SLEEP APNEA: CAUSES AND TREATMENTS

by Berkeley Wellness | May 12, 2016

Sleep apnea is a serious disorder in which your airway becomes obstructed while you sleep, causing you to jolt for breath and wake up abruptly. You may not remember these disturbances the next day, but you may wake up with a headache or feel lethargic during the daytime.

With sleep apnea, your tongue and other soft tissues periodically fall back and collapse the airway, sometimes totally, sometimes only partially. As a result, breathing stops or becomes very shallow, causing oxygen levels in the blood to fall and carbon dioxide levels to rise. As you struggle to breathe, your throat muscles contract, resulting in a gasp or snort of air, and breathing starts again. This pattern may be repeated hundreds of times a night. People who snore loudly and chronically often have sleep apnea.

Though it’s a common condition, sleep apnea often goes undiagnosed because people don’t realize that they

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Anger is a universal, natural, and sometimes useful emotion. It can lead a person to take action against injustice, or to defend others against it. It can fuel political campaigns and social change. The American rebels who threw tea into Boston harbor on December 16, 1773, were no doubt very angry.

Yet anger also inflicts suffering, as you know if you’ve ever dealt with outbursts from a colleague or family member. A large body of research supports the idea that the chronically angry, especially people forced to suppress their anger routinely, are at increased risk for stroke, other forms of cardiovascular disease, and poorer health generally.

What anger can trigger

The word “anger” comes from the root “angh,” the same root as “angina,” the chest pains caused by blockage of the coronary arteries. When you get angry, your face may flush, your blood pressure rises, and the level of stress hormones (adrenaline and cortisol) rises in your bloodstream. All this is a normal reaction, but if it happens all the time, the result can be unhealthy. Many studies, including the famous Framingham Heart Study, suggest that people with hostile, aggressive personalities—that is, those given to frequent anger—are more likely to have coronary artery disease and heart attacks.

In fact, a systematic review in the European Heart Journal in 2014 suggests that a single angry outburst can have immediate adverse effects. Researchers analyzed data from nine studies that asked patients about their anger level preceding a cardiovascular event. The risk of having a heart attack or episode of unstable angina was found to be nearly five times higher in the two hours following an anger outburst than at other times, while stroke risk was nearly four times higher.

That’s not to say that if you get angry, you are sure to have a heart attack or stroke. The researchers estimated that for every 10,000 adults at low cardiovascular risk, one anger episode a month would result in just one extra cardiovascular event a year. For every 10,000 people at high risk, one anger episode would result in four extra events. But if you get angry a lot, the risk rises substantially. Five outbursts a day would lead to about 158 extra cardiovascular events a year for every 10,000 people at low risk, and 657 extra events for those at high risk.

Of course, smoking, high blood pressure, obesity, and high blood cholesterol levels are the best-understood risk factors for heart attack and stroke. But adding anger or hostility on top of these can only worsen matters.

Treating anger

If you’re worried about your heart and are in the process of giving up smoking, losing weight, reducing your blood cholesterol levels, and taking other positive steps, you might want to consider also reducing hostility and anger. There is no scientific proof that anger treatment or formal anger-management therapy will prevent a heart attack, but it may help.

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Many people swear that their aches and pains are influenced by the weather, among them arthritic sufferers who look to their creaky joints as a dependable barometer. Migraine sufferers often blame their headaches on the weather, too, especially changes in weather. Some people believe that heart attacks are at least in part weather-related. And what about colds—are they more frequent in winter?

It’s hard to argue what people feel in their bones and hearts, literally and figuratively—but has science confirmed any solid connections? We take a look at the evidence.

**Heart attacks**

There may be a link between weather and heart attacks, at least in some people. A large study in northern France from more than 25 years ago found that sudden drops in barometric pressure, as before a bad storm, might bring on heart attacks in people at high risk. And a study from Croatia in 2014 found that a serious kind of heart arrhythmia (ventricular tachycardia) might also be linked to dropping barometric pressure, as well as increasing humidity (relative air moisture).

Other research points to links between cold weather and increases in blood pressure, blood viscosity, and workload on the heart, each of which can raise the risk of heart attack. Even a small drop in outdoor temperature might boost risk, according to a 2010 study in BMJ. A decrease of just 1.8°F on a single day translated into a 2 percent rise in the number heart attacks over the following 28 days.

Heart attack risk also increases in relation to snowfall, as a large Canadian study in CMAJ in February 2017 reported—presumably due, indirectly, to shoveling. It found a 16 percent increase in heart attack hospital admissions and a 34 percent increase in heart attack deaths the day after a snowfall of 8 inches in men (but not women), independent of age and cardiovascular risk factors. Similar correlations between snowfall and heart attacks have previously been reported in other northern locales. Shoveling is a “unique activity” that can particularly strain the heart, especially in combination with cold weather, the researchers noted.

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Eating should be an act of pleasure, and we all want our food to taste good. Unfortunately, adding copious amounts of salt (along with sugar and oil) tends to be the most common method of accomplishing this. But it needn’t be: There are other ways to enhance dishes that add loads of flavor, often with health benefits to boot. Check out these 15 herbs, spices, and other healthful flavor enhancers:

**1. Garlic powder or fresh garlic**
Garlic gets most of its pungency from an organosulfur compound called allicin. While many laboratory studies hint at these compounds’ possible health benefits (lowering blood pressure and “bad” cholesterol), there is a dearth of good human studies. One undeniable fact is that minced garlic adds significant flavor to stir-fries, dips like hummus, and sauces. For a deeper and mellower flavor profile, choose powdered garlic.

**2. Onion powder or fresh onion**
Sure, onions give you gnarly breath. But this vegetable is also a great source of quercetin—an antioxidant that may help reduce plaque buildup in arteries—and organosulfur compounds that, according to some observational studies, may help decrease the risk of certain cancers when consumed frequently. Raw chopped onions go great in sandwiches and salads. For a sweeter and mellower profile, opt for caramelized onions.

**3. Cayenne pepper**
Also known as a red hot chili pepper, this spicy member of the capsicum family of vegetables offers high amounts of capsaicin, which is responsible for its hotness. According to preliminary research, capsaicin can very modestly increase your metabolic activity, which may cause you to burn a few extra calories. A small amount of powdered cayenne pepper goes a long way. It adds a nice kick to steamed vegetables and soups.

**4. Ginger**
Spicy and aromatic, ginger has some well-researched medicinal benefits; mainly it helps reduce nausea and vomiting among pregnant women. Some preliminary studies point to its possible role in fighting atherosclerosis and helping regulate blood sugars for individuals living with type 2 diabetes. Minced fresh ginger goes great in stir fries; powdered ginger gives oatmeal a zesty new flavor; and, juiced ginger makes for an invigorating shot.

**5. Lemon/lime juice and zest**
Lemon and lime juice add a vital component to many recipes. A few drops can instantly enliven a salad dressing or pasta/rice dish and contribute some extra vitamin C to your diet. These fruits’ zest, meanwhile, adds a mellow and floral depth to a variety of dishes, from pancakes and cheesecakes to risottos and refreshing lentil salads. Next time you cook rice, add canned coconut milk and lime juice to the cooking liquid for tropical flavor.

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But the relationship between cold weather and heart attacks is not so straightforward, with the incidence varying from area to area—cold, wet weather seems to drive up the heart attack rate more noticeably in temperate climates than in colder places. For instance, in a 2014 study in PLOS ONE that involved people from 19 countries, cardiovascular deaths were higher in winter than in summer in certain places, such as Portugal and Japan—but no seasonal differences were seen in countries farther from the equator, such as Finland and Canada. You might think that northernmost countries with the coldest temperatures would have the highest mortality in winter, but the researchers hypothesized that people living in frigid climes are more prepared with warm clothing and homes that better protect them from the cold. Other possible explanations: their bodies are better adapted to the cold, and physical activities may decline more in the coldest weather.

Summer can be a threat, too, notably for heart attack deaths. Hot weather—which taxes the heart so it has to work harder to keep the body cool—is a particular risk for poor people in U.S. cities, in large part because they are less likely to have air conditioning. Older people, who are less able to adapt physiologically to both hot and cold temperatures, and those who have diabetes, hypertension, or heart or lung disease, for example, are also at increased risk of dying from temperature extremes or from shifts in barometric pressure.

Aches and pains

Several studies have attempted to confirm (or debunk) whether pain is indeed triggered or exacerbated by cold, damp conditions, as so many people believe. In a 2014 study in BMC Musculoskeletal Disorders, 67 percent of 712 Europeans with osteoarthritis said that weather affected their joint pain. In a 2014 study in the journal Pain, people with hip osteoarthritis who completed questionnaires every three months for two years reported slight worsening of pain with increases in humidity, and slight worsening in function with increases in barometric pressure. And among some 135,000 male construction workers, those who worked in cold temperatures were more likely to report low back and neck pain than those working at higher temperatures, according to a 2013 study in the International Archives of Occupational and Environmental Health.

The Cloudy with a Chance of Pain project has gathered data from more than 13,000 participants in the U.K, who tracked their levels of chronic pain over a year using a smartphone app that automatically collected local weather data when they were logged in. Preliminary analyses showed an association between cloudy and rainy weather and increases in severe pain.

But in other studies, weather appears to have minimal, if any, effect, on pain. In 2016, a study in Pain Medicine of nearly 1,000 people in Australia found no relationship between acute low back pain and precipitation, humidity, and air pressure (though risk increased slightly with increased temperature). Moreover, arthritis pain in particular waxes and wanes, so while it’s tempting to link these ups and downs to changing weather, none of the studies prove causality. It’s possible, for example, that people exercise less in bad weather, and this lack of physical activity is what worsens symptoms. If you want to move from a cold, wet climate to a sunny, dry one, you might be happier, but don’t count on that sunny, dry climate to cure arthritis or other pain.

Headaches

People who get migraines often blame the weather, especially changes in weather. Though most research has not borne this out, a 2015 study in the Journal of Headache and Pain gives them some validity. Researchers in Taiwan looked at the headache diaries kept by 66 migraine patients over a year. Those who claimed to be

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PADDNN’s inaugural meeting was held in March of 2000, beginning as an organization focused on recognizing the unique specialty and contribution of nurses working in the field of Developmental Disabilities.

PADDNN is dedicated to addressing the needs of Developmental Disabilities Nurses (DDNs) while recognizing the diversity of settings and roles in which DDNs function throughout the state.

Our reason for being is to support Developmental Disabilities Nursing in Pennsylvania. We continue to be a resource for the latest developments in Developmental Disabilities Nursing and the Office of Developmental Programs policies affecting I/DD nursing throughout the state.

Meetings are held on a quarterly basis, rotating throughout the various regions of Pennsylvania. The meetings are educationally focused, bringing members the latest updates in physical and behavioral health issues, legislative issues, and emerging practices.

Since October 2009, educational presentations provided at PADDNN meetings and at our annual conference are used toward fulfillment of Pennsylvania’s continuing education licensing requirements for RNs.

Additionally, we offer a great place to network with other professionals in the field, share expertise and experience. Any nurse, licensed in the state of PA, is welcomed and encouraged to attend. We strive to assure a nurturing and supportive environment for all in attendance.

PADDNN is an active local network, members strong across the state. We are also an affiliate of the national Developmental Disabilities Nurses Association (DDNA). We provide our members the latest updates from DDNA, encourage DDNA membership, and support DDNA’s certification programs for RNs and LPNs for attendance at the National DDNA Conference.

Currently, we are in the midst of our annual membership drive for PADDNN. Our membership year runs January 1, 2017 to December 31, 2017. Your membership includes free attendance to quarterly meetings (lunch provided), which allows you to earn CEUs. Also, you have a chance to win a free scholarship to the annual PADDNN and DDNA conferences.

We offer individual membership at $35, group membership at $30 for five or more, $30 for students and retirees. If you are interested in joining and/or renewing membership, please contact Donna Filippi at dfilippi@pmhcc.org.

We welcome you to join us for some great speakers and networking time! Our next meeting will be at NHS in Bluebell on June 14, 2017.

PADDNN officers are: Sandy Corrigan, President; Sharon Falzone, Vice President; Cheryl Callahan, Treasurer; Donna Filippi, Secretary; and Carol Sumner, Education Committee.
Sleep Apnea…
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have this problem. Family members may tell you
that you stop breathing at night and snore
explosively. But if you sleep alone, you may not
even know that you snore.

Sleep apnea robs you of restorative sleep
called REM (rapid eye movement) sleep. This can
lead to daytime drowsiness, irritability, memory
problems, and difficulty concentrating. Because
of daytime drowsiness, people with sleep apnea
are seven times more likely than average to be in
traffic accidents. Apnea may also increase the
risk of hypertension, stroke, heart attack,
irregular heartbeat, and other cardiovascular
hazards, as well as diabetes and other conditions.
In rare cases, especially among the elderly, sleep
apnea may lead to severe respiratory failure and
death.

What causes sleep apnea?

There are two types of sleep apnea.

Central sleep apnea, the less common
type, occurs when the brain doesn’t send proper
signals to the muscles that control breathing.

Obstructive sleep apnea, the more
common type, is specifically caused by a
temporary blockage of the breathing passages.

People who are overweight and over 40 are
at higher risk of obstructive sleep apnea because
muscles at the back of the throat relax with age
and weight gain. But anything that reduces the
size of the airway can lead to apnea, including a
large neck circumference, a fat tongue, nasal
congestion, or a deviated septum. Men are more
likely to develop sleep apnea than women, but a
woman’s risk increases with menopause.

Drink—drinking alcohol before bedtime and using
sedatives can also increase the risk of sleep
apnea.

What if you do nothing?

Sleep apnea usually doesn’t improve
without some form of intervention. Without
treatment, you put yourself at risk of serious
health consequences.

Home remedies for sleep apnea
If you suspect that you have sleep apnea,
tell your doctor. If you’re diagnosed with the
disorder, there is no simple solution, but these
self-help measures should help. Some are the
same techniques used to help people stop
snoring.

Lose weight. This is the one measure that
may have the most benefit. Even a 10-percent re-
duction should help.

Cut back on alcohol. Don’t drink alcoholic
beverages in the evening. Also try not to eat heavy
meals in the evening.

Avoid taking any sort of sedative, includ-
ing sleeping pills or tranquilizers.

If you smoke, stop.

Elevate your head when sleeping. You can
try a wedge pillow that can elevate your head and
neck some 10 inches.

Avoid sleeping on your back. This helps
keep the tongue from falling back and pressing
against the airways. Positioning a body pillow
against your back may help you stay on your
side.

How to prevent sleep apnea
The measures above, especially losing
weight, may also help prevent sleep apnea.

When to call your doctor about sleep
apnea
Contact your doctor if you or family mem-
bers become aware that you are showing signs of
sleep apnea, especially if you are overweight or
have high blood pressure.

What your doctor will do
If you have sleep apnea, your doctor may
prescribe treatment with a CPAP (continuous pos-
tive airway pressure) mask. This is an air pump
attached to a mask via tubing, which is very ef-
fective at keeping your throat open while you
sleep. The devices have been improved in recent
years—and are now less cumbersome, quieter,
and less likely to cause claustrophobia.

There are also custom-made mandibular
advancement devices made by dentists who spe-
cialize in sleep apnea. These devices pull the
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Sleep Apnea...
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A device called Provent, sold by prescription, may be a more manageable alternative to CPAP for mild sleep apnea. It consists of two small patches with valves that you insert into each nostril at night. Though not much is known about its effectiveness, a company-sponsored study found that Provent decreased apnea episodes.

Provent is probably best used only under certain circumstances, such as if you are traveling and can’t or don’t want to take the bulky CPAP machine with you.

What about medication or surgery? A Cochrane review on drug therapy for sleep apnea concluded that while small studies have found short-term benefits from a wide range of drugs, there’s insufficient evidence to recommend them. More research is needed. And surgery for sleep apnea should be considered only as a last resort. The standard procedure widens the airway or corrects other physical problems that contribute to sleep apnea. This is major, painful surgery that can have adverse effects and doesn’t help everyone. There are also less invasive options, notably laser surgery and something called the Pillar procedure, in which three tiny inserts are implanted into the soft palate in the back of the mouth.

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Save the Date!

OCTOBER 19, 2017

Health & Wellness Fair
9 A.M. – 2 P.M.
First Baptist Church, Danville, PA

All Are Welcome!

FMI: lgmurphy@geisinger.edu
An upcoming PPC meeting scheduled for April 25th has been canceled due to conflicts. The next meeting is scheduled for June 27, 2017 at Hope Enterprises, Williamsport from 10 a.m. until 12 noon. Check our website for updates and more details: www.geisinger.org/hcqu

How Weather Affects Your Health...
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affected by temperature changes had a significant increase in headaches during cold winter weather, unlike those who said they weren’t affected by temperature. Another study from Taiwan, in Cephalalgia in 2014, found that cluster headaches were more likely to occur during the transition from winter to spring, and from spring to summer.

Colds and flu
Viruses, not winter weather, are the cause of these infectious illnesses. Still, some preliminary studies suggest that physical stress from being cold can decrease resistance to viruses (by boosting stress hormones, for instance, and reducing antibodies in saliva) or that breathing in cold air or heated air that’s not adequately humidified increases susceptibility by drying the nasal passages and airways and constricting blood vessels in them.

This idea was supported by a large 2015 study in Viruses, which found that drops in temperature and humidity preceded onset of rhinovirus infections (colds) by several days in people who sought medical attention for respiratory symptoms. And a much-publicized though somewhat flawed study more than a decade ago, from the Common Cold Centre at Cardiff University, found that people who sat in their underwear with their bare feet in icy water for 20 minutes were more likely than a control group to report having symptoms of colds during the next five days.

It makes sense to keep warm and dry in cold weather, but if you get wet and chilled, that doesn’t mean you’re

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How Weather Affects Your Health…
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...doomed to start sneezing. One thing is clear: You “catch a cold” from sick people, not from the weather. And the main reason why colds increase in winter is that people spend more time indoors in close enough proximity to swap germs. Being in cold, damp weather may increase the risk slightly (if at all). If you lived in total isolation in a cold, damp climate and were not exposed to cold viruses from other people, you’d never catch a cold, no matter how chilled you got.

Mood
Many people believe that weather affects their mood and mental state. In a small 2016 study in the *Journal of Affective Disorders*, university students receiving mental health counseling had greater mental distress when there was a seasonal reduction in the amount of sunshine,

And reduction in stress with increased sunshine This is not surprising since humans, like most animals, are affected by sunlight or the lack of it, both physically and emotionally—some more than others. Seasonal Affective Disorder (SAD) is recognized as a type of clinical depression that occurs during the shorter, darker days of late autumn and winter, especially in more northern regions. It can be likened to the general winter malaise and lethargy that many of us experience, but is more severe and debilitating.

Bottom line
Weather is a powerful force undeniably linked to human health and well-being. Hot climates can cause heat stroke and encourage the breeding of disease-carrying mosquitoes and the multiplication of harmful microbes. Cold weather can cause hypothermia and frostbite. Hurricanes and blizzards can destroy cities, or at least shut them down. Droughts can cause food shortages. And there’s good evidence for seasonal variations in mood in some people. But weather is not usually directly to blame for headaches, joint pain, colds, or even most heart attacks—though evidence is accumulating that it may sometimes play a role.

Did you know... the rate of autism has steadily grown over the last 20 years.

15 Ways Without Salt…
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Balsamic vinegar
A word of caution: There is a lot of fraudulent balsamic vinegar out there, so make sure you know how to spot the real thing. While balsamic vinegar does not offer much in the way of nutrition, it delivers plenty of flavor with little or no sodium. Apart from playing a vital role in vinaigrettes and marinades, it also pairs beautifully with sweets. Drizzle some over fresh strawberries or a high-quality vanilla ice cream (or non-dairy frozen dessert) and prepare to be delighted.

Apple cider vinegar
You’ll come across many unsubstantiated claims about apple cider vinegar on the internet (“it detoxifies you”). One thing is sure: Unpasteurized apple cider vinegar contains the “mother,” a cloudy substance largely made of an insoluble fiber known as pectin. Pectin may have some prebiotic potential, meaning it serves as a food source for friendly bacteria in the gut. From a culinary standpoint, apple cider vinegar’s high acidity makes it a great ingredient for tangy salad dressings.

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15 Ways Without Salt…
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8. **Herbs de Provence**
   This herb blend of oregano, rosemary, thyme, fennel, tarragon, bay leaf, and summer savory gets its name from the Provence region in southeastern France. Though these herbs are commonly used in Provence, the blends for sale at stores can contain herbs from any part of the world. Try them on roasted vegetables, stews, and grilled items.

9. **Za’atar**
   Za’atar is a very common table condiment in many Middle Eastern countries, usually consisting of sumac (the powder of dried sumac berries, which have a mild citrus flavor), toasted sesame seeds, thyme, oregano, cumin, and marjoram. Some blends also contain salt, so be sure to read the ingredient list. Try it over homemade whole-wheat pita chips, hummus, or your favorite grilled dishes.

10. **Oregano**
    Oregano’s unique flavor is stronger when this perennial herb is dried. A staple in Mediterranean and Latin American cuisine, it is commonly used in tomato-based sauces, sprinkled over pizzas and roasted vegetables, in spice rubs for chicken and fish, and in Greek salads, where it complements raw tomatoes, cucumbers, and feta cheese. Oregano contains a variety of antioxidants known as polyphenols.

11. **Basil**
    This fragrant herb is available in both fresh and dried forms. Fresh basil is the foundation for pesto. For an omega-3 boost, use hemp seeds or walnuts in place of pine nuts. Basil is also an excellent source of vitamin K, a crucial nutrient for healthy bones you can’t get in dairy products. Dried basil adds wonderful flavor to sauces and stews.

12. **Cilantro**
    Cilantro is a mainstay herb in Mexican, Peruvian, Venezuelan, and Thai cuisines. If it tastes soapy to you, blame it on your genes (and take some comfort in knowing roughly 10 percent of the population tastes it the same way). The dried version, known as coriander, is significantly milder. It’s a source of vitamin K (1/4 cup offers 15 percent of your daily needs), so why not add a hefty bunch to your next pesto recipe?

13. **Chives**
    A member of the allium family, chives are related to garlic, leeks, scallops, and onions, albeit with a grassier flavor. They are also quite a kitchen-friendly herb; dried and fresh can be substituted in equal parts for recipes. Chives really shine as a topping, where their fragrance and aroma perfectly accentuate dips, soups, and baked potatoes.

14. **Rosemary**
    Rosemary’s unique fragrance and pine needle-like appearance make it stand out in any crowd. Fresh rosemary leaves offer a stronger flavor than dried (storage tip: wrap in a slightly damp paper towel and refrigerate). Fresh rosemary pairs wonderfully with pork, chicken, roasted potatoes, and olive oil for bread dipping. Rosemary also helps prevent the formation of heterocyclic amines, potentially carcinogenic compounds that develop when meat is grilled.

15. **Nutritional Yeast**
    This inactive yeast, grown on molasses, has a flavor best described as “nutty Parmesan cheese.” It’s a good source of protein, fiber, zinc, selenium, and blood pressure-regulating potassium. It’s popular in vegan circles since some varieties are also fortified with vitamin B12—a nutrient missing from plant-based foods. Try it sprinkled over pasta, stir-fries, or popcorn (spray a little oil first to ensure that it sticks).

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**Did you know…**
About 40% of children with autism do not speak. About 25%–30% of children with autism have some words at 12 to 18 months of age and then lose them. Others might speak, but not until later in childhood.
Alzheimer’s in the Aging Individual with IDD presented by Jan Reisinger MBA CAE Education and Outreach Coordinator Alzheimer’s Association PA Chapter
C-Diff and MRSA presented by Dr. Stanley Martin, Staff Physician GHS, Infectious Disease
Next Steps into Autism presented by Andrea Layton, M.A., BCBA ASERT Communication and Resource Specialist

Learners will be able to:
- explain changes across the lifespan for someone with autism
- list at least 2 unique challenges to adults with autism
- explain basic principles of Applied Behavior Analysis (ABA)
- use basic principles of ABA to evaluate problem behavior

Registration: 8:30–9:00 am
Morning Session I: 9:00–11:00 am
Break: 11:00–11:15 am
Morning Session II: 11:15 am–12:15 pm
Lunch on your own: 12:15–1:30 pm
Afternoon Session: 1:30–3:30 pm
Q&A, Evaluations: 3:30–4:00 pm

To register, email Lesley at lgmurphy@geisinger.edu.
Include your name, title, organization and email.
Register before May 5, 2017.

Check our website for updates: www.geisinger.org/hcqu
Did you know... Currently there is no cure for autism, though with early intervention and treatment, the diverse symptoms related to autism can be greatly improved and in some cases completely overcome.

Integrating Supports Across the Lifetime...

**LIFE COURSE Tools**

LifeCourse Framework was created BY FAMILIES to help individuals and families of all abilities and all ages develop a vision for a good life, think about what they need to know and do, identify how to find or develop supports, and discover what it takes to live the lives they want to live. Individuals and families may focus on their current situation and stage of life but may also find it helpful to look ahead to think about life experiences that will help move them toward an inclusive, productive life in the future.

**THE CORE BELIEF:** People with disabilities and their families have the right to live, love, work, play and pursue their life aspirations just as others do in their community.

We highly encourage you to take time to explore this valuable resource by checking out our website: [www.lifecoursetools.com](http://www.lifecoursetools.com). The LifeCourse toolkit is for individuals, families, and professionals. This resource is for having conservations with individuals and families about a vision for a good life and how to achieve it. The website has corresponding handouts that are intended to be used to supplement, further understand, and generate ideas.

**THE CORE BELIEF:** People with disabilities and their families have the right to live, love, work, play and pursue their life aspirations just as others do in their community.

Even though it was originally created for people with disabilities, this universally-designed framework may be used by any person or family making a life plan, regardless of life circumstances.

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**Wholistic Practices**

**COMMUNITY BODYWORK CLINICS!**

Our specialty is offering helpful, calming, and educational treatments to people with disabilities; those in chronic pain, trauma, grief, or with ongoing illnesses; seniors; and caregivers.

During Clinics, various body and energy work treatments will be available such as Reiki, reflexology, massage, breathing exercises, meditation assistance, and more.

15-20 minute individual sessions as well as small group instructions are available. We just ask you to consider making a donation to help our services be available to others.

For more information and to schedule an appointment, contact Networks for Training and Development, Inc.

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