wane process.

The entire subjective experience also of course in the moment now predisposes us to keep our A-game of optimal problem solving, decision making and emotional self-regulation on line. This is the stage of being able to really **clarify** the needs of the situation.

It happens, in simple and in complex support situations. Me and them stop being *me and them*—separate things! A kind of indescribable *us-ness* (there is no English word for it) emerges. I call this **conscious connecting**. It's kind of like how intimacy with someone you deeply love is much, much more and different than a feeling! It sure seems to me that as we begin identifying with the flowing wave qualities of continuous sensory awareness with equanimity, in even complex support moments, we can **emerge** to transcend unaware fears and indifference that our little boys and girls would otherwise have manifested. From this state of being we just naturally unconditionally competently care regardless of how our B-FIT is reacting.

Summary

So, to more consistently bring our A-game of compassion and competence to each moment we can implement two distinct strategies (jobs) related to de-emergence and emergence. We first start with de-emergence, which is to reduce the number of solidified B-FIT variables in the moment that are unknowingly causing emergence of our feelings and actions into the less than optimal manifestations of closed-heart feelings and behaviours (fear, impatience, self-righteous criticizing, etc.). In this job #1, we slow down and stop emerging of fear- producing, fixated body sensations, thoughts and feelings through just being 'Here Now' (i.e. **catch**). As our reactive semi-conscious B-FIT experiences decrease in intensity, **de-emergence** happens and we experience calm so body and brain can regain more optimal functioning to lead the process on to emergent compassion.

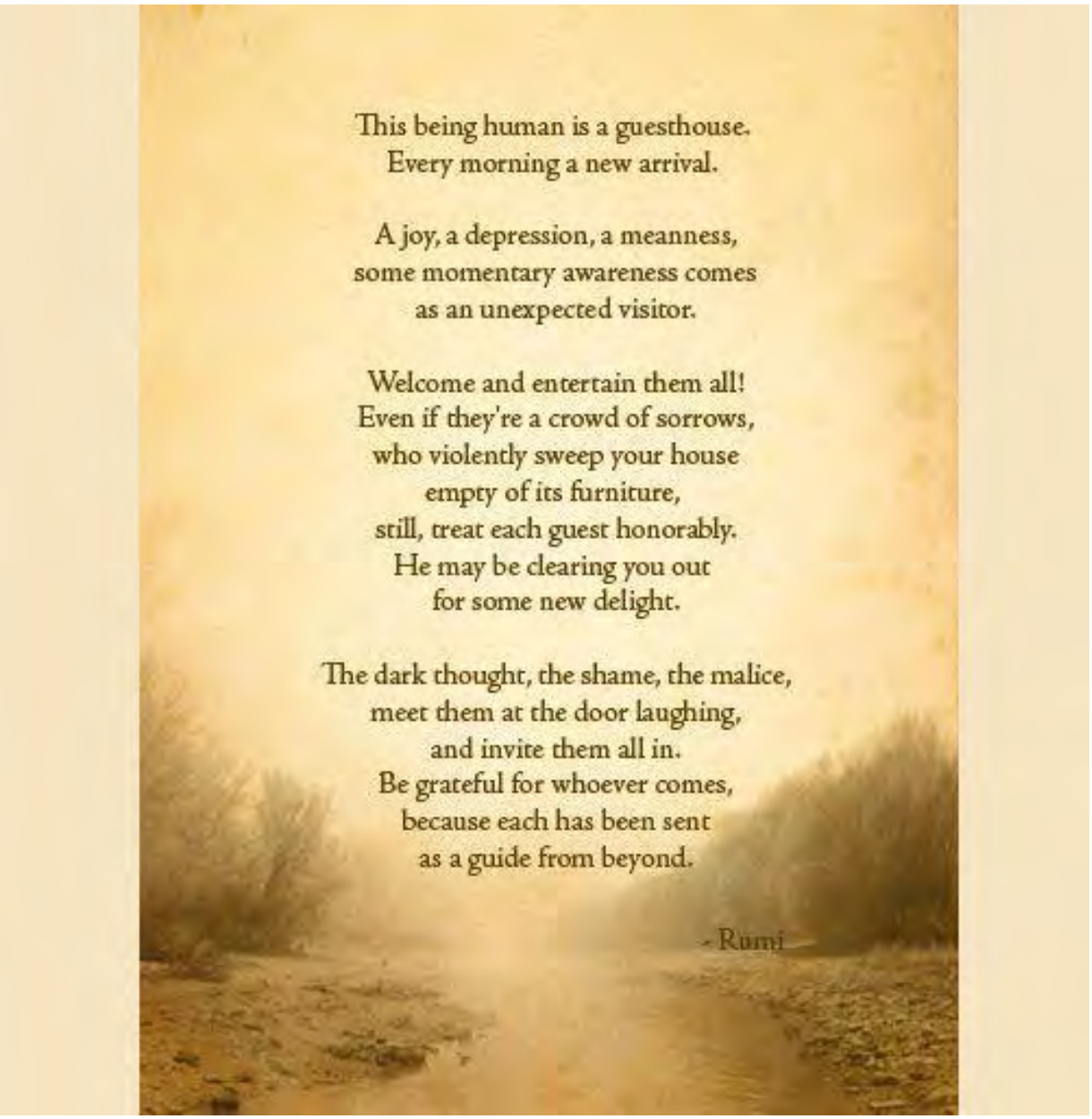
Now, in job #2 we become significantly more aware of the continuous wave qualities of B-FIT as we compassionately offer help. This appears to increase neuron firings and other positive B-FIT accelerators sufficiently to take us beyond normal feelings of good/bad, deserving/undeserving into **emergence** of authentic unconditional compassion—regardless of primordial feelings.

The Good News

You need know nothing of how the engine of compassion really works because few, including me, really know for sure. All we must do each day is to turn on the mindfulness key and take a twenty-minute drive with gratitude and intentionality—pass every "no"-thing you find on to others.

(There is this) unseen order, and our supreme good lies in harmoniously adjusting ourselves thereto. **(William James)**

The Guesthouse



2- Discovering and Disengaging from Roots of Risks – PFP Programming

Now that we have built a strong foundation for you to develop mindful, emotional self-regulation skills and kindness, the next set of insights and skills is called discovering and disengaging from roots of risks.

In this self-regulation development process we will continue the inner journey further to have a more complete understanding of who we are, why we respond the way we do and how we can skillfully move from fear to calm in crisis situations.

Galileo destroyed the illusion of an earth-centred universe. So too the sciences of mindfulness, neurology, social neurobiology and others are pretty much destroying the illusion that you—the you who is presently reading this sentence are in charge of most of your thoughts, feelings and behaviours.

We are going to try to persuade you to explore the possibility that (as introduced above in reasons to learn and practice mindfulness), without you knowing it, the most important parts of your life are being dominated by inherited survival and reproduction codes **(Primitive Predispositions)**, childhood conditioning **(Filters),** and societal and cultural norms that promote **brain-Priming Prompts.** We are calling this your PFP Programming. Being dominated by this PFP creates limitations to clarify situations and to making good choices. It is like being in prison and not knowing it.

We will never work to break out of prison until we know that we are in one. Most folks are unknowingly living in a maximum security prison. This lockup is limiting our ability to be all that we can be and seriously compromising our potential to help others be the same. This section will hopefully offer you sufficient motivation and know-how to escape into the freedom necessary to clarify and choose the most appropriate and best support practices – especially when under stress.

In our experience, one of the greatest causes of people supported having a compromised life and well-being with unnecessary suffering causing them to become anxious, angry and aggressive, is that leaders and supporters lack the emotional self-regulation skills and kindness while in crisis to clarify and choose in the moment what is required for optimal support. As a result, we too often react in unsatisfactory ways and become part of the problem.

Our opening statement about clarifying and choosing, stresses the necessity of being absolutely clear about the emotions that are colouring any situation. In the absence of mindful, emotional self-regulation skills and kindness we will be driven by thoughts and feelings of which we are completely unaware. Before we discuss how to clarify and choose, therefore, we need to spend some time coming to an understanding of those hidden sources of emotional driven-ness which too often result in impatient feelings and power-based behaviours on the part of the supporter.

Previous parts of this book have provided you with specific exercises to do in order to increase your capacity for mindful, conscious responses and the release of B-FIT reactions in any

situation. This section is a little different. It asks you only to have the courage to reflect deeply and honestly in order to come to a new awareness of some of the hidden conditions that drive your unhelpful feelings, thoughts and behaviour in the first place. We are going to travel up-stream to the source. Once you have spent some time on this personal development work, you will be ready to **clarify and choose** (reference Part THREE, CCS Step 3). As a caregiver or supporter, knowing your unique personal inheritances and conditioning that produce many of your feelings, thoughts and behaviours will enable you to prevent your emotional hijacks more effectively. As a result, you will be ready to respond to the needs of others more wisely and sensitively.

Two more essential qualities are necessary to prepare you to help people you support and their families develop along the full continuum of well-being, and to keep them safe and free from trauma-producing anxiety, anger and aggression:

- Developed skills and **capabilities** to self-regulate your emotions mindfully in the moment when your PFP Programming becomes activated;
- Enhanced **capacity** for presence, patience, and optimal performance as a direct result of discovering and disengaging from the unsatisfactory components of your "nature and nurture" qualities.

Without mindfully developed capacity you will only have the basic survival tools of underdeveloped good people; the individuals whom you support require and deserve more.

What Are Roots of Risks?

Each of us has inherited a biochemical and physical energy system with its own rules and beliefs conditioned by thousands of personal childhood experiences. As a result, each of us develops a unique way of perceiving and responding to life situations. This PFP Programming is responsible for our positive temperament and desired personality traits. They are also strong determinants of not only when, but also how intensely we experience difficult emotions and associated behaviours such as anger, fear, sadness, guilt, impatience or embarrassment.

We call these programmes our **roots of risks.** "Roots" because they are often so well-buried that we are unaware of them. "Risks" because as long as we remain unaware of them, they can continue to control our behaviours and experiences and leave us at risk of becoming vulnerable to one or more of the four "outs": burn-out, freak-out, tune-out and space-out. If we do not develop mindful emotional self-regulation, these outs become lenses through which we see and judge most of the reality around us. As you know from the previous sections, mindfulness assists us to become aware and ahh-llowing of many unconscious behaviours and feeling reactions. This essential clarifying step enables each person to discover more of the sources of their roots of risks and learn how to disengage from them.

The Critical Importance of Disengaging from PFP Programmed Roots of Risks

Knowing and understanding more about how these roots of risks drive and distort feelings and behaviours directly related to your role as a leader or supporter is key to your becoming more emotionally mature and self-regulated. Discovering and disengaging from (not destroying) these roots results in the significantly enhanced feelings and behaviour that you require to consistently offer conscious and compassionate leadership, care and support. Many benefits will result for you. You will have new-found energy for your day and the work it holds. You will develop an increased capacity for compassion. Your self-knowledge will bring you a wisdom that will allow you to help others, and also increase your capabilities and capacity for new ways to provide leadership or support.

> ***It is slow, painful, and difficult for an adult to reconstruct a radically different way of seeing life, however needlessly miserable his present preconceptions make him.***
>
> Peter Marris

Not knowing about our roots of risks, and therefore being unconsciously driven by inappropriate root feelings and behaviours, is a constant threat for every supporter. This is a serious barrier to offering optimal care and support to others. Exclusion, selfishness, moodiness, anger, indifference, prejudice, gossiping, uncaring, irritation and frustration are all primarily caused by our roots of risks mindlessly running our life. **As a result, the vulnerable person supported can live in fear, loneliness or sadness because of our own unknown and unmanaged root system.**

By discovering and disengaging from your unique roots of risks, you will be freed from one of your greatest barriers in your leadership, care and support of others.

The person who is receiving your leadership or support will also benefit directly from your work to disengage from these PFP risks. Some of these benefits include a new sense of being highly valued as you are no longer driven by your unknown and unmanaged feelings, thoughts and behaviour. These are benefits that feed the heart and soul of the person whom you are supporting in a way that is just as important as the time and care (best practices) that you give to help them meet their needs.

Our PFP Roots of Risks and Devaluation

It is quite possible that there is no greater cause as to why our society so often devalues marginalized individuals than our roots of risks: for example, the person supported. Have you ever read one of the countless news stories about an individual with a developmental disability being devalued or excluded? In all probability, the reason is the offender's completely unconscious PFP roots of risks.

These roots can be so well-masked that their impact is deeply and hurtfully felt by the individual who is devalued, while the person doing the devaluing may not even be aware of, let alone

dissatisfied with, what has really happened in the exchange. Unfortunately, there are also many incidents where one person seems to devalue another very deliberately and feel entirely justified in doing so because of prejudices grown from these roots. Discovering and disengaging from these roots can radically change these tragic situations.

We would strongly suggest that we must start including discovery and disengaging from PFP roots of risks as a high priority. When we have done that, we can become true advocates for justice.

How to Discover and Disengage from Your Own Roots of Risks

Some of the answers to why we react as we do and find it so difficult to change (even when we want to) requires a little perspective on human nature's work to date. Mankind, as a species, is at least three million years old. In order to survive as a species, we had to develop this thing called *human nature* that comes to us at birth as a package deal. Then in order to survive emotionally as individuals, we are conditioned into another whole set of personal survival codes based on our upbringing. We call this becoming a "somebody". Nature's and nurture's work it seems most often keeps us vulnerable, self-centred and generally discontent. We are too often mindlessly driven by those aspects of our PFP Programming that are no longer necessary in our adult lives.

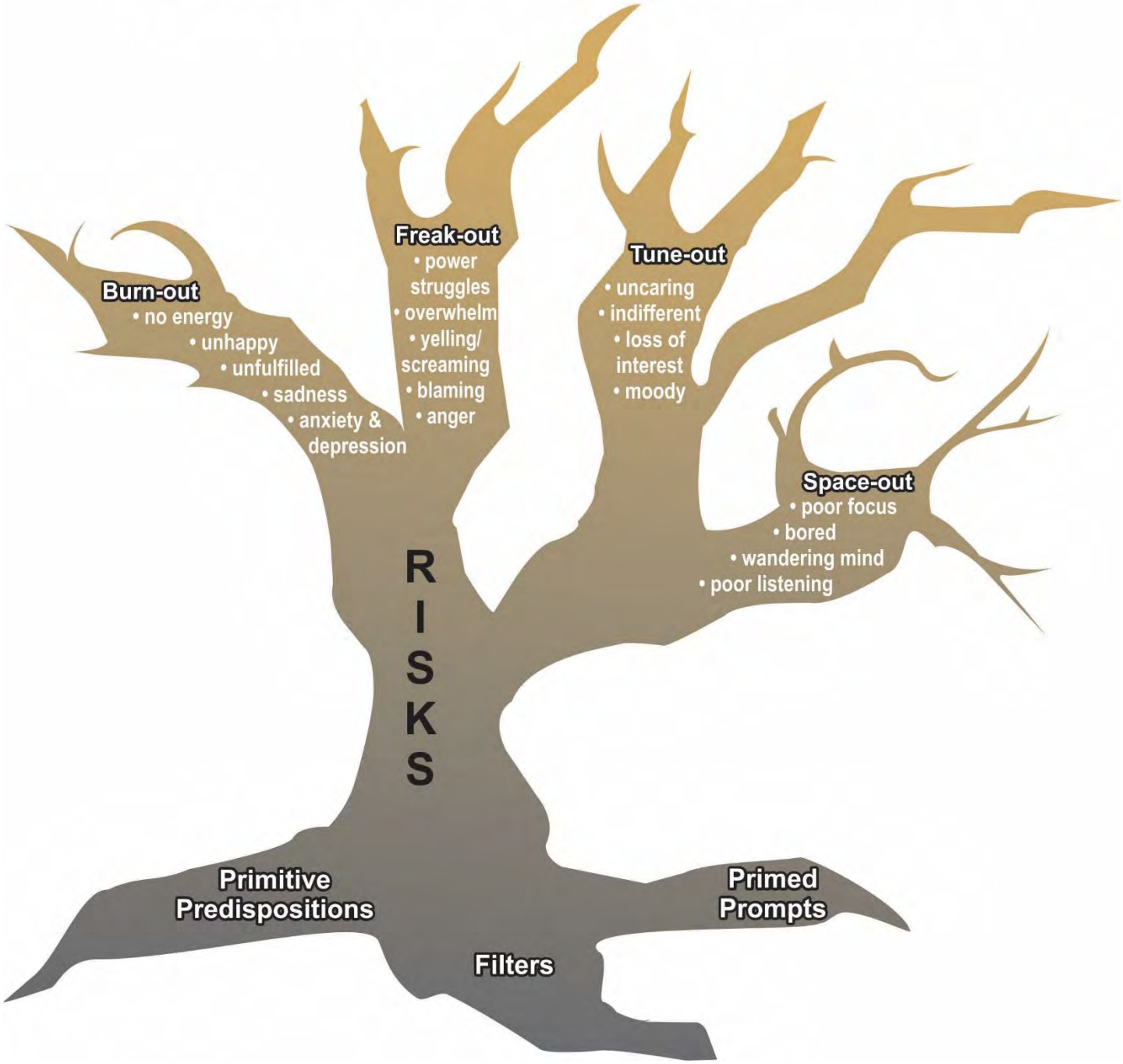
We use a tree with three main root systems as a metaphor to describe virtually every person's roots. Whatever comes into the tree through these roots is what feeds the branches and grows the fruit if the tree is healthy. In our case, the desired fruit is a competent and caring support giver. This metaphor also reinforces the message that we do in fact reap what we sow; therefore, before we can grow and change we need some basic information on sowing and reaping.

For now, let's just look at exposing the unhealthy aspects of human nature's root system. Left to only our own natural growth as humans, we will attain limited growth and reap an incomplete and perhaps even unhealthy harvest. However, don't forget our goal: through the development and nurturing of our positive roots, we have the potential to be happy, fulfilled, and spontaneously compassionate. Manifesting these qualities in the moment of service helps to ensure consistent and helpful clarifying of needs and choosing of appropriate actions.

Every person comes with his or her own version of the roots of this tree. Even though the specific shapes, size and qualities of these three roots will vary from person to person, if left to grow wild, each of these roots will yield very similar unhealthy trees.

Take a moment to study the tree illustration on the following page. Notice how each faulty "root" cause results in very unhealthy growth patterns within the tree (i.e. the "outs"). Notice also how this unhealthy interior growth can't produce healthy fruit—yet this fruit is what we should be giving to our relationships, what we bring to our role as a leader or supporter. This is why managing these roots is an essential competency for caregivers and human services professionals in all fields. Neuroscience's recent proof about brain plasticity tells us we can prune and nurture these roots and tend them back to health.

The Supporter's PFP Roots Causing The 4 Outs



As previously discussed, this tree has three main roots that determine its unhealthy growth:

- **Filters**: your deeply-held, subjective beliefs about what you, others and the world should be or are that were learned through thousands of repetitions of messages from your unique childhood environment. These beliefs now filter your perception of life through your outdated lens without you knowing it. For example, messages like "In order to be happy I must please others, be in control, be right, not be criticized and/or be treated fairly by all others". (reference Part TWO, Appendix I for detailed self-assessment)

- **Primitive Predispositions**: inherited body and brain elements that are "wired in" to ensure our safety, survival and reproduction. All of the following have profound and direct influence on our personal and professional feelings, thoughts, personality traits, moods, decisions, and ability to lead and support others.
    - Brain architecture: a conscious thinking system with nearly 200,000 times more powerful subconscious processing power than the conscious you who is reading this sentence;
    - The subconscious: our brain/body computer filing system that is instantly accessed whenever an event triggers an "open file" command, such as "impatience";
    - Neurotransmitters: for example, serotonin and GABA are calming stress managers; dopamine gives us feelings of pleasure and rewards that direct us to get bigger, better, more (too much causes addiction); and norepinephrine and glutamate are examples of energizers that prompt us to get up and go;
    - Hormones: for example, testosterone promotes "take charge" feelings and thoughts and promotes action (people have killed because of too much testosterone); estrogen promotes gentle, receptive feelings and behaviours ; oxytocin enhances mating, caring, desires and is a building block of the immune system; plus dozens more hormones, all with their genetic codes and directions to promote specific feelings, thoughts and behaviours;
    - Genes: basic body-building blocks, for example, the make-up of male and female sexual orientation; another example is one particular gene that causes Huntington disease that affects the frontal cortex and can lead to aggression, hyper-sexuality, impulsive behaviours and disregard for social norms, even before this disease is diagnosed. Why do some people raised in an abusive home turn out to be abusive and others not? Well, it's mainly a gene thing. There is a particular gene that we all have, but one form is bad and the other form is good. If you were raised in an abusive family with the good version of the gene, chances are you won't abuse later in life. If you were raised in an abusive family with the bad form of the gene, chances are you'll abuse. If you are raised in a good family with the bad gene, chances are you won't abuse.
    - Micro-organisms: viruses and bacteria. These critters make more decisions to direct our feelings and behaviour in one day than we make in a lifetime. For example, we all have a clostridia colony living in our gut made in part from a short-chain fatty acid called propionic acid (PPA). When PPA is introduced into the food of healthy rodents it causes several severe symptoms of autism. PPA is in great part responsible for mindlessly eating too much refined sugar and simple carbs because that's what this micro-

organisms in the gut thrives on and drives "you" to binge on. This is one of millions of critters who live in our gut and who have a mind of their own.

- Electromagnetic Energy (EME): We are governed in great part by EME, which is directly influenced by chemicals, sleep, dirty electricity from Wi-Fi and 110 volts outlets and even other people's EME. For example, according to the HeartMath Institute, if you are in a good mood and another person is in a bad mood, that person will draw actual electromagnetic energy from your system—leaving you feeling depleted in their presence. You may even exclaim after they leave, "Gosh they bring me down". We can also be energized by other people who are positive or by large crowds such as at concerts and sporting events. This exchange is called "entrainment" or "emotional contagion".
- Vitamins and minerals: We have dozens of vitamins and minerals, and most of them if not balanced will compromise our positive feelings, thoughts and behaviours. In fact, we all have traces of most of the dozens of minerals found on planet earth within our makeup and they all impact our moods, thoughts and behaviours.
- Pathologies and injuries to the brain: we are subjected to many changes in the brain from injury, strokes, lesions etc. which can significantly compromise our feelings, thoughts and behaviours. Charles Whitman, the young man who in 1987 murdered his wife and mother and then climbed a tower at The University of Texas and shot many more innocent people, left a note behind that said something like the following: "I haven't been myself for two years. I just murdered my wife, and a man could not have asked for a better wife. I am now going to kill many more people. I hope after they kill me they study my brain to see if it is normal". Doctors did study his brain and found a tumor pressing on his amygdala which they determined caused all of his actions.

- **Primed Prompts:** Below your awareness are societal and cultural subconscious messages that often hijack your feelings and decisions.
  - For example, if in an experiment, you are first shown words at a speed too fast for you to read them, that make you feel more vulnerable, you will then give responses to questions that make you seem more racist and prejudiced. If you are shown words or pictures that disgust you, you will vote more conservatively. Many more examples of priming us to a 'distorted' response are given later on in the text.

Returning now to our tree metaphor, the barren branches that are produced from these three roots, experienced mind**less**ly and virtually without awareness of their existence, represent the burn-out, freak-out, tune-out and space-out that we can experience as supporters.

Reminder: for simplicity we will refer to Primitive Predispositions, Filters and Primed Prompts as PFP Programming **(PFP).**

The very good news is that with personal growth and development of mindful emotional self-regulation these roots can be nurtured to produce an abundant harvest of awareness, competence and compassion.

Throughout this section we will show you the power that this root system has over your personal and professional life. We will go so far as to have you ask yourself, "How much free will do I really have to bring my "A-Game" to individuals I lead or support?"

Without Personal Growth and Development, Is Free Will Really Possible?

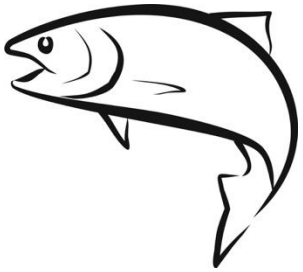
Free will could loosely be defined as one's natural ability to make choices about how to think, feel and behave. This freedom of choice is assumed to be an innate personal quality. In fact, our court system and many religions base their judgement of a person's guilt or innocence on whether or not that person was capable of exercising this freedom of choice. **Erroneously** (according to the vast majority of Neuroscientists), we assume humans are born with free will and that 'strong and good' people therefore use their free will to make good choices, and 'weak' people make poorer choices.

It is critical to understand, however, that free will is not a given. Instead, PFP drives the bus—us—unless we work to develop our awareness of it. **Free will ain't free,** and believing it is results in most folks not recognizing the need to develop the ability to make conscious choices that truly reflect their intentions. Heck, if we think we have it, why bother to develop it?

As it turns out, this "you" who is reading this sentence has about sixty bits per second of conscious energy-processing capacity in which to feel, think, decide and do. Your subconscious PFP, on the other hand, has a capacity of about eleven million bits per second. Even comparing just these capacities suggests a strong mismatch of wills.

Many scientists from diversified fields of exploration agree with us that free will is not a given. Highly creditable neuroscience studies of the subconscious, such as those by Benjamin Libet, indicate that most of the sorting out of moment-by-moment reality and decision making happens one second or more before our conscious mind has registered it. This is one of many indicators that "you" are not in charge. You do not have free will to clarify and choose as much as you think. Mindfulness in the moment makes us aware of choices to facilitate discernment and give greater self-control.

The Predicament



"I don't know who discovered water, but it likely wasn't a fish".

This pithy little piece of wisdom is appropriate to introduce a claim that is one of the most critical root causes of unsatisfactory leadership and support services, and also almost everyone's less-than-optimal quality of life. This includes our potential, as human and health care professionals, educators, friends, parents, partners or anything else, to meet the needs of others. The simple truth in this comment about the fish is that—like the fish that is so close to the water

they don't notice it—we are oblivious to what is constantly happening around us in our daily interactions. Our PFP has become so natural that we don't notice it.

The water we swim in is the terribly faulty way that our brains process most messages from people and our environment. The discoveries in neuroscience that now give us a much more complete window into the brain's way of processing information could not be scarier. The research shows how incapable we really are of living in accordance with our ideal values, our "A-Game", and supporting others to live to their fullest potential—unless, that is, we become more conscious of what we are doing, feeling and thinking as we are doing it.

In summary, then, our subjective sense of self is created by three key influences: **filters, primitive predispositions**, and **primed prompts**. We live in an illusion because we think we are in charge even while we have this PFP residing in our brain and riding around in our body. However, according to many credible neuroscientists and my own forty years of deep, mindfulness mind-mapping practice, because of these programs, predispositions and prompts, you are not in charge nearly as much as you think you are. This is especially true whenever your feelings, values and beliefs about yourself, others and your world are involved—that is, unless you become mindful and conscious.

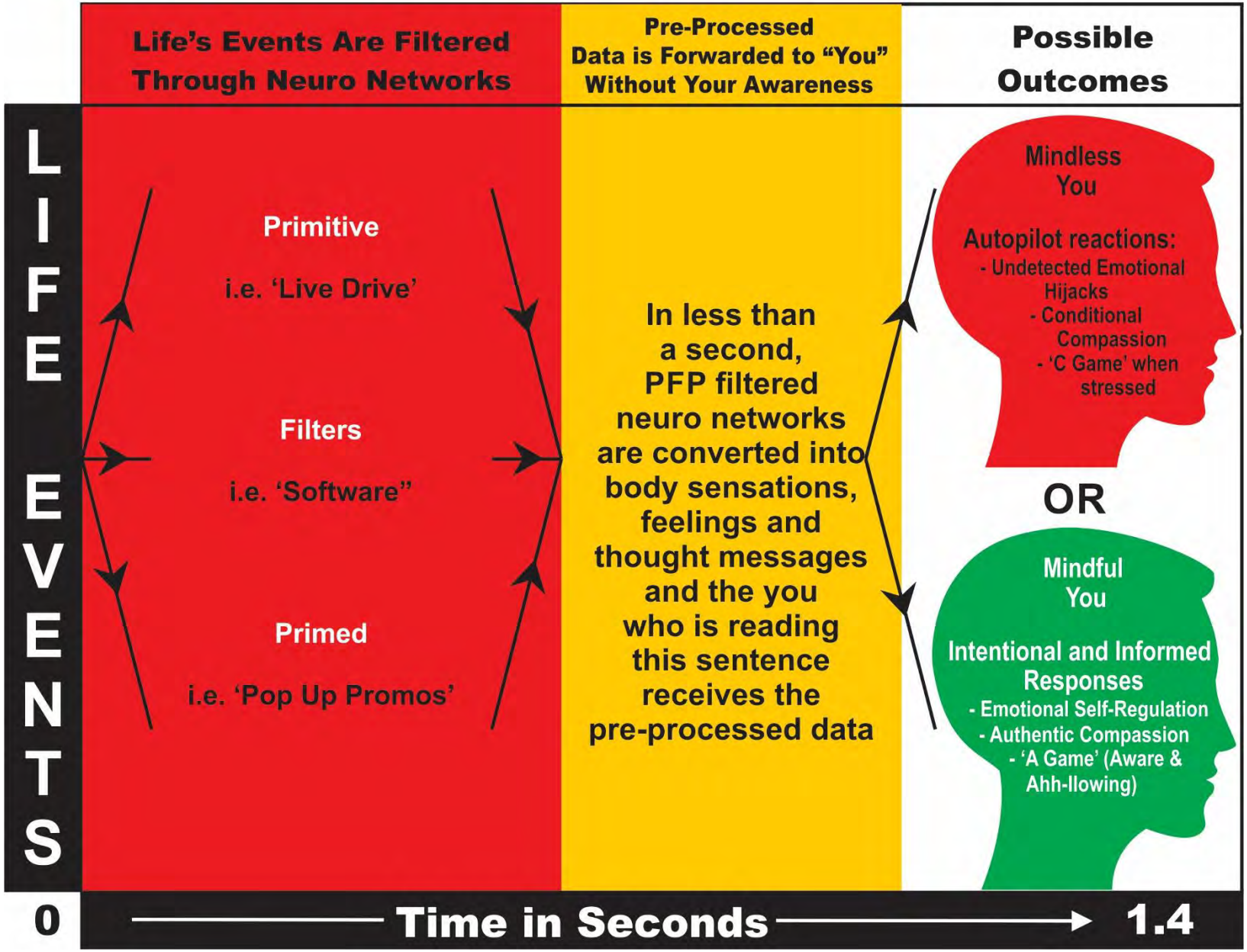
Brain-mapping studies are proving **that the mind often has a mind of its own** where values, beliefs and feelings are concerned. Furthermore, the you who thinks you are in charge is often not much more in charge than the computer monitor that projects the output after the hard drive and software have done their work. That is, unless "you" are conscious and mindful.

We will not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time

T.S. Elliot – "Little Gidding"

The following illustration, "Our Human Predicament - Optional," is a close approximation of how almost every moment in your life is filtered through your PFPs. Follow the graph from left to right. Note that countless minor and major moments pass through this filtering system before "you" get a chance to weigh in. The graph concludes by showing you the choice between continuing to be mindlessly driven or becoming mindfully responsive and in charge.

Our Human Predicament - Optional



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Missing the Forest for the Trees

To conclude this description of our human predicament, here is one more disturbing part of the setup. Among our many discoveries that could possibly be our species' most costly limitation to living a personally satisfying and socially useful life is something called inattentional blindness—missing the forest for the trees. It seems that hundreds of thousands of years of evolution devoted to survival and reproduction has left us reluctant to explore or adopt new ideas about our self, others and how we see our unique place in the world. This is particularly disturbing when we logically believe that an idea would be good for us, yet our pigheaded brain still keeps the prison door locked. We must presume that any ancestors who started exploring new ways of thinking and changed perspectives too quickly either got eaten or couldn't attract a mate to produce similar progeny!

Inattentional blindness works like this. First a story about our feline cousins. There was a popular story in the research literature about an experiment of leaving new-born kittens in a home with only rounded corners and shapes. After three months of being raised in this environment, the kittens were put into a normal environment with vertical and horizontal objects. These poor little fellas kept bumping into legs of chairs and tables because apparently their brain could not register such shapes. In other words, for these kittens straight edges did not exist.

Similarly, some early anthropologists located primitive tribes not influenced by "civilized man". These researchers performed an experiment with aboriginals and their interpreters. One such experiment had a researcher place five familiar objects, such as tools, weapons, shells, or ornaments, in front of various people from the village. Added to these objects was a wristwatch. When the villagers were asked to pick out the object that was most different from the rest they would always pick something like a broken shell: they apparently did not see the wristwatch.

Much of this book will ask you to examine fundamental (but not complex) 'truths' about your own reality that up until now your PFP has not been inclined to permit much more than a passing interest. We and most branches of western psychology, e.g. Adler, Jung, Freud and more recently neuroscience and social neurobiology, suggest we really are asleep unless we become mindful.

> ***"The subliminal aspects of everything that happens to us may seem to play very little part in our daily lives. But they are the almost invisible roots of our conscious thoughts."***
>
> Carl Jung

Let's consider some practical examples of how your PFP already thinks it knows everything and will work to convince you of its wisdom. The images below also demonstrate how PFPs fill in the blind spots. We physically see the image on the right-hand side, but our brain fills in the gaps to send us the full image as captured by the camera.

How The Brain Creates Its World – AKA what we see isn't really all that there is

Original image, made by a camera. The same image seen by a retina (right eye, fixation at the X.)

Courtesy of Laurent Itti.

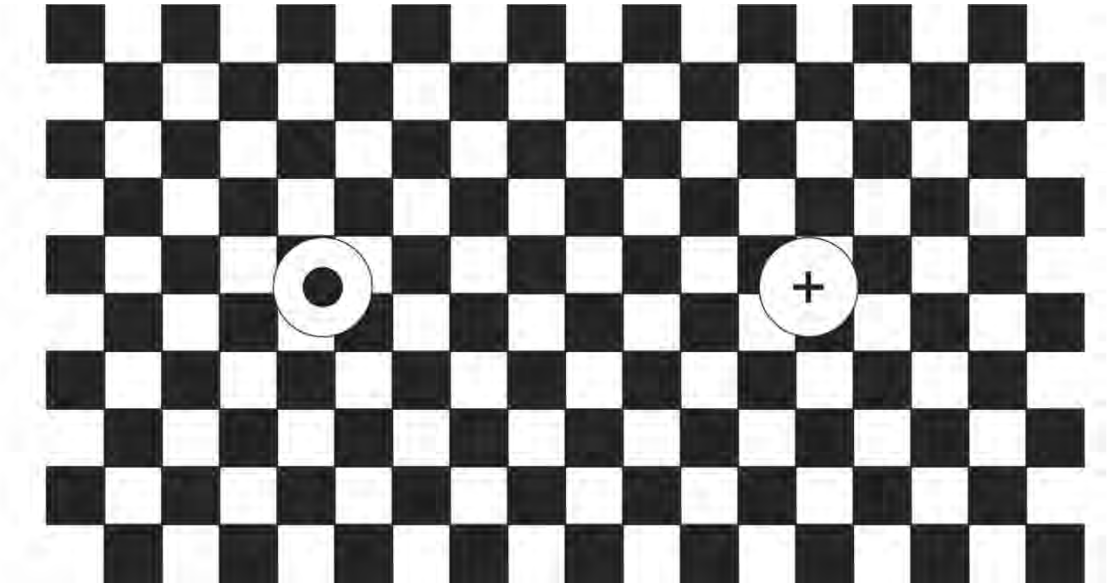
To get another brief taste of an experience of how your mind has a mind of its own, do the following little exercise.

Instruction:

Hold the following page with your left hand, and put your right hand over your right eye. Then using the dot and + at the top of the page while focusing with your left eye on the cross (+) on the right side of the page, slowly move the page toward you until the black dot disappears from your peripheral vision. (This place may be six to eight inches from your eye.)

Now do the same with the cross (+) located on the checkerboard pattern until the black dot disappears in the checkerboard. Do the exercise now, then read the next step.

Now **repeat** the checkerboard exercise. Notice how the black dot disappeared, but the checkerboard pattern has filled in the space where the dot was. Your PFP Programming is primed to think that the checkerboard should be complete, so it (not you) replaces the blank space with the pattern—and it does this without your knowledge or consent! The same happens with other senses such as hearing.



Welcome to a little experience of how your PFP Brain runs your life!

Much of how we see the world is filled in for us subjectively, and our PFP Programming prevents us from seeing this objectively.

Discovery and Disengaging from Filters

e.g. Installing new software – reprogamming the programming

Now after our brief introduction into the human predicament, let's explore the first root of risks by discovering and learning to disengage from **programmed priorities** that may be limiting your potential as a person and as a professional. We will then teach you how to prune this root and to nurture those filters that help you to help others to live a fulfilling life.

> ***When a pick pocket meets a saint –***
> ***All he sees are the saint's pockets.***
>
> Ram Dass

We thank Dr. Alfred Adler for his insights in developing the idea of filters, which he called "subjective private logic," and Dr. Carl Jung, who called them complexes. I will refer to filters as filters, both faulty and fruitful.

Why Bother?

You will find that discovering and disengaging from your faulty filters is particularly helpful to you if:

- you logically know that you over-react to a certain situation or person, but just can't pull yourself out of it;
- throughout your life you have had difficulty feeling close to another or have fallen out of a relationship with someone and really can't explain why (except to blame others);
- you realize that what upsets you wouldn't or doesn't seem to upset others nearly as much as you, or that different things upset them but not you and you don't know why;
- you feel that certain situations need to be changed now. Others would agree that it is important, but feel your urgency is a little over the top. This is often a clue that you are being driven by your filters in this situation.

Understanding the Set-up

The child starts life perceiving that "I am weak and vulnerable," both emotionally and physically. They therefore grope for ways to feel secure through inclusion, which gives them a sense of counting for something and connection in the family, or more primitively, the herd. To figure this out, the child becomes a good mind reader.

With these deeply-rooted primary directives, the child observes and makes quick (usually very incomplete) judgments about how to win this game. The child learns very quickly what will bring reward (inclusion) and what will bring punishment (exclusion) and acts accordingly. Here many highly subjective judgments are made that soon become **filters** through which all adult life situations must pass and be tested.

Examples of Faulty Filters

- I think that I need to be in control of most situations and people in order to feel okay.
- I think that I need to not be controlled by other people or circumstances.
- 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 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 excitement in order to be happy and feel okay.
- I think that I am victimized by important people in my life, and this makes me feel okay and special.
- 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.
- I think that I need on-going proof of others' worthiness of trust in order to trust them and feel okay, safe and secure.
- I think that I need to and deserve to have comfort in order to feel okay and happy.
- I think that I must and deserve to be treated as special in order to feel worthwhile and okay.

These are only a few of the many filters through which we all see the world, ourself and others. In Appendix I to this section, we will ask you to complete an exercise to discover the particular ones that govern your own reactions. We encourage you to complete Appendix I once you have completed this section. You will also discover the tremendous power that filters have. They are very purposeful, and if you can't fulfill that purpose in positive ways, PFP Programming will unconsciously, mindlessly fulfill it in negative ways.

The rules created by filters define a person's gifts and assets as well as their self-limiting beliefs, difficult feelings and maladaptive behaviours. They create their own **subjective reality**, a "private illogic" that is learned mostly before the age of twelve. Everyone develops filter rules as they attend "somebody school" from age zero to twelve. This includes people who have an intellectual disability. The three most prevalent filters for people who have an intellectual disability are:

- I must be pleasing,
- I must be in control,
- Life must be fair.

Filters not only define us, they define our reality: "When I think I am a hammer, everything looks like a nail".

> ***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

However, with insights into your personal filters and mindfulness skills, you can reframe filters to be positive and less addictive, driving and gripping. The subconscious stores and prioritizes all of our filters' data within its eleven-million-bits-per-second processing capacity. Discovery and mindfulness facilitates the conscious sixty bits per second of data processing to lessen the filters' driving, gripping power.

Factors Influencing our Private Rules/Filters Development

The Birth Order Influence

- firstborn, middle, youngest, only

Birth order is a very significant factor in the development of filters. A first-born child, or a child born more than five years after other siblings, receives the full force of their parents' attention, love, expectations and attitudes—or the lack of any of those. They also receive the full force of the parents' discipline and protectiveness. Therefore, they will have a great respect for authority and achievement, sometimes to a fault. Whatever the parents value and expect—for example, education or work ethic—they will try to achieve to have a meaningful place in the family. If the first-born has younger siblings and is expected to help out, the first-born child will learn to value responsibility and independence. However, if a younger sibling, particularly of the same gender, challenges the first-born's position, the first-born may struggle with self-confidence and modify some of their previously-held positive values and behaviours.

An only child or youngest child may also grow to be independent, responsible, intellectual and dominant, but if they are over-protected or spoiled, they may as adults have a self centred, entitlement or an expectation to be taken care of and made comfortable. They will learn to do things by themselves and like solitary projects and being alone. They will have a very high respect for authority—sometimes too high.

Second or middle children learn to try harder. They are good negotiators with the strong social skills needed to compete against older, more competent siblings. They are often the best at maintaining good relationships; because their parents are generally more relaxed and less demanding of them, they tend to be more flexible themselves.

Heredity

- physical problems, for example delayed social or intellectual development
- gifts, for example high IQ or artistic abilities

Family Atmosphere (climate at home)

- Competitive vs. cooperative
- Authoritarian vs. egalitarian
- Critical vs. encouraging
- Excessively high standards
- Over-protective
- Pampering/spoiling
- Abusive or neglecting

Family Values (Mom/Dad "ideals")

- honesty
- loyalty
- caring
- hard work
- orderliness
- impressing others
- being good

Role Models

How do Mom and Dad behave that makes the child feel secure and worthwhile or insecure and inferior? As an adult, this same behaviour will be sought or resisted.

And The Beat Goes On and On

Not surprisingly, then, people who do not work to discover and disconnect from their faulty root filters and accentuate their positive fruitful filters use the same subjective illogic throughout their entire life.

Most often, even when we get poor results, we keep trying to achieve our goals of security and inclusion with the same old thoughts, feelings and behaviours. For instance, a child raised in a family where being right won acceptance would get rewarded through treats, privileges or approval for meeting the parents' definition of rightness. However, being wrong would often result in criticism, punishment, or worst of all, being sent away to what felt like solitary confinement.

This child would reach adulthood with a distorted perception of the importance of being right and not being criticized. They would believe they must be right or be above criticism in order to be okay, and that most of life's situations must be judged in accordance with their standards of wrongness and rightness. As a result, the child would screen many of life's situations through this faulty filter. They would remain unaware of the fact that there is no fixed definition for rightness in many situations and relationships. Further, as an adult, self-worth shouldn't depend on getting it right or not being seen as wrong. For people with this faulty filter, stress builds until they find a distraction that is strong enough to temporarily remove this feeling of inferiority. This process then is repeated again and again throughout life.

Those fortunate enough to have grown up without rightness and perfectionism as a major preoccupation of one or both parents are far more likely to develop a standard for right and wrong that is balanced and reasonable.

All other filters have a similar ability to drive and even distort your feelings and behaviour without your being aware of it. Your filters give your behaviour purpose and meaning: if I do _____, then I will feel good, be safe and not feel inferior. Remember that we are talking about your subjective and subconscious thinking here: PFP Programming, not objective reality. However, once you learn about the illogical message of your filters you can discover the purpose of and pay-off from many of your behaviours and their associated positive or negative feelings.

Why Do I Continue When I Know Better?

Each person's filters are unique.

Five different people may choose to do or say the same thing. In a particular instance, they may all do their absolute best to get something right. One may be doing this because he just feels really good in getting it right. One may do it right to impress others. One may do it right to be completely fair, another to gain dominance or control of a situation and still another mainly to avoid criticism. The behaviour is identical for all five, but the pay-off is totally different based on each person's filtering system that gives meaning to the action.

Your own faulty filter is the main reason why, even when you know better, when it is clearly logical for you to change a behaviour that is causing you problems, frustrations or disconnects, you continue to repeat it—with the same negative consequences. This is why many problem-solving, talk-counseling and behaviour-modification programs are ineffective in the long term unless filters and the rest of PFP are discovered through these cognitive insights. These driven and distorted filters must be discovered and disconnected because the wires and circuits in our brains that are used the most will get replayed the most, i.e. what fires, wires. Reusing the same circuit is like driving down a muddy road again and again. Eventually, you create a rut, and the rut in the road must be eliminated or the wheel will get stuck every time.

Good News and Bad News

Using western psychology to identify our subjective, private logic and to learn how to "rethink" is potentially as powerful a growth strategy as could be developed. Regrettably, my strong belief is that if in the moments preceding or during an emotional hijack we cannot be conscious of what is really happening—if we can't be Here Now!—we will not make optimal choices and will not implement known insights and skills necessary to prevent and control the damage.

B-FIT Mindfulness, being highly aware of and non-attached to what is happening when it is happening, enables us to activate these cognitive insights and skills. In fact, without this awareness, the natural neural wiring often dominates and the basics of freeze, fight or flight (activated by filters) take over as they have for years. Filters have been given many other names like schemas, gremlins, tapes, convictions, illogical beliefs or complexes: these terms all basically mean the same thing.

In Part TWO, Appendix I you will discover some of the most prevalent faulty filters that need no longer drive and distort your feelings and behaviour. Each filter has many sub-filters, but just discovering even one of your filters will contribute greatly to disconnecting from harmful

thoughts, feelings and behaviours. Remember, filters are kept private from us and control us throughout our entire life unless we discover and disconnect from them.

Essential Considerations: Re: Mindfulness and Disengaging from Faulty Filters

- We must practise, practise, practise—especially the B-FIT exercises—in order to optimally perform this disengaging process.
- Mindfulness practice also develops capacity to outgrow the mind/body predisposition to be driven and gripped by filters in the first place.
- Practice and performance require maximum effort as well as a gentle self-forgiveness and compassion for not getting it right or for becoming hijacked in spite of our best efforts.

See Appendix I at the end of this section to complete the programmed priorities self-assessment and reframing exercise.

Discovering and Disengaging from Primitive Predispositions
a.k.a replacing the hard drive with live drive

The human brain is 99% the same fundamental architecture as it was 50,000 years ago with the main changes being in the frontal cortex region. This then predisposes us to cave person reactions.

You will recall that *primitive predispositions* is the term that we are using to describe your inherited physical brain architecture, chemistry and energetic nature. It is the you composed of instinctive drives for survival and reproduction (the hard drive, so to speak). Let's dig down to explore this root a little more completely. As you read through this section, remember why we are talking about this: your primitive predispositions will frequently prevent you from supporting others in optimal ways.

Outdated Hard Drive for Survival and Reproduction

This PFP root is probably the deepest simply because it is the oldest. It includes all influences associated with our physical and instinctive make-up resulting from our inherited gene pool. Remember that this pool goes back millions of years and is made up primarily of the qualities that have allowed us to survive as a species. The problem is that survival instincts are, of

necessity, “me first” instincts, exactly what we are trying to weed out as supporters. These qualities combine to give each person genetic, inherited predispositions that trigger both helpful and less than helpful emotional reactions, as we have just seen. These are physical responses that manifest themselves as resistance and attachments that we unconsciously experience that distorts our thoughts, feelings and behaviours. We can discover the insights and learn the skills to disengage from age-old, outdated tendencies. By doing this, we will ensure that this root does not contribute to the suffering of ourselves and others.

The body’s nervous system, with miles of nerve fibre and millions of circuits, processes the perceptions brought in by the seven senses. This system routinely sorts out thousands of pieces of information; it shunts messages up and down millions of cells, each containing pieces of data. Much of this data has been accumulated by our ancestors and passed on genetically. Some is also learned after our birth. All of this data works to determine whether any new situation presents a threat or a promise of a good outcome, and all of this happens in less than a second.

As we discussed above, we process eleven million bits of information per second in our subconscious mind and only sixty bits per second in our conscious mind. What’s more, we are genetically predisposed to be overly-vigilant and sometimes misperceive situations as threats, making it difficult for us as leaders and supporters to live in accordance with our highest values and intentions. This PFP system always defaults to seeing a possible threat in unfamiliar situations. We may therefore react negatively to change or to unpredictable moments with others as if there is a threat. It’s not difficult to see how dangerous this could be when we are suddenly confronted with agitation, anger or aggression from the person we support. **We are actually wired to react inappropriately.**

Because of neuroplasticity some of this wiring can be imprinted after birth and still be just as destructive. A well-researched and published example of this particular root of risks is life in New York City since the attack on 9/11. On that bright, sunny day two planes flew into the highest towers of New York, causing the towers to fall in pieces to the ground, literally filling the sky with dust and debris in one of the most terrifying moments in our collective experience. As a result of that terror, tens of thousands of New Yorkers now have a social anxiety disorder triggered by a bright, sunny, blue sky. Many of them cannot leave their homes when their newly hard-wired nature illogically reacts to this trigger. On a much smaller scale (usually) this same kind of reaction and processing of feelings is happening throughout most hours of most days in our everyday lives. The practice outlined in this section is designed to help us manage this root better.

Imbalances of Chemicals and Energy Systems

Hundreds of chemicals, hormones, neurotransmitters, minerals, vitamins and amino acids course through our bodies and minds daily to feed and protect us. These chemicals must maintain a delicate balance to ensure our emotional and physical energy and well-being. Levels above or below an optimal balance cause serious physical illnesses and mental distress that literally take over our life. As an example, if we have too much adrenaline, we can become anxious, irritable or abusive. Imbalances of neurotransmitters are both the result of and the contributor to many

mood and personality disorders such as clinical depression. Interestingly, these chemicals appear to guide our feelings and behaviour.

Twenty-five years ago, I was two years into my own totally debilitating clinical depression while I helplessly watched brain cancer end my twin sister's life. With a weight loss of sixty pounds, and nine out of ten of the diagnostic symptoms so severe, I was dying. Then, after just three to four weeks on a therapeutic level of an antidepressant medication, I was 75% of the way back to my old self. What happened? Welcome to the world of hundreds of thousands of us who thank chemicals, together with our support systems including families, doctors, proper nutritional supplements and aerobic exercise, for saving our lives.

Chemicals (food, herbal remedies, vitamins and minerals, pharmaceuticals, hormones, neurotransmitters) are the building blocks of our fluids, cellular tissue and brain-firing mechanisms that make up our bodies, mind and heart (in both the physical and emotional sense). Imbalances in these chemicals have destroyed countless lives. It's not surprising then, that leaders and supporters with chemical and energy imbalances are not able to adequately, let alone optimally, fulfill their intentions and responsibilities.

This is not to say that chemicals alone are the ideal way to prevent and manage the moods and even severe, life-threatening mental health disorders that accompany this root of risk.

Our dual-path is based on a comprehensive approach to life. In our view "comprehensive" must include an intentionally nurtured and balanced biomedical system to ensure that this root does not have devastating impact on our personal and professional lives.

Examples of Primitive Predispositions

The PFP Programming (the mindless you who didn't know that you are reading this sentence until I just brought it to your attention) unknowingly takes many of the following orders from a brain and body evolved to ensure physical survival and reproduction as directed by thousands of ancestors before you for over a million years.

Here are examples of some of these influences, related mostly to the primitive predispositions of physical and emotional survival and reproduction codes that are directing your life without your knowledge. Try to identify how many of them you have seen in action in your own life—and in your workplace.

- Different is dangerous. This primitive tribal rule of safety is the actual main source of prejudice and exclusion of the disabled and other minorities because "my group" of genes is better and safer than your group, if yours is different (e.g. the homeless, those with a developmental disability).
- We make very quick judgements about situations and others. Details don't matter; it is speed that counts when judging anything that the brain's hardwired firing pin, the amygdala, determines in 0.5 seconds to be different and therefore dangerous. It therefore speed dials to PFP to direct your next thoughts, feelings and actions. Interestingly, these

first-impression reads can be accurate. In one study, students gave detailed evaluations of professors after the semester was over at the end of four months. Other students watched three minutes of video with the professors and gave the same ratings. Remember that most of our assets come from our PFP as well.

- On sunny days or if you are holding a warm cup versus a cold cup, you are more positive, kind and open to agreeing to suggestions from others.
- You make up much of what you see, hear and think - remember the checker board test we just talked about?
- Everyone has a pitifully poor memory, but thinks they accurately recall most past events clearly (eyewitnesses to crimes often do not agree on details).
- If you sense that someone would make a good provider/protector for your future child, you will find her dilated eyes or his height or jaw very arousing and appealing. Hence you may be surprised by some interesting, unasked-for thoughts or feelings.
- You significantly favour helping people who are like you in colour, social status or ethnicity, compared to out-group people.
- Right-handed people (left brain dominant) have a significantly greater sense of obsessing for order and reason than left-handed people, because of their brain wiring.
- Virtually everyone has a grossly inflated assessment of themselves, even after being shown that they are well below average.
- Placebo medications and belief alone are effective one third of the time.
- We live on the top rung of the world's socioeconomic ladder: excellent health care, education, recreation and opportunities, food and no armed troops walking up our driveway. Despite all these advantages, a minor upset often brings normal people to emotional hijacks. The mindless PFP Programming is so in charge that awareness of relativity is rare and, even if present, seldom brings us to the genuine gratitude that could prevent the emotional meltdown.
- Injections of a host of hormones can change your feelings and behaviour so much that you won't even know yourself. For instance, a mild injection of lactic acid produces panic attacks in almost everyone.

- You start this experiment connected to biofeedback equipment that measures your anxiety. One stack of cards has better dollar payouts and lower claw-backs than the other. You are given five minutes to earn as much money as you can by drawing cards from whichever deck you want. On average, it will take you approximately seventy-five draws to determine that the blue deck is most profitable. On average, when asked you would say that at forty-five cards you had a correct hunch about the blue deck. Unknown to you, however, after drawing only ten cards the biofeedback meter read "danger," signaling an increase in anxiety when you drew a red card. Another face of PFP Programming.

- A well-known experiment has shown a significant likelihood that you will knowingly, obediently electrocute a fellow human being who is screaming in pain due to receiving what you think is a life-threatening 450 volts of electricity from you–if someone in authority (i.e. the Alpha dog) directs you to do so.

- Given your sexual orientation, if you have an average level of hormones and are relatively healthy, you will have "mating" feelings, thoughts and behavioural tendencies and attractions to your preferred mating gender (not necessarily your partner) most days. If you are in a committed relationship, there is a 50% likelihood that you will painfully betray your partner primarily as a result of PFP Programming.

- The average person becomes very anxious with nothing to do. Try taking one day of doing nothing to experience this primitive addiction to staying busy. The primitive mind is wired to constantly scan its environment to stay safe, reproduce and stay comfortable. When the mind's capacity for fifty thousand thoughts a day becomes unused, the nervous system is confused and anxiety is the result. This may well be one of the greatest reasons behind the success of social media and popular T.V.

- There is a high likelihood that you will pass by a person who appears to be in pain and in need of help if you are late for an appointment.

- A recent article (2014) in the Huffington Post indicated from a review of thousands of 911 medical calls that less than 5% of people assisted strangers who were hurt while they waited for emergency responders to arrive.

- When you or a group of people similar to you are threatened by insults, illness or personal threats and therefore vulnerable, you are much more likely to be less tolerant of people different from you because of a PFP subconscious belief that "different is dangerous".

- Your mind, with the help of your senses, totally fabricates approximately 30% of your visual messages and the majority of your feelings and thoughts to make you believe that your needs for perceived order and predictability in your world are being met.

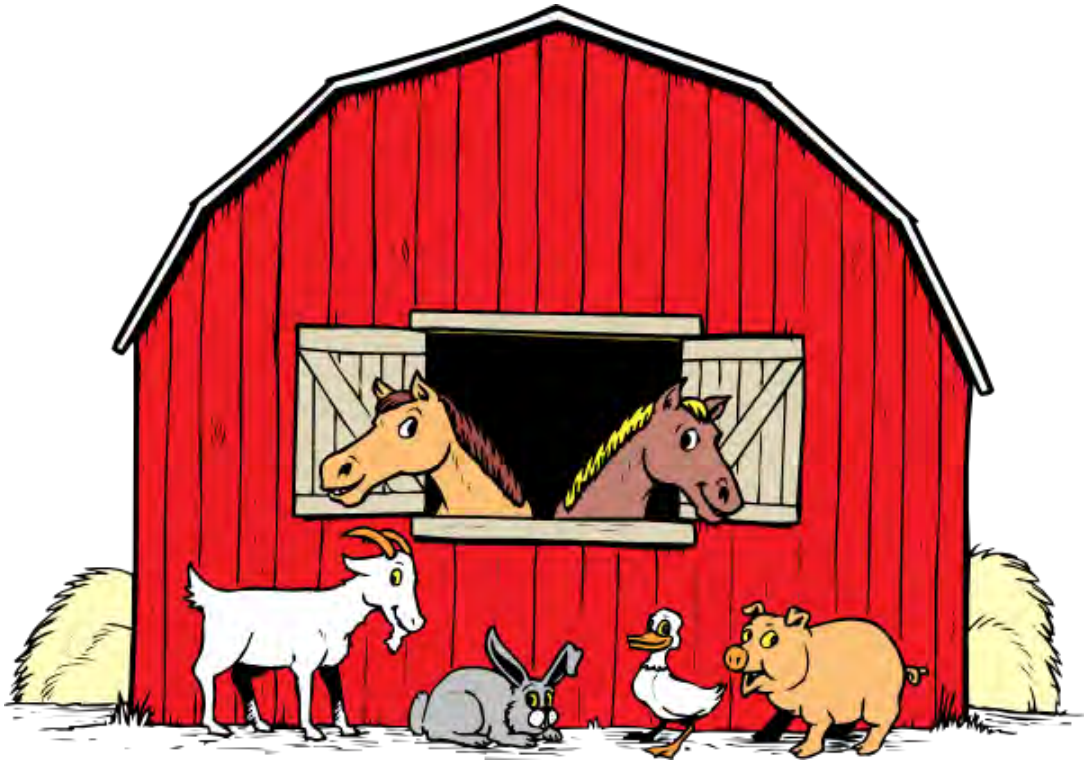
- The majority of people will report thefts that they observe in department stores of street looking men and women compared to business looking men and women on a ratio of 3:1. In addition when reporting, there is significantly more hesitance and unsureness when reporting the business looking people versus the street looking people.

So, based on these examples, and hundreds more in the references and resources in the bibliography, can we generally agree that at least some of your subconscious mind/brain is often influencing you (the you who is reading this) and getting what it feels it needs based, in part, on your survival primitive brain directives.

Discovery and Disengaging from Primed Prompts

The last element of our 'lacking in free will' PFP Programming is the numerous present-day societal and cultural norms that influence thousands of thoughts, feelings and desires every day without our knowing it. We call this part of our PFP's functioning "**primed prompts".** Priming is as powerful and potentially as debilitating as the other two roots of risks.

If you are primed—exposed to information mostly without your knowledge—that information has a profound influence on your conscious decisions. For example, if you receive cordial priming, you are patient and respectful. If you are unknowingly primed to feel vulnerable, you are more aggressive in later unrelated situations. The following are some examples to show how priming works.



How many farm animals do you see in this picture?

Now tell me what you see in this picture:

- To the vast majority of people, the above drawing first looks like a donkey or horse's head because you were primed with a picture of a barnyard on the previous page. If you have first been shown a picture of an ocean, the above drawing first looks to you like a seal.
- Elections are predictable with 72% accuracy from voters just looking at pictures of the candidate with no other information or affiliation. This happens because the brain has been primed to respond positively to certain looks. Have you ever wondered why almost all TV news anchors or actors in commercials are attractive people?
- If French music is played in a wine store, there is a much better chance that you will buy French wine that day.
- Teachers of average students who are told that their students are gifted produce students who perform significantly better than the norm. Teachers who teach average students who are told that their students have learning disabilities produce students who perform significantly worse than the norm.
- Possibly the most costly priming in terms of human suffering of the individuals we support occurs when supporters take on our society's misconceptions that people supported are not capable of learning emotional self-regulation and contributing to the well-being of self and others. This priming often works to promote devaluation of people and compromises both meaningful growth and safety.

  (reference Subliminal – L. Mlodinow)

Brain Programming and Priming Summary

Brain Priming means simply that your brain becomes wired to fire when it receives the same messages over and over: for example, higher price means better wine. As discussed above, priming is generally cultural day-to-day influencing whereas filters programming is mostly the result of early family conditioning. This conditioning is even more dominant when experiences early in the brain's formation are influenced by strong emotions associated with the event. For

example, if as a child, mom and dad praised you when you did things very well, or if when you did something wrong you were consistently criticized or made to feel embarrassed or, worse, banished from the safety of the herd for an hour or two, your subconscious brain was conditioned with the message, "I am loved and connected to the herd only when I am right and don't make mistakes". You then live out your adult life with a distorted sense of needing to be right in everything you do. Even when you clearly are in error, you catch yourself giving a ridiculous rationalization of "Yes I was wrong this once, but it was for the right reason".

Almost every brain priming and programming incident since birth has conditioned you with very personal, emotionally preferred outcomes to most of the situations that you experience in your adult life, especially in your relationships with others. When we have choices, we generally choose that which we have been preprogrammed and primed to want. We then build a logical case around our emotionally based desire (our lawyer's handy work) which objectively does not make sense.

Levels of Being Awake Required to Clarify and Choose (i.e. have Free Will)

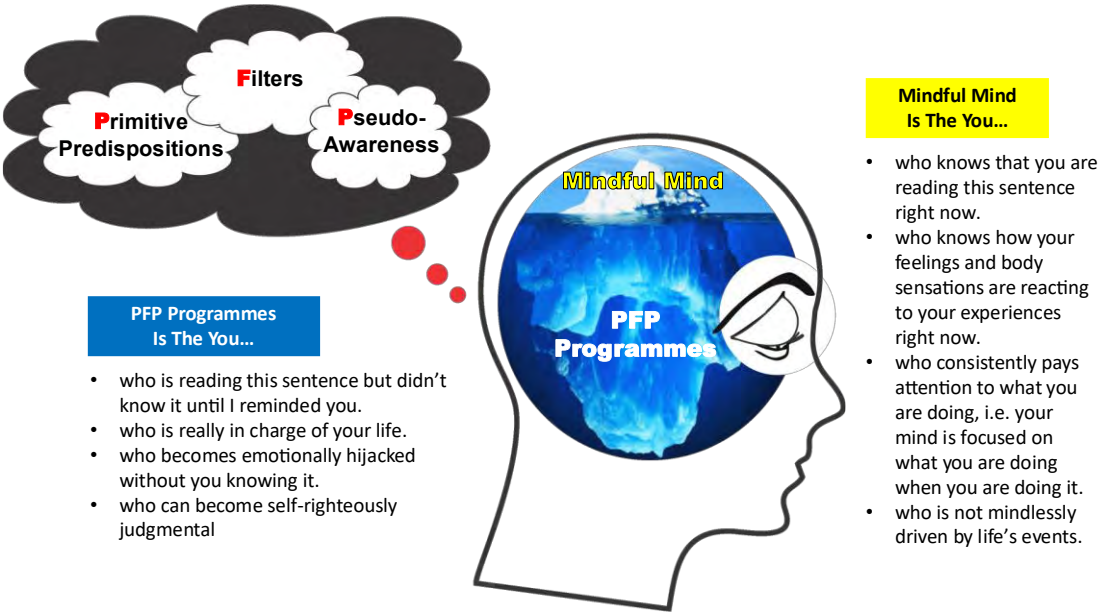
Now that we have described some of the human predicament of PFP, let's increase your understanding of who you think you are.

A reminder: we call the you who is reading this sentence "PFP" (unless, of course, you are mindful). It is the so-called "conscious" you, but really, it is only semi-conscious!

You will recall from the Introduction to Mindfulness that we described the three main levels of being awake or conscious. To review, last night as you slept you were totally unconscious of what was going on around you and your ability to influence it. This is level 1. You woke up from that sleep into your present state of consciousness, a radical shift in your awareness of the world and your place in it. Your PFP was rebooted and ready to manage your day almost totally without you noticing it. We called this PFP your semiconscious mind, or level 2.

Level 3 is what we called Mindful Mind or being more fully conscious. The earlier part of this book described this level and taught you how to develop it. As you have noticed from your practice sessions, your perception of the world and your role in it when you are mindful is a radical shift from your unaware, semiconscious PFP.

The following illustrates this setup.



Why then do you erroneously continue to believe that you are in charge of what you decide to say and do?

So about now you should be asking, "With all this evidence to the contrary, how is it that I continue to believe that I (the me who is reading this) am totally in charge of my life? After all, I am choosing to read this sentence right now, aren't I?"

Our PFP has evolved with several ways to not be detected and therefore not be displaced. One of the most significant tactics that PFP uses to remain covertly in charge is the illusion of control. Unless your feelings, values and beliefs about self and others and your world are involved, you actually are somewhat responsible and decisive because you react from your universally acceptable PFP data bank. And after all, deciding to fill your car with gas is probably not too radical to overwhelm your PFP.

Also when something out of the ordinary happens, Mindful Mind (MM) becomes somewhat sufficiently activated to notice the situation, and in doing so temporarily works with your PFP, assesses the new situation and—together with your PFP—decides what to do. I call this awakening beginners mind. Unfortunately, it then often hits the snooze button and goes back to sleep.

When your senses experience an event that threatens your survival, feelings, ego or values however, the amygdala (the watchtower operator of your PFP who is scanning the environment twice per second), immediately calls up PFP 'the boss' to filter the message and 100% directs the troops.

Another reason that you do not believe your PFP is in charge of many of your decisions is because mindlessness fogs over the complete picture. We'll use an every-day example to make the point. Become mindful of your sexuality, i.e. your gender preference. If you are healthy, you

will be able to recall a moment recently when your sexual response was stimulated by a person and you experienced a mild (or not so mild) attraction.

A mindless reflection would have you believe that 'you' initiated the feelings and thoughts, and behaved appropriately (or not) and therefore have you believe that you were in charge. A fairly quick and honest objective review of this event however, would have virtually 100% of healthy men and women agreeing that their thoughts, feelings and behaviour were probably the result of all three PFP influences at work—not just hormones. For 'fun' start tracking some of your thoughts and feelings and see if a case can be made for 'something' other than 'you' being responsible.

A final reason that you do not realize that you are driven by terribly outdated or faulty hardware and software is the speed at which the transfer of PFP directives happens. It's like a highly skilled illusionist playing tricks with cards or frame-by-frame movies seeming to be continuous.

Also recall now your response earlier when I asked you to think of someone you knew. You will recall agreeing that you (the person who is reading this) did not direct the recalling of 'Uncle Fred'.

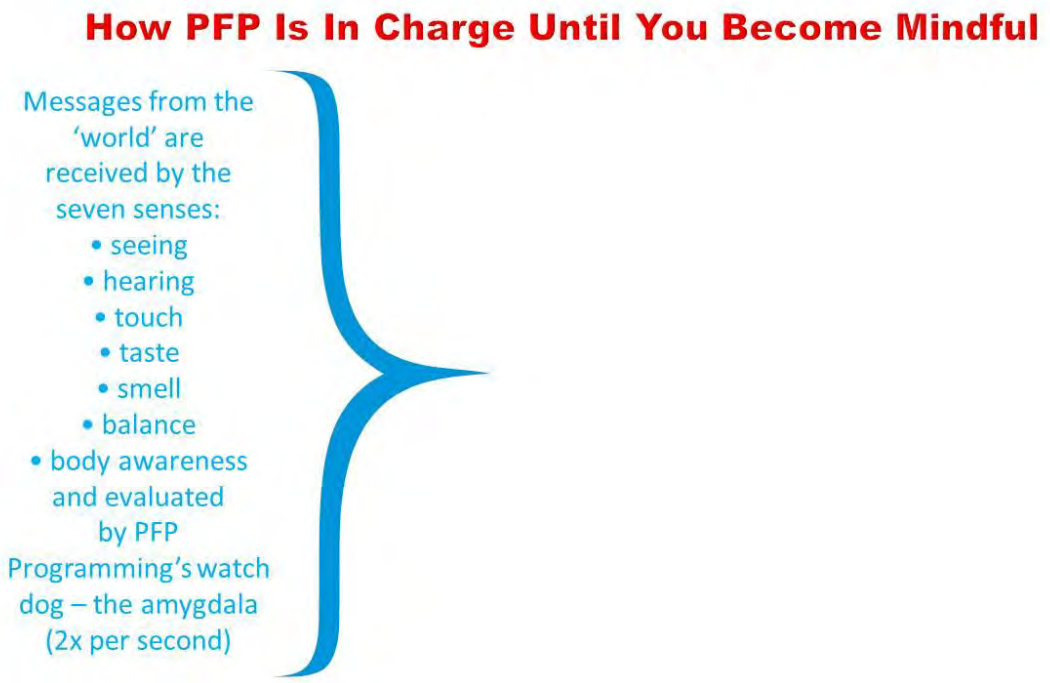
Free Will Ain't Free

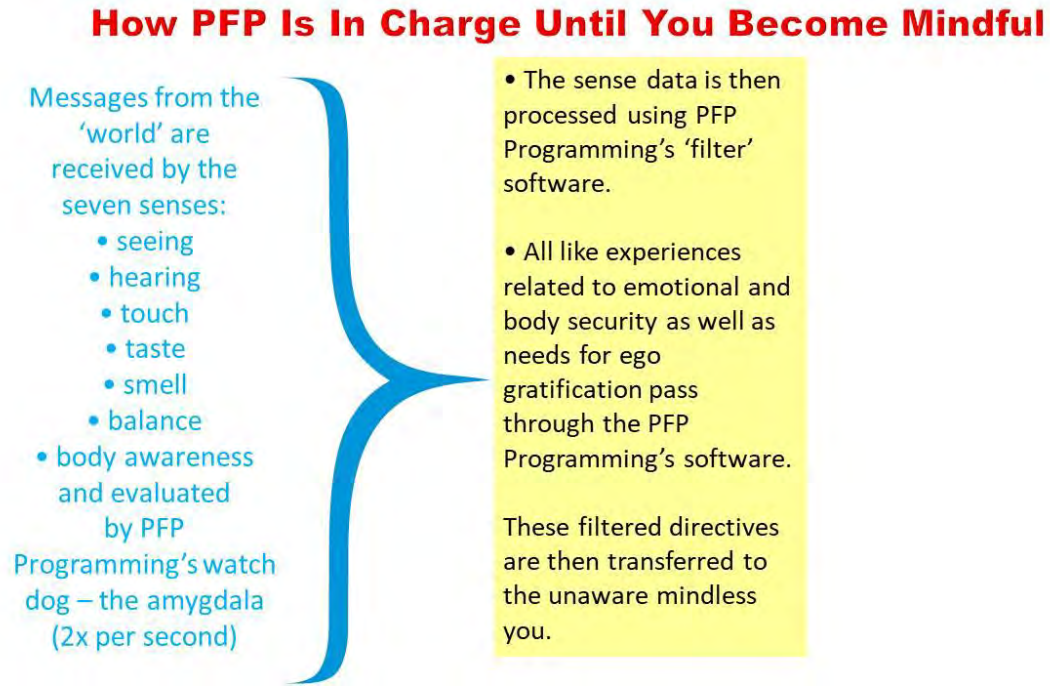
Inside my head a crazy drunken spree.
Thousands of thoughts that are just not me.
I continue to blame the people I see,
Forgetting they're asleep, as drunk as me.

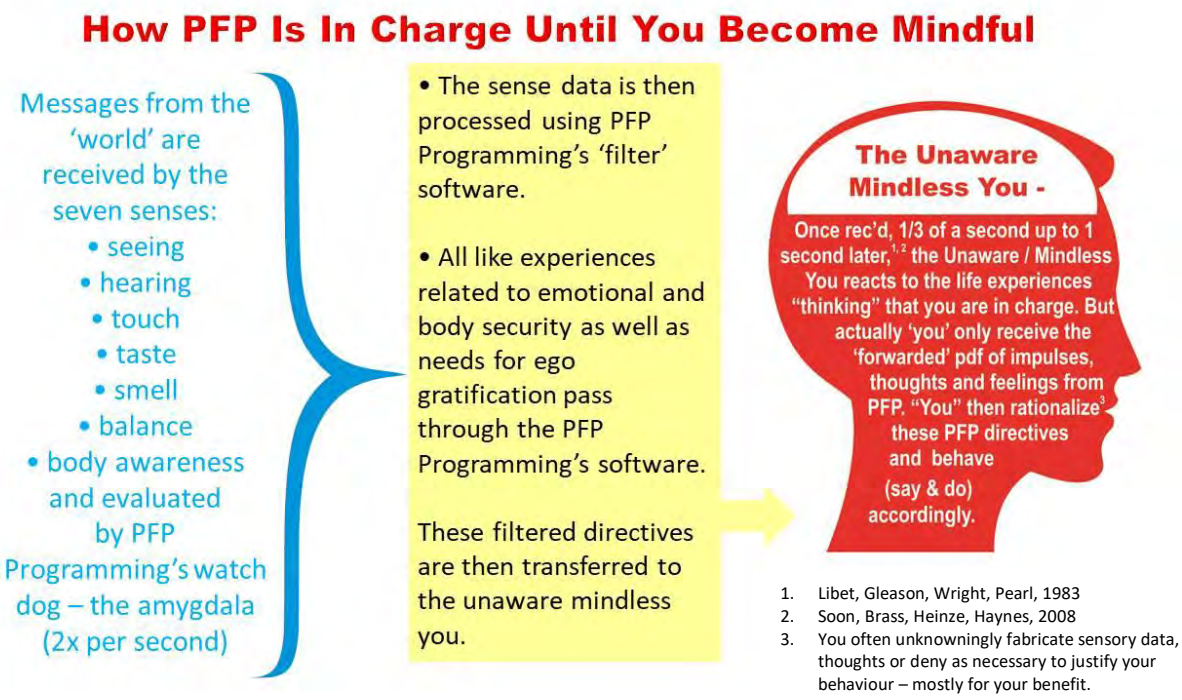
Free will ain't free, but it is for sale.
Can't be purchased, checking email.
So what to do, to have true choices?
Catch and Calm to hear, wisdom's voices.

What a joke to be said, that free will is free,
Unless of course I live – mindfully.

The following series of illustrations summarizes the story of how your PFP Programming has such incredible power to compromise your ability to **objectively clarify and choose** optimal responses including support services, especially when you are stressed. This all happens without you even knowing. Even when you learn what your PFP Programming has been up to, your mindful mind must work constantly to stay alert and awake to prevent you from going back to walking and talking in your sleep. Here is the sequence of events that is happening to you almost every second, according to some of the best available neuroscience and my own internal deep research and development (reference below).







1. Libet, Gleason, Wright, Pearl, 1983
2. Soon, Brass, Heinze, Haynes, 2008
3. You often unknowningly fabricate sensory data, thoughts or deny as necessary to justify your behaviour – mostly for your benefit.

A Waking Up Exercise

Try this little exercise.

When you have the urge to move one of your fingers—move it.

If you had been hooked up to a functional MRI scanner, approximately 1.4 seconds before you raised your finger your brain would have shown a massive amount of neural activity. Billions of synapses throughout your brain fired up. This activity was mostly activation of your primitive predispositions, programs and primed files of data (PFP). They were opened and reviewed to ensure that what you were about to do was fully aligned with the directives of those pre-determined, subconscious, physical and emotional survival files. Once satisfied, your PFP directed the raising of your finger. (Libet, 1960; Eagleman, 2004; Eagleman, 2011; Fine, 2006).

Given what we're learning about our deep programming, what do you think is happening in support situations when issues of belief, values and actual emotional and physical risk conditions are prevalent? How much control do you really think you have over your responses?

So let's continue our prison break by exploring more deeply as to who is really in charge of your optimum potential to lead and support. Doing so will enhance not only your own happiness and fulfillment but also your motivation and skills to help others enhance their potential as well.

"Ok, but there must be better reasons for PFP Programming's existence than just to covertly dominate my life".

Survival has a lot to do with PFP dominating our life. This is why it is so hard to discover and change it. It goes like this. The brain needs energy to think: it runs on a battery of about eight watts of electromagnetic energy. It, like any battery, runs down when overworked and must get recharged when we sleep. It therefore has evolved to have a built-in energy saving device to conserve energy throughout the day for survival thinking and reacting, should this be required at any time that day. Survival depends on speedy decisions and conserving precious brain energy to react to potential future threats. When presented with new situations, the brain's default response is always to call up PFP Program's **existing files** whenever possible because figuring out each situation anew is just too time and energy consuming—much more economical and efficient to go to speed dial!

Try this exercise. Have a friend look at you and count backwards from one hundred by units of ten, while you observe their eye contact with you. When they finish, ask your friend to once again count backwards from one hundred, this time by units of seven. Observe what happens to their eye contact this time. Most folks can hold eye contact when counting by tens because it is a relatively simple calculation that occurs often in our culture, so PFP Programming has developed a file to accomplish it quickly. However, your friend probably diverted their eyes when counting by sevens because a file has not been established. Second-by-second reading of your facial expressions uses up energy needed to problem solve, in their mind. Their PFP therefore decided to focus instead on just the counting task because it felt safe to not have to read your facial expressions, which would have been a waste of energy at that time. This defaulting to speed dial is true for not only numerical calculations, but for all beliefs, values and mental habits inherited and developed since childhood.

Simply put, PFP Programming uses significantly less energy than the thinking mind. This energy conservation helps to explain why our "pigheaded mind" struggles to change its point of view, even in the face of substantial evidence contrary to our beliefs. Existing files seems to generally get called on first before working to problem solve or learn something new.

Scientists and Lawyers

Leonard Mlodinow, in his excellent study *Subliminal,* identified two main ways to come to a conclusion, decision or solution about anything: we can act like a scientist who collects all data from all possible sources to ensure an impartial, objective conclusion, or we can act like a lawyer who selects only the evidence that will support our desired outcome. An overwhelming body of research supports Mlodinow's claim that "we humans are average scientists but outstanding lawyers".

Consider all of the examples of PFP Programming we included above. For every one of these situations, and many many more, if our scientist-self were in charge, we would objectively assess each situation on its own merits, including both pros and cons. We would then impartially weigh the evidence (clarify and prioritize options) to make the best choice and proceed.

The following example will help you better understand your scientist-self and your lawyer-self. Mlodinow describes experiments in which people in functional magnetic resonance imaging (fMRI) studies (taking pictures of the brain AS it makes decisions) were asked to evaluate a ten-dollar bottle of wine and a ninety-dollar bottle of wine. All but a few subjects declared that the ninety-dollar bottle of wine was by far the best wine; the pleasure receptors in their brains actually lit up significantly stronger when the ninety-dollar bottle was tasted. The only problem is that both samples were actually taken from the same ten-dollar bottle. Even the brain was tricked with this process called brain priming.

Without the faintest idea that we are looking for reasons that support our subconscious, biased PFP beliefs and self-assessments, we lock onto belief-based logic and proclaim our conclusions with such conviction that not even the best fMRI can tell that we are confabulating our conclusions.

In this wine-tasting case, our scientist-self would not have been swayed by the prime that says "Hmmm, this wine is way more expensive, so it must taste better". It would have tasted and assessed the wine on its own merits. Our lawyer-self, however, started with the premise that any more expensive wine must be better, then proceeded to prove its case.

Choosing a predetermined, biased option is always how the corrupt PFP Programming Mindlessly conducts its business.

Sadly, until we develop effective mindful, emotional self-regulation skills and kindness, our roles as supporters, or anything else, will continue to be driven by our semiconscious PFP Programming. For example, reflect on the following situations:

- While supporting Mrs. Smith, who is non-appreciative or who is non-cooperative, our PFP lawyer defaults to our "tuned-out" defense.
- However, Mrs. Jones, who likes and compliments us, evokes our PFP faulty filter, "If I am pleasing someone, then I can be happy/ feel worth/ have meaning," so we treat Mrs. Jones with compassion.
- Mr. Brown, who tried to hit me last week, today activates my PFP lawyer-self who is already primed for a threat; therefore, instead of truly supporting him, I react from my fear. Coming from our mindful scientific-self, however, would have assessed each support moment with the real evidence at hand and in the process would not have entrained Mr. Brown to be anxious and therefore more likely to become aggressive again.
- Never is our PFP lawyer-self more prejudiced than when we are offered necessary and constructive criticism, for example, let's say, after making a mistake and administering a wrong medication. Even in such a serious situation, for many the scientist-self is drowned out by the shouts of our upset lawyer who blames others—or blames too much to do with no help, or maybe even blames poorly written medication administration instructions—anything to soften the harsh ego blow of criticism that our "need-to-be- right" lawyer-self hates. On the other hand, our mindful, scientific-self would respond to constructive criticism with, "Thank you so much for bringing this to my attention". Our lawyer-self,

while absolutely convinced by PFP Programming of its innocence, will often sulk or proclaim "It's not my fault," with such conviction that even a sophisticated polygraph would not detect an untruth.

As soon as you possibly can, set aside time to explore your own version of PFP Programming by using the tools we have already given you and the tools in the appendices to this Part TWO. Check whether your denial mechanism (your defense attorney) will allow you to ask others whom you know and respect for constructive feedback to help you nurture your mindful, emotionally-mature scientist-self.

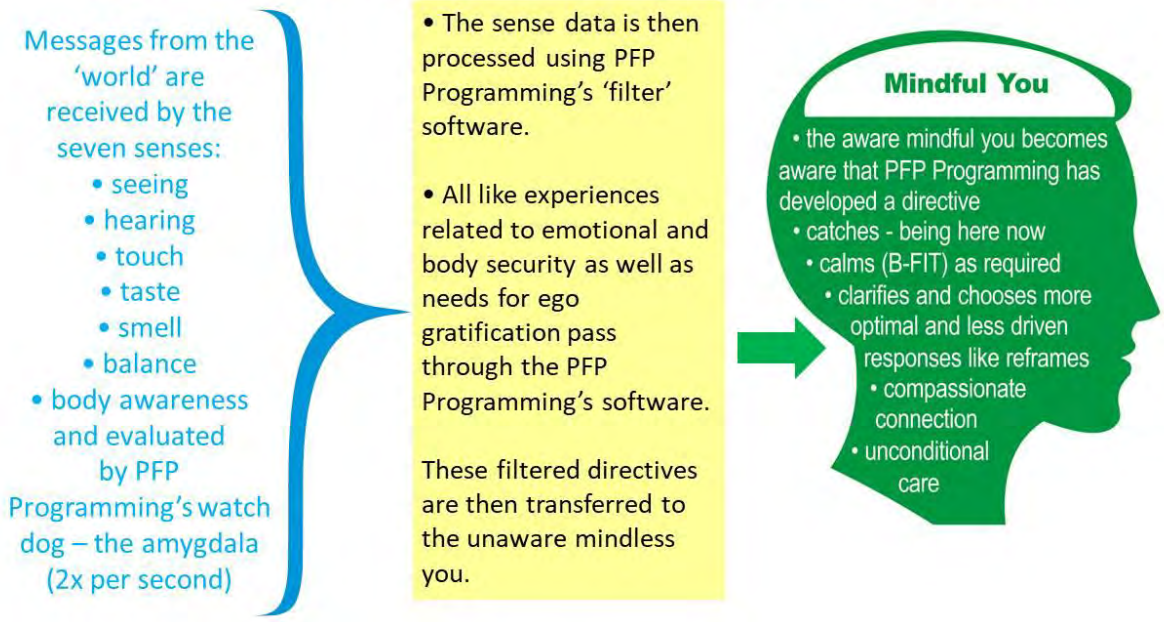
PFP Programming Summary

Highly credible fMRI studies have confirmed that the PFP Programming operates in great part separately from you—the aware, mindful you. You have the illusion that you have free will to choose how you respond to situations and events. As it turns out, if you are asked to add two plus two, your subconscious PFP Programming does the calculation and feeds it to you in less than half a second. The same thing is true for values and intentions about the most important issues affecting your life. However, when dealing with our thoughts and feelings about self, others and the world, your PFP Programming is not always as accurate as it is with simple, well researched and learned calculations.

Because the transfer from your subconscious PFP Programming to the unaware you happens so quickly, you believe that your thoughts are deliberate. However, fMRI shows that the time delay in computing your positions, preferences and prejudices are about a second. The speed of this transfer is why untrained (mindless) minds are often victims of thinking thoughts that others say are "just not like you," and even saying and doing things that you deeply regret. It is very probable that your PFP Programming makes most of the snowballs in your life and the unaware you just throws them.

This process, of course, significantly compromises one's ability to clarify support situations and then to make optimal choices. The following illustration offers a mindful alternative.

How PFP Is In Charge Until You Become Mindful



Transforming PFP Programming to Mindful Mind

Awareness and Ahh-llowing

- Awareness of 'Here Now' and Ahh-llow
  Label: "Here"
- Awareness of 'Thinking Now' and Ahh-llow
  Label: "Talk or Image"
- Awareness of 'Feeling Body Now' and Ahh-llow
  Label: "Feeling and Body Location"

Such Unnecessary Suffering Caused by Ignorance of this Human Predicament

As we move forward to explore what we can do about this predicament, ask yourself this question—could it be that the annoying co-worker or person supported who becomes agitated, angry or aggressive and whom we so readily (and self-righteously) resist, and/or punish without a thought, is really responding through their own PFP Programming without any deliberate intention on their part? In other words, could it be more likely that this hurtful behaviour is really the result of this person's PFP Programming, made up of a bad gene pool, bad programming and bad societal priming—and maybe bad luck?

And further, could it not be possible that if you had their brain architecture, their gene pool, their conditioning as a child and their societal priming, you would be very much like them in your behaviours and responses? What or who is really to blame here?

So we ask what part of others' behaviour — their annoyingness, anxiety, anger and aggression— is their "fault"? Of course they must not be allowed to hurt others or themselves. However, because we now understand that in that moment, they are helplessly mindlessly driven by PFP Programming. They should always first and foremost evoke our deepest compassion and not resistance. How many support professionals can honestly say that when they restrain or even redirect a person supported with a challenging behaviour that they do it with authentic feelings of deep sadness, compassion and regret?

We don't think there is a bigger and more costly mistake being made by almost everyone, than the erroneous assumption that the person who just triggered your impatience, frustrations, anger, embarrassment, fear, guilt or any other negative emotion is actually really responsible, because "they" are not! We know better. We know it is really their PFP mindless reaction met by the poor interpretations of our own PFP Programming.

So instead of saying, "Damn it! Fred makes me mad," We should say "Poor Fred. He is driven unknowingly to deliver those messages from his PFP Programming and then he suffers the consequences—he is such a victim, and he experiences such suffering". Poor Fred doesn't even know that he is being used and controlled by dozens of other people in his past life (who also didn't know, and so on).

So, What To Do?

Transforming roots, risks, rules of PFP Programming

- **Understand the set up.**
  At this point in our journey, I hope you understand the reality that because of your PFP Programming "you" –the you who is reading this—is not as in charge of many meaningful (positive or negative) decisions as you think, unless you are mindful at the time. So, what

option do you have to more consistently bring your "A-Game" to stressful situations instead of an emotional hijack?

- **Hijack the Hijack with B-FIT Mindfulness**

Consider the following part of the setup. Our emotional and chemical reactions are significantly influenced by our reactive primitive thinking and body sensations, i.e. PFP. When feelings are first activated by a challenging situation and our own PFP subjective interpretation of the situation, the negative feeling is activated at, say, level one intensity. This low intensity feeling takes one of two potential directions. When the reactive feelings, thoughts and body sensations (B-FIT) are infused with insight, awareness and ahh-llowingness of our PFP, the intensity of the feelings often stays at level one or begin to decrease, depending on whether the situation becomes more or less threatening. When the reactive feelings, thoughts and body sensations are **not** infused with insight, awareness and ahh-llowingness, they naturally escalate (faster, stronger and more intense) into levels two, three or even four: worry becomes anxiety, anxiety becomes terror; or irritation becomes anger, anger becomes rage—even though the situation has not become worse. Biomedical research shows that all levels of feelings are associated with chemicals (e.g. adrenaline being manufactured and distributed throughout the body). However, when B-FIT is infused with insights, awareness and ahh-llowingness, the production of these chemicals slows down and more readily stops. The feelings then begin to lose their gripping power and fade away.

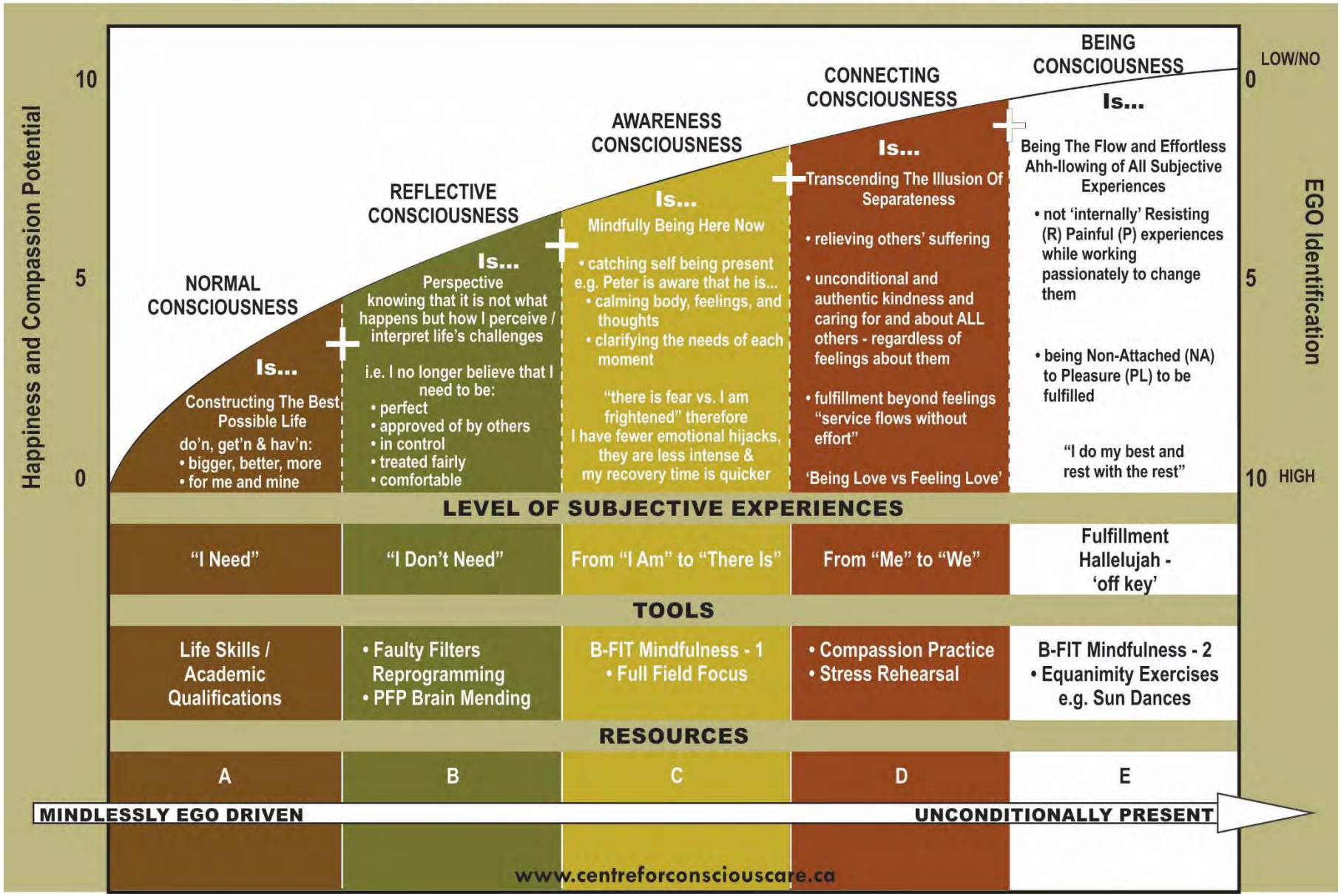
How do I know I'm involved in a Filters Hi-jack

If you feel angry, irritated, insecure, guilty, rejected, anxious, uncooperative, resistant, etc. towards someone or a situation and the average person with your values would not have near as much intensity with the difficult feeling – you're most likely experiencing a filters related emotional hi-jack.

Another very important part of understanding the more positive potential of the setup is to stay focused on the big picture of our life and to be very clear about your potential to evolve to more complete levels of consciousness (instead of just normal consciousness).

The illustration on the following page describes the setup's potential for we humans to develop 5 levels of consciousness.

The Path To Awakening



www.centreforconsciouscare.ca

So, What To Do? Continued

- **Realize that PFP Programming Cheats.**
  Always remember that PFP Programming cheats! It doesn't let you process the real evidence of how you are "messing-up": for example, tuning-out while offering support or caregiving. This is clinically known as denial, which is based on childhood outdated beliefs and other PFP directives. PFP Programming cheats by rationalizing events to fit its own preferences and beliefs. This is how it comfortably denies the existence of evidence that would influence you to change your views. This process is significantly enhanced because the mind has no trouble in creating its own set of lies about reality (remember the visual checker board experiment).

- **Be B-FIT Mindful.**
  Learn and practise B-FIT Mindfulness to catch your PFP Programming doing its thing in each moment. Only when mindful can you make a choice as to agree with PFP directives or replace them with more recently learned options—your current "A-Game", the real you.

Making Sense of Non Sense

B-FIT Mindfulness is vital to challenge the way that PFP Brain distorts our perceptions of two of our senses. In order to survive we have evolved to have seven senses to stay safe in our world. These senses are smelling, listening, tasting, seeing, touching, feeling and thinking. Somewhere along the way however we got messed up and started identifying two of these seven senses as 'me' or 'I'. The following attempts to bring clarity to correct nature's very serious mistake.

Non Sense	Sense
'I am the smell of smoke'	'There is the smell of smoke'
'I am the sound of a train'	'There is a sound of a train'
'I am the taste of cinnamon'	'That is the taste of cinnamon'
'I am the view of the mountains'	'That is the view of the mountains'
'I am the touch of fabric'	'That is a smooth fabric'
'I am mad/glad/sad'	'There is mad/glad/sad'
'I am my thoughts'	'There is image/talk (thoughts)'

To the extent that we maintain this mindful clarity of 'there is' versus 'I am' we can skillfully observe and subjectively ahh-llow the B-FIT experiences of difficult feelings versus being mindlessly owned and driven by them.

- **Clarify Thinking.**
  Stay committed to a daily B-FIT Mindfulness practice to better understand and manage the PFP Programming's power and it's insatiable appetite to have a mind of it's own.

- **Outgrow the Outs.**
  Remember how the brain works. Realize that the reason that PFP Programming rules much of your life is because its content is virtually on speed dial. PFP is the mind's first default

position because through evolution the brain has learned never to use up critical thinking energy that may be needed to make future life or death choices.

As a result, the brain must work very hard to process and remember new data that does not have a program to open or an available file in which to store a new or better way to be in the world. This is why the brain almost always defaults to status quo, preprogrammed thinking. This is the real source of the four "outs": burn-out, tune-out, freak-out and space-out.

- **Reframe Faulty Filters.**
  Appendix I offers a detailed list of responses to reframe Filters and Primed Prompts that are limiting your commitment and capacity to be an optimal support person.

- **Stop Blaming.**
  Remember that everyone you meet is also unknowingly trapped in a PFP prison—sooooo "how can we blame anyone who walks and talks in their sleep?"

- **Discover Your Most Prevalent Difficult Feelings.**
  You now know that the source of most of your difficult feelings that give life to the four outs is PFP Programming. Learn to identify, prevent and manage your most prevalent difficult feelings—the products of your PFP Programming relating to life events—by answering the following four questions.
  - What are these feelings?
  - What is their source?
  - What are their payoffs and purposes?
  - What are prevention and recovery best practices?

  Mindful clarifying and choosing will enhance the outcomes of *CCS* best practices. As a result, you will have significantly fewer emotional hijacks. When they do occur they will be less intense than before and your recovery time after them will be significantly faster.

- **Complete Your Difficult Feelings Self-Assessment (reference next page):**

  Take a moment to complete the following self-assessment: it is another tool designed to help you improve your insights and skills. The left-hand column identifies feelings that could interfere with your optimal performance: each feeling is further broken down into three intensity levels. For example, "anger" is broken down into "annoyance" (mild), "irritation" (medium) and "rage" (strong). In the box beside each of these levels of emotion, you are asked to use the a, b, c, d rating to indicate how often you experience this emotion (relative frequency) and how long the emotion usually lasts (relative duration).

After you have completed the following chart, take some time to review your responses. Identify any feelings to which you have assigned an "a": you experience these feelings relatively often and with longer duration than other difficult feelings.

Review the chart again to identify the coping and avoidance strategies that you typically use. In the margin, add any of your own strategies that may not be included.

Difficult Feelings Self-Assessment

FEELINGS	Intensity (mild to strong)	Relative Frequency a. often b. sometimes c. seldom d. never	Relative Duration a. lengthy b. medium c. short d. not at all	Check avoidance and coping strategies that you use. Add your own strategies.
ANGER	Annoyance			Blaming ____ Withdrawal ____ Arguing ____ Sulking ____ Self-Righteousness ____
	Impatience			
	Rage			
FEAR	Worry			Anger (as above) ____ Addiction ____ Denial ____ Distraction ____ Displaced Anger ____
	Anxiety			
	Panic			
SADNESS	Disappointment			Anger (as above) ____ Fear (as above) ____ Relative to the situation ____ Normalize it ____
	Unhappiness			
	Depression			
EMBARR-ASSMENT	Self-Consciousness			Impress others ____ Take no/low risks ____ Perfectionism ____ Aggression ____
	Discomfort			
	Shame			
GUILT	Regret			Self-Criticism ____ Self-Abuse ____ Blaming ____ Confession ____ Over-Indulgence ____
	Responsible			
	Self-Condemnation			
SELF - RIGHTEOUSNESS	Irritability			Being Critical of others ____ Blaming ____ Superiority ____
	Intolerance			
	Superiority/Better Than			

- **Strategies for Working Skillfully with Difficult Feelings.**

  - **Anatomy of an Emotional Highjack (the same for all challenging emotions) –**
    Once the Amygdala (that constantly fires 2 times per second) reads the situation and determines a physical or emotional threat to your well-being, it activates billions of brain cells. "In the brain's architecture, the amygdala is poised something like an alarm company where operators stand by ready to send out emergency calls to the fire department, police, and a neighbor whenever a home security system signals trouble" - stay aware of this part of the setup (reference Goleman, D., *Emotional Intelligence* – page 16).

  - **Difficult Feelings all have a purpose and payoff –**
    It is helpful to know what the purpose and payoff are. The brain relaxes more once it knows what is happening. Once you 'catch' yourself in a difficult feeling – ask – How is this feeling helping me to cope right now? And if I weren't feeling this, what would I be doing and feeling that might be initially more painful than this difficult feeling?

  - **Mindfully label your feelings* –**
    Just mindfully labeling your difficult feelings (i.e. putting feelings into words), is a very effective way to start to move to more positive feelings.

    In one fMRI study, appropriately titled "Putting Feelings into Words" participants viewed pictures of people with stressful facial expressions. Predictably, each participant's amygdala activated to the emotions in the picture. When they were asked to name the emotion, the ventrolateral prefrontal cortex activated and reduced the emotional amygdala reactivity. In other words, consciously recognizing the emotions reduced their impact.

    Suppressing feelings doesn't work and can backfire on you.

    Suffering = Pain x Resistance (e.g. suppression, denial, mindless negative thoughts).

    Neuroscience has found that people who tried to suppress a negative emotional experience failed to do so. While they thought they looked fine outwardly, inwardly their limbic system was just as aroused as without suppression, and in some cases, even more aroused. Kevin Ochsner, at Columbia, repeated these findings using an fMRI.

    Trying not to feel something doesn't work, and in some cases even backfires.

    Mindful labeling, on the other hand, makes a big difference.

- **Be Grateful* –**
  - Being grateful activates the brain stem region to produce dopamine (the happiness neurotransmitter) also serotonin (the calming neurotransmitter);
  - Express gratitude toward others to further activate social dopamine circuits;

- You don't have to feel it, just saying it activates the production of neurotransmitters.

- **Make that Decision* –**
  - Brain science shows that making decisions reduces worry and anxiety – as well as helping you solve problems;
  - Making decisions includes creating intentions and setting goals – all three are part of the same neural circuitry and engage the prefrontal cortex in a positive way, reducing worry and anxiety;
  - Deciding also boosts pleasure – when you give two rats injections of cocaine, Rat A had to pull a lever first. Rat B didn't have to do anything. The difference is that Rat A gets a bigger boost of dopamine;
  - Stop trying to be perfect! Make a 'good enough' decision. Don't sweat making the absolute 100 percent best decision. Trying to be perfect overwhelms your brain with emotions and makes you feel out of control and often immobilizes;
  - Trying for the best, instead of good enough, brings too much emotional ventromedial prefrontal activity into the decision-making process. In contrast, recognizing that good enough is good enough activates more dorsolateral prefrontal areas, which helps you feel more in control.

- **B-FIT Mindfulness –**
  - Mindfully intend healing;
  - Locate the Feeling Body locations – Ahh-llow;
  - Look for shapes and size – label same, bigger or smaller;
  - Look for intensity – label same, stronger, weaker;
  - Renew intentions.

  - **Specific Strategies to Improve Mood –**
  - Subjectively Catch, Calm, Clarify the situation and change what can be changed;
  - Assess your Filters' role regarding these difficult feelings and reframe as appropriate;
  - As appropriate, Consciously Connect Feelings to Feelings, Reasons to Reasons.

- **Touch People and Pets* –**
  - We need to feel love and acceptance from others. When we don't it's painful. It is not just 'awkward' or 'disappointing', it is actually painful;
  - Neuroscientists did a study where people played a ball-tossing video game. The other players tossed the ball to you and you tossed it back to them. Actually, there were no other players; it was all done by the computer program. But the subjects were told the characters were controlled by real people. So what happened when the 'other players' stopped playing nice and didn't share the ball (i.e. social exclusion)? Subjects' brains responded the same way as if they experienced physical pain. Rejection doesn't just hurt like a broken heart; your brain feels it like a broken leg;

- Oxytocin, the body's main immune system building block that decreases the stress hormone cortisol is significantly enhanced with touching people and pets;
- One fMRI study scanned married women as they were warned that they were about to get a small electric shock. While anticipating the painful shocks, the brain showed a predictable pattern of response in pain and worrying circuits, with activation in the insula, anterior cingulate and dorsolateral prefrontal cortex. During a separate scan, the women either held their husbands' hands or the hand of the experimenter. When a subject held her husband's hand, the threat of shock had a smaller effect. The brain showed reduced activation in both the anterior cingulate cortex and dorsolateral prefrontal cortex – that is, less activity in the pain and worrying circuits. In addition, the stronger the marriage, the lower the discomfort-related insula activity. Massage gives similar outcomes by boosting serotonin levels as much as 30% and raising dopamine levels.

- **Use Minor Irritations for Practice to Learn to Skillfully Manage the Major Mood Menaces –**
  - Take massive and complete action with minor irritations. Instead of denying and distracting, reverse and 'whole heartedly' go 180 degrees back into mindfully experiencing and labeling Feeling, Image and Talk created by a minor irritation;
  - Some minor irritations can temporarily get worse;
  - Some minor urges can temporarily get bigger –
    Why?
    - Greater awareness means more sensitivity;
    - The nature of the body/mind to heal its self is often to 'worsen' (e.g. fevers, slivers in the skin, boils).
      What to Do?
    - Recycle the reactions – label and allow.

- **Develop Mindful, Emotional Self-Regulation Skills and Kindness –**
  - Mindful right speech - useful, truthful, kindly and timely;
  - Non attachment to outcomes – Do your best and rest with the rest;
  - Take one hour per day to sharpen your saw – 20 minutes of cardio (reference Ratey, J., *Spark*), 20 minutes of mindfulness and 20 minutes of reflection;
  - Stay aware of interbeingness – our comprehensive connections;
  - Be uncompromising in your commitment to the 3 non-negotiable self-management skills –
    - Integrity;
    - Effort;
    - Discipline.
  - Keep an attitude of indebtedness and gratitude – no one is entitled to be happy;
  - Mindful Awareness 'Being Here Now' is essential to ensure Catching and Calming.

- **Mindful Mood Management Outcomes Summary –**
  - Emotional Hijacks will be – fewer, less intense and recovery time is quicker;
  - Happy-jacks will be – more, more intense and last longer.

Your difficult feelings self-assessment has helped you to prioritize which feelings are most responsible for your unsatisfactory "outs" experiences. Now complete the following chart by identifying your own pay-offs and purposes and your intended prevention and recovery best practices, based on your new insights from this section.

Use the following box as a model to fill in the information for your own most prevalent feelings.

In the middle column, try to identify the filter's probable triggers and pay-offs associated with these feelings. (e.g. **Trigger** - Conflict ➡ **Feeling** – Anger ➡ **Pay Off** - Less Fear)

*Reference – *Barking Up The Wrong Tree* – Eric Barker

FEELINGS	PROBABLE TRIGGERS AND FILTER-RELATED PAY-OFFS	MY PREVENTION AND RECOVERY BEST PRACTICES
anger		
fear		
sadness		

I once asked Daniel Goleman (the author of *Emotional Intelligence*) to walk me through how the brain and body react to a threat. This was his reply:

When the body sounds an alarm of, say, fear, it sends urgent messages to every major part of the brain; it triggers the secretion of the body's fight-or-flight cardiovascular system, the muscles, and the gut. Other circuits from the amygdala signal the secretion of emergency dollops of the hormone norepinephrine to heighten the reactivity of key brain areas, including those that make the senses more alert, setting the brain on edge. All of this happens in three fifths of a second.

These are just part of a carefully coordinated array of changes the amygdala orchestrates as it commandeers areas throughout the brain. The amygdala's extensive web of neural connections allows it, during an emotional emergency, to capture and drive much of the rest of the brain, including the rational mind.

Let's Review: Getting Yourself Ready to Clarify and Choose

1. Understand the set up: what is really going on here!
2. Clarify your thinking through awareness and ahh-llowing.
3. Outgrow your "outs".
4. Realize that PFP cheats by not giving you all the evidence you need.
5. Be B-FIT mindful.
6. Recognize and reframe your faulty filters.
7. Stop blaming—we're all in the same boat!
8. Discover your own most prevalent faulty filters.
9. Disengage from difficult feelings.
10. Develop mindful, emotional self-regulation skills and caring.

Fire, Aim, Ready:

Here is a delightful story that illustrates the difficulty of clarifying what is really happening in a situation if you have not yet more fully developed your emotional self-regulation by disengaging from PFP Programming.

The recent Olympic gold medal winner for marksmanship decided to celebrate with a trip across Canada. As she travelled through a farming area she noticed shooting targets painted on the side of numerous barns. At each target she parked her car and determined the location from which the person had fired. To her amazement, when she then examined the targets she found a perfect bull's-eye every time. She was shocked to find out that she was not the world's best marksman because she knew that she could not shoot nearly this well.

At a local village, she asked who the marksman was and went to meet him. To her astonishment, the marksman was a 16-year-old boy. She approached the youth, congratulated him and asked how he had learned to shoot so well and how many years he had been practising.

The youngster replied that he hadn't practised that long, but he had a special strategy. The gold medalist excitedly asked him to share it. The youngster said, "Well, I find a barn, pace off a hundred yards, and fire at the barn. Then I go to where my bullet lands and paint the target around the hole. I always score perfect!"

If we stay unaware of our PFP Programming, we remain just like this boy with his target practice, redrawing each target so that it aligns with our primitive predispositions, filters and primed prompts. Our unaware mind/body will go through life protecting us by colouring every event with incomplete, distorted, self-righteous and harmful perceptions, thoughts, emotions and behaviours.

THE EMOTION IS NOT ME!

(excerpted from Jacob Needleman, *A Little Book on Love)*

At the core of the great traditions of the world, we are advised not to seek to destroy negative emotional reactions, but to allow their existence within the light of our free awareness. There is a discipline involved here [i.e. mindfulness training] that is a skill of intentionally relating to our emotions without, on the one hand, seeking to suppress them, or on the other hand, indulging in their expression. The theory behind this discipline is, in part, that mindful awareness, or pure seeing, can conduct the power eventually to free the human psyche from the pain and disorder of the egoistic emotions. [This is especially necessary when confronted with anger or aggression.]

But whether or not we are engaged in such a discipline and whether or not we envision for ourselves an approach to the ultimate goal that these traditions speak of, the first step along these paths is worth taking very seriously for anyone searching for meaning beyond the level of physical or social satisfaction. This first step involves the cultivation of an attitude toward the emotions that is not common in our society – namely, that they are not 'ourselves', that they are processes which need not have the authority in our lives that we usually give them.

Summary of Discovering and Disengaging from Roots of Risks

In this section you have learned vitally important insights concerning the human predicament—in all probability your own human predicament. These insights and skills are essential to be effective in your role as a leader or supporter and also as a parent, partner, adult child, sibling or friend.

Equally important, you will also have realized that your predicament is everyone's predicament. Sadly, however, 90% of the people you will meet in your life will never even know about the PFP Programming and the Roots and Risks that rule much of their life. Let this awareness help you to keep your heart open and your tolerance and forgiveness for all others' suffering ever present.

Virtually every human and health science from neurology to biomedicine confirms the human predicament. Unless we work to make it otherwise, our natural and conditioned minds and bodies are much better prepared in stressful situations to fight, flee or freeze than to objectively clarify and choose win-win responses. We grouped many of the impediments to this win-win process into the three categories of primitive predispositions, filters and primed prompts (PFP).

I have trained over three thousand *CCS* participants to date. They tell me repeatedly that the overwhelming success of *CCS* in their life and work is due in great part to their discovery of and mindful disengaging from their PFP Programming's obstruction to compassionate and competent care and support. Many other important trainings attempt to put what, for the most part, is new paint over peeling and chipping old paint with the predictable outcome of short-lived success. This component of *CCS* has lasting impact because you begin by getting rid of old programs as you learn new ones. Taking steps to discover and disengage from the limitations of PFP Programming is for *CCS* the essential preparation work of "scraping down to bare wood".

This step is not only critical to enable each supporter to implement best practices, but also equally important to increase supporters' insights, sensitivity and compassion for support recipients and co-workers. We can respond more positively to even the most challenging behaviours when we understand and recognize their PFP human predicament as well.

CCS is not a quick fix, but it can be a deep fix. Your growth and development of mindful emotional self-regulation will hopefully be a lifetime commitment. As you progress you will continue to bring your best "A-Game" to support services with a much broader frame of reference from which to evaluate your successes and limitations.

Anger is nature's gift, a kind of retreat from the more painful experiences of fear, boredom or sadness and a less than optimal way to relate to others in an attempt to transcend one's loneliness from feeling separated.

J & P

A manifestation of outdated PFP and the absence of mindfulness…

"It must be considered that there is nothing more difficult to carry out nor more doubtful of success nor more dangerous to handle than to initiate a new order of things; for the reformer has enemies in all those who profit by the old order, and only lukewarm support from all those who would profit by the new order."

Machiavelli

Joanne, my life partner and I wrote the poem below as a way to share our forty years of personal mindfulness practice and research into the nature of our PFP thoughts and feelings. The following reflects much about what we have and are learning and experiencing in our personal search for freedom from PFP Programming.

Awakening

Primitives, Filters and hidden Primes,
the source of all suffering
since beginning of times.
Asleep we all carry
your beastly load.
Few to ever break
your vicious code.

Your limitless thoughts
on their drunken spree,
from inside life's cage
no way I can see.
Image and talk,
hundreds a minute.
Illusions that my free will
is in charge to spin it.

In this disguise
so far from God,
your fear and greed,
feeds my fraud.
Driven to impress,
such painful speak.
In delusion you convince me
I am one of the meek.

The most pitiful part
of this crucifixion,
relief from boredom,
our universal addiction.
From device dependence
to wars' abuse,
more toys for the boys,
bodies to seduce.
Anything to keep all senses in use.

Then finally heard wisdom
from an ancient master.
Consciousness transforms
all of this disaster.
From this nightmare awaken
more mindful and free,
released from self,
with clarity I see.

From "Here now" I know
it's not them acting cruel.
Tis transmitters, filters,
and your ole gene pool.
Awakening heart dissolves
your separateness scourge.
A glimpse of loving kindness
starting to emerge.

The cost is high,
no sales at this store.
Daily must say no
to bigger, better, more.
Losing or loving - both the same Ahh,
no push, no pull, just hallelujah.
Mostly 'here now', the mindful key,
pain and pleasure with presence
sets suffering free.

Pain and pleasure with presence,
sets suffering free.

Peter and Joanne

3- Intentional and Intuitive Skills

Intentionality is defined by the Institute of Noetic Sciences as "projecting awareness with purpose and meaning toward some positive outcome."

We have all experienced times when we have reached into some inner resource to do something we didn't think we could do. This skill teaches participants to draw on these resources that transcend our normal understanding and awareness of what is available to help us implement our goals—in this case, the Conscious Care and Support step of Conscious Connecting.

> ***You are what your daily vision and purpose is.***
> ***As your vision and purpose are, so is your will.***
> ***As your will is, so is your deed.***
> ***As your deed is, so is your destiny.***
>
> Upanishad IV.4.5

In developing this skill, including intuitive insights, leaders and supporters access a capacity that is based on something deeper than just being motivated and driven by good or bad feelings or simple logic. Some formal research studies have shown that there appears to be an ordering system (quite possibly associated with emergence – previously discussed) available to us at all times to help us to offer optimal services. This unknown and often unused system can also significantly enhance supporters' fulfillment in what we do.

Science has long recognized the deeper ordering principles that this skill accesses (e.g. the placebo effect). For the last fifty years, standard research protocols always require "double blind" procedures in which neither the technician administering the experiment nor the subject being experimented on knows what is being tested. Researchers know that the thought of the administering technician and their subconscious actions may actually alter the research findings.

Mindful Intentions Seem to Have the Power to Build or Destroy!

I call the following skills "non-doing skills" because to everyone else it will appear as if you are, in fact, not doing anything specific. In fact, however, you are practising the well researched and proven key skills of mindfulness, intuition and intentionality through:

- intuitive relating
- non-verbal intentionality
- visualization and focusing
- mindful empathy and kindness practice

Intentional and Intuitive Relating and Emotional Contagion:

> "Emotional Contagion is the natural phenomenon whereby one person's emotional and physical state—for example, fear or calm—so powerfully dominates the interaction that it influences others' emotional states and behaviours."

Emotional Contagion seems to be in part the result of activating mirror neurons from the sender to the receiver. This happens without verbal or obvious body communication. It could be happening in all relationships all of the time! It is considered to be part of our survival programming that creates instinctive bonding.

Conscious Intentionality is a non-doing way to strengthen the contagion process. Calm and focused intention has been proven to be highly effective: "Calm people were most successful at sending mental influence (intentions) to calm down highly nervous (anxious) people, and focused people are the best at helping (with intentions) distracted people focus."[1]

As mindful intention is a **comprehensive** quality, it can be highly effective without experiencing the feelings, which arise in response to the personality of another individual. For example, a leader or supporter silently says to themselves or imagines—mindfully intends—that their actions be helpful, healing, and skillful regardless of how they are feeling (at the time) about the person they are supporting: "May John be calm and relaxed."

Intentions-Based Research:

Any human service offered without awareness and intention is probably very incomplete. The many examples of less than optimal care offered mindlessly and without conscious intention by generally caring and well-trained professionals could support this assessment.

> ***May I and all beings be filled with loving kindness.***
> ***May I and all beings be safe from inner and outer dangers.***
> ***May I and all beings be well in body and mind.***
> ***May I and all beings be happy and free.***
>
> Jack Kornfield

Richard Davidson, a Neuroscientist, Psychologist and Director at the University of Wisconsin's Laboratory for Affective Neuroscience, proves that novice mindfulness students after only eight weeks of one-hour-per-day training showed increased activation of the "happy thoughts" (kind, caring, joyous) part of the brain (medial prefrontal cortex) and enhanced immune function.[2]

[1] Braud, W. and M. Schilitz, "Psychokinetic Influence on Electrodermal Activity, *Journal of Parapsychology 1983 47(2): 95-119.*

[2]Davidson, Richard J. *et al*., "Attentions in brain and immune function produced by mindfulness," *Psychosomatic Medicine* 2003 65: 564-70.

Conclusions:

- Whether you intend it or not, your feelings and attitudes—hope, enthusiasm, indifference, boredom or resistance—as you interact with others will draw others into your experience of the moment, shaped by your intentions and expectations.
- Your positive impact on the quality of experience (and life) that others can have is significant. It is enhanced by your conscious intentions and expectations of well-being, respect and kindness in the moments of interacting. This has been proven to be a significant factor in the positive supported/supporter relationship that is so vital for successful outcomes.

What is the Impact of Emotional Contagion on People Supported?

The implications of emotional contagion for support team members and people supported are profound. As an example, when the person's agitation increases feelings of anger or fear in the supporter, the supporter's elevated emotional state reinforces the emotional escalation of the individual being supported. A vicious circle results that makes a positive outcome almost impossible. Similarly when a caring and skilled personal support professional remains consciously calm, the likelihood of de-escalation is significantly improved. Start to pay attention—really pay mindful attention—to being in the presence of a calm or positive person and notice how you start to feel, even without any direct verbal communication. Observe being in the presence of a negative person and how, even with no verbal exchange directed toward you, they can bring you down.

The skill of positive emotional contagion, reinforced by intending positive outcomes for the person supported, is a key outcome objective for this resource.

How can intentionality be developed to assist in the process of "Conscious Connecting"?

Your Intention Program

- Create a natural, uncluttered space that is used for this purpose.
- Power up through mindfulness.
- Move into peak focus through B-FIT mindful awareness.
- Focus on compassion and make a meaningful connection with the subject of your intention: use image and self-talk to recall "who" they are (reference Compassion Practice).
- State your intention and make it as specific as if it had already been achieved for example, "He is now completely calm".
- Mentally rehearse every moment of it with all your senses, as elite athletes do! Create a simple but unique body sensation (like touching the thumb and index finger together on your dominate hand) as you are saying and imagining. Repeat the intention throughout the day, using the unique physical body sensation as an anchor.

- Start with language that implies a partner for example, “May Sheila be calm”. End with language and images giving vivid positive details about your intention as an established fact: How will Sheila look? What will she be doing once the intention is realized? E.g. “Sheila will look relaxed…”
- Believe it has happened.
- Move aside—surrender to the power of the universe and let go of the outcome. Belief in the power of intention is critical. Keeping a journal of your own successful intentional experiences and also ‘precognitions’ will help you deepen your belief.
- See examples in “Intentions for Others” below.

INTENTIONS FOR OTHERS

Today I choose to have positive intentions for others.
But how shall I impart to them the gift of peace and love
if my own heart is still unloving and I have no peace of mind myself?

So I start with my heart:
I reflect upon each feeling of resentment, anger and bitterness
that may still be lurking there, intending that it yields to love someday
if not right now.

Then I seek peace:
I list the worries that disturb my peace of mind
and just watch these thoughts come and go
in the hope that this will bring me respite from anxiety
at least for now.

Then I seek the depth that silence brings:
For intentions that spring from silence are powerful and effective.

So I listen to the sounds around me
or become aware of the feelings and sensations in my body
or my breathing in and out.

First I offer good Intentions for people I love.
For each of them I say a blessing: “May you be safe from harm,”
Imagining that my words create
a protective shield of grace around them.

Then I move on to people I dislike and people who dislike me.
For each of them I offer this intention:
“May you and I be friendly some day,”
Imagining some future scene where this comes to pass.

Cont'd

I think of anxious people whom I know, people who are depressed.
To each of them I say: "May you find peace and joy,"
Imagining that my wish for them becomes reality.

I think of someone that I support who has a disability and say,
"May you find strength and courage,"
Imagining that my words unleash resources within each of them.

I think of lonely people: people lacking love
or separated from their loved ones, and to each of them I say,
"May you feel love and know that you are enough".

I think of older people who with the passing of each day,
must face the reality of approaching death,
and to each of them I say:
"May you find the grace to joyfully let go of life".

I think of the young and recite this intention:
"May the promise of your youth be met and your life be fruitful".

Finally I say to each of the people I live with:
"May my contact with you be a grace for both of us".

I come back to my heart now to rest awhile
in the silence that I find there
and in the loving feeling that has come alive in me
as a consequence of my positive intentions for others

Adapted from Anthony De Mello – Wellsprings

B-FIT Mindfulness develops the capability to offer positive intentions and expectations.

4- Developing and Sustaining Meaning, Purpose and Heart

> ***You often say I would give, but only to the deserving.***
> ***The trees in your orchard say not so, nor the flocks in your pasture.***
> ***They give that they may live, for to withhold is to perish.***
>
> Kahlil Gibran

Optimal Leadership, Care and Support Means More Than What Meets the "I"

A critical personal quality that is essential to be motivated to want to consistently activate Conscious Care and Support is **developing and sustaining meaning, purpose and heart.**

Without experiencing meaning and purpose in what we do as caregivers and supporters, there is a serious risk of not offering care and support much beyond the first stage of maturity: that is, the person you care for feels that their care is adequate, but the amount of kindness and connection you show is still very dependent on how you are feeling at the time. This essential competency clarifies the vital importance of developing the meaning, purpose and heart we need to grow as leaders and supporters, and teaches you how to develop it.

In a way it's like waking up from a kind of sleep walking.

To meet this challenge, it helps to be aware of what we are doing as we are doing it. It's hard to change behaviours of which we are largely unaware. As discussed, this awareness is one of the qualities of being mindful. Being mindful helps the supporter to more fully experience moment-by-moment meaning and purpose and forms an unconditional "heart" connection as we support or lead others. From this awareness of meaning and purpose, we then see how being of service brings fulfillment to both of us in our supporter relationship.

One of the best ways that we can satisfy this fundamental human need of being valued and having personal worth/meaning is by connecting in authentic service with another. This is only one way that the people we support are as valuable to us as we are to them. As we have this awareness while serving and valuing each other, we now see more opportunities to be kinder, more tolerant and less judgmental. As this awakening process unfolds, the illusion of our separateness from others slowly starts to crumble. From the heart, we begin to see others with new empathy and equality. This valuing manifests as a new fulfillment from our lives when skills, discipline and energy are mindfully offered as unconditional acts of kindness and respect regardless of the mind's messages of deserving or undeserving.

Liking What We Do Is Nice – Valuing What We Do Is Essential

Being a mature leader or supporter requires being unconditionally willing as well as sufficiently competent. Regarding willingness, it is helpful if you enjoy what you are doing and like who you are leading or helping–but it is absolutely not essential. What is essential is valuing others and also valuing what you do. To the emotionally mature and compassionate leader or supporter, valuing will always be a stronger motivator than feelings of enjoyment. When we can, even for a moment, not be mindlessly driven by our PFP's craving for enjoyment and gratification, our acts of service manifest naturally from this universal source of human goodness. Valuing what we do is so much more important than how much we enjoy what we do. Valuing enhances the commitment and energy the leader or supporter has to share with team members, care recipients, co-workers and families. It also helps to prevent us from burning out, freaking out or tuning out. This sense of purpose motivates the supporter to compassionately and respectfully relate to individuals who are agitated, anxious, angry or aggressive. This response, in turn, helps facilitate calm, cooperative and effective de-escalation of volatile situations that could—and unfortunately, often do—end up quite differently.

Sensing one's value to another is often the most essential element that transforms just caring for someone into assisting them to have a meaningful and valued life. Yet what about the "meaningless" routine, boring, and unpleasant parts of care-giving like cleaning, washing dirty clothes, changing briefs, filling out forms, writing reports and putting up with the difficult co-worker or uncommitted family member?

Some years ago I was doing a private, personal retreat in Ontario at the Tai Chi Centre of Canada. This weekend was the centre's annual international retreat with two hundred men and women studying with a well-known Tai Chi master who had been flown in from Asia to lead their retreat. I arranged to meet this master as I was very interested to talk shop with another mindfulness teacher. Late Sunday afternoon, I noticed a line-up of dozens of people waiting to use one washroom. Apparently the main pump-house had shut down because of over-use, leaving six washrooms unusable. When I arrived to meet the Tai Chi master I was told to come back later as he was still busy. On my way back to my room, I passed the pumping station where several men were working to unplug the blocked lines, bucket by bucket. I asked if I could help but was told that it was almost fixed. Later that night, I met the Tai Chi master and I recognized him as the man pulling the raw sewage out of the blocked pipe. Yes, many of our tasks are seemingly unpleasant, boring and meaningless. It is, however, only the mindless mind that identifies with resisting and judging good from bad, pleasant from unpleasant, meaningful from not meaningful.

It is, however, only the mindless mind that identifies with resisting and judging good from bad, pleasant from unpleasant, meaningful from not meaningful.

Okay, you may be wondering, but what about the unlikeable, uncooperative or unappreciative team members or care recipients? Are they really as deserving of my best efforts as much as likeable and appreciative individuals? (Longfellow, I think said it well**: "If we could read the**

secret history of those we find difficult, we would find in each life sorrow, suffering or other reasons enough to disarm all our hostility or indifference"). Longfellow hints at the even more important reminder that as one's emotional and mindfulness maturity grows, awareness of the **interdependence** of all things, actions and people flourishes. Identifications with judgments of important and unimportant or likeable and unlikeable are overshadowed by one's increasing awareness of non-separateness in each act of leading or supporting, no matter how mystical or mundane. I call this awareness being Consciously Connected. Our shared valuing of each other is a part of our survival instincts. As a result, our emotional well-being—contentment, peace, and fulfillment—is a natural and predictable by-product of this mindful awareness of being valued by and valuing of those whom we lead or support each day –we need each other.

Some may be resistant to this idea that offering optimal care and support requires us to acknowledge that some of our most important needs are being met by care recipients because this makes care seem too self-serving. If it is self-serving, you may say, it can't be authentic compassion because isn't real compassion totally selfless? I would say that it is both selfless and selfish and more! As we emotionally and mindfully mature, we more fully experience and therefore increasingly appreciate the precious gift that care recipients give to us as we support them. This reinforces our maturation and commitment to optimal compassionate action that is not dependent on giver/receiver roles and conditions such as "liking". It is just one hand washing the other.

From this identity (or lack of) we now just meet every team member, recipient, co-worker and family member with an intention to help them manifest their best basic human goodness. From **"here now"** we mindfully embrace this conscious connection that is beyond all ego dependence. "Here" we are, all the same. As you read the following, see if you are not at least occasionally familiar with one dimension of this care and support experience; that sense of being connected to each other in ways beyond ego, likes and dislikes, thoughts and feelings. Why would this conscious connecting experience be so universal? How can we accelerate it?

My best guess is that one part of this universal connecting experience is somehow activated by the vagus nervous system and empathic mirror neurons that are a part of every person's neurological make-up. It seems that when activated by something as simple as physical touch, this system stimulates our immune system and wellness capacity. Another way that this system seems to be activated is by our moment-by-moment awareness of the value that we have to others and they have to us as we offer unconditional acts of kind service. This process gives us a for-sure knowing (beyond thinking about it) that we have worth; that is, we count for something in the family or the primitive human herd. As we experience more and more of this knowing from many acts of service, we transform to more complete consciousness. Knowing happens! We start to realize that without this other person and their need for care and support, we would be deprived of a vital source of our emotional and physical health and well-being.

A vital shift in consciousness starts to happen.

We start to awaken!

With this deeper knowing that the support recipient is as vital to me as I am to them, a vital shift in consciousness starts to happen. We start to awaken to live in harmony with this most fundamental truth of nature—the law of inter-being-ness or interdependence. We stop judging who is deserving or not. We just offer our best unconditional effort to whoever is in need without even thinking about it. Individuals who are unlikeable, uncooperative or unappreciative become as worthy of our care as anyone else. We now just don't have to feel kindness to be it. With this awareness, motivation does not come from feelings of enjoyment or ego gratification.

> ***Love and compassion appear as selfless service, yet in mindful care-giving 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, love and compassion are as natural as our breath and without hesitation we act to help.***
>
> Thich Nhat Hanh

As Thich Nhat Hanh reminds us, a key to accessing this deeper knowing and unconditional motivation to care for and care about everyone (that is, even love our enemies) is to be mindful and present in each act of service or leadership.

For example, we **catch** our mind as it reacts with resistance or self-righteous judging of those we perceive to be less deserving of our efforts. We **catch** ourself becoming indifferent and therefore not paying full attention to their repeated requests or complaints. We **catch** ourself "losing it" and mindfully prevent the further escalation of emotional hijacks, like when our ego's little child reacts negatively when it fears the person we are supporting likes another supporter better. We have literally hundreds of opportunities each day to **catch** our ego doing its "me first", self-gratification dance. With each **catch** of a body sensation, feeling or thought we intend "let it be," and bring to awareness our inter-connectedness.

As valued acts of service increase this sense of meaning, purpose and heart connection, human service professionals cultivate the ordering principle that is essential to support others in ways that reflect the belief that **every person should have a full and meaningful life. This includes opportunities to experience their fullest mental, emotional and interpersonal potential for this time in their life.**

How To Develop Meaning, Purpose and Heart

So then, the very good news is that we all have a hardwired system of nerves and mirror neurons designed specifically to activate our natural human goodness and compassion. Once activated, we can become it! This is not a lot unlike how when rage is activated, we without mindfulness tragically become that as well. Just like our fear, freeze, fight or flight limbic system must be triggered to fire, so too, it seems our human goodness system also needs to be triggered to fire. In addition to the suggestions I have given of mindfully valuing the critical role of care recipients in bringing meaning and purpose to our lives through honouring our inter-beingness, the following

strategies and exercises will help you to build the fire of kindness and compassion in your heart and sustain the heart health nutrients of meaning, purpose and value.

Creating Regular Rituals:

Try to create regular rituals to celebrate, grieve, support and encourage the team members—including yourself if you are in a solitary supporter role. What is a ritual, and how does it help to bring meaning and purpose to our roles as leaders and supporters? I see rituals as any activity that helps to bring the chattering mind to relative silence. In being present to oneself in this relative stillness, we create a space that crowds out the mind and body's incessant frenzy of doing, feeling and thinking about ways to satisfy my ego—as healthy plants in a garden crowd out the weeds. Rituals such as mindful nature walks, drumming, contemplative reading or mindfulness bring calm to the chattering mind that carries over into acts of service.

In the midst of every care-giving or support situation, life is still always happening for the caregivers, family members, co-workers and individuals receiving support. A frightened care recipient finally gets the courage to participate in a drumming circle; a new family member joins the care team for a parent; a resident or co-worker passes away; someone announces plans to marry; someone has a birthday; a flower suddenly shows up in a glass at the supper table—all happenings deserving of ritualistic, mindful reverence, tears, laughter, regrets or appreciation—all with potential to heal, nourish and sow the seeds for future acts of kindness. The following are some examples of rituals that I practise in my life and work.

- Share stories of past meaningful moments. When family and/or supporter staff encourage sharing meaningful supporting moments, it keeps roles real and heart-felt. The following prompt questions could be put forth at family or work team meetings.
    - What would you say was the highlight of the person supported's week/day?
    - What gave you a sense of meaning, purpose and heart in your involvement in their week/day?
    - What did a person you support teach you about yourself this week?
    - What is an example this week of how you caught your mind being resistant or indifferent and how the mindful you just stayed present, kind and connected?
    - What is an example of a meaningful moment that you have recently experienced?
    - **A special story I recently shared is_____.**

- Choose mindfully to be with positive, up-beat role models. Happy begets happy, negativity can breed negativity. Take pro-active steps to be with upbeat role models whenever possible. Make the time and even buy lunch for people who inspire you to be your best self and bring you alive. Regardless of whether they reciprocate or initiate time together or not, continue to build this positive and meaningful relationship. Model your role model by keeping your words useful, truthful, timely and kind. Also ask for feedback so that you can get even better. Ask for, welcome and act on constructive criticism. Aspire to be this kind of role model for others.

- **An example of a person(s) in my life who I regularly share positive time with who is a consistent source for my good feelings is_____.**

- Experience another's pain and suffering more fully through Conscious Connecting. Learning to just more fully experience another's pain truly reminds and enriches our awareness of the value of what our care-giving means to another. Remember this story of a little girl being laughed at by an older person for saving starfish by throwing them back one by one. "Little girl, there are thousands of dying starfish on this beach. What difference can you possibly make by throwing a few back into the water?" As she threw one more back into the ocean to live she replied, "It made a difference to that one". This little girl found meaning and purpose by going to where suffering was prevalent and offering—one small act at a time. Sometimes I use the human tragedies of the 6 o'clock news to become more sensitive to the devastating pain and suffering that is in the world. It reminds me of the importance of doing our part to relieve suffering.
  - **An example of how I expose myself to suffering, contemplate it and take action is _____.**

- Build ongoing awareness of the damaging consequences for a person who is supported who is devalued. One fundamental way that we find and sustain meaning and purpose in our roles as supporters is to value the person we support through quality time together, respect and being non-judgmental. To reinforce the meaning in what we do, become a keen observer of how our culture (mostly unintentionally) de-values individuals with mental health and developmental disabilities and notice the subtle but significant negative impact on the individual who has a disability. Using physical and mechanical restraints is an example. The next time you observe a totally helpless and vulnerable person with a disability being devalued--do what you can to prevent it and simultaneously observe the humiliation and maybe fear experienced by the person with a disability.
  - **An example of a time when I consciously observed the devaluation of a person with a disability and what I felt was:_____.**

- Put forth effort, discipline and sacrifice to promote your own personal growth. As we learned in the stages of supporter emotional and mindful maturity (reference Introduction above), the more the leader or supporter personally grows and matures, the greater the likelihood of a more complete service experience for recipients and team members. This growth and maturity doesn't just happen. This is especially true in our society that normalizes the obsessive use of trash TV and devices and promotes comfort more than hard work. Our society also delivers an unbalanced educational system designed primarily to address only the life task of employment at the unintentional expense of other life tasks such as altruism, love, or friendship. Learning and applying the values and skills taught in this book's essential competencies will require daily passionate commitment to effort, discipline and sacrifice. You can't drift to the top of a mountain!
  - **An example of a daily practice of effort, discipline and/or sacrifice that fosters my personal growth is_____.**

Meaning, Purpose and Heart - A Self-Reflection

The following self-reflective exercise offers you an opportunity to consider your Heart Health. The higher you score, the greater the likelihood that you have been proactively engaged in many of the above strategies.

> ***Finding and sustaining meaning in life . . . means an ordering and guiding of our energy and our desires, a partial restraint in some directions in order to secure greater abundance of life in other directions. It involves a daily deliberate organization of life for a purpose.***
>
> Richard Gregg

Instructions:

Complete your rating (strongly agree to strongly disagree) for each statement below that reflects some aspect of finding and sustaining meaning, purpose and heart in your role as leader or caregiver/supporter.

Heart Health Considerations	Strongly Agree 5	Agree 4	Somewhat Agree 3	Disagree 2	Strongly Disagree 1
I am a disciplined person who often makes personal sacrifices to help others.					
I know what I need to do in my role as a leader/supporter to sustain and enliven my feelings of fulfillment.					
Every few days I do something to sustain my positive feelings of fulfillment as a leader/supporter.					
In my life I have at least three people who help me sustain my fulfillment in my role e.g. role model, mentor, person I support.					

Heart Health Considerations	Strongly Agree 5	Agree 4	Somewhat Agree 3	Disagree 2	Strongly Disagree 1
I am quite clear about aspects of my basic temperament that could be in conflict with my daily activities as a leader/supporter (e.g. I take comments from others too personally; I get frightened by certain behaviours).					
When work colleagues or family member are talking about or doing something that does not reflect positive values, I take action to correct the situation (e.g. I interrupt gossiping).					
I usually have some fun and laughter in my role as a leader/supporter.					
I know what my emotional strengths and limitations are and how they are influenced in my role as a leader/supporter.					
My daily actions show that I am truly committed to the people whom I lead, care for and support.					
If I didn't need the money, I would still volunteer in some care-supporting capacity					
I offer optimal care and support even when I don't feel up to it.					
If there were serious blockages to my ability to find and sustain meaning, purpose and heart, I believe that I could overcome them.					
When I get discouraged, angry and/or frustrated about something pertaining to leading/supporting, I become aware of my mood within minutes.					
I take positive action A.S.A.P. to correct difficult situations and my negative moods.					
I pursue ways on and off the job to make my role more meaningful and fulfilling (e.g. I celebrate life stories of people supported. I participate in personal development retreats).					

Heart Health Considerations	Strongly Agree 5	Agree 4	Somewhat Agree 3	Disagree 2	Strongly Disagree 1
Generally, being a leader/supporter is fulfilling for me, even in stressful times.					
Throughout the average day, I become mindful when I am bored and reframe these thoughts to experience value in most everything I do.					
In the last year I have read at least two resources that helped me find and sustain meaning and purpose in my role as a leader/caregiver.					
It is very important to me to consistently offer optimal services/leadership.					

These twenty statements reflect the areas for personal growth and development related to the Essential Competency of "Finding and Sustaining Meaning, Purpose and Heart". Your total score (the higher, the better!) reflects the degree to which you currently have or have the potential to have, meaning, purpose and fulfillment in your role as a leader/supporter.

Select three areas where you can and will work to improve your commitment to actions that will lead to stronger Heart Health. Develop a written plan of action: detail how, when, where. Prioritize your action steps. Share your goal with a couple of friends or work colleagues to make yourself more accountable.

This is the true joy in life, the being used for a purpose recognized by yourself as a mighty one; the being thoroughly worn out before you are thrown on the scrap heap; the being a force of Nature instead of a feverish selfish little clod of ailments and grievances complaining that the world will not devote itself to making you happy.

George Bernard Shaw

Exceptional Support Professional Already!

In addition to the life skills and personal qualities identified above, you also have some exceptional intuitive and natural mindfulness gifts. This process will start with you reviewing your present intuitive gifts and strengths as a leader/supporter. You need to become more aware of these existing exceptional qualities. Conventionally trained leaders and supporters who also have developed even just a little emotional self-regulation, including intuitive skills, are much better prepared to lead or offer optimal care and support. This is, in part, a result of increased

appreciation for the importance of your role. This directly translates into a deeper experience of the meaning and purpose of your efforts. As meaning and purpose are identified, "Heart" grows!

Heart growth is also achieved in great part by reminding yourself that much of what you need to be an exceptional leader or supporter, you already have. You just need to discover it within yourself and allow it to grow. Much of this discovery will come through experiences to which you relate (see below) because you will remember personal heartfelt experiences when your natural qualities of being an exceptional leader or supporter just happened.

Below are just a few examples of intuitive insights and natural mindfulness skills that this resource will help you to further discover in yourself. Most supporters will relate to some of these moments when insights just naturally happened. Spending a few minutes in reflection will help you to generate many more of these healing, caring, connecting moments. From this process you will gain a heightened sense of how your intuition and natural mindfulness have influenced your meaningful participation in the quality of life of the person supported.

Consider each of the following experiences and identify the ones you feel apply to your own experience:

1. "I just **felt so connected to** _____ when she . . ."
2. "Somehow, **without really thinking** about it, **I just knew what to do** and it turned out well."
3. "In spite of this crisis situation I felt a **calmness** that really **helped me focus.** The more **I just paid attention to what was happening**, the calmer I became and good things started to happen. I don't know where this strength came from, but it really helped me."
4. "When I am with **_____ I just feel lighter/better."**
5. "When I was thinking about it **I just saw** what I needed to do and followed that vision."
6. "I just had an **initial gut feeling** about _____and what to do, and I was right."
7. "Something **just happened** that I can't explain, but it really helped me to _____."
8. "I seemed **to just know what was going to happen**, and so I emotionally and mentally got prepared for it and it went well."
9. "Although I disliked _____, I was pleased to find out how much we had in common **once I became aware and dropped my judgments**. From here we opened up to each other and got along much better."
10. "I'm often surprised that **when I really believe in something** and **focus on making it happen**, it turns out well."

Write a personal journal—a brief story of a time when you experienced an exceptional moment like the ones above. What made it exceptional? How did it make you feel? What did you learn about your own "Heart"?

Stories That Keep the Heart Awake

As discussed above a way to enhance your sense of meaning, purpose and heart in order to promote more sustained commitment to optimal support is the use of personal stories. Stories contribute significantly to this objective, especially when used in the context of a team/family ritual (celebration, grieving) or an emotionally maturing experience.

Developing a process to uncover meaningful stories and appropriate ways of sharing them is essential. Meaningful stories can come from the seemingly common, simple moments, or from truly wondrous, miraculous events. Stories that awaken us to deeper experiences within the mystery of life and death, our true nature and the healing power of pain are particularly helpful to nurture this essential competency of "Finding and Sustaining Meaning, Purpose and Heart."

Below, you will find an example of one of my own important stories. As you read this story, contemplate being Bret's caregiver and supporter. What would give you meaning and purpose if you had supported Bret?

Waking Up – O'Natural: Bret's Story

For five years Joanne and I were two of several volunteer caregivers/support professionals for Bret as he died from Lou Gehrig's disease (ALS). This diagnosis was the last in a series of life-long difficulties through which he transformed: through childhood trauma, rage, terror, addictions, and the loss of his loving wife through postpartum depression and suicide to forgiveness and peace. Finally at age 39 he completed his healing, left his meager 100 pounds of skin and bone, and moved on. His journey was a profound gift to all who knew and grew to love him.

About two years before he died, Bret's life was changed forever. Once a perfect, 200-pound athlete, he could now barely walk with his walker. He lay in bed and said good-bye to his support professional, whose replacement would arrive in half an hour. However, due to an oversight in the scheduling, nobody came until five hours after his worker left.

Within an hour, Bret urgently needed to have a bowel movement. He waited and waited, but no one came to help him out of bed. Attempting to get up on his own, he reached for his walker and, using all of his strength, almost stood up. Instead however, he crashed forward onto his walker, knocking out his front teeth. There he lay, alone, bleeding, in pain, imprisoned in his own body and helpless to move. His bowel movement came.

Bret later told me of his experience. His first response was rage, shouting obscenities to the people who were supposed to care for him and to the God who had made him sick. He shouted in rage for what he estimated was hours. Suddenly, he said, “My rage stopped, and I broke into a paralyzing panic attack. I felt the terror, deeper than ever, of being trapped in my useless body.” This terror lasted for what seemed like an eternity. “I had lost all sense of time and was terrified worse than ever before in my life – like being buried alive in a box.”

Then it happened, as intensely and spontaneously as his rage and terror had come. Without any thought or intention, he “flowed” into a deep state of peace, comfort, forgiveness and openness. It was like nothing he had ever experienced before.

As he lay there in his excrement, blood, teeth and pain, he softened into a state of being (not really thinking, feeling or doing) that he said he “wanted to last forever.”

He asked me what happened and I told him I had no idea and besides, he was clearly the teacher.

As the days, weeks and months passed after this event, without effort it seemed, Bret felt closer to his mother and father. He genuinely forgave them for all the beatings that they had given him while he was growing up, until he went to live virtually on the street at age fourteen. He said that although his new found state of being (my words not his) did not completely stay with him, he did until he died have a profound peacefulness and willingness to “let it be”, accept what he could and do his “best and rest with the rest”.

For the next two years before he died, Bret mentored many support professionals with their problems. He reconciled with his family and others who had made his life hell. He could now see what parts of that hell were self-induced, as he identified with being the victim. His gratitude for his life partner, Laura and his daughter Bonnie, and for workers and friends who cared for him was like nothing we had ever experienced with him before.

There is no doubt that Bret’s ability to sustain the amazing grace that resulted from his transformational process was made possible by the unconditional love and support that he received from his life partner and daughter.

Although Bret and I talked about emotional and spiritual healing, he never really deliberately worked to develop these insights or practice a lot of mindfulness. He had no formal growth process. His emotional maturing happened over thousands of lonely, painful hours of just being brought to the healing power of his pain. His afternoon of rage, terror and peace was a powerful part of the natural healing process that I have personally witnessed with others, and that has been described in the transformational journeys in all of the wisdom traditions for centuries.

The day before he died, as I lit his smoke for him and held his lips together so he could inhale, he pointed, waved and gestured (as he could not talk during the last six months) for me to push ‘play’ on his cued-up CD player. I did what he requested and Louie Armstrong sang us ‘What A Wonderful World’ as we wept together and somehow knew far beyond cognition, what his last five years had really been about.

Reflection on Waking Up to Meaning, Purpose and Heart

Bret's story shows us that we can evolve just by more fully experiencing human pain and suffering, as he did. We also have witnessed many others who have courageously applied the *CCS* essential competencies to everyday life and work situations and evolved in similar ways. We do not have to experience a debilitating illness to heal and mature to our fullest potential.

Bret's process also helped several of us experience deeply meaningful moments in supporting him by learning to fully experience the softening of our own resistance to his suffering and our driven-ness to try to change the unchangeable.

This story is not unique. Our inner capacity to heal, mature and transform and to help others do the same is very real.

Ghandi said, "My life is my message". Repeated mindlessly, this can sound too simple. Said with discernment and contemplation, however, it can encourage us to stay committed to our maturing and healing work for self and others.

This resource is offered as a waking-up guide to a more conscious, intentional and meaningful personal and work life. It is one way for us to connect with our innate deep wisdom and compassion and to encourage us to help all others do the same.

> ***The least of things/activities with meaning is worth more in life than the greatest of things/activities without one.***
>
> Carl Jung

Moments of Insight

You may do this exercise individually, in a personal journal, or you may share it with a group. Take a moment to think about how you would complete the following statement:

One of the most personally meaningful support experiences that I have had was …

Answer the questions below to fill out your story:

- What was the situation?
- What was the background of the individual, family?
- What were the personal support needs/circumstances?
- How did you support this individual?
- What were/have been the results?

5- Living What You Learn

YOU will be prepared to offer optimal services and have fulfilling and meaningful relationships and live to your fullest mind, body and spiritual potential **provided that YOU**:

- Develop the 4 ways to be happy (reference next page).

- Develop mindfulness and non-attachment skills (awareness and ahh-llowing)
  - Being here now;
  - Freedom from and within difficult emotions: "There Is" vs. "I Am;"
  - A subjective attitude of "It's all good" as you work passionately to change what should be changed and to be at rest with the rest;
  - An attitude of loving kindness: "He ain't heavy, he's my brother;"
  - Real Relationships—being love, beyond bodies and beauty, bean counting, betrayals, boredom, blaming and breakups!

- Make intentions. In the moment, intentionally cultivate an open, attitude of "let's wait and see" regarding uncertainty, thereby positively influencing outcomes—without attachment.

- Be non-efficient as much as possible. Ask yourself, to relate positively with this person or do this task effectively, is doing it quickly really necessary? Remember efficiency often smothers fulfillment and authenticity.

- Hold no attachment to outcomes. Be mindful of drivenness to do, to get, to have something more or different, or to achieve or change. Be practical, but just ahh-llow the by-products of this process to unfold. "Do your best then rest with the rest".

- Commit to daily sacred ritual prayer or meditation or simple gratitude. Cultivate a still inner calmness in response to all of life's moments, regardless of external conditions and chaos.

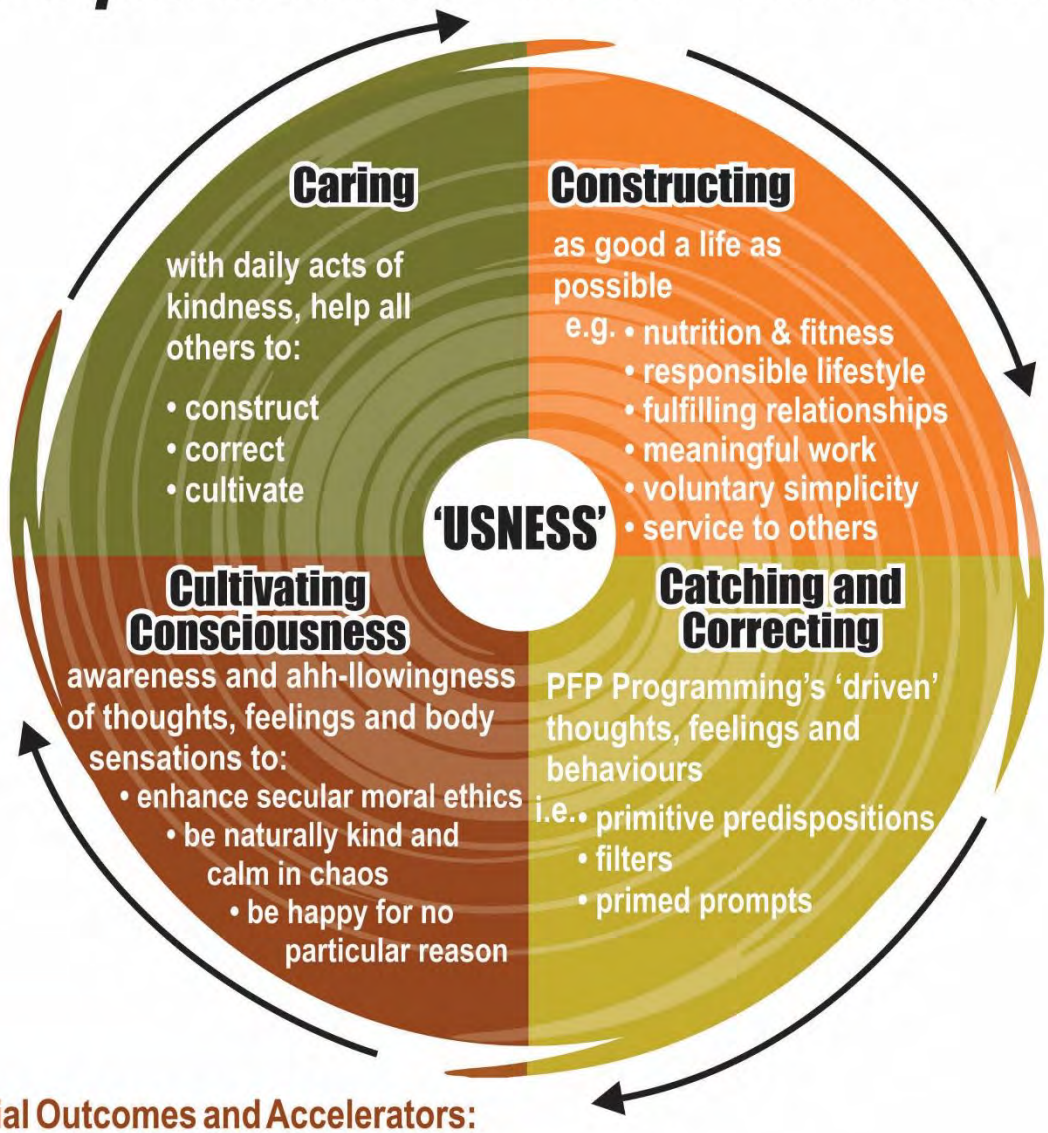
- Live as simply as possible—then ratchet it down two more notches. Consume and share responsibly.

- Experience the many subtle, invisible lines of connection to the mystery that happens every day: moments transcend time and space, like help from "hidden hands" and manifestations of emergence.

- Commit to loving kindness–kind, helpful, ethical and responsible connections to all beings we meet and know each day.

- Be aware of inter-being-ness—our comprehensive connection to all.

Mindful Happiness Is Experienced 'Now' While.....



Potential Outcomes and Accelerators:

- We keep 1st world problems in perspective. 'Awful', relative to what?
- Our actions are consistently aligned with secular moral ethics and our words are useful, truthful, timely and kind.
- We live as simply as possible and consume only what we need.
- We consistently take massive action on good ideas as a result of our discipline, right effort and integrity.
- We have a 'non-negotiable' commitment to daily challenging formal exercises and practice programs to develop our body, brain, consciousness and mindful emotional self-regulation.
- When possible we relieve the suffering and enhance the well-being of others.
- Our heart stays 'open' and non-self-righteously judgmental of others who are causing suffering as we work to change them.
- We have less of a sense of 'me' and more of 'we', i.e. 'usness' and life 'emerges' beyond dualities.
- After we do our Best, we Rest with the Rest - cause it's all good.

Mindful Happiness Is…

- **Controlling Conditions:**
    - Nurture supportive relationships;
    - Take massive action on good ideas;
    - Keep your reasons to stay happy and healthy clear and obvious;
    - A daily ritual of being grateful.

- **Clarify Thoughts and Feelings and Behaviour:**
    - Gain personal insights about PFP Programming
      Primitive Predispositions – brain architecture – change hard drive to live drive;
      filters – identify and reframe;
      Primed Prompts – stand guard at the doorway of your mind to avoid cultural mind controls.

- **Helping Others to Be Happy:**
    - Many random acts of kindness e.g. give homeless people $5.00, eye contact and respect;
    - Volunteer in your local and global community;
    - Live as simple as is possible e.g. buy recycled clothing;
    - Every day, anonymously do something kind for strangers and 'enemies'.

- **Learning How to be Happy without Needing to Control Conditions, Thoughts and Feelings i.e. being happy for no particular reason:**
    - Learn and practise B-FIT Mindfulness;
    - Remove the 10 Weeds that Kill Good Seeds –
        - ✓ Negative is normal but do not ignore it – change it;
        - ✓ Make rest a necessity, not an objective;
        - ✓ <u>Indifference is a disease</u> – go for inspiration or desperation;
        - ✓ Indecision;
        - ✓ Self-Doubt;
        - ✓ Worry – substitute good activity;
        - ✓ Over Caution;
        - ✓ Pessimism – "As you think, so you will become";
        - ✓ Complaining, Gossiping;
        - ✓ Passive Hope – "maybe it will get better". Happy Hope – "It's not great, but it's okay";
    - Follow the 5 Part Path to Awakening Consciousness
      i.e. Normal → Reflective → Awareness → Connecting → Being;
    - Work skillfully with difficult feelings i.e. mindful, emotional self-regulation skills and kindness.

- Develop non-negotiable self-management skills--discipline, effort and integrity.

- Cultivate an attitude of indebtedness instead of entitlement, especially about happiness – no one is entitled to it!

- Practise "right speech." All words, all of the time, must be useful, truthful, timely and kind.

- Stay ever mindful of the difference between subjective and objective reality. For example, "be peace" while effectively asserting yourself in conflict.

- Most human interactions are happening simultaneously on at least six different levels, social, logical, hormonal, filters, ego, and energy. Mindful awareness is essential to ensure compassionate connecting at all levels all at once and also to ask ourselves, "What am I missing at this moment that would be helpful?" e.g. every story has 3 sides.

- The best way to successfully change conditions in your life to become happier or manage a crisis is first to work hardest on changing/growing yourself – not more crisis management skills.

- Negative is normal. Develop more skills – do not just hope for fewer problems. All good will be attacked.

- Some things in life are just not fair or just. You don't have to like it – it is just the way it is. Move on! "When the horse is dead – get off."

- Study other evolved people – success leaves clues.

- Life is a matter of odds – plant many 'crops'.

- Never try to beat the system – be a happy taxpayer.

- Ignorance is not bliss – what you don't know can/will hurt you e.g. pay attention to your physical and emotional health.

- If you want your share, you have to care (for others).

- Think big – start small – ask to receive.

- Celebrate success, but make your failures painful.

- Honour mood disorders and get help.

- Life requires resolve – 'I will'.

- Life requires action – 'Do'.

- Life demands commitment – 'I am'.

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.

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.

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.

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.

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.

Part TWO - Conclusion

Outing the Four Outs

Let's return now to our beginning concerns about burn-out, freak-out, tune-out and space-out.

Burn-out:

The promised *CCS* alternative to burn-out is your mental health and fulfillment in your support role.

The following summarizes how you have achieved this with *CCS*:

- Your awakening consciousness through B-FIT Mindfulness has significantly enhanced your capacity for emotional resiliency and physical health;
- Your insights from discovering and disengaging from PFP Programming has reduced/eliminated many of the triggers that before *CCS* were emotionally hijacking you into burn-out (more on this in Part THREE);
- As a result of your awakening, discovery and disengaging, the individual/s whom you support are now significantly less likely to be anxious, angry or aggressive which means a much less stressful/threatening "burn-out" environment.

Freak-out:

Your freak-out, e.g. disrespectful power struggles (inside and outside), are of course mainly a result of burn-out. In addition to a significantly less stressful environment that will prevent freak-out, the following direct *CCS* skills' development is also eliminating your freak-out.

- Learning to Catch and Calm yourself instead of mindlessly being triggered into yelling and other powerful behaviour eliminates freak-out;
- Both your enhanced emotional self-regulation and the fifteen BB-ABC nonthreatening interventions give you tools to optimally prevent and manage crisis;
- The improved ability of the person supported to emotionally self-regulate as a result of your teaching and modelling significantly lessens the times when you would have felt overwhelmed or out of control – when you normally would freak-out.

Tune-out:

Tune-out or indifference, i.e. becoming 'cognitively caring', is how the undeveloped supporter protects themselves from burn-out. They armour their heart and stop caring as a subconscious way to survive.

Tuning-out is reduced and eliminated by the following *CCS* processes:

- Your B-FIT Mindfulness skills have significantly increased your authentic caring and compassion regardless of how you feel. This happens in part by learning to infuse moments of B-FIT resistance with ahh-llowingness;
- The seven biomedical interventions and other ways to directly meet the unmet needs of the person supported is giving you dozens of effective support strategies to proactively engage individuals to help them live a more meaningful life;
- As your mindful, emotional self-regulation skills and kindness accelerate, you now are excited and fulfilled by how you see the individuals you support living much more of their potential. This encourages you to be more proactive and less withdrawn.

Space-out:

Space-out is the mindless way that most 'normal' people drive their car and most other parts of their life, including supporting. The following specific mindfulness skills have brought you to a level of awakening/awareness that is just not possible without being "conscious."

- You learned the following six different mindfulness applications that keep you consistently conscious and able to play your "A-Game";

  Exercise #1 - Concentrating and Focusing – The Mindful Labyrinth
  Exercise #2 - Awareness and Ahh-llowing of the Four Main Senses (B-FIT)
  Exercise #3 - Full Field Focus (focus out – look and listen)
  Exercise #4 - Opening Your Heart Under Stress – Stress Rehearsal
  Exercise #5 - Preventing and Managing Physical and Emotional Suffering
  Exercise #6 - B-FIT Healing, Compassion Practice
- Your enhanced awareness while supporting is giving you much more meaning, purpose and heart which creates a conscious connecting with others. This is the exact opposite of spacing-out: i.e. being in someone's presence but letting your mind be somewhere else;
- Being mindful creates the snowball effect for tuning-in versus spacing-out. In other words, as you become more tuned-in, the mindful mind becomes aware of more and more of the experience which intensifies your focus, and with each revolution "down the hill," the snowball gets bigger so it picks up more snow on each revolution. When mindful, we actually increase our capacity to take in more data per minute than when we are mindless.

Part THREE will further enhance your baseline of ability and motivation to be immunized against the Four Outs. As you learn the Five-Step *CCS* Delivery Process, the outs become a fading memory as they are replaced by the compassionate and passionate person who you really are.

The following Part THREE includes five sections of the Conscious Care and Support service delivery process. Each section integrates the four mindfulness tools and six exercises to ensure that the support process stays consistently conscious.

You will recall from the introduction that Part THREE offers professional learning for family and other supporters to develop their skills to effectively implement the best practices that are competent and compassionate (see Part ONE). To facilitate this process, *CCS* teaches the five

nearly simultaneous stages of Catch, Calm, Clarify and Choose, Consciously Connect, and Competent Care.

The mindfulness and other intrapersonal skills you just learned in Part TWO are particularly critical to enable you to better sense, "catch" the moods of people supported. This includes when the autonomic part of their nervous system has been activated to a level of anxiety prior to anger and aggression. This "catch" step starts with the supporter's mindfulness skills giving feed-back to the supporter that their own autonomic system is starting to activate. This is made possible because their more aware and intuitive sensors have mindfully identified a shift in the person's energy. Ironically this skill appears to be second nature in our pets, like dogs and cats, who know your mood before you do.

Following this signal or concurrent with it, the *CCS* trained supporter will often pick up subtle yet significant signs that the person supported has started to become anxious. By mindfully paying attention to the individual's subtle repetitive behaviours, self-stimulation or perseverations, their behaviour can be observed, monitored and at this pre-crisis stage, be de-escalated through any one of the BB-ABC calming strategies.

Only through practicing the mindfulness learned in this Part TWO, will supporters have the optimal awareness sufficient to catch and calm themselves and the person supported.

A Final Thought

In preparation to writing this Part TWO, in addition to my careers and roles as life partner, parent, grandparent, I read several dozen books, each with 200 plus citations, have completed 20,000 plus hours of formal B-FIT Mindfulness practice, trained over 10,000 Educators, Human and Health Service Workers and 'coached' thousands of individuals with a wide variety of emotional/mood and relationship issues.

In spite of this preparation and adherence to the best research from neuroscience, psychology, and mindfulness that I could study, I do not claim to offer the clear definitive ways to grow and transform to realize your fullest potential and to help others (especially the person supported) to do the same.

I do feel however, highly confident that this Part TWO's offering can and will, for most people who integrate just some of these suggestions into daily activities, significantly reduce unnecessary suffering from the inevitable painful parts of the human predicament. You will also experience 2-3 times more of your potential to live a personally fulfilling and socially responsible life and through discovery of your innate compassion, help all others you meet and serve to do the same.

Part TWO - Appendix I

Filters Self-Assessment

Discovering and Disengaging from Faulty Filters

Note: This resource is solely for educational insight and not intended for deep psychological assessment.

Guidelines:

- Read through this list of filter themes and highlight any statements that you relate to as "often me" or "always me" (4 or 5). Do not judge the "goodness" or "badness" of any statement.

- After reviewing all twelve themes, go back and, using the highlights as a guide, give yourself a rating of 1-5 as to how much each of the twelve themes, with their faults and fruits, is part of your makeup.

- After each faulty filter, we offer a possible mindful reframing. In general, these positive statements are the way that emotionally balanced people without this faulty filter view the world, others and themselves. If you identify easily with most of these reframe statements for any filter, this filter theme is likely **not** about you. If, on the other hand, you feel that the reframe statement is **what you would like to be, feel or do** but are not, then this is one area where a filter may still be controlling your life.

- One very, very important "heads up" on making your assessment: you will probably–-up until now—think that almost everyone thinks just like you do about the faulty filter statements that you most relate to. In so doing, you unknowingly convince yourself that your belief and typical emotional reactions are normal and not in need of changing. This resistance is also a clue that this may be one of your faulty filter beliefs.

- Similarly, note how you don't really relate that strongly to most of the other filter statements listed. Guess what? In general, most others do not have as strong a reaction to your faulty filter as you do.

- Faulty filters are usually completely unknown to you, so think about each one carefully and honestly to discover your filters. Consider what the family motto in your home was when you were growing up. What were several characteristics of your mother and/or father that most affected you, which you liked or hated? What would a vulnerable child learn from these influences, rules, models, and motivations?

- Another clue to help you find your filter: if you get extremely upset or bothered by something someone does or says to you that, objectively, is not really that big of a deal, then you have probably activated a strong filter. For example, if someone excludes you from a conversation at a party and it really bothers you, you may have a filter around

exclusion. Without an exclusion filter, the average person might notice this occurrence (or maybe not), but would shrug it off as no big deal or just honestly forget it.

- Your main theme will also be more accurately assessed after you have considered all twelve filters and determined how many are "Generally Not Me."

- Research strongly suggests that each of us has a little of most of these themes (both faults or fruits); however, one or two will be most predominant and responsible for most of your positive and negative perceptions, feelings and behaviours with others and about life in general.

- Try to recall real life examples to support your assessment of "often me."

- Remember that your filters are also responsible for many of your great qualities. All filters have some validity and are useful sometimes; however, when they unknowingly dominate our interpretations and perceptions of situations, they are seriously faulty, even though we don't realize it.

- Just discovering your faulty filters and being aware of when you are being hijacked by them can bring much freedom and fulfillment to your life and the life of others that you know—particularly the person you are supporting.

- Finally, remember that each of these filters is based in your PFP Programming and is manifested through B-FIT reactions. The sudden tightness in your muscles or the sudden awareness of self-talk about doubts or fears (B-FIT) is how you know that a PFP filter is in play. Working with clarifying and being equanimous with B-FIT is primarily how we change PFP (in addition to new self-talk.) Many of the suggestions on how to reframe a filter redirects you to a mindful awareness of (B-FIT) **B**ody, **F**eelings**, I**mage way of thinking and **T**alk way of thinking.

Remember, the problem isn't that we have a particular filter: everyone developed filters in their childhood "learning to be a somebody" training. The problem is that the filter stays hidden from us while it drives and distorts negative feelings and behaviours, thereby truly limiting our potential as caregivers and as people. Our task in developing personal and professional emotional self-regulation is to discover and learn to disconnect from the gripping power of these filters through B-FIT Mindfulness and positive reframes—**in the moment**—to prevent harmful or even subtle hijacks from happening over and over and over.
A suggestion: walk lightly and play with the possibilities here; have some fun with them, just as you did as a child discovering something new and wonderful about the mystery of a butterfly.

Faulty Filter #1: Need to be in Control In Order to Feel Normal	Usually not me (1)	Some-times me (2-3)	Often me (4-5)
I must be in control of life's situations in order to feel secure, happy and okay. Life in general is agitating if I don't know or am not in control of what is happening. I really need predictability, order, and structure not to feel anxious.			

Recall in detail specific examples of how you are unknowingly (in the moment) driven by this filter.

Now consider these more useful, fulfilling and mindful reframings of this faulty filter:

The nature of life is that it is ever-changing. I will always work skillfully to influence and change things as appropriate. However, once I have done all that I can, my sense of worth, security and comfort will depend mostly on my awareness and skills to be subjectively ahh-llowing of the outcomes and trusting enough to just let things be.

I still get feelings I don't like when my life seems out of control however, I now can mindfully observe my B-FIT reactions and be non-attached to them so that they don't grip, drive and distort my feelings and behaviour as much anymore.

Examples of assets that accompany this filter:

excellent problem solver	intellectual	good decision maker
well-organized	articulate	

Faulty Filter #2: Need to Perceive Myself as <u>not</u> Being Controlled	Usually not me (1)	Some-times me (2-3)	Often me (4-5)
It is critical to my well-being and good feelings that life situations or other people do not control me. If they do, or I perceive they do, I feel irritated, anxious, fearful and somehow restricted. No matter what I accomplish or contribute in life, I still feel inferior to others in position of authority. I can become preoccupied with 'managing' them.			

Recall in detail specific examples of how you are unknowingly (in the moment) driven by this filter.

Now consider these more useful, fulfilling and mindful reframings of this faulty filter:

In some circumstances in my life, other people and situations such as health, disability, financial hardships etc. will have significant influence over me. When this is necessary or unavoidable, I can accept this control, knowing that this too shall pass, or this too is necessary for now or maybe even forever. I work skillfully and sensibly to change what should and can be changed. I also know that although my B-FIT is relating to this situation as being trapped, my B-FIT responses are only tools to support my existence, similar to seeing and hearing. They are not me.

As I observe and become non-attached with B-FIT Mindfulness in this situation, I feel more and more happy and satisfied, even though objectively I am still being controlled in this unavoidable situation.

Examples of assets that accompany this filter:

excellent problem solver	caring	well-organized
thoughtful	decisive	

Faulty Filter #3: Need To Get It / Be Right	Usually not me (1)	Some-times me (2-3)	Often me (4-5)
I need to be right. One benefit of this for me is avoiding criticism (which feels awful). My sense of being perfect in several or even most parts of my life is very important. I procrastinate and avoid making decisions in order to avoid making mistakes. "Better to not run in the race than to risk losing it." In my secret life, I am often highly self-critical. I don't accept criticism well. Criticism makes me angry or gives me hurt feelings. I sometimes lie to avoid criticism. I have developed an unconscious habit of being critical of others. I am constantly affirming my own rightness to help me feel good, okay and even sometimes self–righteous. It sometimes seems that I am still that child, fearful of not living up to Mom's or Dad's or someone else's expectations of me.			

Recall in detail specific examples of how you are unknowingly (in the moment) driven by this filter.

Now consider these more useful, fulfilling and mindful reframings of this faulty filter:

Being right and doing my best is important, and I will always give my best effort to be skilled and proficient. My self-worth and good feelings, however, do not depend on proving I am right or someone else is wrong. I know that I am no longer a vulnerable child who will be yelled at or punished if I make a mistake or don't do something just right. I am a mature, self-reliant person capable and willing to learn and grow, especially by trying what I am not good at. Therefore, I expect and accept failing as part of learning something new.

These feelings that I experience when I fail or am criticized are only passing B-FIT responses that I can skillfully be with and ahh-llow for as long as they choose to stay. These feelings are not me; they are more like light from a star that burnt out a million years ago. My new mantra is "I would sooner be happy than right."

Examples of assets that accompany this filter:

very high standards, ethics and performance

excellent verbal and written skills

well organized or poorly organized (all or nothing)

above normal competence (where I choose to contribute)

very fair

above normal intuition

Faulty Filter #4: Need For Approval From Others	Usually not me (1)	Some-times me (2-3)	Often me (4-5)
I must have the approval (expressed or self-perceived) of significant others in my life for what I do and say. Being right is one main way I ensure this. Pleasing others can also be an obsessively high priority in my life to achieve this approval. Compliments and *kudos* are very important to my feeling good, perceived self-worth and security. I find myself exaggerating and embellishing the truth. I even lie about things for no apparent reason. I like impressing people; I may even need to. I am almost obsessive about my appearance to others: for example, hair, clothing, body, intellect. What people will think can be an ongoing preoccupation for me. I sometimes use gossip to buy acceptance or impress.			

Recall in detail specific examples of how you are unknowingly (in the moment) driven by this filter.

Now consider these more useful, fulfilling and mindful reframings of this faulty filter:

It feels great when I receive compliments or acceptance from others; however, my self-worth, self-esteem and feelings of being okay no longer depend on the opinion of others as they did when I was a vulnerable child.

The healing, maturing and transforming person that I am now expects my B-FIT responses to react negatively to criticism due to early conditioning. I now can and do become aware each time these reactions surface and thereby am less and less identified with them. During these mindful moments I repeat, "Ahhh, there is B-FIT reacting to perceived disapproval, and here is the real me watching it all. Far out! Great show!"

Examples of assets that accompany this filter:

extremely thoughtful	giving	excellent social skills
non-critical of others	intuitive	considerate
above normal fairness to others		

Faulty Filter #5: Need To Be Treated Fairly	Usually not me (1)	Some-times me (2-3)	Often me (4-5)
If life treats me unfairly (or I think it does), I have a right to feel irritated, vengeful or un-cooperative. I came from either a home where I was spoiled or a home where I was treated unfairly as my parents' way of controlling my behaviour. Now my judgments about what I am entitled to are often mistaken (but I usually don't realize this). I have genuine anxiety, anger or sadness when I perceive unfairness toward me and others. When I don't get what I think I deserve, I often react powerfully (aggressively or passively) to get or even take it! To get what I want I may also act weak, vulnerable, or sick so that others will come to my service, which I often interpret as the only way I can be loved.			

Recall in detail specific examples of how you are unknowingly (in the moment) driven by this filter.

Now consider these more useful, fulfilling and mindful reframings of this faulty filter:

Life and others often inadvertently treat people unfairly, and I am no exception. Although my childhood B-FIT was conditioned into believing that I am generally entitled to what I want, I now know that I am special and worthy whether I get what I want from others or not. I now do not take it personally if my wishes are not granted.

Feelings of "less than" that come when I don't get what I feel that I deserve are now experienced as passing B-FIT reactions that the real me can become aware of and non-attached to, and therefore not driven and gripped by. When I don't get treated fairly, or don't get acknowledged or served by others, I no longer take it personally.

I know that I am lovable regardless of how I am treated.

Examples of assets that accompany this filter:

above normal fairness to others	sensitive to others' needs	thoughtful
excellent social skills	advocate for the underdog	
openly appreciative when (perceived to be) treated fairly		

Faulty Filter #6: Need To Feel Self-Righteous	Usually not me (1)	Some-times me (2-3)	Often me (4-5)
I need to perceive myself as better than (morally and/or socially), in order to feel self-righteously worthwhile. I therefore often become addicted to an ideology, career or belief with clear and simple do's and don'ts, good or evil, and self-righteously relate to others as good guys or bad guys. Being good or right often elevates my feelings of superiority that I need to feel happy and okay. I often find myself judging others.			

Recall in detail specific examples of how you are unknowingly (in the moment) driven by this filter.

Now consider these more useful, fulfilling and mindful reframings of this faulty filter:

Yes, being a morally good person is very important, and when I violate universally accepted values I need my B-FIT to acknowledge my less-than-optimal thoughts and/or behaviour in order to change or make amends.

I do not need the feelings of self-righteousness that often accompany the judging behaviours that I have used for years to affirm my superiority. I and others behave in moral or immoral ways due to countless PFP conditionings. For some people, these behaviours are beyond their immediate control. This does not make them evil or bad; however, correction is often required to prevent them from doing further harm. I prevent and help them, but now my heart stays open.

I do not judge victims of conditioning, but rather feel authentic compassion for them and look for ways to help them even as I prevent them from doing further harm.

I will be sufficiently mindful in each moment to be authentically good and moral. When mindful, I do not need to feel superior or righteous, but value goodness as the essence of humanness, especially when I see that essence in its many tragic, hurtful, human disguises.

Examples of assets that accompany this filter:

generally a "good" person

above normal awareness of right or wrong

giving, kind (however conditional)

highly confident

a loyal friend

Faulty Filter #7: Need To Achieve and Be Busy	Usually not me (1)	Some-times me (2-3)	Often me (4-5)
What I have or have achieved is never enough because my self-esteem is directly attached to what I do or achieve, and this activity therefore must be on-going. I believe that I am known and valued as a "doer." Possibly my greatest fear is to be bored or have nothing to do. My life is therefore filled with "to-dos," social events, work, emailing etc. These activities all appear necessary to me, and I can justify them to anyone. At their root, however, may well be a panic that will be triggered if I am not busy. Boredom or having nothing to do, for me, is like being locked in solitary confinement. When asked, I am always "very, very busy." It would be almost impossible for me to spend a day doing nothing.			

Recall in detail specific examples of how you are unknowingly (in the moment) driven by this filter.

Now consider these more useful, fulfilling and mindful reframings of this faulty filter:

As part of my responsibility to contribute in my family and local and global community I will enjoy doing and achieving whatever I can that is helpful.

My doing will be done consciously and mindfully, not just to get it done or avoid boredom. This awakening consciousness will reduce and eventually eliminate my obsessive attachment to activity or "doing for the sake of doing".

I mindfully become aware of my B-FIT's insatiable appetite to do, stay busy, and consume mainly for its own sake or often to avoid the perceived emptiness and isolation of boredom. Now I can experience joy, pleasure and satisfaction from just being as well as doing.

Examples of assets that accompany this filter:

a high achiever
broad range of interests and skills
boundless energy
the team "doer"
highly committed to non-profit organizations

Faulty Filter #8: Need To Be Included	Usually not me (1)	Some-times me (2-3)	Often me (4-5)
I must be included and respected in social interactions or else I feel excluded, hurt and unimportant. I unconsciously feel that people who exclude me do it on purpose, so I have a right to be angry with them (which is one way that my mind protects me from deeper hurt). I must be emotionally accepted by most people I know.			

Recall in detail specific examples of how you are unknowingly (in the moment) driven by this filter.

Now consider these more useful, fulfilling and mindful reframings of this faulty filter:

I enjoy being included and respected in social situations however, I feel equally satisfied in my aloneness. I mindfully experience occasions of non-inclusion in group situations as just unskillful communication skills on the part of others. I now do not take it personally. In these moments I observe my conditioned B-FIT reactions gently welcome these "guests" to stay as long as they need. I know that they are not me, as I am the observer of them.

Provided I am well-intended and conscious in my interactions with others, I know, really know, that being rejected or not included has absolutely nothing to do with me but often is merely an indicator of another person's PFP Brain. I now react from a place of unconditional wisdom and compassion, not dependent on getting their inclusion or acceptance.

Examples of assets that accompany this filter:

highly sensitive to other's needs

generous

champion of the underdog

a true and loyal friend

above average ability to see the best in others (unless they exclude me)

Faulty Filter #9: Need For Ongoing Proof of Others' Worthiness of Trust	Usually not me (1)	Some-times me (2-3)	Often me (4-5)
Others must continually prove to me that they can be trusted and that they like me. I often can't be sure. Possibly abandonment, (perceived or real) by my mother, father or other important figure from my childhood taught me not to trust and not to get close to someone special because they will likely just leave and hurt me. Being intimate is a challenge for me. Therefore, I have many friends but guard against getting too close or dependent with one or two due to fear of rejection or betrayal.			

Recall in detail specific examples of how you are unknowingly (in the moment) driven by this filter.

Now consider these more useful, fulfilling and mindful reframings of this faulty filter:

I feel good when I am in a trusting relationship with another even though I know that they will (because of their own faulty filters) let me down sometimes. I do not need ongoing reassurance of their fidelity, devotion or allegiance to me.

I recognize my B-FIT's resistance and reluctance to enter into intimate, trusting relationships due possibly to my hurt in losing or not having a special person in my vulnerable childhood. With mindfulness, however, I also have learned that I can be authentically intimate and trusting, and experience a special kind of joy and closeness.

I know that I am not this reactive, conditioned B-FIT "small self" but more the "big self" who knows that the B-FIT small self is attempting to hijack the real me. Because of this knowing, I am able to risk building unconditional, intimate relationships, with the full knowledge that some of these relationships can prematurely and hurtfully end, as is the case for everyone.

Examples of assets that accompany this filter:

strong, above average social skills

very, very loyal, trustworthy

an achiever and doer in life

a broad range of friends

thoughtful and generous

Faulty Filter #10: Need For Excitement	Usually not me (1)	Some-times me (2-3)	Often me (4-5)
In order for me to feel good I need excitement, things happening around me. I plan many (more than average) exciting events for months in advance and would feel uneasy and restless without them to look forward to. Obsessive thinking, feelings and behaviour or even regular angry outbursts make me feel calm, good and alive. As illogical as it seems, I know I sometimes "look for trouble," for example by starting an argument, but I just can't help myself.			

Recall in detail specific examples of how you are unknowingly (in the moment) driven by this filter.

Now consider these more useful, fulfilling and mindful reframings of this faulty filter:

Doing new and exciting activities is enjoyable. I can, however, be equally content to just be alone with little or no stimulation, reading, listening or sitting in silence. With mindfulness I am experiencing that less really can be more.

When I observe that my B-FIT is driven with anticipation, I can skillfully bring it to a non-driven state and still feel the full excitement. I can just "be" without being driven by a need for excitement.

Examples of assets that accompany this filter:

a make-it-happen person
fun-loving adventurer
a visionary and idea person
a motivator
an excellent short and long term planner (not necessarily a completer)

Faulty Filter #11: Need To See Myself As A Victim	Usually not me (1)	Some-times me (2-3)	Often me (4-5)
Life and others will always let me down or hurt me. Bad things happen to me much more than to others. I am a magnet for trouble. I feel normal, when I am a victim in life. I misbelieve that I am victimized (and have no choice but to be a victim) much more often than others. When my "suffering" serves to make people pay attention to me, I can sometimes have feelings of being okay because of the supportive attention that I now receive. I generally, however, believe that I am not lovable.			

Recall in detail specific examples of how you are unknowingly (in the moment) driven by this filter.

Now consider these more useful, fulfilling and mindful reframings of this faulty filter:

I recognize that I, like everyone else, have difficult or distressing times—sometimes just events and sometimes an ongoing part of my everyday life. I also accept that some people (possibly me) experience much more difficulty in life than others and it is absolutely not fair – it's just the way it is. I mindfully prepare myself to manage, prevent and change that which can and should be changed.

I often watch my B-FIT "ain't it awful" or "poor me" responses; however, I recognize that these messages are just conditioned responses to difficulty that at one time served me well to cope or get help when I had no other choices.

For things I can't or shouldn't change for now, I consciously and intentionally select appropriate emotional and social responses that include not resisting or pushing away the victimization B-FIT reactions, so they now naturally, quietly and gently leave on their own.

As I become non-attached, more and more I can see the gifts brought to me by difficult circumstances and difficult people. I now know that I have been lovable all of my life.

Examples of assets that accompany this filter:

sensitive to other's pain	risk taker in relationships
highly able to express emotions	helpful to others

Faulty Filter #12: Need to and Deserve to Have Comfort	Usually not me (1)	Some-times me (2-3)	Often me (4-5)
Getting and keeping physical, emotional and psychological comfort is my main goal. When life conforms, I am most happy. When it doesn't, I have a right to feel bad or even to take what I need. I like to keep the peace and avoid constructive conflict, as it is very uncomfortable for me. I am skilled at avoiding conflict by making light of conversation that gets too serious or by not making decisions. One of my favourite hobbies is to "veg out." I try to hide it, but mostly I think of myself first. I like immediate gratification, so I don't tend to plan or think too far ahead. I let others plan and do for me, but they better get it right or I will feel and show my "justifiable" upset—often by becoming moody or sulking. When these comfort goals are met, there is no one more likeable and loveable than me.			

Recall in detail specific examples of how you are unknowingly (in the moment) driven by this filter.

Now consider these more useful, fulfilling and mindful reframings of this faulty filter:

I do like being physically and emotionally comfortable. I feel special when others are thoughtful or kind to me. My feelings of self-worth, however, do not depend on others taking care of me.

Although it is not natural for me, in being thoughtful and mindful I am fulfilled by helping and being kind to others. At these times my B-FIT will sometimes protest, "but what about me," and I can now laugh at that conditioned response. Now, although I still really enjoy being "comforted," I do not need or expect it.

Examples of assets that accompany this filter:

gregarious, fun loving, life of the party

strong social skills, liked by many

peace maker, conflict preventer

above average performer at work

positively responsive when needs are being met

Filters' Summary and Early Recollections' Interpreting Guidelines

Note: An early recollection is an actual memory of a childhood event up to age 12. Start the sentence with "One day I remember".

1. Review all 12 Filters' Themes.

2. Check off the themes where you gave it an 'often me' rating.

3. Read your first early recollection – e.g. "One day when I was about 7 years old, I was playing on our skating pond behind our house. We were having a good time then suddenly the ice broke and I fell in up to my knees. I felt really scared*. My Mom pulled me to safety, but my Dad got mad".

4. Now become the editor of a newspaper and give this story a caption "Little girl scared of sudden loss of control while skating – helped by mother".

5. What might this event be telling you about yourself?
   - I believe that I must be (e.g. not out of control)
   - I expect men/women to be (e.g. women to be helpful)
   - I perceive the world to be (e.g. uncertain)

6. Repeat for all 5 Early Recollections.

7. Determine if there are common themes. All early recollections indicate beliefs/filters.

8. These themes will indicate how your early life programming is today determining much of how:
   - you in general see yourself in the world e.g. I must and should beliefs (usually illogical and outdated);
   - how you in general see others – men and women e.g. supportive, a threat;
   - how you in general see the world e.g. scary, benevolent, exciting;

9. All of these beliefs significantly influence how you relate to the individuals whom you support e.g. your preferences and prejudices (and also your personal life as friend, adult child, partner, parent etc.).

*Feelings could have been embarrassment, excitement, anger, helplessness, specialness etc. which further clarifies the filter e.g. scared often refers to loss of control while embarrassment often refers to need for approval etc.

Filters Record

Early Recollections #1

Age _____

I believe that I must be _____

I expect men/women to be _____

I perceive the world to be _____

Early Recollections #2

Age _____

I believe that I must be _____

I expect men/women to be _____

I perceive the world to be _____

Early Recollections #3

Age _____

I believe that I must be _____

I expect men/women to be _____

I perceive the world to be _____

Early Recollections #4

Age _____

I believe that I must be _____

I expect men/women to be _____

I perceive the world to be _____

Early Recollections #5

Age _____

I believe that I must be _____

I expect men/women to be _____

I perceive the world to be _____

Filters Summary Statements

Note: develop these summary statements using a combination of insights from your birth order and other family of origin influences up to the age of approximately 12, your 'often me' filters assessments and your early recollections.

1. I believe that I must be

2. I expect men to be

3. I expect women to be

4. I often perceive my world to be

Summary

Each of us will probably relate to one or two of the filters themes much more than the others. We all have very personal, unique, private (il)logical filters and are driven by them when we are not mindful. The good news is that with practice we can become highly proficient at immediately being aware of faulty filters when they activate. We can skillfully disconnect from them (that is, not be gripped or driven by them). These B-FIT reactions will eventually come much less often, and our recovery time will be much quicker.

We all probably make hundreds of poor or downright harmful decisions regarding partnering, parenting, friendships, work and change, based primarily on our unknown faulty filters. These outdated programs result in unnecessary resistances, greed and attachments to habits such as over-consumption, jealousy, anger or fear—and we don't even know about them! With skill these programs can be brought into awareness and controlled. Only then will we become reliably able to clarify the situations we are confronted with and choose the best response.

The key to developing authentic compassion for all others—even the most difficult and harmful people we know—is always remembering that they have their own faulty filters that are driving and distorting their reality (thoughts, feelings and behaviours). The person you are supporting is being driven by these same illogical filters. The moments in which we recognize the filters controlling our own or someone else's behaviour are the moments when we can best assess our own progress on the path of healing, maturing and transforming.

I have found that people who have developmental/multiple disabilities commonly have one or more of the following filters because they have learned that they bring supporters to help them:

- They are overly pleasing;
- They are demanding because of hurt, pain or sickness;
- They are chronic complainers due to their filter of entitlement; or,
- They have chronic guilt and are too often apologetic.

Recognizing these filters in people supported will help us respond more compassionately to their needs. How soon and how skillfully we compassionately change what we can and should, and how well we simultaneously keep our heart open to their predicament is yet another manifestation of our wisdom and maturity.

B-FIT Mindfulness Exercise – Reframing Filters – Divide and Conquer

(also reference Exercise #4 B-FIT Mindfulness, Stress Rehearsal)

Always, always tune-in to your own filters that are activated in a moment of crisis. Once you have identified them, activate B-FIT Mindfulness and non-attachment skills.

The key to success in this step is your capacity to "catch," identify and address your own emotions in a given situation. The additional exercise below will build on your "catch" and "calm" capacity with the aid of your B-FIT awareness.

STEP 1: Name one or more of your filters (e.g. "I must gain all others' approval").

STEP 2: Recall a situation where this filter unknowingly drives you to feel and behave a certain way (e.g. needing approval so therefore not constructively confronting a professional or co-worker who is insensitive to the needs of someone they support).

STEP 3: Describe a typical, real-life situation whereby you would be in a filters hijack (e.g. being conflicted/anxious because you should advocate for an individual you support by confronting a team member about their poor support).

STEP 4: Image that situation again however, this time see yourself 'living' the reframe, e.g. being assertive as you advocate for the person you support (e.g. you say what you really think, even if you know the other person won't agree, or even challenge you).

STEP 5: Begin a B-FIT Mindfulness session.

STEP 6: After settling in and becoming very comfortable with the process of being aware and ahh-llowing of your B-FIT senses, deliberately recall the person or situation that activated your filter and caused you stress. After one or two minutes, drop this deliberate recalling and move to step seven.

STEP 7: Observe your B-FIT and ahh-llow your resistance to decrease.

- Whenever you become aware of a body sensation related to a feeling—for example, weakness in your arms which you know is associated with anxiousness—bring your intentions of non-attachment to that sensation, fully experience it and then return to your present focus.
- At each step, as often as possible, intentionally bring a subjective ahh-llowing, surrendering, and matter-of-fact attitude to everything that is being observed. This is being non-attached.
- Conclude all practice sessions with intentions for loving kindness and gratitude and review intentions.

Resource Recommendations for Deepening Understanding:

The following resources are excellent aides to your all-important life task of discovering and disconnecting from your hidden filters:

Emotional Alchemy, by Tara Goleman

Taming Your Gremlin, by Rick Carson

Action Required!

- Using your new insights about your filters, take ten minutes each morning and mindfully reflect on recent hijacks. This practice will bring you the vital wisdom to outgrow the emotional upsets of these situations. This is your inner work. It is also your responsibility to change what should and can be changed. Continuing to play the game of blaming others—as you have since childhood—is no longer an option.

- As part of this reflection, practise the positive self-talk offered with your faulty filter. Change it as much as you need to make it your own. Repeat the reframed, positive self-talk every day—continuing for four to six weeks would not be too much!

- Practise B-FIT Mindfulness skills to build the ability to be aware in the moment that a faulty filter hijack is occurring and maintain that awareness. Be able and willing to disconnect from your driven B-FIT hijack into a more conscious healing and transformative process. For example, make amends, recommit, change behaviour and celebrate progress.

Stop worrying about what others think of you because…it's none of your business.

Part TWO - Appendix II

A Clarifying Process

(Adapted from University Associates Instrument)

Discovering and disengaging from roots of risk has helped you to practice recognizing feelings as they arise and explore your most frequent difficult feelings, their sources in PFP Programming and their payoffs and purposes. This next assessment will give you added insight into clarifying and choosing by asking you to examine two specific relationships in your life.

- Choose one individual on your support team (or in your life), someone with whom you work and have regular positive contact. Fill in your name and their name on one of the following charts. Now complete the next steps, being as honest as you can.

- Read the descriptors across the top of this chart, moving from the lowest level of feedback **you could give to this person** (sometimes) to the highest, most frequent level of feedback (often). Circle the number that best reflects your own feedback in this relationship, and draw a line straight down the page from this number.

- Now read the descriptors down the left side of the chart, moving from lowest at the top to highest at the bottom. Circle the number which best reflects **your behaviour in this relationship**, and draw a line straight across from this number.

- Now complete the second assessment chart (using the same instructions in #2 and #3 above) about a relationship with someone on your support team that is not so positive—possibly someone with whom you don't get along. Try to choose someone with whom a more positive relationship would be of benefit to you and the person you support.

- Do this before you read on.

- Compare the two different assessments.

- Now use the interpretive template below to assess these two relationships, especially the amount of authenticity you have (top left box) as compared to "relating from a false sense of self" (top right box). How do your relationships with these two individuals compare?

Relating: _____ **to** _____

Your Name **Their Name**

Emotional Self-Regulation Relationship Self-assessment

Asks for Feedback →

You seldom ask for feedback - little information about how you relate to this person is requested. You generally do not appear to appreciate constructive criticism. You get 'hurt' or withdrawn, angry, powerful or defensive with constructive criticism.

You frequently ask for feedback. You accept constructive criticism but do not generally encourage it.

When appropriate, you usually ask for feedback and you want to know how this person experiences you. You readily express appreciation to this person for their feedback. You do not get powerful or withdrawn when given negative constructive feedback. When appropriate, you usually change your behaviour based on feedback.

You seldom tell this person how you feel or think about relationship issues or their behaviour. This person usually doesn't know how you experience them. You tend not to express opinions on 'sensitive' relationship issues.

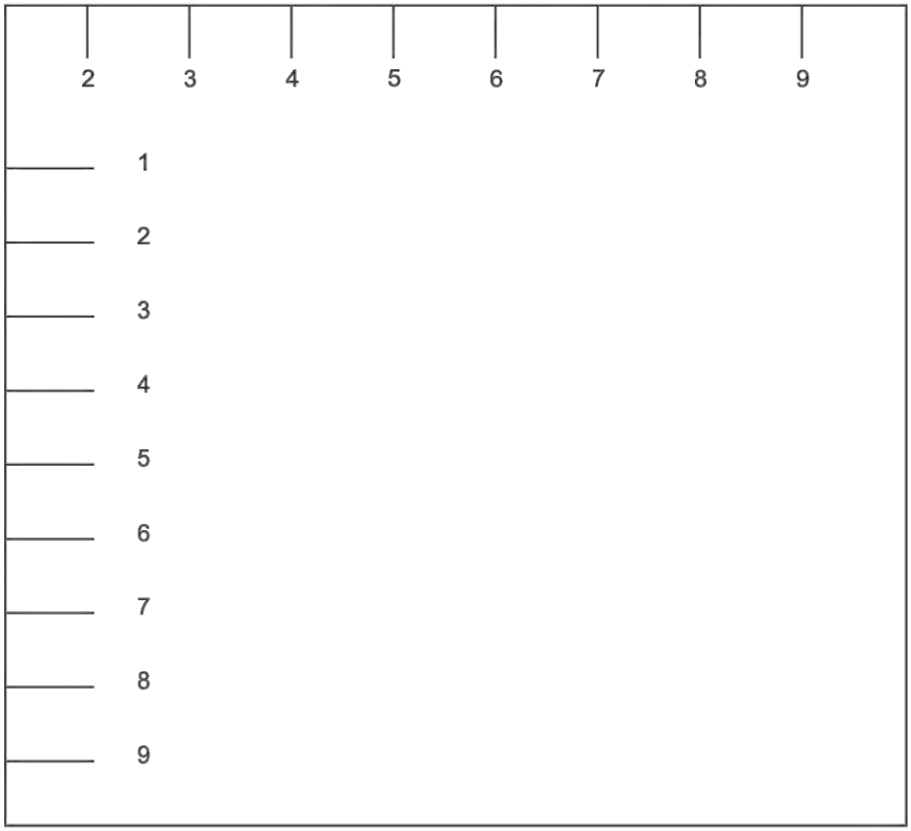
Gives Feedback (Self-Disclosure)

Sometimes

You frequently tell this person how you feel and think about them, their behaviour and/or other relationship issues.

Often

You usually tell this person how you feel or think about relationship issues or their behaviour. This person usually knows your opinions on sensitive relationship issues.



Relating: _____ **to** _____

Your Name **Their Name**

Emotional Self-Regulation Relationship Self-assessment

Asks for Feedback →

You seldom ask for feedback - little information about how you relate to this person is requested. You generally do not appear to appreciate constructive criticism. You get 'hurt' or withdrawn, angry, powerful or defensive with constructive criticism.

You frequently ask for feedback. You accept constructive criticism but do not generally encourage it.

When appropriate, you usually ask for feedback and you want to know how this person experiences you. You readily express appreciation to this person for their feedback. You do not get powerful or withdrawn when given negative constructive feedback. When appropriate, you usually change your behaviour based on feedback.

Sometimes Often

2 3 4 5 6 7 8 9

1 2 3 4 5 6 7 8 9

Gives Feedback (Self-Disclosure)

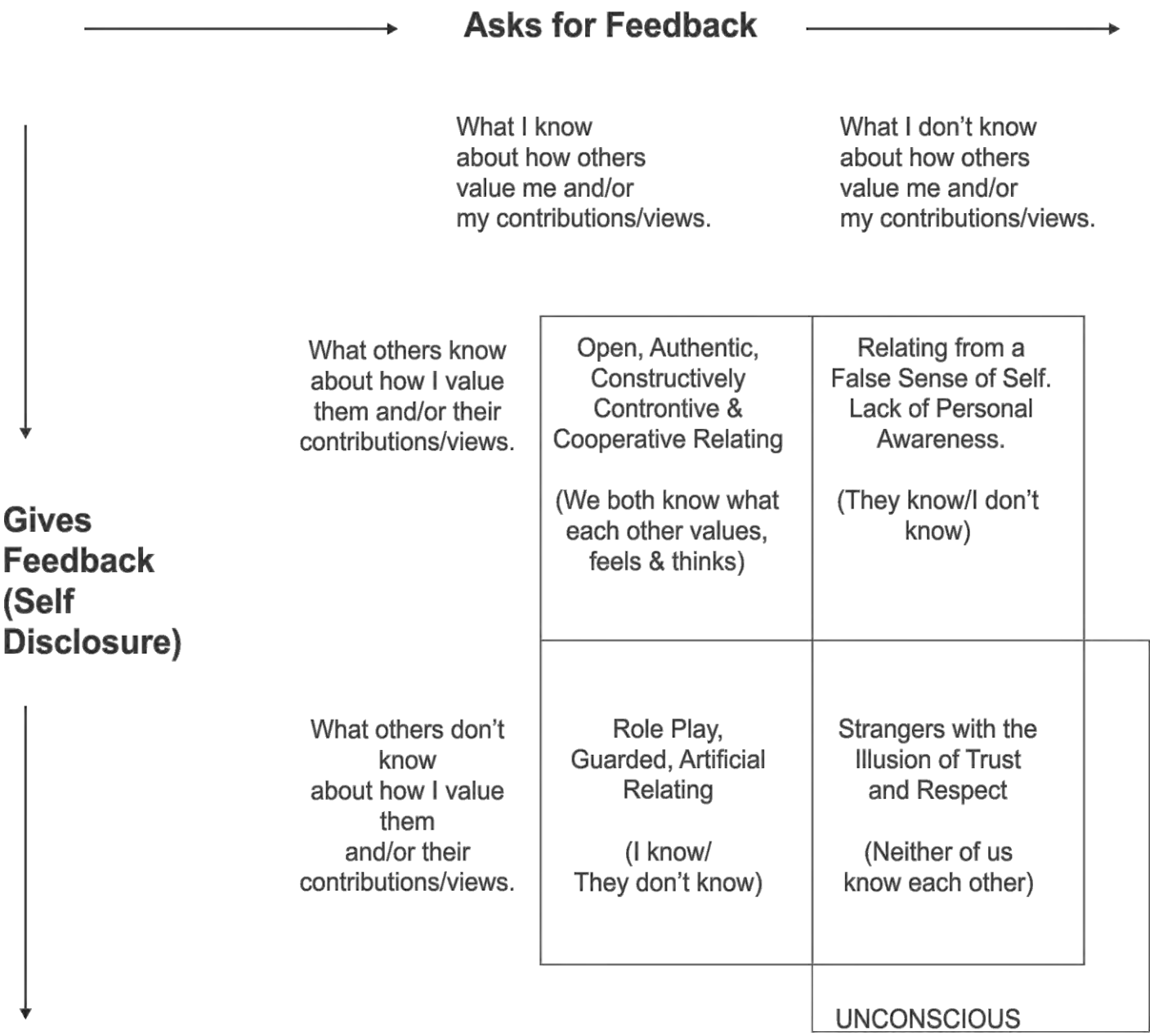
Sometimes

Often

You seldom tell this person how you feel or think about relationship issues or their behaviour. This person usually doesn't know how you experience them. You tend not to express opinions on 'sensitive' relationship issues.

You frequently tell this person how you feel and think about them, their behaviour and/or other relationship issues.

You usually tell this person how you feel or think about relationship issues or their behaviour. This person usually knows your opinions on sensitive relationship issues.


Asks for Feedback
What I know about how others value me and/or my contributions/views.
What I don't know about how others value me and/or my contributions/views.
Gives Feedback (Self Disclosure)
What others know about how I value them and/or their contributions/views.
Open, Authentic, Constructively Controntive & Cooperative Relating
(We both know what each other values, feels & thinks)
Relating from a False Sense of Self. Lack of Personal Awareness.
(They know/I don't know)
What others don't know about how I value them and/or their contributions/views.
Role Play, Guarded, Artificial Relating
(I know/ They don't know)
Strangers with the Illusion of Trust and Respect
(Neither of us know each other)
UNCONSCIOUS

RELATIONSHIP AWARENESS: _____ **TO** _____

Your name **Other's name**

Plan for Action	Relating Authentically/Open Discussion and Feedback
Benefits	1. 2. 3.
Challenges to Change	
Planned Changes	

Most Important Completion Step:

Plan to meet with this person. Ask for feedback and, as appropriate, using "right speech" (useful, truthful, kindly and timely), ask for permission to share one personal insight into your relationship with them.

Practise this conversation during several *B-FIT Stress Rehearsal* exercises.

As you have just discovered, the most healthy and helpful relationship is one that is open and authentic. Only when both participants know how the other person values them and their contributions can both people be constructively confrontational and co-operative. Now imagine what this kind of open and authentic relationship would add to all of your connections with the people you lead, support and with your co-workers.

Part TWO - Appendix III

How PFP Filters Influence the Quality of Leadership and Support Services

You will recognize these filters as the ones you worked through for yourself in Appendix I. This chart offers you further insight into how these filters might look in a support situation. This information will help to reframe the destructive elements of your filters as it applies to offering supports.

Description of PFP filters	***Assets (to be enhanced)***	***Potential Barriers or Limitations (to be overcome)***
I must be in control and/or I must not be out of control	▪ takes charge ▪ excellent doer ▪ excellent problem solver ▪ well organized ▪ good decision maker ▪ questions authority, therefore a good advocate	▪ can alienate others due to take-charge attitude ▪ overly prone to power struggles ▪ anxious when not in control –entrains individual to fear ▪ resists new approaches or coaching activities ▪ does not receive criticism well ▪ needs to have own way
I need to be right or I need to get it right	▪ very high standards of support that is offered ▪ follows direction/authority ▪ can be well organized ▪ excellent verbal and written skills ▪ high fairness value	▪ fear of embarrassment limits inclusive activities ▪ only offers support that is 'tried and true' ▪ more limited creativity ▪ not a great decision maker ▪ critical of others when high standards are not met ▪ takes criticism poorly ▪ conforming, therefore not a strong advocate ▪ sensitive, easily hurt
I need to perceive approval or being liked by others for my actions	▪ higher than average compassion (however conditional on being appreciated) ▪ consistently good moods and pleasant personality	▪ compassion is dependent on the person supported being appreciative, likeable ▪ fear of embarrassment from looking bad limits inclusive activities

Description of PFP filters	*Assets (to be enhanced)*	*Potential Barriers or Limitations (to be overcome)*
I need to perceive approval or being liked by others for my actions	▪ very thoughtful ▪ non-critical of others ▪ above average fairness to others ▪ strong intuitive skills ▪ excellent social skills	▪ sensitive, easily hurt, so support can be inconsistent ▪ not a strong advocate with professionals when needing to challenge authority ▪ too conforming to advocate for change
I need to be treated fairly (as I define fairness)	▪ above average fairness to others, therefore a very good team member ▪ excellent social skills ▪ very thoughtful ▪ highly motivated to be of service and compassionate when the need is obvious ▪ openly appreciative when treated fairly ▪ excellent advocate for Individuals	▪ can be self-centred when a sense of entitlement drives the sense of fairness (limits potential as a supporter) ▪ can be moody, even vengeful, if treated unfairly ▪ often perceives rejection and so limits extent of caregiving and supporting ▪ prone to power struggles (covertly and overtly) if unfairness is perceived
I need to feel self-righteous	▪ prone to be "good" (morally and socially) ▪ high standards of accomplishment ▪ hard worker ▪ good with personal support ▪ idealistic	▪ too often self-righteously judges or criticizes others ▪ need to look and be good and conform can make me a poor advocate to change/improve services

Description of PFP filters	*Assets (to be enhanced)*	*Potential Barriers or Limitations (to be overcome)*
I need to be busy	▪ very hard worker on any team ▪ excellent involvement in inclusive community activities ▪ exceptional energy ▪ good decision maker and problem solver ▪ broad range of interests ▪ good at personal support, homemaking	▪ critical of other team members ▪ standards of support can be below standard as activity, being busy, is the real need ▪ low feelings of job satisfaction and fulfillment ▪ becomes bored easily ▪ worry and anxiety can result in looking for conflict to relieve these feelings
I need to be included	▪ when I perceive being included, I am an excellent contributor to the support team and the person supported ▪ conditional kindness and compassion ▪ open to trying new activities ▪ inclusive community advocate ▪ good with personal support	▪ when I perceive not being included in team planning or activities I feel hurt and excluded and often "emotionally" check out of the support team ▪ sensitive, easily hurt when I perceive not being the person's favourite supporter
I need excitement to feel okay	▪ a good justified risk taker, will try new support initiatives ▪ a make-it-happen person ▪ a team motivator ▪ a visionary and ideas person ▪ fun-loving adventurer	▪ can go looking for trouble or argue – just to have some action. ▪ not big on details ▪ not big on completion and follow through after initiating a support activity ▪ attention to support needs can be limited

Part TWO - Appendix IV

Recommended Reading

Benson, B.	*Cognitive Biases*
Blakeslee, M & S	*The Body Has A Mind of It's Own*
Doidge, N.	*The Brain's Way of Healing*
Eagleman, D.	*Incognito*
Eagleman, D.	*The Brain*
Fine, C.	*A Mind of Its Own*
Gazzaniga, M.S.	*Who's In Charge?*
Gladwell, M.	*Blink*
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*

PART THREE:
THE SERVICES DELIVERY 5 C's PROCESS

No Hope for Results?

Do not depend on the hope of results. We may have to face the fact that our work will be apparently worthless and achieve no results at all. Perhaps it may even bring about its opposite.

As we get use to this, we start to more and more concentrate not on results but on the value, rightness and truth of the work itself.

Thomas Merton

INTRODUCTION

No matter what the 911 call, when EMS (Emergency Medical Services) responders arrive at the scene and find someone unconscious, they fairly quickly implement their ABC protocol (i.e. they check for Airway, Breathing and Circulation). This is always the start of their support process.

Even with the knowledge and know-how of the Hierarchy of Best Practices learned in Part ONE and the compassion and kindness fostered by enhanced consciousness learned in PART TWO, the supporter requires one final essential skill set in order to be fully competent. I call it the *CCS* – 5 Step Process. It is my version of 'the ABC protocol' for we who support others.

You will recall from the introduction that our summary of support sciences suggests that delivery of optimal support only happens as a result of the following needs being met.

CCS Optimal Support

Below I tell the true story of a terrible accident that I witnessed and became involved in and how following the steps of the *CCS* 5 Step Process allowed me to respond as fully as I possibly could.

Ben, me and Me: CCS in Action

Several years ago, I was driving home on a rainy morning when I came upon a terrible accident. I arrived just minutes after an SUV rolled and tumbled many times, leaving the young driver pinned upside down by the crushed roof. Smoke was coming from the car.

One person had stopped to direct traffic, while another was on her cell calling for help. I pulled over to see how I could help. Part of the driver's upper body was hanging out of the window, suspended in the air by his seat belt. As I approached his semi-conscious body and realized he was bleeding from many sources, my mind tried to figure out what to do.

The smoke coming from the vehicle indicated more danger, but he was crushed so tightly he could not be moved. As he moaned, I looked for ways to stop the bleeding, but some of the sources couldn't even be seen.

I knelt down, held his blood-soaked hand and offered him all that I could: my barely coherent words of "hold on" and "help is coming" and "I am HERE."

Help did come. Skillful and dedicated paramedics worked to stop the bleeding and reduce shock. Firefighters with jaws and saws pulled the metal off his mangled body.

Then I just kept talking to him, and police and bystanders provided valuable support. I stayed to comfort the victim and to keep him focused on living, to fight for his life—until he lost consciousness, telling him to hold on and breathe. The noise of sirens, machinery and urgent voices were like a distant background hum.

In about two hours it was over. He died. I sobbed as if I had known him all my life; but no, we were just two strangers connected—by what? As I washed the blood from my hands in a rain puddle, a police officer came over and sensitively said, "Good work. Thanks for your help." I looked at him, but neither of us said anything else.

Anyone at the scene would have reported my role just as I have but this is a very incomplete picture of what was happening to me subjectively, internally.

When I first saw the accident I felt physically weak. I CAUGHT my mind racing with two main thoughts. I watched one thought that said, "This is awful; I want to help, but what can I do?" The second thought I caught was rationalizing why I didn't need to get involved: "Help is on the way; the professionals will be here in minutes." BEING AWARE of these thoughts helped me to not be driven by them so that I could objectively clarify how to respond to the best of my abilities.

As I rushed out of my car, I INTENTIONALLY directed some of my awareness to being mindful to CALM myself. While I logically assessed the situation, I also focused some of my attention on the body sensation that was most obvious—my arms—saying the words "HERE, NOW, AHH-LLOW. This dual focus on CATCHING and CALMING helped me to CLARIFY the needs of the situation objectively, so instead of being overwhelmed I could effectively offer care and support. This little technique of catching, calming and clarifying gave a bit of space between me and my resistance: I would lose that space, then get it again, lose it and get it again. The mind has a mind of its own, right?

By paying attention to my thinking, feeling and body reactions I became aware of the source of my resistance, and labeled them: "Ah, there is fear—ahh-llow." *Ahh-llow* is the word I mindfully say to myself to lessen resistance to my most difficult feelings of anger, fear etc. I observed my talk thoughts as they came and gently whispered to myself, "Talk—Ahh-llow." This mindful observing kept me less identified with the anxiousness and insecurities (no longer my anxiousness) and helped me maintain my calm.

As I approached the young driver—his name was Ben—the fear and the thoughts heightened with each step: "What if the car caught fire, what if, what if …." Although the reactions almost drowned me at times, I worked to relate to the fear (there is fear) rather than continuously reacting from it (I am afraid).

When I took Ben's blood-soaked hand I CAUGHT myself having more resistance—the fear of contracting AIDS, highly unlikely, but still an automatic resistance. My chest was tightening: I labeled it "chest" and INTENDED it to ahh-llow, CALM. As a result of this mindful catching, calming and clarifying that I was working to experience, I was able to respond to Ben's needs.

Within about five minutes, the mindful presence I was able to summon brought me to my first real moment of awareness of Ben's suffering—the incredible body, mind and emotional pain he must have been experiencing. This was a clear shift away from my preoccupation with my shocked senses' reactions to a much deeper level of CONSCIOUS CONNECTING. This shift carried me from my concern for me to my concern for Ben, from my passion about me to compassion about us. From here, I could offer him the best CARE possible at this time.

A little later I CAUGHT myself feeling a little irritable, almost angry. I realized that the apparent source was that no one who really knew what to do was relieving me, but in truth anger just auto-piloted its way onto the scene to distract me from my more painful feelings of vulnerability. I CLARIFIED this, and said to myself, "Ahh—anger. Ahh-llow." Throughout, I kept my focus on Ben's needs, and kept reassuring him that he was not alone.

When it became obvious that Ben had died, a deep grief came over me. A terrible sadness. I sobbed. I had experienced death before in my palliative care work but Ben's dying process had been so violent. My throat felt totally closed; I was taking slower and shallower breaths. Such suffering that lay ahead for Ben's spouse, child and/or parents when they received the news. "Ahh—there is sadness. Ahh-llow." As I washed Ben's blood from my hands, I worked to be ahh-llowing of my judgments: such an unnecessary tragedy! How unfair! "Ahh—judging. Ahh-llow."

When the policeman said, "Good work," my mind added shame and guilt to my confusion and vulnerability: I knew one part of me hadn't wanted to be there. I gently CAUGHT and CALMED the new body and mind activities that shame and guilt had brought.

Throughout this two-hour experience, mindfully catching, calming, clarifying and connecting enabled me to draw on my learned skills, such as mindful emotional intelligence. This Conscious Care and Support Process also helped me to have the presence to disengage from the unhelpful messages that continuously came to me from my "little boy's" roots of vulnerability.

As I caught myself having stressful feelings, this awareness helped me to calmly experience them so they did not escalate into uncontrollable levels. From this calm place I was able to have perspective, confidence and a more skilled response. The compassion that my mindful practice had developed in me spontaneously activated, opening my heart to do what I could for Ben, as if he were my own son.

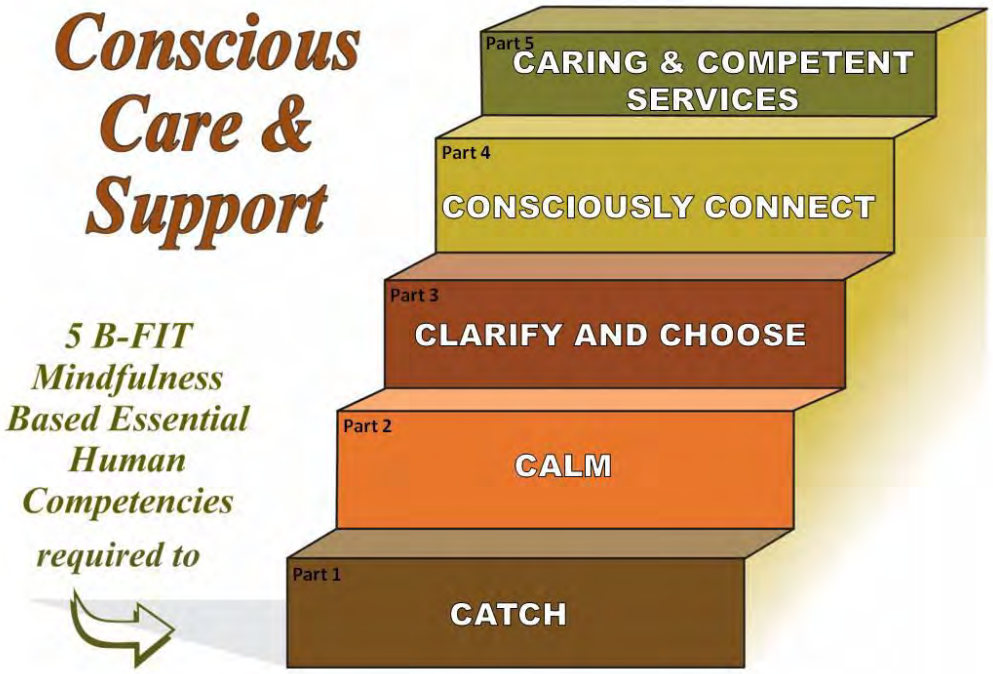
Being mindful/conscious in extreme and even not so extreme times of supporting others is not a neat and tidy, choreographed process. From the inside, it often ain't too pretty. It is, however, much more skillful and meaningful—and less scary—than my PFP-identified little boy self would have it. I sense that this little boy will demand attention until about an hour after I die, and that's okay. He is what he is: a graduate of my "somebody school" who has served me well at many times throughout my life. Bit by bit I am learning to **simultaneously, mindfully live with him** and also **with awareness of him** and therefore **be less driven by him**.

This process, as uncoordinated as it seems to be in the marketplace of life has allowed me to know a vitally important truth through direct experience. The truth is that there is potential in all of us for a very unique experience in each moment when our vulnerable little boy or girl is combined with--**not replaced by**--mindfulness, ahh-llowingness, intentionality and the other personal and professional emotional self-regulation essentials to be learned from this book.

Ben's story is true. It's also the perfect, working example of how the skills you are about to learn through the *CCS* 5 Step Process will guide you through even the most high-stress situations. Although our *CCS* training will bring these insights, skills and perspectives to the situation, we still experience much of the normal and predictable mental, physical and emotional responses to human suffering. However, at the exact same time, we can authentically and consciously connect to the situation in a more effective and meaningful way to offer open-hearted support, care and best practices.

Throughout this Part THREE we will continue to refer to the *CCS* 5 Step Process as *CCS* and these qualities as being **mindfully emotionally self-regulated and mature**. The process is explained in steps because there is a natural order to how we move through them; in practice, however, you will find that once you have mastered them they occur almost concurrently when you are called upon to respond to someone in need, as I did in Ben's story.

The following illustration briefly defines the five, near concurrent steps of the *CCS* services delivery process.

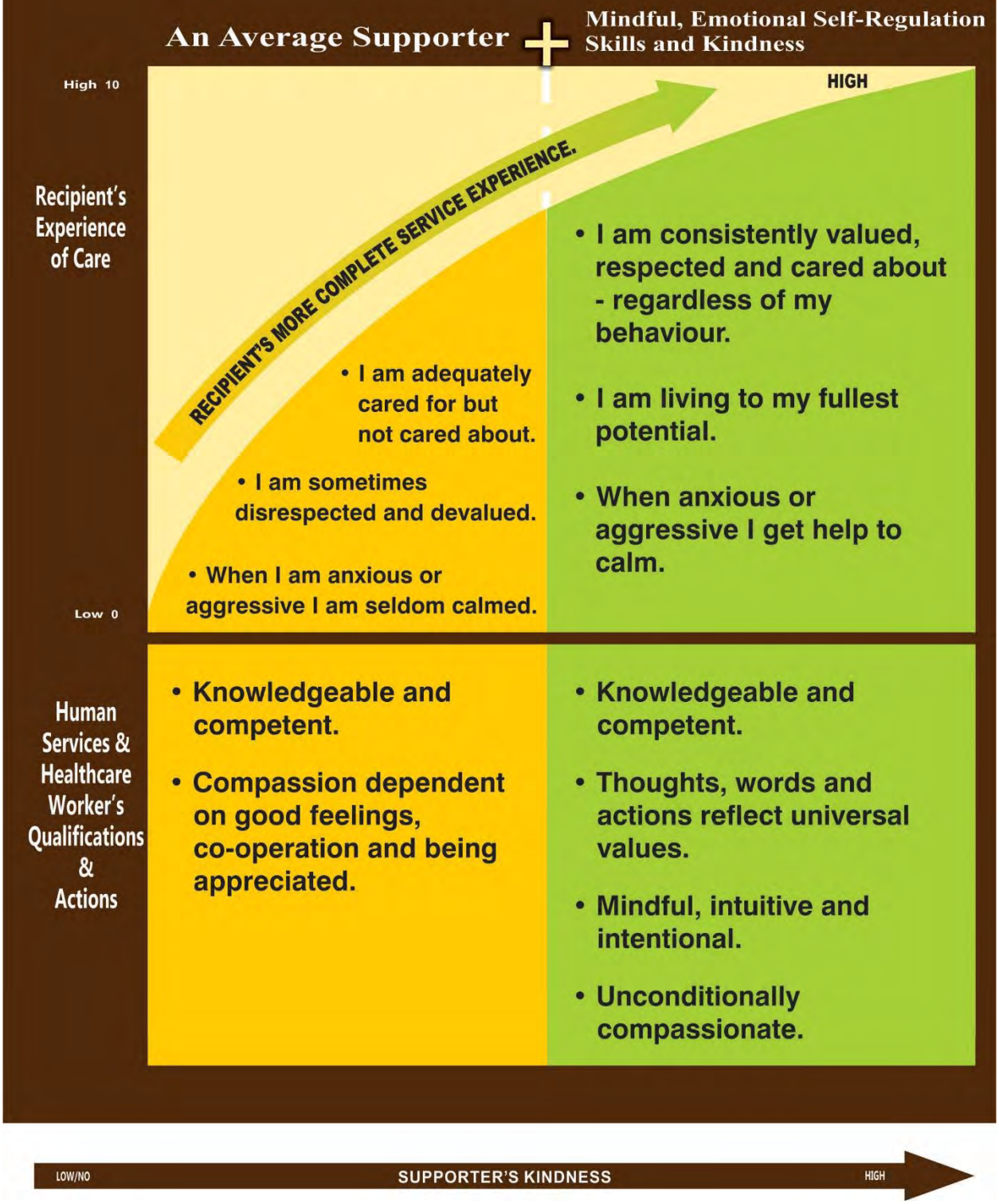


Now it's time to start to learn and work with the services delivery process. Each of the following sections will present one step in the *CCS* process. Learn and understand each step and the essential competency that it supports. Practice the exercises over and over again until they become second nature. If you do this—and to the degree you do this—you will find that even in an emergency or a crisis situation you will complete each step automatically and almost simultaneously. When this happens, you will also change your outcomes and the experience of both you and the person you are supporting. It is also important to understand that the *CCS* process is not just a crisis response. Used consistently, it can transform every interaction, no matter how extreme or small into a meaningful, kind and effective support or leadership experience for both of you.

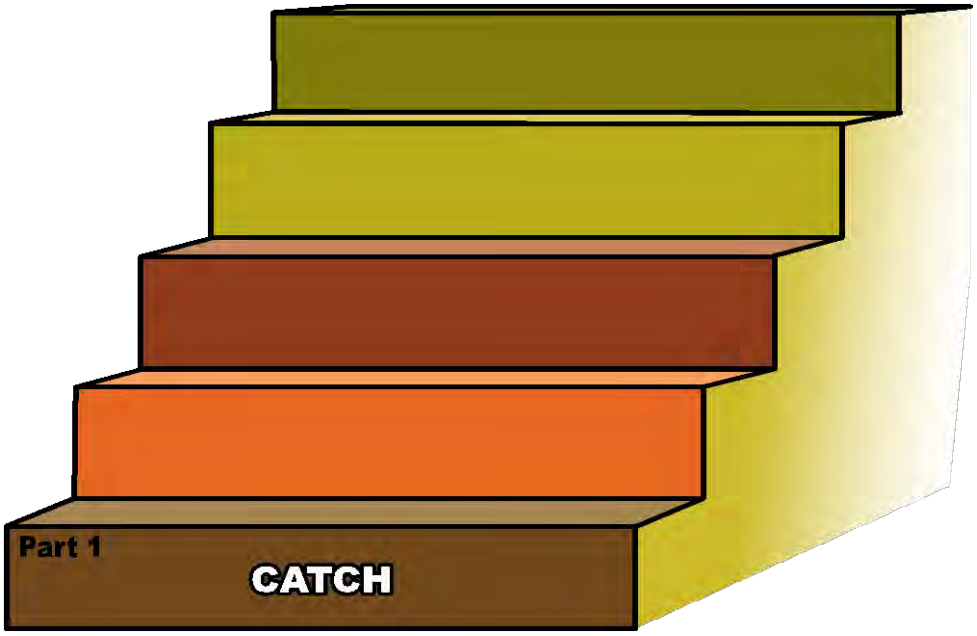
The following illustration describes the difference in the care recipient's experience when the best practices for support, consciousness and delivery process is more complete as shown above.

OPTIMAL CARE and SUPPORT

Depends on the Supporter's Mindful, Emotional Self-Regulation Skills & Kindness



Section One: CATCH



"I catch myself being here, now: present."

I AM AWARE

By **catching** I am referring to your awareness when you realize that you are **here** "in the present," NOW and experiencing something in this moment. For example, you as a leader are **aware that** you are engaged in a staff development interaction whereby you are bringing the person to an awareness of a less than optimal way in which they impatiently responded to a person they support. Or similarly, you as a supporter are **aware that** you are helping someone eat a meal and paying attention to what you are doing.

To be this aware, you start by paying attention to what you are doing. It is as if you were driving your car and a police car were right behind you—really focused on your driving but also one-hundred percent **aware** that you are being followed.

"Catching" is the opposite of how you normally drive your car: put the key in the ignition, and suddenly you are at your destination, without really knowing much of how you got there because your mind was somewhere else. You were not at all aware of what you were doing at the time or that you were doing it!

Why is Catching Important?

Typically, without knowing that we are "here" in moments of leadership, care and support, we will react with the behaviours and feelings with which we have been PFP programmed through

our conditioning and biochemistry. As a result of mindless PFP Programming, our reactions are usually automatic and unconscious.

When under pressure, these reactions can rapidly take the leader, supporter or caregiver into an indifferent/tuned-out or "freeze, fear, flight or fight response". This often results in not remembering to do or say what is best practice. In turn, the reaction of the staff or person supported can become more extreme. If, for example, the person supported is agitated, it can escalate to anger or aggression as a result. Here's an example of how this might play out. A person supported might not want to be touched because of a sensory defensiveness problem. An unaware supporter—one who doesn't catch themselves in that moment—may miss this cue and trigger agitation in the person. If the supporter then reacts to this agitation with an automatic fear response, challenging behaviours will probably result with risk to both.

As this example demonstrates, the terrible cost of not catching is that few of the excellent support skills and insights that have been learned and valued by the supporter will be brought to a support situation. This is especially true once we start to mindlessly experience even the first inkling of an **emotional hijack**—a situation that triggers an emotion in us that quickly takes us somewhere we don't want to go: overwhelm, irritation, impatience, indifference, fear, guilt.

Catching is also critical for an effective leader. As leaders we have formal and informal power to influence the ways that supporters offer care and support. As discussed in the introduction, most of this power to influence comes from being trusted by employees to always be fair and respectful as we firmly hold them accountable. Knowing that you are interacting with them is critical for you to lead the best possible process, be it complimentary or constructively criticizing.

What are Examples of the Benefits of "Catching"?

Catching ourself being **here** is a subtle but potentially powerful dimension of mindfulness that is extremely important for not only effective communications as a leader, but also authentic wisdom and compassion as a supporter.

With increasing perspective we see that all of our ego identities, models and self images can be useful, but need not be entrapping. We may gain this perspective very slowly, but the direction is clear. As we lighten our attachment to self image, we find a different vantage point, from which to observe who we are and who others are.

It's as if you lived in a little town and you go up to a mountain top and, looking down, you see how you move about in the course of an ordinary day. You see your route to work, where you go shopping, the main thoroughfares, your short cuts, your daily routines – you're seeing all of that from up there. Then you return to the village but now, when you are moving around town there after, there's a part of you that always recalls the perspective from above. As you go through a day, you are still watching it all from up there. (i.e. catching yourself being here in each moment.)

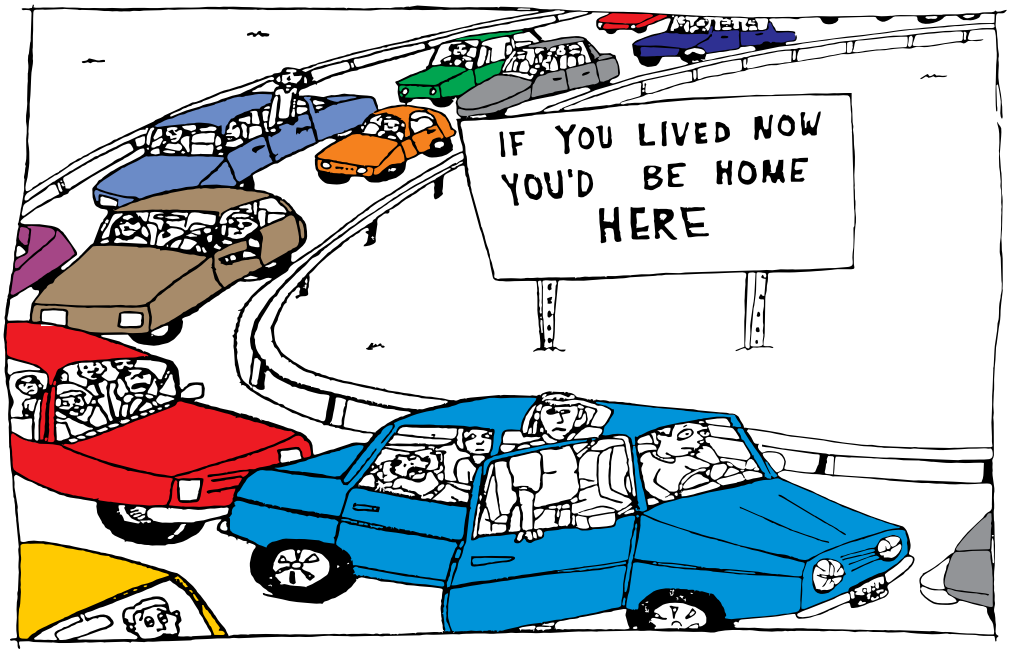
Ram Dass and Paul Gorman

The wisdom of **here**—knowing that I'm **here**, in this moment—offers the following benefits:

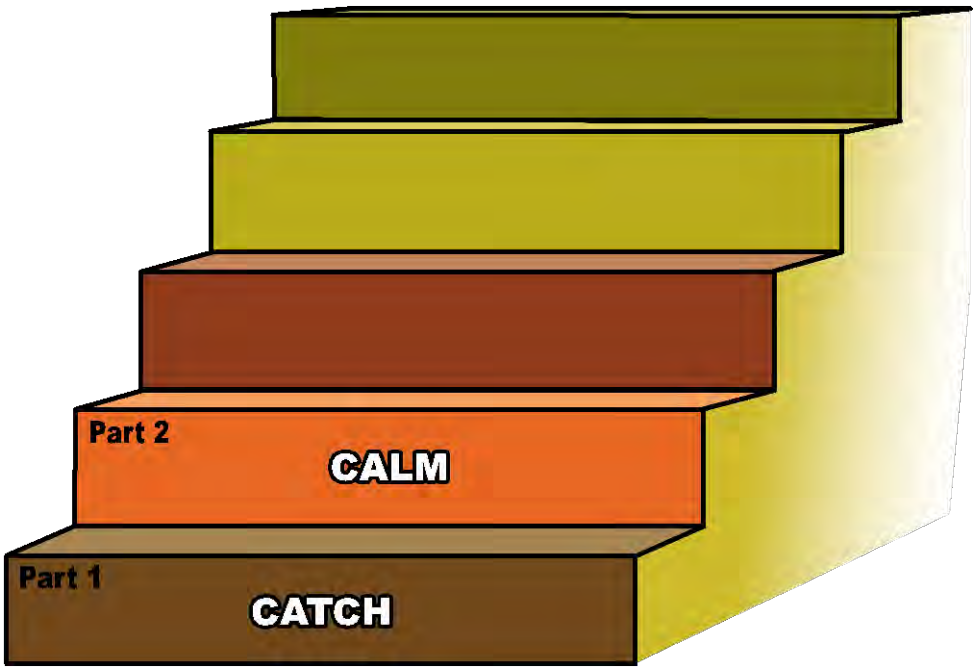
- **Here** can be an effective trigger to activate insights, and skills learned in other leadership or support and intervention trainings (e.g. active listening or crisis intervention).
- **Here** can be a vital, timely prompt to intentionally activate insights, wisdom and skills learned through other personal growth experiences (e.g. empathy).
- **Here** can give us an early warning signal that an emotional hijack has started to occur in ourself or another (e.g. to become aware of a feeling of irritation or impatience).
- **Here** opens the door to bring immediate perspective to this moment. "Ahh— relative to other possibilities, this situation is pretty good".
- **Here** enables us to more fully experience the wonderful moments of laughter, fun and humour with individuals we support.
- **Here** reminds us to slow it down, which in turn promotes non-driven doing instead of doing something just to get it done.

With practice, "catching"—**knowing that** I am **here** and experiencing—starts to become normal. As this happens, catching actually becomes less necessary. We won't need to catch ourselves to come back to the present moment and give optimal care and support, because we won't leave the present moment as often.

Of course, we must first learn each step of *CCS* before they can become automatic. The way to learn them is through the essential competencies and the exercises attached to them. The competency necessary to be able to catch ourselves automatically is "B-FIT Mindfulness" as learned in practice in Part TWO.



Section Two: CALM



"Being aware and ahh-llowing of B-FIT,
I calm myself and therefore calm others".
(Reference B-FIT Mindfulness Tool # 3 Equanimity)

To be calm is to subjectively, internally experience body sensations, feelings and thoughts peacefully—regardless of their survival-based messages or any chaos or threat happening in our external world.

After you have **caught** yourself and brought yourself fully into the present moment, the next step in *CCS* is to **calm** yourself and the individual you are supporting if there are any signs of stress in either you or them. In this Section, you will learn more about how to calm yourself and others through the *CCS*, BB-ABC process as taught in Part ONE, Need #1. Fundamental to the BB-ABC process is learning the generic skill of conscious calming.

Difficult Emotions and Challenging Behaviours

On occasion, sometimes the person supported will require help to peacefully process difficult emotions and/or challenging behaviours. *CCS* trains supporters to remain safe and keep care recipients safe. This means to be highly respectful and responsive to care for—not clash with—individuals who may need firm, yet sensitive verbal and occasionally physical redirects.

Our human and health services sectors have come a long way in care and support for individuals who are experiencing complex and challenging support needs and behaviours, including non-

violent interventions and persuasions. I think, however, that the unintended mindless, and therefore stressful, reactions of many interveners and persuaders still too often results in experiencing emotional trauma for both the recipient and supporter, because of the supporter's emotional stress at the time. **It is just not enough to tell a supporter to stay calm and not be stressed**. This is a learned skill that must be taught. Effective redirecting must be a firm but conscious/mindful process, not a mechanical tactic or strategy. Any attempt to redirect without having calm will usually make matters worse.

It all begins to work together. Once the mindful, emotionally mature leaders and supporters truly integrate *CCS* insights and skills into their practices, their new-found self-awareness, peaceful actions and self-assurance activate positive intentions. This results in the calm and well-being of both supporter and supported. In these interventions, the supporter's deeper natural quality of empathic compassion has great potential to transform difficult feelings and behaviours into more manageable ones.

With typical crisis intervention or management, today's use of mindless and sometimes powerful redirects and physical restraints can often sow the seeds of tomorrow's anxiety, anger and even aggression. Think about this. A highly distressed individual becomes aggressive because they are afraid of or agitated by something in their environment. In response, they are powerfully redirected or physically restrained, which makes them even more afraid and agitated. The next time they experience the trigger that caused their initial aggressive reaction they will also trigger this new fear and become even more agitated. As a result, using the *CCS* process facilitates both today's and tomorrow's more harmonious care and support activities.

These moments of offering optimal care and support during times of challenging needs are also invaluable as an opportunity for supporters to practise compassion and thereby emotionally mature on our path to wholeness.

What are the Costs for not Being Calm?

We are naturally conditioned to experience problems, chaos or threats by becoming almost totally preoccupied with what is going to happen next. Our autonomic nervous system then reacts as it has been trained to react to survive a threat "in the jungle." For example, our feelings and behaviour can at a moment of crisis instantly become driven primarily by basic animal instincts. If we react with panic, we will not only be unable to draw upon our own best responses to improve the situation, we will actually make the situation worse by fueling the fire with our own uncontrolled emotions. At the very best, we might simply use withdrawal or indifference as defense mechanisms.

There is another risk as well. Without being **here** and being calm, a supporter can influence others to their own elevated levels of agitation and sometimes even anger or fear—often without knowing it. Think of any highly effective emergency response that you have witnessed, in real life or even in a film. I will bet that the responder acted with quiet and calm.

What is the Benefit of Calming?

When calm, the supporter is in the optimal state of mind to remember and to implement best practices: procedures, policies and applicable care and support skills.

The very good news is that just staying calm will automatically influence others to a level of relative calm that would not otherwise happen (reference Part TWO, Emotional Contagion). Remember that the first step to becoming calm is to CATCH yourself being "HERE".

This skill of learning to be calm and calm others is essential for all leaders and supporters. The nature of our vocation is that many people supported have needs that sometimes are not met or even understood, and this can result in their anxiety and fear and then anger or aggression.

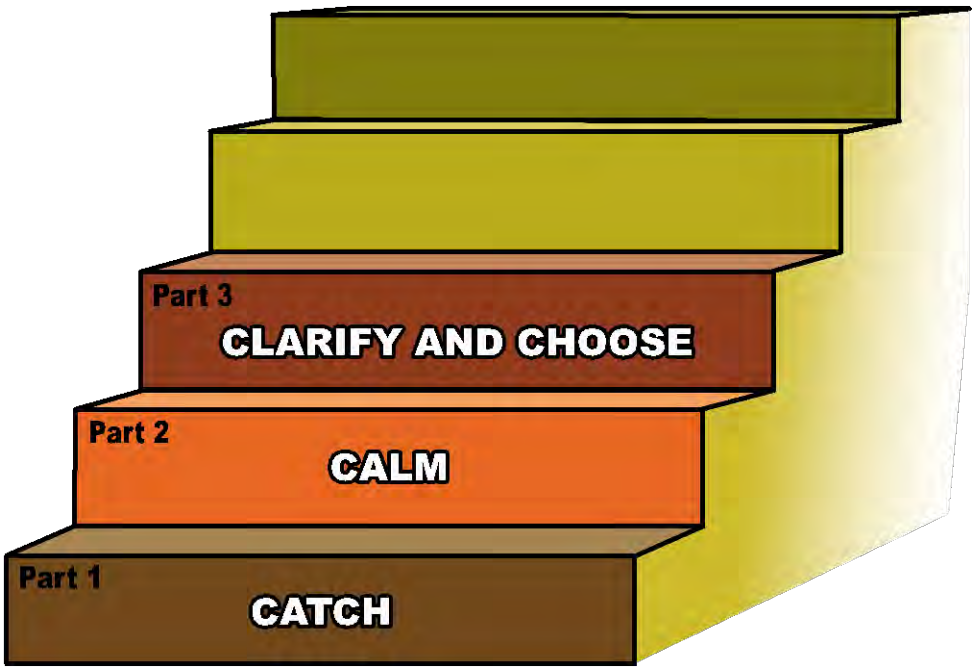
How Calming Happens

Logical processing, for example, rational and analytic thinking is a left brain function. Most people spend most of their days in left brain activation. The following progression, adapted from *The Blissful Brain* by Dr. Shanida Natarja, shows an alternative path that leads to calming:

Catch and Pay Attention to B-FIT
↓
Attention is a Right Brain Function
↓
Paying Attention then Activates the Right Brain
↓
The Urgent/Frantic Left Brain Thinking Subsides
↓
The Adrenaline Releasing Sympathetic System of Freeze, Fear, Fight or Flight is Turned Down/Off
↓
The Parasympathetic System of Calming and Connecting is Activated by Right Brain Activity
↓
The Vagus Nervous System is Turned On

A blissful, peaceful state arises with the activation of the parasympathetic and vagus systems', neural, hormonal and other triggers. This produces clear, alert and intuitive mental states resulting in significantly higher levels of "knowing" (beyond cognition) and learning. Lowered breathing rates and blood pressure are the result of the amygdala's (the brain's emotional gate keeper) new focus to the brain's calming structures away from the limbic survival-oriented brain.

Section Three: CLARIFY AND CHOOSE



"I objectively clarify my emotional state, the emotional state of the individual I am leading or supporting and the needs of the situation. I then choose what actions to take."

> ***The best way to succeed is to have a specific intent, a clear vision, a plan of action, and the ability to maintain clarity.***
>
> Steve Maraboli, *Life, the Truth, and Being Free*

The purpose of this section is to further develop your mindful, emotional self-regulation skills and kindness. Building on the mindful "catch and calm" skills explored in Sections 1 and 2, family and support professionals must, moment by moment, accurately **clarify** all of the support needs in each situation in order to be able to **choose** optimal best practices for the person supported. In order to do this, each of us must develop a high degree of mindful, emotional self-regulation skills and kindness so we always respond as our best selves.

These skills were developed in Part TWO and you will now be helped to implement and apply them to clarify the needs of support situations and make appropriate choices.

Clarifying and Choosing

To clarify and choose is to objectively and accurately assess needs while remaining completely aware of all variables that are influencing the situation, especially your emotions and the emotions of the person supported. If you consistently apply the recommendations we have detailed so far, you will continue to grow your capacity to be competent and compassionate. Interpersonal and intrapersonal skills such as mindful, emotional self-regulation skills and kindness will come very close to being automatic. When they do, you can more successfully address the needs of people supported by making optimal decisions and taking immediate and necessary action. For example:

1. What safety measures are absolutely necessary in this moment?
2. What are the person's needs and desires at this moment, and how can I best meet them?
3. How can I increase his or her feelings of security and trust?
4. Am I being emotionally hijacked here: becoming impatient, indifferent, agitated or anxious?
5. How can I, at this moment, enrich this person's life?

Why is it Important?

When we are not clear-headed, our ability to make informed and effective decisions is almost always seriously compromised. Our limbic system is the part of the brain responsible for emotions. Dr. Daniel Goleman notes that once the limbic brain is activated in a stressful situation, our brain's capacity to be logical and rational is greatly reduced (like being in dream sleep). The best chance to remember what we need to remember and make a good choice is by staying calm, and then making our choice about what to do.

Typically, when leaders and supporters are not sufficiently mindful, and therefore become agitated or indifferent, they fail to recognize many of the needs of the situation. They therefore react in less than optimal ways. At times they actually influence the situation to get worse.

How to Clarify and Choose:

Before you can possibly clarify and choose your response in any situation, you must continuously and consciously "catch" and "calm" yourself. Objectively clarifying will become second nature to the extent that catching and calming are learned and practiced, and your insights into PFP Brain are integrated.

For example, many challenging behaviour incidents are the result of the person's loss of impulse control; your assessment therefore needs to be practical and immediate. Your ability to do this depends on catching and calming yourself. Your natural reactions of resistance and fear need not be a problem if …

1. You become aware of the trigger (filter) and your B-FIT responses.
2. You do not resist it or "milk a melodrama".
3. You continue to be the non-attached observer: you see "the" reactions not "my" reactions.
4. You mindfully intend calm and peace.
5. You remember your Roots of Risks and "reframe" as you have been practicing.

Rules to Remember when Clarifying and Choosing How to Best Support an Individual who is Angry, Agitated and Aggressive

Clarifying Rule 1: Never assume that challenging behaviours or moods are primarily situational and functionally motivated, e.g. just for attention or task avoidance.

Assume that the behaviour has purpose and meaning at this particular time. However, the purpose and pay-off for challenging moods and behaviours—withdrawing, agitation, anger or aggression (including self-injury)—are most often unknown to people supported being supported. In addition, most often causes will be reactions to one or more of the 7 needs described in Part ONE. For example, the cause could be any of the following, or combinations of them:

- wanting to reduce discomfort or increase comfort;
- wanting to decrease loneliness, belong, have a friend;
- embarrassment, guilt, shame;
- mental confusion;
- acting out a delusion;
- physical attraction, hormone imbalances;
- sickness or injury: communicating the location of a pain from toothache, earache, or a broken bone;
- a seizure;
- post-traumatic-stress disorder: a trigger based on an incident from years ago;
- anger or aggression to help deny and distract from deeper emotional pain, such as to avoid exclusion, loneliness or a need to feel close or be touched;
- anxiety or depression;
- needing to burn off excess energy;
- one of hundreds of potential chemical imbalances;
- bodily functions: constipation, hunger;
- boredom;
- inability to control impulses.

We believe most people want to have mindful interpersonal connections and to have their hierarchy of needs met. Determining this need, of course, must include indicators from a reliable functional assessment, but this is only one tool in a large tool box.

The more mindful that you are in the moment of clarifying, the greater the likelihood of selecting the optimal response that will include addressing needs in positive, fulfilling ways.

Clarifying Rule 2: Respond in ways that have been helpful in the past, staying aware of the criteria for optimal interactions and interventions.

Optimal comprehensive care and support has <u>all</u> of the following components:

1. Is respectful yet effective,
   Is patient yet efficient,
   Is kind yet practical;

2. Is as safe as possible for all persons involved;
3. Ensures the person's best possible experience for:
    - De-escalating difficult behaviours
    - Healthily expressing emotions
    - Feeling secure and connected (not alone)
    - Communicating needs
    - Learning, maturing and healing
    - Feeling self-respect
    - Experiencing spiritual fulfillment;
4. Is a conscious manifestation of a family's, agency's or hospital's vision and values;
5. Is delivered by a support, healthcare or human services professional who is emotionally mature.

Clarifying Rule 3: When responding to a special need or challenging behaviour, follow the individual's personal "Difficult Feelings and Challenging Behaviour Response Plan".

Clarify—in this moment what part of the plan needs to be activated now? Ask yourself:

- What has worked before?
- What made it work?
- What more should we be trying to do?
- What can we do better or differently?

Clarifying Rule 4: Use "logical consequences" for crisis intervention rarely and only to the extent that they have been helpful to stabilize the individual in a similar situation.

In a moment of crisis individuals often need to have something they like in order to calm themselves—not have their comfort taken away. "Do no harm" in this situation means not creating anxiety at this critical time. No consequence seems "logical" to the person supported at this time. In fact, almost any consequence will only create more anxiety for them. Pouring gas on the fire is an unfortunately apt metaphor for resorting to fear-producing consequences.

Using fear of consequences to prevent this crisis from happening again has limited effectiveness from the very start because the person's unknown pay offs causing the behaviour are often much stronger influences than the fear of consequences. Furthermore, what anyone—supporter or the person supported —remembers about the moment when they were in the throes of an emotional hijack is very limited, so there is very little carry-over.

The primary role of consequences for people supported is to ensure safety and effective damage control: teaching appropriate behaviour at this time is secondary, at best. Providing a risk-free environment and supervision and offering conscious connection is much more likely to create a

comprehensive process that will facilitate optimal care and support and positive future behaviour.

Clarifying Rule 5: Use appropriate and compassionate speech and actions

In every interaction with a the person supported —ideally with every individual—speech and actions must be timely, useful, kind, and authentic. Anything less than this often results in less that optimal outcomes.

A Little Story About Clarifying and Choosing

For a time in my career I did community development work with First Nations Aboriginal Communities in Northern Ontario. During this time I developed many deeply meaningful relationships and received many valuable teachings from highly evolved healers and elders. Through my twenty years of living in First Nation Communities, I was honoured to be entrusted with many ground-breaking social and healthcare projects.

One major project was to help a violently divided community come to terms with the distribution of millions of dollars of revenue from a large land-claim settlement with the federal government reimbursement for land that was to be used for a highway to be built through the reserve community of approximately five hundred members. I was retained by the Band Council to help mediate a dispute between two groups in the community. The settlement was to be divided equally among all band members. A small group of fifty or so, however, said they did not want to include older members (and their children) who had lost their status because they had married a non-native.

One evening I facilitated a large community meeting. Because I was contracted by the Band Council who had been elected by the majority of members who supported the rights of these disenfranchised members, I was seen as the enemy by the small group who did not support them. I had intentionally chosen this work because of my deep sadness for the tragic devastation from assimilation that Europeans had inflicted (mostly mindlessly) on the “first Americans,” so I was deeply sensitive and appreciative of their frustration with my role as an outsider. Nonetheless, when the community meeting decided to include the disenfranchised members, the minority group focused their anger on me, the non-native outsider.

As I left the community centre that night after most members had gone home, I was met by about twenty-five very, very angry band members who yelled and threatened me. My body reacted to their threats with the force of billions of cells programmed through hundreds of thousands of years of evolution to fight, flight or freeze. I knew I needed to clarify the needs of this moment and make a mindful choice. Thoughts and feelings shot in and out of my mind and body like high-speed trains: What are my options? How do I de-escalate this? How do I get help? These questions were half of my mind’s response. I applied the other fifty percent of my conscious energy to observe and intentionally, subjectively ahh-llow what was happening, catching and calming myself. I reminded myself how my filter of being out of control was contributing to my fear and mindfully reframed that thought.

I started to respond. As I made some neutral, empathetic comments, I mindfully, silently intended calm and peace for the band members and me. I stayed aware of the changing intensity in my chest and my dominant arm and infused those sites with awareness and ahh-llowing. I kept focused on my feelings of fear and anger and just kept labeling, "there is . . . ahh-llow".

Meanwhile, as the shouting and yelling continued, I met these people with internal labeling, openness and external empathy.

Awareness kept me communicating with non-powerful yet assertive and concerned statements. Although I did not really know these men and women, I assumed their goodness and treated them with respect and caring. This situation could have gone either way.

I kept clarifying my options to change or leave the situation, but nothing came to mind. My informed choice was then to do what I was doing—staying aware and ahh-llowing of B-FIT, intending something positive, keeping an authentic open heart and communicating usefully, kindly and truthfully. This clarifying process was not a guarantee, but solid research put the odds on my side as I bet on others' human goodness to ultimately influence their behaviour.

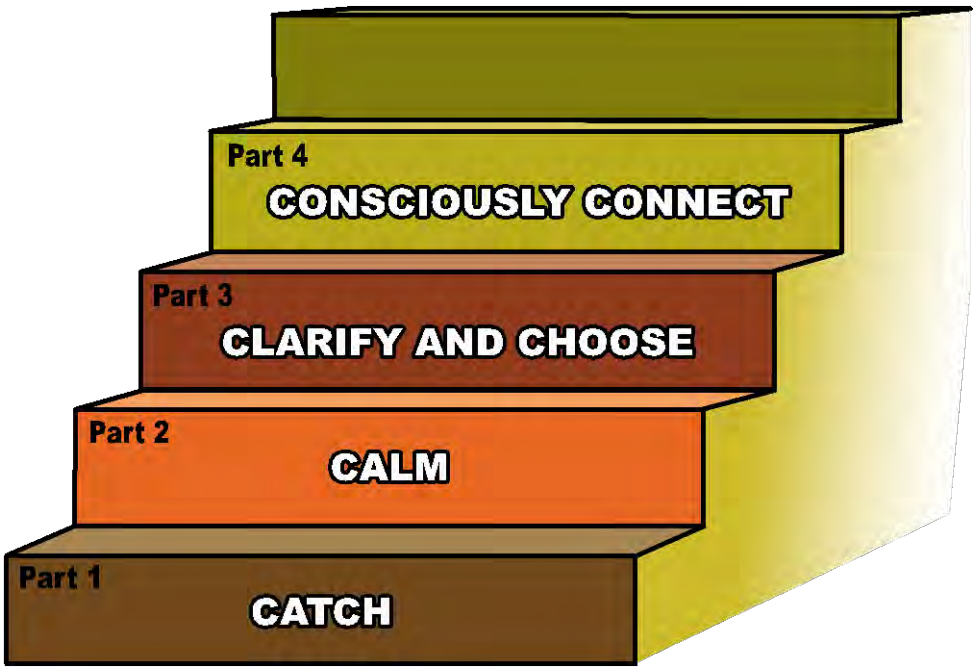
In about half an hour, the group started to break up. The most vocal were the last to leave. I could have gotten seriously hurt that night, but in truth, when anger had taken over otherwise good people, I knew that time was on my side. The four B-FIT Mindfulness tools and catching, calming, clarifying and choosing ensured that I didn't make the situation worse by meeting their power with my power or out-of-control fear. Either reaction would have been disastrous.

HERE

Stand still. The trees ahead and bushes beside you are not lost.
Wherever you are is called HERE,
And you must treat it as a powerful stranger.
Must ask permission to know it and be known.
The forest breathes. Listen. It answers,
I have made this place around you.
If you leave it, you may come back again, saying HERE.
No two branches are the same to Raven.
No two branches are the same to Wren.
If what a tree or a bush does is lost on you,
You are surely lost. Stand still. The forest knows where you are. You must let it find you.

David Wagoner

Section Four: CONSCIOUSLY CONNECT



"I intend and become non-judgmental and unconditionally connected—regardless of how I feel"

To "consciously connect" is to be unconditionally present, peaceful, respectful, kind, caring and supportive. It is 20% action (what you say and what you do) and 80% mindful intentional energy, attitude and compassion, regardless of who is being connected with, what their needs are and how you are feeling at the time.

Consciously Connecting means being **here**—with a calm and caring heart and head—in the middle of chaos such as:

- challenging behaviours of people supported,
- extreme service demands,
- delicate discussions with upset co-workers or with direct reports,
- difficult people,
- personal fatigue and unrest,
- negative feelings toward a person or situation.

When I was a little boy, I became fascinated with something called a Skeleton Key. The Skeleton Key could open most locks. Although I never had a desire to unlock doors, even at a very early age I had a sense that this was a special, somewhat magical, tool.

Today a similar magical tool for leaders and supporters could be conscious connecting.

If we listed all of the knowledge, best practices, policies, skills and know-how required to ensure optimal response and support in all situations that the leader, personal support, healthcare or human services professionals must be prepared for, I wonder how many pieces would be identified. I suggest that the count would be in the hundreds. It is impossible for any leader or supporter to remember all of this information in the moment when it is needed most, let alone even just the important top five.

What if the leader or supporter had just one easy-to-learn, easy-to-remember, easy-to-use Skeleton Key that could be a stand-alone response to meet the initial needs of almost all direct reports, co-workers or individuals needing support in almost all situations?

Conscious Connecting is that key.

When a supporter is responding to meet the support needs of others, consciously connecting allows the supporter to give compassionate and skilled responses. It nurtures the supporter's sense of meaning and purpose, an important piece that we will return to later. It reinforces unconditionally caring relationships with individuals he or she cares for and supports, regardless of how he or she feels about them. It allows the supporter to respond mindfully in all situations, from the most mundane task to the most urgent response.

> I listen to this individual with dementia as she shares her most important story with me for the fifth time this morning. I listen and respond as excitedly as I did the first time she shared it with me. I know that my words in this moment are almost insignificant compared to my intention to just be present, Here-Now, for her.

It also enhances the leaders' and supporters' commitment to compassionately intervene when a team member or co-worker becomes so "wounded" that they unknowingly offer unsatisfactory and sometimes even traumatizing support. This is a responsibility that we all share and, I suspect, all have difficulty with. Later in the section we will discuss how to support these wounded warriors in ways that constructively meet the needs of the co-worker and also the needs of the support recipients.

Research tells us that constructively correcting or holding a team member accountable is one of the most demanding of all leadership responsibilities. This is why it is not done nearly often enough. Conscious Connecting as described below facilitates an effective and respectful process.

I have difficulty in describing this **Conscious Connecting**. It seems easier to describe what it is not. It is not the numbed-out feeling resulting from one of the many forms of denial and distraction that we can, without being mindful, get so attached to in our roles as leaders, clinicians, coaches and/or supporters. It also is not some form of indifferent rationalization.

As we experience Conscious Connecting, we start to know, really know beyond cognition, that we are more than a reactive, feeling piece of biology. This insight teaches us that we do not even necessarily have to feel close and loving to be authentically connected.

Some part of this process also enables us in these moments of service to somehow connect to that same life force that pushes the grass through cracks in concrete sidewalks and that guides our best human responses through "Hidden Hands". Conscious Connecting also enables us to transcend the illusion of our separateness from others; to fully experience true intimacy with total strangers as we work passionately to help relieve deep human suffering and assist others to live to their fullest body, mind and spiritual potential.

Transcending the Illusion of Separateness

Think of a moment in your life when you have felt most loved, cared about or 'connected' to someone. If you examine this moment with the mindfulness microscope you will notice a very important truth about deep connecting. The truth is that when we really connect it is mostly the body, mind (B-FIT) experience that takes over our awareness. At this moment your sense of an 'I' is very 'wispy'/not very concrete. Compare this moment to when you have been frightened and you are aware of being scared, i.e. "I am scared".

As a general rule, the more you mindfully just experience the fullness of someone/something, the sense of an 'I' softens and you kind of merge, get closer to or even seem to become a part of what you are mindfully experiencing. Someone once wrote, "some folks experience the rain, others just get wet".

The more complete we experience life and others, the more we consciously connect beyond our sense of an 'I'. From this place of a relatively no/low sense of 'I am, this or that', the less our PFP Programming distorts the depth of our connecting. It's like we experience a unique state of being that could be called 'usness'. (reference Part TWO, B-FIT Mindfulness Exercise #3 – Full Field Focus to directly experience this lessening sense of an I).

Life eh, it's all fun and games 'til someone loses an 'I'.

What are the Costs for not Having this Conscious Connecting Capacity?

The following are examples where conscious connecting with people supported appears to be missing:

- the rapid response without time to listen to or speak to the person being supported;
- the closed, "whatever," attitude that shows on the face of the supporter as she hears the same story over and over again;
- the change and clean-up that is now hours overdue;
- the powerful enforcing of 'silly rules';
- the forced feeding so the supporter can get back to their TV program or cell phone;
- the argument with a person supported because the supporter took their thoughtlessness personally;
- the long-standing, unresolved conflict between co-workers;

- the resentment created because the person supported appears to like or appreciate one supporter better than another;
- The leader who over-reacts powerfully and disrespectfully with a team member or who under-reacts in not holding the team member accountable for less than optimal service.

The leaders and supporters in the examples above are rarely "bad" people, incompetent or even uncaring. At these times they are insensitive due to mindlessness and being unconsciously driven by autopilot. On another day they may well go above and beyond requirements to support someone. However, anyone who becomes consciously connected to those living in our long-term care and community-based support homes cannot help but consistently offer compassionate support.

> Conscious Connecting does not require more time. It requires more mindful presence in the time that is available.

Sadly, as a result of limited resources and supporters feeling overwhelmed, paralysis of the heart is being felt more and more in many long-term care and other community-based support homes as a result of our institutionalization of care and compassion. This does not have to be the case, as many mindful and emotionally-mature supporters are proving.

Conscious Connecting has very little to do with cognitive self-talk, will power, self-discipline, or even learned best practices. Especially for supporters in challenging situations, without Conscious Connecting, even most of these best practice skills are all but lost once the supporter starts to become stressed, resentful, overwhelmed, tired, indifferent or irritated.

On the other hand, just as the musician's riff or an athlete's game become automatic through practise, so too does B-FIT Mindfulness, Conscious Connecting develop into the habit of being present with a calm and caring heart and head in the midst of chaos.

What are Some Benefits of Having the Skill of Conscious Connecting?

To the extent that leaders or supporters are consciously connected, they can be directly willing and able to implement learned best practices.

Simply put, Conscious Connecting is that part of any and all human interactions that amplifies the person's innate knowing that they are cared about—no matter what!

> No part of the process of care and support can be more important than how we are connecting in the moment to the People with autism and other developmental disabilities' pain or happiness.

The supporter is authentically able to celebrate and nurture the person's happiness.

Consciously connecting to the individual is vital to helping him or her fully experience and celebrate life as it is **now.**

As leaders and supporters, we have a responsibility to become immune to the continuous messages from our culture that we are valued for what we have, how we are qualified and the basic ego achievements of comfort, prestige and power. Only to the extent that we mature and develop to know—really know—who we are, can we consciously connect on this common ground with others so as to enrich their life.

When we become still, like in the moments of "ahh"—the birth of a child, the dying process of a loved one, being in a special place in nature, experiencing someone's unconditional thoughtfulness toward us—we know that there is something more to life, something bigger than ourselves. Getting and staying in touch with this more in every situation is being consciously connected.

> When we fully and consciously connect to any other person, we move beyond what our senses tell us to a place of stillness and wisdom. This guides our every action, not against anything but in harmony with it. From this place of balance and no resistance we know and can therefore positively facilitate what must be done to keep everyone motivated, safe, respected, and still deeply connected with us.

What Does Conscious Connecting Look and Feel Like?

In Conscious Connecting we are **here** (present) to hear - what? Hear what is being communicated at all levels.

At one level we hear the unspoken intentions of the person supported to become agitated or even aggressive. We also hear the suffering of the person supported, their fears and their aloneness that most often contribute to difficult behaviour.

At another level we hear a message that prompts us to consider taking a certain action in accordance with a crisis intervention plan. We also hear our own internal monologue of fear, defensiveness or indifference.

Finally, we can now hear how we can more fully and effectively help to meet their needs and not add to their suffering. This Conscious Connecting is critical to all areas of support: from leading staff, to celebrating, to meeting personal and special needs, to responding to loneliness, fear or agitation.

In this place of balance and stillness, we can be free from the tyranny of the "freeze, fight or flight" limbic brain's reactions. These reactions are in great part often responsible for less than optimal crisis interventions, including restraints.

When conscious, we can, almost without trying, be the best that we can be in this moment. Dr. Martin Luther King, who walked this talk most every day on his quest for peace, said, "Peace is not merely a distant goal that we seek, but a means by which we arrive at that goal."[3] As leaders

[3] King, Martin Luther, "I Have A Dream," *DLTK Growing Together*, 28 August 1963. Web.

and supporters, facilitating peace at moments of nervousness, worry, agitation, anger or aggression, we are being called to walk with King, Mandela, Mother Theresa and so many others. Just by being **here** (Now) to HEAR we are best prepared to march and dream.

How to Develop the Skill of Conscious Connecting

Conscious Connecting is developed by paying full attention to the "process:"

- become aware of the fact that you are here NOW;
- become aware of what you are doing, saying, feeling and thinking NOW;
- become aware of your B-FIT reactions;
- deliberately self-talk conscious positive intentions, e.g. "may we be at peace now".

Conscious Connecting is developed each time we become mindful like this, either in practice or the reality of our everyday life.

In time, the skill of Conscious Connecting becomes naturally and automatically inclusive of all individuals who need support or employees who need direction. As we become consciously connected to others, we can be non-attached with our reactions to them. This means not being unconsciously driven and gripped by our reactions. Therefore, as we face any situation or individual, we can be much more ready to respond quickly and wisely with their best interest at heart.

> "But what if I don't know, like, trust or even care about this individual?"
>
> "How can I be expected to meet their needs—with authentic kindness, patience, respect and calm—especially when I don't feel like it?"

Generally there is no problem with people we like and who are reasonable, cooperative and appreciative **because it's easy to feel like helping them most of the time.**

Very few would argue with the view that when we or a loved one is aged, ill, in physical or emotional pain, has a cognitive disability, lonely or vulnerable we need to be helped by someone who is authentically kind, patient and respectful. Included in the mission and vision statements of virtually all Human and Health Service organizations is the clear, uncompromising commitment to offer services with these qualities – to **all** in need.

The actual services delivered, however, often do not consistently meet these standards as a result of a wide variety of organizational, legislative, financial, and human variables, including the receptivity and expressed gratitude of the care recipient.

So how do we significantly improve the likelihood of optimal service?

When we put the blockages (don't know, don't like, don't trust, don't care about) to making our ideal happen under the mindfulness microscope, they are not as solid as they first appear. Quite

readily we see that when we observe these blockages using B-FIT Mindfulness together with a nonjudgmental, matter-of-fact attitude, our resistance to being kind, patient and respectful loses its gripping power over us. We call this new attitude being **consciously connected**.

Most certainly, all best practices and related know-how training is an essential prerequisite. In addition, with 'catch, calm, clarify and consciously connect', we are offered some very important and necessary skills. These skills show us how to bridge this apparent divide that separates less than optimal service from our ideal.

Conscious Connecting and B-FIT Mindfulness

Understanding and applying B-FIT Mindfulness is essential to the Conscious Connecting process.

After only one or two exercises of applying B-FIT Mindfulness to a leadership or service support situation where we are resistant, we experientially learn several critical insights about how to bridge this gap by being consciously connected**.**

Specifically;

- We learn to experientially and non-cognitively manage our ego's preferences, likes and dislikes, fears and fulfillments so that they do not interfere with the natural deeper inclusive and kind ordering principles of every healthy human mind and body.
- We learn that being kind also consistently enhances happiness[4] in both sender and recipient.
- We learn that Conscious Connecting can genuinely be experienced within minutes, regardless of existing feelings like irritation or worry.
- We learn that Conscious Connecting is not dependent on our personality traits.
- We learn that it is achieved in part by positive logical intentions (not feelings) to ourselves during the interaction for example, "May this person and I experience calm right now".
- We learn that Conscious Connecting is readily achieved by mindfully infusing our feelings of irritation, worry, indifference, resistance etc. towards a person or situation with non-attachment/ahh-llowing as learned in B-FIT Mindfulness.

Conscious Connecting with the Wounded Warrior

Most supporters are kind and compassionate, but some are not! Some offer less than optimal care and support and may even unintentionally traumatize the people they support. As we supervise or work alongside caregivers and supporters who have fallen into institutionalized "paralysis of the heart" and **consciously connect** with them, we both become radically different.

[4] Want To be Happier: Keep Your Focus. Us News and World Report. 11.11.2010. http://health.usnews.com/health-news/family-health/living-well/articles/2010/11/11

Our new lens of Conscious Connecting no longer permits our negative judgments or anger toward these unconscious and seemingly uncaring supporters. Our negative reactions to the suffering that we see them unconsciously inflict on individuals they support are, of course, normal and natural – just not helpful.

Our newfound ability to consciously connect gives us the capacity to hold our staff and co-workers accountable. We do this in ways that are non-adversarial, effective, and compassionate. We see them as needing conscious, skillful support as well. Even though our mindless, self-righteousness may cry out for their punishment, our consciously connected self finds a way to be both effective and compassionate.

When we are truly present, we just naturally replace anger, fear and indifference with an effective response. We work passionately to change what must be changed. We do this with an open heart that is sustained not by thoughts or even willpower, but mostly by relating from that place of mindful stillness. Here we learn to be a compassionate change agent, even though we don't typically feel like it. Just as the conscious caring, connecting and calming process births a new way to support the more obvious in need, it also helps us to look beyond the disguise that so many wounded professionals wear.

Some days we struggle to figure out who needs our help the most, the traumatized supported or the unkind supporter. They both do. Only by remaining conscious can we reach deep beyond our frightened and angry ego to open our fist and hold the hand of the unkind and unskilled supporter too. This is part of our challenging work to grow comprehensively beyond our human predicament of PFP-driven immaturity.

The big question, of course, is how to take the necessary steps to stop abuse compassionately and effectively. For leaders, most organizations have options for corrective action of a wounded worker or professional who is offering less than adequate care and support. This inadequate care could include abusing or traumatizing a person supported through incompetence, disrespect, humiliation, insensitivity, indifference or neglect. Leaders must take charge and with an open heart hold caregivers and support professionals one hundred percent accountable – up to including skills' training, task clarification, reprimand and/or dismissal.

When we are operating from a place of the mindless PFP Programming, some days we just lose it. The unmindful/uncaring supporters become the enemy, the bad guys to be overcome by us good guys. On other days we see their unconscious, hurtful actions and non-actions, but do or say nothing. Another day when one of the "bad" guys is crying at the loss of a marriage or a health crisis, we hear better and our heart starts to open unconditionally–and our comprehensive growth takes another step. However we can't wait until they are not suffering to intervene because they are creating suffering for vulnerable people now!

Regardless of how well we open our heart, one of our greatest challenges will be to facilitate service changes with the wounded supporters inside and outside our agency who are really hurting those who are supported. Not working to facilitate a change when it is necessary is often filter-driven, unfounded, artificial compassion. The truly mature leader or supporter can do the

difficult things to bring about necessary long-term change and still be deeply compassionate (Consciously Connecting) in the process.

Elimination of Care Recipient Abuse by Wounded Co-Workers

Let's turn our focus to co-workers who observe these problems but are not in a position of authority. Supporters in this position often feel helpless and do not know how to best intervene or even whether they should intervene. Hoping that this problem will just go away is a costly rationalization. It seldom goes away on its own and the vulnerable person being supported is forced to suffer indefinitely.

There are several options available to enable the co-worker who consciously cares and supports to make a positive intervention for the co-worker, supporter and support recipient. The following **ABC** steps might be helpful.

"A"—Awareness of the Problem and Costs

If you as a co-worker witness a supporter/professional who repeatedly violates best practices, take the time to become highly aware of the suffering and loss of quality of life that a most vulnerable person is experiencing as a result of this situation. Consciously soak into this awareness, so the truth of this situation moves you to take action.

The second part of awareness is to recall some of the possible reasons for this co-worker to continue this behaviour.

As unlikely as it seems, always first consider that this supporter is not really aware of how their lack of support, their negative attitude or their unskillful support is really hurting the person supported. When we use the term "paralysis of the heart," we are referring to this deep level of denial and insensitivity. This paralysis even creeps into the lives of good supporters in order for them to guard against their own potential suffering from burn-out if they get deeply involved with the individuals they care for. This approach grows and maintains denial. As a result, your first step could be to gently but firmly engage in conversations (or facilitate someone else to engage in conversations) that help the offending worker to become clearly aware of the consequences of their actions/inactions.

Only to the extent that this is done with an open heart (conscious awareness and positive intentions) will it have the potential to improve the situation. Otherwise, it will probably just deteriorate into a lose/lose power struggle. This process will require skillful catch, calm, clarify, and conscious connecting with your co-worker.

"B"—Broken, not Bad

The B in the "ABC" to help you motivate a co-worker to want to change what needs changing stands for **Broken**. When mindful, you do not judge a co-worker as being a bad person needing

punishment. When your heart and mind stay open through **conscious connecting**, you see the root of the problem more clearly, and therefore you are more compassionate and effective.

Often the root of the abusing co-worker's behaviour is their own woundedness that all but destroys their sense of caring and self-worth. As you recognize your co-worker's woundedness, consciously look for opportunities to help them, while at the same time never wavering from your commitment to have this situation completely resolved. This is in stark contrast to just covering up the problem or judging them as bad and awful for what they are doing: self-righteous judgment generally serves to exalt yourself, but does little to solve the problem.

To help with this process of discovery, consider the following examples of wounds the co-worker might be carrying:

- a mood or personality disorder (one out of every four Canadians will at some time in their life suffer from clinical depression/anxiety);
- the death or approaching death of a loved one;
- a generally very unsatisfying life;
- a serious physical illness or ongoing chronic pain, fatigue;
- an addiction;
- emotional immaturity and lack of awareness of filters such as entitlement, control etc.;
- general mindlessness;
- a faulty human energy system that "requires" an ongoing charge of anger or conflict to stay somewhat balanced.

This list is not nearly complete. Supporters can be abusive for many reasons, some seemingly beyond their present control. Given that many wounded co-workers are abusing as a result of their own pain and brokenness, healthy co-workers who are growing in consciousness will become motivated to facilitate appropriate action to relieve this suffering of both supporter and recipient**. Taking no action is not an option for the conscious maturing supporter**.

"C" —Correct

Now the conscious supporter takes action to correct the problem. Options for action can include:

1. Connecting with the co-worker, or facilitating someone else to connect with them, to give them useful, truthful, timely and accurate feedback on their less than acceptable behaviour. For example: "When you do_____, I have observed that _____becomes anxious (or withdrawn, agitated, unhappy or upset). How do you see it?" "Have you tried _____?"

   Be clear about:

   a. the impact of their poor service on people supported and/or co-workers;
   b. suggestions on how they can/must change;

c. suggestions or options for them to get help (e.g. EAP).

2. Show concern, share concern. For example, "You don't seem to be yourself lately; you seem _____." (describe what you see)

3. Follow the agency protocol around reporting etc.

Doing Nothing Is Not An Option!

Doing nothing is not only ineffective, but it makes the problem behaviour potentially more dangerous. When this behaviour is knowingly condoned by co-workers, it deepens the denial and moves change even further back.

Taking action with these co-workers (who may even be friends) is extremely difficult therefore, inaction is too often rationalized.

"How can I hurt her when she is already seriously suffering from her own wounds?"

"It's not my problem – the supervisors know about him, he's their problem."

"I don't want to be seen as betraying a co-worker."

"I have enough on my plate!"

"I tried to do something but it didn't work, so forget it."

"I tried to do something and got my head chewed off – forget it."

To the extent that you choose to become conscious through the five mindfulness-based essential competencies, you end these rationalizations and use the essential competencies passionately and compassionately to relieve the suffering of everyone: the person supported, the wounded co-worker and you.

For leaders, supervisors and managers, when you are approached by a co-worker about the performance problem of another co-worker, it is critical that you take action to review the concern.

This skill of conscious connection, with time, becomes naturally all-inclusive of individuals who obviously need support. It also becomes natural for us to communicate with co-workers, family and friends who disguise their disabilities and disorders with social niceties, fearful passive-aggression and many other hurtful moods and manipulations.

Remember that being proactive to implement these ABCs is as important a way to care and support as any other act of service. Advocating for a vulnerable person who receives support is vital for their emotional and physical well-being. Therefore as we become involved with any co-worker (regardless of their disguise), we are responding with our and their best interest at heart.

Ongoing Ways to Develop Skillful Conscious Connecting— Especially When You Don't Feel Like It

- Practise the B-FIT Mindfulness exercise of "Opening The Heart Under Stress," a Stress Rehearsal designed for this specific application (reference Part TWO, B-FIT Mindfulness Exercise #4).
- Complete a Conscious Care and Support Wellbeing Plan. There is a model provided for you.
- During each care and support interaction, mindfully recall and repeat the following steps from the "opening the heart" exercise:
- Intentionally direct non-attachment to the body and mind's emotional and physical discomforts associated with neutral, indifferent or negative individuals and situations;
- Re-experience the positive B-FIT responses from the "Opening The Heart Under Stress" exercise;
- Recall the overall experience of connectedness that happened to you during this exercise;
- Always honour your intuitions or gut-reactions when planning and implementing your care.
- Implement the *CCS* Wellbeing Plan.
- Each morning upon awakening repeat the gratitude statement, below:

> I am truly grateful for being gifted one more day. May I fully participate in it **mindfully, wisely, compassionately** and **joyously.**

- Complete a weekly ritual of visiting, recalling or reviewing the suffering being experienced by someone because of exclusion, loneliness, being poorly cared for or not cared about. Let this experience soak in and resolve to eliminate such needless suffering "on your watch."
- Celebrate when you consciously connect, especially when you know you didn't feel like doing it. Journal about the experience—both your experience of it and the experience of the person you were supporting.
- Recognize the pain that results from your less than optimal experiences with the people you support and resolve to do better. Journal about your own experience of these situations and the experience of the person you support.
- Associate with a difficult person—someone who does not treat you well—at least once a month. Do this as a formal mindfulness practice. Do enough practices until you are ready to just say "Hi" with an open heart. **Remember: we do what we must with people,**

including disassociating when that is necessary and possible, but we never put them out of our heart.

- Do just **twenty-minutes a day, four times** a week of B-FIT Mindfulness practice. Within twenty hours of practice a more spacious, ahh-llowing acceptance of people (not their behaviours) will start to grow.

A Final Message For Family

Parents raising a child with a special need can be uniquely supported themselves through a conscious connecting process. In addition to what we have offered throughout this book, we conclude with the following message from a child of any age raised by Mom and/or Dad who consciously care and support.

'Growing up' with a Disability - Dear Mom and Dad

I know some days you wonder,
Why I have chosen you.
The answers they will come,
The anger and fears undo.
But not before the truth you find,
Hidden in the ways I live.
Your path to purpose and potential,
Will come in how you give.

Most see me as disabled,
Your life all but shattered.
From this beginning we will cherish,
All that really mattered.
You'll stop caring 'what they think'
As you clean every mess.
From tiring days emerges
Your less ego-ness.

And that need to be so perfect,
Such a worn tight shoe,
Drives so many into hell,
But less and less you.
Together we sing joyous
That it's 'good enough'.
This wisdom teaching carries
Us through much of rough.

At first glance to mindless them,
Who just will never know.
As your world grows smaller,
A special seed you start to grow.
While friends feel sad,
Judging your life forsaken,
We have our sacred secret
That I'm helping you awaken.

Most don't know just yet,
What does this really mean.
For this gift that you are growing
Is seldom clearly seen
By those who find their happy
Through bigger, better, more.
Driven by desires' wants,
Such a seductive whore.

And one way that I teach,
Tears ego-self apart.
Brings it to silent presence,
Opens wide the loving heart.
Some days not a pretty sight,
Anxiety, Anger, Aggressions.
The more I help you lose control
Kills unconscious self's obsessions.

When you are found often down,
Hurting every mile,
My tender touch to you will bring
Your soul to laugh and smile.
In gratitude you'll weep
Bringing you to still.
Then from sacred reflection comes
I'm grist for your love's mill.

For as I continue to demand
So much of your time.
Your mind will cry for mercy
Then sing an ancient rhyme.
A crack in heart's armour
Will gradually appear.
Now for all who suffer,
You will share compassion's tear.

And what seeps through this crack,
Is love beyond your feelings.
So with each 'ahh-llowing' lift
Comes transformational healing.
The frustrations that I give
Of which you are 'aware',
Crucifies the selfish self
To create your Conscious Care.

So now with less driven 'self',
Comes no me and no you.
Just 'us-ness' never separate,
Known only by a few.
My gift of special diversity,
Through your labour has its birth.
Our life now lived with such,
Precious loving worth.

With all of this in my mind,
I came into your life
To help you learn 'be love',
Through joy and also strife.
It seems that to be fully whole,
'Self ' must yield then breaks.
From Awareness and Ahh-llowing,
'Usness' our mind creates.

And though I'll never their race win,
Or have the deepest thought,
This love that we have nurtured,
No cognition could have bought.
My disability has given,
A conscious you and me.
Because of your selfless love,
We are whole, we are free.

Peter and Joanne
A Centre for Conscious Care

"It takes a village to raise
a child with Autism/DD.

It takes a child with Autism/DD
to raise the consciousness of the villagers."

Elaine Hall - Temple Grandin's coach

Lucinda Hage and her son Paul's true story, is a beautiful manifestation of our Dear Mom and Dad poem's message and meaning. Their example of walking the dual path of sacred mutual service to each other can help to point the way for many families to 'awaken' on their journey home.

For more information – www.inclusionforlife.com

The first book of its kind in Canada

What Time is the 9:20 Bus?

A Journey to a Meaningful Life

By Lucinda Hage

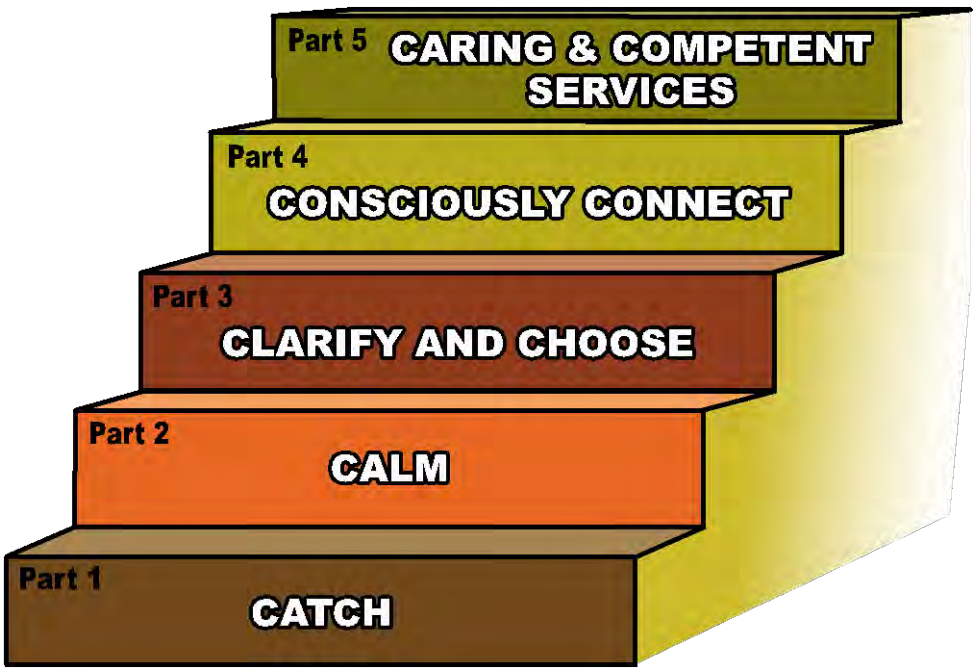
When I Say No!

Please hear what I really mean:

- "I'm not ready, just yet"
- "I'm not sure what to do – give me more information – slowly"
- "Ask me later"
- "I'm anxious about doing this – so I feel better not doing ……."
- "I really don't want to – give me more reasons why"
- "Ask me again – later/tomorrow when I am more focused"
- "I'm in pain – help me!"

Thanks for understanding - Paul

Section Five: CARING & COMPETENT SERVICES

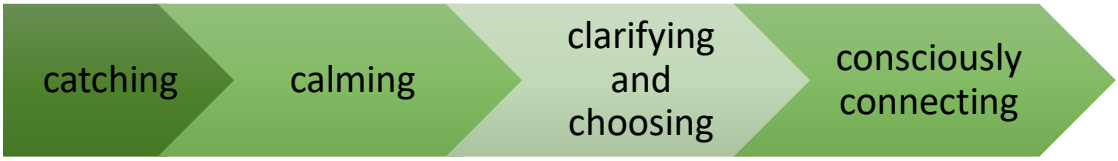


"My mindful, compassionate action is useful,

truthful, timely and kind"

Caring and Competent Services Through CCS

Conscious Care and Support is effectively and in a timely way implementing best practices as a result of the skills of:



Why is it Important to Implement Conscious Care and Support?

We have already discussed the costs of not implementing *CCS*, and most personal support, health-care or human service professionals have experienced them in their workplace. Without the ability to deliver Conscious Care and Support, supporters will at times be less patient, kind and respectful in the care they deliver, often without realizing it.

Conscious Care and Support offers an optimal way to support. Without it, there will be more incidents of anxiety, anger and aggression that are not prevented or optimally managed and de-escalated. As a result, there will be less security for people supported and greater risks of physical harm, burnout and emotional trauma for support and healthcare workers.

Making this shift to Conscious Care and Support (*CCS*) is vitally important because being as aware as possible of being **here now**, in whatever situation (CATCH), staying relatively CALM, being decisive about what to do and say as a result of CLARIFYING AND CHOOSING, and intentionally caring about the person being supported (CONSCIOUSLY CONNECTING) while being useful, truthful, kindly and timely in what you say and do all add up to your ability to provide consistently optimal care to the people whom you support. Conscious Care and Support is vital to ensure consistent optimal delivery of best practices, regardless of the situation or the person's needs, attitude or level of appreciation.

> ***Human life should be like a vow, dedicated to uncovering the meaning of life. The meaning of life is in fact not complicated; yet it is veiled from us by the way we see our difficulties. It takes the most patient practice to begin to see through that, to discover that the sharp rocks are truly jewels.***
>
> Joko Beck

CONCLUSION

I tell you I would have died but for the staff who really cared.

The doctors had just about given up. Forget it for having any will to live. I can't begin to describe the despair. Beyond the relentless physical pain, there was this utter emptiness of heart and soul. Each morning felt like waking up in hell—can you understand that?—every morning, feeling that way, like it was the first time?

And yet some staff here took two or three extra minutes to let me know they weren't giving up. Some just seemed to say at times, even without words—I'm here for you. In minutes they could give me hope, soften my fears and convince me that I wasn't alone. And each gesture came to feel almost miraculous to me. And there were moments when I would say, "You just don't know what this means to me.

And they didn't! They couldn't, or wouldn't. Isn't that wild? They really didn't see it. They really didn't recognize just how much their ordinary expressions of kindness would do for me.

On the one hand, I thought it was wonderful that they wouldn't make a big deal out of something that seemed so simple for them, just showing up. But on the other hand, I wanted to shake them, and say "Do you know how beautiful you are! Won't you see?"

It was as if they were angels who had forgotten.

Adapted from 'How Can I Help' – Dass, R., Gorman, P.

THE DUAL PATH – Transforming Oneself While Supporting & Caring for Others

Only to the extent that we grow in mindful emotional self-regulation, values and consciousness can we fully lead and support others and meet their needs in this more complete way. It means working on ourselves to transform to our deepest potential. The elegance of this development and support process is that when we put being a leader, caregiver and support professional in this context, the very act of leading and supporting is the curriculum that we use to grow ourselves.

As we fully participate in this process, we slowly start to awaken beyond our illusion of our separateness. We continue to experience some others whom we lead, care for and support with our typical preferences and resistance however, by staying conscious we also start to get connected to what is common between us and them. This awareness brings a sense of unity to our roles and relationships beyond leader, supporter and supported.

As this sense grows through "living" Conscious Care and Support, our awareness of our shared humanity and common needs for respect, security, understanding, consolation, meaningful roles and love start to weaken our resistances to differences, dislikes and disabilities.

We experience growing unity where before we saw mainly separateness manifested through indifference or, even worse, negativity. Each time we consciously support through catching, calming, clarifying, consciously connecting and compassionately caring, we simultaneously offer optimal service while awakening a bit more of our deeper potential. This dual path of serving both of us is essential because it liberates our heart of compassion that has been imprisoned by our mindless ego, filters and other roots of vulnerability.

Although important, it is much more than the time we spend, or the words we say, or even what we do for someone. It is in great part, the simple, ordinary acts done with mindful awareness of our common unity. As we awaken to this place beyond our separateness and just "be" there, our care and support naturally becomes compassionate. This is true regardless of how we are feeling about the person, their needs and even how they respond to what we do for them.

It is simple, ordinary acts done with mindful awareness of our common unity.

The truth is that almost every act of support will either help us awaken or put us further to sleep. Mindless personal care and rushed communications are examples of the toxins that ensure continued isolation and exclusion—for both of us.

However, in a relatively short time these same support moments experienced as conscious connections without being driven by resistance, attachments or "doing it just to get it done," plant the seeds of authentic compassion and awakening consciousness. Such a gift to be able to care for and support others.

We are truly blessed.

Acknowledgements

What a remarkable team of friends, coaches, work colleagues and support recipients who have contributed to this C*onscious Care and Support (CCS)* resource**.**

The insights, best practices and full spectrum of personal growing experiences offered here have been developed through my over 40 years of association with thousands of individuals who have developmental disabilities, mental health disorders, addictions, long-term illnesses or were dying and their caregivers and supporters. Master Teachers and supporters such as Ern & Mer, Cal & Laura, Bert & Lois and Polly & Bern have been especially helpful in keeping this work relevant.

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Shinzen Young was a former Neuroscientist and Mindfulness Researcher at Harvard Medical School. His creative brilliance in developing Unified Mindfulness, has given CCS a perfect foundation for the mindful emotional self-regulation training. Much of the mindfulness content in this resource has been inspired by, written in collaboration with, and/or adapted from Shinzen's work. His work can be found at www.unifiedmindfulness.org.

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We hope that you have found this resource from this outstanding circle of contributors to be sufficiently complete with best practices and mindful and emotionally self-regulation mature strategies and inspiration to help you continue your personal and professional development and commitment that is so essential to offering optimal leadership and conscious care and support.

Peter Marks, CEO
A Centre for Conscious Care

CCS Contributing and/or Trained Organizations & Agencies

- Community Living Prince Edward
- Community Living Ontario
- L'Arche Daybreak
- OASIS
- Community Living Windsor
- Sunbeam Community and Developmental Services
- 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
- Community Living Cambridge
- CREST Support Services
- Community Living York South
- Community Living Owen Sound & District
- Durham Association for Family Respite Services
- Christian Horizons
- Community Living Burlington
- Parents for Community Living
- Extend-A-Family Toronto and Waterloo
- Community Living Walkerton and District
- 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 Almaguin Highlands

GLOSSARY

ahh-llow	- taking a deep, mindful breath - Ahh - and internally letting go of 'B-FIT' resistance or attachment to whatever is happening externally; - subjective surrendering, letting it be, yielding to, equanimity.
attachment	- the opposite of ahh-llowing (i.e. craving, desiring, obsessing).
B-FIT Mindfulness	- the awareness of the internal subjective reactions of the main senses that we use to perceive people and situations: B - Body sensations, F - Feeling states, I - Image thinking, T - Talk thinking.
B-FIT Mindfulness 'Tools'	- concentration, deconstructive sensory clarity, ahh-llowing/equanimity and HERE.
calm	- to subjectively, internally experience body sensations, feelings and thoughts as peaceful regardless of what problem, chaos or even threat is happening in our external world – the results of Ahh-llowing.
catch	- to consciously observe the B-FIT reactions that are occurring in any moment- to be aware that I am 'Here Now'!
challenging behaviour	- aggressive actions that are the outward expression of feelings of agitation, anxiety, fear or panic attack.
clarify	- to objectively and accurately assess personal and others' emotional state and the needs of the situation that require immediate and on-going decisions and action; to get clear on what is happening in each of the B-FIT senses and simultaneously infuse B-FIT with Ahh-llowing.
concentration	- the ability to focus and pay continuous attention to what is relevant and important in the moment.
conscious/awake	- to be highly aware of and present to what is happening – as it is happening. The opposite of awareness when in deep sleep.
consciously connect	- to be unconditionally present, peaceful, respectful, kind, caring and supportive regardless of who is being supported and what their needs are.
essential competencies	- the skill set required to develop the levels of mindful emotional self-regulation required to be able to implement the Conscious Care & Support process.
driven-ness	- absent-minded resistant and attached reactions to life situations.
EGO	- **E**nslavement to **G**reedy Gratification and **O**bsessive self-centredness.

filters	- the memories and conditioning created by past experiences that influence how we react to new situations; one of our roots of vulnerability - one's subjective and misperceived "must and should" beliefs about self, others and the world that are erroneously thought to be required for security and happiness.
emotional contagion	- the phrase emotional contagion embodies the idea that humans will synchronize their personal emotions with the emotions expressed by those around them, whether consciously or unconsciously and therefore an emotion conveyed by one person will become contagious to another.
(emotional) hijack	- moments when our behaviours and reactions are taken over or controlled by emotions of fear, anger, shame, guilt, sadness and impatience.
here	- being mindfully aware **that** you are where you are, doing what you are doing; being totally in the present moment with full attention to everything happening within you and around you.
comprehensive	- body, mind and spiritual health and well-being.
hormego	- absent-minded resistant and attached reactions to life situations based on a combination of hormones and ego.
identified with	- accepting a feeling, a sensation, or a role as part of who we are rather than as a separate thing or message from one of our senses that we can observe and control. - believing consciously or subconsciously that **"I am"** a thought, a feeling state, a role, trait etc. instead of **"There is"** a thought…
intend/intentions	- an authentic, conscious and deeply held belief that something is or will be the way you desire it to be.
intrapersonal/ transpersonal	- the human quality that is beyond personality, ego, attachments and resistance.
label	- to say (silently or out loud) a word that describes what you are experiencing, for example, anger, talk thought, discomfort, muscle cramp. - to describe (silently or out loud) an internally observed subjective B-FIT experience (e.g. talk).
maturity	- the successful emotional development needed to realize life's potential, pay-offs and purpose. - the level of emotional development needed to provide optimal care and support.
mindful emotional maturity	- the ability and willingness to become immediately aware of difficult feelings and filters and to manage them skillfully.
mindfulness	- the ongoing ability to be continuously focused on **what** one is doing as it is

being done and being aware **that** 'I am doing it'.

neurotypical - individuals who do not have developmental disabilities.

non-attachment - letting go of all of those B-FIT sensations and ahh-llowing them to just be what they are, without them affecting us or us trying to change them.

observe/witness - the state of consciousness whereby one watches the Body and Mind (B-FIT) activities and reactions to what is being externally experienced.

PFP Programming vs **Mindful Mind** - the Primitive, Programmed and Primed Brain is the basic neurological structure that it seems is required for the mindful mind to develop and operate. We intentionally refer to this neurosystem as the host but very much separate from the mindful mind or what we term fuller consciousness.

In contrast the mindful conscious mind, while receiving some of it's energy from the PFP Programming, actually acquires the ability to harness the still mysterious (to neuroscientists) energy from the other trillions of cells in one's body, the universal life force and all of it's natural creations.

present - to be aware of being HERE in the moment by moment un-folding of events and fully experiencing sensory perceptions as they happen.

resistance - subjectively needing a life situation or B-FIT to be otherwise.
- the opposite of the subjective state of Ahh-llowing.

roots of vulnerability - physical, mental and emotional conditions that create an unconscious sense of vulnerability and fear which cause us to react in ways we do not intend.

scroll - a mindfulness strategy to assist with concentration whereby one follows preselected subjective B-FIT experiences (e.g. body locations), including being prompted to move on by a pre-selected cue (e.g. one complete breath cycle).

spiritual/sacred - "The Source"/Nature/The Nameless etc. that elevates one to be more in harmony with, ahh-llowing of and connected to all of life –the good, the bad, the horrible, the joyous.
- beyond the duality of us vs. them, or this vs. that, the experience of "us-ness," unity and subjective "it's all good" consciousness.

subjective vs. objective - subjective reality is one's internal B-FIT responses/reactions to objective reality.
- objective reality is that which is happening in the physical/material world (e.g. life situations and conditions).

transformation - the process of ending hormego attachments and resistance to experience the sacred in life situations.

BIBLIOGRAPHY

Bluestone, Judith. *The Fabric of Autism.* The HANDLE Institute 2005

Campbell, Joseph. *The Hero with a Thousand Faces*. New York: Pantheon Books, 2008. Print.

Carson, Rick. *Taming Your Gremlins*. New York: Harper & Row Publishers Limited, 1990. Print.

Chodron, Pema. *Smile at Fear. A Retreat with Pema Chodron on Discovering your Radiant Self-Confidence*. Boston: Shambala Publications, 2011. Print.

When Things Fall Apart: Heart Advice for Difficult Times. Boston: Shambala Publications, 2007. Print.

Chopra, Deepak. *The Seven Spiritual Laws of Success: A Practical Guide to the Fulfillment of your Dreams.* San Rafael: Amber-Allen Publishers, 1995. Print.

De Mello, Anthony. *Wellsprings: A Book of Spiritual Exercises*. New York: Doubleday, 1985. Print.

De Ropp, Robert S. *The Master Game: Pathways to Higher Consciousness*. Nevada City: First Gateways Books, 2003. Print.

Doidge, Norman, *The Brain that changes Itself. Stories of Personal Triumph from the Frontiers of Brain Science*. New York: Penguin, 2008. Print.

Doidge, Norman, *The Brain's Way of Healing.* Viking, 2015.

Dunlin, P.L. and R.D. Hill. Relationships Between Altruistic Activity, Positive and Negative Affects Among low Income Older Adult Service Recipients. *Aging and Mental Health*. 2003 July; 7 (4): 294-9.

Einstein, Albert. As cited in *Mathematical Circles Adieu.* Boston: Prindle, Weber and Schmidt, 1977. Print.

Fields, Rick, Peggy Taylor, Rex Weyler and Rick Ingrasci. *Chop Wood Carry Water*. Los Angeles: Jeremy P. Tarcher, Inc., 1984. Print.

Fine, Cordelia. *A Mind of Its Own*. Norton

Food Matters – film – 'Hungry for Change'.

Gazzaniga, Michael S. *Who's in Charge?* Harper Collins

Godbout Laake, Dana and Compart Pamela. *The ADHD and Autism Nutritional Supplement Handbook.* Fair Winds.

Goleman, Daniel. *Emotional Intelligence: Why It Can Matter More Than IQ*. New York: Bantam Books, 1996. Print.

Gorman, Paul and Ram Dass. *How Can I Help? Stories and Reflections on Service.* New York: Random House, 1985. Print.

Grad, B. "Implications for Psychotherapy, Gentling and the Placebo Effect." *Journal of the Society for Physical Research.* 1976: 61 (4): 286-305.

Hall, Kathleen. Stress Reducing Tips. The Stress Institute. 2005. Web.

Herbert, Martha. *The Autism Revolution.* Ballantine Books.

Keltner, Dacher. *Born To Be Good: The Science of a Meaningful Life.* New York: W.W. Norton & Company, 2009. Print.

King, Martin Luther Jr*."* I have a Dream." U.S. Constitution Online. 1963. Web 2010.

Jacobs, Gregg D. "It is Healthier to Give than to Receive." Toronto: True Star Health. Web 2007.

Jepson, Bryan. *Changing the Course of Autism*. Sentient.

Johnston, Steven. *Mind Wide Open*. New York: Scribner, 2004. Print.

King, Martin Luther Jr. and Dacher Keltner. *Born to be Good: The Science of a Meaningful Life*. New York: W.W. Norton & Company, 2009. Print.

Kornfield, Jack. *The Art of Forgiveness, Loving Kindness and Peace*. Westminster: Bantam Dell, 2002. Print.

Korotkov, Konstanitn. *Human Energy Field: Study with GDV Bioelectrography*. New York: Backbone Publishing, 2002. Print.

Lucas, Allan. "Helpers High: Volunteering Makes People feel Good Physically and Emotionally." *Psychology Today*. Oct. 1988.

Mlodinow, Leonard. *Subliminal.* Vintage 2012.

Nataraja, Shanida. *The Blissful Brain.* London: Gaia Thinking, 2009.

Nhat Hanh, Thich. *Being Peace*. Berkeley: Parallax Press, 2005. Print.

Nhat Hanh, Thich. *The Miracle of Mindfulness: An Introduction to the Practice of Meditation*. Boston: Beacon Press, 1999. Print.

Needleman, Jacob. *A Little Book On Love.* New York: Random House Publishing Group, 2000.

Preidt, Robert. *Love for Other may Bring Rewards.* Norwalk: *ScoutNews*, 2004.

Ratey, John and Hagerman, Eric. *Spark.* Little, Brown and Company 2008

Ratey, John and Johnson, Catherine. *Shadow Syndrome.* Pantheon/Random House 1997.

Schwartz, G. *Psychosomatic Medicine: Altruistic Social Interest Behaviours are Associated with Better Mental Health.* American Psychosomatic Society. (web)

Sicher, F., E Targ, D. Moore and H. Smith. "A Randomized double-blind study of the Effect of Distant Healing in a Population with Advanced AIDS". *Western Journal of Medicine.* Dec. 1998:169(6): 356-363.

Sternberg, Ester M. "Approaches to Defining Mechanisms by which Altruistic Love Affects Health". White Paper #3 *Institute for Research on Unlimited Love, Altruism, Compassion,* Web. 2009.

Swanbrow, Diane. People Who Give Live Longer. University of Michigan on-line news service. Web 2012.

Wagoner, David. "Lost." Bloomington: Indiana University Press, 1976.

Yeats, W. B. "Earth, Fire and Water." Internet Sacred Text Archive. Web. 29 Feb. 2012.

Young, Shinzen. *The Science of Enlightenment – How Meditation Works*: Sounds True, 2016

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Comments About Conscious Care and Support

"As support providers, we base our roots of support within the biopsychosocial model and it has been our experience that there is an essential need to investigate a level deeper. Conscious Care and Support beautifully complements current models of support and assists in identifying those upstream causes to alleviate the suffering manifested by anxiety, anger and aggression. In my over 35 years of working within the developmental disability sector, I can honestly count on one hand the number of transformative thinkers that have presented the possibility to not only significantly influence, but deeply change the way in which meaningful support is provided to people and families. Peter Marks is truly one of those people."

Xavier Noordermeer
Former Executive Director
Community Living Windsor

"The multi-faceted approach of Conscious Care and Support is as refreshing as it is informative. It shines a light on the importance of seeing individuals with Autism and intellectual disabilities as individuals with unmet biomedical needs, not as problems that need to be fixed or medicated. Not only that, the book addresses the needs of support workers and the vital role they play in holding people's lives together. It's a masterful, comprehensive design."

Lucinda Hage
Parent and Author – *What Time Is the 9:20 Bus? A Journey to a Meaningful Life, Disability and All*

"The Conscious Care and Support Best Practices, including Mindful Emotional Self-Regulation Competencies, are examples of an excellent blending of Science and Heart. The results are measurably improved levels of compassionate, effective services, especially while supporting people with developmental disabilities and unmet complex needs."

Shinzen Young, Co-Director
Neurodevelopment Lab, University of Arizona
Former Mindfulness Researcher - Harvard Medical School

"In this book, the authors have provided us with the scaffolding for human compassion and kindness which are the foundations of good healthcare and support. They show us that both of these qualities are achievable by simply shifting our attention from tasks and outcomes to relationship-based care - shifting from doing to being! In a world so deeply dependent on the misuse of power to mobilize others, CCS offers us an alternative use of intent. We can change the world and ourselves through acts of Conscious Care and Support and harvest its compassion. Imagine, we could be more effective and efficient if we were more human. Now there is a revolution in care and support waiting to happen! This is a remarkable book. Thank you from all of us."

Michele Chaban, Director, AMM
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