Learning Plan: Session 1
Time Allotment: 3.0 hours (180 minutes)

Time		References	Did It Work?		If no, what needed to be changed?
			Yes	No	
10 mins Objective: Activity:	**Welcome and Introductions** • Introduction of Instructors. • Quick overview of what brings you here today • Icebreaker for class participants, if applicable.	Session 1 Learning Plan CCS Slide Deck- Session 1 Session 1- Resource 1- Handout Session 1- Resource 2- Handout - Wellbeing Facilitation Plan CCS Textbook			
5 mins Objective: Activity:	**Logistics and Course Overview** Review the following: • Class dates and times • 8 sessions at 3.0 hrs/session • Breaks/ Lunch • Class Sign In Sheets, if applicable • Learning Plans • Preparation and Follow-up Logs • Wellbeing Facilitation Plans • Planning in groups • Handouts/ Homework • Textbook readings • Videos • Articles • Etc. • Certificate of Completion through University of Toronto's School of Continuing Studies • CCS Model • First Pillar· Optimal Supports for				

	Wellness (looking deeper to complement and complete best practices). Second Pillar- Development of the skills of emotional self-regulation, authenticity, compassion and kindness of the supporter				
30 mins Objective: Activity:	**Discuss Conscious Care and Support First Principles** • Review contributors of CCS Model • Explain that there are fundamental first principles of understanding challenging expressions of behaviour before getting into the deeper details of the CCS model 1. Describe how the CCS model is built on a three-legged stool: understanding the internationally, evidence-based best practices, developing the emotional self-regulation of the supporter, and bringing it all together in a service delivery model (the 5C's model). 2. Co-occurring conditions rather than disability; ▪ Explain that a pivotal study that came out in 2009 by Tim Buie and others determined that the manifested behaviours of autism is not because of the diagnosis, but rather some co-occurring conditions that attribute to anxiety, agitation and	CCS Slide Deck Session 1 slides 1-29. Session 1- Resource 1- Handout (slides 1-4) (slide 5) (slide 6) (slide 7)			

	aggression. ▪ Explain the Autism Speaks along with Dr. Theresa Hamlin from The Center for Discovery in New York State also encourage exploring co-occurring considerations that could contribute to elevated anxiety, agitation and aggression of those who also have autism. ▪ Briefly describe that the work of Derrick MacFabe in London, ON has for many years continued to explore the gastrointestinal systems of those who have developmental disabilities, more specially autism. Autism Speaks also reports that the frequency of GI concerns are high with children with autism. ▪ Explain that according to the American Psychological Association (APA) (2013) and other researchers, another co-occurring	(slides 8-9) (slide 10-11) (slide 12)			

	condition that can contribute to elevated levels of anxiety, agitation and aggression could also be sensory processing disorders. ▪ Explain that according to Theresa Hamlin and The Centre for Discovery, an additional co-occurring condition to consider that could escalate anxiety, agitation and aggression with those who have an developmental disability or autism could also be an increased level of adrenaline and chronic biological stress. ▪ Explain that according to Martha Herbert, brain dysregulation could also be a co-occurring condition to consider that could contribute to anxiety, agitation, and aggression of those who have autism ▪ Review statistics from Autism Speaks RE: mental health considerations and	(slide 13) (slide 14) (slide 15)			

	other medical conditions that can contribute to elevated anxiety, agitation and aggression in those who have autism. ▪ State that CCS encourages the use of behavioural interventions that align with the ONTABA 2019 report: • Getting complete medical assessment • Referring to the Canadian Consensus Guidelines (2018) • Both biological and medical, along with environmental variable must be considered during assessment before the creation of a support plan. ▪ Review co-occurring conditions that could be contributing to a compromised sense of wellbeing of those who have autism or	(slides 16-19) ONTABA Report (2019) https://ontaba.org/wp-content/uploads/2021/11/ONTABA_OSETT-CB_Final_Report_Jan_2019.pdf Sullivan, W. F., et al. (2018). Primary care of adults with intellectual and developmental disabilities: 2018 Canadian consensus guidelines. *Canadian family physician Medecin de famille canadien*, *64*(4), 254–279. URL. (slide 20)			

	developmental disabilities. 3. Anxiety _ Aggression _ Calm • Aggression is the body's PRN to manage anxiety as anger is a lot easier to deal with rather than anxiety • Aggression helps the system focus which eventually can help bring calm 4. Anxiety is counterproductive • Learning cannot happen when anxiety is high because the reasoning, frontal lobe will be offline. • When anxious, cortisol levels rise which also inhibit learning from happening • Learning through the technology of Applied Behavioural Analysis (ABA) or Intensive Behavioural Intervention (IBI) is very valuable, yet if the person is highly anxious, those learnings won't be as successful. It's important that the more integrated the care plan or process, the more successful the use of behavioural interventions. 5. From 0-60 mph in seconds? • Not actually true. John Ratey states that people with autism can be sitting at 55 mph because of unmet needs/co-occurring conditions that cause them to be in a constant state of hypervigilance.	(slide 21) (slides 22-23) (slide 24)			

	6. The Recurring Cycles of Behaviour to Compliance to Behaviour
	• Review the cycle laying out how the CCS model can interrupt the recurring cycles by offering more integrated and complete support. Review the pie piece illustration of how CCS provides optimal support and adds to current treatments in Ontario mainly through biomedical best practices, consciously caring and self- regulated supporters and competent service delivery.
	• Review the Comprehensive Anxiety Reduction (CAR) illustration:
	  • Biomedical
	  • Traditional medical
	  • Supporter's emotional maturity and emotional self-regulation
	  • Behavioural interventions
		(slide 25-28)
		
		(slide 29)			

5 mins Objective: Activity:	**Review Wellbeing Facilitation Plan** • Walk through the plan with participants identifying the hierarchy of needs with continue, stop and start within each section. • Explain that this is a great planning tool for implementation. • Also identifies who and when each step will begin. • Worth noting that even though the plan is designed addressing the hierarchy, that one needs are doesn't necessarily need to be completed before moving along to the next. Needs areas can skillfully be addressed concurrently.	Wellbeing Facilitation Plan Session 1- Resource 2 CCS Textbook (pgs. 41-47) (slide 30)			

5 mins
Objective:
 	
Activity:
	Introduce Needs Area #1- Awareness- based calming and de-escalation skills offered by mindful, emotionally self- regulated and kind supporters
	
	• State the importance of the foundation of support being built upon the skillsets of mindful, emotionally self-regulated and kind supporters.
	• State the importance of incorporating awareness-based calming and de- escalation skills into daily support as they are ways to calm the system without behavioural means or through the cognitive door.
	• State 3 examples of how CCS enhances self-regulation of both the supporter and person being supported
	  • B-FIT Mindfulness
	  • Emotional Contagion
	  • Bilateral Bio-meridian-Awareness Based Calming Exercises (BB-ABC)
		CCS Slide Deck Session 1 slides 31-40.
		Session 1- Resource 1- Handout
		
		(slide 31)
		
		(slide 32)			

10 mins Objective: Activity:	**Review Mindfulness Benefits for Individuals with Developmental Disabilities** • Review train scenario and illustration **<u>TRAIN SLIDE ONE</u>** Script: You are part of a maintenance crew and the operator of the lever that directs trains through a work site. You notice a train coming towards you that has lost all brakes and is gaining speed. There is no time to warn your fellow maintenance team members, but have to make a millisecond decision- do you flick the switch and potentially kill one of your fellow team members, or keep the switch so the train continues ahead and potentially kills four of your fellow team members. Ask for a show of hands for who would flick the switch? Research and human conditioning tells us that most of you would flick the switch as one potential death is better than 4 (the numbers do the talking for you). It's a logical math's problem and solution.	(slide 33-34)			

	<u>TRAIN SLIDE TWO</u> You have the same scenario as before, but now the only option would be to push one of your colleagues off the water tower onto the rail track in the hope it will derail or slow down the train. Would you push the person? Ask for a show of hands? The majority would now not push the individual but rather sacrifice the 4 workers on the track. What is different now to the simple math's problem/solution as outlined before? A different part of your brain was activated to now take it from a logical problem to a humanistic one. When you are closer to the action and have activated a feelings response, you are activating the Medial Pre-Frontal Cortex, the part of the brain that houses many different responses of our humanistic self. • Review Mindful Self-Regulation and development of the medial pre-frontal cortex (MPFC) • Relating to TRAIN scenario above, scenario one had us using our Dorsolateral pre-frontal cortex as it was just a simple math problem. Scenario two engaged our MPFC. o MPFC is the part of the brain that notices what is going on MPFC is directly connected to the amygdala	(slide 35) (slide 36)			

	○ MPFC connected with the vagus nerve and parasympathetic nervous system. • Review the functions correlated to the Medial Pre-Frontal Cortex • Review that unless one was mindful or raised their consciousness/ awareness, they did not make the choice to push or pull the switch. • Review the different levels of consciousness that are experienced on a continuum of 1-10 ○ Unconscious (1) ○ Semi-Conscious (5) ○ Fully Conscious (10) ○ Subconscious • Explain that according to Autism Canada, the physician handbook suggests that teaching a child who has autism to pay attention to what they are doing (being more conscious/mindful), can increase their ability to learn.	(slide 37) (slide 38) (slide 39) (slide 40)			
15 mins Objective: Activity:	**BREAK**				

10 mins
Objective:
 	
Activity:
	**Introduce Needs Area #2- Gastrointestinal (GI) bowel, digestive and immune systems' treatment,
	nutrition, pain management, dental and myofunctional disorders, illness prevention and treatment**
	
	• Discuss the brain-bowel connection and how distressed microbes can lead the biological system into an anxious state.
	• Briefly review the works of Derrick McFabe (The Killee- Patchell Evans Autism Research Group) and the California Institute of Technology and the connections of gut microbes, anxiety and symptoms of autism.
	• 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
	
	• Suggest the Nature of Things Documentary titled *The Autism Enigma* for people to learn more about the work of McFabe and the brain gut connection.
	• Review how chronic anxiety affects the GI system
	  ○ 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
		CCS Slide Deck Session 1 slides 41-45.
		
		Session 1- Resource 1- Handout
		
		(slide 42)
		
		Yong, E. (2018). *I Contain Multitudes: the microbes within us and a grander view of life*. P. 69-70. Ecco.
		
		MacFabe, D.F., Cain, N.E., Boon, F., Ossenkopp, K.P., & Cain, D.P. (2010). 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. *Behav Brain Res*. https://www.ncbi.nlm.nih.
		
		Overview of Nature of Things, Autism Enigma written by Treat Autism.
		
		(slide 43)			

	▪ produce calming neurotransmitters o This depletion causes anxiety leading to challenging behaviour.				
5 mins Objective: Activity:	**CCS GI and Bowel Management and Holistic Treatments** • Engage a qualified holistic GI specialist, e.g. qualified and available MD, ND or nutritionist who will for example: o Complete a comprehensive biomedical assessment e.g. Organic Acid Test o Remove food toxins/allergens and metals o Balance minerals, vitamins and neurotransmitters o Implement holistic bowel management o Optimize nutrition o Optimize sleep	CCS Slide Deck Session 1 slide 44. Session 1- Resource 1- Handout CCS Textbook (pgs. 92- 103)			
5 mins Objective: Activity:	**Dental and Myofunctional Needs** • Review top 10 observations to identify oral health problems that could be causing pain leading to challenging behavior.	CCS Slide Deck Session 1 slide 45. Session 1- Resource 1- Handout CCS Textbook (pgs.104-108).			

10 mins Objective: Activity:	**Introduce Needs Area #3- Emotional Wellness including mental and neurological health and disorder's treatment, trauma desensitization and trigger's elimination, psychological wellbeing, medication side effects, ABA behavioural interventions** • Discuss that most often, supporters are not versed well to accurately document and track the symptoms of emotional and mental health. • Stress the importance that we as supporters must do a better job as emotional health can be tracked in other ways than just incident reports. • Review with participants that often incident reports are a reflection of what supporters lacked in the moment to ensure the situation did not escalate (lack of mindful emotional self-regulation) therefore misrepresenting that the incident report was indeed tracking an incident of challenging behaviour. • Refer to Emotional Wellness Tracking Tool ○ Based on *Becks Depression Inventory* and that it can possibly represent a more accurate picture of emotional wellness, outside of incidents of challenging behaviour.	CCS Slide Deck Session 1 slides 46-49. Session 1- Resource 1- Handout (slide 47) Emotional Wellness Tracking Tool CCS Textbook (pgs. 111-112)			

5 mins Objective: Activity:	**Medication Side Effects** • Briefly discuss a possible risk of *Akathisia* due to anti-psychotics, anti- anxiety and anti-depressant medications. • Also, thyroid should be checked annually with the above medications • Review the importance of advocacy and asking physicians about what to look for with side effects, how do we know if the medication is effective.	CAUTION: Medication Side Effects Handout CCS Textbook (pgs. 121-122) (slide 48)			

5 mins
Objective:
 	
Activity:
	Trauma, PTSD and the Window of Tolerance
	
	• Discuss the importance of the great possibility of experienced trauma for someone who has a disability, for various reasons.
	• Review the *Window of Tolerance* illustration which when someone is traumatized, the window of tolerance narrow leaving them to experience more signs of chronic hyper or hypo arousal.
	  ○ The goal of the supporter is to help open the green zone of the person supported to help them adjust to the world around them, rather than spending most of their days in the blue and red often
	  ○ State that according to Bessel van der Kolk MD, and leading neuroscientists and therapists, many strategies that look at helping a person heal through trauma are not done through the cognitive door, but rather through the body and calming the nervous system.
		CCS Slide Deck Session 1 slide 49.
		
		Session 1- Resource 1- Handout
		
		Bessel van der Kolk, The Body Keeps the Score			

10 mins
Objective:
 	
Activity:
	Introduce Needs Area #4-
	Brain development, coherence balancing and inflammation regulation
	
	• Explain that neurogenesis, neuroplasticity, neuro-stimulation and neurochemical production are not well explored when provided optimal supports for people who have a disability.
	• When activities are in engaged that stimulate the above considerations, improve levels of anxiety and agitation can occur leading to improved quality of life.
	• Review Brain Coherence illustration
	  o Typical brain runs at 25 Hz of energy for processing
	  o Atypical brain runs at 17Hz much like how we feel when we first open our eyes after sleeping.
	  o Often people will aggress to raise the level of brain energy or, they can activate the cerebellum through activities of bouncing and balancing.
	  o Reference work of John Ratey, *SPARK* that speaks to exercise and revving up the brain to increase coherence.
	• Review the conclusions of Norman Doidge MD, Daniel Siegel MD, and David Eagleman MD
	  o Neuroscience also near unanimously concurs that neurogenesis, neuroelectric stimulation, neurochemicals' production, and neuroplasticity are, with appropriate training and conditioning, not only possible but highly predictable to
		CCS Slide Deck Session 1 slides 50-58.
		Session 1- Resource 1- Handout
		
		(slide 51)
		CCS Textbook (pgs. 130-131)
		
		John Ratey MD, SPARK
		
		(slide 52)
		
		Eagleman, D. (2017). The Brain: the story of you. Vintage
		
		Doidge, N. (2016). The Brain's Way of Healing: Remarkable Discoveries and Recoveries from the Frontiers of Neuroplasticity. Penguin Life.			

	measurably enhance cognition, empathy and emotional self regulation. • Consider Cameron Mott example (removal of half her brain because of a life-threatening seizure disorder) and how the brain has the potential to grow and adjust and accommodate our needs. Neurogenesis and neuroplasticity is possible for all brains. • Also review that neuroscience also near unanimously concurs that neurogenesis, neuroelectric stimulation, neurochemicals' production, and neuroplasticity are, with appropriate training and conditioning, not only possible but highly predictable to measurably enhance cognition, empathy and emotional self regulation. • Lastly, state that there is no evidence to suggest that the Brain and GI of people supported cannot heal, grow and develop and there is evidence that the Brain and GI can heal, grow and develop with appropriate (CCS type) training and conditions.	Siegel, D. (2007). The Mindful Brain. WW Norton (slide 53) CCS Textbook (pgs. 123-124) (slide 54)			
5 mins Objective: Activity:	**CCS Brain Coherence, Balancing & Inflammation Regulating Interventions** • Review CCS Brain Coherence, Balancing & Inflammation Regulating Interventions 1. Enhance essential brain calming elements 2. Prevent excess of excitatory elements 3. Balance anxiety producing vitamins and minerals 4. Cerebellum activation	CCS Slide Deck Session 1 slides 55-58. Session 1- Resource 1- Handout CCS Textbook (pgs. 134-139)			

	5. Maintain adequate glutathione levels to prevent brain inflammation 6. Keep the Mitochondria Cell System Healthy 7. Cardio Exercise				

5 mins
Objective:
 	
Activity:
	Introduce Needs Area #5-
	Human energy system – building, balancing and protecting from wireless radiation and electromagnetic fields (EMF)
	
	• Describe that like many other allergens and pollutants that can compromise health, contaminants and electromagnetic pollution, Electromagnetic Frequency (EMF) and Dirty Electricity) have been directly linked to compromised wellbeing.
	• Reference the Biointiative Report (2012)
	  • Updated in 2022
	  • A report by 29 independent scientists and health experts from around the world* about possible risks from wireless technologies and electromagnetic fields.
	  • The science, public health, public policy and global response to the growing health issue of chronic exposure to electromagnetic fields and radiofrequency radiation in the daily life of billions of people around the world. Covers brain tumor risks from cell phones, damage to DNA and genes, effects on memory, learning, behavior, attention; sleep disruption and cancer and neurological diseases like Alzheimer's disease. Effects on sperm and miscarriage (fertility and
		CCS Slide Deck Session 1 slides 59-60.
		
		Session 1- Resource 1- Handout
		
		Bioinitiative Report (2012) - updated in 2022			

	reproduction), effects of wireless on the brain development of the fetus and infant, and effects of wireless classrooms on children and adolescents is addressed. Mechanisms for biological action and public health responses in other countries are discussed. Therapeutic use of very low intensity EMF and Radio Frequency Radiation (RFR) are addressed. • State the quote of Martha Herbert on slide 60 RE: EMF and autism	(slide 60)			
10 mins Objective: Activity:	**Muscle Testing with Cell Phone** • Engage participants with Muscle Testing with a Cellphone. o Ask for a volunteer to come up with their cellphone. o Do a pre-test with their non-dominant, non-injured arm by asking them to hold their arm out in front of them palm facing down. o As the tester, you will approach them at a 90 degree angle with your dominant arm outstretched with your palm placed just above the wrist of their outstretched arm. o Asking the participant to just hold their arm up, not to push back forcefully, gently apply force downward lowering their arm. o Ask them to grab their cellphone with their dominant hand ensuring that it is on. o Repeat the muscle testing as described above for the post test. o Have the larger group break off into pairs and experience the	To be done in person in pairs.			

	muscle testing with the cell phone. • Briefly review that toxins deplete the human energy system and can cause anxiety, anger and aggression. • Review that we can reduce the exposure of EMF by turning off wi-fi when not needed, get outside into mother nature, grounding mats etc. • Review that we can reduce the exposure to Dirty Electricity from out 110 V outlets by using a Greenwave filter.	Grounding Mat or Pad from Earthing Canada Greenwave Filter from Greenwave			
10 mins Objective: Activity:	**Introduce Needs Area #6- Sensory Integration and Processing** • Review that there is an 80% likelihood that individuals with autism and other developmental disabilities have sensory processing and integration challenges. • Review Hyper vs. Hypo Sensitivity Illustrations o Even though the input might be different that can affect the sensory processing and integration system (hyper vs. hypo), the resulting behavior can look the same. o Explain that people can have hyper sensitivity in one sense store but a hypo sensitivity in another. o Stress the importance that we need to discern hyper vs. hypo to best be able to help the person with a prescribed sensory diet from a qualified Occupational Therapist.	CCS Slide Deck Session 1 slide 61-64. Session 1- Resource 1- Handout (slide 62) (slides 63-64)			

10 mins
Objective:
 	
Activity:
	Introduce Needs Area #7- Environmental – supporter's accommodations, behaviour (ABA learning), social interactions and contributing to others' well-being
	
	• Overview Needs Area #7 by stating that because we have addressed many other "upstream" potential causes of anxiety through the CCS Hierarchy of Needs, that are not through the cognitive door, the following engagements and technologies can be much more meaningful.
	• Things to consider:
	  • Communications
	  o Validate not Vet
	  • In many support situations, supporters vet and correct what someone says rather than validating their contributions.
	  • Accommodations
	  o Limited Choices
	  • The rule of 3- three options is a choice, two options is a dilemma.
	  • However, for some, the option of "this or that" is enough as a third consideration may be too much.
	  o Avoid 'No'
	  • Behavioural Learning
	  o Applied Behavioural Analysis (ABA), Intensive Behaviorual Interventions (IBI), Best Practices
	  • Now cognitive learning and
		CCS Slide Deck Session 1 slides 65-66.
		
		Session 1- Resource 1- Handout CCS Textbook (pgs. 165-178)
		
		(slide 66)			

	coping skills can be better learned as anxiety has been addressed more completely by more fully exploring the CCS hierarchy of unmet needs.
	• Social Interactions
	  o "Go slow in ways I know"
	  • I'm a 10-second person living in a 1-second world- honour someone's processing speed, which may be a different tempo than your own.
	• Contributing to Others' Well-being
	  o Socially Valued Roles
	  • Life with meaning and purpose has connections outside of paid relationships.
	• Refer the group to the Stress Inducers/Reducers listed in the textbook as a tool to explore some unmet environmental needs.
	• Briefly review 5 Stress Inducers/Reducers
		(slide 67)
		CCS Textbook (pgs. 169-175)			

5 mins
Objective:
 	
Activity:
	The 5 Step Conscious Care and Support Process
	• Review The Five Step CCS Process
	  o CATCH
	  ▪ How aware you are when you are driving with a police car behind you?
	  ▪ Bringing awareness to the moment in your internal and external realities
	  ▪ Without catching ourselves in the moment, we cannot move forward to the next step of calming ourselves in times of increased stress/crisis.
		CCS Slide Deck Session 1 slide 68-70.
		Session 1- Resource 1- Handout
		
		(slide 68)			

	○ CALM ▪ To be calm is to subjectively (internally) experience body sensations, feelings and thoughts with no/low resistance, as you work mindfully and passionately to solve problems or threats happening in your external world. ▪ You can still advocate for change and experience unpreferred moments in life, but you can do so from a place of internal calm rather than chaos. ○ CLARIFY AND CHOOSE ▪ Together with catch and calm, remain aware of mine and others' Feelings and Filters that are influencing the situation and then to objectively make informed choices. ▪ Because we are calm, we can keep our front brain online and also respond in ways that align with support strategies rather than reacting to difficult feelings or thoughts. We can choose to make better decisions. ○ CONSCIOUSLY CONNECT ▪ When we Mindfully Consciously Connect to another person, we move beyond our separate identity and roles to a place of shared unity and stillness – us-ness. This guides our every action, not against				

	anything but in harmony with it. From this place of balance and no subjective resistance, we know and can therefore positively facilitate what must be done to keep others motivated, safe, respected, and still deeply connected with us. ▪ We can come to a place where you and the person you support are much more similar that you are different in turn, adjusting the power differential that can often happen in roles of "supporter" and "person supported". o CARING AND COMPETENT SUPPORTS ▪ When supports are based on high competency and high consciousness of the supporter. ▪ Compassionate actions are useful, truthful timely and kind. ▪ Review statement and example of compassionate action on slide 69. ▪ Conclude on statement found on slide 70.	(slide 69) (slide 70)			
5 mins Objective: Activity:	**Session Preparation and Learning Log** • Review readings and homework found on Session 1 Learning Plan • Have each participant complete the Session 1 Learning Log	Session 1 Learning Log			