Conscious Care and Support Demonstration Project

Ministry of Community and Social Services
Developmental Services

OVERVIEW

A Centre for Conscious Care in partnership with Community Living Windsor will pilot an eighteen month demonstration project at six developmental service organizations throughout Ontario. The project aims to develop the capacity and resources to deliver the Conscious Care and Support (CCS) program to six developmental service organizations, their employees, people they support, family members and other community partners. The organizations participating within the demonstration project are Community Living Chatham-Kent, Community Living Kingston & District, Community Living Prince Edward, Community Living St. Marys & Area, Community Living Stratford & Area and Ongwanada.

The CCS program is based on the most current and effective treatment and support interventions that have been learned from senior consultants and researchers from The Center for Discovery, The University of Western Ontario, The University of Toronto, Harvard Medical School and other internationally recognized centres of excellence. CCS applies discoveries in the disciplines of biomedicine, mindfulness, social neurobiology, bilateral and bio-meridian activation, nutrition, gastrointestinal health, sensory integration, brain coherence, and neurofeedback. These sciences are then integrated with necessary mental health, traditional medical interventions and useful behaviour treatment and management. The CCS program has been developed to complement existing best practices in Ontario through non-pharmaceutical and non-behavioural interventions.

Developmental service organization employees, family members and other community partners participating in the CCS program will learn how to provide optimum care and support and how the way in which they behave can negatively affect the well-being of the people they support. The CCS program offers evidenced-based training which significantly enhances supporters' authentic compassion, emotional self-regulating skills and other human competencies. They will learn specific, well-researched personal skills that significantly increase their understanding and approaches to providing support.

PARTICIPATING ORGANIZATIONS

The following organizations have agreed to participate in this demonstration project:

- Community Living Chatham-Kent;
- Community Living Kingston and District;
- Community Living Prince Edward;
- Community Living St. Marys and Area;
- Community Living Stratford and Area;
- Ongwanada.

Formal agreements have been signed with all participating organizations.

RESEARCH

The CCS demonstration project includes a component of research that will evaluate the effectiveness of the CCS program and its interventions. The research component of the eighteen month demonstration project will be led by Dr. Vera Azah, a Project Director with Leithwood and Associates Consulting Company.

The project's research will focused on the following populations:

- Outcomes related to medium risk and high risk individuals;
- Teams supporting the medium and high risk individuals;
- A minimum of 18 other individuals supported by a Behaviour Support Plan due to potential use of intrusive measures;
- Approximately 100 direct support professionals;
- Approximately 25 supervisors and managers.

The proposed concepts for measuring quantitative and qualitative outcomes in this demonstration project include:

A. Outcomes for Medium and High At-Risk Persons Supported (see Appendix A)

a) Quantitative: Is there a decrease in the amount of physical expressions of agitation, anger and aggression (AAA) or other concerns because of Conscious Care and Support interventions?

Some examples of physical expressions of (AAA) can include hitting, spitting, hair pulling, self-injury, destruction of environment etc. This project would like the research to demonstrate that Conscious Care and Support interventions can lower the amount of expressions of (AAA) or other concerns with people who have challenging support needs.

b) Qualitative: Is there an increase in the quality of life and emotional self-regulation skills because of Conscious Care and Support CCS interventions?

Some common examples of quality of life factors to consider include wellbeing, positive social involvement and connection, "normalization" and opportunities to achieve personal potential. The project would like the research to demonstrate that Conscious Care and Support interventions can lower anxiety and expressions of aggression or other concerns which could lead to a better, more connected and more fulfilling life.

B. Outcomes for Supporters (Direct Support Professionals and/or Family Members)

a) Quantitative*:* Is there a decrease in the amount of days off of work/ recovery time for DSPs because of Conscious Care and Support interventions?

Some common examples of Human Resources measurements to consider include the amount of injuries incurred, sick days used, personal paid holidays, times late, stress leave, WSIB claims, etc. The project would like the research to demonstrate that Conscious Care and Support interventions can lower the amount of days off/recovery time for support staff working with the identified people which would directly reflect a cost-savings to the employer.

b) Qualitative: Is there an increase in job satisfaction, job performance, safety, perceived emotional and physical security and overall quality of life because of Conscious Care and Support interventions?

Some common examples of job satisfaction, job performance and overall quality of life factors to consider include resiliency, ability to emotionally self-regulate in times of crisis, interpersonal connection, collaboration, decision making, wellbeing, emotional maturity, safety, compassion, personal growth, etc. The project would like the research to demonstrate that Conscious Care and Support interventions can lead to better job satisfaction and performance on the job, therefore enhancing the quality of support services and enhancing the quality of life experienced by members of the support team.

Implementation Plan to Guide Research Activities

Date	Activities/Major Milestones	Description
September 2016	**Development of contract for Conscious Care and Support Project Coordinator.** *(Note: Project Coordinator will be an employee seconded from Community Living Windsor for the project due to in depth knowledge of project and experience.)*	Project Coordinator position includes the following responsibilities: contracting with organizations to be trained, contract administration including progress reports to MCSS, communicate and provide administrative support to the researcher, coordinate all workplace learning events' schedules, venue, logistics and report writing in conjunction with the Project Lead Project Coordinator will report to the Project Lead.
	Community services coordination will be continuous throughout the pilot project.	Project Lead and CCC & Associates, in conjunction with Project Coordinator, will begin the process of vetting, establishing and facilitating capacity within all six organizations to maintain strong working relationships in each of the communities where CCS is implemented. Receipt of applicable services will be facilitated for supported individuals with behaviour support plans including, if applicable: Developmental Services Ontario, Community Networks of Specialized Care, Naturopathic Doctor/s, Occupational Therapist/Sensory Integration Specialist/s, Trauma Counsellor, Music Therapist, Sensory Equipment Suppliers, Mental Health Care Professionals, Behavioural Consultants, Local Police Departments, Mental Health Courts, Mindfulness Support Groups, Fitness Coaches, Recreation/Sports Programs, Local School Systems, Administrators, Teachers, Consultants, Nutritionists, Families and family support agencies as applicable.
September 2016 to January 2017	**Project participation agreements signed with 6 organizations.**	Project participation agreements signed by the six participating organizations. Contracts for individuals participating in the project will meet QAM requirements. Commencement of participation within the project for the following organizations: *October 2016- Community Living Chatham-Kent* *January 2017- Community Living St. Marys & Area* *March 2017- Community Living Stratford & Area* *April 2017- Ongwanada* *June 2017- Community Living Kingston* *September 2017- Community Living Prince Edward*
September 2016 to August 2017	**Selection of six people who receive support and members of their support team from the selected organizations for research study.**	The six organizations, in consultation with the Project Lead and Project Coordinator, will each identify at-risk individuals who have a: • Medium-risk behaviour support plan; or • High-risk behaviour support plan. A total of six people will be identified across the six organizations ensuring medium at-risk and high at-risk individuals. 2-4 primary supporters of their support team will also be identified. All participants will be asked to sign agreements and

		consents to participate in the research project in keeping with QAM requirements.
	Commencement of research.	Review and collection of data will begin with each organization in conjunction with each respective commencement date as outlined by researcher.
September 2016	**Promote Conscious Care and Support Project at Community Living Ontario conference.**	Project Lead and Project Coordinator.
October 2016 to October 2017	**Workplace learning at the participating organizations.**	Project Lead with the support of the Project Coordinator will deliver 7 hours a week CCS workplace learning session for 4 weeks to 24 people at each of the organizations. The organizations will be asked to invite employees and families. The workplace learnings will also include a one day introductory workshop for 50-60 in attendance (employees, families and community partners/practitioners will be invited to attend the workshop). Workshops will be coordinated though the Project Coordinator.
October 2016 to September 2017	**Commencement of CCS support with the six identified participants and their support teams within the organizations.**	The Project Lead will meet with the individuals for consultations and offer support in accordance with the CCS Model. Support will be offered for the duration of the project to build internal CCS capacity within each respective agency. The Project Coordinator will coordinate the connections.
April 2017	**Interim report to Ministry of Community and Social Services.**	Conscious Care and Support Project Coordinator in consultation with the Project Lead will report on key objectives.
December 2017	**Final collection of research data.**	Researcher will compile data from all research conducted at the 6 organizations to write the final report. Administrative support will be offered by the Project Coordinator.
December 2017 - February 2018	**Evaluation of research for final report.**	Researcher will complete report. Administrative support will be offered by Project Coordinator.
March 2018	**Final Report to Ministry of Community and Social Services.**	Project Lead and Project Coordinator.
Duration of Project September 2016 – March 2018	**Continual communication with six organizations.**	Conscious Care and Support Project Lead and Project Coordinator will continue to assist participating organizations with CCS program objectives.

INTENDED LONG-TERM IMPACT OF DEMONSTRATION PROJECT

1. To improve the quality of life of people who have a disability and the staff in the organizations that support them by using the Conscious Care and Support approach.
2. People who have a disability will more completely have their body, brain, wellbeing, and individual needs proactively met.
3. To decrease the incidents and severity of challenging behaviours.
4. To provide safer working conditions for staff due to reduction in health benefits for on the job injury, stress leaves, etc.
5. To lead to a sustainable positive change in the culture, working conditions and behaviour in organizations aligning with the values and principles important to people who receive support, their families and the Ministry of Community and Social Services.

At the end of the demonstration project, the results from the research will be compiled in a formal written document for the Ministry of Community and Social Services (MCSS). Its intention will be to not only provide an overview of the outcomes of the project experienced by the people supported and their supporters, but also to influence the future development of a toolkit for organizations to assist them to implement the CCS program.

For more information, please feel free to connect with Adriana McVicker at adriana@clwindsor.org.

APPENDIX A

Criteria for Designation of Medium At-Risk Individual*

- ❑ No history of use of mechanical restraints
- ❑ Support staff ratio 1 to 1 or less support
- ❑ Average reported behavioural incidents and serious occurrences approximately 4 per month
- ❑ No history of direct services from a Behavioural Consultant (beyond development of the Behaviour Support Plan if applicable)
- ❑ Average use of behavioural PRN medication approximately 4 per month or less
- ❑ No Dual Diagnosis
- ❑ Average use of physical restraint is bimonthly or less
- ❑ Average report of staff injury bimonthly or less
- ❑ Psychotropic medications stable for 3 months
- ❑ Support Team stable for 3 months
- ❑ No use of protective clothing or equipment worn by supported individual
- ❑ No use of protective clothing or equipment worn by supporters
- ❑ Current QAM status full compliance

Criteria for Designation of High At-Risk Individual

- ❑ No history of use of mechanical restraints for 3 months
- ❑ Support Staffing ratio 1-2 staff to 1 person supported
- ❑ Average number of reported behavioural incidents and serious occurrences unlimited.
- ❑ No direct services from a Behavioural Consultant (beyond development of the Behaviour Support Plan) for the past 3 months
- ❑ Use of Behavioural PRN medications unlimited
- ❑ Dual Diagnosis mandatory
- ❑ Use of physical restraints unlimited
- ❑ Reports of staff injury unlimited
- ❑ Psychotropic medications stable for 3 months (must also include use of one or more antipsychotic)
- ❑ Support Team stable for 3 months
- ❑ Possible use of protective clothing or equipment worn by supported individual
- ❑ Possible use of protective clothing or equipment worn by supporters
- ❑ Current QAM status full compliance

***General Guidelines**

APPENDIX B

Wellbeing Facilitation and Agitation, Anger & Aggression (AAA) and Intrusive Measures Prevention Plan

Person Supported: _____ ***Plan Development Date:*** _____

WFAAAPP Team:

_____ _____ _____

_____ _____ _____

Community Professionals:

_____ _____ _____

Description of Person When Calm, Happy and Cooperative: _____

_____

_____

Diagnosis if Applicable: _____

_____

PRN Medications if Applicable: _____

_____

Process:

1. Relative to 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 advocacy with community professionals. Options are summarized in PART B-1 and throughout the CCS Professional Learning.
2. Monitor and record each day's progress (reference PART B – 2).
3. Develop agitation, anger and aggression intervention plan (PART C-1).
4. As applicable complete agitation, anger and aggression incidents and interventions' reporting and enhanced prevention planning (reference PART C-2).
5. Implement improved Prevention and Management Plans.

Wellbeing Facilitation and Agitation, Anger & Aggression (AAA) and Intrusive Measures Prevention Plan

PART A – THE SERVICES' NEEDS ASSESSMENT AND ACTION REQUIRED

Needs Area # 1 ***Plan for Action Required***	***Who***	***Date Initiated***
Environment management, skilled advocacy and competent and compassionate support from mindful emotional self-regulated supporters:		
Needs Area # 2 ***Plan for Action Required***	***Who***	***Date Initiated***
GI and Bowel, Management and Holistic Treatment, Nutrition and Pain Management:		

PART A continued

Needs Area # 3 *Plan for Action Required*	*Who*	*Date Initiated*
Brain coherence balancing, inflammation regulation and mirror neuron development:		
Needs Area # 4 *Plan for Action Required*	*Who*	*Date Initiated*
Human Energy System – building, balancing and protection from radiation and electromagnetic fields (EMF):		

PART A continued

Needs Area # 5 *Plan for Action Required*	*Who*	*Date Initiated*
Sensory Integration and Processing:		
Needs Area # 6 *Plan for Action Required*	*Who*	*Date Initiated*
Trauma Desensitization and Mood Disorders' Prevention and Treatment e.g. PTSD, OCD:		

PART A continued

Needs Area # 7 *Plan for Action Required*	*Who*	*Date Initiated*
Mindful Emotional Self-Regulation Skills' Development through Awareness Based Calming Skills and ABA/IBI etc.:		
Needs Area # 8 *Plan for Action Required*	*Who*	*Date Initiated*
Contributing to Self and Others' Wellbeing e.g. volunteering, work and other meaningful experiences:		

Wellbeing Facilitation and Agitation, Anger & Aggression (AAA) and Intrusive Measures' Prevention & Management Planning

Select the Most Useful CCS Awareness Based Calming and De-escalation Ways to Support							
Intervention	***Yes***	***No***	***N/A***	***Intervention***	***Yes***	***No***	**N/A**
1. Reduce Environmental Toxins e.g. anxious and powerful supporters, Radiation and Dirty Electricity				15. Medications' Compliance e.g. timely administration of PRN			
2. Tapping (EFT)				16. Sensory Diet as Prescribed			
3. Butterfly Hug/Collarbone Tapping				17. Mini Trampoline/ Rebounder			
4. Hand/Foot Massage				18. Entrainment - Intending Calming			
5. Exercise - High Intensity Interval, Core, Balance and Strength				19. Mindful Breathing and Labelling			
6. Mindfulness Exercises - Movement and Stretching				20. Neuro/Bio Feedback EMDR Therapy			
7. Mindful Progressive Muscle Relaxation				21. Nature Walk/Run			
8. Wellbeing and Calming Community Activities				22. Guided Imagery			
9. Nutrition and Supplements' Compliance				23. Adaptive Behaviours' Reinforcers (reference attached)			
10. Drumming (60 beats/ minute)				24. Bosu, Stabilization Balls			
11. Calming Music and Mantra				25. Balancing Exercises e.g. Wii, Xbox, Wobble Board			
12. Aroma Interventions e.g. lavender				26. Proprioceptive and Vestibular Swing Exercises			
13. Reduce Toxic Foods e.g. sugar and simple carbohydrates				27. Awareness Grounding/Noticing Exercises			
14. Picture Book, Games, Puzzles				28. Medicine Ball Exercises			

CCS Daily Supports' Record

Day	*Wellbeing Facilitation and AAA and Intrusive Measures' Prevention and Management Re: Hierarchy of Needs' Actions Implemented (reference A and B-1)*	*Implemented (Supporter's Initials)*
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Manager Approval: _____ **Date:** _____

Implemented: Initials of Staff Responsible

PART C – 1

Agitation, Anger & Aggression – Supporter's Intervention Plan

Needs and Services	*Describe Examples of Behaviour*	*Supporter CCS Action Required*
#1 **Feelings and/or Behaviour Preceding Agitation, Anxiousness and/or Anger**		
#2 **Difficult Feelings e.g. Agitation, Anxiousness and/or Anger**		
#3 **Agitation, Anxiousness, Anger and Challenging Behaviour that does not place anyone at risk of serious physical harm**		***Reference Safety and Behaviour Plan***
Comments:		

PART C – 2

Agitation, Anger and Aggression (AAA)
Incident Reporting and Prevention Planning

*	Challenging Behaviour Descriptions Reference C-1 and C-3	Describe Actual Safety & De-escalation Interventions Offered At Each Level Ref. B-1 & C-1	PRN Given √ - yes x - no	Physical Restraint √ - yes x - no	Probable Functional/ Situational Antecedent Ref. C-3	Probable Hierarchy of Unmet Needs Antecedent Ref. A & C-3	Planned Prevention Strategies Reference A & B-1
1.							
2.							
3.							
4.							
5.							

***Incident Level per Behaviour Support Plan**

PART C – 3

Behaviour Incident Reporting & Prevention Planning

Check all known or suspected factors that contributed to the incident.							
Factors	***Yes***	***No***	***Not Sure***	***Factors***	***Yes***	***No***	**Not Sure**
▪ Fear/Phobia about what is happening or may be going to happen				▪ Change of Plans e.g. staff change, trip cancelation			
▪ Symptoms of a Mental Health Mood Disorder e.g. depression, phobia, ADHD, Delusion				▪ Forced to do unlikeable/frightening activity, rushed, 'power struggle'			
▪ Neurological e.g. seizure				▪ Behavioural (reference below)			
▪ Power Struggles with staff				▪ Frustration in not being able to communicate effectively			
▪ Physical Discomfort e.g. pain, constipation, sickness				▪ Psychological – filters high-jacked			
▪ Embarrassment, Shame, Guilt, Anger, Confusion				▪ Nutritional e.g. food intolerances, sugar, gluten, dairy			
▪ Medication Problems				▪ Sensory Issues			
▪ PTSD Triggers e.g. loud 'command'				▪ Workers' stressed mood			
▪ Transitional e.g. shift change				▪ Other			
Behavioural Factors	***Yes***	***No***	***Not Sure***	***Behavioural Factors***	***Yes***	***No***	***Not Sure***
▪ **ATTENTION** – Seeking				▪ **ACCESS** – to tangibles			
▪ **AVOIDANCE** – Escape from demands				▪ **ACTION** – 'Stimming'			

What is being done to prevent similar incidents from happening again?