

2-Day Train the Trainer Institute: Decrease Disruptions & Improve Learning for Students with Complex Behavioral Challenges (PreK-12th)

P. 1

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www.pinterest.com/FABStrategies

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www.youtube.com/@PaganoFABStrategies

Schedule Day One P. 2

- 9:00-10:00 Intro Resources & Movement Breaks
- 10:00-10:30 Mindfulness & FAB Strategies
- 10:30-10:45 Meet Lexie & Break
- 10:45-12:00 Environmental Adaptations
- 12:00-1:00 Lunch Break
- 1:00-2:00 Training Staff
- 2:00-2:10 Break
- 2:15-3:00 Interoceptive Sensory Strategies
- 3:00-3:30 Sign out ticket Questions

Schedule Day Two P. 3

9:00-10:15 Positive Behavior

10:30-10:45 Morning Break

10:45-12:00 Physical Self-Regulation

12:00-1:00 Lunch Break

1:00-2:00 Individualizing Treatment

2:00-2:10 Afternoon Break

2:10-3:00 Consulting & Training Staff

3:00-3:30 Questions & Summary

Best Clinical Resources P. 4

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- Autism Visuals visuals.autism.net
- **Behavioral Strategy Tucker Turtle (FAB Turtle Strategy)**
<https://challengingbehavior.org/?s=Tucker+Turtle>
- **Behavioral Strategy Feeling Wheel**
<https://challengingbehavior.org/?s=Feeling+Wheel>
- Brown, R. P. & Gerbarg, P. L. (2022). The healing power of breath. Boston, MA: Shambhala. www.breath-body-mind.com
- DECA Assessment & PBS www.devereuxearlychildhood.org
- Greenland, S. K. The Mindful Child. New York, NY: Free Press.
<http://susankaisergreenland.com>
- Laugeson, E. A. (2014). The PEERS curriculum. www.semel.ucla.edu/peers
- **Miller, L. J.. 2022.** Sensory Processing. <https://sensoryhealth.org/>
- **Mindfulness Bells 5 breaths/minute** <https://coherentbreathing.com/2>
- **Practical Positive Behavioral Support Help** <www.pbisworld.com>
- Silva et al. QST program Sensory Massage. www.qsti.org
- Stahmer & Suhrheinrich, 2021. Classroom Pivotal Response Teaching. NY, NY: Guilford Press. www.classroomprt.org

Mindfulness Research P. 5

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- ★ Slow breathing activities significantly reduced anxiety, depression and trauma symptoms in children and adolescents with developmental, PTSD, and mental health challenges (Brown & Gerbarg, 2022; Manuel, 2022)
- ★ Mindfulness training significantly decreased bullying behavior difficulties in elementary school students (Faraji et al., 2019)
- ★ Feel your feet significantly improved behavior in adolescents with conduct disorders and aggressive behaviors (Singh et al., 2016)
- ★ Pediatric PTSD interventions that significantly improved self-regulation included mindfulness, exercise, sensory enhanced yoga, and massage

Move: Head-Shoulders, Hip Circle/Tense & Relax/

Feel your Feet P. 6

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★ Move: Head, Shoulders, Hip Circles

**Make slow circles with head alternately breathing in then out to a count of four;
Reverse**

**Make slow circles with shoulders up-back-down alternately “breathing in” then
“breathing out” ; Reverse**

Make slow hip circles alternately “breathing in” then “breathing out” ; Reverse

★ TENSE & RELAX

TENSE AFTER I SAY 1-2-3-GO IMMEDIATELY RELAX

TENSE PRUNE & GRAPEFRUIT DRINK FACE (3 X)

ELEVATE BOTH SHOULDERS (3 X)

MAKE FISTS TO SQUEEZE ORANGES INTO JUIC

★ Feel your Feet

Put all your attention on the bottom of one foot

In the back of your foot feel your heel

Notice the arch of your foot in front of the heel, if it touches the floor

Move forward and notice the ball of your foot

**Notice your big toe, the toe next to it, see if you can bend and feel your middle toe,
then your little toe**

Slow Breathing: *Hand & Shaking* P. 7

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“Open your hands” and Close your hands as soon as teacher models & says

BREATHING IN STOMACH GOES OUT while FINGERS OPEN WIDE;

BREATHING OUT STOMACH GOES IN fist over pointer & index finger (Mushti Mudra decreasing rage), DOUBLY SLOW

Shaking: Bend & straighten knees letting arms shake like rag doll or ropes. Increases body alertness; *while playing song Song I got you(I feel good) James Brown*

FAB STRATEGIES® P. 8

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“FUNCTIONALLY ALERT BEHAVIOR”

Curriculum guiding individualized clinical reasoning addressing behavioral goals:

A. ENVIRONMENTAL ADAPTATIONS

B. SENSORY MODULATION

C. POSITIVE BEHAVIOR SUPPORT

D. PHYSICAL SELF-REGULATION

Develop individualized intervention by integrating the research evidence, client/family values, environmental context, benefit, and risks (Ashburner et al., 2014)

FAB Strategies® for Learning Readiness Form

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X-Therapist ✓-Staff & family A-Attachment Circle-Equipment given

Client: _____ Teacher/Therapist: _____ Contact: _____

Functional Goals: _____ Dates: _____

Dates/Baselines: _____

A. ENVIRONMENTAL ADAPTATION

- ___ Prepare-Limit-Transitions/Low noise/Headphones/Fidget-Comfort Box-Bag
- ___ Seat: Stable-Separate-Carrel-Near teacher-Theraband-Disc O Sit/Clip-Slant board-Pencil grip
- ___ Visual: List-Schedule-If then-Calm face/Slow: Speaking-Pace/Sensory coping Area-Room
- ___ Choice of 1 activity from 1 2 3 4 choices; do ___ sec./minutes minimum; clean up before next activity

B. SENSORY MODULATION

- ___ Move: Head-Shoulders-Hip circles/Tense & relax/Mindful clock Sitting-Standing/Feel your feet
- ___ Slow breathing: Hand-Finger paint-Trace fingers-Squeeze fingers-Circles-Infinity-Energy ball-Heart
- ___ Self-squeezing: Shoulder-Arm-Fingers/Shaking/Kindness/4-2-4-2-Movement/4-4-6-2-Movement
- ___ Arousal level-Modulate/Deliver: Books-Messages/Freeze dance/Giant steps/Simon says/10 hotdogs
- ___ Push button twirling bead chain/Ipad Basic apps: Big bang patterns-Mebop Maestro-ABC kids
- ___ Sequential touch: Beans-Rice-Theraplast-Playdoh-Sand-Wiki stix-Water-Floof-Glue-Shaving cream
- ___ Head crown/Shoulder: Squeeze-Press/Spine roll/Back X/Spine Crawl/Light, slow letters on back
- ___ Brush-Vibrate-Press: Back-Arms/Roll therapy ball/Core-Slow breathing/Back tech: Tap-Press
- ___ Self-Brushing/Self-Buzzing/Chewey/Pressure-Weighted-Vest/Weighted blanket

C. POSITIVE BEHAVIOR SUPPORT

- ___ Ask permission to Kid-Touch/Prompt head filter/Invite/Still like you/Facing door/Grounding
- ___ Conditioned calm/Mand-Break/Sensory match-Coaching/Desensitization/Practice saying/Redirection
- ___ Pre-correction/Self-management/Tolerance for delay/Coping card/FAB turtle/Humor/Partial sentences
- ___ Preferred: Tasks/Distractor/Choices/Pre-play before work/Intersperse learned tasks/Priming/Prompts
- ___ Reinforce: Good attempt-Appropriate-Point chart-Tangible-Desensitization-Self-management

D. PHYSICAL SELF-REGULATION

- ___ Push wall/Wall-Pushups/Exercise band activities/Pull-up/Treadmill/Weight lift/Punch heavy bag
- ___ Prone on therapy ball: Hands rock-Wheelbarrow walk-Fly/Playground-Structure/Quadruped pass
- ___ Ball: Soccer Pass-Wall-Letter-Bat-Bounce activities/Beanbag pass/Mini-trampoline jump
- ___ Sequential: Orienting/Drawing/Bilateral integration
- ___ Supported sit on therapy ball: Forward & back-Up & down-Sides-Mindful clock
- ___ Crash pad/Scooter board: Self-propel-Pull-Push/Suspended Swing: Forward & Back-Lateral-Spin
- ___ Activities: _____
- ___ Activities: _____
- ___ Activities: _____

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Parent/guardian Signature Supporting Program: _____

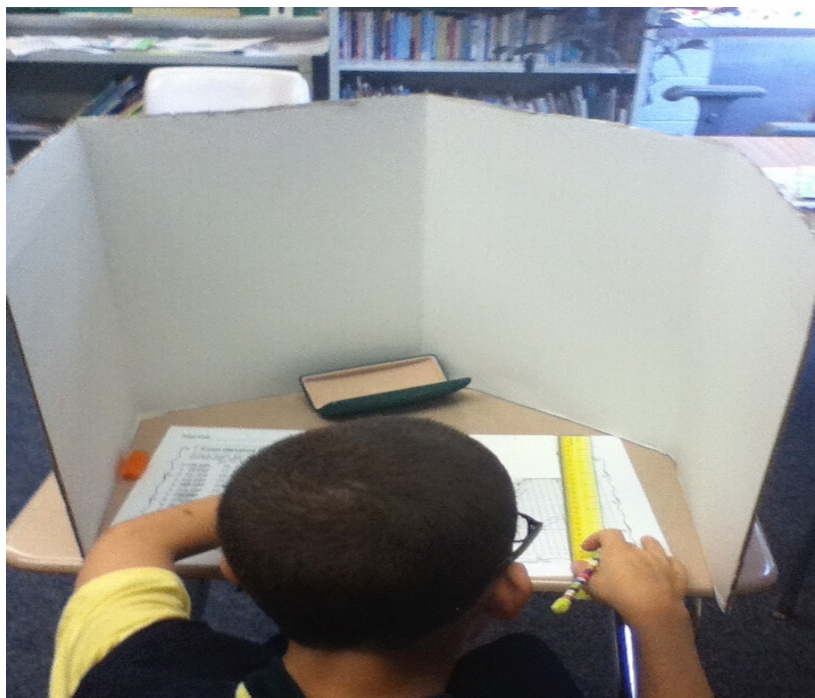
Environmental Sensory Strategies for Learning P. 9

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- **Assistive technology (AT)** promotes the functioning of students with a variety of special needs in schools particularly inclusion in the regular classroom. It includes simple sensory strategies enhancing the salience of teaching cues (e.g., picture directions, simultaneously hearing and reading info, highlighter for plus sign key info, fidget use to enhance listening), computer applications, and robots to enhance learning (Zilz & Pang, 2021)
- Learning and behavior improved in youth with ASD and Sensory Sensitivity definite differences by reducing auditory, tactile & especially combined distractions through: desks separate, carrel, headphones, earmuffs, thicker walls between areas, such as so further separate desks; structurally lower noise; use head phones, earplugs, earmuffs, FM system, and gradually get them use to noise (Green et al., 2015)

Seat: Carrel

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Seat: Theraband (on Chair legs or arms)

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Tie Theraband around the legs or arms of the seat so student can kick or push it. Provides deep pressure and movement for increased seated attention. Taken away if untied or peers are touched or disturbed.

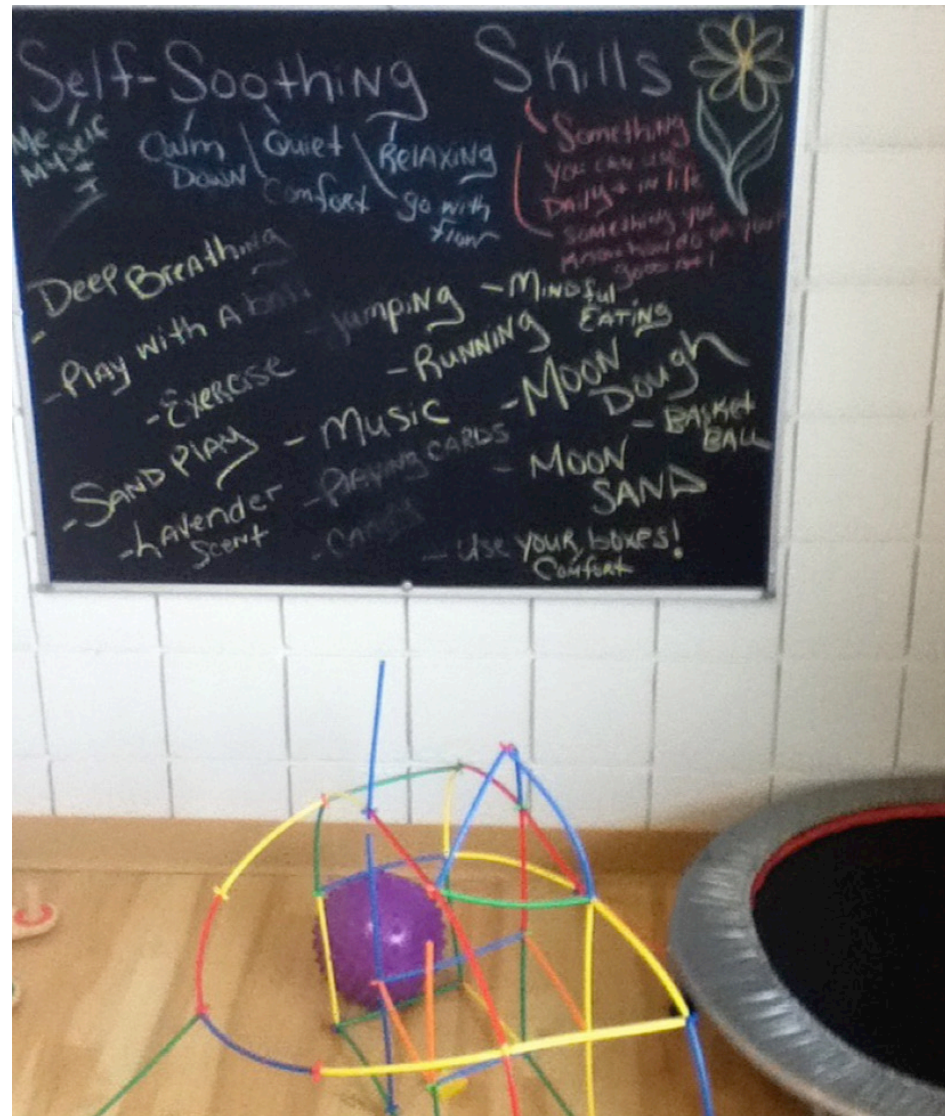
Visual: Schedule

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Sensory Coping Room

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A. ENVIRONMENTAL ADAPTATION P. 10

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___ *Prepare-Limit-Transitions/Low noise/Headphones/Fidget-Comfort Box-Bag*

___ *Seat: Stable-Separate-Carrel-Near teacher-Theraband-Disc O Sit/Clip-Slant board-Pencil grip*

___ *Visual: List-Schedule-If then-Calm face/Slow: Speaking-Pace/Sensory coping Area-Room*

___ *Choice of 1 activity from 1 2 3 4 choices; do ___ sec./minutes minimum; clean up before next activity*

Sensory Modulation Disorders P. 11

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1. **Sensory Modulation Disorders**-Difficulty using sensory information to functionally respond to significant environmental information and screen out irrelevant input.
 - a. **Sensory Overresponsivity**-(Sensory Sensitive/Hyper-reactivity)- Seen in over half of youth with Autism Spectrum Disorder, related to neurophysiologically heightened attention to irrelevant sensory information (Green et al., 2016) and decreased amygdala & sensory cortex habituation (Green et al., 2015). **Significantly higher incidence aggressive behavior and developmental/mental health diagnoses**
 - b. **Sensory Underresponsivity**- (Low Registration/Hypo-reactivity) do not notice sensory input, habituate quickly
 - c. **Sensory Seeking**- Actively seek out sensory stimulation, **once thought to be associated with Sensory Underresponsivity but seen in sensory overresponsivity to so structure classroom.**
 - d. **Sensory Avoiding**- Seen most often in students who experienced PTSD, try to shut down and not engage
(Schaaf & Mailloux, 2015)

Why & What of B. Sensory Modulation P. 12

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- **Over half of preschool kids with behavior challenges had significant sensory processing problems & higher parental stress (Silva et al., 2015)**
- **Children with PTSD have significantly more sensory processing and emotion regulation challenges (Teicher et al., 2016)**
- **Kids with abuse and neglect hx showed significant differences in sensory processing. Approximately three-quarters had tactile sensitivity if abuse hx, and underresponsive/seeking sensation if neglect (Howard et al., 2019)**
- **B. Sensory Modulation FAB Form includes Mindfulness breaks, massage, self-touch, and activities often preferred by students who have no preferred tasks**

SENSORY MODULATION STYLE

RATE from 0 (I'm Not/Strongly Disagree) to 5 (I Am/Strongly Agree)

0 1 2 3 4 5

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0 1 2 3 4 5

HYPORESPONSIVE

Low Registration

Quiet Alert State

HYPERRESPONSIVE

Sensory Sensitive

Sensory Modulation Assess & TX P. 13

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1. **Sensory Profile** is a standardized, norm-referenced assessment of significant sensory modulation differences. Can redo to monitor sensory changes but not to assess effectiveness of intervention
2. Can assess with Sensory Profile : Infant/Toddler, (2-5 years), Class (5-12), Adolescent/Adult (12 and older) **Short Form** (1999), **Short Form 2** (2014) that differentiates total Sensory and Behavior.
3. Alternative **Sensory Processing Measure** (Parham et al., 2010)

Tx Specific Sensory Modulation Challenges P. 14

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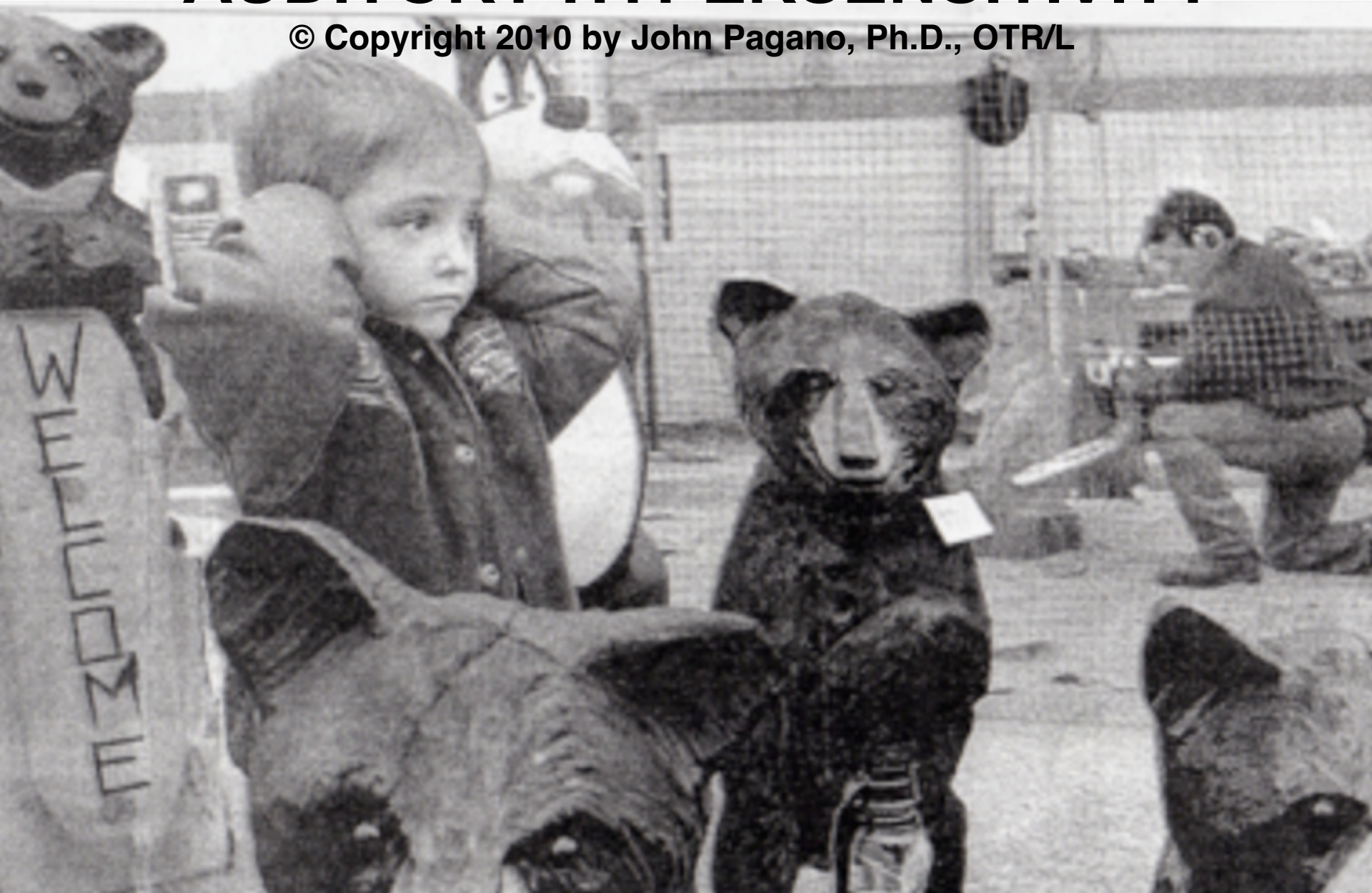
1. Ways as trainers to help teachers address specific types of Sensory Overresponsivity that can increase behavior problems in class:

- a. **Auditory Hypersensitivity:** Hyperresponsive to sound can make regular classroom noise uncomfortable or distracting. Try headphones, lowering class volume, towel roll, or AV microphone
- b. **Tactile Defensiveness:** Hyperresponsive to **touch**. Seat separate strategy and strategy directing gradually progress to acceptance of more tactile inputs.
- c. **Gravitational Insecurity-** Hyperresponsive to **movement**, give support to actively engage comfortably in movement.

2. **Arousal level-Modulate:** Using the Alert Program resulted in significantly improved behavior and neurologically improved in students with Fetal Alcohol Syndrome (Soh et al., 2015). FAB is compatible with all the commonly used arousal modulation programs in schools *Alert Program* (How does your engine run), *Zones of Regulation* (4 Colored Zones), *ARC* (High-Medium-Low Energy), and *Stop-Think-Go* (traffic light) approaches.

AUDITORY HYPERSENSITIVITY

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General Tx for Touch Defensiveness P. 15

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1. Use environmental adaptations and rules to minimize them from touching others
2. FAB Strategy from Sensory Modulation Strategies section B.

Sequential touch: *Beans-Rice-*

Theraplast-

Playdoh-Sand-Wiki stix-

Water-Floof-Glue-Shaving cream (this last row may need to use adaptations)

Gravitational Insecurity Treatment P. 16

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Seat: stable in class, and gradually give student fun supported
Experiences to comfortably challenge their balance



Sensory Modulation Assess & TX P. 13

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3. Alternative **Sensory Processing Measure** (Parham et al., 2010)

Arousal Level



**Over-
Responsive**

Cherry Scent



**Quiet Alert
Responsive**

Apple Scent



**Under-
Responsive**

Blueberry Scent

FAB ENERGY LEVELS/COLORS “Scents”

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Adapted from Zones of Regulation

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**LOW
ENERGY**

*Hypo-
Responsive*

BLUE
“Blueberry”

Feel: Numb
Act: Withdraw

**MEDIUM
ENERGY**

Quiet Alert State

GREEN
“Apple”

Feel: Happy
Act: Learn



**HIGH
ENERGY**

*Hyper-
Responsive*

YELLOW
“Lemon”

Feel: Annoyed
Act: Scream



**VERY
HIGH ENERGY**

**EXTREMELY
HYPER-
RESPONSIVE**

RED
“Cherry”

Feel: Mad
Act: Hit



Manage Sensory Modulation for Learning

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Over-Responsive
Sensory Sensitive



Quiet
Alert
State



Under-Responsive
Low Registration

If Over-responsive and/or Under-responsive
Decrease, then if needed increase sensory input
towards a Quiet Alert State

Regular Education Classroom Breaks P. 21

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- **10 hotdogs-** Kindergarten & Pre-K only
- **Mindfulness**
- **Noticing your Arousal Level-**
- **Arousal level Modulate-**
- **Freeze dance, Giant Steps, Simon Says-**
Practices to increase self-control in PBIS
because require inhibitory motor control
- **Deliver books or messages-** Linear
movement with deep pressure through joints

Sensory Strategies for Student's with Complex Behavioral Challenges P. 22

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Over half of kids who have Autism Spectrum Disorder also have sensory sensitivity (Green et al., 2015)

Children in treatment for anxiety showed significantly greater sensory modulation disorders that correlated with obsessive compulsive and depressive traits (Connelea et al., 2014)

Students with ADHD had significantly greater sensory processing, social, and movement planning problems (Pfeiffer et al., 2015)

Occupational & Mental Health Therapists more effective if they can assess & treat both students' behavioral and sensory difficulties (Nesayan et al., 2018)

Developmental Trauma: Request Sensory Break P. 23

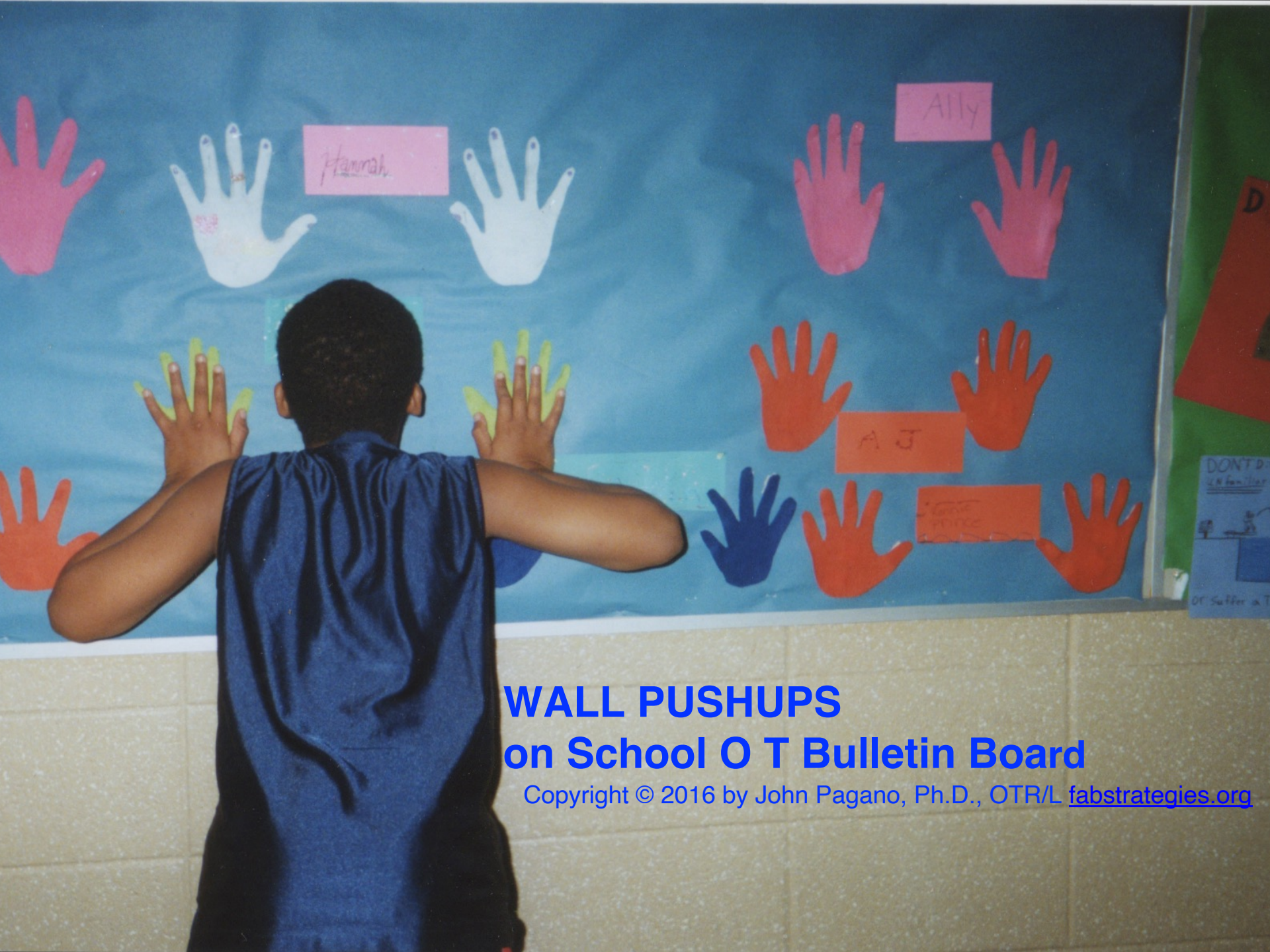
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(Blaustein & Kinniburgh, 2019)



First Steps to Staff Training Behavior P. 24

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- Bulletin boards, Clean up groups, School rules, Posters, and whatever helps your school environment.
- Hang out in the most receptive teachers' class for an hour offering extra help and practicing ways to help with the most challenging behaviors (1 kid and problem at a time, starting with most disruptive), with your specialty
- Attend PPTs of students with behavioral challenges you work with and offer input
- Co-lead class PBIS, Mindfulness, Anger Management and/or Remediation groups



WALL PUSHUPS on School O T Bulletin Board

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Training Staff about Complex Behavior Challenges P. 25

Especially Staff who Know Nothing will Work

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- Work with their identified most difficult students, use FAB Form to record strategies & equipment given, pencil strategies to retry or try next and equipment to try next
- As consultant you can suggest and they can take it or leave it. If don't take suggestions just work with those who do.
- School staff **should not do** anything their supervisor doesn't approve of, their uncomfortable doing, or they feel is not within their professional scope of practice

Formal Trainings Boot Camp P. 26

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- **Need to know-** Talk their language at their level
- **Quickly solve staff problems**, as much as possible!!!
Give the forms, websites, adaptive equipment, for your suggestions to make it easy for them
- **Make learning fun-** Activities, Break-out groups, Stories, Videos
- **Give them stuff-** Food, coffee, adaptive equipment (fidgets, head phones), resources (Feeling Wheels, FAB forms, Trigger & Coping pictures, Sensory Coping Log), gift card or swag bag prizes
- Practice then Relax! Technology follows Murphy's Law
- Provide specific praise and baseline data showing staff how they have helped their students progress

FAB Strategies® for Learning Readiness Form

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C. POSITIVE BEHAVIOR SUPPORT

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- ___ Reinforce: Good attempt-Appropriate-Point chart-Tangible-Desensitization-Self-management

D. PHYSICAL SELF-REGULATION

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- ___ Supported sit on therapy ball: Forward & back-Up & down-Sides-Mindful clock
- ___ Crash pad/Scooter board: Self-propel-Pull-Push/Suspended Swing: Forward & Back-Lateral-Spin
- ___ Activities: _____
- ___ Activities: _____
- ___ Activities: _____

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Parent/guardian Signature Supporting Program: _____

SENSORY DISCRIMINATION DISORDERS & TX Strategies P. 27

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2. Sensory Discrimination Disorders-difficulty distinguishing, interpreting, and organizing sensory information for functional use, contributing to disorganization and school difficulties. Sensory Discrimination Disorders can be for interoception sensory input e.g., hunger (Miller & Collins, 2012; Watling et al., 2011)

- **Tx-Deep pressure touch, Awareness of front-back, top-bottom of body through movement, obstacle courses, touch.**
- **SBIs are individualized environmental & sensory strategies to improve behavior by addressing sensory modulation and sensory discrimination challenges (Watling et al., 2011). SBIs are a component of evidence-based PBIS, Floortime for ASD (Hess, 2013), Collaborative Problem Solving for ODD (Pollastri et al., 2013), & SMART approach for PTSD (Warner et al., 2014)**

BODY SCHEME-Sensory Discrimination Disorder

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MINDFUL CLOCK SITTING P. 28

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(Greenland, 2015)

★MINDFUL CLOCK SITTING

TIC SWAY FORWARD TOC SWAY BACK

LIKE A SWAY FORWARD CLOCK SWAY BACK

‘TIL WE SWAY FORWARD FIND OUR SWAY BACK

CENTER MOVE CENTER

TIC SWAY LEFT (leader right) do a righting reaction (head and trunk flex uphill)

TOC SWAY RIGHT do a righting reaction (head and trunk flex uphill)

LIKE A (Sway Left) do a righting reaction (head and trunk flex uphill)

CLOCK (Sway Right) do a righting reaction (head and trunk flex uphill)

‘Till WE (Sway Left) do a righting reaction (head and trunk flex uphill)

FIND OUR (Sway Right) do a righting reaction (head and trunk flex uphill)

CENTER (Center)

MINDFUL CLOCK STANDING P. 29

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(Greenland, 2015)

MINDFUL CLOCK STANDING

TIC SWAY FORWARD TOC SWAY BACK
LIKE A SWAY FORWARD CLOCK SWAY BACK
'TIL WE SWAY FORWARD FIND OUR SWAY BACK
CENTER MOVE CENTER

TIC-SQUAT DOWN
TOC-STAND ON TOES
LIKE A-SQUAT DOWN
CLOCK-STAND ON TOES
'Till WE-SQUAT DOWN
FIND OUR-STAND ON TOES
CENTER-(CENTER)

TIC SWAY LEFT “Leader right” do a righting reaction (head and trunk flex right)
TOC SWAY RIGHT do a righting reaction (head and trunk flex left)
LIKE A SWAY LEFT do a righting reaction (head and trunk flex right)
CLOCK SWAY RIGHT do a righting reaction (head and trunk flex left)
'Till WE SWAY LEFT do a righting reaction (head and trunk flex right)
FIND OUR SWAY RIGHT do a righting reaction (head and trunk flex left)
CENTER (Center)

Body Awareness for Academics P. 30

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- **Mindful Clock standing & many of the movement breaks teach students to identify the top (head) & bottom (feet), front (face) & back (back of head) & 2 sides of their bodies.**
- **Next teach this in room orientation, there is a top & bottom, front & back, & sides of the room in which to move.**
- **Then developmentally expand to the paper/book and academics. Writing & math proceed top to bottom, front to back, and side to side (Koester, 2015; Burpee, 2019)**

ACADEMIC TRANSFER OF BACK/FRONT, TOP/BOTTOM, SIDE TO SIDE

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(Burpee, 2019)

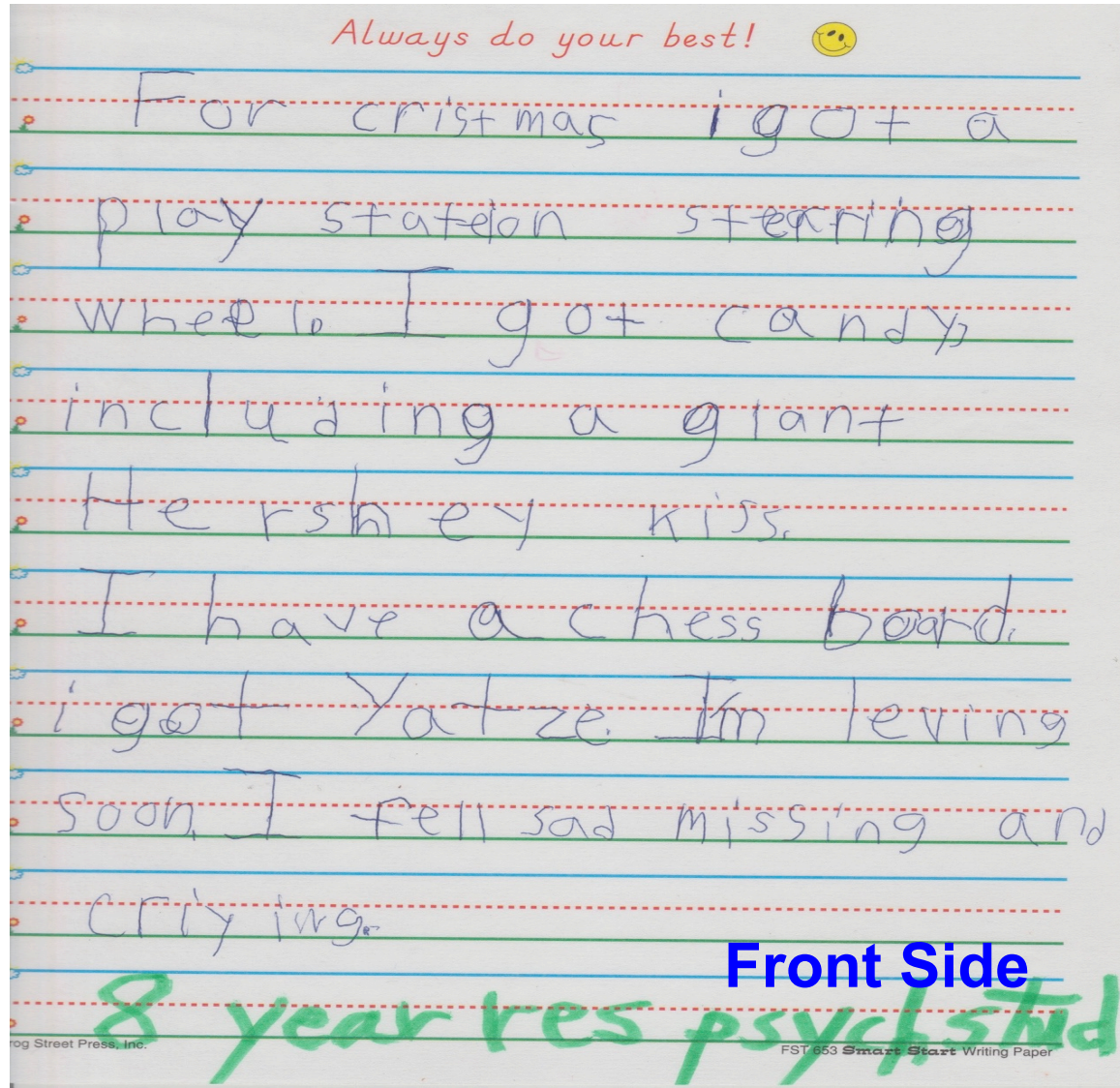
**SIDE TO
TOP DOWN**

DOWN

DOWN

**DOWN TO
BOTTOM**

STOP



SIDE

Mindfulness for Body Awareness P. 31

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- **Rub hands together-**
- **Trace fingers-** Pointing finger “**breathing in**” traces fingers up, “**breathing out**” trace down
- **Squeeze fingers-** Sequentially squeeze each finger alternately “breathing in” and “breathing out” when squeezing each finger
- **Circles-** feet moving then glued teach them about boundaries and personal space

(Brown & Gerbarg, 2022; Manuel, 2022)

Self-Squeezing P. 32

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- **Self-Squeezing- Shoulder-Arm-Hand-Fingers.** *Crossing arms hug or squeeze both shoulders diagonally in for 10 sec. then squeeze, press or massage sequentially down the back of the arm. Pick as side and do shoulder, upper arm, lower arm, then thumb, pointer, middle, index, little finger*
- **Tapping** (Working 9 to 5)

(Brown & Gerbarg, 2022; Manuel, 2022)

Attention & Interests for Severe Cognitive, Visual, Auditory Challenged P. 33

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- Distinguish attention base line and goals for teacher directed task from student's favorite, if student has no reinforcers except food found some, adapt so student is consistently able to do task or gives visual attention only
- **Push button twirling bead chain-** Popular as a first favorite activity, easily connected to adaptive switch. Costs \$260 and breakable. <https://enablingdevices.com/product/twirling-bead-chain/>
- **Ipad Basic Apps:** Big bang patterns- app for \$2, this and push button are often first task kids will do. Designed for students with multiple visual impairments and developmental challenges <https://www.inclusivetlc.com/big-bang-patterns-app>
- **IBA:Mebop maestro-** app for \$2, higher level than Big bang but caution that push button twirling bead chain and this app marketed for infants <https://www.inclusivetlc.com/big-bang-patterns-app>

B. SENSORY MODULATION STRATEGIES Pt. 1

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____ Move: *Head-Shoulders-Hip circles/Tense & relax/Mindful clock Sitting-Standing/Feel your feet*

____ Slow breathing: *Hand-Finger paint-Trace fingers-Squeeze fingers-Circles-Infinity-Energy ball-Heart*

____ Self-squeezing: *Shoulder-Arm-Fingers/Shaking/Kindness/4-2-4-2-Movement/4-4-6-2-Movement*

____ Arousal level-*Modulate/Deliver: Books-Messages/Freeze dance/Giant steps/Simon says/10 hotdogs*

____ Push button twirling bead chain/Ipad Basic apps: *Big bang patterns-Mebop Maestro-ABC kids*

FAB Strategies® for Learning Readiness Form

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X-Therapist ✓-Staff & family A-Attachment Circle-Equipment given

Client: _____ Teacher/Therapist: _____ Contact: _____

Functional Goals: _____ Dates: _____

Dates/Baselines: _____

A. ENVIRONMENTAL ADAPTATION

- ___ Prepare-Limit-Transitions/Low noise/Headphones/Fidget-Comfort Box-Bag
- ___ Seat: Stable-Separate-Carrel-Near teacher-Theraband-Disc O Sit/Clip-Slant board-Pencil grip
- ___ Visual: List-Schedule-If then-Calm face/Slow: Speaking-Pace/Sensory coping Area-Room
- ___ Choice of 1 activity from 1 2 3 4 choices; do ___ sec./minutes minimum; clean up before next activity

B. SENSORY MODULATION

- ___ Move: Head-Shoulders-Hip circles/Tense & relax/Mindful clock Sitting-Standing/Feel your feet
- ___ Slow breathing: Hand-Finger paint-Trace fingers-Squeeze fingers-Circles-Infinity-Energy ball-Heart
- ___ Self-squeezing: Shoulder-Arm-Fingers/Shaking/Kindness/4-2-4-2-Movement/4-4-6-2-Movement
- ___ Arousal level-Modulate/Deliver: Books-Messages/Freeze dance/Giant steps/Simon says/10 hotdogs
- ___ Push button twirling bead chain/Ipad Basic apps: Big bang patterns-Mebop Maestro-ABC kids
- ___ Sequential touch: Beans-Rice-Theraplast-Playdoh-Sand-Wiki stix-Water-Floof-Glue-Shaving cream
- ___ Head crown/Shoulder: Squeeze-Press/Spine roll/Back X/Spine Crawl/Light, slow letters on back
- ___ Brush-Vibrate-Press: Back-Arms/Roll therapy ball/Core-Slow breathing/Back tech: Tap-Press
- ___ Self-Brushing/Self-Buzzing/Chewey/Pressure-Weighted-Vest/Weighted blanket

C. POSITIVE BEHAVIOR SUPPORT

- ___ Ask permission to Kid-Touch/Prompt head filter/Invite/Still like you/Facing door/Grounding
- ___ Conditioned calm/Mand-Break/Sensory match-Coaching/Desensitization/Practice saying/Redirection
- ___ Pre-correction/Self-management/Tolerance for delay/Coping card/FAB turtle/Humor/Partial sentences
- ___ Preferred: Tasks/Distractor/Choices/Pre-play before work/Intersperse learned tasks/Priming/Prompts
- ___ Reinforce: Good attempt-Appropriate-Point chart-Tangible-Desensitization-Self-management

D. PHYSICAL SELF-REGULATION

- ___ Push wall/Wall-Pushups/Exercise band activities/Pull-up/Treadmill/Weight lift/Punch heavy bag
- ___ Prone on therapy ball: Hands rock-Wheelbarrow walk-Fly/Playground-Structure/Quadruped pass
- ___ Ball: Soccer Pass-Wall-Letter-Bat-Bounce activities/Beanbag pass/Mini-trampoline jump
- ___ Sequential: Orienting/Drawing/Bilateral integration
- ___ Supported sit on therapy ball: Forward & back-Up & down-Sides-Mindful clock
- ___ Crash pad/Scooter board: Self-propel-Pull-Push/Suspended Swing: Forward & Back-Lateral-Spin
- ___ Activities: _____
- ___ Activities: _____
- ___ Activities: _____

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Parent/guardian Signature Supporting Program: _____

Sequential: Drawing P. 35

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- **Diagonal-**
- **X-**
- **Alternate infinity I-**
- **Infinity-**
- **Infinity visually track-**
- **Pre twist-**
- **Elbow I-**
- **Post twist-**
- **Symmetry-**

Sensory Modulation & Visual Supports P. 36

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- OT supervised parent administered environmental enrichment using multi-sensory tactile, heating pads, ice, gross & fine motor, and sensory activities significantly improved cognition and reduced aggression in 3-18 year old with Autism Spectrum Disorder (Aronoff et al., 2016)
- Sensory activities embedded in classroom schedule significantly improved participation in school tasks (Mills et al., 2016)
- Visual schedules, choice boards, and feeling pictures promote self-regulation and reduce aggression in students with Autism Spectrum Disorders and developmental disabilities by helping them to express feelings and needs

If significantly **Hypo-responsive** and/or **Hyper-responsive**
“**Decrease, then if needed gradually increase, sensory input**”
to maintain a Calm Alert State for learning

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In treatment, FIRST get Calm Alert State (Sensory Modulation); SECOND address body awareness (Sensory Discrimination). Sensory Modulation and anxiety disorders are significantly more common in youth with PTSD (Yochman & Pat-Horenczk, 2019) and Autism Spectrum Disorder (Green et al., 2015)

Self Brushing & Vibration

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- **Self-brushing-** Back of your hand from fingertips to shoulder. Teacher demonstrates on dominant arm then has students match on their non-dominant hand initially. Can help decrease touch defensiveness and increase body awareness
- **Self-buzzing:** Vibrating bath brush from back of fingertips to shoulder; vibration can help in forming neurological map for body awareness

(Burpee, 2019; Koester, 2016)

Checkout Sensory Profile Uses

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1. **Sensory Profile** is a standardized, norm-referenced assessment of significant sensory modulation differences. Can redo to monitor sensory changes but not to assess effectiveness of intervention
2. Can assess with Sensory Profile : **Infant/Toddler, (2-5 years)**, Class (5-12), Adolescent/Adult (12 and older) **Short Form (1999)**, **Short Form 2** (2014) that differentiates total Sensory and Behavior.
3. Alternative Sensory Processing Measure (Parham et al., 2010)
4. FBA (QABF) and Sensory Profile for challenging behavior
5. **Winnie's view of treatment:** Can coach parents and student's to compensate for their sensory style, Dr. Gil Foley for parent-child interactions

BACK X & SPINE CRAWL P. 37

X MARKS THE SPOT *X fist on back, slow & light*

WITH A DOT DOT DOT *3 dots with your fist*

AND A LINE LINE LINE *3 horizontal lines*

AND A QUESTION MARK *? on entire back*

“CRACK AN EGG ON YOUR HEAD *fist egg*

LET THE YOKE RUN DOWN” *finger yoke (2 X)*

CREEPY CRAWLIES UP YOUR SPINE

spine crawl with knuckles both sides spine

CREEPY CRAWLIES DOWN

palms down both sides spine

INTEROCEPTIVE AWARENESS TX P. 38

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- **Interoceptive Awareness Treatment-** Builds skills in sensing and appropriately managing sensory input from the body (hunger, thirst, pain, **1a fibers light slow interpersonal touch**, heart racing, need to use bathroom, pain) and is significantly related to improvement in chronic pain, Autism Spectrum Disorder, PTSD, sustaining substance abuse treatment (Price et al., 2019)
- **MABT** (*Mindful Awareness in Body-Oriented Therapy*)- Massage & self-touch homework to identify, integrate, and apply internal body signals for self-regulation. Increases interoceptive awareness, emotional regulation, pain tolerance, and addiction recovery (Price & Hooven, 2017).
- **QST-** Massage and parent massage based on Tui Na research suggests improves behavior and language in preschoolers with Autism Spectrum Disorder
- **MINDFULNESS-** Various types of meditation are equally beneficial, find what they'll do (Brown & Gerberg, 2017)
- **SENSORY BASED-** Curriculum teaching students with Autism to identify and respond to internal body cues (hungry, tired, need for bathroom) for improved function and behavior (Mahler, 2017)

<https://www.cmbaware.org/> <https://www.qsti.org/> <https://www.breath-body-mind.com/> <https://www.Kelly>

B. SENSORY MODULATION STRATEGIES Pt. 2

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 Sequential touch: *Beans-Rice-Theraplast-Playdoh-Sand-Wiki stix-Water-Floof-Glue-Shaving cream*

 Head crown/Shoulder: *Squeeze-Press/Spine roll/Back X/Spine Crawl/Light, slow letters on back*

 Brush-Vibrate-Press: *Back-Arms/Roll therapy ball/Core-Slow breathing/Back tech: Tap-Press*

 Self-Brushing/Self-Buzzing/Chewey/*Pressure-Weighted-Vest/Weighted blanket*

Bold is for OT or PT to teach, FAB Form is to get us all working together through the three tiers.

Trauma-Informed Teacher/Therapist P. 40

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Assume all students may have PTSD and low frustration tolerance so consistently use trauma-informed strategies with all students:

- **Invite** not **command**: (Participate, Close eyes); **Still like you** (despite rewarding & consequences for behavior so students succeed); **Ask permission to kid with and touch**; **Choices**; **Priming** (Orient to environment, class, books before teach); **Before lessons & in treatment: Facilitate a calm alert state** (sensory modulation), **minimize sensory distractions**; **lower stress level to moderate or less**; **facilitate body awareness and an organized sensory and interoceptive state** (Sensory Discrimination); and **address Emotion Regulation for learning.**

(Blaustein & Kinniburgh, 2019)

Sequential: Orienting P. 41

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- Turn head from the left side to the right
- Notice anything red, square, made of wood
- How many people in the room?
- Repeat keeping head center and moving eyes
- For trauma informed teaching this movement break gets students to the room they will be working in and may have positive impacts related to EMDR (Eye Movement Desensitization and Reprocessing)

Strategies that Help Prevent Aggression P. 42

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- **Priming-** Expose to new teacher, students, materials, books
- **Preferred Task-** Discover things student likes, really likes and really really likes as basis for learning and reinforcers.
- **Choice-** Limit number and options.
- **Pre-Play (Antecedent Pre-session Pairing)-** Interacting with student using favorites activity before challenging assignments for improved behavior.
- **Intersperse learned tasks-** Intersperse known/favored items with new learning for improved behavior.
- **Non-contingent Reinforcement (NCR)-** Response independent reinforcement (that can match sensory)
- **Functional Communication Training (FCT)-** Develop an alternative way for student to get the thing that he is currently using inappropriate behavior to obtain, over 75% effective in improving behavior.
- **Changing staff mindset-** Show them strategies that improve behavior, and they will come with you
- **Show resistant staff & family-** Bring data from www.pbisworld.com, or DECA Devereux assessment to administration, change behavior in school and when still misbehave at home only they may ask you for help

(Newcomb & Hagopian, 2018; Rivera et al., 2019; Pagano, 2019)

Mindfulness to Decrease Arousal Level P. 20

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- **4-2-4-2:** Breath counting by breathing in 4 sec., holding 2, breathing out 4, holding 2
- **4-4-6-2:** Breath counting by breathing in 4 sec., holding 4, breathing out 6, holding 2 to calm in crisis
- ***Adding movement to 4-2-4-2 and 4-4-6-2:***

While initially breathing in start with hands palms up under belly and lift gradually to palms up overhead. Breath hold remain stationary. Breathing out bring hands from palms up overhead gradually back down to palms up under belly. Breath hold remain stationary

(Brown & Gerbarg, 2022)

Pre-K & K Behavior Strategies P. 43

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- **Basic Class Rules-** 1. Safe hands 2. Polite mouth
3. Pay attention
- **Tickets** randomly reward students or class for following rules
- **Tattling must meet the 3 B's:** Bleeding, Barfing, Broken (Bullying)
- **4 Positives for every correction-**
- **Prepare and signal transitions-**
- **Priming-** Previewing environment, materials, activities
- **Preferred task-**

(Stahmer et al., 2016; Pivotal Response Treatment
education.ucsb.edu/autism)



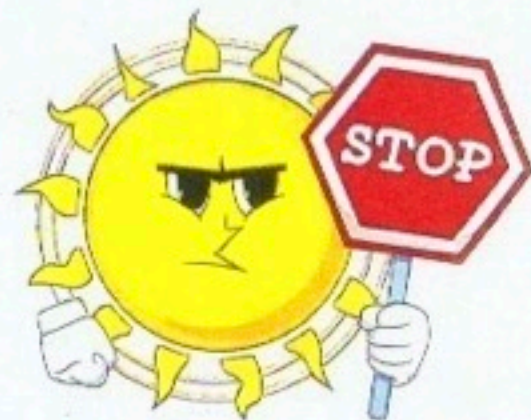
FAB Turtle Strategy

1. **NOTICE** Environmental & Body Triggers **STOP!!!**

2. Go to the sensory coping area.

3. Do **YOUR** individual coping strategy.

4. Later, problem-solve with help.



Domitrovich et al., 2013

Adapted with permission from Dr. Mark Greenberg

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Regular Class Strategies for Toughies P. 44

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- PBIS must be considered in behavior treatment for students with challenging behaviors
- Student behavior effects teachers' job satisfaction.
- Two group leaders-
- Happy hearts/Purple hearts-
- Individualize teaching-

(Private notes, Demos, Pictures)

1. Clear expectations-e.g., Respect:1 person speaks at a time
2. Give objective examples: eyes on speaker
3. Specific praise, rewards, corrections, or consequences

Determine reinforcers and favorite activities, reinforcement system, and if praise is reinforcing or not. Determine reinforcers through preference assessment and if after what you do they behave better or worse. Try to reinforce the behavior you want more than the behavior you don't want but can't ignore (Myers et al., 2017)

Prompts: Types & Levels P. 45

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- Types typically progress from verbal, visual, pointing, demonstrating, partial physical and full physical used & combined strategically. Individualize levels but chart for baseline & goals. At times model (visual) can be more effective than verbal or combined.
- Levels are 6=Independent,
 - 5=Verbal prompt
 - 4=Cue prompt
 - 3=Model prompt
 - 2=Partial physical prompt
 - 1=Full physical prompt (guide with “hand under hand assistance”)



Sequential Bilateral Integration

Same Half: Raising the right shoulder, left ankle, and left shoulder half way up

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Sticker Chart & Violent Student Redirection

P. 47

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- **Points (Visual Sticker Point) Chart-**Award points & give specific praise for positive opposite behavior and practice sessions graded points and prizes
Prompts: Specific statement, Calm, Close.
Praise: Specific, enthusiastic, touch.
Refuse: Calmly describe why no reward, more chances.
- **Redirection to favorite tasks-** when aggressive, young, and/or severely disabled student where could hurt others, physically redirect to a favorite activity and consequence later (LaVigna & Willis, 2012)

Proactive School Planning for Severe Aggression

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- A team including teachers, therapists and administrators plan pre-correction for incidences by a student.
- Older helping younger student groups with extra teacher supervision help everyone.
- Some students are unable to calm down independently once they reach a certain state or arousal.
- Restraint is reinforcing and used for safety of other students, staff and the student.
- It is crucial that staff act real calm and if possible remove peers to a play area.
- No revenge but restitution “repair” can be helpful.
- Pediatric psychiatry and special schools are tricky but can be helpful with teacher input.

Challenging Special Needs Discipline **P. 48**

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- ★ **Sensory match-** intervention can improve school learning in children with Autism Spectrum Disorders. Find through preference assessment NCR that meets sensory needs and motivates student.
- ★ Individualized antecedent use of the Movement Break and Sensory Match Strategy can improve school attention and learning in children with Autism Spectrum Disorders
- ★ Give greater or more immediate reinforcement for tasks done independently rather than assisted, and verbal rather than sign language responses

Pivotal Response Training/Teaching (PRT) P. 49

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- **Pivotal Response Training (PRT)**- Applies ABA to improve class engagement by developmentally addressing the pivotal skills of motivation, generalization, & social skills.
- PRT appears to improve behavior in hyper-responsive children with Autism by decreasing Thalamus & Hippocampus activation of the Cortex while improving attention and behavior
- **Reinforce effort in natural context**- When child tries shows good effort in trying to say (or says) “swing” you push the swing.
- **Embed reward in interaction**- Jump with student
- **Dr. Lynn Koegel on Supernanny**
<https://www.youtube.com/watch?v=oYQ0R6pSFGE>
- Sensory systematic desensitization- Progressive exposure to anxiety producing situations paired with mindfulness, game or snack. Can use sensory match, if skill missing address that first

(Ventola et al., 2014)

Integrate QABF with Sensory Treatment P. 50

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- **QABF (Questions About Behavior Function)-** Apply the function of the behavior in challenging treatment planning. If ESCAPE use Break signal, Antecedent Pre-session pairing, & Intersperse learned tasks to help with disliked tasks. If NON-Social (sensory) function provide NCR you think matches the function of repetitive problematic behavior. If ATTENTION, ESCAPE, TANGIBLE or PHYSICAL use FCT to teach appropriately requesting these things.
- Integrate QABF with Sensory Profile to develop treatment integrating sensory and behavioral needs (Lane, 2020; Lydon et al., 2017; Pingale et al., 2019)

(Kelly et al., 2015; Rivera et al., 2019)

13 yr. old = ASD, ODD & Attachment Disorder;
 Student's Name: Definite Difference Date: SP-Low Reg & Sensory seeking
 Behavior: Head banging against the floor Respondent: John Pagano, PhD, OT/SLP

P. 51

QUESTIONS ABOUT BEHAVIORAL FUNCTION (QABF)

Rate how often the student demonstrates the behaviors in situations where they might occur. Be sure to rate how often each behavior occurs, not what you think a good answer would be.

| Score | Number | Behavior | | |
|----------------|-------------------|---|----------------------|--------------------|
| 0 | 1. | Engages in the behavior to get attention. | | |
| 0 | 2. | Engages in the behavior to escape work or learning situations. | | |
| 3 | 3. | Engages in the behavior as a form of "self-stimulation". | | |
| 1 | 4. | Engages in the behavior because he/she is in pain. | | |
| 0 | 5. | Engages in the behavior to get access to items such as preferred toys, food, or beverages. | | |
| 0 | 6. | Engages in the behavior because he/she likes to be reprimanded. | | |
| 0 | 7. | Engages in the behavior when asked to do something (get dressed, brush teeth, work, etc. | | |
| 3 | 8. | Engages in the behavior even if he/she thinks no one is in the room. | | |
| 2 | 9. | Engages in the behavior more frequently when he/she is ill. | | |
| 0 | 10. | Engages in the behavior when you take something away from him/her. | | |
| 0 | 11. | Engages in the behavior to draw attention to himself/herself. | | |
| 0 | 12. | Engages in the behavior when he/she does not want to do something. | | |
| 2 | 13. | Engages in the behavior because there is nothing else to do. | | |
| 1 | 14. | Engages in the behavior when there is something bothering him/her physically. | | |
| 0 | 15. | Engages in the behavior when you have something that he/she wants. | | |
| 0 | 16. | Engages in the behavior to try to get a reaction from you. | | |
| 0 | 17. | Engages in the behavior to try to get people to leave him/her alone. | | |
| 3 | 18. | Engages in the behavior in a highly repetitive manner, ignoring his/her surroundings. | | |
| 1 | 19. | Engages in the behavior because he/she is physically uncomfortable. | | |
| 0 | 20. | Engages in the behavior when a peer has something that he/she wants. | | |
| 0 | 21. | Does he/she seem to be saying, "come see me" or "look at me" when engaging in the behavior? | | |
| 0 | 22. | Does he/she seem to be saying, "leave me alone" or "stop asking me to do this" when engaging in the behavior? | | |
| 3 | 23. | Does he/she seem to enjoy the behavior, even if no one is around? | | |
| 1 | 24. | Does the behavior seem to indicate to you that he/she is not feeling well? | | |
| 0 | 25. | Does he/she seem to be saying, "give me that (toy, food, item)" when engaging in the behavior? | | |
| Attention | | Escape Non-social/Sensory Physical Tangible | | |
| 1. Attention | 2. Escape | 3. Self-stim | 4. In pain | 5. Access to items |
| 6. Reprimand | 7. Do something | 8. Thinks alone | 9. When ill | 10. Takes away |
| 11. Draws | 12. Not do | 13. Nothing to do | 14. Physical problem | 15. You have |
| 16. Reaction | 17. Alone | 18. Repetitive | 19. Uncomfortable | 20. Peer has |
| 21. "Come see" | 22. "Leave alone" | 23. Enjoy by self | 24. Not feeling well | 25. "Give me that" |
| Total 0 | Total 0 | Total 13 | Total 6 | Total 0 |

Sensory Automatic

Revised 4-19-01

Students & Parents with Cognitive Disabilities

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- *Plan-Do-Review, Aerobic exercise, and mindfulness* help improve executive functions for behavior and body image.
- **Cognitive Disability Teaching Strategies for PARENTS and students:** *Embed time in schedule, change positions if stuck, don't walk and talk, results not morals.*
- Always involve administrators in potentially problematic parent conversations.
- Tell the truth although it may hurt.

Bully Proofing Students with Special Needs P. 53

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- Provide higher functioning children with a sensory anchor (feel your feet/palms) and gradually train them to use this anchor for calming when trigger physical reactions or situations begin, then reinforce them.
- Social Skills Autism Groups-(Laugeson, 2014)
- Physical bully proof-Practice differentiating. Avoid the bully, Don't: Police the bully, Call attention to yourself around him, befriend him, use teasing comebacks. Do: Hang out with other people, stay near an adult when the bully is around, only if people are in danger tell an adult privately.
- Verbal bully proof-Teasing only. With no emotion say, "Whatever"; Anyway; Yeah and; So what; who cares", short practiced teasing come backs, then walk away
- Great teen program for social skills I've used

(Ref: UCLA Peers Clinic www.semel.ucla.edu/peers)

Daily & Dysregulated Coping Cards P. 54

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Daily Coping Skills



Listening to music



Drawing/Art



Hug Stuffed Animal

Emergency Skills



Swimming



Chewey



Wall Pushups

Strategies to Help Prevent Aggression P. 56

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- **Pre-Play (Antecedent Pre-session Pairing)-** Interacting with student using favorites activity before
- **Intersperse learned tasks-** Intersperse known/favored items with new learning for improved behavior.
- **Non-contingent Reinforcement (NCR)-** Response independent reinforcement (that can match sensory)
- **Functional Communication Training (FCT)-** Develop an alternative way for student to get the thing that he is currently using inappropriate behavior to obtain, over 75% effective in improving behavior.

(Newcomb & Hagopian, 2018; Rivera et al., 2019; Pagano, 2019)

FAB Strategies® for Learning Readiness Form

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X-Therapist ✓-Staff & family A-Attachment Circle-Equipment given

Client: _____ Teacher/Therapist: _____ Contact: _____

Functional Goals: _____ Dates: _____

Dates/Baselines: _____

A. ENVIRONMENTAL ADAPTATION

- ___ Prepare-Limit-Transitions/Low noise/Headphones/Fidget-Comfort Box-Bag
- ___ Seat: Stable-Separate-Carrel-Near teacher-Theraband-Disc O Sit/Clip-Slant board-Pencil grip
- ___ Visual: List-Schedule-If then-Calm face/Slow: Speaking-Pace/Sensory coping Area-Room
- ___ Choice of 1 activity from 1 2 3 4 choices; do ___ sec./minutes minimum; clean up before next activity

B. SENSORY MODULATION

- ___ Move: Head-Shoulders-Hip circles/Tense & relax/Mindful clock Sitting-Standing/Feel your feet
- ___ Slow breathing: Hand-Finger paint-Trace fingers-Squeeze fingers-Circles-Infinity-Energy ball-Heart
- ___ Self-squeezing: Shoulder-Arm-Fingers/Shaking/Kindness/4-2-4-2-Movement/4-4-6-2-Movement
- ___ Arousal level-Modulate/Deliver: Books-Messages/Freeze dance/Giant steps/Simon says/10 hotdogs
- ___ Push button twirling bead chain/Ipad Basic apps: Big bang patterns-Mebop Maestro-ABC kids
- ___ Sequential touch: Beans-Rice-Theraplast-Playdoh-Sand-Wiki stix-Water-Floof-Glue-Shaving cream
- ___ Head crown/Shoulder: Squeeze-Press/Spine roll/Back X/Spine Crawl/Light, slow letters on back
- ___ Brush-Vibrate-Press: Back-Arms/Roll therapy ball/Core-Slow breathing/Back tech: Tap-Press
- ___ Self-Brushing/Self-Buzzing/Chewey/Pressure-Weighted-Vest/Weighted blanket

C. POSITIVE BEHAVIOR SUPPORT

- ___ Ask permission to Kid-Touch/Prompt head filter/Invite/Still like you/Facing door/Grounding
- ___ Conditioned calm/Mand-Break/Sensory match-Coaching/Desensitization/Practice saying/Redirection
- ___ Pre-correction/Self-management/Tolerance for delay/Coping card/FAB turtle/Humor/Partial sentences
- ___ Preferred: Tasks/Distractor/Choices/Pre-play before work/Intersperse learned tasks/Priming/Prompts
- ___ Reinforce: Good attempt-Appropriate-Point chart-Tangible-Desensitization-Self-management

D. PHYSICAL SELF-REGULATION

- ___ Push wall/Wall-Pushups/Exercise band activities/Pull-up/Treadmill/Weight lift/Punch heavy bag
- ___ Prone on therapy ball: Hands rock-Wheelbarrow walk-Fly/Playground-Structure/Quadruped pass
- ___ Ball: Soccer Pass-Wall-Letter-Bat-Bounce activities/Beanbag pass/Mini-trampoline jump
- ___ Sequential: Orienting/Drawing/Bilateral integration
- ___ Supported sit on therapy ball: Forward & back-Up & down-Sides-Mindful clock
- ___ Crash pad/Scooter board: Self-propel-Pull-Push/Suspended Swing: Forward & Back-Lateral-Spin
- ___ Activities: _____
- ___ Activities: _____
- ___ Activities: _____

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Parent/guardian Signature Supporting Program: _____

C. Positive Behavior Support Strategies

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Ask permission to *Kid-Touch*/Prompt head filter/Invite/Still like you/Facing door/Grounding

Conditioned calm/*Mand-Break*/Sensory match-Coaching/Desensitization/Practice saying/Redirection

Pre-correction/Self-management/Tolerance for delay/Coping card/FAB turtle/Humor/Partial sentences

Preferred: Tasks/Distractor/Choices/Pre-play before work/Intersperse learned tasks/Priming/Prompts

Reinforce: *Good attempt-Appropriate-Point chart-Tangible-Desensitization-Self-management*

Story and End OF Seminar 3:20

Teach Emotion Regulation to Decrease Behavioral Disruptions & Improve Learning P. 58

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- **Emotion/Affect Regulation teaching** results in evidence-based improvements in tolerating, regulating and appropriately managing emotions. Significant relationship between psychiatric disorders and poor emotion regulation (Stevens, 2019).
- **Emotion Regulation Teaching/Treatments best taught** collaboratively by teachers and therapists **using mindfulness, coping strategies, environmental adaptations, and movement activities** (Case et al., 2020).
- **Teach students to recognize their unique early bodily & environmental triggers** for dysregulation and **individualized coping strategies** to prevent aggressive behavior (Stevens, 2019)
- Body Awareness & Sensory Processing provide the foundation for our emotions and self-regulation, and are significantly greater in youth with Autism Spectrum (DuBois et al., 2016)

Promoting the “Team Approach” Safely

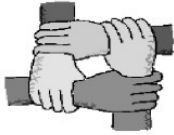
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- Use FAB Form, Functional Behavior Plan and meetings to work together as teacher, special ed teacher, administrators, OT, PT, ST, MH therapist, parent, and school nurse to address students with behavior challenges
- Identify “safe staff” who students can go to when upset
- No blame game in managing behavior
- Consultants suggest, teachers are welcome to take or not take the suggestions
- Good supervisors supervise

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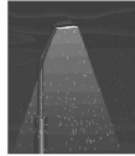
Color/Circle Your 3 Major Triggers for Misbehaving



Held/Restrained



Crowds



Darkness



Told No/Can't



A Fight with a Friend



Miss Someone



Lonely



Getting up



Hungry



Tired



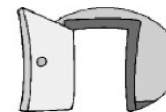
Being Bullied



Sick



Told What to Do



Door Closed/Locked

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Color/Circle 3 Major Body Triggers for Misbehaving



Crying



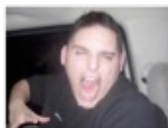
Red/hot face



Laughing/Silly



Threatening



Act mean/rude



Swearing



Whining



Breathe hard



Clench fists



Shake/Tics



Yelling/Screaming



Rocking



Acting Hyper



Scrunch Face



Run Away

Reference: Mass. Dept. of Mental Health Safety Tool, 2006

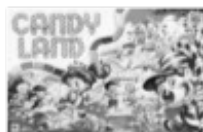
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Color/Circle 3 Best Coping Strategies for Behaving



Writing



Games/Toys



Drawing/Art



Tense & Relax Muscles



Warm Bath



Being Left Alone



Computer



Slow Deep Breaths



Reading



Watching TV



Count to 10



Focus bottom of feet



Rocking chair



Swings



Dancing



Sports



Swimming

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Color/Circle 3 Best Coping Strategies for Behaving



Talk on Phone



Listen to Music



Singing/Humming



Theraband Exercises



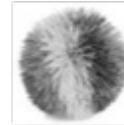
Hug Stuffed Animal



Get a Hug



Pressure Touch



Fidget



Wall pushups



Bean Bag chair



Weighted Blanket



Sit Moved on Ball



Play on Playground



Theraputty



Playdoh



Exercise



Chewey

FAB TRIGGER & COPING FORMS

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Color/Circle 3 Best Coping Strategies for Behaving



Noise Cancelling Headphones



Mini-trampoline Jumping



Brushing



Pressure/Weighted Vest



Rock over Therapy Ball



Sensory Coping Area



Mindfulness Activities

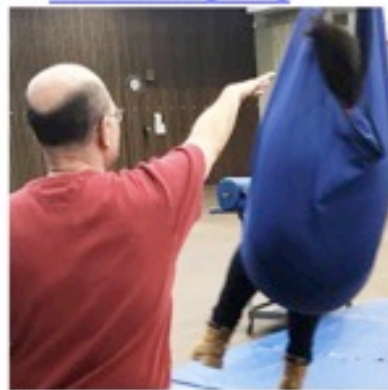
Reference: Adaptation of Mass. Dept. of Mental Health Safety Tool, 2006

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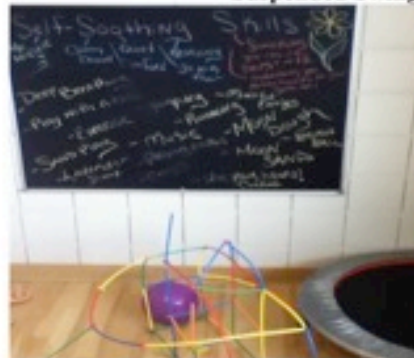
Swings



Suspended Swings



Wall Pushups



Sensory Coping Area/Room



Steam Roller Deluxe®



Visual Supports

Reference: Adaptation of Mass. Dept. of Mental Health Safety Tool, 2006

Team Members Roles in Complex Behavior

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- Mental Health Therapists- Guidance Counselor & School SW; School Psychologist; BCBAs “Functional Behavioral Analysis/Plan”
- Speech Language Pathologist- Communication, language, visual supports, auditory processing screening
- Occupational Therapist- usually part-time, trained in physical and mental health activities and functional skills
- Physical Therapist- Usually part-time, gross motor, wheelchairs, splints
- School nurse- medically fragile, somatic complaints, school avoidant, cutters, mental health concerns
- Special Education Teachers- Resource rooms, special education classrooms, “Coordinator of Chaos”
- Regular Education teacher- does everything (includes education & reading specialists)

Keep SAFE hands
don't hurt my self
when I get upset

← **Spongebob**



Trigger & Coping Strategies

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Environmental Triggers-

Body Trigger-

Feelings-

vs. Behaviors-

Coping Strategies-

**Use of trigger & coping assessments help reduce seclusion in
psychiatric hospital clients (Bobier et al., 2014) and drug use in
addicts with PTSD (Staiger et al., 2009)**

Good me Flower/Team-

Praxis Comic-

Trigger & Coping Strategies

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Environmental Triggers-

Body Trigger-

Feelings-

vs. Behaviors-

Coping Strategies-

Daily Coping Strategies-

Dysregulated (Emergency) Coping Strategies-

**Use of trigger & coping assessments help reduce seclusion in
psychiatric hospital clients (Bobier et al., 2014) and drug use in
addicts with PTSD (Staiger et al., 2009)**

FAB Turtle Technique

Good me Flower/Team-

Character Comic-

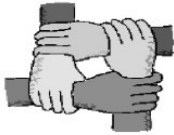
Praxis Comic-

Coping Card-

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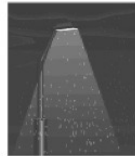
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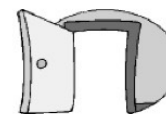
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Sick



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Door Closed/Locked

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Color/Circle 3 Major Body Triggers for Misbehaving



Crying



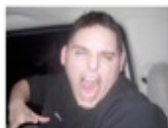
Red/hot face



Laughing/Silly



Threatening



Act mean/rude



Swearing



Whining



Breathe hard



Clench fists



Shake/Tics



Yelling/Screaming



Rocking



Acting Hyper



Scrunch Face



Run Away

Reference: Mass. Dept. of Mental Health Safety Tool, 2006

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Games/Toys



Drawing/Art



Tense & Relax Muscles



Warm Bath



Being Left Alone



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Slow Deep Breaths



Reading



Watching TV



Count to 10



Focus bottom of feet



Rocking chair



Swings



Dancing



Sports



Swimming

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Color/Circle 3 Best Coping Strategies for Behaving



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Listen to Music



Singing/Humming



Theraband Exercises



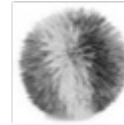
Hug Stuffed Animal



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Pressure Touch



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Theraputty



Playdoh



Exercise



Chewey

FAB TRIGGER & COPING FORMS

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Color/Circle 3 Best Coping Strategies for Behaving



Noise Cancelling Headphones



Mini-trampoline Jumping



Brushing



Pressure/Weighted Vest



Rock over Therapy Ball



Sensory Coping Area



Mindfulness Activities

Reference: Adaptation of Mass. Dept. of Mental Health Safety Tool, 2006

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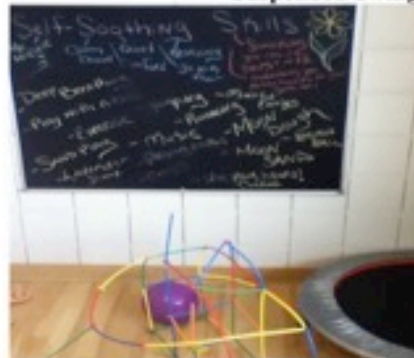
Swings



Suspended Swings



Wall Pushups



Sensory Coping Area/Room



Steam Roller Deluxe®



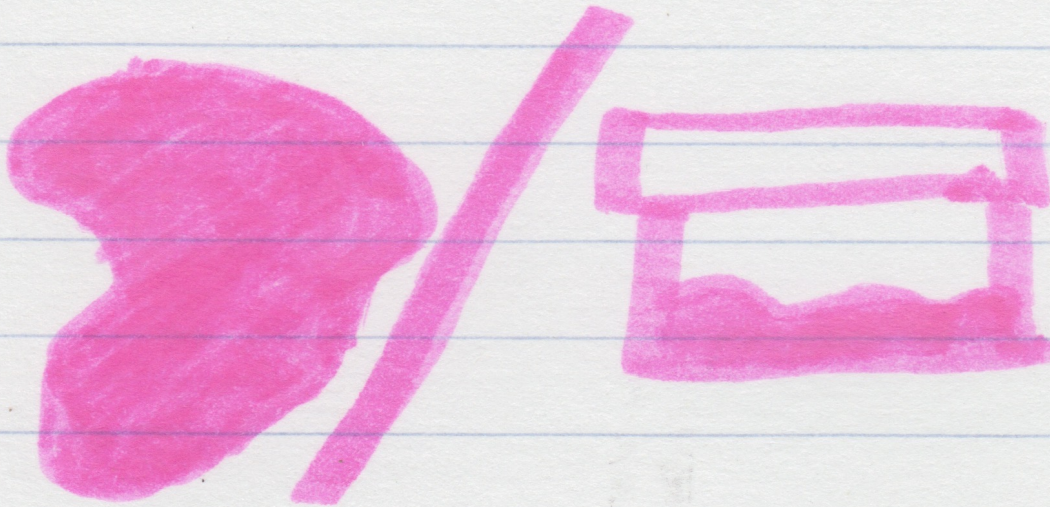
Visual Supports

Reference: Adaptation of Mass. Dept. of Mental Health Safety Tool, 2006

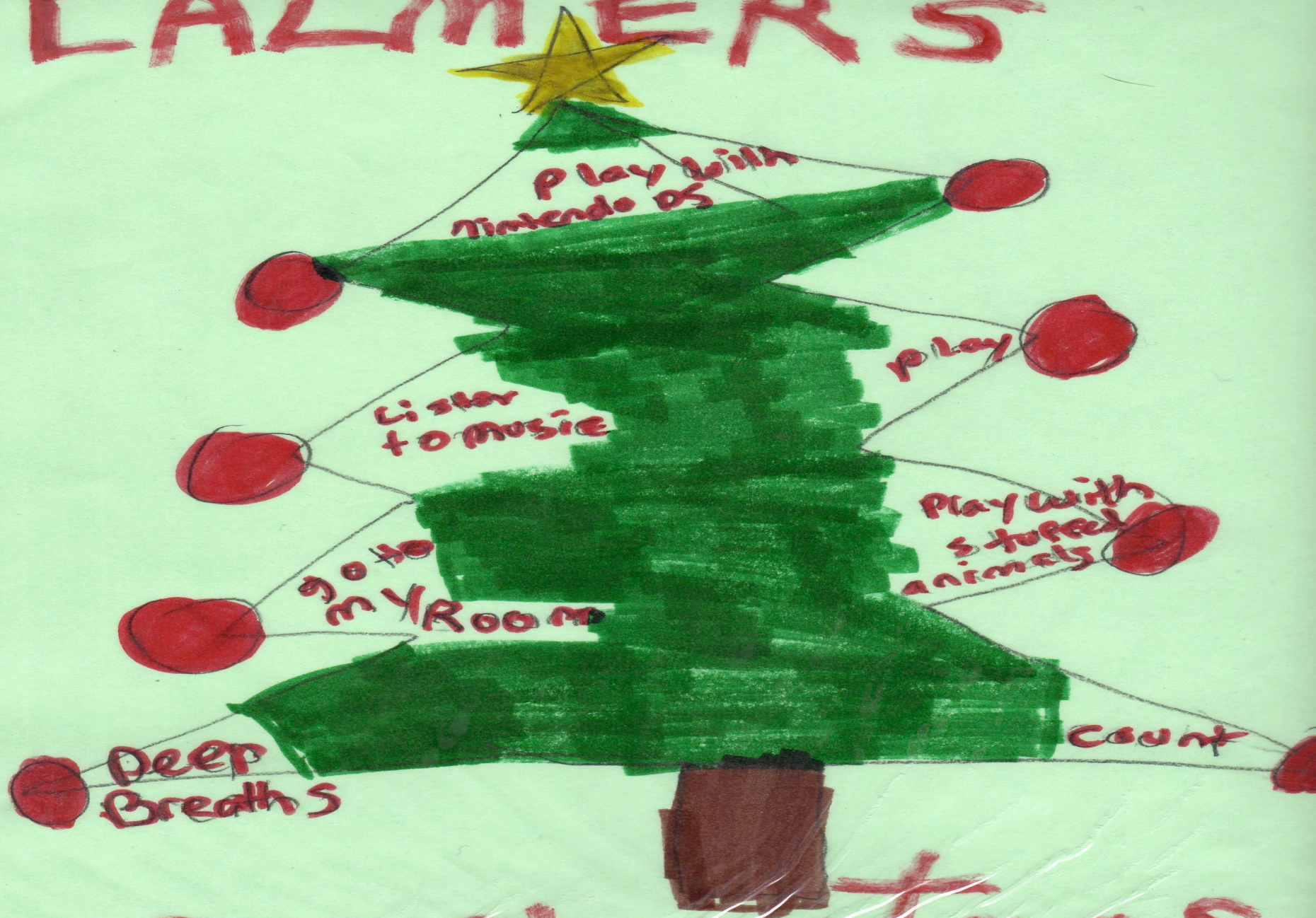
Client Coping Cards Supporting Adaptive Equipment

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I would like the pink slime
because I have major anxiety
and the slime helps release
it.



CALMERS



for Christmas

I

A M A GOOD Girl



FAB Strategies® to Improve Self-Control Form

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Client: Repeated physical and verbal aggression and vulgar language; Definite difference in Behavioral, Sensory Avoiding, and Sensory Sensitivity; Autism Spectrum Disorder with Intellectual Impairment, ADHD & Bipolar Disorder

Therapist: John Pagano, Ph.D., OTR/L **Contact** John.Pagano@ct.gov

Functional Goals: Increased safe hands **Dates:** 8/15/17

A. ENVIRONMENTAL ADAPTATION

Sensory coping area/Prepare-Limit-Transitions/Low noise/Calm face/Headphones (demonstrate on self)

Staff removal of cell phones and glasses as they can be triggers/Slow: Speech-Pace

Environmentally avoid & lower demands when in stimulating environments, as it can increase aggression

Visual: List/Choice of 1 activity from 1 choice; do 2 minutes minimum; clean up before next activity

B. SENSORY MODULATION

Energy level-Colors-Scents/Triggers: Event-Body/Coping strategies

Decrease, then if needed very gradually increase, sensory input/Increase: Structure-Response time

Theraputty/Playdoh/ Sit on therapy ball move: Up & down

Touch vibration: Back/Shoulders Squeeze-Press/Roll therapy ball on-Core progression

C. POSITIVE BEHAVIOR SUPPORT

Breaks: Music-Movement/Choices/Preferred tasks/Intersperse learned tasks

Priming/Verbal-Visual Mand: Verbal break: “All done”

Pre-Correction/Humor/Desensitization/Redirection to a favorite activity in a low stimulation room

Reinforce: Attempts-Individual attention-Tangible favorites: yogurt, sherbert, music

D. PHYSICAL SELF-REGULATION

Walk/Basketball/Dance/Balance beam: Forward & Back-Sideways/Coloring with scented markers

Jump on a mini-trampoline/Foam ball: Catch, saying “1, 2, 3 go before throwing/Sweeping the floor

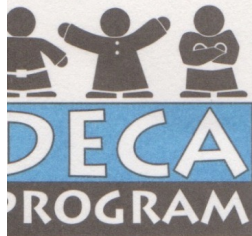
www.challengingbehavior.org www.spdstar.org <http://www.autismprthelp.com/>

References: Domitrovich et al., 2013; Koester, 2012; LaVigna & Willis, 2012; Stahmer et al., 2011

Behavioral Assessment (DECA)

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- **A standardized norm-referenced, strength based assessment of protective factors & screen or DECA-C behavioral concerns**
- **The DECA is a reliable, valid instrument, 3-5 years**
- **Takes only 5-10 minutes to complete**
- **Parents & teachers/therapists use same form**
- **Infant/Toddler for Birth-3; Devereux Behavior Rating Scale School Form for ages 5-12 & 13-17 years**
- **Alternative: Ages & Stages Questionnaires: Social-Emotional (ASQ-SE) 6 mo.-5 years; ITSY & BITSY**



The Devereux Early Childhood Assessment

(for children ages 2 through 5 years)

Paul A. LeBuffe ■ Jack A. Naglieri

SAMPLE with

P. 15

Child's Name _____ Gender _____ DOB _____ Age _____

Site/Program _____ Classroom _____

Person Completing this Form _____ Relationship to Child Per Date of Rating _____

This form describes a number of behaviors seen in some young children. Read the statements that follow the phrase: **During the past 4 weeks, how often did the child** and place a check mark in the box underneath the word that tells how often you saw the behavior. Please answer each question carefully. There are no right or wrong answers. If you wish to change your answer, put an ☒ through it and fill in your new choice as soon as you can. Please do not skip any items.

Never Rarely Occasionally Frequently Very Frequently
☒ ☒ ☐ ☐ ☐
551011

| Item # | During the past 4 weeks, how often did the child... | Never | Rarely | Occasionally | Frequently | Very Frequently | |
|--------|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|------------------|
| 1 | act in a way that made adults smile or show interest in her/him? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attachment |
| 2 | do things for himself/herself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | choose to do a task that was challenging for her/him? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiative |
| 4 | listen to or respect others? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Self-Control |
| 5 | control her/his anger? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | respond positively to adult comforting when upset? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | participate actively in make-believe play with others (dress-up, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | fail to show joy or gladness at a happy occasion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Internalizing BC |
| 9 | touch children/adults inappropriately? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Externalizing BC |
| 10 | show affection for familiar adults? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 | have temper tantrums? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12 | keep trying when unsuccessful (act persistent)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Child's Name Maxwell Smart Gender With DOB Age

Teacher/Program Classroom

Person Completing this Form Teacher Relationship to Child Per Date of Rating

| | Initiative (IN) | Self-control (SC) | Attachment (AT) | Total Protective Factors (TPF) | Behavioral Concerns (BC) |
|------------------|-----------------|-------------------|-----------------|--------------------------------|--------------------------|
| Scale Raw Score | + | + | | 15 | |
| T-Score | | | | 51 | |
| Percentile Score | | | | 10 | |
| Description | | | | | |

| Item # | During the past 4 weeks, how often did the child... | Never | Rarely | Occasionally | Frequently | Very Frequently | IN | SC | AT | BC |
|--------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----|----|----|----|
| 1 | act in a way that made adults smile or show interest in her/him? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 2 | do things for himself/herself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 3 | choose to do a task that was challenging for her/him? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 4 | listen to or respect others? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 5 | control her/his anger? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 6 | respond positively to adult comforting when upset? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 7 | participate actively in make-believe play with others (dress-up, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
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| 11 | have temper tantrums? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 12 | keep trying when unsuccessful (act persistent)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 13 | handle frustration well? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 14 | have no reaction to children/adults? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 15 | use obscene gestures or offensive language? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 16 | try different ways to solve a problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

Attachment

Initiative
Self-Control

Internalizing BC
Externalizing BC

| Rater's Name: <u>Mother</u> | | Parent Rating | | | | | Date: | |
|-----------------------------|------------|---------------|------------|--------------------------|---------------------|-------------|-------|--|
| Percentages | Initiative | Self-control | Attachment | Total Protective Factors | Behavioral Concerns | Percentiles | | |
| | 44 & Above | 31 & Above | 32 | 105 & Above | 18 & Above | 99 | | |
| 72 | 43 | 30 | | 103-104 | 16-17 | 98 | | |
| 70 | 42 | 29 | | 101-102 | | 97 | | |
| 68 | | 28 | | 100 | 15 | 96 | | |
| 66 | 41 | 27 | | 99 | | 95 | | |
| 65 | | | | 97-98 | 14 | 93 | | |
| 64 | 40 | 26 | | 96 | | 92 | | |
| 63 | | | | 95 | 13 | 90 | | |
| 62 | 39 | 25 | | 94 | | 88 | | |
| 61 | 38 | | 31 | 93 | 12 | 86 | | |
| 60 | | | | 92 | | 84 | | |
| 59 | 37 | 24 | | 91 | | 82 | | |
| 58 | | | | 89-90 | 11 | 79 | | |
| 57 | 36 | 23 | | 88 | | 76 | | |
| 56 | 35 | | 30 | 87 | 10 | 73 | | |
| 55 | | 22 | | 86 | | 69 | | |
| 54 | 34 | | | 85 | 9 | 66 | | |
| 53 | | | | 84 | | 62 | | |
| 52 | 33 | 21 | 29 | 83 | | 58 | | |
| 51 | | | | 82 | 8 | 54 | | |
| 50 | 32 | 20 | | 81 | | 50 | | |
| 49 | | | 28 | 80 | | 46 | | |
| 48 | 31 | | | 79 | 7 | 42 | | |
| 47 | | 19 | | 78 | | 38 | | |
| 46 | 30 | | 27 | 77 | | 34 | | |
| 45 | | 18 | | 76 | 6 | 31 | | |
| 44 | 29 | | | 74-75 | | 27 | | |
| 43 | 28 | | 26 | 73 | | 24 | | |
| 42 | | 17 | | 72 | 5 | 21 | | |
| 41 | 27 | | 25 | 71 | | 18 | | |
| 40 | 26 | 16 | | 70 | | 16 | | |
| 39 | | | | 69 | | 14 | | |
| 38 | 25 | 15 | 24 | 68 | 4 | 12 | | |
| 37 | | | | 67 | | 10 | | |
| 36 | 24 | 14 | 23 | 65-66 | | 8 | | |
| 35 | 23 | | | 64 | | 7 | | |
| 34 | 22 | 13 | 22 | 61-63 | | 5 | | |
| 33 | 21 | | 21 | 59-60 | | 4 | | |
| 32 | 20 | 12 | | 57-58 | 2 | 3 | | |
| 30 | 19-19 | 11 | 20 | 53-56 | | 2 | | |
| 28 | 17 & Below | 10 & Below | 19 & Below | 52 & Below | | 1 | | |

| Rater's Name: <u>Mrs. Jones, Teacher</u> | | Parent Rating | | | | | Date: | |
|--|------------|---------------|------------|--------------------------|---------------------|-------------|-------|--|
| Percentages | Initiative | Self-control | Attachment | Total Protective Factors | Behavioral Concerns | Percentiles | | |
| | 42 & Above | 31 & Above | 32 | 101 & Above | 26 & Above | 99 | | |
| 72 | 41 | 30 | | 98-100 | 24-25 | 98 | | |
| 70 | | | | | 22-23 | 97 | | |
| 69 | | 29 | | 97 | | 96 | | |
| 68 | 40 | 28 | 3 | 96 | 21 | 95 | | |
| 66 | 39 | 27 | | 95 | 20 | 93 | | |
| 65 | 38 | | | 94 | 19 | 92 | | |
| 64 | 37 | 26 | 30 | 93 | 18 | 90 | | |
| 63 | | | | 90-92 | 17 | 88 | | |
| 62 | 36 | | | 89 | 16 | 86 | | |
| 61 | 35 | 25 | 29 | 88 | | 84 | | |
| 60 | | | | 86-87 | 15 | 82 | | |
| 59 | 34 | 24 | | 85 | | 79 | | |
| 58 | 33 | | 28 | 84 | 14 | 76 | | |
| 57 | | 23 | | 82-83 | 13 | 73 | | |
| 56 | 32 | | 27 | 81 | | 69 | | |
| 55 | 31 | 22 | | 79-80 | 12 | 66 | | |
| 54 | | | 26 | 78 | 11 | 62 | | |
| 53 | 30 | 21 | | 77 | | 58 | | |
| 52 | 29 | 20 | 25 | 75-76 | 10 | 54 | | |
| 51 | 28 | | | 74 | | 50 | | |
| 50 | 27 | 19 | 24 | 71-72 | 9 | 46 | | |
| 49 | | | | 69-70 | 8 | 42 | | |
| 48 | 26 | 18 | 23 | 67-68 | | 38 | | |
| 47 | 25 | | | 66 | | 34 | | |
| 46 | 24 | 17 | 22 | 64-65 | | 31 | | |
| 45 | 23 | 16 | | 63 | | 27 | | |
| 44 | | | 21 | 61-62 | 6 | 24 | | |
| 43 | 22 | 15 | | 60 | | 21 | | |
| 42 | 21 | | 20 | 57-59 | 5 | 18 | | |
| 41 | | 14 | 19 | 56 | | 16 | | |
| 40 | 20 | | 18 | 55 | | 14 | | |
| 39 | 19 | 13 | | 54 | 4 | 12 | | |
| 38 | 18 | 12 | 17 | 52-53 | | 10 | | |
| 37 | | | | 50-51 | 3 | 8 | | |
| 36 | 17 | 11 | 16 | 49 | | 7 | | |
| 35 | 16 | | | 47-48 | | 5 | | |
| 34 | 14-15 | 10 | 15 | 44-46 | 2 | 4 | | |
| 33 | 13 | 9 | 14 | 42-43 | | 3 | | |
| 32 | 11-12 | 8 | 13 | 36-41 | 1 | 2 | | |
| 30 | 9-10 | 7 | 11-12 | 32-35 | | 1 | | |
| 28 | 8 & Below | 6 & Below | 10 & Below | 31 & Below | | | | |

P. 17

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DECA PBIS Positive Behavioral Interventions & Supports for Regular Ed Classes

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- **ATTACHMENT**- Teacher gives jobs and individual time to improve relationship with teacher
- **SELF-CONTROL**- Freeze dance, Simon says, Mother May I, Red light-Green light
- **INITIATIVE**- Developmental steps encouraging & reinforcing independent rather than assisted
- **Externalizing Behavioral Concerns Screen**-reinforce no hitting
- **Internalizing Behavioral Concerns Screen**-reinforce showing joy at happy occasion

FAB Pressure Touch Research

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- Qigong Sensory Treatment with Autism Spectrum Disorders (ASD) resulted in significantly improved behavior, language, and sensory modulation regardless if hyper-responsive, hypo-responsive, or both in preschoolers (Bodison & Parham, 2018) and 6-12 year olds (Silva et al., 2013)
- Shoulder squeeze and massage significantly improved mood in half of 8 case study youth with Autism and Intellectual Disabilities (Bestbier & Williams, 2017)
- Literature reviews found moderate pressure massage has the greatest research support for reducing behavior problems, 3 months tx twice weekly for 15 min. (Yunus et al., 2015)
- Deep pressure touch was perceived as calming whether done through touch or mechanical input, activating the insula in distinct yet similar ways from light interoceptive touch (Case et al., 2021)

FAB Strategies® Neuroscience Treatment

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Children who have Autism Spectrum Disorders, Oppositional Defiant Disorders, and/or an early trauma history may show neurological differences contributing to behavioral and learning challenges. Can apply clinical reasoning based on neuroscience.

- (1) Frontal Cortex (Pre-Frontal, OrbitoFrontal Cortex, & Anterior Cingulate):**
Freeze shake- dance-“Songames for Sensory Integration” Audio CD by Lande, A., Tel. 800-489-0727); Red Light, Giant steps, Simon Says, Social role playing, Ask permission to Kid-Touch others, Filter in head; Play Plan-Review, Aerobic exercise, and mindfulness help improve executive functions for behavior and body image. Cognitive Disability Teaching Strategies for PARENTS and children: Embed time in schedule, change positions if stuck, don’t walk and talk, results not morals.
- (2) Corpus Callosum:** Childhood trauma affected the structural development of the Frontal Cortex and corpus callosum (Teicher et al., 2016). Improve horizontal communication using *Feeling Wheel, Feeling Cards, Triggers, Anger Meter, Spazo-Meter, Coping Strategies*. For special needs kids *Switch hands toss: Favorite_____ (thing about self)-Guess the feeling-Feeling intensity-I feel-I message* (Shobe, 2014).
- (3) Basal Ganglia-Problems interfere with early development of attention, movement planning and chunking together automatic movement sequences. PRT improves social skills in children with ASD by increasing activation of this areas reward system (Ventola et al., 2014) Tx to reinforce gradually increasing attention, movement planning, and sequentially teaching each component of motor tasks (Koziol et al., 2014).**

(1) Frontal Cortex

(2) Corpus Callosum

(3) Basal Ganglia

(4) Thalamus

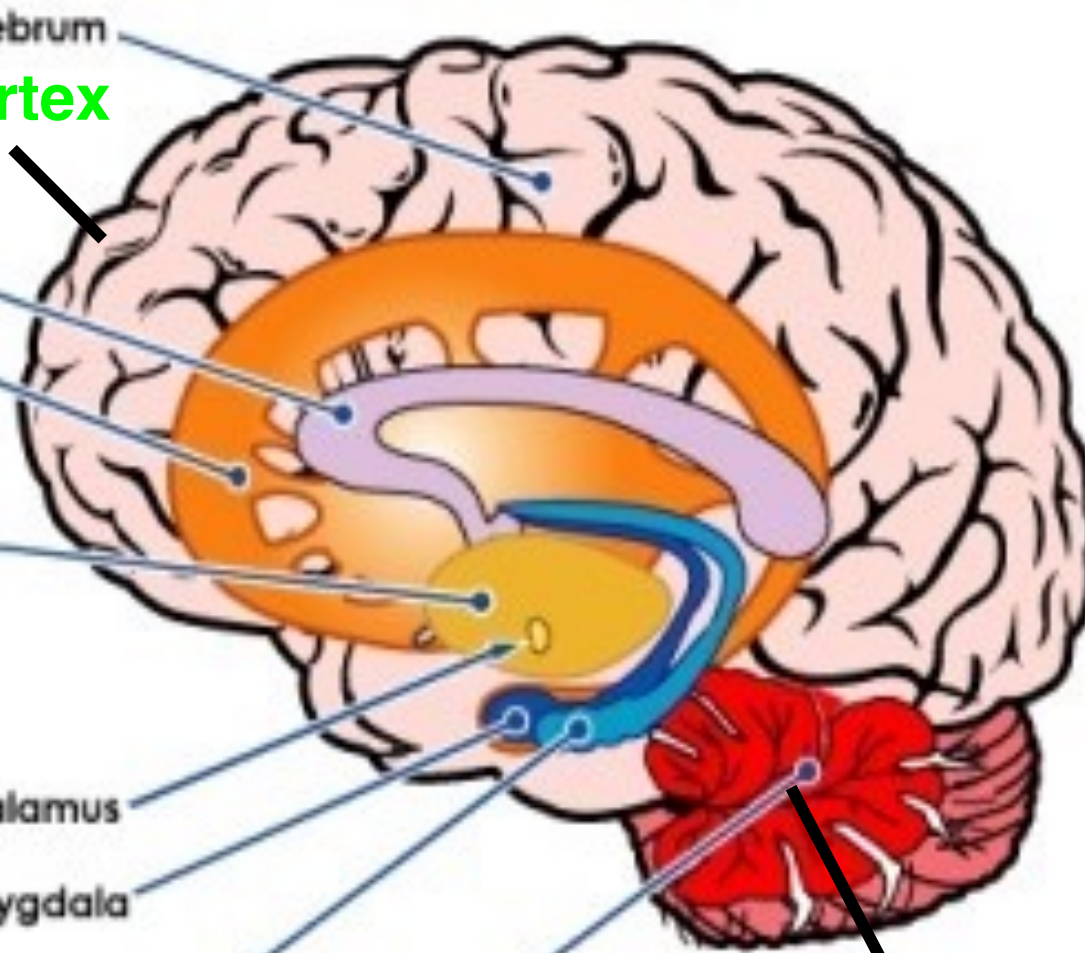
Hypothalamus

(6) Amygdala

(7) Hippocampus

5 Cerebellum

(5) Cerebellar Vermis



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- (4) **Thalamus-Regulates flow of sensory and motor stimulation from subcortical regions to the Cortex, and is smaller in Sx. PRT intervention improves behavior in hyperactive children with PDD by decreasing Thalamus & Hippocampus activation of the Cortex while improving attention, behavior and reducing stress (Ventola et al., 2014).**
- (5) **Cerebellum: Acquires “internal models” through sensory-motor interactions neural representations of the body and environment mapping body part movement & the environment so feed-back leads to automatic feed forward motor planning Koziol et al., 2014).**
- (6) **Amygdala-Facial recognition fibers and cell differences ASD so avoid eye contact. Tx: Your face calm.**
- (7) **Hippocampus-Moderate cardio exercise promotes neuroplasticity for learning and self-control in young & special needs students; Structure playground to promote self-control, attention and motivation.**

Evidence-Based Class Behavior Strategies Integrating Special Needs

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♣ **A structured classroom environment with maximal open space, dividers, and minimal distractions.** *Cut out foot prints, stop signs, and masking tape can help students remember physical boundaries. Study carols and optimally stable sitting (symmetrical, neutral pelvis against seat back, ninety degree angle of thighs, calves, and supported feet) can promote attention. Children with good balance who have difficulty remaining seated can benefit from Theraband tied on the legs or arms of their chair, disk-o-sit cushions, therapyball seats, or standing.*

♣ **Maximizing students opportunities to respond in class with small erasable boards they hold up to answer questions, computer assignments, and peer tutoring.**

♣ **Teach, review, and post a few major classroom procedures and expectations.** *Strategically place visual schedules, social stories, choices, self-control reminders; prepare before transitions; directions to choose 1 activity for a set period before cleaning up and choosing another task; and a designated sensory quiet area in the class room.*

♣ **Teach feelings and social skills using positive behavioral support strategies.**

Basic positive behavioral support strategies (Turtle technique, Character comics; Play plan and review; Stretching exercises, Favorites toss, Focus on feet, Tense & relax muscles; Freeze dance) can be co- led with school related services mental health, occupational, speech-language and physical therapists. For challenging groups it is especially helpful to use co-leaders, one leads the group while the other supports students with direction following.

♣ **Sticker chart system rewarding specific desired behavior P. 65**

Differential reinforcement can reward students for avoiding inappropriate, self-injurious, or aggressive behavior. Children who work with multiple staff can construct and use a Coping card- a laminated index card listing their behavior goal, reinforcement plan, and pictures of their preferred character and coping strategies.

Group reinforcement opportunities for the class to earn special privileges through appropriate behavior.

Additional positive behavioral support activities, mindfulness games, exercise, movement, and music breaks (e.g., Giant steps, Simon says, Mindful clock, Lean on me song & dance, Hot cross buns activity, Pushups) can be earned by the class for safe behaviors during break activities and returning to class work immediately after breaks.

Reference: Simonsen, B., Fairbanks, S., Briesch, A., Myers, D., & Sugai, G. (2008). Evidence-based practices in classroom management: Considerations for research to practice. *Education and Treatment of Children*, 31(3), 351-3.

SENSORY BASED MOTOR DISORDERS

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3. Sensory Based Motor Disorders

A. Dyspraxia-sensory integration difficulties resulting in problems planning and doing non-habitual skilled motor tasks (Schaaf & Mailloux, 2015). More common in PDD, predicting difficulties in social, imitation (Dzuik et al., 2007), sensory processing, language, & behavior skills (Lane et al., 2010). Sig greater SI and praxis problems in Sx (Chan et al., 2009) and Child neglect (Bauer et al., 2009). Praxis:

- a. Ideation-Know what want to do**
- b. Motor Planning-Steps/sequence**
- c. Execution-Act**

B. Postural Disorders- Dynamic balance difficulties (seen in sensory motor “soft signs”)

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Teacher/Therapist: _____

[illegible]

Pagano FAB Sensory Functional Behavioral Analysis

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Using a Functional Behavioral Analysis increases success 50-90% depending on how well followed, but still expected to work as initially written only one-third of the time, and if works likely to have extinction burst where they get worse before they get better.

ABC Sensory and Functional Behavioral Analyses- e.g. 1 Developmentally disabled, non-verbal 4-year old integrated in a very loud Head Start class screams whenever the teacher is not giving her individual attention. After the child screams the teacher runs over and immediately gives her individual attention.

Sensory-
Antecedent-
Behavior-
Consequences-
Function-

e.g. 2 Kindergartener with typical intelligence who has ADHD and ODD diagnoses runs away when directed to come in from the playground for nap time, and teacher runs after and if lucky grabs the child before he runs out the front door of the school into the street (where police man gets him).

Sensory-
Antecedent-
Behavior-
Consequences-
Function-

B. Assess function or communication of the behavior-Form is how it looks (hitting, biting, spitting) function is what the behavior communicates and the purpose it serves. In young children:

To get out of something-

To get something-

∞ Dream Team Task 1 Determine Target Behavior, SABC, and function of the behavior

C. Can try all the teaching and behavior modification strategies you know plus:

1. Altering the antecedent-Change the antecedent to eliminate or reduce the need

2. Developing or Strengthening the relationship between an appropriate behavior and the desired consequences-

3. Eliminating or Weakening the relationship between the inappropriate behavior and the reinforcing consequences-

∞ Dream Team Task 2 Determine Target Behavior, SABC, and function of the behavior

e.g. 1 Strategies to transform the behaviors of child so she participates appropriately and never screams-

e.g. 2 Strategies to transform the behaviors of child so he follows directions well and never runs out of class

Behavior Challenges are a Learning Disability

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- Inappropriate behavior is a learning disability, requiring the student be taught gradually in order:
 1. Frustration tolerance
 2. Flexible thinking
 3. Problem Solving
- Options for crisis conflicts between adults and students:
 1. Students way
 2. Adult's way
 3. Negotiation with future intensive problem solving(Green & Ablon; Treating the explosive child)