Well-being Facilitation Plan Part 1

The purpose of this tool is to provide the support team with an efficient way to facilitate the development of a comprehensive wellness plan with the person supported to apply what is learned in each section of the book that follows. It is a template to follow.

As each section of the hierarchy of needs is presented, the supporter can refer back to this tool to capture and expand on important and relevant CCS best practices.

Person supported: _____ ***Plan Development Date:*** _____

Well-being facilitation plan team:

_____ _____ _____

_____ _____ _____

Community professionals:

_____ _____ _____

Description of person when calm, happy and cooperative: _____

Diagnosis, if applicable: _____

PRN Medications, if applicable: _____

Process:

1. Holding in mind the hierarchy of needs outlined throughout the Conscious Care and Support process, first complete the "action required" in PART A by identifying the best possible options to explore and address needs. "Action required" will include direct influences as a supporter and skilled advocate with community professionals.
2. Monitor and record each day's progress (reference PART A – 2).
3. Track progress using PART A – 3.

WELL-BEING FACILITATION PLAN

PART A – THE SERVICE-NEEDS ASSESSMENT AND ACTION REQUIRED

Needs Area # 1 **Awareness-based calming and de-escalation support and interventions offered by mindful, emotionally self-regulated and kind supporters:**	***Who***	***Date*** ***Initiated***
Continue:		
Stop:		
Start:		

PART A continued

Needs Area # 2 **Gastrointestinal (GI), bowel, digestive and immune systems' treatment, nutrition, pain management, dental and myofunctional disorders, illness prevention and treatment:**	***Who***	***Date Initiated***
Continue:		
Stop:		
Start:		
Needs Area # 3 **Emotional Wellness: mental and neurological health and disorders' treatment, trauma desensitization and triggers' elimination, psychological well-being, medication side effects, ABA behavioural interventions:**	***Who***	***Date Initiated***
Continue:		
Stop:		
Start:		

PART A continued

Needs Area # 4 **Brain Development, coherence balancing and inflammation regulation:**	***Who***	***Date Initiated***
Continue:		
Stop:		
Start:		
Needs Area # 5 **Human energy system – building, balancing and protecting from wireless radiation and electromagnetic fields (EMF):**	***Who***	***Date Initiated***
Continue:		
Stop:		
Start:		

PART A continued

Needs Area # 6 **Sensory integration and processing:**	***Who***	***Date Initiated***
Continue:		
Stop:		
Start:		
Needs Area # 7 **Environmental – supporter's accommodations, behaviour (ABA learning), social interactions and contributing to others' well-being:**	***Who***	***Date Initiated***
Continue:		
Stop:		
Start:		

PART A – 2
BIOMEDICAL INPUT INDICATORS FOR WELL-BEING

Name of the person supported_____ **Week of** _____

1 - no/low implementation **2** **3** – partial **4** **5** - near complete implementation

Input Indicators	***Criteria for Compliance***	***Days of the Week***						
		M	***T***	***W***	***T***	***F***	***S***	***S***
Gastrointestinal (GI), Bowel and Digestion:	**e.g. organic acid test pre- and post- biomarkers**							
• control of toxins (excess)								
• treatments, supplements								
• proper nutrition								
Physical Development:	**Recommendations provided by**							
• cardio (cortisol regulation)	**primary care physicians**							
• core and strength								
• balancing								
Bilateral/Biomeridian ABC:	**10 minutes each per day**							
• butterfly hug								
• arms/breath co-ordination								
• hand stimulation								
Neurodevelopment:	**10 minutes each per day**							
• neurofeedback								
• mindful movement								
• rebounding								
Sensory Diet:	**Prescribed by a qualified O.T.**							
• hyper-sensory needs								
• hypo-sensory needs								
Human Energy:	**Restoration and protection**							
• EMF regulation	– filter AC outlets							
• RWF e.g. Wi-Fi regulation	– minimum use of RWF							
• sleep hygiene	– as recommended by a Sleep Professional							
Emotional Wellness:	**Ongoing**							
• meds, trauma, behaviour	– per well-being plan							
Environmental:	**Ongoing**							
• ABA learning, communication	– per well-being plan							

PART A – 3
CCS INDICATORS OF SUPPORT PLAN SUCCESSFUL OUTCOMES

To facilitate case conferencing and coordination with other inter-agency and intra-agency support team members, make observations and notes and average the rating scale at the end of a month to summarize indicators of planned success or needs for modifications.

Person Supported:_____ **Month of:** _____

Ratings of Person Supported Outcomes		
Ratings: ***1- seldom 2- occasionally 3- often*** ***4- usually 5- near always***		***Comments***
1. Calmness		
2. Focus		
3. Learning		
4. Cooperation		
5. Socialization		
6. Emotional self-regulation		
7. Adaptive behaviour		
8. Constructively managing stress		
9. Positive response to de-escalation (less need for intrusive measures)		
10. Helping others		
11. Gratitude		
12. Initiative		
13. Positive participation in home maintenance activities		
14. Art, music and recreational fulfillment		
15. Other		