Learning Plan: Session 5
Time Allotment: 3.0 hours (180 minutes)

Time		References	Did It Work?		If no, what needed to be changed?
			Yes	No	
5 mins Objective: Activity:	**Session Overview** • Review Learning Plan	Session 5 Learning Plan			
10 mins Objective: Activity:	**Hierarchy Needs #3- Emotional Wellness** • Explain that mental health and neurological health are two of the most critical needs on the hierarchy. • Explain that often these those with dual diagnosis and other complex needs seem to receive significantly less specialized services that a person without autism or an intellectual disability with the same needs. • Explain the great need for a strengthened relationship between psychiatry and biomedicine. • The CCS model has identified that there are many unmet needs that can similarly manifest as a mental health disorder and yet could be completely treatable and manageable. ○ E.g. perseverations due to a sensory regulation dysfunction which can be mistaken for OCD or dinical anxiety. • Explain the importance of the interconnected role of the supporter and the facilitation of information in between dinicians and practitioners. • Explain the importance of the supporter's role to not only follow the orders of any prescriptions from the primary care physician or psychiatrist but to also ensure accurate monitoring and tracking of behaviours and symptoms.	CCS Textbook (pg. 109-110)			

5 mins Objective: Activity:	**Emotional Wellness Symptoms Tracking Tool** • Review to tool with the participants. • Based on Becks Depression Inventory • Explain importance of gathering information outside of incident reports when it comes to tracking mental health and emotional wellness. (approx. 40% of incident reports have to do with the mindless supporter, not the person supported themselves).	CCS Textbook (pg. 111-112) Handout- Emotional Wellness Symptoms Tracking Tool			
10 mins Objective: Activity:	**Emotional Wellbeing- PTSD Desensitization and Trigger's Prevention** • Review prevalence of PTSD • Review statistics on implications of abuse • Review that PTSD is caused by the brain giving messages of fear and helplessness even though the trauma is from the past. • Review causes of PTSD and examples of triggers	PowerPoint- Session V- R 2 (slides 1-3) CCS Textbook (pg. 113-114) (slides 4-5)			

5 mins
Objective:
Activity:
	Triune Brain Theory
	• Lower (Brainstem/Reptilian Brain)
	  o Highly responsive to threat
	• Middle (Limbic System)
	  o Emotional brain organized during first 6 years of life yet continues to get "programmed" with events
	• Upper (Prefrontal Cortex)
	  o Thinking brain-will go offline in response to threat
	• Review the Trauma Response
		PowerPoint- Session V- R 2
		(slide 6)
		CCS Textbook (pg. 115-116)
		
		(slides 7-9)			

5 mins Objective: Activity:	**Window of Tolerance** • Review the red zone, Hyperarousal to Trauma • Review blue zone, Hypoarousal to Trauma • Review the green zone as the Window of Tolerance • Explain that people who experience trauma have	PowerPoint- Session V- R 2 (slides 10-12) CCS Textbook (pg. 116-118)			

	a narrowed window of tolerance. • Reference the work of Bessel van der Kolk, *The Body Keeps the Score*. o We can heal from trauma through the bottom up, not just through cognitive re-thinking o Paying attention to body sensations, they can recognize the ebb and flow of emotions increasing the person's control over those emotions.	Bessel van der Kolk, The Body Keeps the Score (slides 13-14)			
10 mins Objective: Activity:	**Optimal Support Strategies** • Review the Recurring Cycles of Behaviour and remain participants that when we use primarily only traditional medical and behaviour approaches, the maladaptive behaviour can continue. • Review optimal support strategies for trauma.	PowerPoint- Session V- R. 2 **(slide 13)** CCS Textbook (pg. 118) **(slide 14-19)**			
15 mins Objective: Activity:	**BREAK**				
5 mins Objective: Activity:	**Psychological Well-being and Mistaken Beliefs** • Review the Mistaken Beliefs and Supporter's Optimal Solutions chart with the participants.	CCS Textbook (pg. 118-120)			
10 mins Objective: Activity:	**Medication Side Effects/Half Life** • Review Akathisia and importance of monitoring and tracking symptoms and side effects. • Review importance of understanding basics behind half-life of medications. • Reference CMHA study and over prescription of antipsychotics- Toronto Star, 2018. • Discuss how it is quite common in this sector that antipsychotic or mood stabilizing medications are either over-prescribed with the "wrong" medication or under prescribed with the "right" medication. • Explain the great importance of the supporters need to ensure accurate tracking of side effects and symptoms and also to ensure adequate	CCS Textbook (pg. 120-122) Handout- Medication Side Effects Instructor Resource- What Is The Half- Life of Medication Toronto Star Article- Study questions why thousands with developmental disabilities are prescribed antipsychotics			

	follow up with prescribing physician takes place.				
15 mins Objective: Activity:	**Complete the Wellbeing Facilitation Plan- Needs Area #3** • Have participants break up into planning groups and complete Needs Area #3.	Wellbeing Facilitation Plan			
10 mins Objective: Activity:	**Challenging Behaviour Prevention and De-Escalation** • Explain that in Ontario, best practices state that extensive biological and medical investigation must be done to rule out any treatable causes of challenging behaviour before intervention of intrusive and non-intrusive behavioural support plans involving behavioural specialists. • Stress the importance of identifying the upstream needs (as illustrated in CCS hierarchy) to possibly be at the root of many expressions of challenging behaviour before engaging an intrusive measure of behavioural support o E.g. If the root cause of challenging behaviour is a GI concern-food allergy, introducing a behavioural support plan may curb the challenging expression but will not treat the root cause. o Behavioural compliance does not necessarily mean an improved quality of life! • Review the following main bullets with the group: 1. ABA and IBI intervention are extraordinarily useful, when the timing calls for it. Ensure all biological and medical concerns have been ruled out first. 2. Unplug the power that powers the struggle! a. Authoritarian language and tone to achieve desired outcome. It can be disruptive, degrading and devalued. 3. During a time of accelerated behaviour, ask if what you're doing is helpful to the other person's	CCS Textbook (pg. 68-72) (pg. 69)			

	emotional state? 4. Model what you desire to help that person learn- internal control and respect. 5. Practice mindful, emotional self-regulation to avoid destructive emotional contagion. 6. Make amends for non-helpful and powerful interactions. 7. Be grateful for what the person has taught you about yourself and how they are helping you to emotionally mature. 8. Understand that all physical restraints can end up violent, relatively unsafe and can impact long-term post-traumatic stress for the person supported and for the supporters.				
10 mins Objective: Activity:	**Discuss the Wellbeing Facilitation Plan- Challenging Behaviours Prevention, De-escalation and Safety Practices** • Have participants break up into planning groups and discuss Part 2- Challenging Behaviours Prevention, De-escalation and Safety Practices and how it compares to any current behaviour support plans that are being used. • Have the group determine a time to complete this piece of the wellbeing plan at a later time	CCS Textbook (pg. 78-83)			
10 mins Objective: Activity:	**B-FIT Mindfulness** • Have participants break up into small groups and discuss their process thus far with their B-FIT skill development (5 minutes). • Offer participants an opportunity to share what they have found within their small group discussions. Answer and questions that may have been identified.				
10 mins Objective: Activity:	**The Four Tool for B-FIT Mindfulness** Briefly review the following with the participants and list out on a flip chart. 1. Concentration	CCS Textbook (pgs 242-249)			

	a. Builds the musde of concentration that we are continuing to lose with our evolving world of technology. 2. Sensory Clarity a. The ability to get dear on what is REALLY going on at the sensory level (Body sensations, Feelings, Image thoughts, Talk thoughts) 3. Ahh-lowing (Equanimity) a. Letting go of the resistance that comes with the B-FIT sensations- recognizing that they are present yet allow them to be just what they are without judgement. It is simply being with the ever-changing forms of the subjective B-FIT reality. b. Refer to illustration, Ahhlowing 4. HERE NOW! a. Being aware that you are experiencing this present moment-like a "dual processing"; focusing on the task yet being aware that you are doing it.	CCS Textbook (pg. 247)			
10 mins Objective: Activity:	**B-FIT Mindfulness Exercise #2** • Lead the participants through the exercise for 10 minutes.	CCS Textbook (pg. 267)			
15 mins Objective: Activity:	**Filters Summary and Early Recollections' Applications** • Explore applying the impact of learning about filters. Walk participants through the reflective exercise of the early recollections.	CCS Textbook (pgs. 376-379)			
15 mins Objective: Activity	**CCS Process Step 2- "Calm"** • Review that to be calm is to subjectively, internally experience BFIT peacefully- regardless of their messages or any chaos or threats happening in our external world. • Review that it is not just enough to "Stay Calm"	CCS Textbook (pg. 400)			

	but rather the need "To Be Calm" is a skill to be learned as practiced. "Fake it 'til you Make it" during a time of stress doesn't work for you or the person you are supporting.
	• Review the costs for not being calm:
	  o We can fuel the fire causing more pain, suffering and distress
	  o We could withdraw or become indifferent which adds to further suffering
	  o Emotional contagion of anxiety to the other person without even knowing it.
	• Review that through mindfulness practice and the activation of the medial pre frontal cortex, we are activating our parasympathetic and vagus nerve systems- the home of dear, alert, intuitive mental states resulting in higher levels of "knowing", lowered breath rates and lowered blood pressure. This builds the skill of being calm.				

5 mins Objective: Activity:	**Session Preparation and Learning Log** • Review readings and homework found on Session 5 Learning Plan • Have each participant complete the Session 5 Learning Log	Session 5 Learning Log			