**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.

\[ X = \text{Doesn’t apply} \quad 0 = \text{Never} \quad 1 = \text{Rarely} \quad 2 = \text{Some} \quad 3 = \text{Often} \]

<table>
<thead>
<tr>
<th>Score</th>
<th>Number</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>Engages in the behavior to get attention.</td>
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<tr>
<td>2.</td>
<td></td>
<td>Engages in the behavior to escape work or learning situations.</td>
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<td>3.</td>
<td></td>
<td>Engages in the behavior as a form of “self-stimulation”.</td>
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<td>4.</td>
<td></td>
<td>Engages in the behavior because he/she is in pain.</td>
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<td>5.</td>
<td></td>
<td>Engages in the behavior to get access to items such as preferred toys, food, or beverages.</td>
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<td>6.</td>
<td></td>
<td>Engages in the behavior because he/she likes to be reprimanded.</td>
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<tr>
<td>7.</td>
<td></td>
<td>Engages in the behavior when asked to do something (get dressed, brush teeth, work, etc.</td>
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<td>8.</td>
<td></td>
<td>Engages in the behavior even if he/she thinks no one is in the room.</td>
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<tr>
<td>9.</td>
<td></td>
<td>Engages in the behavior more frequently when he/she is ill.</td>
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<tr>
<td>10.</td>
<td></td>
<td>Engages in the behavior when you take something away from him/her.</td>
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<tr>
<td>11.</td>
<td></td>
<td>Engages in the behavior to draw attention to himself/herself.</td>
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<tr>
<td>12.</td>
<td></td>
<td>Engages in the behavior when he/she does not want to do something.</td>
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<tr>
<td>13.</td>
<td></td>
<td>Engages in the behavior because there is nothing else to do.</td>
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<tr>
<td>14.</td>
<td></td>
<td>Engages in the behavior when there is something bothering him/her physically.</td>
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<tr>
<td>15.</td>
<td></td>
<td>Engages in the behavior when you have something that he/she wants.</td>
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<tr>
<td>16.</td>
<td></td>
<td>Engages in the behavior to try to get a reaction from you.</td>
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<tr>
<td>17.</td>
<td></td>
<td>Engages in the behavior to try to get people to leave him/her alone.</td>
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<tr>
<td>18.</td>
<td></td>
<td>Engages in the behavior in a highly repetitive manner, ignoring his/her surroundings.</td>
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<tr>
<td>19.</td>
<td></td>
<td>Engages in the behavior because he/she is physically uncomfortable.</td>
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<tr>
<td>20.</td>
<td></td>
<td>Engages in the behavior when a peer has something that he/she wants.</td>
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<tr>
<td>21.</td>
<td>Does he/she seem to be saying, “come see me” or “look at me” when engaging in the behavior?</td>
<td></td>
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<tr>
<td>22.</td>
<td>Does he/she seem to be saying, “leave me alone” or “stop asking me to do this” when engaging in the behavior?</td>
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<tr>
<td>23.</td>
<td>Does he/she seem to enjoy the behavior, even if no one is around?</td>
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<tr>
<td>24.</td>
<td>Does the behavior seem to indicate to you that he/she is not feeling well?</td>
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<tr>
<td>25.</td>
<td>Does he/she seem to be saying, “give me that (toy, food, item)” when engaging in the behavior?</td>
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</tbody>
</table>

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

Total | Total | Total | Total | Total |
Manage Sensory Modulation for Learning

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
Modulate Arousal Level

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Over-Responsive
Cherry Scent

Quiet Alert
Apple Scent

Under-Responsive
Blueberry Scent
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
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

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

Reference: Mass. Dept. of Mental Health Safety Tool, 2006
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
FAB TRIGGER & COPING FORMS

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
1. NOTICE Environmental & Body Triggers

STOP!!!!

2. GO TO THE SENSORY CALMING AREA
3. DO YOUR INDIVIDUAL COPING STRATEGY
4. WHEN NOT AGGRESSIVE, LEAVE THE SENSORY CALMING AREA
5. LATER, PROBLEM SOLVE WITH HELP

(Domitrovich et al., 2013)
FAB Energy Level Modulation Wheel

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- Shower
- Sleep
- Breathing
- Walking
- Music
- Talk to my family
- Play basketball
- See my mom
Auditory Perception
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• Acuity-Ability of ear organ to take in sound
• Perception-Low registration, over-sensitive, selective attention
• Perception Adaptations- Face teacher, pipe line, towel roll, Ear plugs, ear muffs, noise meter, teacher microphone
• Perception Interventions-Auditory Integration, therapeutic listening
• **Acuity-Ability** of eye to accurately see

• **Perception-Low** registration, *over-sensitive*, selective attention

• **Perception Adaptations-** high lighter, bright colored paper, word spacer, *study carol*, slant board, print model, visual space guide, color lined paper

• **Perception Interventions-** ophthalmologist, developmental optometry, OT visual motor activities, Kawar protocol
Children who have Autism Spectrum Disorders, Oppositional Defiant Disorders (Sterzer & Stadler, 2009), and/or an early trauma history (Hanson et al., 2010) 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., 2002 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 (Diamond & Lee, 2011; Paulus & Stein, 2010). **Cognitive Disability Teaching Strategies: Embed time in schedule, change positions if stuck, don’t walk and talk, results not morals.**

(2) **Corpus Callosum:** 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).

(4) **Thalamus:** Regulates flow of sensory and motor stimulation from subcortical regions to the Cortex, and is smaller in Sx (Janssen et al., 2009). 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 (Stoodley & Schmahmann, 2009). **Tx:** Your face calm.

(7) **Hippocampus:** Moderate cardio exercise promotes neoroplasticity for learning and self-control in young & special needs students (Ratey, 2010); **Structure playground to promote self-control, attention and motivation** (Cramer et al., 2011).
(1) Frontal Cortex
(2) Corpus Callosum
(3) Basal Ganglia
(4) Thalamus
(5) Cerebellar Vermis
(6) Amygdala
(7) Hippocampus