NEURODIVERSITY RESOURCEHUB

Practical Guides & Toolkits

Behavior Management Plans Toolkit

Ten common behaviors, mapped across the 8 sensory systems, with prevention and in-the-moment strategies for a range of autism profiles.

Sensory Systems · Behavior-by-Behavior Guide · ABC Data Log · Support Plan Builder

How to Use This Toolkit

Every behavior in this toolkit is treated as communication first — a signal about a sensory, emotional, or environmental need — rather than something to simply stop. Each entry is cross-referenced against the 8 sensory systems, because the same behavior (e.g. a meltdown, or refusing a transition) can come from very different sensory profiles from one person to the next. Use the sensory reference in Section A to identify likely systems involved, then use the matching behavior entry in Section B for strategies to try.

A note on approach

- Function before form — the same behavior can serve very different purposes for different people; strategies work best once you know why the behavior is happening, not just what it looks like.
- Prevention beats reaction — most strategies here focus on what happens before a behavior, not just how to respond once it starts.
- Safety comes first — for any behavior involving injury risk (to self or others), use this toolkit alongside, not instead of, a qualified professional (BCBA, occupational therapist, psychologist).
- No single list fits everyone — autism presents differently across individuals; treat every tip here as a starting point to adapt, not a fixed protocol.

A: The 8 Sensory Systems — Quick Reference

Most behaviors below connect back to one or more of these systems being over- or under-responsive.

System	Senses	Over-Responsive May Look Like	Under-Responsive May Look Like
Visual	Sight — light, color, movement, depth	Overwhelmed by bright light, clutter, screens; avoids eye contact; covers eyes	Seeks visual input — spinning objects, light-gazing, finger-flicking near eyes
Auditory	Hearing — volume, pitch, pattern	Distressed by loud/sudden sound (alarms, crowds); covers ears; leaves the room	Seeks sound — noise-making, may not respond to name, enjoys repetitive sound
Tactile	Touch — pressure, texture, temperature, pain	Distress at certain fabrics, tags, textures, light or unexpected touch	Seeks deep pressure, touches everything, high pain tolerance, craves messy play
Olfactory	Smell	Gags or distressed by strong scents (perfume, cleaning products, food)	Sniffs objects/people, seeks out smells, may not notice hazardous odors
Gustatory	Taste — linked to smell & texture	Strong food aversions, limited diet, gags on certain textures/flavors	Seeks intense flavors, mouths non-food objects, prefers very spicy/sour food
Vestibular	Movement & balance (inner ear)	Fear of movement, swings, stairs, escalators; motion sickness	Seeks constant movement — spinning, rocking, jumping; rarely seems dizzy
Proprioceptive	Body position & force (muscles/joints)	Discomfort with heavy work; difficulty judging own strength (less common)	Craves crashing, jumping, squeezing, chewing; poor sense of personal space
Interoceptive	Internal signals — hunger, thirst, pain, emotion, toileting	Overwhelmed by internal sensations (heartbeat, breathing); heightened anxiety	Doesn't notice hunger/thirst/toileting until urgent; hard to name emotions felt in the body

B: Behavior-by-Behavior Guide

Ten common behaviors — what they may look like, why they may happen, and what tends to help.

1. Meltdowns & Sensory Overload

Often connected to: Auditory · Visual · Tactile · Interoceptive

What it may look like

- Crying, screaming, or sudden intense distress that isn't within the person's control
- Covering ears/eyes, trying to leave, or shutting down mid-activity

Common functions

- Escape from overwhelming input
- Communicating "I've reached capacity"

Prevention & environment

- Identify and reduce known triggers proactively (lighting, noise, crowding)
- Build in regular sensory breaks before overload, not after
- Use a visual or verbal check-in scale so rising stress can be flagged early

In-the-moment support

- Reduce demands and input immediately — dim lights, lower your voice, clear the area
- Give space and time rather than talking it through in the moment
- Offer a known comfort item or a safe space to go to

Avoid

- Punishing or shaming after a meltdown — it's a stress response, not defiance
- Crowding or restraining unless there is a genuine safety risk; physical intervention should only ever be used by trained individuals

2. Shutdown & Withdrawal

Often connected to: Auditory · Visual · Interoceptive

What it may look like

- Going quiet or still, disengaging, unresponsive to questions
- May appear "checked out" or as though ignoring people

Common functions

- Escape or protection when overload can't be expressed outwardly
- Conserving energy after sustained demand

Prevention & environment

- Build predictable quiet time into the daily routine
- Watch for early fatigue signs rather than waiting for full shutdown

In-the-moment support

- Lower demands, reduce talking and questions, allow silence
- Offer non-verbal ways to communicate (thumbs up/down, cards)
- Don't force eye contact or a verbal answer

Avoid

- Repeatedly demanding a verbal response
- Treating withdrawal as rudeness or manipulation

3. Stimming & Repetitive Movement

Often connected to: Vestibular · Proprioceptive · Auditory

What it may look like

- Hand-flapping, rocking, spinning, tapping, pacing, repeating words or sounds

Common functions

- Self-regulation and focus
- Expression of joy or excitement
- Processing emotion or information

Prevention & environment

- Build regular movement opportunities into the day rather than restricting stimming
- Keep a range of sensory tools accessible so a preferred stim is always available

In-the-moment support

- Let the stim happen wherever it's safe
- Redirect only if it risks injury or serious disruption, offering a comparable alternative

Avoid

- Suppressing stimming purely for appearance's sake — this can increase distress and reduce the person's ability to self-regulate

4. Elopement / Bolting

Often connected to: Auditory · Visual · Vestibular

What it may look like

- Running from a space or situation suddenly
- Heading toward a strong draw (water, a favorite item) or away from a trigger

Common functions

- Escape from overwhelming input
- Pursuit of a strong interest
- Seeking movement

Prevention & environment

- Secure environments (locks, fencing) as a baseline safety measure
- Identify specific triggers and common “draws”
- Teach and practice a safe-stop signal in calm moments
- Consider ID or tracking supports for higher-risk situations

In-the-moment support

- Prioritize safety over correction in the moment
- Calmly guide back rather than chasing or shouting, which can escalate it or turn it into a game

Avoid

- Treating elopement as intentional defiance without exploring the trigger
- Relying on verbal reminders alone as a safety strategy

5. Aggression (Hitting, Biting, Throwing)

Often connected to: Any overloaded system · Interoceptive

What it may look like

- Sudden or building physical outbursts directed at people, objects, or self

Common functions

- Communicating an unmet need, pain, or overwhelm
- Frustration when other communication isn't accessible in the moment
- Response to a boundary or unexpected change

Prevention & environment

- Track patterns using the ABC log (Section C) to find common triggers
- Teach and practice alternative ways to express “no,” “stop,” or “I need help” before they're needed in a crisis
- Check basic needs regularly — hunger, sleep, pain

In-the-moment support

- Prioritize everyone's safety; create space; keep your own voice and body calm
- Address the underlying need once things are calmer, not mid-crisis

Avoid

- Responding with anger, physical punishment, or long lectures in the moment
- Assuming intent to harm without considering the underlying trigger — for frequent or intense aggression, involve a qualified behavior professional

6. Task & Transition Avoidance/Refusal

Often connected to: Any system, depending on the task

What it may look like

- Saying no, walking away, ignoring instructions
- Becoming rigid or distressed when asked to start or stop an activity

Common functions

- The task itself may be sensorially or cognitively overwhelming
- Unclear expectations
- Loss of a preferred activity, or unpredictability

Prevention & environment

- Use visual schedules and warnings ahead of transitions (“5 more minutes”)
- Break tasks into smaller, clearly defined steps
- Build in choice where possible

In-the-moment support

- Offer a countdown, a transition object, or something to move toward rather than only away from
- Avoid rushing

Avoid

- Framing refusal as simple defiance without checking whether the task or transition itself is the real barrier

7. Rigidity & Resistance to Change

Often connected to: Interoceptive · Vestibular · General processing load

What it may look like

- Insisting on routines, distress at small changes
- Repeating the same question, difficulty with ambiguous or “in-between” situations

Common functions

- Predictability reduces overall processing demand and anxiety
- Routines can be a genuine source of comfort and competence

Prevention & environment

- Give advance notice of changes wherever possible
- Use visual calendars or countdowns for upcoming changes
- Keep some routines stable even while introducing new ones gradually

In-the-moment support

- Validate the difficulty rather than dismissing it (“this is a change, and that's hard”)
- Offer a small, real choice within the change to restore some sense of control

Avoid

- Introducing major changes with no warning when it's avoidable
- Treating the need for routine as something to be “broken”

8. Self-Injurious Behavior

Often connected to: Proprioceptive · Vestibular · Interoceptive

What it may look like

- Head-banging, biting or hitting self, scratching, skin-picking

Common functions

- Regulation through intense sensory input
- Communicating pain, frustration, or overwhelm when no other outlet is available

Prevention & environment

- Identify patterns and triggers early using the ABC log (Section C)
- Offer safe alternative sources of intense input proactively — deep pressure, chewables, weighted items — not only as a reaction

In-the-moment support

- Prioritize physical safety first
- Offer a safer alternative that meets the same sensory need rather than only saying “stop”

Avoid

- Managing this at home alone — self-injurious behavior benefits from an individualized plan built with an OT, psychologist, or BCBA; any pattern that is frequent, escalating, or causing injury warrants a professional referral (see Appendix)

9. Sensory-Seeking Behavior (Crashing, Mouthing, Spinning)

Often connected to: Proprioceptive · Vestibular · Tactile

What it may look like

- Intentionally crashing into furniture or people
- Chewing non-food items, spinning, seeking tight squeezes or deep pressure

Common functions

- The nervous system seeking input it isn't reliably registering — this is regulating, not misbehavior

Prevention & environment

- Build “heavy work” into the daily routine — carrying, pushing, climbing
- Offer safe chew tools, weighted blankets or lap pads, or a crash-mat area

In-the-moment support

- Redirect toward the safe version of the same input — a crash pad instead of a wall, a chew necklace instead of a shirt collar

Avoid

- Labeling sensory-seeking as “naughty” or purely attention-seeking without considering the sensory function first

10. Difficulty with Transitions Between Activities

Often connected to: Interoceptive · Vestibular · General processing load

What it may look like

- Distress or refusal specifically at the moment of switching activities or places, even when both activities are otherwise fine

Common functions

- Loss of the current activity's predictability
- The “in-between” moment itself is often harder than either activity

Prevention & environment

- Use a consistent transition routine or signal every time — a song, a visual timer, a set phrase
- Give warnings at consistent intervals (10, 5, 2 minutes)

In-the-moment support

- Use the established transition routine rather than introducing a new one under pressure
- Let a favorite item “come along” as a bridge when possible

Avoid

- Surprise transitions with no warning, when it's avoidable

C: ABC Data Log

Tracking what happens before and after a behavior is the fastest way to find its function.

Date / Time	Antecedent (before)	Behavior (exactly what happened)	Consequence (after)	Fn.*
Example	Fire alarm sounded during class	Covered ears, screamed, ran to the door	Removed to quiet room, calmed in 10 min	Esc.

*Function shorthand:

Esc. = Escape/Avoidance ·

Sen+ = Sensory Seeking ·

Sen- = Sensory Avoidance ·

Com. = Communication ·

Att. = Attention ·

Tan. = Access to Item/Activity ·

Pain

D: Behavior Support Plan Builder

Turn what you've noticed above into a plan the whole team can follow.

Target behavior — described in observable, specific terms (what it looks like, not the label)

Sensory system(s) most likely involved (see Section A)

Hypothesized function(s) (Escape · Sensory Seeking · Sensory Avoidance · Communication · Attention · Access · Pain)

Replacement behavior / skill to teach (a safer way to meet the same need)

Proactive strategies (prevention)

Teaching plan — how and when the replacement skill will be practiced

Response plan — what the team will do when the behavior occurs

Safety / crisis plan, if applicable (complete with a professional if this involves injury risk)

Review date

Team Sign-Off

Name	Role	Signature	Date
	Parent / Guardian		
	Individual (if appropriate)		
	Teacher / Support Staff		
	Behavior Professional / OT		
	Case Manager		
	Medical Representative		

When to Bring in a Professional

- A behavior is causing injury — to the individual or to others.
- A behavior is frequent, escalating, or not responding to consistent proactive strategies after several weeks.
- You're unsure what a behavior's function is, even after tracking it with the ABC log.
- A safety or crisis plan is needed — this should always be built with a qualified professional, not alone.
- You'd like an individualized plan — a BCBA, occupational therapist, or psychologist can build one around this toolkit.

*** See NeuroReHub's Medical & Health Professionals directory to find a specialist near you.