
A Guide to Enhancing the Support Offered by Direct Support Professionals

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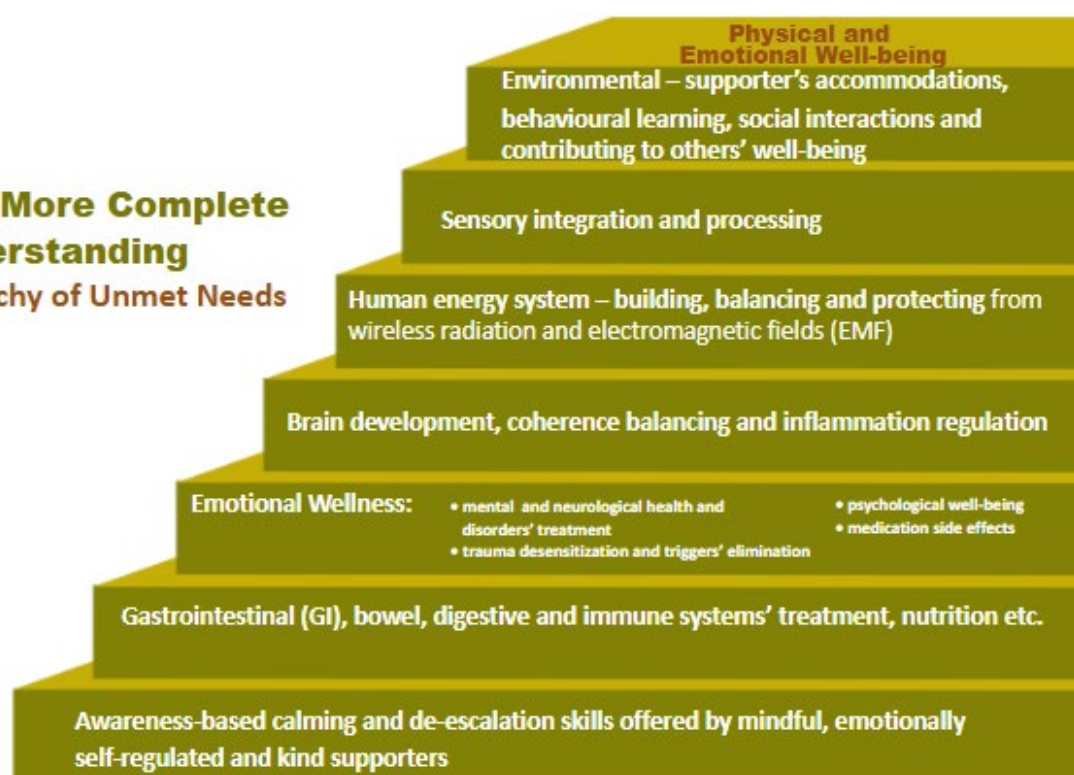
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A Guide to Enhancing the Support Offered by Direct Support Professionals

A. Introduction

The following resource has been compiled from nationally and internationally published research highlighting considerations that can enhance the wellness of people who have a developmental disability or autism. The considerations outlined in this document align with the principles of Conscious Care and Support (CCS) and the defined Hierarchy of Unmet Needs.

Toward A More Complete Understanding of the Hierarchy of Unmet Needs



This resource is not exhaustive. It offers considerations to use in conjunction with current best practices (i.e., various standards of practice of regulated health professionals), and to also enhance the current quality assurance of an organization as it pertains to the day-to-day wellbeing of supporting people who have an intellectual disability.

For more information about what is found in this resource, please check out the resources on the *A Centre for Conscious Care* website at www.centreforconsciouscare.ca or email information@centreforconsciouscare.ca to access our full textbook of resources:

Marks, P., Marks, L., & McVicker, A. (2024). *Conscious Care and Support*. Inclusion Press

B. Person-Centered Practice

The comprehensive CCS model of support very much values person-centered practices and honours the person's unique needs, gifts, strengths, and interests. As much as the model focuses on doing a deeper dive into exploring and treating unmet needs that potentially compromise a person's quality of life, it is important to recognize that the person themselves are at the center of any planning or intervention aimed at assisting them to live a most optimal life.

The uniqueness of the person must not be lost in the shuffle of our administrative work. We must do our best to ensure that they are living a life of their choosing and make informed choices and decisions. The following are some key principles of person-centered practice that align with the CCS model:

- **Respect for Individuality:** Every person is unique, with their own preferences, aspirations, and life experiences. Support plans should honour the person's individuality by recognizing their strengths, cultural background, values, and interests. This principle requires supporters to understand the people they support in a holistic way and as experts in their own lives.
- **Choice and Control:** People should have the opportunity to make decisions about their lives, including the kind of support they receive, the environments they live in, and the activities they engage in. Person-centered practices provide opportunities for people with developmental disabilities to exercise control and take ownership of their choices, while ensuring they have access to necessary information and resources to make informed decisions.
- **Support for Autonomy:** Encouraging autonomy means empowering people to make decisions and take actions that align with their values and goals, even if this involves risk-taking. Supports should be designed to enhance a person's ability to live independently and with dignity.
- **Collaboration and Partnership:** Person-centered practice is about collaboration with the person, their family, and other important people in their life. Supporters must work in partnership with the person and respect their personal relationships, engaging families and communities in decision-making, goal setting, and the ongoing evaluation of support.
- **Strengths-Based Focus:** The approach emphasizes identifying and building on an individual's strengths, abilities, and potential, rather than focusing on deficits or limitations. Support should encourage growth, skills development, and empowerment by recognizing what individuals can do and how they can contribute meaningfully to their communities.
- **Personal Goals and Aspirations:** Every person has goals, desires, and dreams for their life. Person-centered practice should prioritize understanding and supporting those aspirations. This involves creating individualized support plans that are designed to help individuals achieve meaningful goals, whether it be in employment, education, relationships, or leisure activities.
- **Inclusive Communities:** Person-centered practice encourages full participation in community life, ensuring that people are included in social, cultural, and civic activities. Support should foster opportunities for people to form relationships, participate in group activities, and have access to community resources.

- **Empowerment and Advocacy:** A key principle is ensuring that individuals have the information, resources, and support needed to advocate for themselves. This involves providing education on their rights, encouraging self-advocacy, and providing support to make sure they have a voice in all decisions that affect their life.

By adhering to the above principles, person-centered practice helps people we support lead lives that are meaningful, fulfilling, and reflective of their personal preferences, fostering empowerment and inclusion.

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<https://doi.org/10.1177/1744629514531234>.

O'Brien, J., & O'Brien, C. L. (2000). *Person-centered planning: A tool for change*. In J. O'Brien & C. L. O'Brien (Eds.), *A guide to person-centered planning* (pp. 1-10). Inclusion Press.

Wehmeyer, M. L., & Shogren, K. A. (2017). *Person-centered planning and positive behavior support: A partnership for success*. The Journal of Positive Behavior Interventions, 19(3), 142-151.
<https://doi.org/10.1177/1098300716641690>.

C. Using a Trauma-Informed Lens of Support

The CCS model also values the importance of understanding how many of the people we support have experienced traumatic events in life, and who are navigating their day-to-day with overwhelming effects trauma.

Trauma can impact the way the person reacts to stress, their relationships, and how they maneuver the world around them. Providing support to someone who has experienced trauma requires a compassionate and adaptive approach, as the person may not be able to express their feelings and experiences fully, nor have the coping skills to manage how they feel.

So often why someone may express themselves the way they do in a challenging way is not because of a “need for attention” but rather, it is their nervous system’s response to cope with trauma. It is important to remember that their expressions of anger, agitation or aggression are not necessarily a chosen response to manipulate the situation or person, but rather a survival technique to plow through the terrible pain and fear brought on by their trauma.

The CCS model encourages the understanding of the following principles to enhance the support that is offered to people we support:

- **Create a Safe and Predictable Environment:** A consistent environment with structure can provide a sense of security to help reduce anxiety and give some predictability to help the person feel safe. A quiet, calm space could be a helpful place to retreat if the person starts to feel overwhelmed.
- **Identify and Avoid Triggers:** Learn what might trigger memories of trauma for the person and provide support that mitigates the risk of re-triggering them. Common triggers of trauma include loud or specific sounds, certain places or people, or even certain types of touch or smell.
- **Recognize the Cues:** Pay close attention to the person’s body language, facial expressions, and gestures. They may communicate discomfort, distress, or other emotions through their posture, eye movements, or movements like pacing or fidgeting. In the absence of verbal communication, people who are experiencing trauma may withdraw, become more agitated, or engage in repetitive actions that might indicate some emotional distress. Subtle changes in their facial expressions can be a window into how they are feeling emotionally. Remember, subtle cues are significant in the work with do with others.
- **Provide Comfort and Reassurance:** Sometimes, simply being present and available to the person in a calm way can be comforting. Sitting quietly with them, holding their hand, or offering gentle touch (when appropriate and welcomed) can provide reassurance. Even if the person doesn’t communicate verbally, your tone of voice and body language should remain calm, reassuring, and non-threatening. Speak slowly, using a soft, comforting voice, as they may pick up on the emotional cues in your speech.

- **Sensory Tools:** People who have experienced trauma may respond well to prescribed sensory tools that can help calm or engage them in a comforting way. Sensory tools can help calm the person's nervous system to help them cope with the effects of trauma and live with less anxiety.

Ultimately, the use of a trauma-informed lens can create a nurturing environment where the person feels safe, seen, and validated, even if they cannot verbally express their feelings or needs. Optimal support must be flexible and adapt to meet the person's changing needs. The person may have good days and bad days, and adjusting support to fit their needs can help create a trusting relationship. By being patient, understanding, and using the aforementioned principles, supportive and compassionate care can be provided to a person who lives with trauma to help them live a most optimal life.

Resources:

Bowers, A., & Dunlap, G. (2020). *Supporting individuals with developmental disabilities through a trauma-informed lens*. *Journal of Positive Behavior Interventions*, 22(1), 3-14.
<https://doi.org/10.1177/1098300720902107>

Friedman, C., & Peters, J. (2016). *Trauma-informed care for individuals with intellectual and developmental disabilities*. *Journal of Applied Research in Intellectual Disabilities*, 29(6), 585-594.
<https://doi.org/10.1111/jar.12281>.

Tauscher, M. A., & Mueller, M. (2015). *Trauma-informed care for individuals with developmental disabilities: Understanding the impact of trauma and developing best practices*. *Journal of Developmental and Physical Disabilities*, 27(3), 349-361.
<https://doi.org/10.1007/s10882-015-9451-6>.

D. A Complete Support Team

To help a person live their most optimal life with meaning and purpose, they often have people as part of their support to bring perspectives and collaboration that leads to enhanced wellbeing. Teams of supporters that work together and are focused on the person's self-determination, empowerment, and support using a person-directed approach include:

- Circles of Support.
- Support Networks.
- Arohas.
- Microboards.

These groups come together to assist a person in achieving a meaningful life in their chosen community. A significant key is the genuine care and commitment of its members, who collaborate to empower the person to lead a fulfilling and self-determined life. The composition of these committed support groups are developed based on the person's choices, needs and preferences, and can include:

- Family members, friends and neighbours.
- Community members.
- Support professionals.
- Advocates.
- Employers or educators.
- Healthcare providers.
- Independent Facilitators.

A Centre for Conscious Care strongly encourages the development of a comprehensive team of committed supporters to help address the unique unmet biomedical needs of the person supported. If left untreated, unmet biomedical needs could have a negative impact on the person's level of anxiety, agitation or aggression, which in turn will negatively impact their potential to live a most optimal life.

The following are some supporters/clinicians who bring unique perspectives and expertise that can assist in identifying and addressing the unique unmet biomedical needs of the person:

- Microboard member.
- Independent facilitator.
- Direct Support Professional.
- Developmental Pediatrician / Primary Care Physician / Psychiatrist / Psychologist.
- Gastrointestinal Specialist.
- Neurologist (if seizures are present).
- Pharmacist.
- Registered Holistic Nutritionist / Registered Dietician.
- Naturopathic Doctor.
- Audiologist.
- Occupational / Physical Therapist.

- Developmental Optometrist (for vision therapy).
- Chiropractor or Osteopath.
- Speech and Language Therapist.
- Music or Play Therapist.
- Social Worker / Psychotherapist / Mental Health Worker.

A comprehensive support team offers a wide range of perspectives and can better ensure that all aspects of the person's wellness including biological, medical, psychological, developmental, social, and spiritual needs are identified and addressed. It is often in the hands of direct support professionals or managers to help facilitate meetings and monitor the goals created by the members of the support team.

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Autism Canada (n.d.) Autism Physician Handbook.

https://www.autismcanada.ca/files/ugd/890d7b_5560eaaa418e4fa8a9c5f5663b6848e1.pdf

Health Service Executive (n.d.) A Guide to Circles of Support.

<https://www.hse.ie/eng/services/list/4/disability/newdirections/a-guide-to-circles-of-support.pdf>

Ontario Association for Behaviour Analysis (2019). Evidence-Based Practices for the Treatment of Challenging Behaviour in Intellectual and Developmental Disabilities: Recommendations for Caregivers, Practitioners, and Policy Makers.

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Sullivan, W. F., Diepstra, H., Heng, J., Ally, S., Bradley, E., Casson, I., ... & Witherbee, S. (2018).

Primary care of adults with intellectual and developmental disabilities: 2018 Canadian consensus guidelines. *Canadian Family Physician*, 64(4), 254-279.

<https://www.cfp.ca/content/cfp/64/4/254.full.pdf>

E. Addressing Unmet Biomedical Needs

1. Gastrointestinal Health (GI)

Gastrointestinal (GI), bowel and digestive health are the foundations for a healthy mind. The majority of people supported have ongoing GI, bowel and digestive problems that are seriously compromising their:

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

As proven by research, the majority of these co-occurring conditions can be successfully treated. Too often most symptoms of GI problems are not even considered for effective treatment but merely managed with dependency-producing pharmacological interventions. e.g. stool softeners or laxatives.

In addition to effective temporary management, supporters must be effective advocates when engaging with qualified professionals to answer two very important questions:

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

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

- a. Testing and treatments for toxins, imbalances (e.g. vitamins, minerals and hormones) food intolerances and sensitivities.
- b. Reduction and removal of foods that are responsible for GI and bowel problems.
- c. Development and implementation of nutritious meal plans to promote GI and bowel health.
- d. Testing and treatment of specific problems. e.g. yeast and clostridia infections, constipation, bacteria overgrowth, mitochondria imbalance, GI permeability.

a. Biomedical Testing

The following elements, as a minimum, can be tested, based on the recommendations of the treating primary care physician or naturopathic doctor.

Biomedical Elements to be Assessed	Claims/Concerns/Conditions	References
Zinc Copper	Copper and zinc compete against each other to regulate physiological pathways. When zinc is high, copper is low, and vice-versa. The two need to be in a healthy balance in order for optimal mood, behaviour and development to occur. The body needs more zinc than copper, but diet and lifestyle factors, along with environmental contaminants, some genetic factors and some medications often cause an imbalance. Panic attacks, headaches, chronic infections, chronic fatigue, brain fog, diarrhea, reduced appetite, weight loss, skin problems, anxiety, depression, poor immune function, attention deficits are some symptoms that can be associated with a copper: zinc imbalance.	Bjorklund G. (2013). The role of zinc and copper in autism spectrum disorders. <i>Acta neurobiologiae experimentalis</i>, 73(2), 225–236. Russo A. J. (2011). Increased Copper in Individuals with Autism Normalizes Post Zinc Therapy More Efficiently in Individuals with Concurrent GI Disease. <i>Nutrition and metabolic insights</i>, 4, 49–54. https://doi.org/10.4137/NMI.S6827 Schanen N. C. (2006). Epigenetics of autism spectrum disorders. <i>Human molecular genetics</i>, 15 Spec No 2, R138–R150. https://doi.org/10.1093/hmg/ddl213 Sherman, J. (2016). <i>Raising Resilience: take the stress out of feeding your family and love your life</i>. I.C. Publishing.
Magnesium, Calcium, Iron, Mercury, Lead, Sulfur, PCB	Essential for balancing moods, enhancing well-being, preventing agitation, anger and aggression.	College of Family Physicians, Autism Canada
Vitamin B12, B3, B6, B, C, E, Omega 3	Essential for balancing moods, enhancing well-being, preventing agitation, anger and aggression.	College of Family Physicians, Autism Canada
Glutathione	n-acetylcysteine (NAC) (which assists in the development of Glutathione) in a double blind random placebo control study showed significant (72%) improvement in the Aberrant Behaviour Check List (ABC) irritability sub scales over placebo.	Hardan, A. Y., Fung, L. K., Libove, R. A., Obukhanych, T. V., Nair, S., Herzenberg, L. A., Frazier, T. W., & Tirouvanziam, R. (2012). A randomized controlled pilot trial of oral N-acetylcysteine in children with autism. <i>Biological psychiatry</i>, 71(11), 956–961. https://doi.org/10.1016/j.biopsych.2012.01.014 Mills, B. J., Lindeman, R. D., & Lang, C. A. (1981). Effect of zinc deficiency on blood glutathione levels. <i>The Journal of nutrition</i>, 111(6), 1098–1102. https://doi.org/10.1093/jn/111.6.1098

Biomedical Elements to be Assessed	Claims/Concerns/Conditions	References
Food Intolerances Sensitivities Allergies e.g. gluten and casein	An effect of diet on excreted compounds and behaviour has been found. A gut to brain access is both possible and probable. The literature shows abundant data pointing to the importance of a gut to brain connection.	Reichelt, K. L., & Knivsberg, A. M. (2009). The possibility and probability of a gut-to-brain connection in autism. <i>Annals of clinical psychiatry: official journal of the American Academy of Clinical Psychiatrists</i> , 21(4), 205–211.
GI Disturbances and Disease e.g. • GERD • Peptic Ulcer • Celiac Disease • Non Celiac Disease • Gluten Intolerance • PICA • H-Pylori • Bowel Movement Frequency/Consistency • Irritable Bowel Syndrome • Hormonal Disturbances • Nerve Damage • Colon Blockage • Rectum Bulging	Essential for balancing moods, enhancing well-being, preventing agitation, anger and aggression.	Ontario Association for Behavioural Analysis, College of Family Physicians of Canada and Consensus Guidelines, Autism Canada and Consensus of International Research.
Glutamate GABA	Helps to maintain the brains balance between ‘excitation’ and’ inhibition’. Disturbance of this balance may be central to expressions of autism. Astrocytes help here to regulating excitation of activation from a chemical called glutamate and providing proper levels of inhibition via a chemical called GABA. They do this by mopping up extra glutamate in the synapses and by helping turn glutamate into GABA. When too much glutamate accumulates in the synapses the neuron gets over activated and oxidative stress occurs.	Herbert, M., & Weintraub, K. (2012). <i>The autism revolution: Whole-body strategies for making life all it can be</i> . Ballantine Books. p. 115-20

Biomedical Elements to be Assessed	Claims/Concerns/Conditions	References
Gastrointestinal Infections e.g. • Clostridium • Candida	Clostridium and Candida infections measurably contribute to autism symptoms such as agitation anger and aggression.	Finegold, S. M., Molitoris, D., Song, Y., Liu, C., Vaisanen, M. L., Bolte, E., McTeague, M., Sandler, R., Wexler, H., Marlowe, E. M., Collins, M. D., Lawson, P. A., Summanen, P., Baysallar, M., Tomzynski, T. J., Read, E., Johnson, E., Rolfe, R., Nasir, P., Shah, H., ... Kaul, A. (2002). Gastrointestinal microflora studies in late-onset autism. <i>Clinical infectious diseases: an official publication of the Infectious Diseases Society of America</i>, 35(Suppl 1), S6–S16. https://doi.org/10.1086/341914 Sandler, R. H., Finegold, S. M., Bolte, E. R., Buchanan, C. P., Maxwell, A. P., Väisänen, M. L., Nelson, M. N., & Wexler, H. M. (2000). Short-term benefit from oral vancomycin treatment of regressive-onset autism. <i>Journal of child neurology</i>, 15(7), 429–435. https://doi.org/10.1177/088307380001500701 MacFabe, D. F., Cain, N. E., Boon, F., Ossenkopp, K. P., & Cain, D. P. (2011). Effects of the enteric bacterial metabolic product propionic acid on object-directed behavior, social behavior, cognition, and neuroinflammation in adolescent rats: Relevance to autism spectrum disorder. <i>Behavioural brain research</i>, 217(1), 47–54. https://doi.org/10.1016/j.bbr.2010.10.005

Biomedical Elements to be Assessed	Claims/Concerns/Conditions	References
Cortisol (blood serum am and pm) and/or salivary testing	People with developmental disabilities live under chronic stress conditions due to chronic high levels of cortisol. This results in damage to the Hippocampus in the brain that is responsible for learning and memory. Further it causes GI and bowel problems, severe anxiety, sleep disturbance and extreme irritability.	Sapolsky, R. (2012), as found in Hamlin, T. (2015). <i>Autism and the Stress Effect: A 4-step lifestyle approach to transform your child's health, happiness and vitality</i> . Jessica Kingsley Publishers.

References:

Buie, T., Campbell, D. B., Fuchs, G. J., 3rd, Furuta, G. T., Levy, J., Vandewater, J., Whitaker, A. H., Atkins, D., Bauman, M. L., Beaudet, A. L., Carr, E. G., Gershon, M. D., Hyman, S. L., Jirapinyo, P., Jyonouchi, H., Kooros, K., Kushak, R., Levitt, P., Levy, S. E., Lewis, J. D., ... Winter, H. (2010). Evaluation, diagnosis, and treatment of gastrointestinal disorders in individuals with ASDs: a consensus report. *Pediatrics*, 125 Suppl 1, S1–S18. <https://doi.org/10.1542/peds.2009-1878C>

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Laake, D., Compart, P., & Compart, P. J. (2013). *The ADHD and autism nutritional supplement handbook: the cutting-edge biomedical approach to treating the underlying deficiencies and symptoms of ADHD and autism*. Fair Winds Press (MA).

Slattery, J., MacFabe, D. F., & Frye, R. E. (2016). The Significance of the Enteric Microbiome on the Development of Childhood Disease: A Review of Prebiotic and Probiotic Therapies in Disorders of Childhood. *Clinical medicine insights. Pediatrics*, 10, 91–107. [URL](#)

2. Emotional Wellness

Managing the emotional wellbeing of a person supported is essential for several reasons as it directly impacts their overall health, quality of life, and ability to thrive. Emotional well-being plays a critical role in their physical, mental, and social development.

Outside of using the tool of behaviour management, making environmental accommodations, and assisting the person to develop coping strategies to improve their emotional wellbeing, there are other tools to use that can support one's emotional wellbeing. The CCS model encourages investigating the deeper unmet biomedical and psychological needs that could affect one's level of anxiety, adding to agitation and aggression. This includes:

- exploring various vitamin and mineral imbalances.
- enhancing neurochemical production (i.e., serotonin, GABA and dopamine).
- accurately monitoring prescribed medication to treat mood disorders to ensure they are at a therapeutic level.
- assisting in the restructuring of some mistaken beliefs (i.e. "I am not worthy or lovable").
- assisting the person to find meaning and purpose in their days.
- exploring the use of mindfulness to grow their capacity of emotional self-regulation.

a. Medication Management (Antidepressants, Antipsychotics, and Sedatives)

For all people who are taking antidepressants, antipsychotic medications and/or a sedating benzodiazepine (which is common part of a Behaviour Support Plan), supporters must be vigilant in tracking and reporting side effects and dystonia disorders such as akathisia, tardive dyskinesia, parkinsonism, and other extrapyramidal symptoms (EPS). Risk of serious anxiety and therefore self-injurious behaviour and aggression can be a chronic side effect of some of the often prescribed medications for people supported (e.g. antipsychotics).

b. Tracking Wellness

Accurate tracking of the person's emotional wellness is crucially important to gauge if prescribed medications to treat mood disorders are effective and at a therapeutic level, along with ensuring that our support approach is meeting their emotional wellness needs. Using the information found on incident reports alone is not enough to track one's emotional wellness accurately as many incident reports illustrate the competencies (or lack thereof) of the support staff in a time of increased anxiety experienced by the person supported. Ensure that tools specifically to measure emotional wellbeing (i.e., Beck's Anxiety Inventory) are being used to track the person's emotional wellness.

References:

Lindsay, W. R., & Skene, D. D. (2007). The Beck Depression Inventory II and the Beck Anxiety Inventory in people with intellectual disabilities: Factor analyses and group data. *Journal of Applied Research in Intellectual Disabilities*, 20(2), 149–157. <https://doi.org/10.1111/j.1468-3148.2007.00380.x>.

Firth, J., Teasdale, S. B., Allott, K., Siskind, D., Marx, W., Cotter, J., Veronese, N., Schuch, F., Smith, L., Solmi, M., Carvalho, A. F., Vancampfort, D., Berk, M., Stubbs, B., & Sarris, J. (2019). The efficacy and safety of nutrient supplements in the treatment of mental disorders: a meta-review of meta-analyses of randomized controlled trials. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 18(3), 308–324. <https://doi.org/10.1002/wps.20672>.

Matson, J. L., & Mahan, S. (2010). Antipsychotic drug side effects for persons with intellectual disability. *Research in Developmental Disabilities*, 31(6), 1570–1576. <https://doi.org/10.1016/j.ridd.2010.05.005>.

Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

3. Brain Development, Coherence, and Inflammation Regulation

Brain development, coherence and regulating brain inflammation can all have significant effects on individuals with autism or developmental disabilities, as these factors are closely related to neurological and cognitive functioning.

Brain development includes a wide range of processes including the growth of neurons (neurogenesis), the formation of neural connections (neuro-connectivity), and the way the brain organizes itself to perform various cognitive, emotional, and motor functions (neuroplasticity).

Brain coherence refers to the synchronization of brain wave activity across different regions of the brain. It is a measure of how well different areas of the brain work together. High coherence suggests smooth communication between regions, while low coherence indicates disorganized brain activity. Research has shown that individuals with autism and developmental disabilities often have differences in brain coherence. This can impact various cognitive functions, including social skills, sensory processing, executive functioning, and emotional regulation.

Research demonstrates that brain inflammation can affect many people who have autism or developmental disabilities by affecting them cognitively (i.e., memory problems, learning difficulties, and attention deficits, along with slowed processing speeds), emotionally (i.e. increasing symptoms of depression, anxiety, irritability, aggression, and psychosis) and also physically (i.e., movement disorders and fatigue).

The CCS model of support values various approaches to support healthy brain development. It addresses the lack of brain coherence, along with brain inflammation, through the insight of a comprehensive team of support. Some support considerations could include:

- Occupational therapy (OT), sensory integration therapy, and physical therapy can help address motor coordination and sensory processing difficulties.
- Behavioural therapies like ABA (Applied Behavior Analysis) can be quite useful and assist with enhancing one's social communication and emotional regulation.
- Nutrition. Studies suggest that anti-inflammatory, high in sulphur foods diets or supplements (i.e., n-acetylcysteine) may help manage neuroinflammation.

- Cardio exercise, proper sleep, and stress management can also improve brain function.
- Brain training. Neurofeedback, for example, can help improve brain coherence and synchronization of brain activity, potentially improving social skills and emotional regulation.

By understanding how brain development, brain coherence, and brain inflammation impact the wellbeing of the person we support, supporters and clinicians can use more targeted tools of treatment and increase the likeliness of improving the person's quality of life and overall wellbeing.

References:

Doidge, N. (2015). *The Brain's Way of Healing: remarkable discoveries and recoveries from the frontiers of neuroplasticity*. Scribe Publications.

Hamlin, T. (2015). *Autism and the Stress Effect: a 4-step lifestyle approach to transform your child's health, happiness and vitality*. Jessica Kingsley Publishers.

Siegel, D. (2007). *The Mindful Brain*. WW Norton

Sherman, J. (2016). *Raising Resilience: take the stress out of feeding your family and love your life*. I.C. Publishing.

4. Human Energy System Protection from “Dirty Electricity”

Just as potential allergens such as eggs, nuts and dairy have been linked to dangerous health problems when ingested, numerous “air-born” contaminants and electromagnetic pollution (i.e., electromagnetic fields (EMFs), dirty electricity, and radio wave frequency (RWF)) have been associated with the potential compromised well-being of people supported.

“Dirty electricity” is the term given to the energy that escapes from any electromagnetic field, or, more simply, electrical pollution. Think of all the devices and appliances in the field of people supported: televisions, fridges, phones, radios, lights, toasters, and on and on and on.

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

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

The following considerations can be made to mitigate the risk of exposure and potential effects of “dirty electricity”:

- Insert protective filters in 110-volt outlets that reduce EMF risks by 80%.
- Do not use wireless devices close to people supported.
- According to manufacturers, cell phones should never be closer than 5 to 60 mm from the human body. Use a protective case that meets these standards.
- Use landlines when available and as much as possible.
- People we support should wear shoes with non-rubber treads, such as leather or cork.
- Spend time out in nature to offer a break away from electromagnetic pollution.
- People we support should walk on mother earth or on basement floors for a minimum of several minutes a day.
- Unplug bedroom monitors at night, if possible.
- Unplug wireless charging stations at night, if possible.
- Unplug Wi-Fi at night, if possible.
- Shut off breakers from electrical circuits in bedrooms at night, if possible
- Keep cell phones off as much as possible.

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5. Sensory Regulation

Everyone is dependent on their senses to experience life. Each person’s reality is formed through sensory input: taste, smell, hearing, sight, touch, balancing and body-awareness. The latter two also describe as vestibular (balancing) and proprioception (knowing where one’s body is in space). If any of these senses are not fully developed and operational, the person can be over-stimulated or under-stimulated. The result of receiving too intense a signal is hypersensitivity. The result of insufficient sensory signals is hyposensitivity.

People we support are more biologically vulnerable than non-neurodivergent people to hypersensitivity and hyposensitivity. In both cases, individuals are experiencing a loss of sensory integration and balance. The sensory stimulation may be too much or too little or

distorted. Their experience may be brain chaos – too much noise and not enough signal because of poor sensory processing. If a sense store is over or under stimulated, anxiety can result in anger or aggression.

An important factor in supporting people who are striving to be calm, relaxed and engaged in life could be a proper daily, sensory diet. A sensory diet is a combination of activities that will stimulate or reduce the sensitivity of the senses as required in a balanced way. Occupational therapists who are trained and certified in sensory integration methods and processing are the best qualified to assess and plan interventions and daily sensory diets.

Although a trained occupational therapist may be needed to prescribe a sensory diet, there are observations supporters can make that will indicate the need for a referral. Because a person's preferred stimulating activities are often clues to the need they are trying to meet, observing and asking the right questions can be very revealing.

Engaging in appropriate exercises that are recommended by a qualified occupational therapist will help the person become less sensory-defensive or sensory-craving and in turn, be better able to understand what is happening in the world around them, increase their ability to focus, and potentially lower their levels of anxiety, agitation or aggression.

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F. Developing the Mindful, Emotional Self-Regulation of the Supporter

The CCS model of support greatly values the importance of the development of the emotional self-regulation of the supporter. Self-regulation is crucial for supporters as it helps them maintain competent and compassionate care for others, while skillfully managing their own emotions and actions.

By enhancing the mindful, emotional self-regulation of the supporter, the moments and interactions between the person supported and supporter can be so much more. Self-regulation helps supporters stay emotionally balanced, which allows them to be more present and empathetic when interacting with the people they support and colleagues, especially those who express themselves in a challenging way.

Other benefits of building capacity for self-regulation include:

- Improved emotional control. Self-regulation helps supporters stay calm and composed in stressful situations, preventing emotional outbursts or frustration, which ensures they can handle difficult people or scenarios effectively.
- Emotional co-regulation. When a supporter can regulate their own difficult emotions (i.e. fear or anger), they are able to influence the emotional co-regulation of the person they support. Calm begets calm.
- Better decision-making. Supporters are more likely to make thoughtful, rational decisions rather than acting on impulse, which can lead to better outcomes for those they support.
- Reduced burnout. Direct support work can be emotionally demanding. By practicing self-regulation, supporters can better manage stress and avoid burnout by taking necessary breaks, practicing self-care, and managing their workload.
- Enhanced and effective communication. Staying in control of emotions enhances the ability to communicate clearly and calmly, which is essential for providing quality support, resolving conflicts, and ensuring people supported feel understood and respected.
- Building trust. People are more likely to trust and respect a supporter who demonstrates mindful, emotional, self-regulation as it signals reliability, stability, and professionalism.
- Personal growth. Mindful, emotional, self-regulation influences continuous personal development as it allows supporters to reflect on their actions and emotions and learn from their experiences.

1. Building Mindful, Emotional Self-Regulation

The CCS model of support explores various practices to develop the mindful, emotional self-regulation of supporters. These practices essentially build the capacity to manage one's emotions, thoughts, body sensations, and behaviours. One of the primary tools that CCS relies on to build this skill set is the tool of B-FIT mindfulness.

a. B-FIT Mindfulness

B-FIT Mindfulness is a set of intrapersonal (internal) tools to help us develop the capacity to be conscious (more fully awake) as much as is possible – Body (B), Feelings (F), Image (I)

thinking, Talk (T) thinking. To be fully conscious also means to be “ahh-llowing” or equanimous. This is to be subjectively/internally accepting of how your B-FIT senses are experiencing or reacting to life situations second by second.

The practice of B-FIT mindfulness supports the development of self-awareness of the supporter which in turn, can improve their emotional regulation by allowing them to observe their feelings, emotions and thoughts, and respond more wisely rather than reacting impulsively.

b. Other Tools

Other tools/activities to help build the mindful, emotional, self-regulation of the supporter include:

- **Self-reflection.** Regularly reflecting on one's emotional responses, their thoughts, and how they responded to their body sensations helps supporters understand their triggers and patterns, leading to better understanding of their reactions- both helpful and unhelpful.
- **Journaling.** Writing about daily experiences and emotions can increase self-awareness and help supporters process their feelings in a constructive way.
- **Regular exercise.** Physical activity is a proven method for reducing stress and improving emotional resilience. Regular exercise can boost mood and help prevent burnout.
- **Relaxation techniques.** Engaging in activities like progressive muscle relaxation or deep breathing can help supporters unwind after difficult shifts and prevent emotional exhaustion.
- **Seeking support and feedback.** Having a trusted supervisor or mentor to discuss challenges and receive feedback is important for not only professional development, but also personal development. This process of feedback can help supporters gain perspective and build self-regulation.
- **Learning from experience.** When a situation doesn't go as planned, it's important to look at it objectively, learn from it, and apply lessons to future interactions. Accepting imperfections fosters growth in emotional regulation. A great question to ask oneself after a situation didn't go as planned could be simply, “If I had the chance to do this over again, what would I have done differently?”

By consistently applying these practices, supporters can develop greater mindful, emotional, self-regulation skills, which will enhance both their professional effectiveness and personal well-being.