

Conscious Classrooms



**Facilitating Optimal Learning Conditions
In
The Toronto District School Board Classrooms
SEAC Presentation**

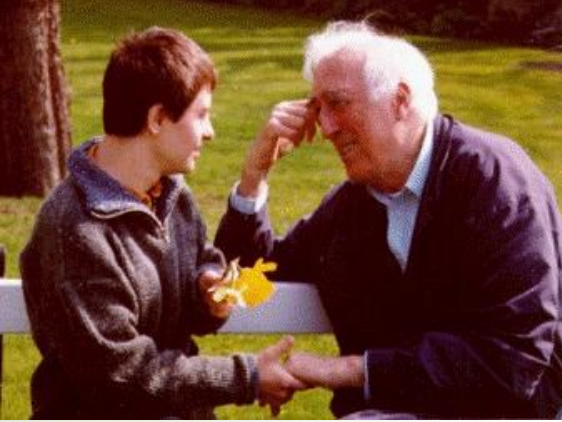
Contributors to Conscious Classrooms (CC)

***Conscious Classrooms* has been developed while supporting, training or in direct consultation with:**

- Approximately 3,000 moms and dads, educators, administrators, support agency directors, managers, frontline staff and children, youth and adults with autism and other developmental disabilities;
- Educators of Special Needs Students from 4 Ontario School Boards;
- 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 Syndrome');
- Theresa Hamlin, Associate Executive Director of The Center for Discovery and her staff (New York State's Autism Center of Excellence). Dr. Hamlin is the author of 'Autism and the Stress Effect';
- 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');
- Shinzen Young, Mindfulness Research Consultant, Harvard Medical School;
- Universities of Toronto and Western Ontario.



Quotes by Jean Vanier – Founder of L'Arche International From the Foreword of The Conscious Classrooms Text Book



“Peter and Gareth Marks provide educators with the skills that will enable them to be competent and kind in situations where they may be in front of people whose behaviours awaken quite different feelings in them.”

Quotes by Shinzen Young - Harvard Medical School Researcher From the Foreword of The Conscious Classrooms Text Book



“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.”



Examples of Boards of Education and Support Organizations Trained in CC/CCS

- Ministry of Education Special Needs Division
- Hamilton-Wentworth DSB
- Dufferin-Peel Catholic DSB
- Algoma DSB
- Huron-Superior Catholic DSB
- Peel DSB
- University of Toronto
- McMaster University
- L'Arche Daybreak
- Rygiel Supports for Community Living
- London Health Sciences Centre
- Community Living Windsor
- Kerry's Place
- Community Living Cambridge
- Community Living Owen Sound & District
- Durham Association for Family Respite Services
- Christian Horizons
- Community Living Burlington
- Extend-A-Family
- Community Living Oakville
- Community Living St. Marys and Area
- Community Living Chatham-Kent
- Community Living Stratford and Area
- Windsor-Essex Family Network
- Autism Ontario
- Community Living Prince Edward



Listening to Students and Educators – Really Listening

Please Help Me Find A Better Way

“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”.

Emotional Contagion in the Classroom

Am I Next?

“When I watched in fear how my classmate struggled and screamed when she was physically restrained by two teachers, I wet myself. I was so afraid that I would be next. From then on I became afraid to go to school so I pretended that I was sick a lot.”

“Martin has a dual diagnosis. He really scares me. As soon as I see him getting agitated, I’m afraid that he’s going to blow up and hurt me. Last year, one of his punches landed on my face, and I still feel that trauma. Nothing in my training prepared me to manage the fear that keeps coming up; worse yet, I know that my fear makes his agitation worse. As a result, he gets more aggressive and sometimes needs physical restraint to ensure everyone’s safety. I know that it traumatizes him and makes him even more likely to lash out in the future. I keep thinking that there must be a better way to manage both Martin’s and my fear so we both stay safe and no one needs restraint. I’m so on edge and frustrated.”

What is Conscious Classrooms?

1. Training educators in Mindful Emotional Self-regulation Skills because approximately 50% of all incidents of anger and aggression are directly caused by or significantly influenced by educators' emotional hijacks
2. Training educators in 45 Non-behavioural Student Calming and Emotional Regulation Skills to enhance learning conditions

What is Conscious Classrooms?

(continued)

3. Training educators to teach students with Autism and other intellectual disabilities how to calm and emotionally self-regulate themselves.
4. Training educators to skillfully observe and track SwDD interactions to assist families to be significantly better advocates for their children with community professionals e.g. primary care physicians, sensory processing specialists, functional medicine practitioners.

Five Key Outcomes of Conscious Classrooms Applied in the Classrooms of 4 Ontario Boards of Education with 48 Fully Qualified and Experienced Educators of Students with Developmental Disabilities (SwDD) and Unmet Complex Needs

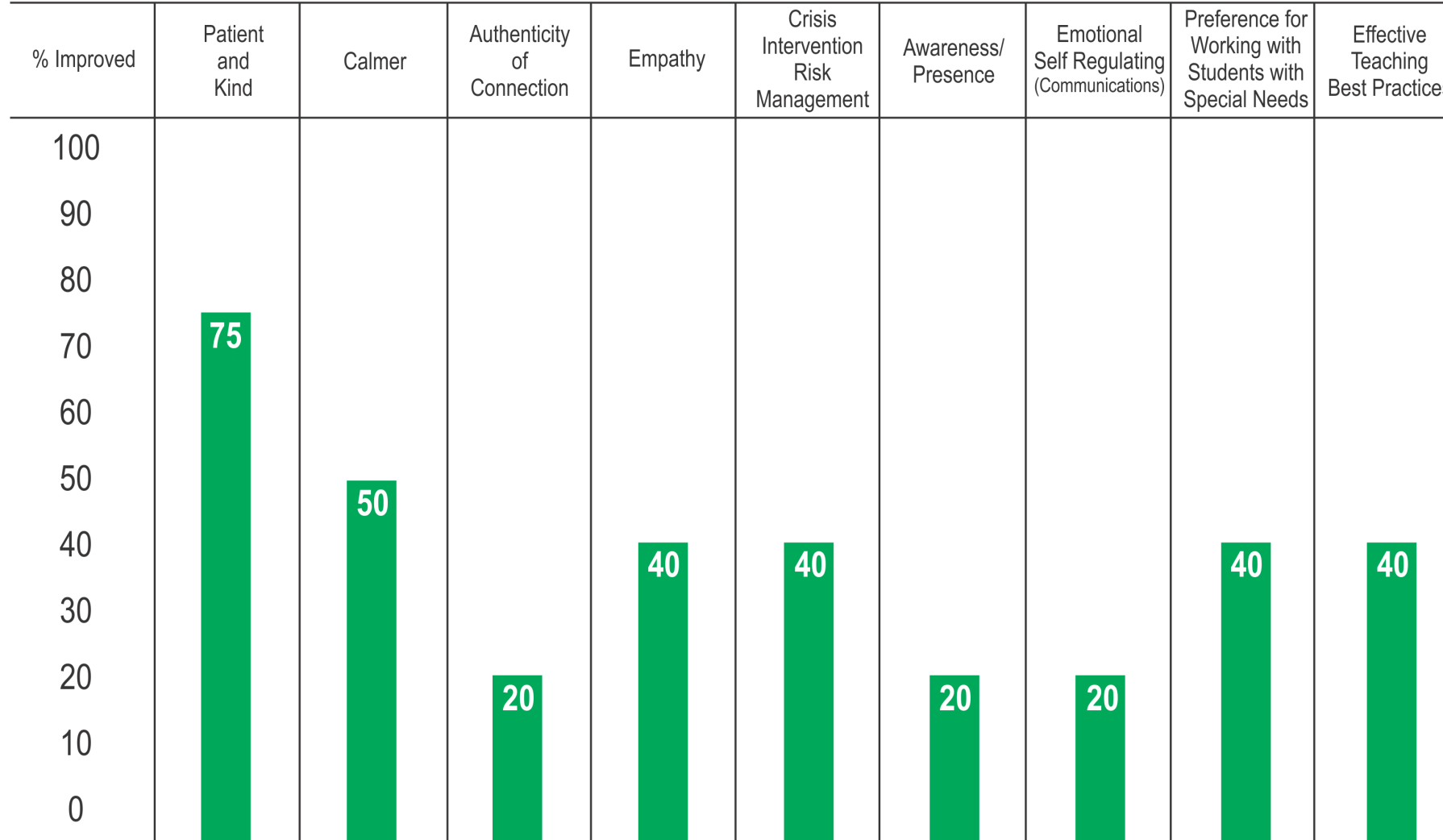
1. Incidents of physical assaults reduced by more than 50%
2. SwDD Incidents of physical assaults toward educators of 6 to 10 times per week reduced from 19% of educators to 2% of educators
3. Learning conditions improved by more than 50%
4. Significantly enhanced safety for students and staff
5. Reference next page

(Reference Research Study www.centreforconsciouscare.ca –
About Us – Commitment)



Percentage Improvement in Essential Qualities of Emotional Self Regulation during High Stress From Pre Conscious Classrooms Compared to Post Conscious Classrooms

Combined HSCDSB and ADSB
Overall Average Improvement in ESR 38%



Ontario Association for Behaviour Analysis (ONTABA)

ONTABA has been a strong leader in asserting the vital importance of more completely addressing the biomedical needs of people with I/DD to prevent and treat challenging behaviours.

Reference:

Evidence-Based Practices for the Treatment of Challenging Behaviour in Intellectual and Developmental Disabilities: Recommendations for Caregivers, Practitioners, and Policy Makers – Report of The Ontario Scientific Expert Task Force for The Treatment of Challenging Behaviour.

Quote from the Report of the Ontario Scientific Expert Task Force for the Treatment of Challenging Behaviours

*“All individuals who engage in challenging behaviour should receive a medical assessment to rule out the possibility that the behaviour is occurring due to an underlying medical condition. **The Canadian College of Physicians Consensus Guidelines (CCG)** for the Primary Care of Adults with Intellectual and Developmental Disabilities (Sullivan et al., 2018) provide a comprehensive set of recommendations.”*

These guidelines identify a number (31) of common biomedical issues that may contribute to the onset of challenging behaviour.

Behaviour Analyst Certification Board (BACB) Ethics' Standards

BACB 2019, 3.02:

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

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 people with ASD; A Consensus Report.

A Centre for Conscious Care – Experiences

In the training of over 3,000 parents, educators, support professionals, primary care clinicians and behavioural therapists from approximately 46 community support organizations and 5 boards of education that support and educate thousands of students, family members and other people with I/DD, it is A Centre for Conscious Care's experience, confirmed by 2 Ministry sponsored independent research pilot projects that –

**Less than
1 in 5**

Are Assessed, Treated and/or Supported in Accordance with the Canadian College of Family Physicians Consensus Guidelines as recommended by ONTABA.

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

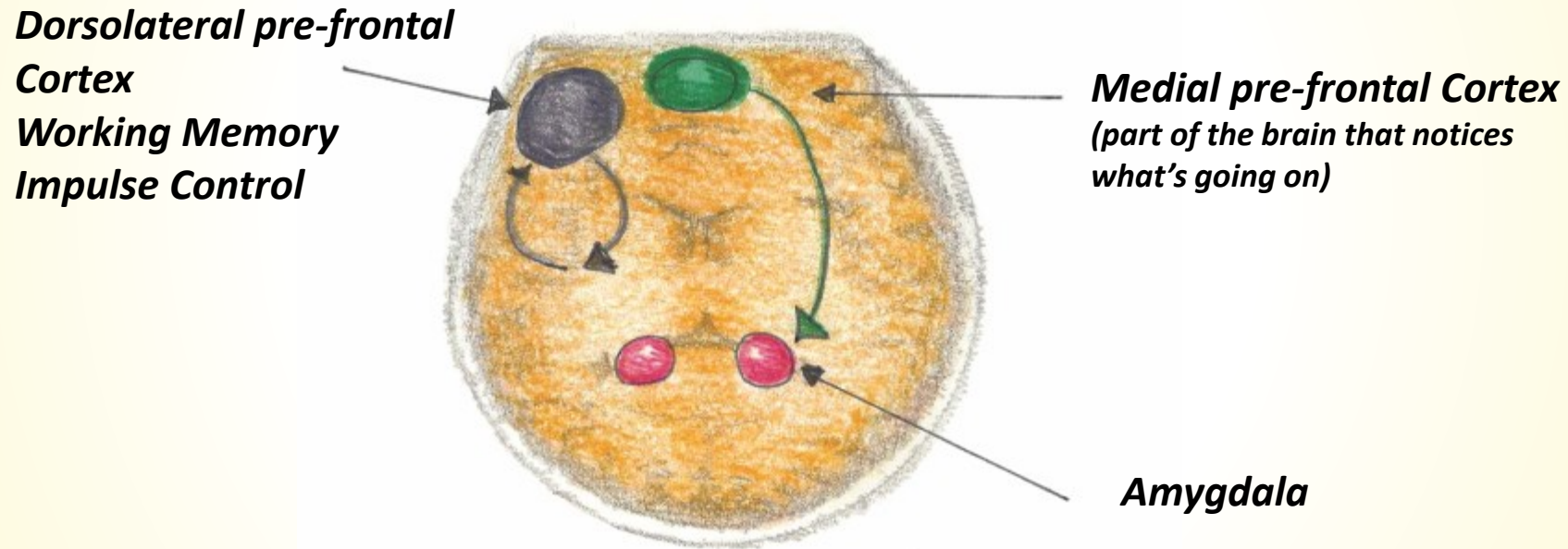
**Adapted from Claiborne, Wilson-Hartgrove and Okoro 2012 –
A Liturgy for Ordinary Radicals**

Temple Grandin

“The main emotion experienced by people with ASD/I/DD is fear. It is the foundation of many other feelings (and behaviours) such as rage and depression”.

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.



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

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.

Prefrontal Cortex Development – Autism

(reference News Medical Life Sciences Jan 2015, ***Improving the prefrontal cortex activity could help autistic people regulate emotions***, UNC School of Medicine, published in the Journal of Autism Developmental Disorders, Gabriel Dichter, PhD, associate professor of psychiatry and psychology).

Brain Development

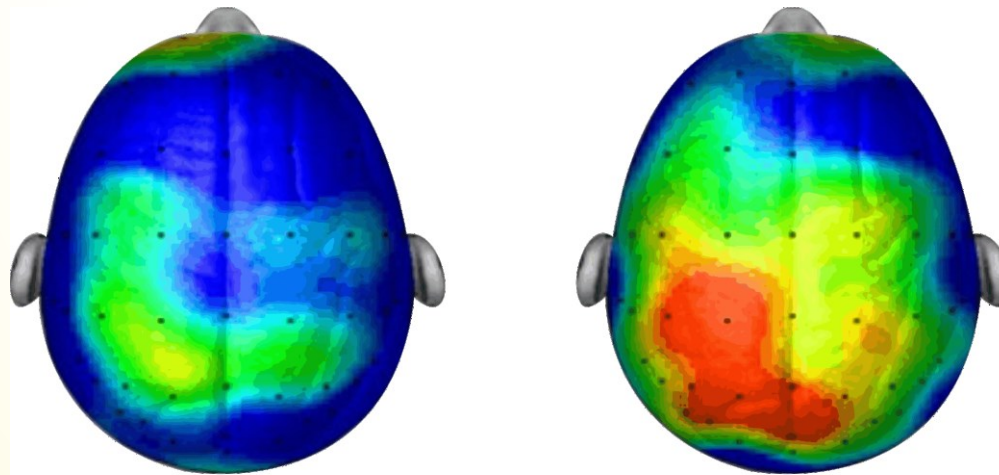
The areas for brain development are mainly the insula, superior temporal and medial pre frontal cortex (MPFC). This system forms the interconnected “resonance circuitry”. **Each time we become mindful, we fire-up these regions and what fires, wires** (i.e. grows new neuron cells i.e. neurogenesis) (reference Siegel, D., *The Mindful Brain* pages 165-190).

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.

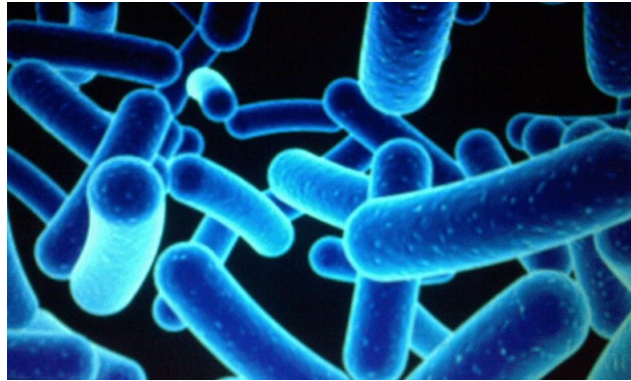
- neurogenesis (new neurons)
- neuroplasticity (more complete neuro networks)
- neuro electrical stimulation (brain firing)
- neurochemicals production (endorphins, dopamine, serotonin, oxytocin)
- Hertz e.g. Beta, Alpha, Theta, Delta



(Brain MRIs before & after
20 minutes of exercise)

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 e.g. PPA found in the gut of individuals with Autism, when introduced into healthy rodents, create numerous Autistic like symptoms.
e.g.
 - Repetitive behaviours
 - Anti-social
 - Easy to startle (Fear)
 - Hyper activity
 - Object fixation
 - Perseverations
 - Mitochondria and immune dysfunction
 - Ticks and seizures
 - Neuro-inflammation

(Reference: Dr. Derrick MacFabe, The University of Western Ontario)

Enteric Short Chain Fatty Acids: Microbial Messengers

Journal of Developmental and Physical Disabilities

“Lower-functioning children with ASD (i.e. less than 70 IQ) exhibited **significantly higher levels of cortisol**, the primary stress hormone in humans, than both high-functioning children with ASD and typical children”.

Lower Functioning SwDD have Significantly Higher Levels of Cortisol than Higher Functioning SwDD*

Increased production of adrenaline and cortisol during stress:

- interferes with the ability to concentrate, learn and remember;
- interferes with the body's physiological balance;
- impairs higher level cognitive functioning;
- robs the body of chemicals needed to protect it from environmental offenders;
- promotes return of primitive reflexes (e.g. fight or flight) that contributes to the individual's difficulties in coping with sensory stimuli;
- interferes with one's ability to relax and to sleep, that in turn, thwarts one's resiliency, one's ability to regroup and face situations with new-found strength, to respond adaptively.

***Cortisol Levels Higher in Lower-Functioning (IQ 70 or below) Autism
Institute for Autism Research, Canisius College, New York State - 2015**

Anxiety in SwDD

Anxious brains cannot learn, focus or remember



Release of adrenaline and cortisol as defense mechanisms, deregulates the body and brain and leads to problems in learning and maladaptive behaviours and added health problems.

From 0-60 mph in Seconds?

“Individuals with Autism live in a challenging state of hyperarousal. Many live in pre-panic states day in and day out.”

“Anger can be a strangely soothing emotion – Rage is organizing: When we have worked ourselves up into a fury, we are completely focused, involved and unified.....”

(Our fear is replaced by anger and/or aggression – much more ‘user friendly’ emotions than anxiety or panic).

Shadow Syndrome

John Ratey M.D.

Associate Clinical Professor, Harvard Medical School

Author and Co-author of 8 Books

Over 60 Peer Reviewed Papers



NOTE:

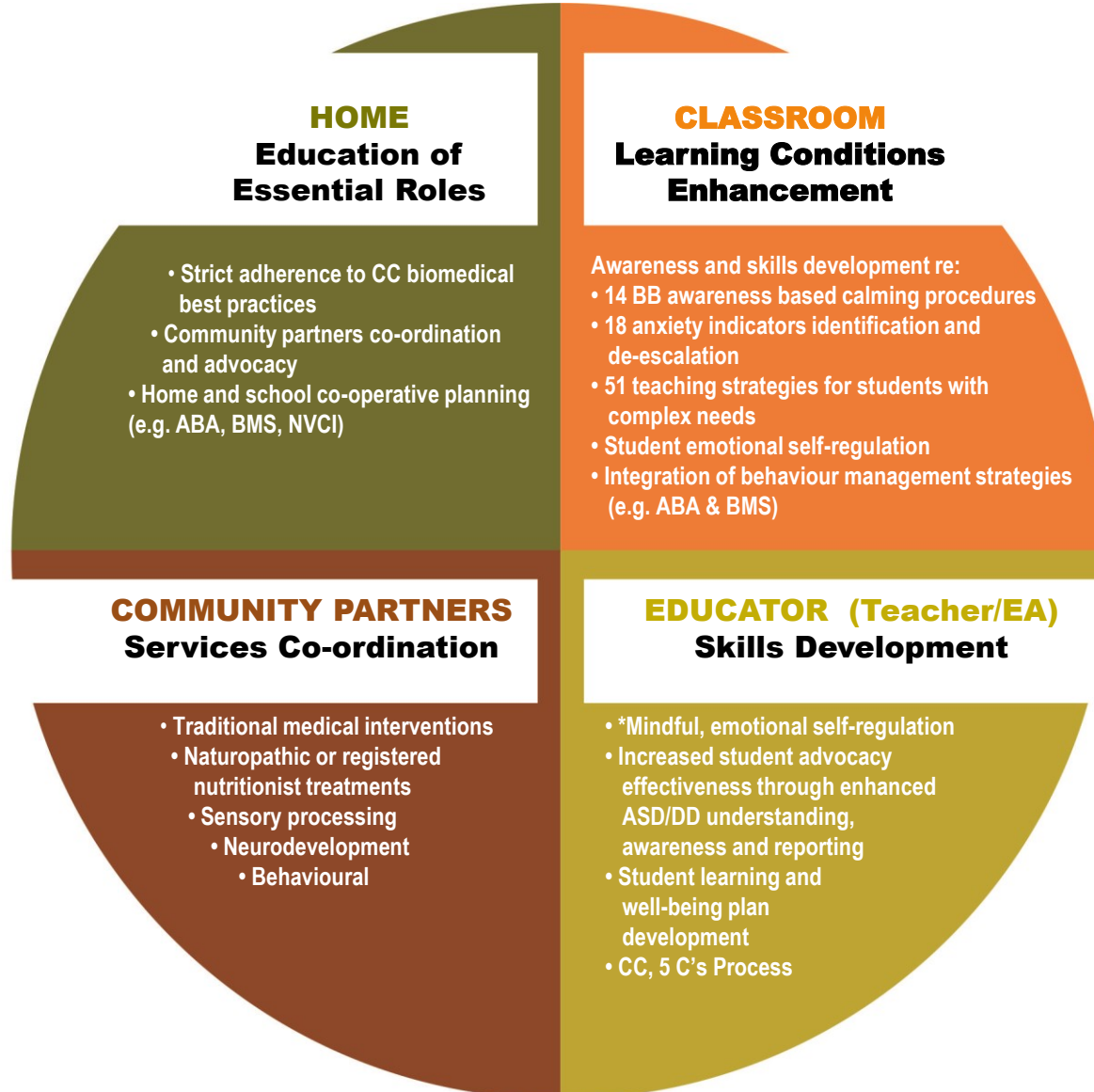
- CC facilitates ways for families to address biomedical issues with SwDD as recommended by ONTABA, similar to how Boards of Education currently work with families for mental health issues;
- Currently, only 20% of SwDD are having their biomedical issues addressed;
- Without the biomedical issues of SwDD being addressed as recommended by ONTABA, the behavioural interventions in classrooms are **Not Evidence Based**.

“As educators, our goal is to model continuous learning as we inspire those around us to use their gifts, enhance their skills and provide the ideal learning conditions for all students. The Conscious Classrooms program has been a much needed resource for my staff and students at a time when numerous other approaches could not meet the needs of our students with complex needs. No other program has had such a profound impact on my staff and ultimately student learning. It has forever changed the way we will work with our students, families and each other.”

Maria Young, Principal
Huron-Superior Catholic District School Board

Conscious Classrooms (CC)

Enhancements to Optimal Learning Conditions in the TDSB Classrooms

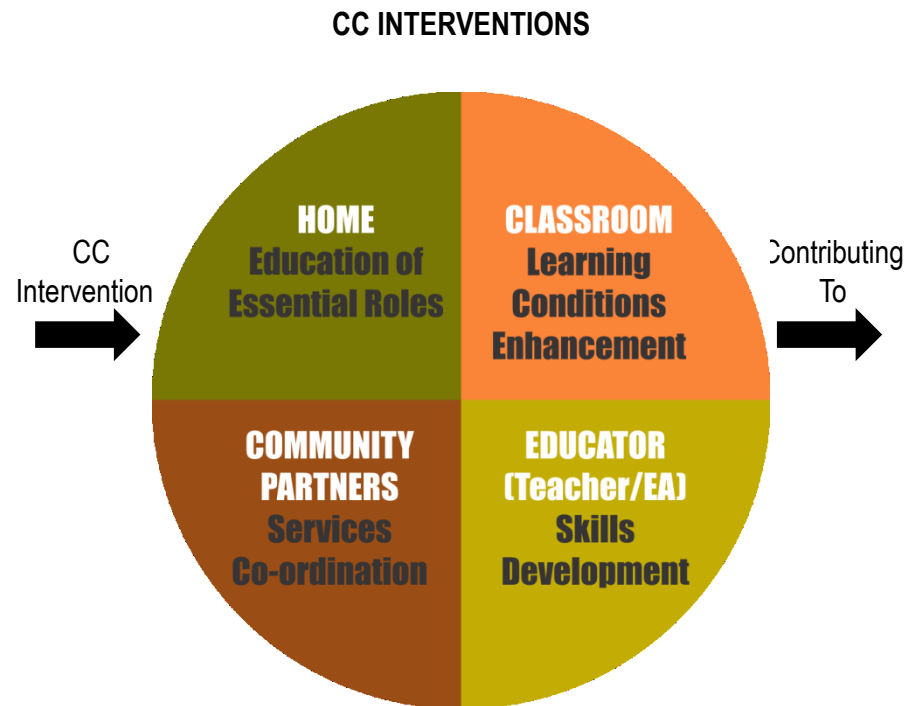


*Educators and administrators estimate that approximately 50% of all classroom behavioural incidents are inadvertently directly caused or significantly influenced by good and caring educators' limited mindful, emotional self-regulation leading up to and during times of students' maladaptive behaviours.

Enhancing Optimal SwDD Learning Conditions

CO-OCCURRING CONDITIONS AND AREAS OF POTENTIAL UNMET NEEDS

- **Gastrointestinal**
 - infections
 - intolerances
 - imbalances (e.g. vitamins/minerals)
- **Mental & Neurological**
e.g. seizures and mood disorders
- **Brain Imbalances**
 - inflammations
 - coherence (lack of)
 - under development
 - motor planning problems
- **Sensory Integration and processing**
 - hyper/hypo
- **Human Energy**
 - sensitivities (e.g. EMF/ RWF)
 - intolerances
- **Cellular**
 - mitochondria dysfunction



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

LESS AND LESS LIVING & LEARNING CHALLENGES

- Physical pain
- Fears and phobias
- Sensory over/under load
- Psychological distress
- Speech/hearing limitations
- PTSD/Trauma
- Environmental stress
- Neglect/Abuse, Isolation/Loneliness
- Educator/Supporter 4 outs

Contributing To

BETTER AND BETTER OPTIMAL LEARNING CONDITIONS

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

Summary

According to:

- The Canadian College of Physicians' Consensus Guidelines
- The Ontario Scientific Expert Task Force (ONTABA)
- Internationally Peer Reviewed Research from for example, Universities of Western Ontario, Toronto, Harvard Medical School, The Center For Discovery
- The CCC experience with over 3,000 parents, siblings, educators, support professionals and clinicians

Primarily treating challenging behaviour without meeting the unmet needs as outlined in the above research could be said to at best be significantly incomplete and contrary to recommended best practices and at worse be responsible for making the suffering and mental and physical harm from challenging behaviours more intense, more frequent and lasting much longer than necessary.