

## Well-being Facilitation Plan

*The purpose of this form is to provide the support team with an efficient way to facilitate development of a plan with PwDD 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 form to capture and expand on important and relevant CCS best practices.*

**Person supported:** \_\_\_\_\_ **Plan Development Date:** \_\_\_\_\_

**WFP team:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Community professionals:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of person when calm, happy and cooperative:** \_\_\_\_\_

**Diagnosis, if applicable:** \_\_\_\_\_

**PRN Medications, if applicable:** \_\_\_\_\_

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**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 advocacy with community professionals.
2. Monitor and record each day’s progress (reference PART A – 2).
3. If a Behaviour Support Plan is required, follow the responses outlined in Part B
4. If it applies to the individual you are supporting, complete anxiety, anger and aggression incidents and interventions’ reporting and enhanced prevention planning (reference PART C-1 and C-2).
5. Track progress using Part D.

# Well-being Facilitation Plan

## PART A – THE SERVICE-NEEDS ASSESSMENT AND ACTION REQUIRED

<b><i>Needs Area # 1</i></b> <b>Awareness Based Calming and De-escalation Skills and wellness plan development:</b>	<b><i>Who</i></b>	<b><i>Date</i></b> <b><i>Initiated</i></b>
<b>Continue:</b>		
<b>Stop:</b>		
<b>Start:</b>		

**PART A continued**

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

PART A continued

<p><b><i>Needs Area # 4</i></b>  <b>Brain Development, Coherence Balancing and Inflammation Regulation:</b></p>	<p><b><i>Who</i></b></p>	<p><b><i>Date</i></b>   <b><i>Initiated</i></b></p>
<p><b>Continue:</b></p>		
<p><b>Stop:</b></p>		
<p><b>Start:</b></p>		
<p><b><i>Needs Area # 5</i></b>  <b>Human Energy System – Building, Balancing  and Protection from wireless radiation and electromagnetic fields (EMF):</b></p>	<p><b><i>Who</i></b></p>	<p><b><i>Date</i></b>   <b><i>Initiated</i></b></p>
<p><b>Continue:</b></p>		
<p><b>Stop:</b></p>		
<p><b>Start:</b></p>		

PART A continued

<b>Needs Area # 6</b> <b>Sensory Integration and Processing:</b>	<b>Who</b>	<b>Date</b>  <i>Initiated</i>
<b>Continue:</b>		
<b>Stop:</b>		
<b>Start:</b>		
<b>Needs Area # 7</b> <b>Accommodations, Behaviour (ABA Learning), Communications and Contributing to Others' Well-being:</b>	<b>Who</b>	<b>Date</b>  <i>Initiated</i>
<b>Continue:</b>		
<b>Stop:</b>		
<b>Start:</b>		

PART A – 2

**Bio-medical Input Indicators for Well-being**

Name of PwDD \_\_\_\_\_ Week of \_\_\_\_\_

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

<b>Input Indicators</b>	<b>Criteria for Compliance</b>	<b>Days of the Week</b>						
		<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>	<b>S</b>
<b>Gastrointestinal (GI), Bowel and Digestion:</b>	<b>e.g. Organic Acid Test Pre and Post Biomarkers</b>							
• No Toxins e.g. excess sugar								
• Treatments e.g. supplements								
• Nutrition								
<b>Physical Development:</b>	<b>PCP Recommendations</b>							
• Cardio (cortisol regulation)								
• Core and Strength								
• Balancing								
<b>Bilateral/Biomeridian ABC:</b>	<b>10 minutes each per day</b>							
• Butterfly Hug								
• Arms/Breath Coordination								
• Hand Stimulation								
<b>Neurodevelopment:</b>	<b>10 minutes each per day</b>							
• Neurofeedback								
• Mindful Movement								
• Rebounding								
<b>Sensory Diet:</b>	<b>Prescribed by a Qualified O.T.</b>							
• Hyper Sensory Needs								
• Hypo Sensory Needs								
<b>Human Energy:</b>	<b>Restoration and Protection</b>							
• EMF Regulation	– Filter AC outlets							
• RWF e.g. Wi-Fi Regulation	– Minimum use of RWF							
• Sleep Hygiene	– As recommended by a Sleep Professional							

## **PART B**

# **Conscious Care and Support Behaviour Prevention and De-escalation System**

### **Note:**

If an approved behaviour support or safety plan (BSP) is already developed and approved, this *CCS* wellness plan should be fully integrated in the prevention and management strategies.

Given the extensive international research that supports the proposed *CCS* components, *CCS* wellness tools will align with approved BSP developed in accordance with BACB.

If a conflict appears to exist, case conferencing and timely communications must be used to gain consensus. Ultimately the BSP with *CCS* included components must be approved as directed by quality assurance measures. Once approved any changes must be communicated to all members of the support team.

### **Instruction:**

1. Complete the behaviours' description for each level.
2. Complete the Support Professional's response to prevent, manage, calm and de-escalate each level using *CCS* interventions.
3. This summary will be used for case conferencing and consensus decision making with other support team members.
4. As useful, complete the *CCS* Incident Report (see attached) for each incident.

<i>Behaviour Level</i>	<i>Descriptions</i>	<i>CCS Supports to Help the Individual to Maintain Their Optimal Feelings, Mental Health and Positive Behaviours</i>
<b>#0</b>  Describe the person supported when they are at their “best.”	<b>Gifts:</b>	
	<b>Likes:</b>	
	<b>Dislikes:</b>	
<b>Diagnosis:</b>		



<i>Behaviour Level</i>	<i>Descriptions</i>	<i>CCS Supports to Help the Individual to Maintain Their Optimal Feelings, Mental Health and Positive Behaviours</i>
<p><b>#1</b></p> <p>Feelings and/or behaviour preceding agitation, anxiousness and/or anger</p>		
<p><b>#2</b></p> <p>Difficult feelings e.g. agitation, anxiousness and/or anger</p>		
<p><b>#3</b></p> <p>Agitation, anxiousness, anger and challenging behaviour that does not place anyone at risk of serious physical harm</p>		

<i>Behaviour Level</i>	<i>Descriptions</i>	<i>CCS Supports to Help the Individual to Maintain Their Optimal Feelings, Mental Health and Positive Behaviours</i>
<p><b>#4</b></p> <p><b>Physical aggression that places anyone at risk of imminent, serious physical harm</b></p>		
<p><b>#5</b></p> <p><b>Calmed and de-escalated</b></p>		

PART C – 1

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

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

\* Incident level as described in the Wellness Plan

PART C – 2

**Behaviour Incident Reporting & Prevention Planning**

<b>Check all known or suspected factors that contributed to the incident.</b>							
<b>Factors</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>Factors</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
▪ 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)			
<b>Behavioural Factors</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>Behavioural Factors</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
▪ <b>ATTENTION</b> – seeking				▪ <b>ACCESS</b> – to tangibles			
▪ <b>AVOIDANCE</b> – escape from demands				▪ <b>ACTION</b> – “stimming”			
<b>What is being done to prevent similar incidents from happening again?</b>							

PART D

**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: \_\_\_\_\_

<b>Ratings of Person Supported Outcomes</b>		
<b>Ratings:</b> <i>1- seldom    2- occasionally    3- often</i> <i>4- usually    5- near always</i>		<b>Comments</b>
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		