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Conscious Classrooms Pilot Project Evaluation Report

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August 2016

A Centre for Conscious Care

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August 15, 2016

Mr. Don Drone
Executive Director, Ontario Education Services Corporation
439 University Avenue, Toronto ON

Re: Conscious Classrooms (CC) Pilot Project

Dear Don,

I want to thank you and the OESC for selecting A Centre for Conscious Care (CCC) to work with you and the Ministry of Education to develop and deliver this most important pilot project.

While our Conscious Care and Support (CCS) approach to enhancing the well-being and safety of supporters and of individuals with ASD and other DD has been highly successful with families and community Living Organizations in Ontario, we were initially challenged to rework CCS to meet the needs of educators and students with special needs.

Although the results of the evaluation of the pilot project are highly positive and very gratifying, we have identified several improvements we will make to the program based on the excellent feedback from the 52 participants in the pilot project. Several examples of important modifications already initiated are:

1. Simplification of the Student Learning Readiness planning process.

2. A complete re-edit of the text book to include some more relevant ASD education research references and to ensure that all citations are accurately provided.

3. Clarification in the text and other resources that we in no way support the anti-vaccine theory for autism prevention, indeed we believe that it is irresponsible and dangerous to public health.

3. Significantly increased time allocation for case study group work, as this experiential component was highly valued by almost all participants.

4. While our clear message in the program that educators not make recommendations to parents and community professionals regarding nutrition and exercise, we will include more ideas on how best to advocate for a student both with family and independent community professionals without crossing the 'recommendations' boundary.

5. In re-editing the text book, we now have dozens of classroom success stories of CC applications that will make the text book an even better resource for educators.

6. The number of physical assaults reported by educators prior to the CC program was much higher than we had anticipated. While CC reduced this number significantly, we will place even more emphasis on the 28 non-behavioural prevention best practices which are part of the program.

Don, I seek your permission to share the results of this Conscious Classrooms Pilot Project with interested parties in Ontario and beyond. As you know, we have considerable interest from many organizations, including personally from Jean Vanier, founder of L'Arche.

I look forward to participating in presentations with you on the findings of the project evaluation to Senior Ministry of Education officials, the Council of Directors of Education of Ontario and the OESC Board of Directors, as specified in the contract between the Ministry of Education and OESC.

It is with deep appreciation for the many constructive suggestions offered by the participants that we commit to continuously improving the Conscious Classrooms to better meet the learning needs of our most vulnerable students. We look forward to working in collaboration with you and the sector to thoughtfully and carefully implement this important program in interested jurisdictions across the province.

Sincerely

Peter Marks
Conscious Classrooms Project Leader

Executive Summary

Through the use of mixed methods research and evaluation criteria approved by the Ontario Ministry of Education (Disabilities Branch), **Conscious Classrooms (CC)** compared to existing practices met and in most cases exceeded all projected outcomes for the pilot study to substantially improve:

- **Special Needs Students'** learning, well-being and safety.
- **Educators'** physical and mental health and safety and their satisfaction and fulfillment as professionals.
- **Parents' and Families'** role in enhancing their child's learning needs' prerequisite.
- **Educational Systems'** provision of Education Excellence with highly cost effective resources' allocations.

The four School Boards that participated in the **Conscious Classrooms (CC)** Pilot Study were:

- Algoma District School Board
- Dufferin-Peel Catholic District School Board
- Huron-Superior Catholic District School Board
- Peel District School Board

In the Spring of 2016 **Conscious Classrooms** trained 52 educators (teaching and support staff) who were highly experienced and already fully trained to teach and support students aged 5 – 16 who have moderate to severe Autism Spectrum Disorder and Other Developmental Disabilities (ASD/DD). All educators taught and supported students who have Behaviour and Safety Plans (BSP) and ongoing episodes of challenging behaviours.

Given the high incidence of ASD/DD students in Ontario schools (averaging 1 in 50 in one of the pilot School Boards) with high student – educator ratios and these students being most at risk of creating unsafe and compromised learning conditions for themselves, other students and staff, the need for optimally qualified educators and administrators cannot be overstated.

Conscious Classrooms is an eight-session (three hours each session) training program developed over the last decade by Peter Marks of the Centre for Conscious Care. It was developed and carefully researched for its effectiveness to significantly and measurably increase the knowledge, skills and emotional maturity/self-regulation of educators to:

- Facilitate optimal student learning conditions through enhanced prevention, reduction and safer management of students' episodes of Agitation, Anger and Aggression (i.e. challenging behaviours).
- Increase the Health and Safety of special needs students, peers and staff.
- Assist parents and families to better meet their children's prerequisite learning needs.

As a result of CC training, findings of the research study (see Sections II, III and IV) confirmed the following substantial improvements for already fully experienced and qualified (to Board and Ministry Standards) educators and administrators and students with ASD/DD:

1. Dramatically reduced rates of physical and verbal assault (see Figures 8 and 9).

2. Sharply reduced feelings of physical vulnerability for educators when supporting angry and aggressive students (see Figure 10).

3. Highly significant improvement in educators' states of awareness, emotional competence and emotional self-regulation (see Figure 6). All educators reported on average a 58% increase in being more patient and kind when supporting students with challenging behaviour (see Tables 1, 2, 3 and 4). This has proven to be essential for effectively de-escalating and managing difficult student behaviour.

4. Significant improvement in educators' ability to implement best practices to support ASD/DD students' learning and well-being (see Figure 7).

5. Noted improvement in many students' readiness to learn and actual learning.

6. Enhanced knowledge of new and effective ways to de-escalate and prevent challenging student behaviours triggered in the school environment (see Figure 13).

7. Significant enhancement of educators' levels of confidence and efficacy of educators in supporting ASD/DD students (see Table 1).

8. Educators' verbal and behavioural interventions met and exceeded optimal standards for their safety and well-being and that of their students' safety and well-being. "As the result of the **CC Training**, a majority of the educators agreed or strongly agreed that their verbal behavioural interventions met optimal standards for their safety and well-being and that of their students' safety and well-being. Prior to the **CC Training**, all educators disagreed" (see Table 2).

9. Many more educators satisfied with their physical safety, well-being and ability to maintain structure in integrated classrooms. When teachers feel safe, they can better focus on how to meet the overall needs of students.

   Prior to the **CC Training**, approximately 20% of the respondents working in integrated classrooms were very dissatisfied or dissatisfied with their physical safety and well-being when working with special needs students and their ability to maintain the required structure and attention of their integrated class of students. After the **CC Training** only 2% reported dissatisfaction with their ability to maintain structure and the majority were either satisfied or very satisfied with their physical safety and well-being (see Figure 12).

This Evaluation Report is organized as follows:

Executive Summary

Section I. Overview of the CC Project

Section II. Findings – Summary of the Survey Results

Section III. The Research Perspective - Methodology and Overall Findings Research Questions

- Sampling Method
- Research Methods/Design/Data Collection
- Analysis Procedures
- Key Findings and Discussion

Section IV. Case Study Findings

Section V. Conclusions and Recommendations

Appendices

Section I

Overview of the Conscious Classrooms Project

Introduction to Conscious Classrooms:

Conscious Classrooms (CC) is a pilot project funded by the Ontario Ministry of Education and implemented by the Ontario Education Services Corporation (OESC) through Peter Marks of the Centre for Conscious Care.

The project's focus has been to develop and implement an eight-session training program for educators working directly or indirectly with Special Needs Students in a variety of settings. The curriculum for the training program is based on a modification of the successful intervention implemented in over 20 agencies in the Ontario Community Living and Support Sector with Agency Staff and Family Supporters called Conscious Care and Support (CCS) (see Appendix A[1] for the terms of reference)

This pilot project developed a training manual and modified the CCS text book for school settings (see Appendix B and Appendix C).

The following four school boards were selected by the Ontario Ministry of Education to participate in the pilot:

- Algoma District School Board
- Dufferin-Peel Catholic District School Board
- Huron-Superior Catholic District School Board
- Peel District School Board

[1] Appendices A, B, C and D have been previously provided to the Ministry of Education.

Figure 1 describes the **CC** model that was developed, learned by educator participants and applied in their classrooms.

Figure 1: CC Hierarchy of Needs to Facilitate Optimal Learning Conditions and Wellbeing

The Project focused on the following 4 specific areas of outcomes:

- Meeting the Needs of Special Needs Students for enhanced learning conditions through improved prevention, reduction and compassionate management of agitation, anger and aggression (i.e. challenging behaviours) and associated safety risks;
- Developing educators', administrators' knowledge, skills and emotional maturity sufficient to better meet the students' needs;
- Improved educators' ability and motivation to advocate with parents to engage community professionals to assist with improving their children's learning needs prerequisites;
- The Educational System and how **Conscious Classrooms** can improve all students' learning conditions and safety.

1. Training Implementation

Senior administrators of the four boards selected a total of fifty-two participants working directly with Special Needs Students in a variety of settings. Section II describes the participants' roles in Special Education, years of service in their existing role, classroom descriptions, the number

of Students with Autism Spectrum Disorder or other Developmental Disabilities (ASD/DD) and the Survey Results.

While the participating educators ranged in experience from less than a year to 10 years or more, the majority (63%) had more than 4 years in their current role in their current school. This level of experience was considered important to the study as the potential gains of **CC** with seasoned and fully trained educators would indicate **CC's** potential over and above existing credentials and specific trainings provided by Boards of Education and the Ministry of Education.

2. Training Content Focus

The first focus of the **CC** training program aimed to enhance educators' Knowledge and Skills in supporting students with ASD/DD. The program included over 24 non-behavioural and non-medical Awareness Based Calming and De-escalation tools and strategies to prevent and safely and compassionately manage challenging student behaviours.

The second focus of the program aimed to develop educators' Mindful Emotional Maturity and Self-Regulation skills so that they learn the skill of remaining calm while under moderate to extreme stress when working with students who are exhibiting difficult behaviours (including verbal and physical abuse. This skill was developed using a special mindfulness meditation technique called B-FIT Mindfulness.

Existing crisis intervention programs generally remind educators to remain calm but the CC program went one step further to train educators how to actually remain calm under all stressful conditions.

The eight sessions of the program consisted of brief didactic presentations followed by interactive problem solving and case discussions, experiential B-FIT Mindfulness exercises and classroom applications for educators and their students.

Approximately one and a half to two hours of reading/assignments and B-FIT Mindfulness exercises were completed by participants between each class.

A comprehensive Course Completion Assignment was completed by all participating educators as a requirement to receive University of Toronto certification.

3. Parents and Families

In the Hierarchy of Needs (Figure 1), Physical Health Promotion including Nutrition and Medical Conditions is very important as a prerequisite to the learning readiness and effectiveness of **CC** for many students. While it is recognized that no educator should ever advise parents on nutrition or dietary matters, **CC** encouraged educators who observe abnormal or unsafe behaviour seemingly associated with snack or lunch time, to track these observations. Educators were also encouraged to be prepared to share objective observations with parents and advise them to consider taking their child to an appropriate medical professional.

CC educators learned signs and symptoms related to most students' main unmet needs that are critical for the parent or professional to know.

Advocacy approaches were explained, discussed and modelled by the facilitator (Peter Marks). It was stressed that just as educators currently advocate with parents on behalf of their students (for possible hearing, visual and other challenges), similar strategies could and should be used following educators' observations of possible biomedical concerns of the special needs students.

4. Professional Learning Process

The 8 module – half-day per week format was applied in Southern Ontario (Peel) and the 8 module – 4 full day biweekly format was applied in Northern Ontario (Sault Ste. Marie).

The models emphasized a robust adult-learning approach.

There were no significant differences in outcomes based on the model applied.

Students had full access to the facilitator and were encouraged to email and contact him in person between program sessions.

5. Conscious Classrooms Curriculum

While the **CC** Curriculum has been created and written by Peter and Gareth Marks of the Centre for Conscious Care, most individual components have been rigorously researched and proven by international Educational Institutions (such as: The University of Western Ontario, The University of Toronto, Harvard Medical School and the Center for Discovery – New York State's Centre of Excellence for educating students with ASD/DD).

The forewords for the **CC** Text Book are written by Jean Vanier, founder of L'Arche and Shinzen Young, a senior researcher from Harvard Medical School.

6. Participation

Participation in the course was voluntary. One educator left the course after 2 sessions without notice or explanation. A very high successful completion rate with near perfect attendance was considered to be one indicator of the course's credibility and value. Three educators were unable to attend one of the 8 modules due to professional and personal scheduling conflicts.

7. Researcher

The **CC** Evaluation and report has been completed by Dr. Vera Azah, a well-experienced Ontario educational research specialist (see Appendix E for the researcher's resume)

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Section II

Findings - Summary of Survey Results

The following research questions guided the development of the instruments for evaluation of the **Conscious Classrooms** project (see Appendix IV for instruments previously submitted to the Ministry).

Research Questions:

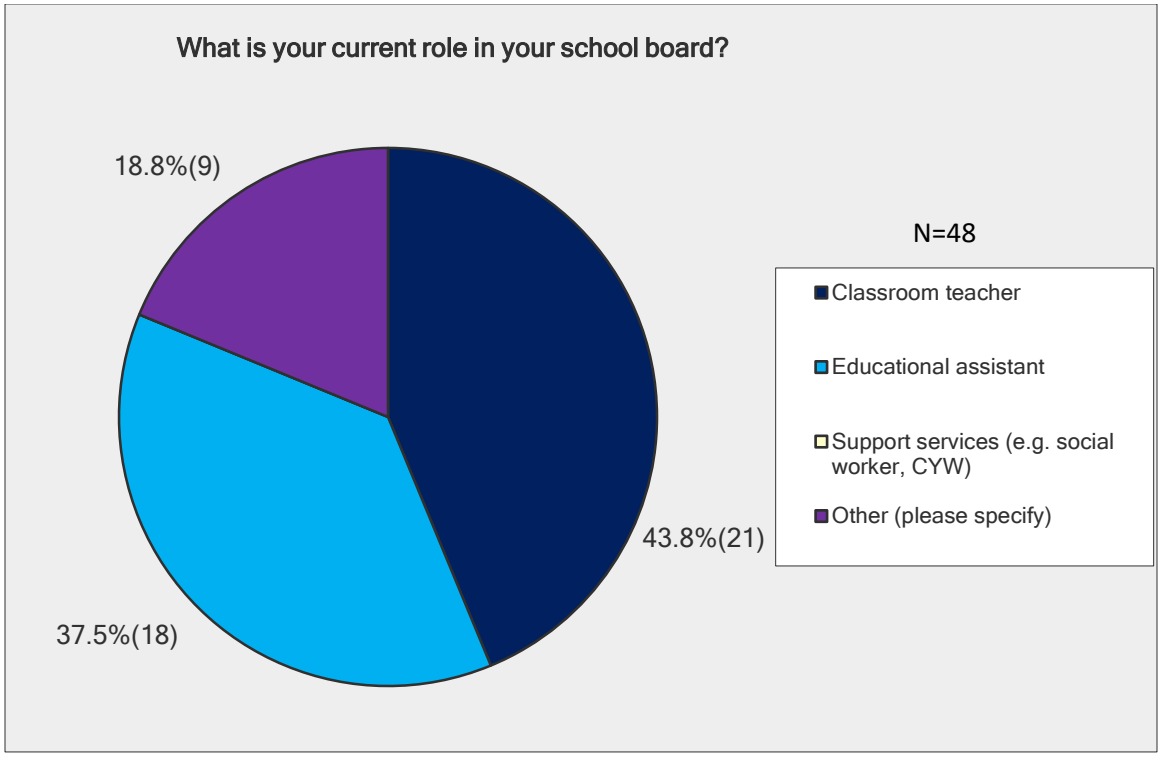
1. What are the strengths of the **CC** training?
2. Is the **CC** training effective in the prevention and de-escalation of challenging student behaviours in Ontario pilot schools?
3. What is the impact of **CC** training on educators' knowledge and skills to support students with ASD/DD/ID?
4. What are the observable changes in ASD/DD/ID students' behaviours, learning and well-being as a result of **CC** training?
5. Are the knowledge and skill sets acquired by educators through the **CC** training transferable to the classroom, parents and the system?

This section of the report answers questions 1, 2 and 3. The section is divided into two parts: Part A describes the demographics of the participants and Part B compares the survey results of participants' knowledge, skills and practices before and after the CC training program. Research Questions 4 and 5 are answered in Section III.

A. Characteristics/Demographics of Participants

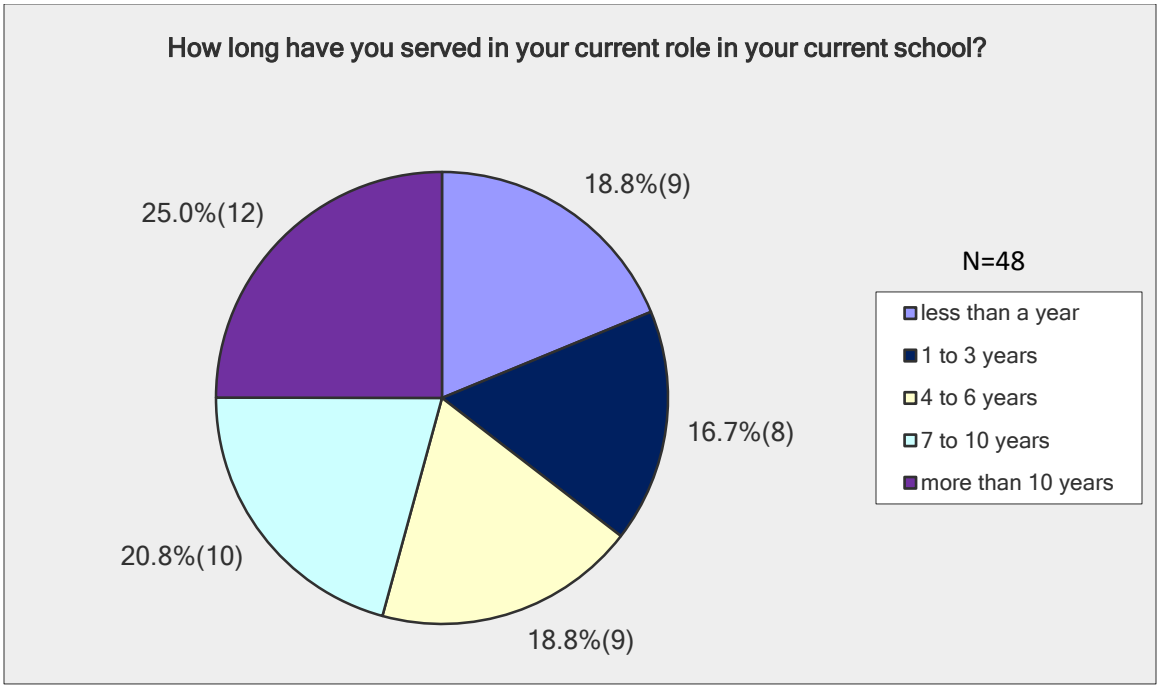
Of the 52 educators working with students with ASD/DD/ID who participated in the pilot, 48 participants completed the two surveys giving a 92% response rate. Of these 48 respondents, 38 (79.2%) were elementary and 10 (20.8%) were secondary educators from the four boards; 18 (37.5%) from Huron Superior Catholic District School Board, 14 (29.2%) from Peel District School Board, 10 (20.8%) from Dufferin-Peel Catholic District School Board and 6 (12.5%) from Algoma District School Board.

Figure 2: Current Role in school board



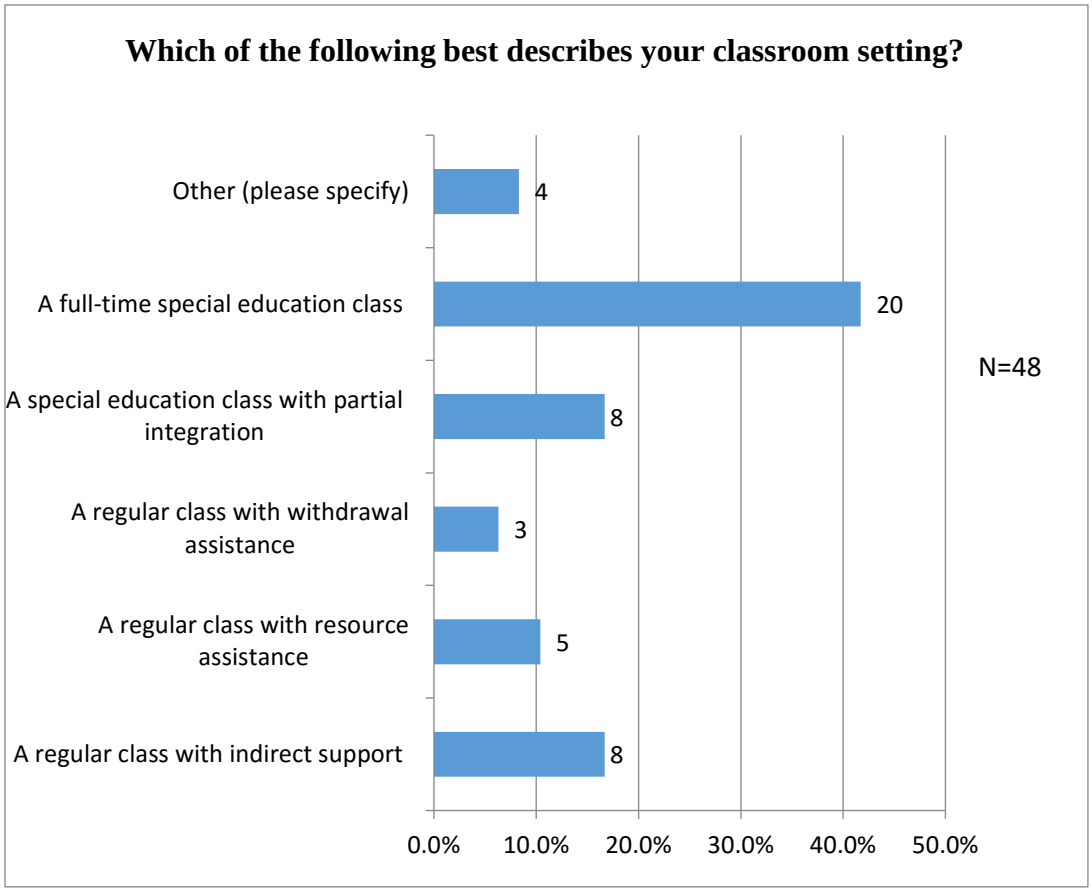
Almost half (43.8%) of the participants were classroom teachers, closely followed by educational assistants (37.5%) and a small number of other supporters (9) including a learning resource teacher, an LRT/classroom teacher, a principal, a vice-principal, a department head, an educational resource worker, a supported learning class teacher, a special education resource teacher and a student success teacher.

Figure 3: Number of years served in current role in current school



The project involved participants who had served in their role at their current school from less than a year to more than 10 years. A majority (25%) of these respondents had served in their current role for over 10 years showing historical ties to their board and to some extent experience with students with special needs.

Figure 4: Decription of Classroom Setting



40% of the respondents were in a full-time special education classroom (where the student-teacher ratio conforms to Regulation 298, section 31, for the entire school day) and only 3 (6.3%) of the respondents were in a regular class with withdrawal assistance (where the student is placed in a regular class and receives instruction outside the classroom, for less than 50 per cent of the school day, from a qualified special education teacher). Additionally, less than 10 percent (4) of the respondents described their classroom settings each as follows: a regular class where students are in class for entire day with partial EA support; an enhanced learning program with small groups of special needs student at a time; a regular classroom with indirect support not necessarily from specialized consultants and a fully self-contained class where some students integrate into the school, community and workplace regularly. This shows the variations in classroom settings in Ontario schools as they try to meet the needs of students with special needs.

Figure 5: Number of students with ASD/DD/ID

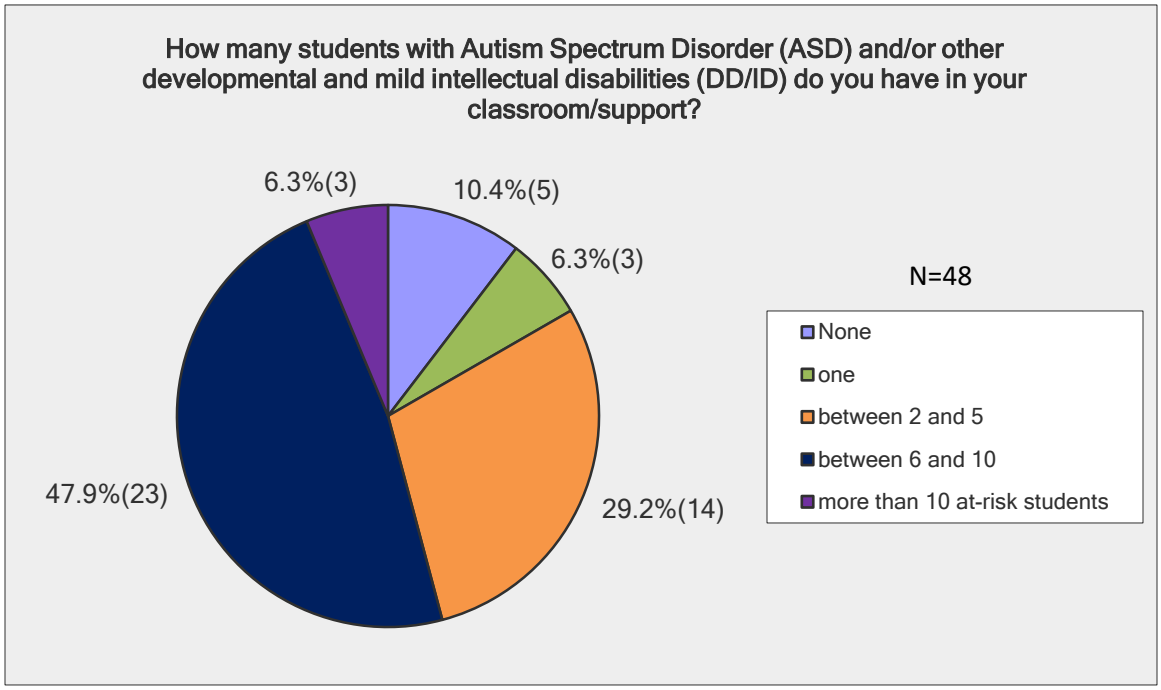


Figure 5 shows that many students with ASD/DD/DD were placed or supported in participating educators' classrooms . As shown in the chart, close to half of the respondents indicated that they had or supported between 6 and 10 students with ASD/DD/ID while less than 10% of the respondents indicated that they had or supported one or more than 10 at-risk students in their classrooms. Not surprising for a program intended for staff supporting students with ASD/DD/ID, only 5 respondents did not have/support any student with ASD/DD/ID in their classrooms.

Nature of Students with ASD/DD/ID and their supports

Not shown on the charts, these students with ASD/DD/ID ranged in age from 4 to 16 years and above and they received a variety of supports including but not limited to: 3 to 2 students to an adult in the supported learning class; Education Assistants (EA); ABA; personal support, contained classroom with full time TAs; classroom withdrawal for sensory breaks; congregated classroom with varied integration; educational resource worker support; special education reseource teacher support; occupational therapy, speech therapy; scribing; PECS; promps,: visual schedules; token economies (rewards) toileting; feeding; supervision for safety and academic. These different identified supports indicate the enormity of needs these students possess that must be met by educators and support staff responsible.

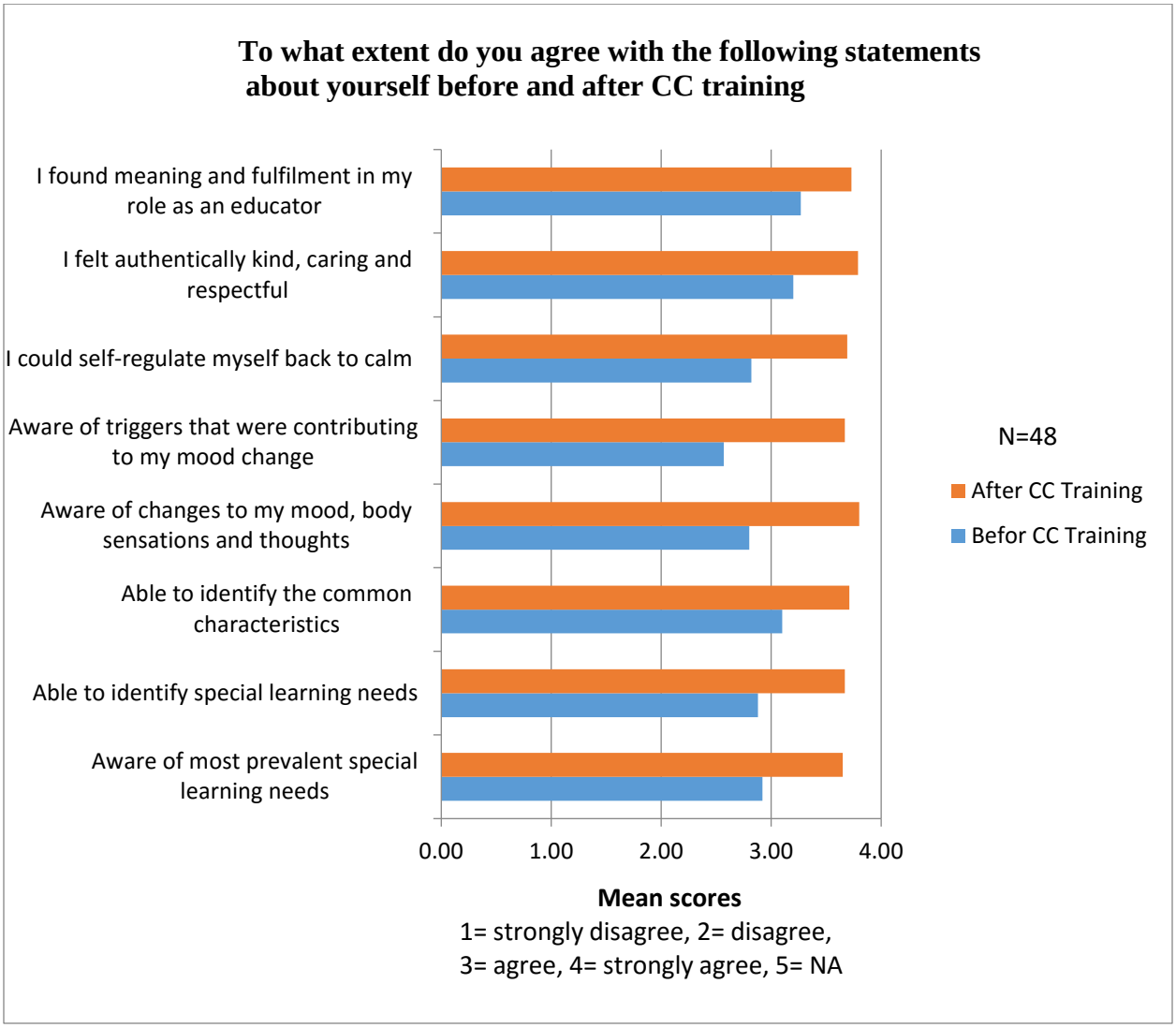
B. Comparing Survey Results of Participants' Knowledge, Skills and Practices Before and After CC Training Program.

Part B of this summary is divided into three sub-sections:

I. Changes in Knowledge and Skills of **CC** trainees and identified best practices to support special needs students.
II. Effectiveness of **CC** training in preventing or de-escalating students' challenging behaviours.
III. Improvement in respondents' and students' safety and well-being and improvement in conditions for student learning.

I. Changes in Knowledge and skills of CC trainees and identified best practices to support special needs students

Figure 6: Self-awareness, emotional competence and emotional self-regulation



As Figure 6 illustrates, on average, participants showed remarkable improvement in their state of awareness, emotional competence and emotional self-regulation after attending the **CC** program. While a majority of the respondents agreed or strongly agreed with all eight items, one key difference between the respondents' knowledge, skills and dispositions prior to the training and after the training is the respondents' awareness of psychological triggers that contributed to their mood change when they felt emotionally high-jacked. Prior to the training almost 50% of the respondents strongly disagreed or disagreed with the above statement and after participating in the CC training all (100%) of the respondents agreed or strongly agreed that they were aware of their psychological triggers that contributed to their mood change when they felt emotionally high-jacked. Only 2% of respondents after the training session disagreed that their ability to identify common characteristics of students with ASD/DD/ID, their emotional state of feeling authentically kind, caring and respectful regardless of what student they were supporting and finding meaning and fulfilment in their role as educators had not been positively influenced by the **CC** Program. The vast majority (98%) either agreed or strongly agreed with all eight statements regarding self-awareness, emotional competence and emotional self-regulation – a significant impact of **CC** training.

Figure 7: Implementation of best practices to meet special learning and wellbeing needs of students

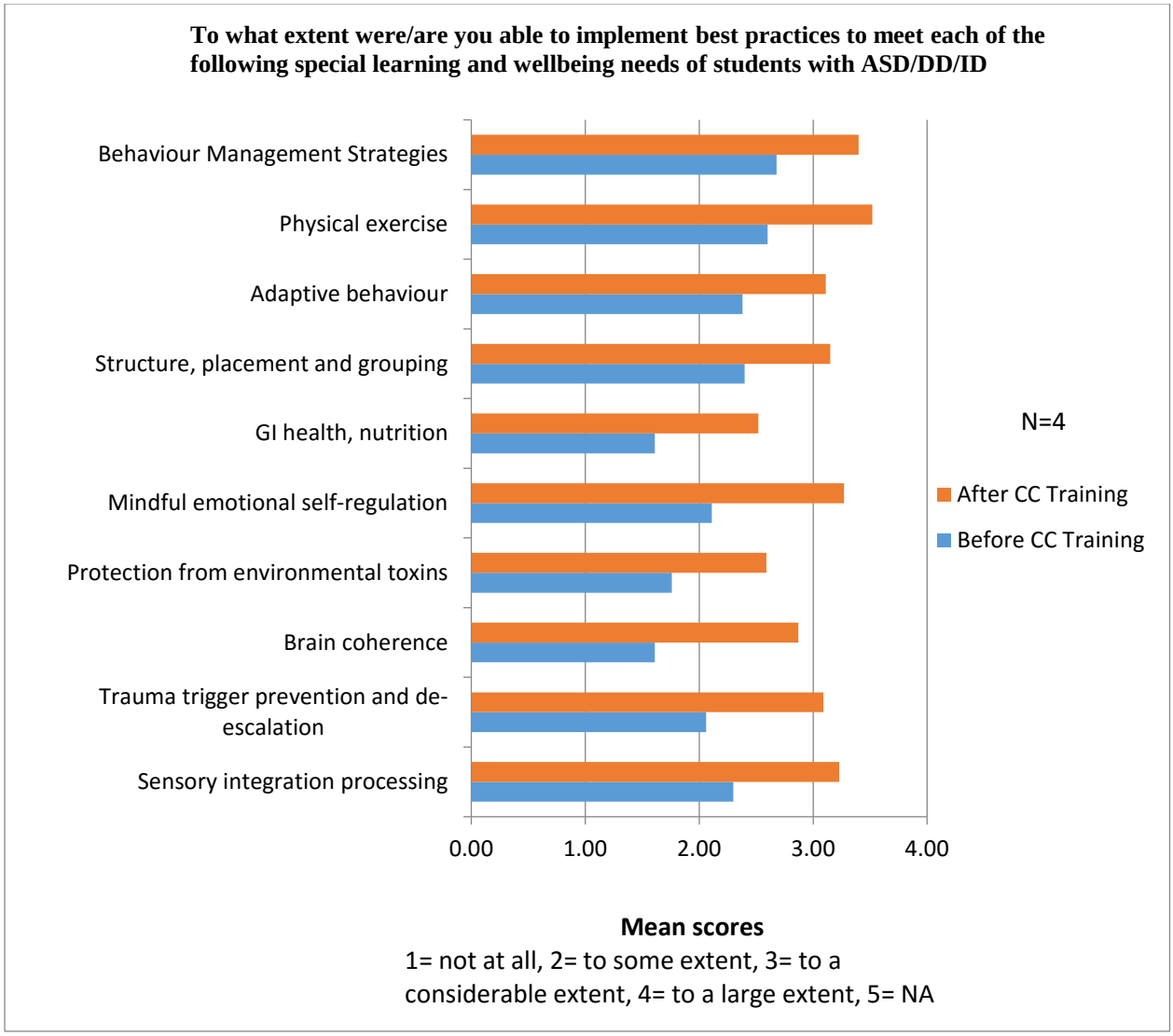


Figure 7 continues to demonstrate the significant impact of **CC** training on respondents' ability to implement best practices to support ASD/DD/ID students' learning and well-being needs. Three key areas stand out in stark contrast before and after respondents attended the **CC** training. The chart shows that prior to **CC** training some respondents could not implement best practices in supporting students with GI health and nutrition, brain coherence and protection from environmental toxins. Not explicit on the chart, almost half of the respondents said they could not implement best practices to support students in these three areas. This number drastically decreased after **CC** training to only 4%, 2% and 15% of respondents not being able to implement best practices in these three respective areas. In all the other areas (sensory integration process, trauma trigger prevention, mindful emotional self regulation, structure, placement and grouping, adaptive behaviour, physical exercise and behaviour management strategies) the chart clearly shows that on average, a majority of the respondents could implement best practices to some extent, to a considerable extent or to a large extent in support of ASD/DD/ID student's special learning and well-being needs.

Respondents identified additional symptoms that they learned in the **CC** program that students with special needs often exhibited prior to challenging behaviour in school to include but not limited to: getting louder than usual, quieter than usual, stimming, sleepy, anxiety, agitation, shutting down, avoidance, acting out, gastrointestinal discomfort, response to allergens in the air, getting startled, fidgeting, tearful outburst, aggression, vocalizing, constipation, sleep issues, sleep deprivation, no/low energy, pacing, elevated heartrate, holding their stomach, walking on toes, rocking back and forth, humming, moaning, stress, frustration, perseverating behaviours, gas, burping, abdominal pain, stress, restlessness, pressure applied to pencil, self harm, startling, repetition, throwing items, confusion, worry, hitting, and running away.

In response to these challenging behaviours, over 50 percent of the respondents identified the following new and effective ways (learned as a result of **CC** training) to prevent challenging behaviours triggered in a school environment: physical exercise, butterfly hugs, tapping, staff awareness (mindfulness), eliminating any triggers, self-calming/entrainment/regulation techniques, body breaks, GI attention, sensory checklist, changing physical environment, attention to body language.

These results in part, support Research questions one and two by articulating the strengths of the **CC** training program and suggesting that the **CC** training is effective in the prevention and de-escalation of challenging student behaviours in Ontario pilot schools.

II. Effectiveness of CC training in preventing or de-escalating students' challenging behaviours

Table 1: Respondents' satisfaction to their level of confidence and efficacy:

Items *(1=very dissatisfied, 2=dissatisfied, 3=neutral, 4= satisfied, 5=very satisfied)*	**Before CC Training** Mean	**After CC Training** Mean
I was/am confident in my ability to effectively prevent or de-escalate a challenging behaviour in ways that facilitated/facilitate the students' potential to learn and focus.	3.31	4.17
I was/am confident in my ability to safely prevent or de-escalate a challenging behaviour in ways that facilitated/facilitate the students' potential to learn and focus.	3.33	4.21
I was/am able to implement effective interventions to help students with ASD/DD/ID become calm and attentive.	3.35	4.25
I was/am able to apply effective systematic processes to calm and focus students with ASD/DD/ID.	3.19	4.23
I was/am able to create an effective and appropriate support plan for a student with ASD/DD/ID.	3.21	4.13
I had received an appropriate amount of training to work with students with ASD/DD/ID.	2.48	3.88
The trainings that I had participated in over the past three years had prepared me to develop the full mind, body, social and spiritual potential of my students.	2.10	3.83
The trainings that I had participated in over the past three years had allowed me to stay current with new research.	2.35	3.83
The trainings that I had participated in over the past three years had allowed me to stay emotionally positive in difficult situations.	2.50	4.00

The **CC** program had a significant impact on the level of confidence and efficacy of respondents in supporting ASD/DD/ID students. Table 1 illustrates that on average, respondents were satisfied with their level of confidence after attending the **CC** training. These results support Research question 3 by showing evidence of the impact of **CC** training on educators' knowledge and skills to support students with ASD/DD/ID. Prior to the training, over 50% of respondents were either very disatisified or dissatisfied about the amount of training they had received over the past three years to support ASD/DD/ID. 53% were dissatisfied or very dissatisfied with the appropriateness in amount of training received, 75% were dissatisfied or very dissatisfied with their level of preparedness , 58% were dissatisfied or very dissatisfied with the opportunity presented by the previous training for them to stay current with research and 52% were dissatisfied or very dissatisfied with the opportunity presented by the previous training for them to stay emotionally positive in difficult situations. With **CC** training these numbers were drastically reduced with only 2% saying they were disatisffied with the approppriateness in the amount of training to support ASD/DD/ID students; 4% dissatisfied with their level of preparedness, 6% dissatisfied with the opportunities to stay current with research. On average, the majority were satisfied with the opportunity to stay emotionally positive in difficult situations. This shows that **CC** training made a significant impact on preparing educators with the research and skills and emotional positive state to address challenging behaviours in school. This also provides supporting evidence to Research questions two and three.

Table 2: Satisfaction of Respondents' Verbal and behavioural interventions

Items *(1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree; 5 = NA)*	**Before CC Training** Mean	**After CC Training** Mean
My verbal and behavioral interventions, when attempting to calm and de-escalate a student's challenging behaviour, met/meets or exceeded/exceeds optimal standards for my safety.	2.69	3.35
My verbal and behavioral interventions, when attempting to calm and de-escalate a student's challenging behaviour, met/meets or exceeded/exceeds optimal standards for my well-being.	2.60	3.46
My verbal and behavioural interventions, when attempting to calm or de-escalate a student's challenging behaviour, met/meets or exceeded/exceeds optimal standards for the student's safety.	2.92	3.51
My verbal and behavioural interventions, when attempting to calm or de-escalate a student's challenging behaviour, met/meets or exceeded/exceeds optimal standards for the student's well-being.	2.73	3.53
My verbal and behavioural interventions, when attempting to calm or de-escalate a student's challenging behaviour, met/meets or exceeded/exceeds optimal standards for the student's learning	2.69	3.48

The **CC** training program continues to show impressive results with the safety and well-being of respondents and their students - conditions necessary for student learning. The mean scores on Table 2 clearly show that after **CC** training, a majority of the respondents agreed or strongly agreed that their verbal and behavioural interventions met optimal standards for their safety and well-being, and that of their students' safety, well-being and learning. Only two percent of them disagreed with their interventions met optimal standards for their safety and well-being. In contrast, prior to the **CC** training all respondents disagreed with their verbal and behavioural interventions meeting or exceeding the optimal standards for the safety and well-being of themselves and their students and their students' learning. Educators' intervention strategies exposed to them through **CC** training made a very significant impact on their safety and well-being and the safety, well-being and learning of their students.

III. Improvement in respondents' and students' safety and well-being and improvement in conditions for student learning

Figure 8: Verbal assault by students with challenging behaviours

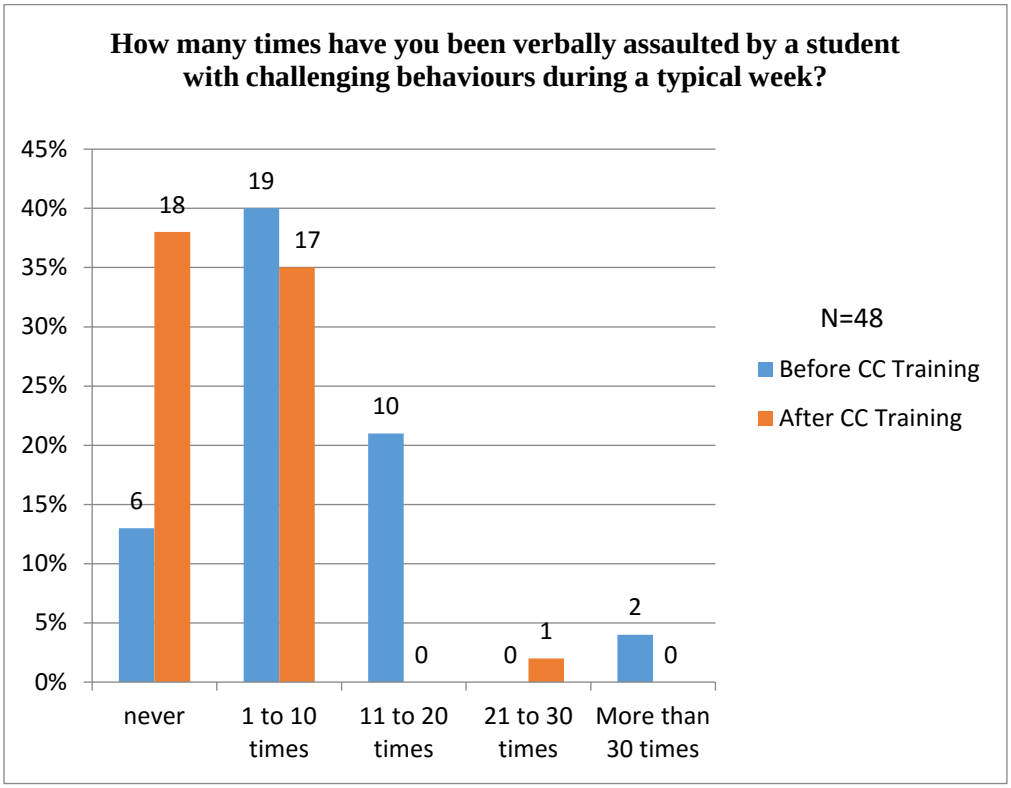


Figure 8 reports that the verbal assault rate has dramatically reduced after **CC** training. Only 13% (6) of the respondents indicated they had never been verbablly assaulted prior to **CC** training. This number increased exponentially to a highly significant 38% (18); indicating these respondents had not been assaulted after receiving CC training. Given that over 50% of respondents identified key ways and strategies to prevent challenging behaviours from their CC training, it is no surprise that the number of assault cases dropped after the training. While the chart shows a high number of assault cases that have happened 1 to 10 times, it also clearly illustrates a reduction in the number of cases (by a difference of 2 respondents) within this category after **CC** training. When educators feel safe, they are in a better emotional state to look after the needs of their students.

Figure 9: Physical assault by a student with challenging behaviours

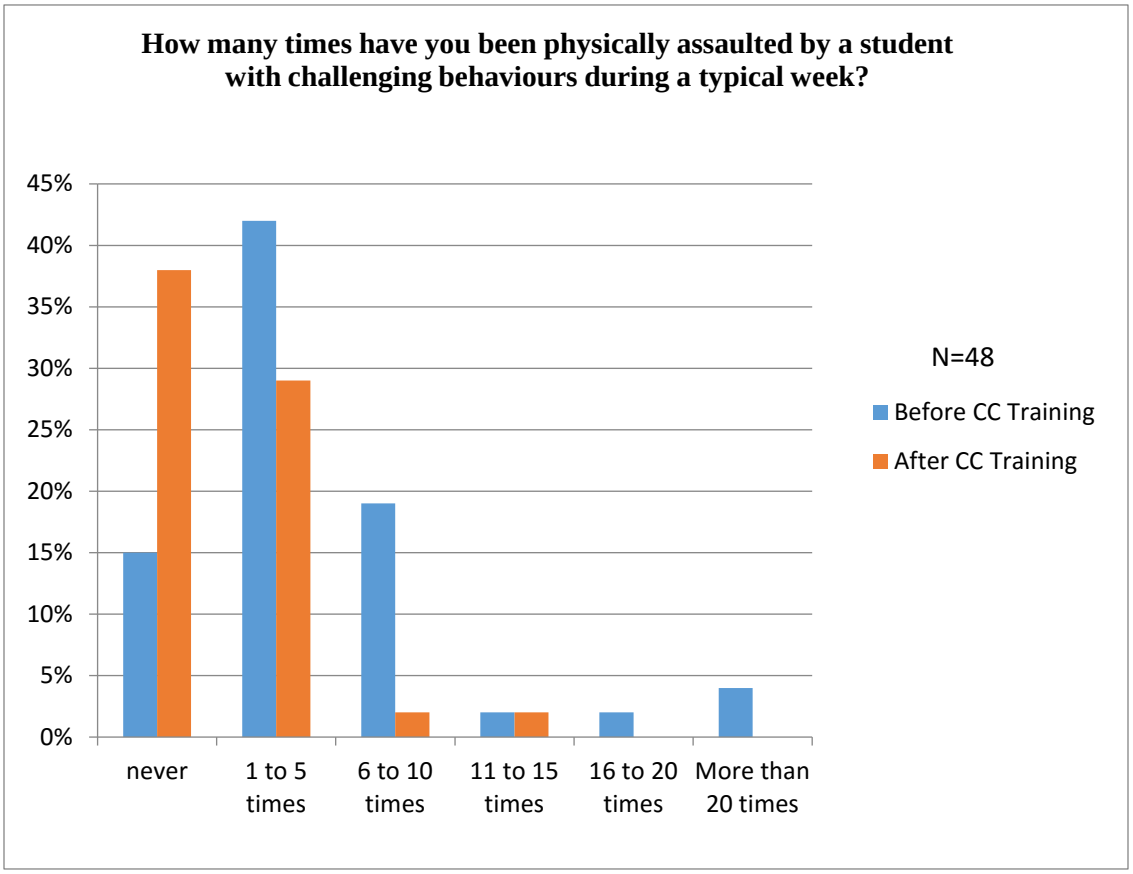


Figure 9 indicates that the physical assault rate has reduced dramatically after **CC** training. Only 15% (7) of respondents indicated they have never been physically assauted prior to **CC** training. This number increased exponentially to a highly significant 38% (18), indicating these respondents have not been assaulted after receiving **CC** training. Given that over 50% of respondents identified key ways and strategies to prevent challenging behaviours from their **CC** training, it is no surprise that the number of physical assault cases dropped after the training. While the chart shows a high number of physical assault cases that have happened 1 to 10 times, it also clearly illustrates a reduction in the number of cases (by 6 cases) within this category after **CC** training. Even more interesting, the number of physical assault cases that have happened between 6 to 10 times dropped from 19% to 2% affter **CC** training. When teachers feel safe, they can better focus on how to meet the overall needs of students.

Figure 10: Physical vulnerability when working with students with challenging behaviours

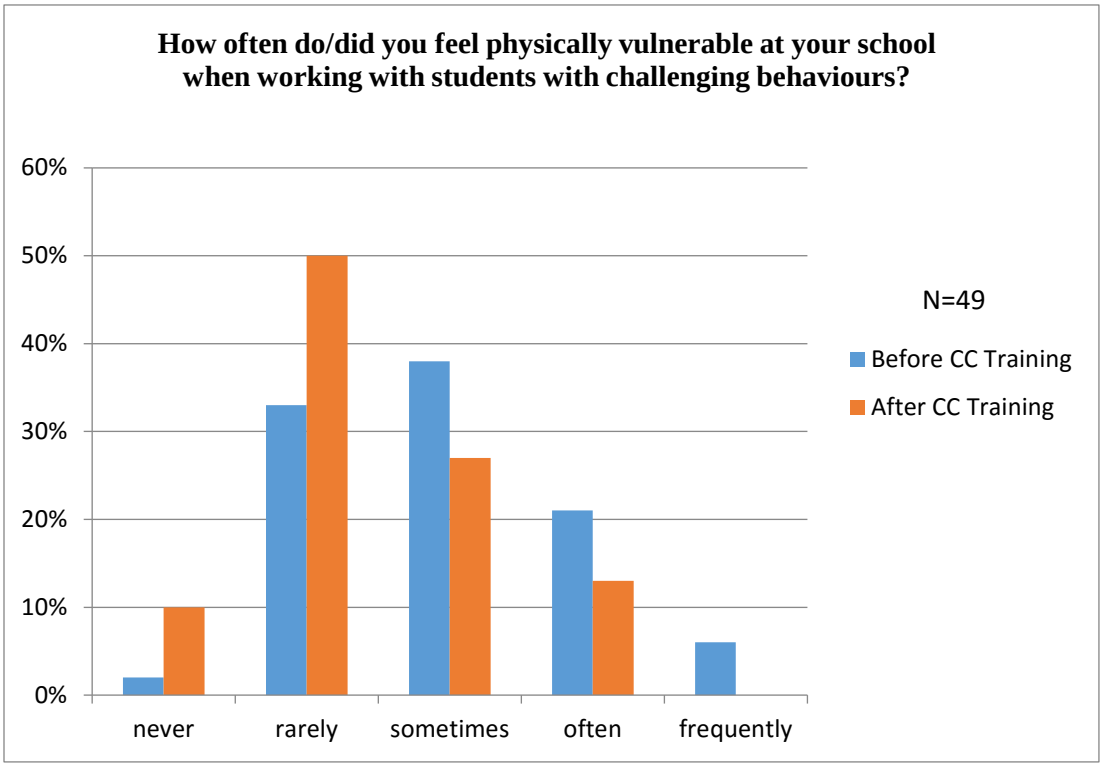


Figure 10 presents the results of the reported physical vulnerability of educators when working with students with challenging behaviours. Only 35% of respondents showed positive results prior to attending **CC** training while the majority of respondents (65%) had felt physically vulnerable sometimes, often or frequently prior to attending **CC** training. However, the situation completely changed when respondents were exposed (during **CC** training)to the different strategies to prevent challenging behaviour. The chart shows over half (60%) of respondents indicated they had never or rarely felt physically vulnerable and only less than half (40%) saying they had felt physically vulnerable sometimes or often times following **CC** training. None of the respondents reported having frequently felt physically vulnerable after the **CC** training.

Table 11: Emotional Vulnerability

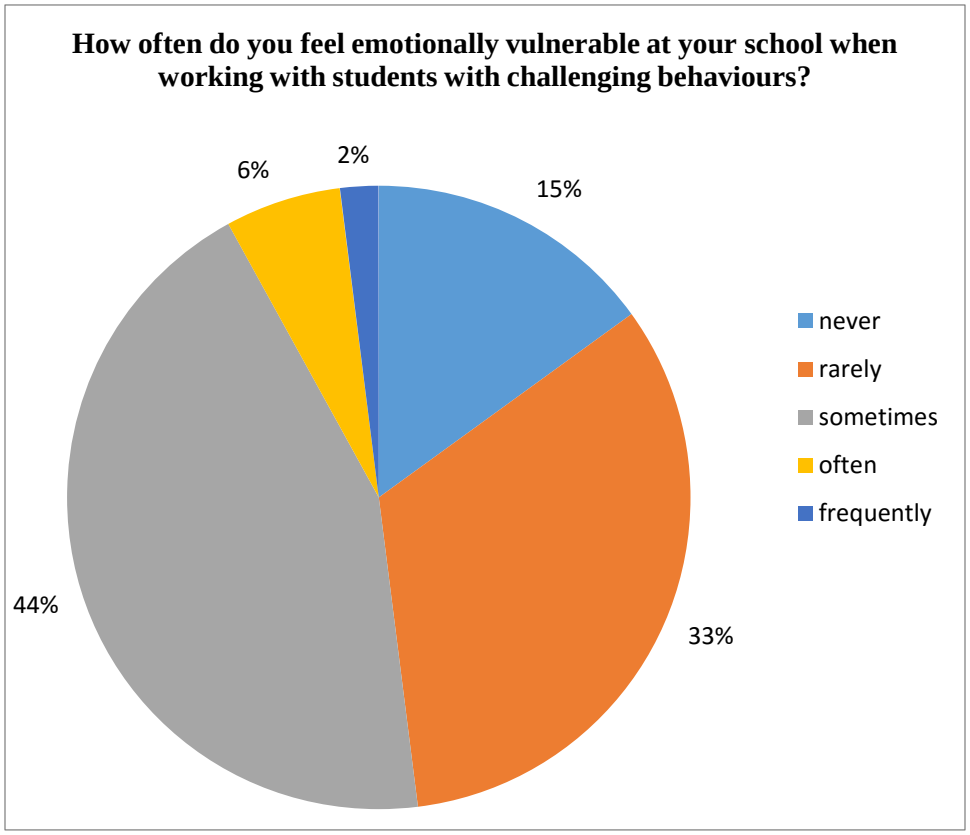
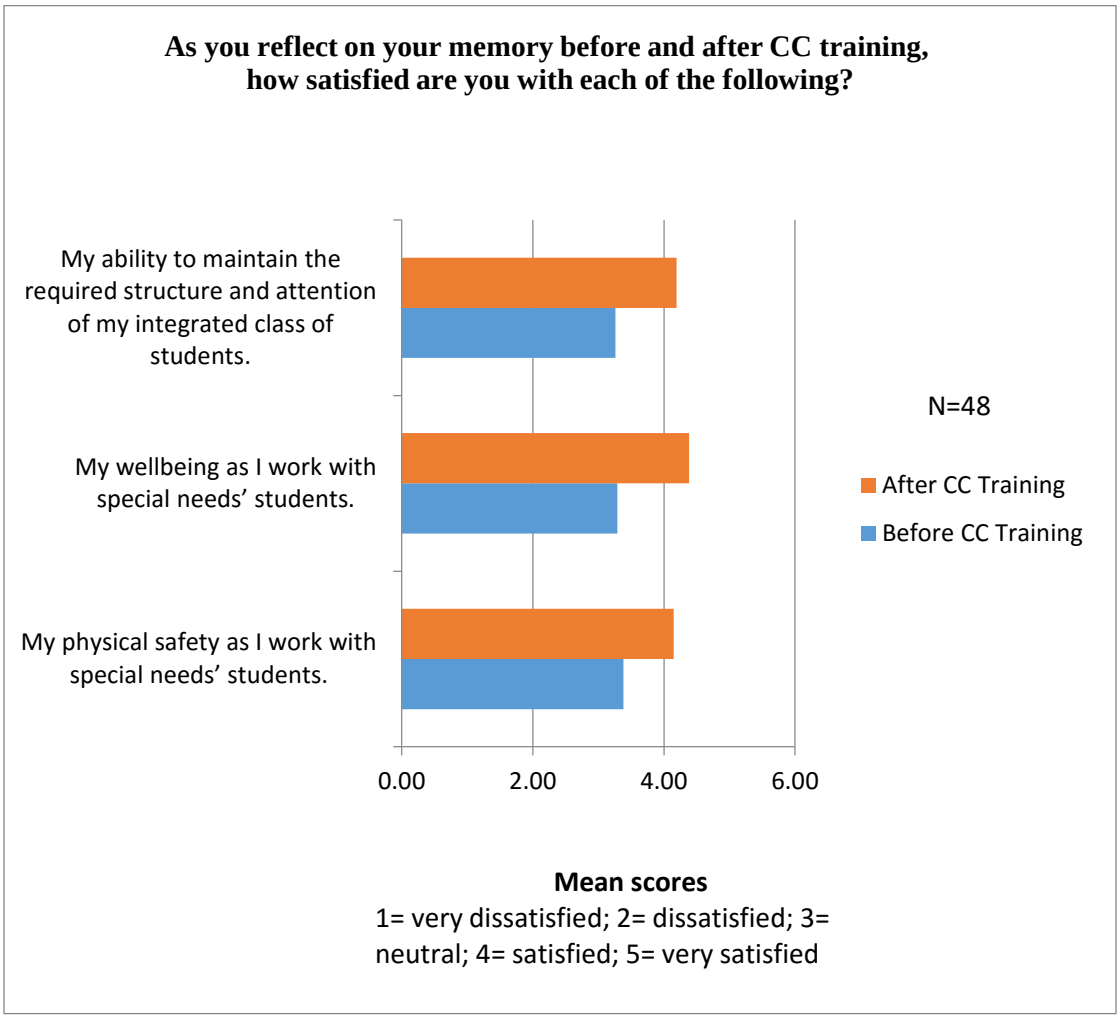


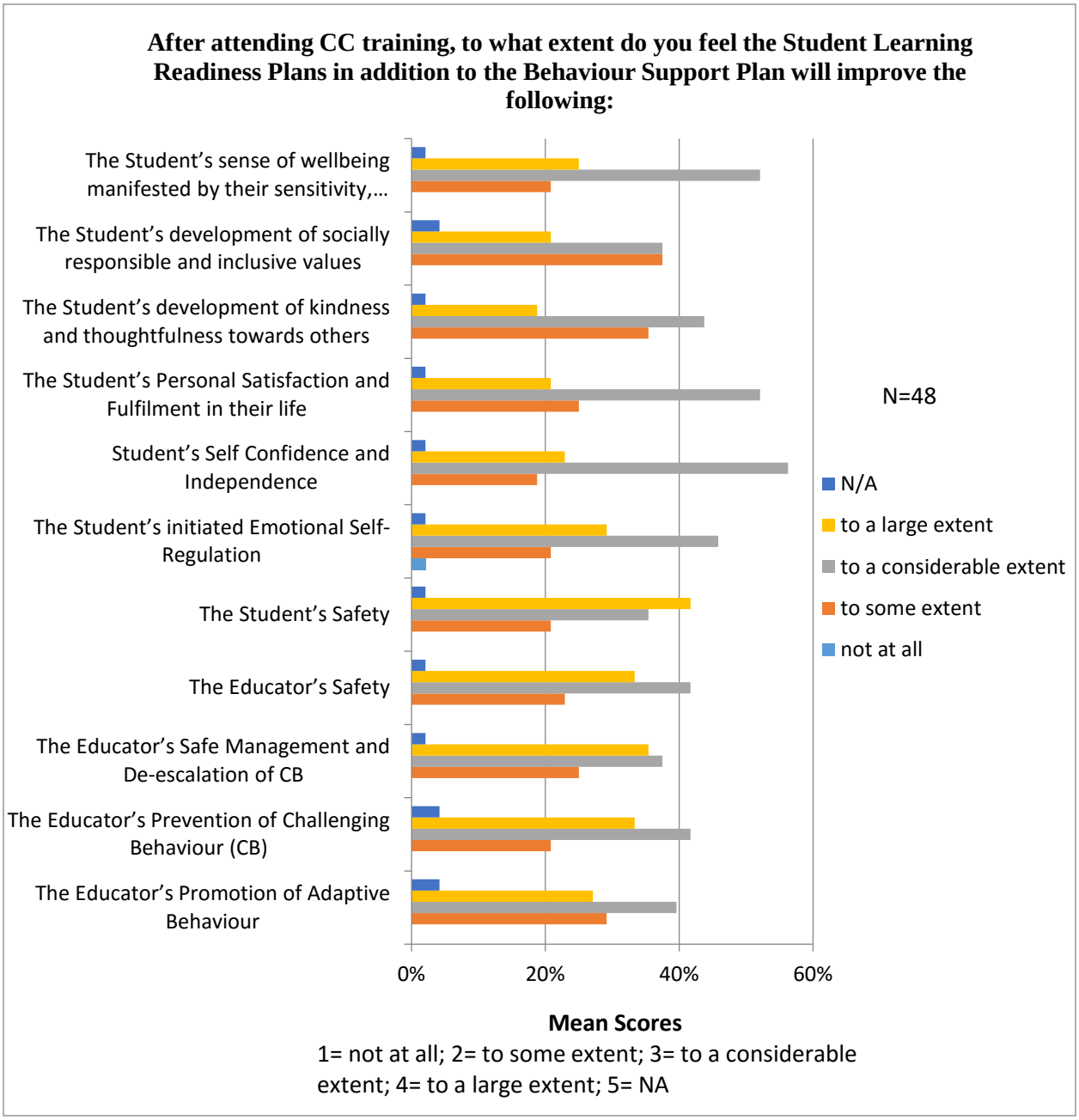
Figure 11 shows that just under half (48%) of the respondents reported never or rarely feeling emotionally vulnerable when working with students with challenging behaviours. On the other hand, slightly over half of the respondents felt emotionally vulnerable sometimes, often or frequently at their school when working with students with challenging behaviours. This is an area requiring further improvement. This is an outcome that should improve significantly after **CC** training, and would have to be assessed after a reasonable period of time following training.

Figure 12: Respondents' Satisfaction with their physical safety, well-being and ability to maintain structure in classroom



CC training shows significantly positive results on respondents' safety, well-being and ability to maintain the required structure and attention of their integrated class of students. In figure 12, the chart demonstrates that prior to **CC** training, approximately 20 percent of the respondents were very dissatisfied or dissatisfied with their physical safety and well-being when working with special needs students and their ability to maintain the required structure and attention of their integrated class of students. After the **CC** training only 2% reported dissatisfaction with their ability to maintain structure and majority were either satisfied or very satisfied with all three items. This is another significant impact of **CC** on educators working with students with special needs.

Figure 13: Student Learning Readiness Plan (SLRP) and Behaviour Support Plan (BSP)



The chart in Figure 13 illustrates that the SLRP[2] in addition to the BSP will improve all of the items listed on the chart. Most importantly, on average, student's safety and educators' prevention of challenging behaviour had the highest mean scores of 3.21 and 3.13 respectively. This chart shows significant impact of the **CC** training on both educators' and students' conditions necessary for students' well-being and student learning. This evidence together with the results on Tables 1 and 2 show that **CC** training is effective in the prevention and de-escalation of challenging behaviours in the Ontario pilot schools.

[2] See Appendix G Case Study Student D

These survey results have shown significant positive changes in the knowledge and skills of educators of students with ASD/DD/ID; the strengths of the **CC** training and the effectiveness of the program in preventing and de-escalating challenging student behaviours in Ontario pilot schools.

The last two Research questions (Questions 4 and 5) related to changes in student's behaviour, learning and well-being and transferability of knowledge learned at the **CC** training sessions are described in considerable detail in the key findings section of this report.

Section III

The Research Perspective – Methodology and Overall Findings

The Ontario Ministry of Education approved and funded the **Conscious Classrooms (CC)** pilot project which is a modified version of Conscious Care and Support (CCS). According to Peter Marks, the author of both programs, **CC** was designed to be effective for all individuals who educate and support individuals with Autism Spectrum Disorder (ASD) and/or other developmental and mild intellectual disabilities (DD/ID) in Ontario. The first phase of the **CC** pilot project focused on training of educators to enhance their knowledge and skills in supporting students with ASD/DD/ID. Through eight weeks of training, participants of the pilot were taught and asked to use strategies/techniques and best practices to help them build their students' "Body, Brain and Being Needs". The evaluation of this project shows significant changes in participants' knowledge, skills and best practices and overall positive impact on students' well-being and learning conditions.

The following five research questions guided the development of the instruments for evaluation of the project.

Research Questions:

1. What are the strengths of the CC training?
2. Is the CC training effective in the prevention and de-escalation of challenging student behaviours in Ontario pilot schools?
3. What is the impact of CC training on educators' knowledge and skills to support students with ASD/DD/ID?
4. What are the observable changes in ASD/DD/ID students' behaviours, learning and wellbeing as a result of CC training?
5. Are the knowledge and skill sets acquired by educators through the CC training transferable to the classroom, parents and the system?

Sampling Method: A purposive sampling technique was used to identify four boards (Algoma DSB, Dufferin-Peel Catholic DSB, Huron Superior Catholic DSB and Peel DSB) to participate in the pilot study. From the four boards, a total of 52 educators were nominated by their district to participate in the **CC** pilot training program.

Research Methods/Design/Data Collection: Both quantitative and qualitative data collection methods were used to show the connection between **CC** training and improved trainees' knowledge and skills and improved student well-being and learning conditions.

Quantitatively, two separate surveys were conducted at two different times in the 2015/2016 academic year with the 52 participants in the pilot. A pre-survey was designed and administered via Survey Monkey in April 2016, accessing the knowledge and skills of educators prior to the **CC** training program. A pre-post survey was administered via Survey Monkey (May 2016) assessing any changes in educators' knowledge, skills, practices and students' behaviour/learning as a result of **CC** training.

Qualitative data was collected primarily through case studies throughout the training program (April to May 2016) using multiple sources of evidence including: participants' learning records, participants' written outcomes (professional and personal), direct observations, archival records and documentation. The case study data provides in-depth knowledge of what the educators have learned through the **CC** program, any changes in their knowledge, skills and practices; observable changes in students' behaviours/learning; and any potential benefits/limitations of applying **CC** in classrooms.

Supplementary qualitative data were collected via tracking forms for educators' weekly data entry and classroom observations conducted in April/May/June 2016.

Analysis Procedures: Descriptive statistics including means and percentages were used to analyse the quantitative data and the qualitative data was analyzed using common themes and outliers derived from the case studies.

Confidentiality and Anonymity: For confidentiality and anonymity purposes, participants were informed prior to the study that their names would not be recorded during the evaluation process but the case studies would request such demographic information as student age, gender and relevant background information (e.g., students' strengths and needs); name of district and position of educator for identification and comparison where necessary. Data collected from the surveys and case studies will be kept under lock and key at OESC office and discarded after 5 years following the research.

Key Findings and Discussion of Pilot Evaluation

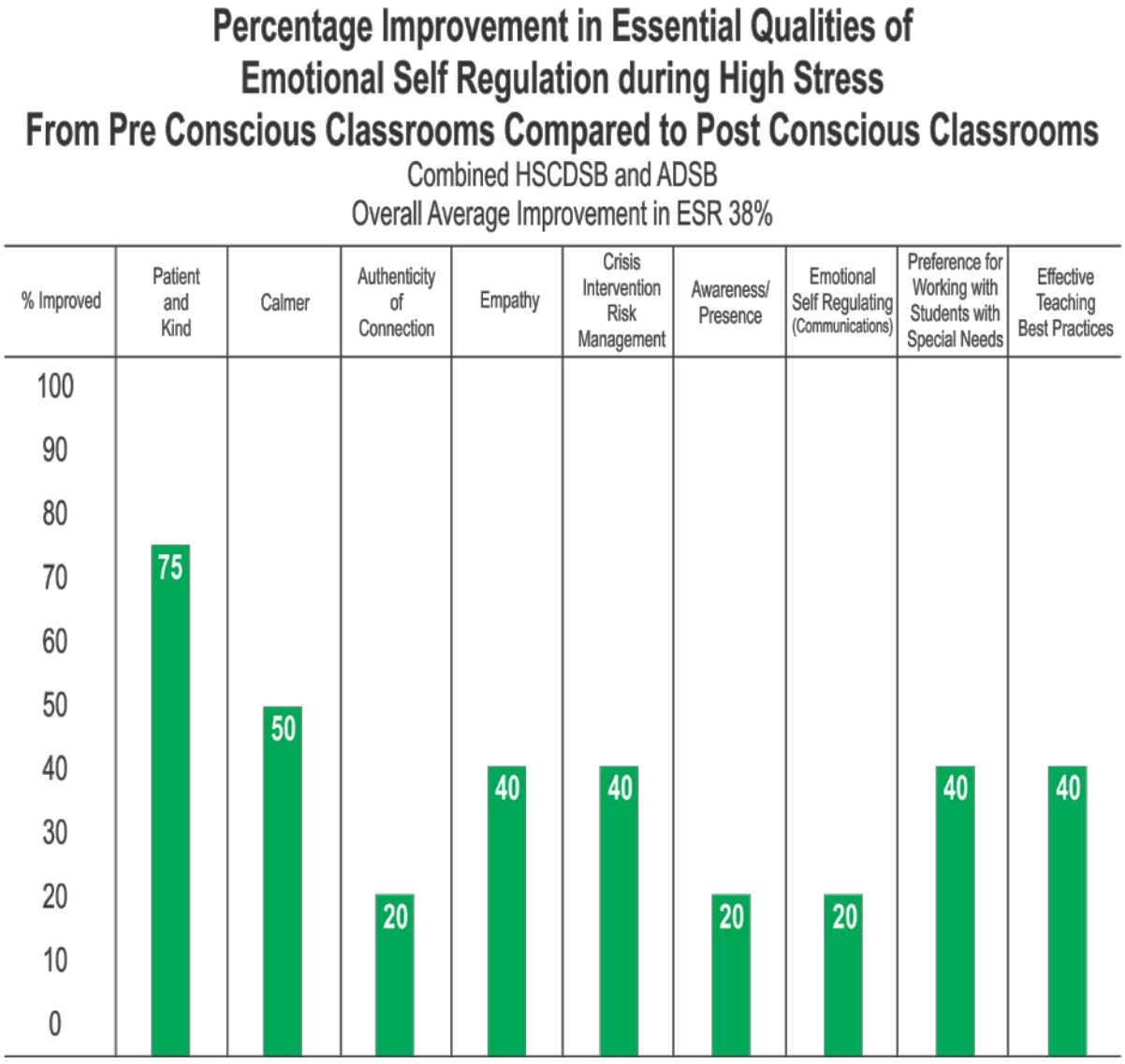
This section of the report combines the key findings from the survey results together with key evidence through statements from participants' written descriptions of their professional and personal learning outcomes. These statements are representative of comments from participants who participated in the pilot.

Four key findings were identified:

1. **CC** training provides strategies and techniques to improve emotional self-regulation during stress.
2. **CC** training helps participants to develop effective ways to prevent challenging behaviours in students.
3. **CC** training bridges the gap between knowledge garnered through Ontario training colleges/other professional development sessions and knowledge required to support students with special needs.
4. **CC** training is transferable to the classroom, school, parents and the system at large.

1. **CC** training provides strategies and techniques to improve emotional self-regulation during high stress. All respondents after attending the **CC** training agreed that they were aware of their psychological triggers that contributed to their mood change when they felt emotionally hijacked. On average, over 35% of the respondents from all four boards included in the pilot reported improvement in their emotional self-regulation during high stress. As Tables 3 and 4 indicate, prior to attending the training and after the training, DPCDSB and PDSB participants had improved by 60% in being aware and calmer and HSCDSB and ADSB participants had improved by 75% in being patient and kind when supporting students with challenging behaviours.

Table 3


Percentage Improvement in Essential Qualities of
Emotional Self Regulation during High Stress
From Pre Conscious Classrooms Compared to Post Conscious Classrooms
Combined HSCDSB and ADSB
Overall Average Improvement in ESR 38%
% Improved
Patient and Kind
Calmer
Authenticity of Connection
Empathy
Crisis Intervention Risk Management
Awareness/ Presence
Emotional Self Regulating (Communications)
Preference for Working with Students with Special Needs
Effective Teaching Best Practices
100
90
80
70
60
50
40
30
20
10
0
75
50
20
40
40
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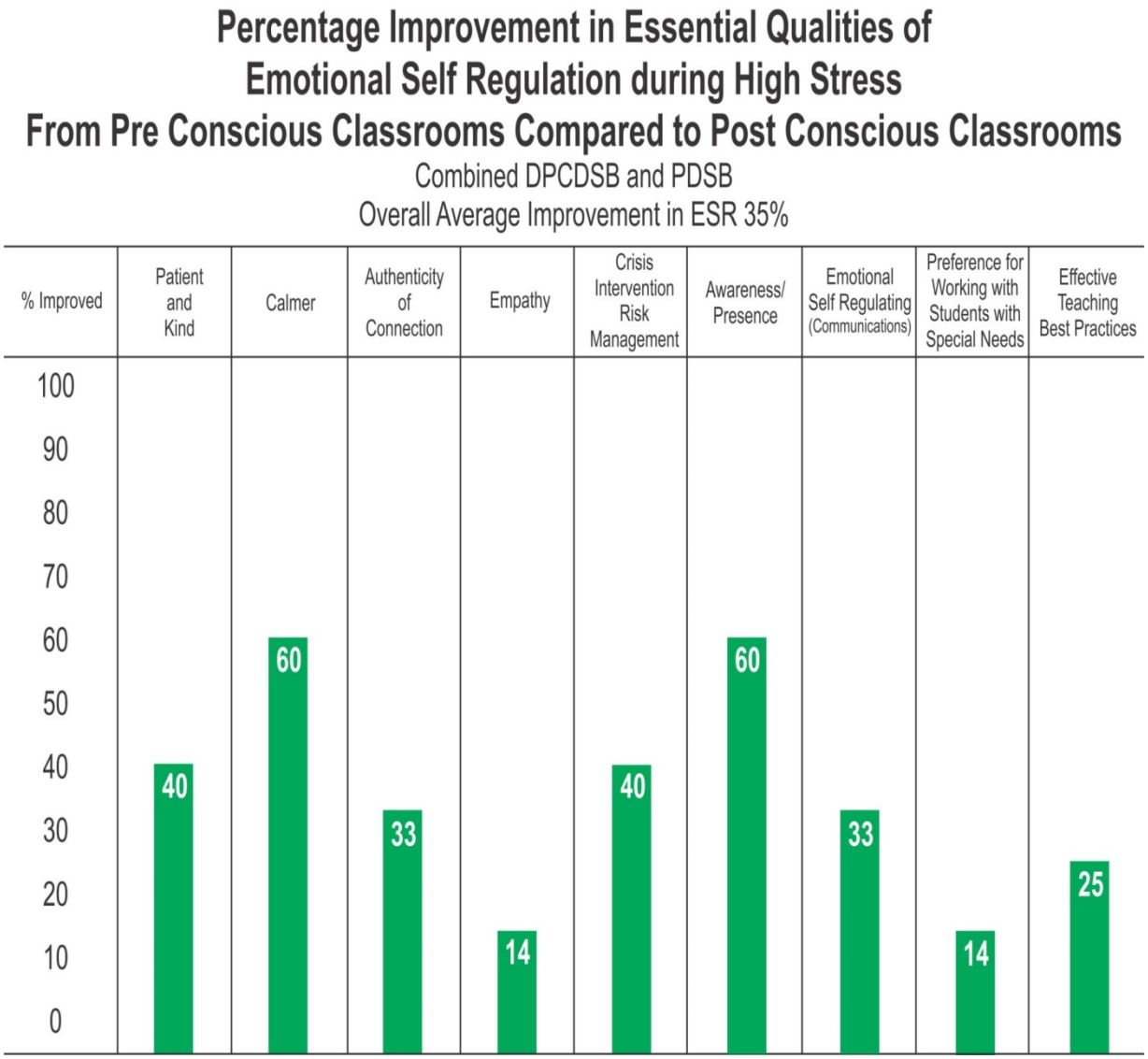
40

Table 4


Percentage Improvement in Essential Qualities of
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From Pre Conscious Classrooms Compared to Post Conscious Classrooms
Combined DPCDSB and PDSB
Overall Average Improvement in ESR 35%
% Improved
Patient and Kind
Calmer
Authenticity of Connection
Empathy
Crisis Intervention Risk Management
Awareness/ Presence
Emotional Self Regulating (Communications)
Preference for Working with Students with Special Needs
Effective Teaching Best Practices
100
90
80
70
60
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14
25

Note: The quotations provided in this document are representative of the statements made by almost all participants. Detailed statements from all participants are available.

One of the participants noted that:

"Mindfulness is also a big take-away for me with this training. I know when I have not been diligent in my mindfulness practice…With my kids, I have been able to catch myself being emotionally hijacked several times and react to situations in a mindful, emotionally-stable way. The ability to do that, is perhaps my biggest take-away from the Conscious Classroom training sessions."

These improvements in emotional self-regulation have resulted in changes in staff practices with ensuing positive effects on student well-being and learning as described in the following quote from one participant:

"*The development of emotional self-regulation skills can be much more challenging in the ASD/DD population, but not impossible. I have seen the successful teaching of calming interventions that have de-escalated student's agitation and aggression. Hand and head massages are often initiated by one particular student. When agitated however, he lunges, grabs, tears clothing-staff's and his own. Through teaching tapping to the student and staff's own training in PPP mind filters have allowed students to begin self-managing and regulating. This positive result has thus helped to reduce staff's anxiety while also demonstrating to staff that when they remain calm, they calm the student and then can consciously connect and offer instructions to the student even in times of challenging behaviours*."

Another participant concurred by saying "*…Also, as a result of our mindfulness training, we are able to look for cues and indicators of our students' needs and therefore become aware of their anxiety earlier. In addition, in my classroom we have a "calming room" which our most difficult DD student can access at any time. This room allows the student to feel emotionally secure and safe.…When our DD student needs to reduce his stress and calm himself he has now learned to go to his calming room where he can play by himself, with preferred objects (Lego, cars)… Over the past several months, our students have been participating in daily cardio activities and the majority of them are also part of guided meditations. The educators have observed that our students are more focused and less agitated since the implementation of these two actions… My personal outcome is that myself-awareness increased, my stress levels decreased and I feel an overall sense of calmness after (and during) meditations.*"

Another participant noted that when student challenging behaviour is prevented or de-escalated learning is enhanced:

"Prior to this CC training, we (the ERWs and teachers) had completed numerous incident reports (for this student's violent behavior) and initiated a group work refusal. Since completing this course (and after the student's return to school), incident reports for this student are minimal, his aggression has lessened and we have had much more successful learning experiences in the classroom."

Participants are better equipped to manage staff conflict and improve classroom conditions for learning as explained by one participant:

"*As Mr. Marks introduced the mindful exercises to us, for the first time in my adult life I took the time to focus on different sensations my body experienced as I was breathing…In the few short weeks, as I began to practice the mindfulness exercises I became more aware of my interaction with my students and my co-workers. It also helped me with my personal interactions and I have been able to handle staff conflict in my classroom with positive outcomes. Through being mindful in the classroom, there was less physical intervention with aggressive students and we were able to handle stressful situations calmly, which made both the students and the educators in the classroom perform at their best."*

Finally, a multiplier effect of the outcome of **CC** training occurred in the classroom as described in the words of one participant: *"I do feel a more obvious sense of awareness and calm when faced with more challenging encounters throughout the day. I also feel that my students react in a similarly calm manner toward myself, other educators as well as their peers."*

Overall, these actions help to optimize opportunities for student well-being and learning.

2. **CC** training helps participants to develop effective ways to prevent challenging behaviours in students. A majority of respondents of the survey indicated they could implement best practices to support different aspects of student well-being, safety and learning. Prior to **CC** training, almost half of the survey respondents could not implement best practices to support students with GI health and nutrition, brain cohesion and protection from environmental toxins. After **CC** training, this number drastically dropped to less than 20% in all three cases.

   With respect to GI health and nutrition, a participant commented on the changes in classroom practices as follows:

   "*I have seen a change in the quality and choice of items for the classes' weekly cooking menu… The sensory integration screening instrument has become a critical tool in the classroom. Staff attending the session have shared it with the other members of the classroom team and have used it in their weekly meetings as a focus for discussing and planning for students. As a result of this better understanding, changes have been made to both schedules, position of students in the classroom, sensory and de-escalation strategies. Recently, M.R. has been using self-calming techniques by moving himself to the sink area and putting his hands under running water. This is a major breakthrough for a student who when agitated frequently grabbed and lunged at staff and was involved in self-harming behaviours.*"

A second participant added*: "We have been equipped with a great deal of knowledge completing this course especially in terms of sensory needs. Using the Sensory Integration Checklist has allowed us to make changes to our program to meet the many needs of our students resulting in a decrease in maladaptive behaviours and increasing their opportunities for learning…. Learning about our students' brain energy and their need to get it to a certain level to feel "normal" and alert was eye-opening. We now begin our day with a nature walk to provide them with the exercise they need to get their brains active so they do not have to find other ways (e.g., aggressive behaviours) to get it there themselves. We have 3 different routes depending on the students' needs and abilities. As mentioned in my personal reflection, my "ah ha" moment in the course was fully understanding ADHD. Again, now knowing when my student begins to show hyper active behaviours she is trying to regulate herself and we can direct her to the appropriate equipment she has assigned to her. Once she has taken a movement break, she is able to rejoin the group and focus. 2 other students who exhibit aggressive behaviours regularly have exhibited a large decline in aggression after completing the sensory integration checklist and providing them with many sensory breaks to meet their sensory needs. We now know based on the checklist what equipment is best and which should be avoided as well as what direction and questions to take to the occupational therapist."*

A third participant went further to show how valuable the checklist is in informing their conversations at meetings with other teachers and the occupational therapist:

"One of the resources that I've been able to implement into my practice immediately is the Sensory Integration Check List. This is extremely valuable in assessing the sensory needs of my students; I have passed it along to many other teachers within the school as well. I am finding it very helpful in my discussions at ISRC meetings about student needs, and especially in my conversations with the occupational therapists that work with our students. This checklist provides me with an informal assessment that I can bring with me to these two platforms, informing the conversation from my own observations right from the beginning. Referencing the Sensory Diet resource has provided me a reference of activities and equipment that I can ask for more information about; this allows the OT and myself to be working together collaboratively."

Other participants noted how knowledge gained from the CC training has changed or will change their practice in the classroom and how they transferred such knowledge to parents to support overall student well-being.

One participant said "*Understanding that microbes found in an unhealthy Gl tract can create Autistic-like symptoms has educated me on why some of the families with whom I work have set their child on a gluten-free, casein-free, and dairy-free diet; this new understanding of how distressed gut flora may be affecting a student provides me with more suggestions to make with parents when we are collaborating on how best to serve their child's needs. This will also help my program planning when working on life skills – our classroom cooking periods will focus on healthy meals that follow the guidelines on the slide noting the foods to evade when avoiding environmental and food toxins. This also allows me to send home copies of recipes that are successful in class so that parents can use them at home; this may help families implement this new diet with a smooth transition.*"

Another added: *"The CC training over these eight sessions has helped me be more open-minded and understanding of the behaviours I report on during these meetings, and that they may be the result of much more than the diagnosis of Autism. These behaviours may occur as the result of poor gut health or lack of sleep. During a meeting about one of my students with Autism, I was able to talk about these issues and to provide the parent with some new strategies and possible causes, as well as connections to seek more assistance through medical professionals. Ultimately, it is up to the parent to implement these strategies, but it was a good."*

And *"…One such a fact is that approximately 1/3 of our students had, or are currently experiencing, Post-Traumatic Stress Disorder. It was upsetting to know that for most of these students shouting can trigger this condition. Though rarely become angry or raise my voice at school, I have approached a student suddenly and inadvertently elicited a startled reaction. I am now much more conscious of this and avoid making any sudden movements or noises. I have learned to close doors and cupboards almost soundlessly!"*

Physical exercising more often was supported by survey data and described by several participants as another effective strategy to help prevent challenging behaviours.

"*Physical health promotion is something that was being applied first thing in the morning upon the students' arrival but is now being used more consistently and more intensely with all the students. It is a fantastic way for students to awaken. I understand that many students with autism are in a lot of pain and have a lot of fear and anxiety which turns into anger if not managed properly. The 20–30 minutes of exercise in the morning helps to prevent some of the outward signs of anger.*"

Another participant cited the case of an intervention they made with one student suffering from severe constipation and sleep deprivation as follows:

"*One of the most interesting parts of the course for me was the section about body and brain connections – energy building and balancing. The human body is such an amazing thing. Knowing that poor GT health can be the cause of much pain and suffering in a person and can lead to many outbursts and unwanted behaviours, is an overwhelming feeling. One of my students suffers from severe constipation and lack of sleep. Her diet consists of pasta, cookies and other processed foods. Her mood can often change dramatically within minutes of a nap or bowel movement. The student in non-verbal and it is impossible for her to describe how she is feeling in words. It is very difficult to know how to help her when she is clearly suffering. It wasn't until the CC training sessions that I was able to finally make connections between her diet and sleep patterns to her behaviours exhibited at school. Through discussions with the family and other school board professionals, we were able to make some small changes in diet and sleep scheduling at home. As well, guidance and encouragement was given to the family to seek more medical intervention and assistance.*"

With respect to brain cohesion, a participant noted that:

"*For example, in learning about brain coherence (while in this training program), I am more aware that our special needs students require about 20 minutes of daily cardio exercise and/or balancing and bouncing, in order for optimal brain processing to occur. Consequently, my team has now contacted an Occupational Therapist regarding the physical health of our DD student, to create a daily sensory diet. In addition, a mini trampoline has been ordered for the student's rebound therapy. As a result of learning more about these next levels of needs, we as educators can have both a direct influence on our students in the classroom (ex. daily exercise) as well as to be informed advocates (ex. involve a Naturopath or OT) and communicate their suggestions to the student's parents (to be implemented at home).*"

The survey data together with these quotes from participants have clearly illustrated the positive effects of **CC** training on educators' practices which have in turn resulted in observable changes in ASD/DD/ID students' behaviours, learning and well-being.

3. **CC** training bridges the gap between knowledge garnered through Ontario training colleges/other professional development sessions and knowledge required to support students with special needs. Prior to **CC** training, over half of the participants were dissatisfied about the amount of training they had received over the past three years to equip them to work effectively with special needs students and the opportunity provided by the training to stay current with research and to stay emotionally positive in difficult situations. This significantly improved with their completion of **CC** training as stipulated by one participant:

"*I've researched basic websites on ASD and how to teach students with ASD but nothing came up with what I have learned in 8 weeks with Peter Marks. From the first class when we discussed the hierarchy of needs for special needs students, I knew that this was something special. The day after every class I would go back to my team and tell them what I have learned that day and quickly try to implement it into the classroom. This course was like no other course I've taken. ... I have even had one other colleague buy into meditation practice during the school day.*"

Several participants have alluded to the importance of the Hierarchy of Needs taught to them through the **CC** training.

"The Conscious Classrooms Hierarchy of Needs model has been a great resource to use when advocating for my student. I first encountered a similar model during my ABA training. It was great to have things flushed out a little more and to remind me of the basic necessities for our population of students. I had a meeting this week with a parent to explain to her why my classroom is not the right environment for her son and I actually pulled it out to help explain to her how her son cannot achieve the high expectations she has for him until her his environment and physical health are improved."

Another participant went further to say "*Because of Conscious Classrooms this model will hopefully become a part of the mainstream learning for individuals that want to teach as well as for those that are learning to be in a supportive role."*

This participant lamented on the failures of the educational system but quickly pointed out how the **CC** training bridges that gap "*One of the most enlightening and moving experiences for me during the program was hearing from the two boys who are on the Autism spectrum. What they said made me so disappointed in our system and it made me feel totally inadequate as a teacher. It reinforced for me that there is so much more we can do for our students. It made me mad that I didn't learn about them and the system they use when I was in college. The Conscious Classroom has made up for that."*

And another participant illustrated how **CC** closes the gap: *"As educators, we are well trained in how to meet the academic needs of our students. We are also taught that it is important that our student's physical, mental and emotional needs are met. Yet many of the courses only cover the basics. …Over the years, I have continued to do more research, take courses and learn from other experienced teachers. Yet I found there were gaps in my knowledge, especially when it related to students with special needs. The Conscious Classroom course with the hierarchy of needs Model helped me to fill in the gaps…it helped to consolidate the fragmented pieces of learning that I had gained from education faculties… For example, I knew a lot about allergens, toxins, and diet, but felt powerless to advocate or apply what I knew in the classroom. This course provided the science behind how gastrointestinal, immune and neurological imbalances greatly impact an individual's ability to function and engage in day to day activities. I now feel more confident to advocate for students needs when speaking with their families and other educators. This one course has a comprehensive holistic approach…"*

Additionally, another participant corroborated by saying:

"This course exposed me to an array of respected and reputable research that pertains specifically to our students and how they have some exceptional differences or sensitivities in their biomedical systems (Gastrointestinal, immune and Neurological) that need restoration. Studies also suggest for optimal learning to occur, our students' energy building and balancing needs must be met. All of this vital information was previously unknown to me. Because these current studies have been cited throughout this course, I have acquired a whole new level of knowledge... All of this science is a revelation to me – why were we as educators previously unaware of it (this most certainly should have been part of our training)? Through Conscious Classrooms, this information has been made accessible."

A participant went on to appreciate what is good in the education system by commending the Ministry of Education for supporting the **CC** training: *"It is remarkable to me that the public education system is supporting this course. It is so exciting for me to participate and be part of the change that is happening in our education system. This course genuinely gives me hope for the future."*

And another participant identified the training as what was missing in their ability to support special needs students*: "When I found out I was being placed in our Planning for Independence class this year. I was very skeptical… I felt like I was drowning, that I was not qualified and didn't have enough training to deal with some of the more physical students in the class…Although my comfort level was growing I still felt like something was missing. Turns out Conscious Classrooms was it. The Theory, Information, Techniques and Support that was given to us over the 8 weeks, have changed the way I look at my classroom and my students - for the better!"*

The value of CC training on educators' knowledge and skills cannot be overemphasized from the words of the participants.

4. **CC** training is transferable to the classroom, schools, parents and the system at large.

While most of the participants in the program described how they transferred the knowledge garnered from the program to their colleagues, parents and students, one of the participants identified the lack of skills of advocacy and presentation. These limitations in transferring knowledge from the course, implementing and applying the Hierarchy of Needs model could be seen as the Next steps for **CC** training. The participant noted:

"We were honoured and quite simply given a gift by being participants in this one of a kind opportunity. Though I had another classroom team member with me throughout CC, neither of us are particularly skilled in presenting and/or conveying information – we do not have the skills or depth of knowledge that we were fortunate to experience from Peter. By virtue of this course, we are morally thrust into a position of both advocacy and implementation. It would be personally beneficial if I had effective tips or methods on how to go about instituting change in other educational staff and support personnel. My strengths do not lie in exerting a strong or compelling influence upon others. I am a caring, dedicated and compassionate worker who can personally apply much of what I learned from the course...however I need some practice and support with my advocacy skills specifically in relation to our students' hierarchy of needs.

Though understanding is a vital step (and the hierarchy of special needs offers this), it cannot not affect meaningful change if it is not implemented or embraced by all. I suggest that there are three main areas that hinder the full realization of this hierarchy."

The participant identified the lack of skill and time as an obstacle:

"*One obstacle of being fully able to use this model is that…nor do we have the same time and support to present to others that was offered to us as participators in the course… The model requires productive advocacy and the support of others—without this it will be compromised. To me this is the missing link-how do we effectively convey the importance of this hierarchy to others so as to elicit change and support which will ultimately improve our students' wellbeing?"*

Next they noted the fact that not all educators and supporters of students with special needs have been privileged to participate in the pilot:

> "*Another difficulty in the application of this hierarchy is that we do not work with our developmentally disabled/autistic students alone and unfortunately our colleagues have not had the privilege of this CC course—their methods and beliefs are often in opposition to what we are trying to do. It is very challenging to get people to adopt a new way of thinking.*"

This is an opportunity for the Ministry of Education to see the importance of the project and to expand it to involve all educators and supporters of students with special needs for maximum benefit of the program to the educational system.

Finally, they identified the limitations set by board policies as follows:

> "*Finally, as fully committed advocates for our students' special needs and our dedication to the tenets of CC, we are still very limited by our Board of Education. Class size, classroom space, funding and access to appropriate consultants are so far beyond our control yet these things are needed to fully realize this hierarchy…For example, the physical size of many of our classrooms inhibits some of our student's wellbeing. The rooms are clearly not large enough to have space for trampolines, rebounders, therapy balls, quiet areas, private spaces etc. Due to this lack of appropriate space, the safety, health promotion, energy building and balancing as well as the mental health needs of our students may be undermined*"

This could be an area of improvement for the program if it is expanded beyond the pilot. The program should be expanded to also include board personnel so policy decisions on things like budget are aligned with the needs of these students.

Risks to teachers, support staff and students engaged in the pilot

Number of lost days of instruction:

Participants had to leave their classroom for 8 half days, losing instructional time but gaining knowledge they would otherwise not be able to acquire anywhere else to support their students with special needs. A participant describes the value of their time at the training sessions as follows:

> "*When approached by my administrator to attend an 8 week professional learning session I was apprehensive about leaving my classroom on a Tuesday as I would have to make major changes to my Tuesday swimming classes. I remember coming into this the first week a bit worried but as we were introduced to the Conscious Classroom I began to understand that I was not functioning at my optimal capacity as an educator. As Mr. Marks introduced the topics each session it made me evaluate my programming and I was eager to introduce/implement the new strategies we learned each week.*"

Limitations of the Evaluation:

Given the scope and length of the study, the conclusions drawn and recommendations made are considered highly credible however the results of the study cannot be generalized to the entire province because the sample of the study (52 participants in the pilot project) is not totally representative of the Ontario population of educators and staff supporters. Several senior educators who have detailed knowledge of the **CC** Program believe that it is highly transferrable and appropriate for all school systems in the province.

Section IV

Case Study Findings

Introduction:

Four students were selected by **CC** participants (one from each Board) to indicate through anecdotal reports and interviews how the **CC** experience has impacted the students' learning readiness including changes in maladaptive behaviours. The students were selected because they have a history of challenging behaviour.

At the beginning of the course, all participants self-selected into sub groups of educators from each school represented. The purpose of these sub-groups was to use the **CC** learning experience to develop an actual Student Learning Readiness Plan (SLRP). The purpose of this plan is to supplement the Student Behaviour Support Plan (BSP) and Student Safety Plan (SP). The SLRP includes using the **CC** Hierarchy of Needs Interventions (see Figure 1) to promote student well-being and maladaptive behaviour prevention and management.

This form is shown below (see Case Study D - Appendix G).

The following information has been compiled based on interviews with the Project Lead, Participant reporting, observations of 2 Students in classroom settings, interviews with one School Principal and two Vice Principals, and 2 of the 4 families and the results of the Student Learning Readiness Plans (SLRP).

It should be noted that these case studies reflect some of the most vulnerable special needs students in Ontario schools. In all cases, the school and staff were already applying the best strategies and resources available to support the needs of their student. So in general, given the scope of this study, the gains made can reliably be attributed primarily to the **CC** interventions.

CASE STUDY – STUDENT 'A' – MALE 12 YEARS OF AGE

1. The Most Significant Benefits of CC Training for Student 'A'

1.1 Student 'A', prior to **CC** required 2-3 educational assistants (dressed in full protective clothing) to keep Student 'A' and student peers safe from hitting, head banging, biting, kicking, spitting, screaming and self-injurious behaviours that took place numerous times per hour most days.

In spite of the interventions of 3 fully trained (NVCI) educational assistants supporting a teacher, threats to other students and actual injury to staff, a complaint and inquiry by the Ministry of Labour was initiated.

While the safety plan remained in effect, all ABA-type interventions were suspended at the start of implementing CC. According to staff, parents and the school principal, the following changes occurred with Student 'A' as of June 30, 2016 as a result of **CC** interventions:

- Behaviour incidents reduced by approximately 90%
- The remaining 10% of incidents were not injurious, and the recovery time was significantly faster
- No protective clothing is now worn by the educators
- At times the teacher can work 1 on 1 with the student with no/low educational assistant support
- All spitting (which formerly occurred approximately 10 times/hour) has ceased
- With no speech or language interventions, the student's vocabulary is now 10 times more complete e.g. using short but complete sentences
- The student now not only follows most prompts for prevention and de-escalation but as of May 25, 2016 self initiates bilateral calming strategies as taught by staff
- The student has started to learn basic literacy and numeracy skills
- The student while accompanied to washrooms and other common areas is no longer a threat to other students/staff
- As most of the above benefits have been transferable to the home (because the parents follow protocols), the family is overwhelmingly supportive of **CC**
- The services of an ABA therapist reengaged by the family to optimize their child's learning, was recently suspended given that it was, according to the parents, increasing the child's anxiety and not helpful (See Appendix F, a letter offered by the school principal confirming the benefits of CC to the student, educators and school).

1.2 The Most Significant Benefits for the Educator:

1.2.1 Examples of some of the Educator Core Competency Learnings.

Table 5

CC Wellbeing and Agitation, Anger and Aggression Prevention and Management

Awareness Based Calming and De-escalation Interventions

Select the Most Useful CC Awareness Based Calming and De-escalation Ways to Support							
Intervention	***Yes***	***No***	***N/A***	***Intervention***	***Yes***	***No***	**N/A**
1. Reduce Environmental Toxins e.g. anxious and powerful supporters, Radiation and Dirty Electricity				15. Medications' Compliance e.g. timely administration of PRN if applicable			
2. Tapping (EFT)				16. Sensory Diet as Prescribed			
3. Butterfly Hug				17. Mini Trampoline/ Rebounder			
4. Hand/Foot Massage				18. Entrainment - Intending Calming			
5. Exercise - High Intensity Interval, Core, Balance and Strength				19. Mindful Breathing and Labelling			
6. Mindfulness Exercises - Movement and Stretching				20. Neuro/Bio Feedback			
7. Mindful Progressive Muscle Relaxation				21. Nature Walk/Run			
8. Wellbeing and Calming Community Activities				22. Guided Imagery			
9. Supplements' Compliance e.g. *BioAdvantex* PharmaNAC				23. Adaptive Behaviours' Reinforcers (reference attached)			
10. Drumming (60 beats/ minute)				24. Bosu, Stabilization Balls			
11. Calming Music				25. Balancing Exercises e.g. Wii, Xbox, Wobble Board			
12. Aroma Interventions e.g. lavender				26. Proprioceptive and Vestibular Swing Exercises			
13. Reduce Toxic Foods e.g. sugar and simple carbohydrates				27. Awareness Grounding/Noticing Exercises			
14. Picture Book, Games, Puzzles				28. Medicine Ball Exercises			

1.2.2 Examples of Some of the Human Competencies Learning Experiences:

- B-FIT Mindfulness (4 Tools)
- Mindful Emotional Self Regulation Skills
- Enhanced Focusing and Concentration Skills
- Discovering and Disengaging from Faulty Filters
- Intentional and Intuitive Skills for Connection
- Enhancement of Meaning, Purpose and Heart in Role as Educator
- Also reference Section III above – Anecdotal Reports
- Increased safety, emotional health and decreased stress are examples of educators' other benefits

1.3 An Incident with Successful Experience:

1.3.1 The student began to escalate as observed by the following – rapid pacing, screaming, spitting, throwing objects. Staff encouraged the student to start the Bilateral Butterfly Stimulation which is practised several times a day.

Once the student was somewhat calmer, staff engaged the student in hand tapping and mindful/noticing. The student was then brought to a vestibular and proprioceptive sensory swing exercise followed by balancing and jumping on the bosu ball. After approximately 5 minutes, the student was completely calm and self regulated.

1.3.2 New strategies to decrease the intensity and frequency of student's challenging behaviour (see 1.2.1 above).

1.4 Strategies learned from the CC Training that have supported the student's goals of social inclusion, staff/student interactions, self regulation skills and engagement in learning:

- Strict adherence to support parents' desired nutrition program as recommended by their Naturopath
- Strict adherence to 4 stage physical conditioning
- All Awareness Based Calming and De-escalation strategies, included in 1.2.1 above
- Empathy training e.g. informing student how it 'hurts' when they hit
- Learning to respect rights and boundaries of other students in common areas e.g. washroom
- Student 'A' now usually says "please" with a request and "thank you" upon receiving
- Emotional Self Regulation Skills were significantly enhanced with the start of Heart Rate Variability exercises
- Strict adherence to the Hierarchy of Needs process whereby ABA is not introduced too early in the process as it can compromise outcomes by inducing unnecessary anxiety.

1.5 Staff presentation of their interventions to the other CC Participants

- The staff successfully advocated with parents to engage the services of a qualified Naturopath to test for food allergies and toxins and to advise regarding proper foods and supplements to heal Gastrointestinal issues
- The staff also successfully advocated with parents to implement sensory integration exercises
- Consultants from the School Board visited the school to learn more about **CC**
- The Team made a video demonstrating several of the successful strategies
- The School Board included Community Living Agency Staff Members in the **CC** Training

1.6 Suggestions to Improve Trainings:

- Need for better coordination between the school and community resources and families
- Need for Board Consultants to be trained to deliver and support implementation of the CC Program on a school-by-school basis
- Need for Community or School Board resources to help families to retain Naturopaths and Sensory Integration Specialists
- Need for relevant community services to be trained in CC as well as school and school board staff

CASE STUDY – STUDENT 'B' - MALE 13 YEARS OF AGE

2. The Most Significant Benefits of CC Training for Student 'B'

2.1.1 Prior to CC, Student 'B' had the following Symptoms and Maladaptive Behaviours:

- Physical aggressiveness
- Perseverating (non-sense/out of context and yelling)
- Inappropriate touching
- Regularly moves into others' personal space
- Fidgeting

2.1.2 Apparent Sensory Integration issues such as:

- Hyposensitivity to touch
- Hyposensitivity to movement
- Proprioceptive dysfunction
- Hypersensitivity to sound
- Emotional self regulation dysfunctions

2.1.3 Stage 1: Anxiety/Behavioural Symptoms such as:

- Covers his ears
- Tenses his body, vibrates or shakes his body
- Clenches his teeth
- Increased voice volume
- Repetition of words or phrases

2.1.4 Stage 2: Anxiety Behavioural Symptoms such as:

- Biting or scratching himself
- Hitting furniture with his head, elbow or kicking his feet
- Jumping up and landing on his knees
- Hitting, kicking, scratching, pinching staff and peers
- Throwing objects and furniture
- Hitting – open hand slaps
- Hitting himself on his head with his hand
- Scratching himself to the point of breaking through skin

2.1.5 Positive changes and benefits in student reported as a result of **CC**:

- The student has learned improved emotional self regulation skills (e.g. asking for calming activities such as bouncing on the stabilization ball)
- Improved student choices for Sensory Integration exercises
- Improved staff suggestions for Emotional Regulating e.g. first activity of the day is a fast nature walk
- Notable reduction in anxiety
- Notable 'large decline in aggression'

2.2 The Significant Benefits for the Educators from the CC Training:

2.2.1 Core Competencies Skills' enhancement:

- Awareness Based Calming interventions such as tapping, butterfly hug, and mindful movement to help the student de-escalate and calm
- Increased insights and understanding of the student's conditions such as ADD, ADHD that results in improved classroom management and therefore teaching and learning experiences
- Improved understanding and strategies to use sensory equipment more effectively
- Improved options when stressed
- How to better track the student's behaviour and impact of snacks and lunches and to be able to better advocate to parents to consider a medical referral

2.2.2 Human Competencies Enhancement:

- Being able to 'Catch' self in times of emotional hijacks
- Being able to 'Calm' self when emotionally hijacked
- Feeling more 'connected' to the student, especially during crisis

2.3. Incident with successful experience of implementing a **CC** intervention:

2.3.1 It was observed that the student had struck the Educator on the back of the head.

The educator immediately 'caught' herself and 'calmed' herself. Instead of overreacting, she directed the student to a bilateral stimulating calming exercise and defused the situation.

2.4.1 CC learned strategies and insights that support social inclusion, staff – student interventions, self-regulation:

- Learned insights regarding PPP Mind including filters' identification and reframing skills
- B-FIT Mindfulness enhances moment by moment awareness of the student's needs and how to most effectively respond
- Calming the student with ABCD Interventions enables the student to more frequently respond in socially responsible ways with peers and staff

2.5.1 Sharing of information

- The staff member shared numerous insights with parents to improve their understanding of their child and how to better respond to his needs
- The staff member developed and facilitated a staff professional development day workshop related to Mindfulness and how to do it
- Parents were fully informed of CC Interventions and reported very satisfactory acceptance

2.6.1 Course Improvements

- These educators reported that offering CC to Educators during the last half of a semester is best as new students have been integrated and issues can be observed over a longer period of time

CASE STUDY – STUDENT 'C' - MALE 16 YEARS OF AGE

3.1.1 Most significant benefits to the student.

Prior to **CC**, Student 'C' had the following symptoms and maladaptive behaviour:

Stage 1: Anxiety/Behavioural Symptoms such as:

- Pacing
- Yelling obscenities
- Blaming others
- Threats of self injury
- Injury to others
- Fleeing the classroom

Stage 2: Anxiety/Behavioural Symptoms such as:

- Spitting
- Knocking things over
- Tearing or shredding anything in sight

Stage 3: Anxiety/Behavioural Symptoms such as:

- Kicking (seldom)
- Throwing objects (anything in sight)

3.1.2 Positive change and benefits in the student reported as a result of CC:

- Participated in daily cardio activity
- Guided Mindfulness exercise
- More focused
- Less agitated
- Calmer as a result of staff implementing awareness based calming and de-escalation strategies
- More frequent participation in independent activities in quiet space

3.2 The significant benefits to educators from the **CC** Training

3.2.1 Core Competencies Skills' Enhancement:

- This Team reported that Special Education Part 1, 2, 3 certifications offered very little of what is required and offered in the **CC** Hierarchy of Needs model
- Significant enhancement of understanding and insights of ASD and other developmental disabilities
- The ability to effectively implement 10 Awareness Based Calming and De-escalation strategies such as Sensory Integration exercises, Bilateral Stimulation strategies, Mindful Redirects, Bouncing and Balancing exercises and Grounding techniques
- Tracking and Advocacy skills to assist parents with Biomedical concerns e.g. nutrition

3.3.1 Incident that was successfully Managed/De-escalated

In May the student ran out of the classroom, spitting and yelling obscenities.

Staff reported using their own ABCD calming strategies e.g. Mindful Emotional Self Regulation which influenced successful entrainment of the student to calm.

Student became calm and apologized for his behaviour. Student cried after the incident and staff reported being aware that their increased mindfulness to identify the trigger could better prevent future incidents.

3.4 **CC** strategies being used to enhance the student's social inclusion, staff and student interventions and self regulation.

3.4.1 **CC** Strategies:

- ABCD Strategies
- Finding more 'high value' distractions
- Minimizing embarrassing situation

3.5 Sharing of Information with Students, Parents and Colleagues

3.5.1 Sharing:

- A near daily teaching for student by modelling and implementing **CC** strategies
- Meeting with parents to explore concerns about the student's nutrition/diet and recommended referral to professional for assessment (referral has not yet happened).
- After each **CC** Module, participants returned to school and formally passed on key learnings (as well as informal discussions).

3.6 Recommendations for Improvements:

- A need for more time to teach the course given the amount of essential new material not offered in existing teachers' special education certifications.

CASE STUDY – STUDENT 'D' - FEMALE

Given the complexity of Student 'D's school, home and biomedical needs and the impact of her Educators' implementation of **CC** learnings in the classroom, this report showcases her Student Learning Readiness Plan (see Appendix C) summarizing how she benefited from CC.

This document further indicates the benefits to the Educators involved with Student 'D' and specific strategies learned in CC to enhance how social inclusion, staff – student interventions and self regulation skills.

The case study is also useful to demonstrate how the SLRP (see Appendix C) based on the **CC** Hierarchy of Needs model and a typical Behaviour Support Plan and Safety Plan is highly relevant for special needs children to prevent maladaptive behavioural incidents and to complement existing Behaviour Support Plan and Safety Plan interventions.

At the time of reporting, this team had not had the opportunity to formally share the **CC** interventions with other staff, however numerous informal discussions with colleagues and parents were reported.

No suggestions for course improvements were offered at the time.

The following directives were offered to complete and use the SLRP:

1. The most effective Student Learning Readiness Plans evolve over time. A **Conscious Classrooms'** evidence based Learning Principle states that the vast majority of compromised special needs' student learning results from unmet needs as described in the Hierarchy Model (see Introduction above). Identifying and meeting these needs is often based on ongoing trials of interventions.

2. Relative to the needs outlined throughout the **Conscious Classrooms** course, first complete the Needs Assessment (Plan PART A) with all relevant team members. This step is designed to identify current needs and potential strengths and gaps in the Education, Home and Community services system.

3. Meet with the team members and complete PART B of the Plan by identifying the best possible options to explore to address each area of needs as described in the Hierarchy Model and Text Book.

4. Identify starting points on the Plan for each needs' area. Action required will include direct influences and skilled advocacy. See Resources References noted in each section of PART B.

5. In PART C, identify actual interventions for the safe and effective calming and de-escalation of difficult behaviours. **These interventions must complement existing practices as outlined in the safety plan and other relevant documents.**

6. Using PART D of the Plan, record and debrief all incidents and adjust Plan PART B accordingly.

Summary of Benefits of Conscious Classrooms to Student and Teachers as Summarized by One of Student 'D's' Team Members

Benefits to Teachers

"Mindful teaching provides an opportunity to share strategies that help us slow down, get in touch with our feelings and emotions, appreciate each moment as we live it, and become more aware and in touch with our sensory experiences. It's sharing a practice that literally lifts burdens from our shoulders, and helps us realize and appreciate what is most important in our lives, even though it neither solves problems nor removes any sources of pain.

As educators, being more mindful Increases our responsiveness to students' needs, it supports stress management and stress reduction and it enhances our classroom climate. It also increases our patience, attentiveness, and allows for us to model appropriate behavior for our students. From our CC sessions, we learned that remaining calm in stressful situations will decrease students stress and anxiety, anger or aggression. The outcome of our mindfulness significantly increases our sensitivity and timely awareness of our students needs (Peter Marks, Session 1, April 8, 2016). As the maladaptive behaviours decrease we would in turn see a decrease in staff sick time or time off work as the "frequency and severity of physical risks and challenging behaviours" lessens (www.centreforconsciouscare.ca). As teachers, we begin to see our students' non-verbal behaviours as a form of communication and as early warning signs of distress.

Another benefit of mindfulness for teachers includes techniques for beginning and ending the day calmly and reflectively. It improves our classroom management through modeling rather than demanding appropriate behavior from our students, which in turn, makes us more present and available for others. These techniques will help us to lead a balanced lifestyle and to provide our students with the best we have to offer. We know that we must take care of ourselves first before we can take care of anyone else.

It is important for teachers to receive mindfulness through PD training to prevent burnout and compassion fatigue, enhance their overall well-being, and prepare them to share mindfulness with their students throughout the school day and school year. These benefits will have a positive impact on the learning outcomes of our students and we will see them reach higher goals and they will have greater success rates. In the end we want teachers to "offer optimal care and support for students on the Autism Spectrum or who are Intellectually Delayed" (www.centreforconsciouscare.ca). In order to provide optimal support we must have "mindful presence, unconditional respect, balanced emotional energy, conscious intentions and compassion" (www.centreforconsciouscare.ca). Conscious Classroom Support is designed "to build this capacity by building what we see as essential human competencies" (www.centreforconsciouscare.ca).

"As we quiet our mind and heart while supporting others, our stillness nurtures their calm and courage. Now [students] can peacefully manifest more of who they really are, in part because of our mindful presence" (Peter Marks, Session 1, April 8. 2016). In the end, as teachers we want to see all students grow and succeed, and mindful practice will help us achieve this goal".

Benefits to Students

"As educators, we know that children watch and learn from the adults in their lives. With teachers practicing mindfulness, and in turn, teaching students to be more mindful, they will strengthen their attention and concentration, reduce anxiety while at school, improve their classroom participation and enhance their social and emotional learning. Mindful techniques help students to increase their visual awareness and memory, become more aware of their own learning style and effective ways to study, accept critical feedback on their work, and become more willing to accept challenges. Mindfulness is great for all of our learners, but especially for our special needs students.

From our four sessions we know that 90% of the maladaptive behaviors we see at school are related to unmet biomedical physical or emotional needs of students on the Autism Spectrum (Peter Marks, Session 3, April 29, 2016). We know that 1 in 3 students have PTSD yet physicians rarely diagnosis this (Peter Marks, Session 3, April 29, 2016). We also know that it is important to compliment our students' family support systems and work as a collaborative team with community partners to ensure student success at school.

The benefits for students are numerous. Our classrooms become safer both physically and emotionally, the noise levels decrease as we become more mindful, improved communication skills between the adults in the class and the students, and self-regulation evens out for all (www.centreforconsciouscare.ca). We also know that students with special needs demonstrate emotional growth and are more apt to learning in our positive classroom environments".

"By following the Conscious Classrooms Hierarchy of Needs Model, we will be able to:

- *have a safe and orderly classroom environment led by emotionally self-regulated educators and support staff.*
- *promote physical fitness and the health of our students by offering fruit/veggie snack programs and limiting the options in our vending machines, increasing daily physical fitness and aerobic exercises that increase heart rates of our students.*
- *support our community partners and family/guardians in the restoration of the gastrointestinal system of our students. While at school we will ensure sensory diet needs are met.*
- *focus on mental health and promote awareness around traumatic triggers around the school and in ourselves. By doing so, we may decrease the maladaptive behaviours of our students.*
- *explicitly teach self-calming skills/self-regulation skills through alternative programming goals on students' IEPs. We will implement ABA strategies and behavior management techniques to support students in our classes. In turn, we will become more empathetic towards others and encourage self-efficacy in our students.*
- *be aware of students' anxiety and support them in their academic and life skills development while at school. The IEP will outline the curriculum expectations, the goals, and how we will meet these goals.*
- *provide opportunities to contribute to their and to others well-being through social interests and community outings/field trips that are appropriate and encourage leisure/recreational skills that are lifelong. It will be important to focus on students' interests and explicitly teach and model social skills".*

"This model allows us to gain a better understanding of the needs our students have and how we can optimally meet their learning and well being needs. As educators, we have both a direct influence on our students and our classrooms, but we also have additional roles in tracking behaviours and in advocating for our students (Peter Marks, Session 1, April 8, 2016). Building capacity in supporters (teachers, educational assistants, administration, community partners, etc.) helps us to learn to relate to others authentically and compassionately regardless of how we feel or think about them or the situation (Peter Marks, Session 1, April 8, 2016)".

Section V

Conclusions and Recommendations

Educators (teachers and support staff) working with ASD/DD/ID students have significant influence on their students' safety, well-being and learning. Educators in these positions can significantly influence students through prevention, reduction and management of Agitation, Anger and Aggression (i.e. challenging behaviours) to become calmer and focused students with improved readiness to learn.

Ontario's commitment for these students to "thrive and to gain full benefit from their school experience" can only be achieved if all educators supporting these students have the appropriate knowledge, skills and dispositions to be aware of students' needs and effectively implement best practices to support them (Ministry of Education, 2013).

The results from this research study suggest that there currently exists a considerable gap between best and current practices as almost all of the educators in the study significantly improved their knowledge, skills and dispositions. The **Conscious Classrooms** Program closed this gap significantly for the pilot project participants. Therefore it is reasonable to assume that similar results can be achieved if **Conscious Classrooms** is carefully and effectively implemented across the Ontario school system.

The data summarized in this report speaks for itself. The results are highly positive. Almost all educators in the pilot project reported very significant improvements in their knowledge, skills, strategies and tools and reported being substantially better equipped to work effectively with ASD/DD/ID students in their care. The evidence provided in the survey results and in the written documentation provided by all participants is highly positive.

Based on this evaluation of the Pilot Project, careful implementation of **Conscious Classrooms** in Boards/Schools across the province can reasonably be expected to consistently produce the following significant results:

1. Improved student readiness to learn and improved student learning.
2. Improved student well-being (including safety).
3. Improved conditions for student learning and well-being.
4. Substantial reduction in incidents of aggressive/violent student behaviour.
5. Substantial reduction in injuries to staff and students in schools.
6. Improved student self-regulation and confidence.
7. Improved staff confidence, self-regulation and safety by being much better equipped to prevent, de-escalate and respond effectively to challenging student behaviour.
8. Improved staff knowledge and effective use of best practices in working with students.
9. Improved integration of services to students with the community and parents.

Although the **Conscious Classrooms** program was initially designed for staff members that work with ASD/DD/ID students, the concepts, skills and strategies learned in the program transfer easily to all educators and students. As such, the Ontario education system would benefit significantly if most educators were to receive **Conscious Classrooms trainings**.

Effective implementation of **Conscious Classrooms** in Ontario school systems will demand a comprehensive plan at the Provincial and Board levels. It is a "deep fix", not a "quick fix". There are implications for Policy, Human Resources, Professional Learning, Community and Parent collaboration, Research and Funding. OESC and the Centre for Conscious Care are ready to work with Boards and the Province to realize this goal on a completely not-for-profit basis.

Recommendations

It is recommended that:

1. A Phase II **Conscious Classrooms** Project be initiated and funded by the Ministry of Education beginning in 2016-17 to build capacity in the system by training and certifying Board and Provincial level consulting staff through OESC and the Centre for Conscious Care to effectively deliver and support the implementation of **Conscious Classrooms** in interested jurisdictions over the next 5 years on a not-for-profit basis.
2. A comprehensive plan be developed by the Ministry of Education in consultation with OESC, CODE and the Centre for Conscious Care to implement, gather results data and ensure the sustainability of **Conscious Classrooms** across the system.
3. The Ministry of Education collaborate with the Ministry of Community and Social Services and the Ministry of Children and Youth Services to ensure an integrated, community-based adoption of the **Conscious Care** Program involving Boards/Schools, Community Living Agencies and Parents.
4. The Council of Directors of Education (CODE) consider funding interested pilot Boards to implement Conscious Classrooms across their schools and communities beginning in 2016-17.
5. OESC and the Centre for Conscious Care make minor adjustments to the Curriculum for the Conscious Classrooms program based on the experience and feedback from the pilot program, including the addition of strategies for enhancing educators' advocacy skills.
6. OESC and the Centre for Conscious Care develop a program which integrates seamlessly the Behaviour Management Systems (BMS) Program currently in use in most Ontario Boards and the **Conscious Classrooms** program.

Reference

Ministry of Education (2013). An introduction to special education in Ontario. Toronto: Government of Ontario http://www.edu.gov. on.ca/eng/general/elemsec/speced/ontario.html.

APPENDICES

Appendix A Ontario Transfer Payment Agreement between Ministry of Education and OESC (22 pages). Ministry has this document.

Appendix B Conscious Classrooms Draft Training Manual (252 pages). Ministry has been provided with copies.

Appendix C Conscious Classrooms Draft Textbook (235 pages). Ministry has been provided with copies.

Appendix D Research Survey: Survey Monkey (13 pages). Developed by Researcher with input from Ministry staff. Ministry has been provided with copy.

Appendix E

Researcher's Resume

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EDUCATION

2008-2013 **Doctor of Philosophy**
Ontario Institute for Studies in Education of the University of Toronto (OISE/UT)
Thesis: *District Influence on Principals' Sensemaking about their Role for School Improvement*
Supervisor: Professor, Kenneth Leithwood

2004-2006 **Master of Education, Educational Administration**
University of Buea, Cameroon
Thesis: *The Impact of Principals' Leadership Style on Teachers' Job Satisfaction in the North West and South West Provinces of Cameroon*
Supervisor: Dr. Agbor Michael Ntui

2000-2003 **Bachelor of Education, Curriculum Studies and Teaching/ Biology**
University of Buea, Cameroon
Long Essay: *The Effects of Teachers' Teaching Strategies on Classroom Participation*
Supervisor: Mr. Elive David Ikome

RESEARCH AND TEACHING EXPERIENCES

Oct 2013 – Current: Project Director, Leithwood and Associates Consulting Company

- Coordinated research projects.
- Reviewed literature on different education topics.
- Designed surveys and interview questions.
- Conducted interviews.
- Analyzed research data.
- Wrote reports.

March- Sept 2012: **Policy Analyst,** Leadership Development Branch (LDB)/ Ontario Ministry of Education. Under the supervision of Rachel Osborne – Manager of the branch,

- Designed surveys for a system leader mentoring program.
- Analyzed system leader mentoring survey results.
- Wrote a provincial report of the mentoring program.
- Summarized findings which were distributed to the sector in summer 2012.
- Drafted an internal provincial report on evaluation of the system leader mentoring program, identifying improvement areas to inform LDB meetings with supervisory officer and director of education associations in fall 2012.
- Prepared a memorandum for the LDB director on the next steps regarding system leader mentoring and developed recommendations for senior management consideration.
- Briefed senior management of LDB on the memorandum and recommendations were approved and noted for addition to the 2013–2014 LDB budget.
- Wrote correspondence and briefing notes.
- Summarized current relevant education research and made recommendations to improve ministry programs, initiatives and policies.
- Designed an evaluation template for the assessment of the Ontario Leadership Strategy in collaboration with a team member.
- Collaborated with a colleague in rolling up a 2- pager "*Ontario Leadership Strategy (OPS) Moving Forward: What We Heard from the Experts*," which was distributed to the education sector and posted on the LDB website.
- Represented the branch in a cross ministry research working group that aimed to increase capacity for evidence informed decision-making across the ministry.
- Represented the branch on a MISA PNC group that works with school board representatives to improve numeracy in Ontario schools.

July 2011-Jan 2012: **Research and Evaluation Analyst,** Labour Relations and Governance Branch (LRGB)/Ministry of Education.
Under the supervision of Margot Trevelyan - Director of LRGB:

- Conducted a comprehensive review of literature on effective school board governance practices.
- Wrote summaries of relevant research in plain language.
- Presented weekly updates of research summaries to the LRGB.
- Provided supporting material to inform briefing notes.
- Wrote correspondence and decision notes.
- Wrote and presented a final report on effective governance practices to LRGB.
- Represented the branch on key ministry working groups.

June 2008 - 2011: **Research Assistant and Graduate Assistant,** OISE/UT
Under the supervision of different professors including Ken Leithwood, I:

- Reviewed literature
- Designed surveys using survey monkey.
- Conducted interviews with school and system leaders
- Analyzed data collected
- Participated in the report write-up.

Jan 2010-April 2010: Teaching Assistant, OISE/UT

Through the course EDU 3508H: School and Society, offered to initial teacher education students:

- Consulted with course supervisor Terezia Zoric (in person & by email)
- Maintained email and in-person contact with students; provided support to individuals, and groups planning oral presentations on equity themes, and/or activism issues; facilitated small and large group discussions.
- Helped with assessment of student written work; offered consultative support at drafting stages and written feedback on final versions.

PUBLICATIONS

(a) Doctoral Thesis:

- Azah, Vera N. (2013). *District influence on principals' efficacy and sensemaking in their school improvement efforts*. Unpublished PhD Dissertation. Toronto, ON: University of Toronto

(b) Papers in Refereed Journals:

- Leithwood, K. & Azah, V. N. (2016). Characteristics of effective leadership networks. *Journal of Educational Administration*. 54(4), p. 409-433.
- Leithwood, K. & Azah, V. N. (2016). Characteristics of high performing school districts. *Leadership and Policy in Schools*. p. 1-27.

(c) Technical Reports:

- Leithwood, K. & Azah, V. N. (2014). Elementary principals and vice-principals' workload study. Toronto, ON: Ontario Ministry of Education.

COURSES ATTENDED FOR PROFESSIONAL LEARNING

Dec 2011:	Project Management 101- offered by Ontario Public Service (OPS)
Dec 2011:	Diversity - Differences Matter: Diversity Foundations – OPS offered
Dec 2011:	Diversity – Inclusive Leadership: Leading Diversity – OPS offered
Dec 2011:	Diversity – Using the OPS Inclusion Lens – OPS offered
March 2012:	Project Management – offered by MITACS
August 2012:	How the Ontario Government works – offered by OPS
Sept 2012:	Policy for New Policy Advisors – offered by OPS
Jan 2013:	Results-Based Management – offered by Mosaic.net International

REFERENCE

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Appendix F
Letter from School Principal

December 1, 2015

To whom it may concern,

It is with a great sense of joy, hope and optimism that I am writing to share our school's experience with the Conscious Class approach.

In October we were in a crisis with one of our non-verbal, aggressive students on the Autism Spectrum.
Over the past couple of years he has become increasingly violent with the staff and was displaying disturbing self injuries behaviour (biting himself and banging his head against the wall and the floor).
Staff members were hurt when objects were being thrown as well as enduring many bites, punches and kicks. The Ministry of Labour was called in to ensure that our workplace was safe for everyone. We were definitely in a dark place where we felt we could not help this young boy, his parents or the staff working with him. Unfortunately, living in a small Northern community makes it often very difficult to find the right services for these complex cases.

Peter Marks was invited by our director to share with us the Conscious Classrooms' approach to deal with students who are not able to regulate their anxiety and escalate to the point of being harmful to themselves and those around them.

This is a holistic approach which requires staff, parents and community members to work together to support our student.

It is difficult to explain in words what the 4 day training and daily debriefings have done to support our staff and our students. First and foremost we have learned that his aggressive behaviour is a sign that he is in distress and not able to regulate himself. We have seen remarkable changes after working together as a team to provide the right activities to help him re-calibrate his brain and body.

We have seen fewer outbursts, more vocalization, more interaction with the staff and no self injuries behaviour since the SLRP has been implemented. We are so hopeful that with more training and time we will make even a greater difference in this young man's life. He deserves to be treated with respect and we have an obligation as an education system to find a way that he can learn best. Helping him to learn how to control anxiety is essential before any academic learning can happen. We know he is a very bright boy and we feel it is our job to help unlock all that potential. I feel the Conscious Classrooms' approach has finally given us a way to meet his needs. I have watched this boy grow up since JK and I finally feel that we are doing something meaningful for him.

A loving, caring approach based on many years of research has given us and his parents the hope we were looking for to ensure that this child remains a part of his loving family and community. There are many children like our young student who are desperately trying to let us know they need help. The conventional ways are not working!! We need to approach each child with a loving, intentional commitment to help them from the inside out.

I am excited about this journey I am on, along with my staff and the student's parents.

We know that new approaches take time but I am confident that we will see a young man who is happy, calm and able to share with us his many more gifts one day.

Please feel free to contact me if you wish to further discuss our experience at School and the Conscious Classrooms' approach.

Principal

Appendix G

PART A – Student Learning Readiness Plan & Case Overview

Student: Identification/Diagnosis:	Student 'D' --- 1. ADHD Combined Type 2. 2008 ------ Psychological Assessment (7 yrs 8 mo) – Developmental Disability. Full Scale at less than 1st percentile Strengths: determination and perseverance, communicates needs, social skills are a relative strength (she has some friends, is functional at events, knows rules for community), knows her emotions, will ask for help, can get herself around, self directed when motivated, knows her safety street signs, knows who is a safe person, gross motor skills, functional reading skills, awareness of money and time (when to eat), simple cooking skills, cooperative when engaged, expressive vocabulary at home Needs: Verbal Comp (less than 1st), Perceptual Reasoning (1st percentile), Working Memory (less than 1st), Processing Speed (1st percentile), Word reading and decoding (less than 1st percentile), Numerical Ops and Math Problem Solving (less than 1st percentile), listening comprehension (less than 1st percentile), General Adaptive Composite (less than 1st percentile), home living skills (laundry, cleaning, etc.), young for her age (like a 9 or 10 year old), easily distracted and inattentive,
Learning Challenges:	Below grade level, only participates when motivated, generally follows the rules, aggressive if demands are beyond where she can manage (some characteristics of ODD), anxious
Difficult Behaviors:	Distracted, inattentive, oppositional, anxious

Team Members include:

Not included for anonymity purposes.

A2. SLRP – Part A School, Home and Community Services Student Needs' Assessment

	Assessment (check)				
	Compliance				
Essential Student's School Needs	NA	Don't Know	No	Partial	Fully
• Completion of the Comprehensive SLRP (Student Learning Readiness Plan) In progress				X	
• Effective Home, School and Community Services In progress				X	
• Optimal Sensory Classroom Student Placement (--------, -------- -------- to support)					X
• Mindful and Emotionally Mature Educator/s			X		
• Emotionally Secure and Affirming Classroom Environment				X	
• Effective Conscious Classrooms Difficult Behavior Prevention and ABCD (awareness based compassionate de-escalation) Calming Protocol (Reference Part C) In progress Referral to ------ SLP to consult on communication devices (flip and talk) to decrease frustration and anxiety for Student 'D'.			X		

	Assessment (check)				
	Compliance				
Student's Community Services' Needs	NA	Don't Know	No	Partial	Fully
Community Services' Engagement					
• Naturopath - Not an issue. She has regular BMs and no known allergies. We will investigate and monitor sugar intake.			X		
• Physical/Pain Management - Student 'D' will often pick at or obsess at sore areas making it worse, which then increases anxiety				X	
• Mental Health/Trauma Treatment Professional - Dx with DD and anxiety Dr. ---------- sees her quarterly. - Medication includes sertraline for anxiety. - Explore counselor thru community partner (---------- Services).				X	
• Sensory Integration and Processing Professionals - Eg occupational therapy consultations with community partner (----------) - Receives blocks of therapy - Consultation from ---------- (-----) will provide PD to teachers, EAs, and other support staffs. She will review sensory items at the school and ensure they are appropriate for Student 'D'. - Refer for updated Sensory Assessment from community partner (----------)				X	

• Inclusive recreational, Fitness Facilities and Services - YMCA swimming, daily walks in the community OT referral for use of trampoline at school and swing. Encourage use of rocking chairs at school as part of her sensory diet. ---------- at school may include: exercise bikes, fitness room, walking around track or neighbourhood. - Encourage social aspects to be included in the ----------.				X	
• Meaningful Volunteer/Work Opportunities - Refuses to participate in any volunteer experience offered to her - Query possible school work jobs (laundry for sports teams, canteen, sorting and counting money, wiping tables in cafeteria, shelving in library)			X		
• Other - Continue participating with the Special Olympics, participate in reviewing flyers/grocery shopping and prepping food for lunch, field trips with class to learn bus routes, field trips with class to YMCA/bowling alley etc.					

	Assessment (check)				
	Compliance				
Essential Student's Home Needs	NA	Don't Know	No	Partial	Fully
• Parent/s Commitment of Time /Energy to Implement the SLRP - Student 'D' lives with her maternal biological Grandmother and Mom. - Grandmother is quite ill (dialysis x3 weekly) and Mom has significant cognitive delays. They do not experience the behaviour concerns that the school does. Working towards building a team relationship with goals.		X			
• Financial Resources Sufficient to Implement Plan - Family on ----------, very limited income.			X		
• 'Encouraging' "I am loveable and capable" Home Environment - ------ worker sees and hears this every time she is around. Student 'D' is treated like a child and given responsibilities a 12 year old could handle.					X
• Home Adherence to Treatment Plans eg. nutrition, supplements, sensory, fitness. - School/community partner team to provide information and education around appropriate nutrition, supplements, sensory and fitness for the home. - Development of handbook with visuals/checklists and goals. Tied to school reward system.				X	

SLRP-Part B

Special Needs Learning Strategies

Needs/Service	Action Required (Direct and Advocacy)	Educator	Home	Community Service	Initiated
B-1 Physical Health Promotion and Treatment: Reference Resources: *Session III – Resource 5 *Pain Management M.D. and CC Text Pages 216-221	1. Improve diet - Her current diet heavy in carbs and sugar, processed food, low fermented, high fat, low fiber. - Refer to page 19 in Section 3 of binder (Avoid Environmental and Food Toxins as much as possible) - Refer to page 20-21 in Section 3 of binder (Vitamins & Minerals, Probiotics, Organic foods to be added) - Educate family and school and review References on page 22 of Section 3 of binder. - school is part of the Fruit & Veggie program, cook regularly - school and community partner to develop visual cook book with recipes from throughout the school year to transfer to home - community partner can support with protein for smoothies	X	X	X	Cook and prep at home and school
	2. Increase water intake - Encourage school to trial various naturally flavoured waters (lemon, cucumber, berries, etc) and share what she likes with home. Good opportunity for science experiments.	X	X	X	
	3. No concern with bowel as reported by family - School to monitor and track BMs at school as she has an aversion to using public washrooms.		X		
	4. Complete muscle test - technology is not in her room at bedtime - no food allergies or sensitivities	X		X	
	5. Explore technology apps (for mensus) to track - monthly mensus causes a lot of distress, irritability, high anxiety, erratic moods. Conversation with Dr. --------- in summer to review positive --------.		X	X	

	6. Educate family and Student 'D' around healthy eating and exercise	X		X	
Comments	-not aware of generalized pain. Student 'D' creates her own pain (picking at and inflaming an existing sore) -wifi in home, computer on main floor -generally healthy but overweight (medication) -mood shifts, greater anxiety, more irritability, lower ability to manage when on mensus. Sees Dr. --------/Dr. ----------. Discussing birth control to control symptoms		X	X	

Needs/Service	Action Required (Direct and Advocacy)	Educator	Home	Community Service	Initiated
B-2 Restore Biomedical System Energy Building & Balancing System Reference Resources *session II-Resource 1	1. Increase the use of trampoline at home and receive OT consult for school, increase bike rides after school as well as during school hours as she has access to them in the classroom, encourage continue walking after school and as part of class -------.	X	X	X (Respite)	
	2. Add cardio and strength training exercises to daily routines at school. Consult ---------- Well Being Special Assignment Teacher ---------- for planning ----- and circuits. Goal would be a minimum of 30 minutes at school per day.	X			
	3.Natropath consult - Community Partner to support family in consultation with Dr. ---------- (naturopath in ----------)		X	X	
	4. Introduce tapping and the butterfly hug while at school and home. Begin when calm and train Student 'D' and school staff to implement. Community partner to educate home.	X			

Comments	- Student 'D' can access respite 3 times per week through community partner (----------). Goal to be out in the community, socializing, physical exercise, and community interaction - Student 'D' goes to bed 830 pm and sleeps until 6 am. - no allergies or sensitivities that are known - no sensitivities to clothing, although she usually wears comfortable non restrictive items. - there are 4 cats and 2 dogs living in the home				

Needs/Service	Action Required (Direct and Advocacy)	Educator	Home	Community Service	Initiated
B-3 Restore Biomedical System Gastrointestinal Reference Resources: Session III-Resource 5	1. Improve diet - Her current diet heavy in carbs and sugar, processed food, low fermented, high fat, low fiber. - Refer to page 19 in Section 3 of binder (Avoid Environmental and Food Toxins as much as possible) - Refer to page 20-21 in Section 3 of binder (Vitamins & Minerals, Probiotics, Organic foods to be added) - Educate family and school and review References on page 22 of Section 3 of binder. - school is part of the Fruit & Veggie program, cook regularly - school and community partner to develop visual cook book with recipes from throughout the school year to transfer to home - community partner can support with protein for smoothies	X	X	X	
	2. Increase water intake - Encourage school to trial various naturally flavoured waters (lemon, cucumber, berries, etc) and share what she likes with home. Good opportunity for science experiments.	X	X		
	3. Educate family and Student 'D' around healthy eating and exercise	X	X	X	

Comments					

Needs/Service	Action Required (Direct and Advocacy)	Educator	Home	Community Service	Initiated
B-4 Restore Biomedical System Sensory Integration Processing: Reference Resources: -Session IV-Resource 1 -Session IV-Resource 2 -Session V-Resource 3	1. Complete Sensory Integration Checklist. **See attached PDF. It is in process and community partner will be completing with Grandmother over multiple sessions during the summer. Will be ready for case conference and planning meeting before school starts in September. - what we have noticed is that relationships are key for Student 'D' to feel comfortable, she needs to feel liked by her or her defenses will be way up. Her sensory needs change when she feels uncomfortable with a person.			X	
	2. Connect with ---------- (--------) for OT consultation and sensory review. Provide activities for home and school as well as any fidgets.	X	X	X	
	3. Determine if we are planning for proprioceptive or vestibular sensory diet.	X		X	
	4. Review of school sensory room, exercise equipment and add to these rooms as needed to support Student 'D'. OT, community partner, and school team will case conference to plan.	X		X	
Comments	- Protective of self and can be guarded. Usually, she feels safe and comfortable once you have built a trusting relationship - touch sensitive, chooses soft clothing -keen hearing (able to tune into a conversation), is aware of when others are speaking about her and relationships will deteriorate quickly -good sense of smell - eyes checked and healthy -always scanning the environment - rides bike, jumps, navigates stairs, swims, good balance - does not like loud unexpected noises, crowds, multitasking				

Needs/Service	Action Required (Direct and Advocacy)	Educator	Home	Community Service	Initiated
B-5 Mental Health Promotion and Treatments-Trauma, Desensitization and Triggers Prevention: References Resources: -Session VII-Resource2	1. Determine Triggers - generate a list to share and track.	X	X	X	
	2. Control Triggers - prevention is key for Student 'D' to be successful. Some triggers include: raised voice, body language, coming at her (views as a threat), loud sounds.	X			
	3. Teach mindfulness to educators, EAs and support staff to catch & calm themselves (see stairs visual), interact calmly with Student 'D'. Use Bottom-Up Strategies (sec 7 page 18)	X			
	4. Teach Student 'D' Breathing Exercises (sec 7 page 21) and use Me Moves (video at school), yoga practice. Of note for educators/staff that controlling, negotiating or bribing does not work.	X		X	
	5. Music/Listening Therapy – consult with OT or ---------- to provide support in this area.	X	X	X	
	6. Engage family to see counselor, OT, Naturopath. We are unsure of what has happened in Student 'D's life or the family where they would need support around.	X	X	X	
	7. Support students at school with mindful connecting and meditating. Review various youtube or videos or apps to support educators/EAs/support staff. "What is good for one is good for all" mentality.	X			
	8. Complete checklist "CC Awareness Based Calming & De Escalation Interventions" (page 37). What we feel will work includes: tapping, butterfly hug, hand massage, HIIT exercises, mindful movement and stretching, progressive muscle relaxation, drumming (guest from community/----------, ---------- from ----------), calming music on her ipod, explore aroma interventions, reduce environmental toxins/chaos and redirect, use picture books/games/puzzles, use the wii at	X		X	

	school and home for balancing activities and exercises, awareness grounding/noticing exercises, use mini trampoline, calming/entrainment, supporters' emotional self-regulation vs. power struggles, mindful breathing exercises and labeling out loud by everyone, guided imagery, nature walks, stabilization balls, explore proprioceptor swing/hammock with OT.				
Comments	- Student 'D' is very perceptive of if people like her or not, she reads body language very well				

Needs/Service	**Action Required (Direct and Advocacy)**	**Educator**	**Home**	**Community Service**	**Initiated**
B-6 Developing Students' Emotional Self-Regulation Skills Reference Resources : *Session V Resource 2 and Resource 4 *Session VI-Resource 3	Implement Intervention for calming and de-escalation checklist	X	X	X	
	Encourage education/teacher to avoid power struggles	X			
	Use "I believe in you statements"	X	X	X	
	Use positive reinforcements for attempts to task completion	X	X	X	
	Quiet compliments directed at her	X	X	X	
	Give meaningful responsibilities and roles	X	X	X	
	Model positive behavior	X	X	X	
	Model when you make a mistake, show your problem solving	X	X	X	
	Socially valued, meaningful and inclusive roles (page 14) - encourage Student 'D' to continue to attend social events with same age peers (e.g., Dinner Dance) - encourage Student 'D' to be a role model to new students coming into the Community Education program and show them where things are	X	X	X	
	Encourage a safe and nurturing classroom and school setting. - Student 'D' cannot have power struggles - Student 'D' needs celebrations of her successes	X	X	X	

	Behaviour Self Management strategies need to be in place. E.g. Teach her tapping, breathing, have clear expectations for her, structure, limited choices, --------, engaging and interesting activities for her, build on the relationship with her.	X	X	X	
	Student 'D' needs the teacher to be calm and respectful. Student 'D' does not need power struggles, indifference or fear. She needs you to help her remain calm.	X	X	X	
	Medical mental moods management is required as she is more susceptible to mental health conditions (anxiety). Teachers are encouraged to advocate for her, collect data and report on progress.	X	X	X	
	Teach Student 'D' and all other students mindfulness. Everyone in the program should be meditating.	X	X	X	
Comments					

Needs/Service	Action Required (Direct and Advocacy)	Educator	Home	Community Service	Initiated
B-7 Environment-Safe and Emotionally Secure Classroom: Reference Resources: -Session V-Resource3 -Session II-Resource 3,4 and 6 -CC Text-pg 118-128	1. Quiet Class	X			
	2. Calming music	X			
	3. Quiet private area	X			
	4. Trampoline outside view of others	X			
	5. EA to support jobs in and out of the class (e.g. sort money from store, school vending machine, jobs in library, recycling bins pick up and sort)	X			
	6. Teach Student 'D' to ask for help and self advocate (one of her IEP alternative programming goals). Model, prompt.	X	X	X	
	7. Need to build and develop a relationship early with Student 'D'.	X			
	8. Need to explore computer for academics. Connect with --------, ---------- (Special Assignment Teacher) for e-learning and the VLE carosels, use websites such as starfall, prodigy, DT Trainer, consult with ---------- (----------. Support Lead) for additional websites or apps that are engaging for Student 'D' and other students.	X			
	9. SLP from --------- re: communication	X			

	10. Awareness Based Compassionate De-escalation (ABCD)	X			
Comments	-sensory seeker when feeling safe and comfortable. -sensory avoider when anxiety high, unknown environments, -explore computer for academics				

Needs/Service	Action Required (Direct and Advocacy)	Educator	Home	Community Service	Initiated
B-8 Academic and Life Skills Development - IEP	1. Review of IEP before school year starts to tweak alternative programming goals: Functional Literacy & Numeracy - currently Student 'D' can count by 5s, and 10s using nickels and dimes with 98% accuracy. For September, we would like to introduce counting with quarters, loonies, and toonies for a 70% accuracy rate. - currently Student 'D' completes level 1 of the POPARD – see link http://www.autismoutreach.ca/elearning/functional-curriculum - currently Student 'D' tells time to the ½ hour, hour with 60% accuracy. For September we would like to see this goal Social Skills - currently Student 'D' responds to verbal requests 30% of the time. We would like her to respond 2/5 times to staff for Sept. - currently Student 'D' initiates peer interactions in socially appropriate ways 20% of the time. We would like her to respond 2/5 for the fall. Staff needs to create meaningful opportunities, model appropriate response, and provide quiet praise when she does do this.	X	X	X	

	- currently does not participate in dance/exercise class. We would like to pick exercises that Student 'D' enjoys and are engaging for her such as riding the exercise bike, trampoline, or playing catch with peers. Staff could also use Me Moves (yoga) as she is familiar with it from elementary school. Life Skills - Student 'D' currently brushes her teeth independently 50% of the time when asked by an adult. For September, Student 'D' will brush her teeth following lunch 4/5 days as part of her regular hygiene schedule. - Currently, Student 'D', 10% of the time, will complete her daily work job with assistance and prompts. For September, staff will provide Student 'D' with a checklist to assist her in completing her daily work job with 3/5 days independently. - We would like to ADD transportation, shopping, and cooking to the list of alternative programming. Self Regulation - Currently, Student 'D' follows rules and routines for transitions 20% of the time. For September, we will supply visual supports, prompts and cuing to help prepare for transitions. Student 'D' will then follow the routine 50% of the time. - Currently, Student 'D' will respond to a question with a headshake or words 60% of the time. For September, we would like Student 'D' to respond verbally or non verbally (using visuals) 75% of the time.				

	- Currently, Student 'D' will choose a calming activity when anxious/agitated 0% of the time. For September, we will model and provide visual support (choice boards) to help her to make choices during calm times that will work during anxious times. Our goal would be for her to do this 20% of the time independently. Community Involvement - we would like to ADD to this section such as: explore opportunities in the school as work jobs, cooperative education placement close to the school (e.g., ----------, ---------- PS), participate in Special Olympics, field trips, YMCA swim program, etc. Communication Skills - Currently, responds to greetings from staff and peers 10% of the time orally. For September, we will focus on building the relationship with Student 'D' and teacher/EA. We will first, say hello and give wait time for her to respond when we are saying hello. We will acknowledge a "smile" as a greeting. Our goal is to have this increase to 60% of the time. - Currently, she makes her needs knows 10% of the time when prompted by the adult. For September, we will include visual response formats for Student 'D' to communicate her need and have the goal of her communicating 50% of the time. - share with family and community partner				

Comments	- Student 'D' is a visual and concrete learning. She needs modeling, checklists/visuals to stay on track.				

Needs/Service	Action Required (Direct and Advocacy)	Educator	Home	Community Service	Initiated
B-9 Opportunities to Contribute to Self and Others Wellbeing: -List Wellbeing Activities Reference Resources: -Session VI-Resources 3	1. Contribute to self well being by participating in activities that include meaningful roles and responsibilities while at school such as: positive social opportunities in the cafeteria and with mainstream students, working with a peer in the Cosmotology class, utilizing sensory room/breaks/calming activities as appropriate, participating in ------- with peers. Encourage staff to build relationships with her so that she feels safe and comfortable.	X			
	2. Contribute to others well being by participating in meaningful jobs around the school that are helpful (wiping tables in cafeteria (safety and sanitation), leadership opportunities for new students in the Community Education program, look into coop placement opportunities as Student 'D' gathers skills (e.g. ----------, ---------- --- Day Care, YMCA Day Care).	X		X	
	3. Refer to Section 6 in binder, Resource 3 pages 13-19 (mentioned above).				
Comments					

SLRP – Part C

Awareness Based Challenging Behaviors Calming and De-escalation
Educators Interventions

Needs / Services	Describe Examples of Behavior	Educator Action Required (Reference Interventions next page)
1. Difficult Feelings, Agitation, Anger and/or Anxious	- Darting eyes - Smirking smile - Deep gaze/intently looking at teacher - Freeze (mamilian brain) - Shuts down and become quiet (selective mute)	- Limit verbal communication "at" her - Reassure her that is OK, you are there for her (use visuals) - Do not touch her - Provide calming strategies and choice of 2 options (use visuals) - Provide time, no pressure for her to perform or follow through on task that was overwhelming - Once teacher notices her calming use phrases like … "let me know when you are ready by…" or "When you are ready we will do this…" - Call grandma for a "phone hug" - Take a walk and talk to calm, caring adult that she has made a connect with - Utilize CC Awareness Based Calming & De-escalation Interventions such as tapping, butterfly hug, hand massage, mindful movement and stretching, progressive muscle relaxation, drumming/calming music on her ipod, explore aroma interventions, reduce environmental toxins/chaos and redirect, use picture books/games/puzzles, awareness grounding/noticing exercises, calming/entrainment, supporters' emotional self-regulation vs. power struggles, mindful breathing exercises and labeling out loud by everyone, guided imagery - She is hyper-aroused and is usually seeking "calm" at this time. Less people and quiet environment - Offer her soft sensory items and a preferred chair with the time to calm down - Offer gum/frozen real fruit popsicle/cup with straw to drink from or other oral-motor options (these items are NOT in the sensory bin)

2. Difficult Feelings Agitation, Anger and/or Anxious and Non-injurious Difficult Behavior	- Will become aggressive and hands on if pushed by adult - Stubborn, unmovable, uncooperative (unavailable to communicate/learn/express needs) - She will begin to cry at the end of this stage and as she enters into hands-on aggressive behaviours towards others	- remove any hazards from area - remove students and staff from area so that there is no audience - follow the Student Support Plan as developed by family/community partner/school team before the school year starts - reach out to High School Liaison officer (Const.----------) as they have a relationship and is a safe person for her. He is very calming for her. - Invite other calm, caring adult from the school that Student 'D' has made a connection with. Have a presence in the space, opportunity to escape. - Provide a phone to Student 'D' and say "if you want to call someone I can help". Student 'D' is very good at texting. - Redirect - Remember to use more visuals than words, provide reassurance that she will be ok - Utilize CC Awareness Based Calming & De-escalation Interventions such as tapping, butterfly hug, hand massage, calming music on her ipod, reduce environmental toxins/chaos and redirect, offer picture books/games/puzzles, supporters' emotional self-regulation vs. power struggles, mindful breathing exercises and labeling out loud by everyone.
3. Self or Others' Injurious Behavior	- Student 'D' does not normally intentionally hurt herself, however, she has a very high pain tolerance and may inadvertently cause harm to herself through her aggressive actions - You may move to this phase with Student 'D' if during the above teacher/support staff continually pressures and tries to move, or negotiates with her in a power struggle. - She will cry at this stage as well & feel frustrated/overwhelmed	- remove any hazards from area - remove students and staff from area so that there is no audience - follow the Student Support Plan as developed by family/community partner/school team before the school year starts - reach out to High School Liaison officer (Const. ----------) as they have a relationship and is a safe person for her. He is very calming for her. - Provide time for her calm - Offer visuals choices, drink of water or other positive distractions

Comments:

- We would be using the CC Awareness Based Calming & De-escalation strategies when she is calm and on a regular basis. We would encourage Student 'D' to try some of these with other people in her life or at a coop placement (senior citizens at the ----------).
- We would query specific songs that are calming for her and offer this an option to calm down
- Use a big mac switch or voice vile on iPad to hear grandmother's voice to say "you are ok"
- Encourage ---------- mainstream students to visit with Student 'D' during positive times (e.g.----------).
- Ensure that the same calm person is working with Student 'D' through all of these steps. It will be outlined in the Student Support Plan (filed in OSR, in classroom Red Binder).
- Be mindful that if Student 'D' is engaged in a preferred activity, she will need to complete that before moving on or aggressive behavior/non compliance may occur.

Difficult Behavioral Incidents Tracking and Debriefing

Date of Incident	Symptoms of Unmet Needs (behaviors)	Intervention	Outcomes	Recommendations to Prevent Future Incidents
Sept. 21, 2015	Non-compliant, initial refusal to go to cafeteria and then on walk. Refused to come in from walk.	Positive encouragement Called Grandma to come and get her.	Reluctant Compliance Listened to Grandma and went home.	Follow safety plan Review Expectations
Sept. 25, 2015	Went to teacher's home after school. Banged, kicked door, screamed.	Ignored	Police Report Filed	
Sept. 28, 2015	Came in very anxious, chewing, non-compliant, crying, staring	Classmates taken elsewhere – VP stayed with student until Grandma could come	Student to stay home until meeting took place	Student to start attending only Tuesday/Thursday when Grandma available for pick up.
Oct. 15, 2015	Non-compliant – refusal to move to cafeteria at lunch time	Chew toys, gum, encouragement did not work	Sent home	
March 9, 2016	Student came to watch volleyball in gym with respite worker –cried refused to leave gym After school, went to teacher's house, screamed, kicked her dog, refused to leave	Would not leave with respite worker – staff asked her to move to foyer 3 police cars attended before	Grandma came to get her Grandma got her to leave – an hour before she got there	 Meeting with ------ and family – home instruction for remainder of school year
Comments:				

Part D-Resources References
Behavior Incident ASCD Debriefing and Prevention

Check all known or suspected factors that contributed to the incident							
Factors	Y	N	Not sure	Factors	Y	N	Not sure
-Fear/Phobia about what is happening or may be going to happen (THIS IS KEY)	X			-Change of Plans e.g. staff change, trip cancellation		X	
-Symptoms of a mental health mood disorder e.g. Depression, phobia, ADHD, delusion	X			-Forced to do unlikeable/frightening activity, rushed, 'power struggle'	X		
-Neurological e.g. seizure		X		-Behavioral (reference below)	X		
-Power Struggles with staff	X			-Frustration in not being able to communicate effectively	X		
-Physical Discomfort e.g. pain, constipation, sickness	X			-Psychological – filters high-jacked			X
-Embarrassment, Shame, Guilt, Anger, Confusion	X			-Nutritional e.g. food intolerances, sugar, gluten, dairy	X		X
-Medication Problems		X		-Sensory issues	X		
-PTSD Triggers e.g. loud 'command'			X	-Workers' stressed mood	X		
-Transitional e.g. shift change	X			-Other			
Behavioral Factors	Yes	No	Not sure	Behavioral Factors	Yes	No	Not sure
-Attention -seeking	X			-Access – to Tangibles	X		
-Avoidance – escape from demands	X			-Action –'Stimming'		X	

What is being done to prevent similar incidents from happening again?

1. Implementation of our learning from Conscious Classroom for September
2. Updating of Student Support Plan on a regular basis as Student 'D' changes and grows
3. Setting realistic, meaningful, and age appropriate IEP alternative goals
4. Holding monthly case-conferences with school team, family, and community partners
5. Ensuring all sensory items, tangibles, preventative strategies are available and ready.
6. Ongoing relationship building between Student 'D' and school staff.
7. Highlighting "go to" caring adult and encouraging this relationship.
8. Availability of communication tools (flip and talk, emotion board, access to phone, etc).
9. Regular doctor check-ups and medication reviews.
10. Implement morning meetings and afternoon debriefing opportunities with teacher or EA (especially if there is a change in schedule).
11. Use of visuals, checklists, first then boards, choice boards, etc.
12. Reminding staff to talk less and use non verbal forms of communication when heightened.
13. Be aware of Student 'D's' feeling of embarrassment, shame when an incident has occurred. She needs a "fresh start" and positive reassurance that all is ok.
14. Use of social stories and power cards (e.g., My School photo book with social story).