

# Integrating Sensory & Behavioral Strategies for Youth with ASD and Complex Behavioral Challenges

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## Introduction

Integrating Sensory with Behavioral Strategies is a transdisciplinary approach that can comprehensively address the needs of youth with ASD and complex behavioral challenges



## Objectives

1. Discuss the unique value and challenges of combining sensory and behavioral strategies in pediatric occupational therapy
2. Integrate sensory and behavioral strategies in the team treatment of youth with ASD and complex behavioral challenges

## Statement of the Problem

While sensory strategies are frequently used by occupational therapy practitioners to enhance behavior in children with ASD, research indicates they can significantly worsen behavior when not used in conjunction with a functional behavior assessment (Lydon et al., 2017)

## Results

Combining the Sensory Profile with the Questions About Behavior Function enables occupational therapists to comprehensively address the needs of youth with ASD and complex behavioral challenges (Pagano, 2019; Lydon et al., 2017)

14 yr old Intellectual, Autism Spectrum, Tourette's #1  
**Attention Deficit Hyperactivity Disorder** **SAD of -AD/ID**  
 Student's Name: Behavioral Sensory, Date: 1/2/18  
 Behavior: Grab/swipe at staff, Response: John Pagano, Ph.D., OTR/L

**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.

X = Doesn't apply    0 = Never    1 = Rarely    2 = Some    3 = Often

Score	Number	Behavior
3	1.	Engages in the behavior to get attention.
3	2.	Engages in the behavior to escape work or learning situations.
3	3.	Engages in the behavior as a form of "self-stimulation".
3	4.	Engages in the behavior because he/she is in pain.
3	5.	Engages in the behavior to get access to items such as preferred toys, food, or beverages.
3	6.	Engages in the behavior because he/she likes to be reprimanded.
3	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.
3	9.	Engages in the behavior more frequently when he/she is ill.
3	10.	Engages in the behavior when you take something away from him/her.
3	11.	Engages in the behavior to draw attention to himself/herself.
3	12.	Engages in the behavior when he/she does not want to do something.
3	13.	Engages in the behavior because there is nothing else to do.
3	14.	Engages in the behavior when there is something bothering him/her physically.
3	15.	Engages in the behavior when you have something that he/she wants.
3	16.	Engages in the behavior to try to get a reaction from you.
3	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.
3	19.	Engages in the behavior because he/she is physically uncomfortable.
3	20.	Engages in the behavior when a peer has something that he/she wants.
3	21.	Does he/she seem to be saying, "come see me" or "look at me" when engaging in the behavior?
3	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?
3	24.	Does the behavior seem to indicate to you that he/she is not feeling well?
3	25.	Does he/she seem to be saying, "give me that (toy, food, item)" when engaging in the behavior?

Attention	Escape	Non-social	Physical	Tangible
1. Attention <input type="checkbox"/>	2. Escape <input type="checkbox"/>	3. Self-stim <input type="checkbox"/>	4. In pain <input type="checkbox"/>	5. Access to items <input type="checkbox"/>
6. Reprimand <input type="checkbox"/>	7. Do something <input type="checkbox"/>	8. Thinks alone <input type="checkbox"/>	9. When ill <input type="checkbox"/>	10. Takes away <input type="checkbox"/>
11. Draws <input type="checkbox"/>	12. Not do <input type="checkbox"/>	13. Nothing to do <input type="checkbox"/>	14. Physical problem <input type="checkbox"/>	15. You have <input type="checkbox"/>
16. Reaction <input type="checkbox"/>	17. Alone <input type="checkbox"/>	18. Repetitive <input type="checkbox"/>	19. Uncomfortable <input type="checkbox"/>	20. Peer has <input type="checkbox"/>
21. "Come see" <input type="checkbox"/>	22. "Leave alone" <input type="checkbox"/>	23. Enjoy by self <input type="checkbox"/>	24. Not feeling well <input type="checkbox"/>	25. "Give me that" <input type="checkbox"/>
Total 14	Total 14	Total 4	Total 3	Total 3

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## 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](mailto: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  
 Therapy/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

## Conclusion

Integrating sensory and behavioral strategies in team treatment of youth with ASD and complex behavioral challenges can increase the occupation-based efficacy of occupational therapy practitioners (Pagano, 2019; Ashburner et al., 2014; Lydon et al., 2017)

## References

- Ashburner, J. K., Rodger, S. A., Ziviani, J. M., & Hinder, E. A. (2014). Optimizing participation of children with autism spectrum disorder experiencing sensory challenges: A clinical reasoning framework. *Canadian Journal of Occupational Therapy, 81(1)*, 29-38.
- Lydon, H., Healy, O., Grey, I. (2017). Comparison of behavioral intervention and sensory integration therapy on challenging behavior of children with autism. *Behavioral Interventions, 32(4)*, 297-310.
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