Conscious Care and Support

Developing

Emotionally Self-Regulated & Kind Supporters

Facilitating

Comprehensive Recommended Holistic Support & Treatment

Session 1

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Contributors to Conscious Care and Support

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

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

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CCS Contributing and/or Trained Organizations & Agencies

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

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

HARVARD MEDICAL SCHOOL

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

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Conscious Care and Support
First Principles

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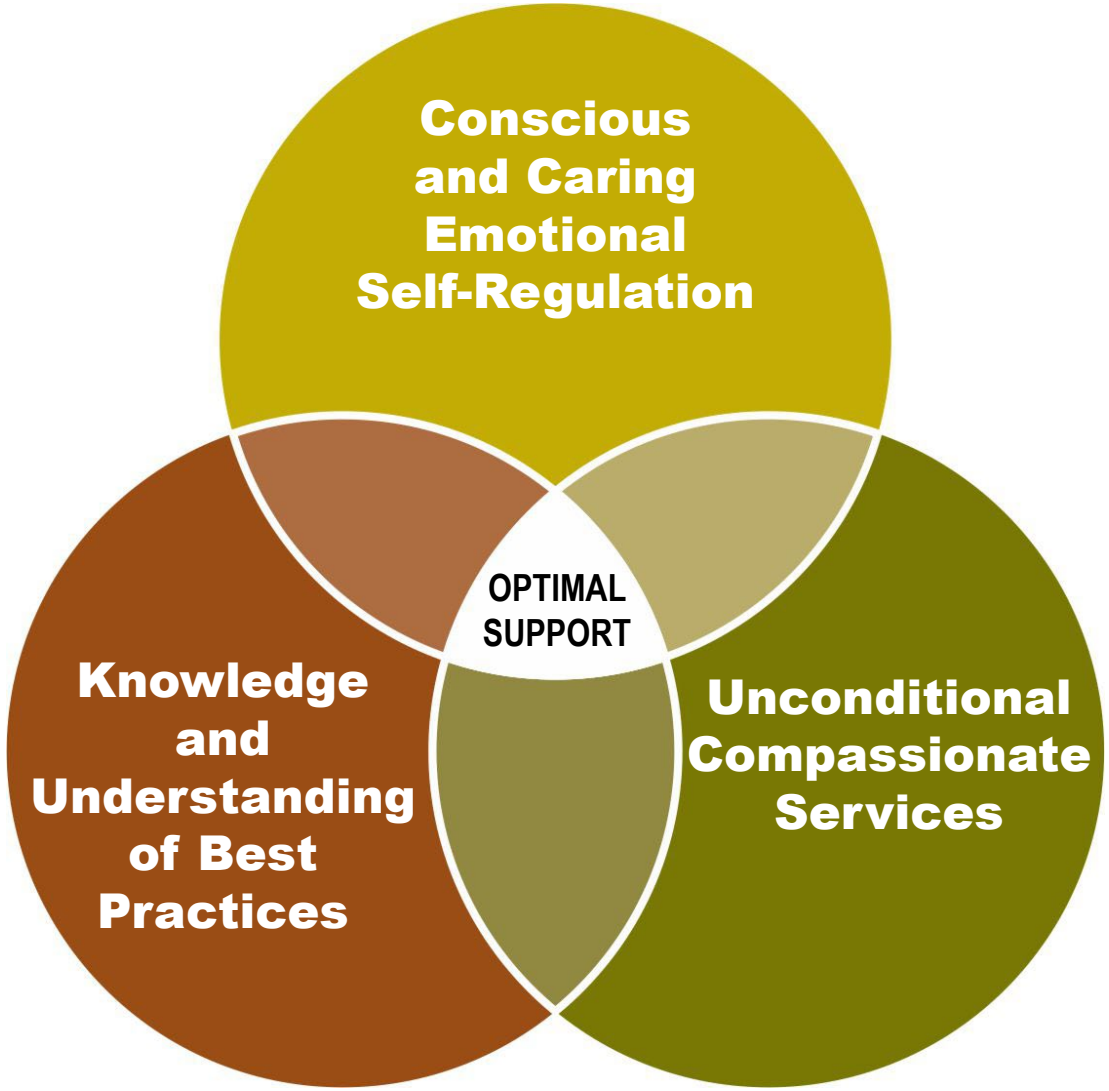
To Consistently Deliver Optimal Support – The Supporter Needs Three Key Professional and Intrapersonal Qualities



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Facts About Autism and Other Developmental Disabilities

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

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

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

CCS Services

The following Governing Organizations and Associations recommends Biological, Medical and Environmental Variables (based on a Consensus of International Science) be assessed and treated as part of a complete Prevention and Support Program.

- **Ontario Association of Behaviour Analysis (ONTABA)**
- **The College of Family Physicians of Canada**
- **Canadian Consensus Guidelines for Clinical Practice for People with IDD**
- **Behavioural Analyst Certification Board (BACB)**

CCS is committed to facilitate inclusion of these recommendations in families and agencies, supporting people with IDD and ASA.

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Behaviour Analyst Certification Board (BACB) Standards

BACB 2023

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

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Anxiety and Pain → Aggression → Calm

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

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To Repeat

There is much excellent work being done by primary care physicians and ONTABA and BCBA, acute risk management regulated behavioural treatment professionals.

And

Primary Medical Care Treatment Plans, Behavioural Support Plans and Supporters especially trained in Emotional Self-Regulation and Unconditional Compassion, working together in a holistic preventative model, significantly increases the likelihood of optimal quality of life outcomes.

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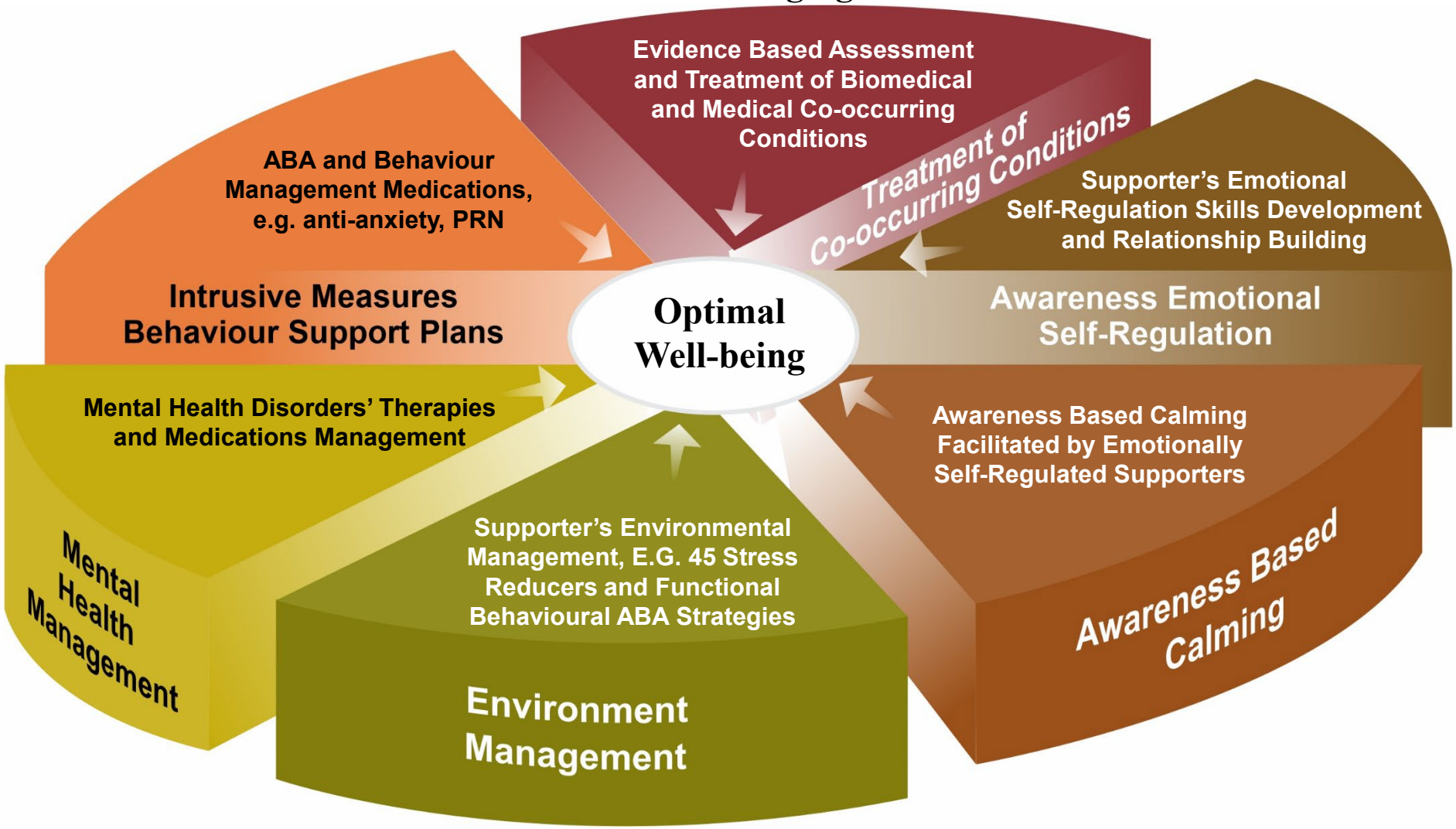
What To Do – Consider Implementing…

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



CCS training is certified by the University of Toronto.

UNIVERSITY OF TORONTO

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***QAM Compliant Services for people with IDD symptoms of anger, SIB and aggression are 50-100% more effective when combined with Conscious Care and Support type services. (Reference CCS independent research, 2016)**

5 Limitations in the Delivery of QAM Services

Limitations	CCS Response
1. Incomplete assessments of potential biomedical and other comorbidities that results in bio-psycho-social unmet needs that most often are the actual 'up stream' antecedents of challenging behaviours.	CCS screens for and as appropriate, assesses and facilitates treatments of 25 potential comorbidities that are generally not identified, assessed and treated with current QAM practices. Any of these comorbidities have the potential to cause challenging behaviours' (reference next two pages).

Many Incidents of Lack of Well-Being Including Anger, Self-Injurious Behaviours and Aggression (ASA) of People with IDD, result when the Following Conditions are Not Prevented or Fully Treated

Biomedical Co-Occurring Conditions			Supporters
• *GI infections, e.g. Clostridium* • *Gluten Intolerance – Villi Damage* • *Glutamate – Excess – Glial Cell Dysfunction* • *Glutathione – Low Causing Neuro Inflammation* • *GIRD – GI Reflux Disease* • *Glutamine – High Causes Brain Excitatory Imbalance* • *GI Imbalances – Impacted Bowel, Diarrhea, Constipation* • *Gut Bacterial Overgrowth (Dysbiosis Lowers Neuro-Transmitter Balance)* • *GABA – Calming Neuro-Transmitter – too low*	• *Mineral Imbalances, e.g.* - *Low Zinc* - *High Copper* - *Low Magnesium* - *Low Iron* • *Vitamin Imbalances* - *e.g. B12, B9, B6 Brain Methylation* - *D3 Omega* • *Anxiety Inducers* - *Thyroid Dysfunction* - *Blood/Sugar Imbalance* - *Excessive Cortisol & Adrenaline* - *Cardiovascular Respiratory Condition* - *Unresolved Trauma* • *Non-Restorative Sleep* • *Immune System Dysregulation*	• *Food Intolerances, Allergies* • *Human Energy* - *Sensitivities, e.g. EMF/RWF* • *Gut Permeability/Leaking* • *Medical Side Effects (see attached)* • *Brain Coherence Dysregulation* • *Behavioural Practices without Biomedical Treatments* • *Antipsychotic Medications* *- Unresearched Use* • *Emotional* - *Fears and Phobia from Unmet Biomedical Needs* • *Lactic Acid (high)* • *Physical Pain*	**Mindful Emotional Self-Regulation and Calming Strategies** • **CATCH (be here now)** • **CALM (BB-ABC)** • **CLARIFY (what to do and how)** • **CONSCIOUSLY CONNECT (unconditional / Presence – 'Us-ness')**

Many Incidents of Anger, Self-Injurious Behaviours and Aggression (ASA) of People with IDD, result when the Following Conditions are Not Prevented or Fully Treated

Disorders and Illnesses Management	Physical Pain Prevention and Management	Environmental Challenges	Opportunities to Live a Complete Life
Primary Medical Conditions • *GERD* • *PICA* • *PANDAS* • *H-Pylori* • *Blood Sugar Imbalances* • *Seizures* • *Constipation/Diarrhea* • *Other Illnesses* Mental Health Disorders • Trauma/PTSD • Anxiety • Depression • FASD • ADHD • OCD • Other	• Dental/Myofunctional Disorders • Headaches • Chronic Body Pain • Other	• Sensory Integration and Processing - Hyper/Hypo Activation - Motor Planning Problems • Supporters lack of Environmental Management Skills • Safe and Secure Living Supports • Behavioural Interventions not per ONTABA/CCG	• Personal Satisfaction • Socially Helpful • Highly Motivated • Socially Valued Roles

5 Limitations in the Delivery of QAM Services

Limitations	CCS Response
2. Lack of qualified Primary Care Physicians, Psychiatrists and Psychologists available and confident to adequately assess and treat biomedical and other comorbidities required to develop and implement treatment plans to meet all holistic bio-psycho-social needs.	CCS is successfully filling this most serious gap by training family and agency supporters and leaders to recruit Medical and Functional Medicine Doctors, Nurse Practitioners, Naturopathic Doctors, and Registered Nutritionists who are qualified to treat actual causes – not mainly only manage symptoms.

5 Limitations in the Delivery of QAM Services

Limitations	CCS Response
3. Current NVCI and CITP behavioural interventions training is proven to be very effective in 'short term risk management' however does not adequately address the person's holistic bio-psycho-social interdisciplinary needs.	CCS training and consulting is designed to augment the needs for safer risk management but also ensures optimal quality of life by training supporters in how to identify needs and to facilitate resolving 25 comorbidities. This also optimally prevents the challenging behaviours.

5 Limitations in the Delivery of QAM Services

Limitations	CCS Response
4. There is a near total absence of research and training for supporters to be Mindfully Emotionally Self-Regulated to calmly implement optimal crisis de-escalation practices so as to result in the application of the least intrusive measures of Crisis Intervention.	CCS is the only supporter training in Ontario that effectively trains supporters to actually regulate their autonomic nervous system through Mindful Emotional Self-Regulation De-escalations including • Bi-lateral • Bio-meridian • Awareness Based Calming (BB-ABC)

Supporters' Emotional Self-Regulation

50% of the 10's of 1000's of incidents of anger, SIBs and/or aggression in Ontario each year are, according to family and support professionals, directly caused by or significantly influenced by the supporters' unintended personal emotional hijacks resulting in power struggles.

This is because supporters are generally not trained to prevent their own emotional hijacks and power struggles, using Emotional Self-Regulation Skills.

Another serious omission of the supporters' training is the lack of evidence based prevention calming strategies to support the person with IDD. (BB-ABC)

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CCS Hierarchy of Service Needs

Toward A More Complete Understanding

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

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

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

All Tools must be practised during times of calm.

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Mindfulness Benefits for Individuals with Developmental Disabilities

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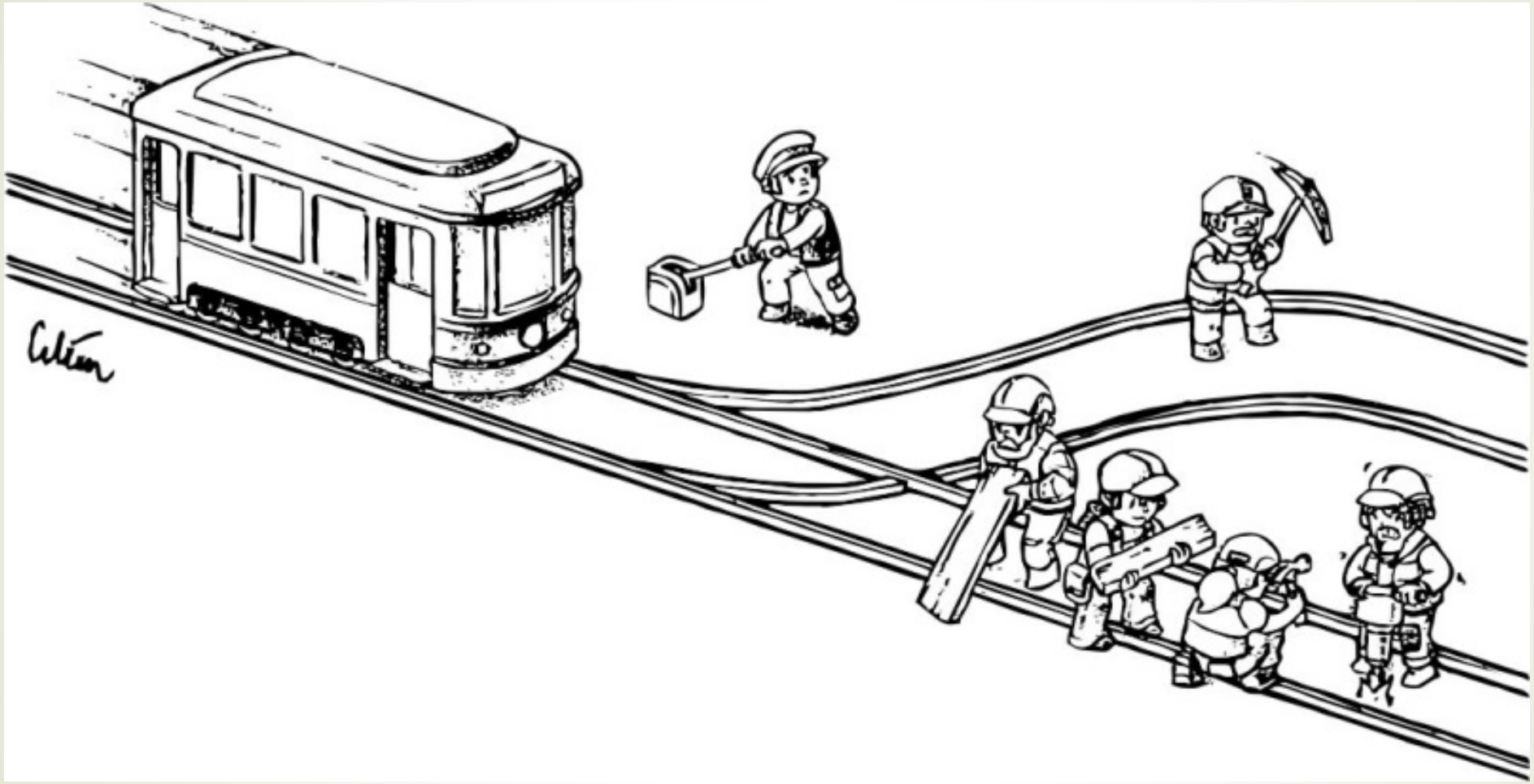

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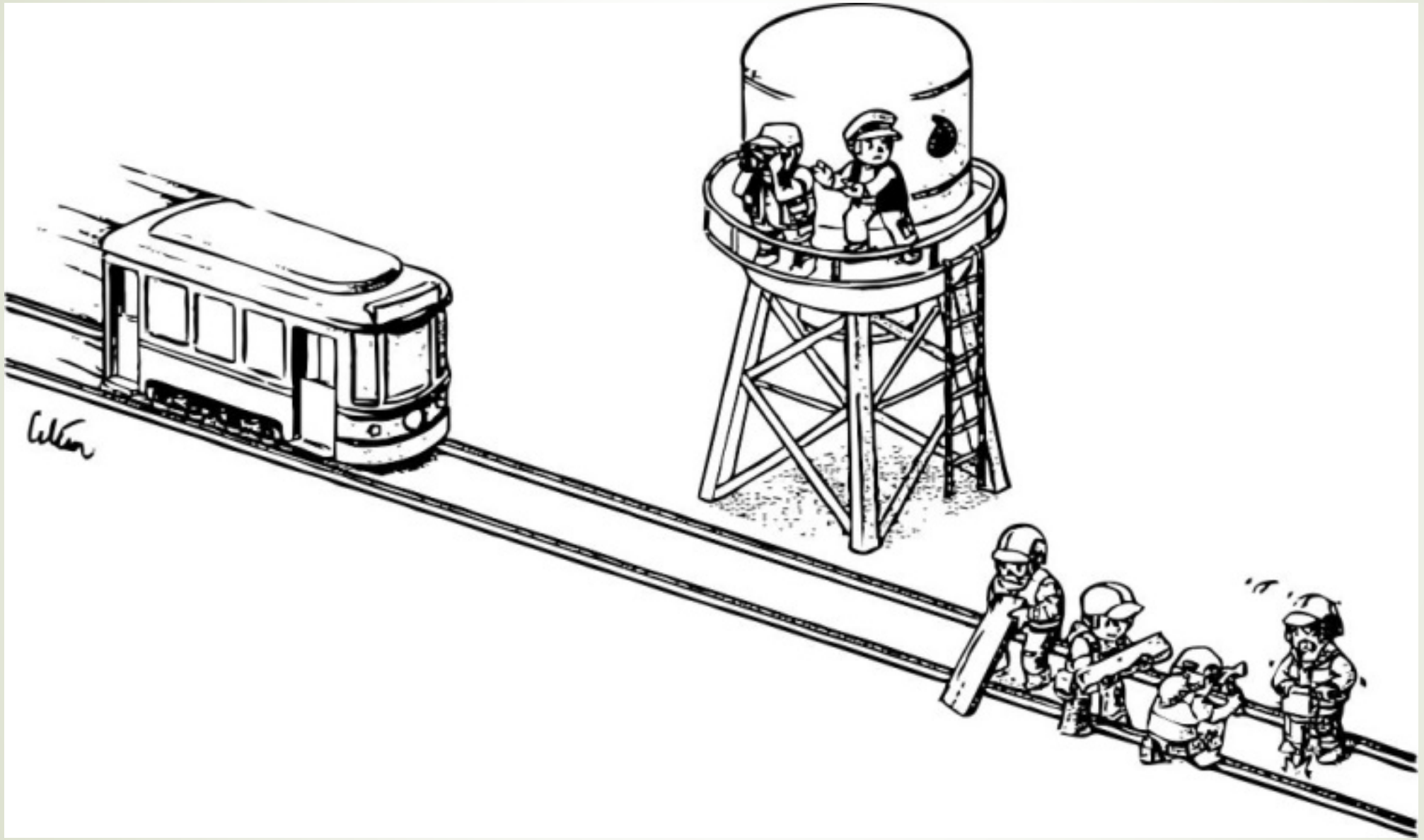

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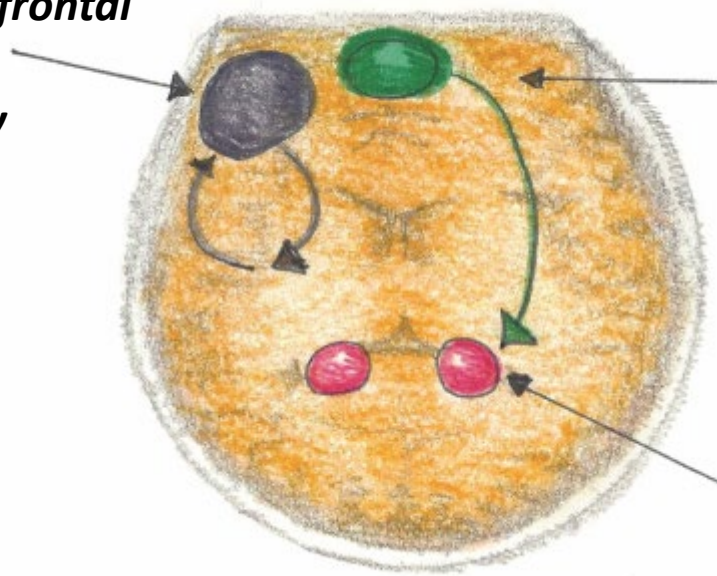
Mindful Emotional Self Regulation

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

Dorsolateral pre-frontal Cortex
Working Memory
Impulse Control



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

Amygdala

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

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

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

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The You

Who is Listening to Me

Did Not Make the Choice

To Push or Not!

(Unless you were mindful/conscious)

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Definitions to Better Understand the 'Set-up'

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

Unconscious: (1)

- like when we are asleep in our bed.

Semiconscious: (autopilot) (5)

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

Fully Conscious: (self aware) (10)

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

Subconscious:

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

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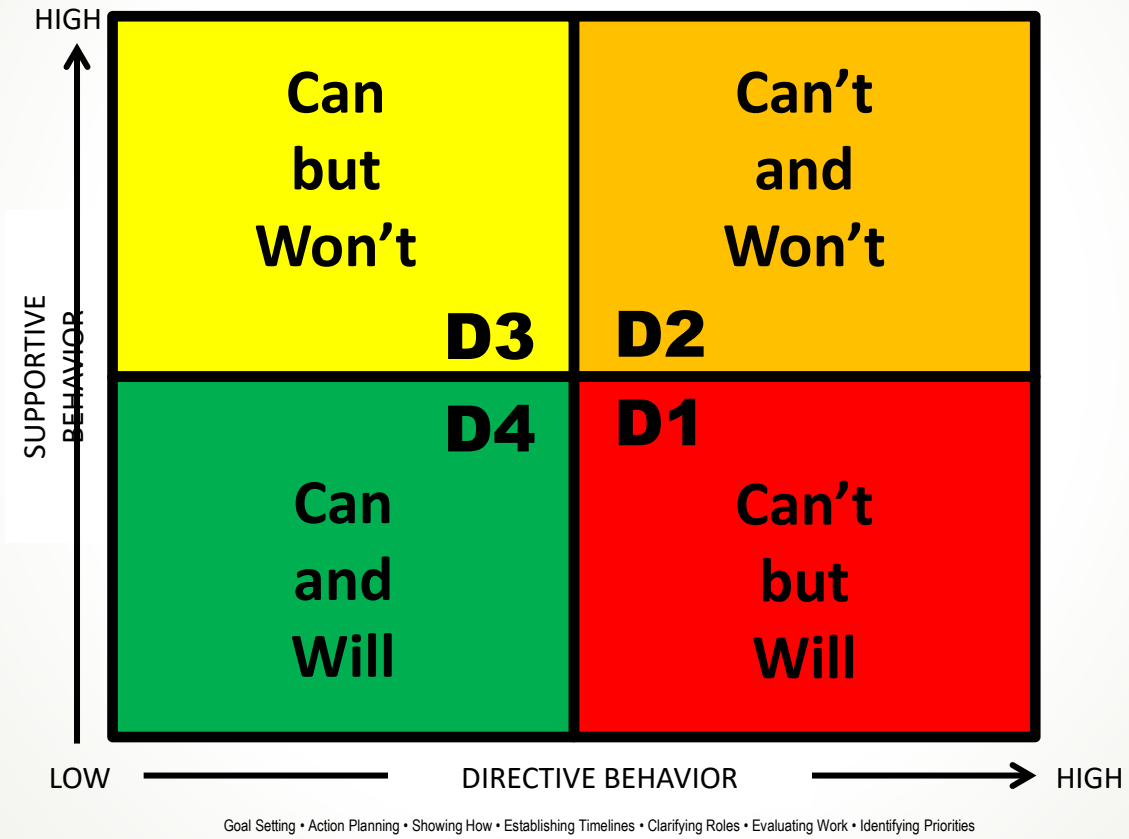
5 Limitations in the Delivery of QAM Services

Limitations	CCS Response
5. Low to no actual relevant researched supervisory training to build competent and caring teams of • Motivating and leading supporters to competently compassionately care for and about others	The CCS situational leadership supervisory training is the only supervisory training in the MCCSS DS sector that has been researched to meet this need. (Reference next page)

Consider The Following Team Member (TM) Development Levels



For <u>Each</u> of the Many Roles and Responsibilities of Team Members, they have One of the above Levels of Development?

Leaders must identify and help supporters to overcome their specific needs

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CCS Breaking the Recurring Cycles of Behaviour to Compliance to Behaviour

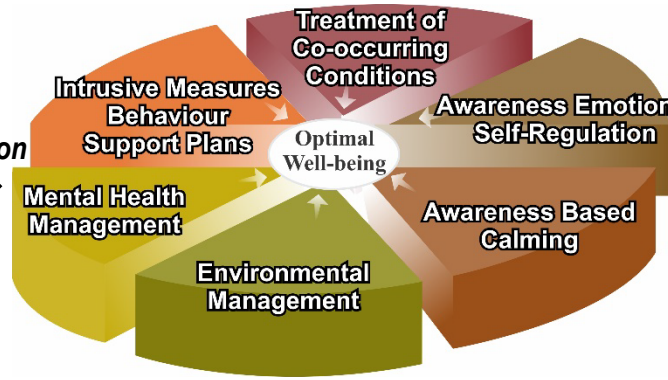
- Biomedical Co-Occurring Conditions
- Supporters
- Primary Medical Conditions
- Mental Health Disorders
- Physical Pain Prevention and Management
- Environmental Challenges
- Opportunities to Live a Complete Life

Causing

Anxiety

- *Hormone Dysregulation*
  - *Cortisol*
  - *Adrenalin*
- *Physical pain*
- *Sensory over/under load*
- *Psychological distress*
- *Speech/hearing limitations*
- *PTSD/Trauma*
- *Chronic Illness*

CCS Intervention



Resulting In

BETTER AND BETTER
OPTIMAL LIVING CONDITIONS

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

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

Behavioural Interventions Are Often Necessary

- Behavioural interventions such as ABA and IBI that follow the Behaviour Analyst Board Standards for Certification are useful and often necessary complements to the fully integrated biomedical support and supporter development process.

- The more complete the integrated process, the greater the potential for ABA/IBI to enhance well-being and prevent and manage anxiety and aggression.

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Advocacy –

People with moderate to high risk of ASA will require advocacy with the following service professionals:

- Primary Care Physician
- Psychiatrists
- Naturopathic Doctors
- Nutritionists
- Nurse Practitioners
- Dietitians
- OT Sensory Specialist
- Behavioural Therapist
- Speech and Language

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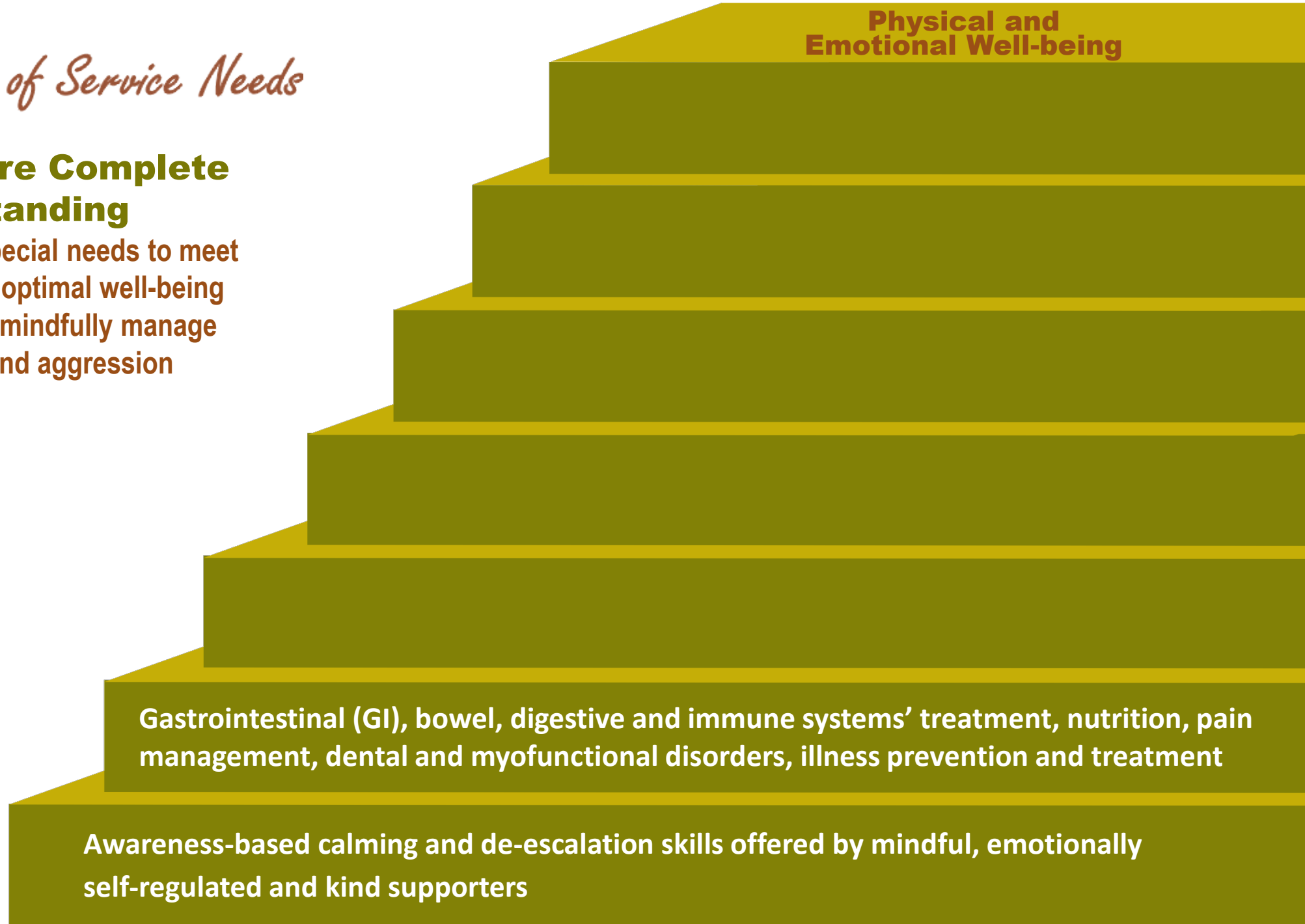
of the hierarchy of special needs to meet in order to facilitate optimal well-being and to prevent and mindfully manage anxiety, anger and aggression



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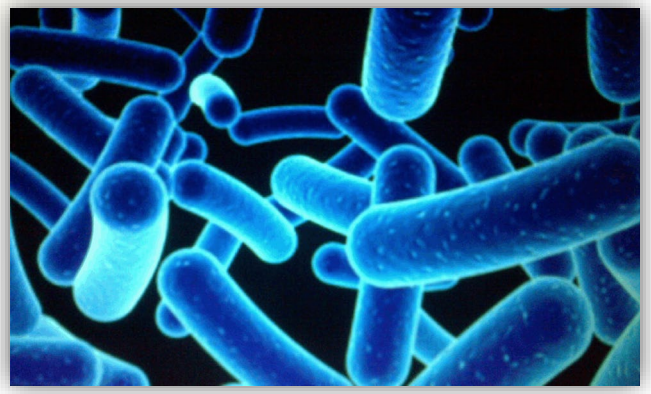
Needs for GI and Bowel Management and Holistic Treatment

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



1% Human
99 % Bacterial and Fungal

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

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

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Microbes, Anxiety and Aggression

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

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

This depletion causes anxiety leading to challenging behaviour.

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Keep the Mitochondria Cell System Healthy:

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

Controllable Mitochondria Killers:

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

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Sonya Doherty N.D.

Video

Medical and Bio Medical Preventive Services

to Enhance Quality of Life

of People with IDD and Challenging Moods and Behaviours

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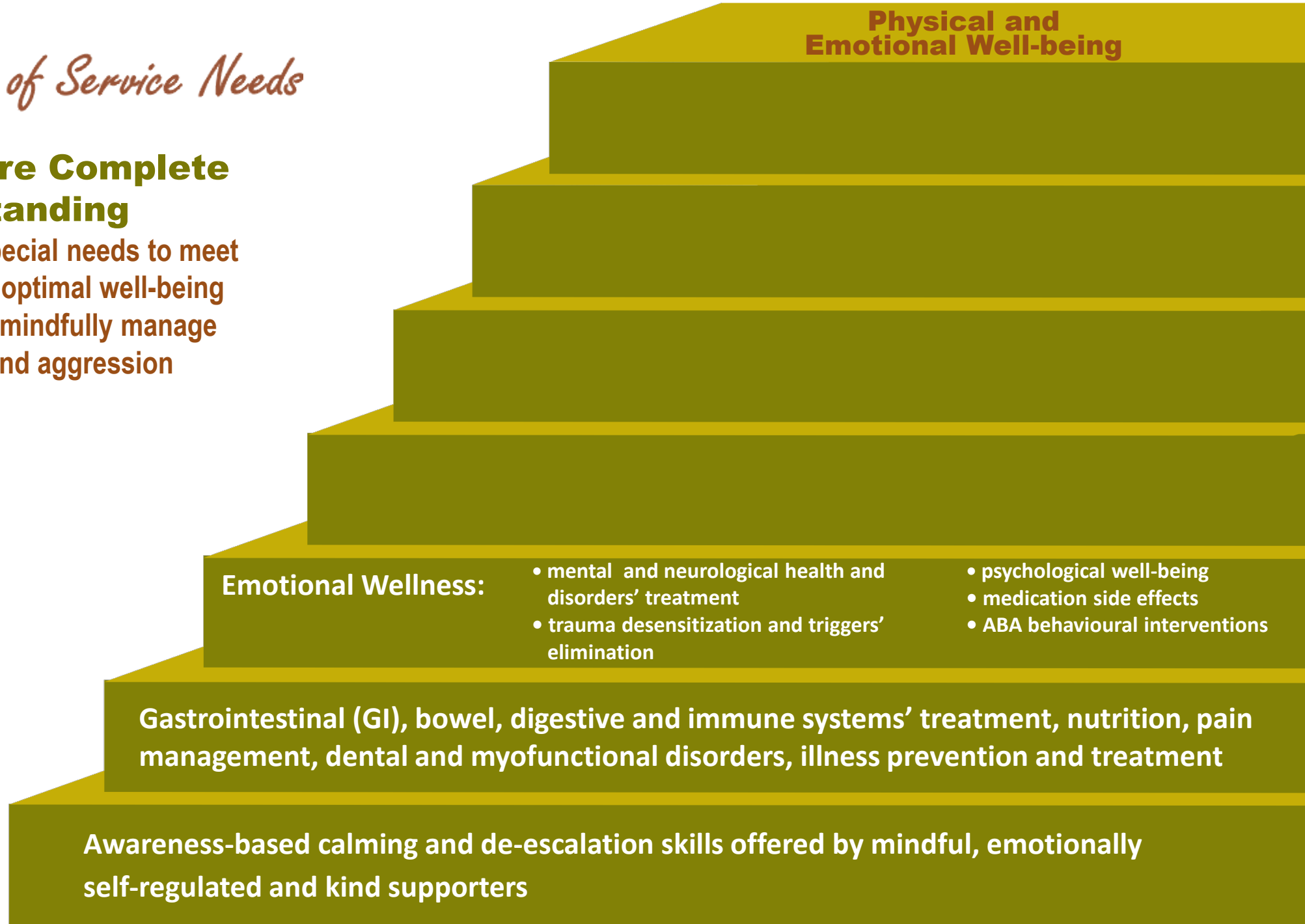

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Mental and Neurological Health

- Ensure accurate tracking of symptoms and report to the Primary Care Physician.

- Behaviour check lists must be an accurate reflection of the supported person's behaviour – not contaminated with the supporter's inadvertent 'Challenging Behaviour'

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Mental and Neurological Health

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

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

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Medication Overview for: _____

Medication	Hours taken	Prescribing Physician & Date Prescribed	Half-life	Type	Monitor Closely For: **(Note: different medications and combinations have different potential side effects. Items listed below do not indicate they will occur with everyone).**
				Antidepressant Also used for anxiety, OCD, panic disorder.	Combinations of 2 antidepressant medications can increase the likelihood of high blood pressure and increase heart rate.
				Antipsychotic - Also used for the treatment of schizophrenia and bipolar disorder.	Combinations of antipsychotic medications can increase the likelihood of severe muscle stiffness or spasms, difficulty speaking or swallowing, restlessness, tremor or more serious reactions such as uncontrollable muscle or facial movements. Look for akathisia characterized by: • rocking while sitting, standing. • crossing and uncrossing legs. • pace, fidget, can't sit still. Look for tardive dyskinesia, characterized by: • involuntary movement of face, neck, limbs. • grimacing, frowning. • repetitive finger movements. • inability to sit still.
				ADHD treatment.	Keep an eye out for: decreased appetite, weight loss, difficulty sleeping, and changes in blood pressure and heart rate.
				Antiepileptic	Keep an eye out for: headaches, fatigue, dizziness, nausea, weight gain or loss.
				Benzodiazepine – Used to treat anxiety and sleep disorders.	May significantly boost drowsiness and sleepiness. Keep an eye out for: confusion, muscle weakness and loss of coordination or balance.
				Sedative	Keep an eye out for: sleepiness, dizziness, blurred vision, difficulty focusing or thinking, and addiction potential.
				Antibiotic	Keep an eye out for: diarrhea, nausea, dizziness, rash, and yeast infections.

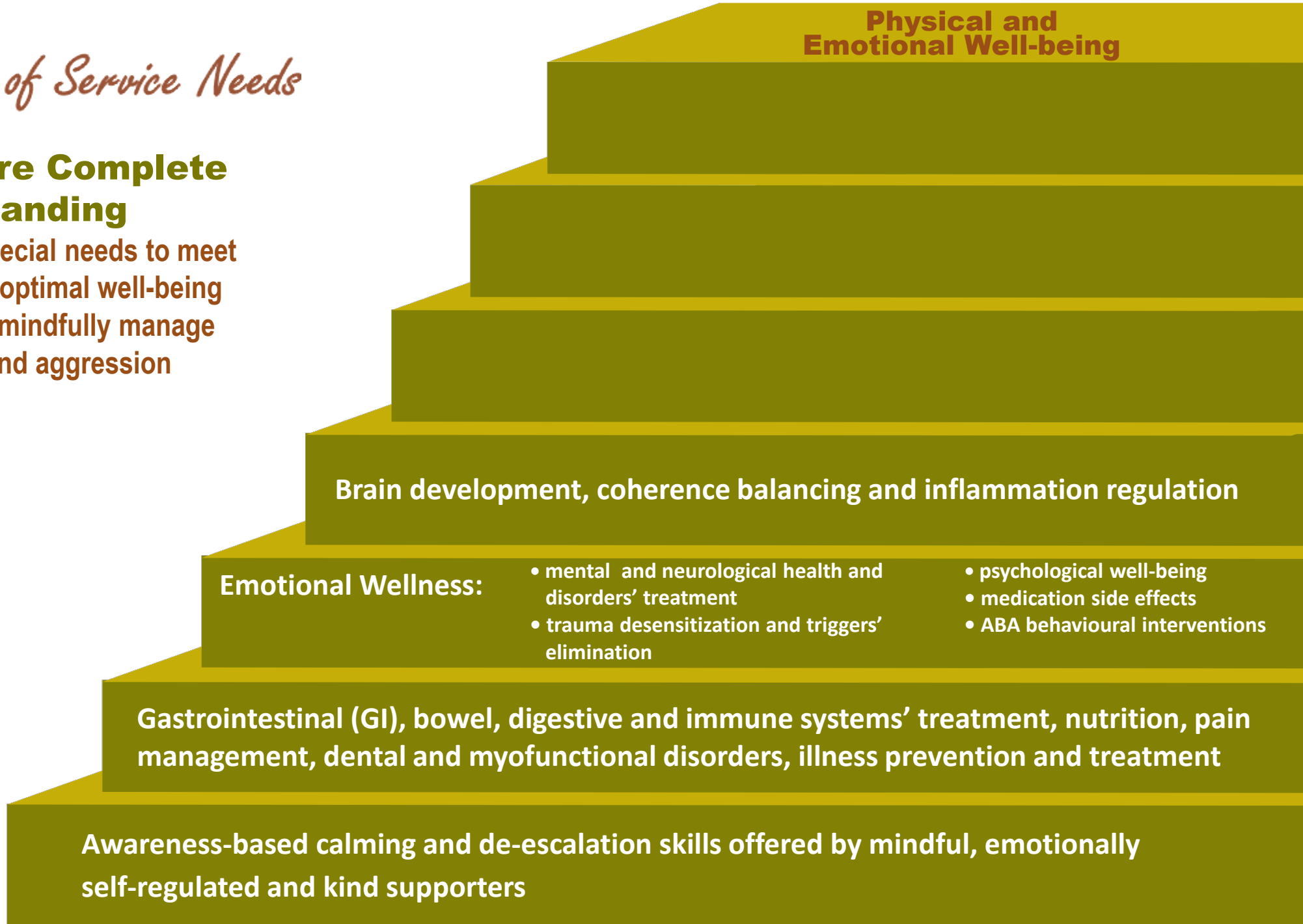
Information source: https://www.webmd.com/interaction-checker/default.htm; https://health-products.canada.ca/dpd-bdpp/; https://www.mayoclinic.org/drugs-supplements.

If you have any concerns regarding medication or potential medication interactions, contact your health care professional immediately.

CCS Hierarchy of Service Needs

Toward A More Complete Understanding

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



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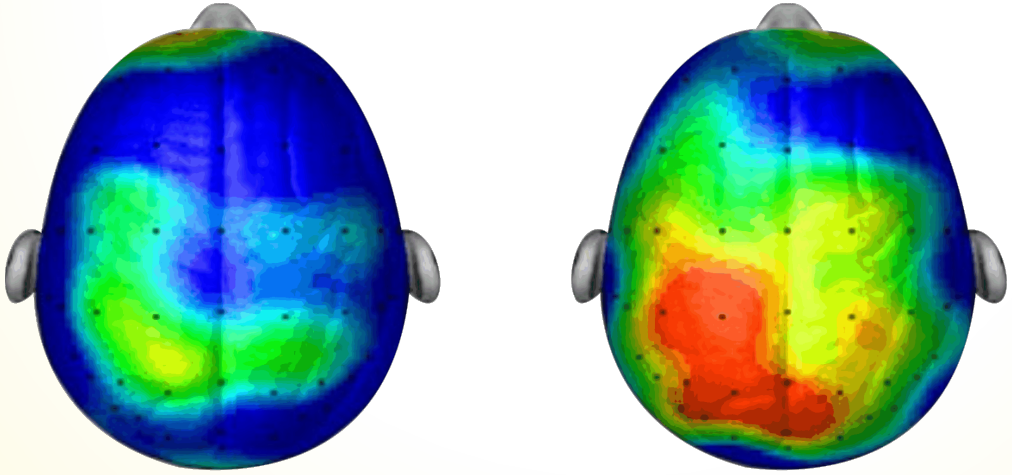
Brain Coherence

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

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

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



(Brain MRIs before & after 20 minutes of exercise)

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Neuroscience also near unanimously concurs that neurodevelopment, with appropriate training and conditioning, is not only possible but highly predictable to measurably enhance cognition, empathy and emotional self regulation.

Reference:

N. Doidge – *The Brain's Way of Healing*

D. Siegel – *The Mindful Brain*

D. Eagleman – *The Brain*

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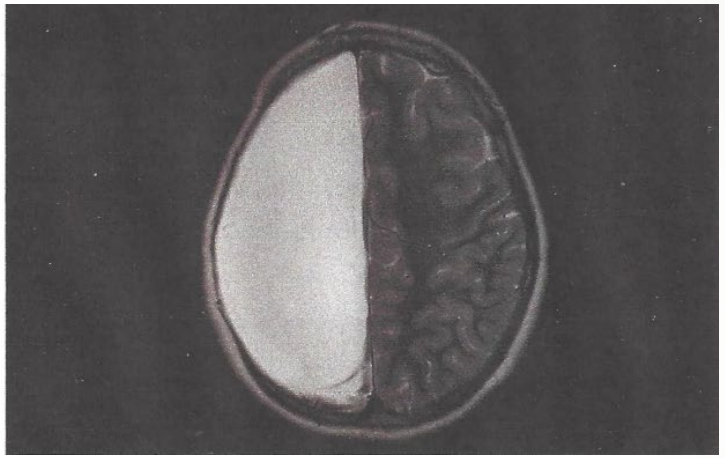
Could This Indicate Potential for Well-being for People Supported?

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

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



The Results:

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

(Reference D. Eagleman *The Brain)*

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Neuroscience and Gastrointestinal (GI) Research Conclusions

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

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

(Reference Bibliography)

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Cardio Exercise:

- Cardio exercise, especially bouncing and balancing, increases brain wave activity (e.g. cerebellum) to give better brain coherence for optimal functioning.

- Improved coherence results in thoughts becoming more organized and focused.

- This results in less fear and therefore more calm.

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stabilization balls
and elliptical stabilization cushions

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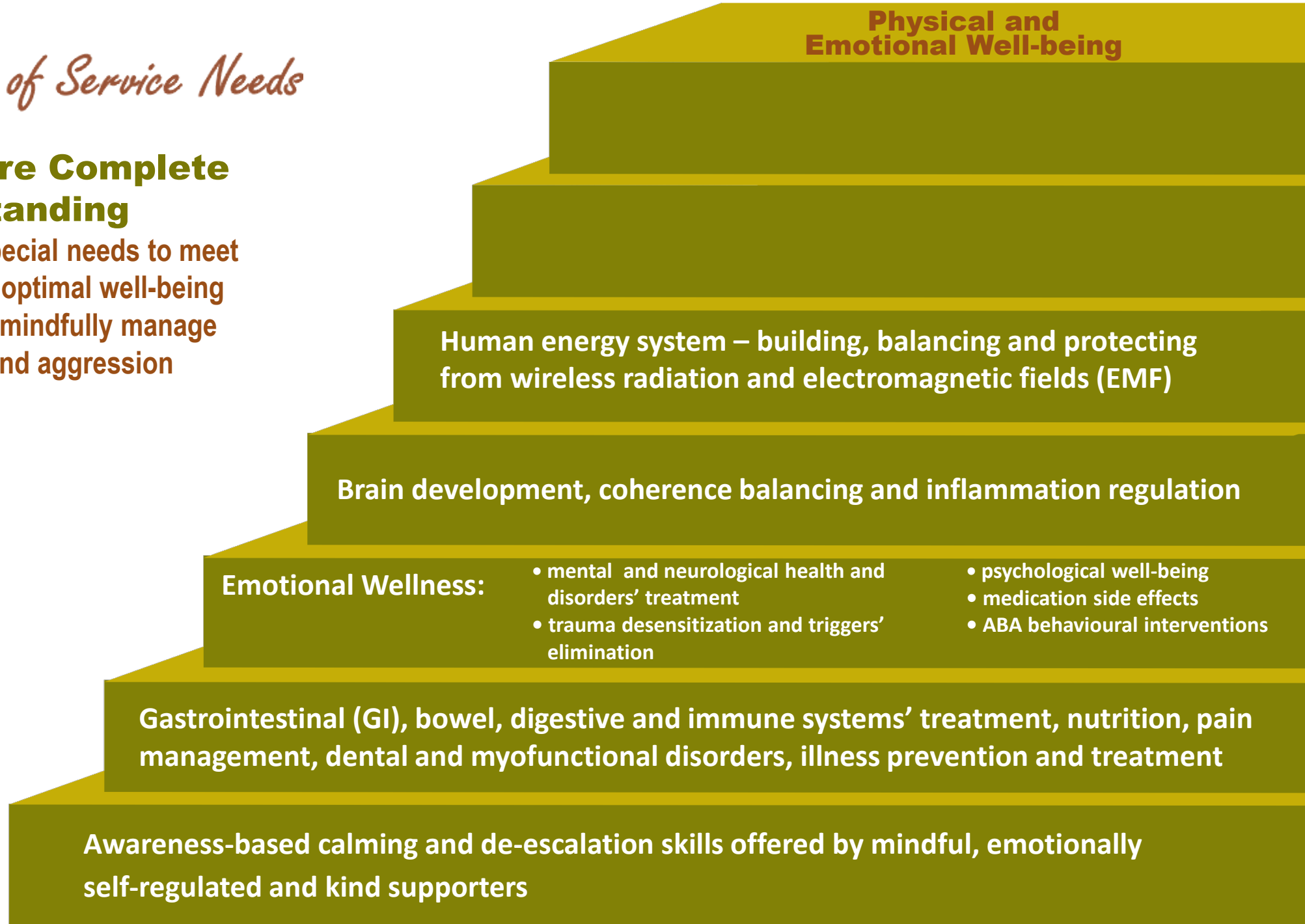
CCS Hierarchy of Service Needs

Toward A More Complete Understanding

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



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Human Energy – Building, Balancing and Protection

Protection from Environmental Toxins

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

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

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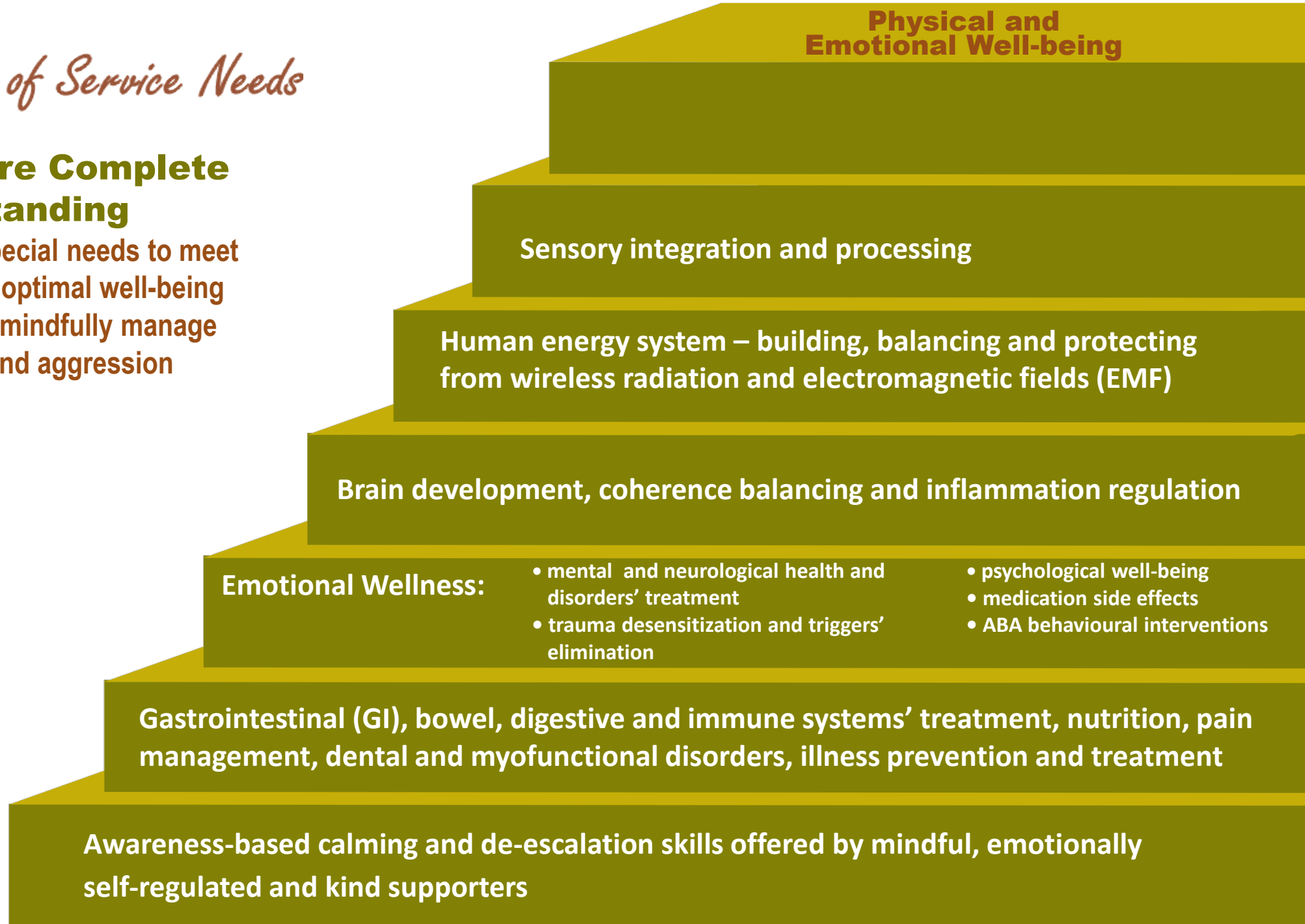

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Filling the Gap – Sensory Integration and Processing:

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

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

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Hyperactive Senses Lead to Challenging Behaviours

Hyperactive Senses
means that people, objects and places can be:

e.g.

- too loud
- too fast
- too scratchy
- too tight
- too bright
- too off balance
- too confusing
- too chaotic

=

ANXIETY

=

Agitation, Anger and/or Aggression

e.g.

- repetitive behaviour
- challenging behaviour
- Injury to self or others

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Hypoactive Senses Lead to Challenging Behaviours

Hypoactive Senses
means that people, objects and places can be:

e.g.

- too quiet
- too slow
- too dark
- too loose
- too tickly
- too confusing
- too chaotic

=

ANXIETY

=

Agitation, Anger and/or Aggression

e.g.

- low energy
- low motivation
- quiet/withdrawn

Eventually **-**

- repetitive behaviour
- challenging behaviour
- Injury to self or others

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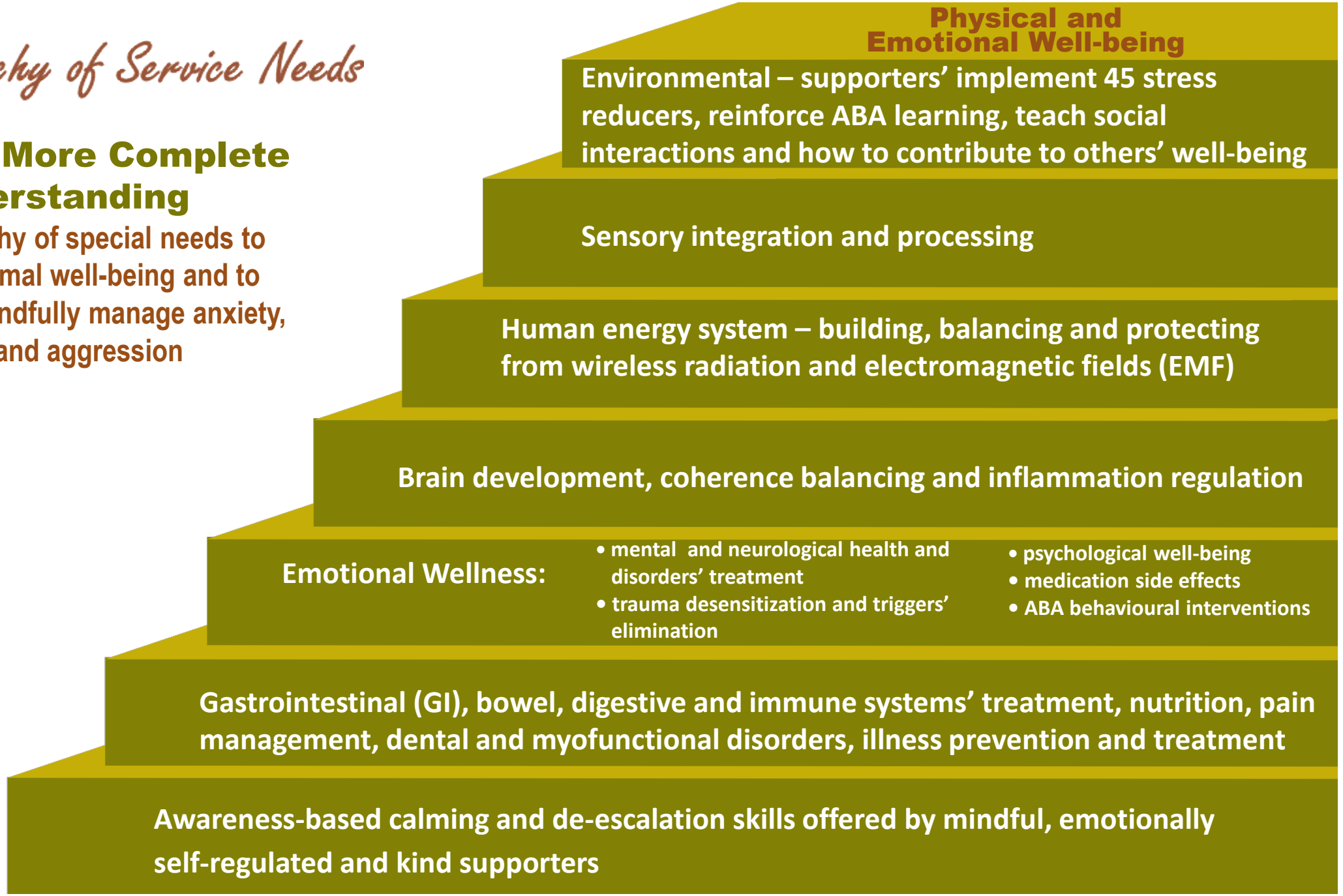
CCS Hierarchy of Service Needs

Toward A More Complete Understanding

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



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Environmental Well-being

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

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

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

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

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Stress Inducers and Reducers

Reference CCS Textbook – Page 169 – 175

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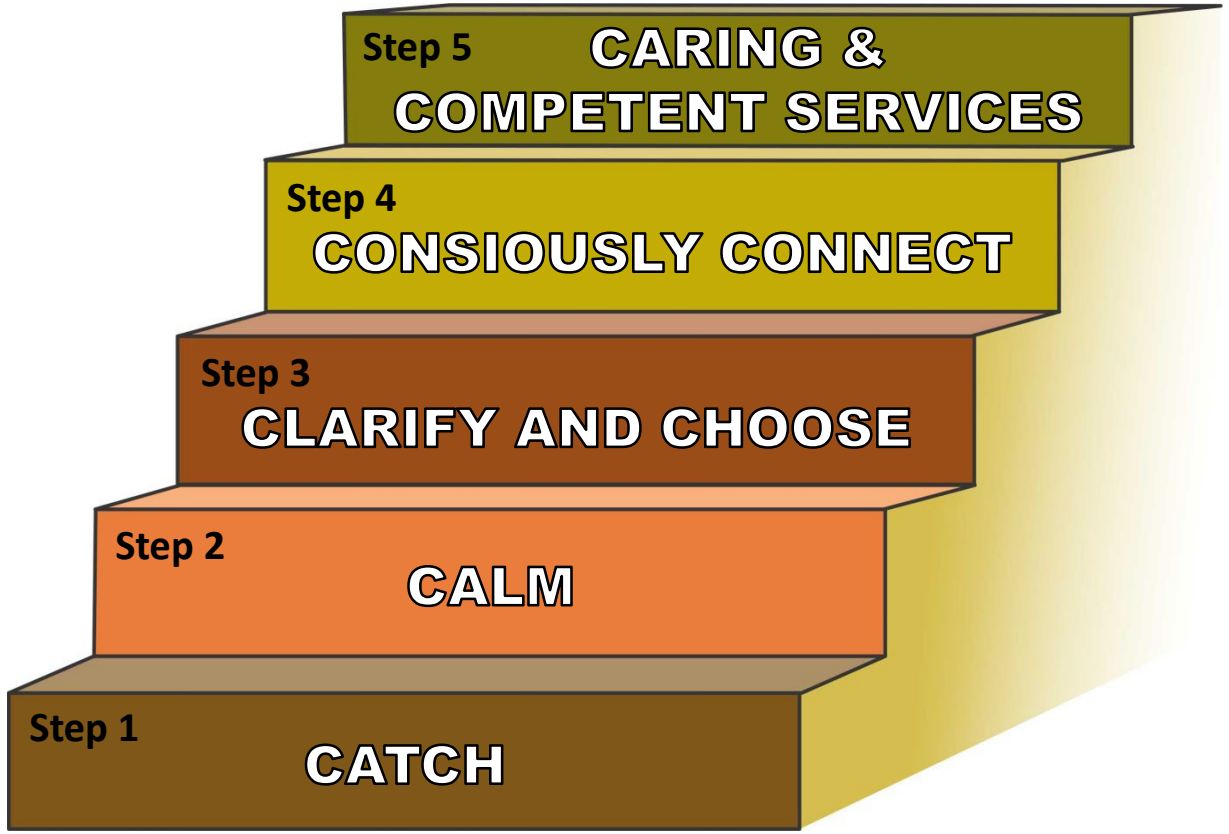
The 5 Step Conscious Care and Support Process



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

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What My Symptoms Are Saying:

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

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

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

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Through Substantial and Sustainable Supporters' & Leaders':

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

Resulting in Competence & Commitment –

People Supported

Will

Live to Their Fullest Mind, Body and Spiritual Potential.

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QAM Compliant Services for people with IDD and Symptoms of ASA are significantly and measurable more effective when combined with Conscious Care and Support type services.

(Reference CCS Independent Research, 2016)

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The Autism Enigma

The Nature of Things

Video

The importance of GI Health to Enhance the Quality of Life of People with IDD and Prevent Challenging Moods and Behaviours

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