

A PRACTICAL FRAMEWORK FOR REAL-WORLD IMPACT

ASSUME

a Sensory Reason™

RETHINKING BEHAVIOR THROUGH
REGULATION, NOT INTENT

-  **A**SSK | What is the body experiencing?
-  **S**SCAN | What is the body doing?
-  **S**HIFT | From intent to regulation.
-  **U**SE | What support does the body need?
-  **M**ODIFY | How do we change the environment?
-  **E**SCALATE | When safety is a concern.



BEHAVIOR IS COMMUNICATION.
REGULATION IS THE MESSAGE.



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ASSUME a Sensory Reason™

Rethinking Behavior Through Regulation, Not Intent

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Dedication

To every person who has ever been misunderstood when their body was trying to communicate something no one could see.

And to every provider, educator, employer, healthcare professional, advocate, and family member willing to pause long enough to ask a better question.

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Introduction: Why This Framework Exists

ASSUME a Sensory Reason™ began with a simple observation: many systems respond to behavior before they understand the body behind it. In schools, behavioral health settings, healthcare, employment, and crisis services, people are often asked to comply with environments that their nervous systems cannot yet tolerate.

This book offers a practical framework for slowing interpretation, recognizing sensory and regulation patterns, and responding in ways that preserve dignity, safety, and access. The framework does not claim that every behavior is sensory. It does not eliminate responsibility, skill-building, or safety planning. Instead, it asks professionals to consider sensory regulation before deciding that behavior is intentional, oppositional, manipulative, or impossible to support.

ASSUME stands for Ask, Scan, Shift, Use, Modify, and Escalate. It is a thinking model, a response model, and a systems model. It can be used by providers, educators, employment professionals, healthcare teams, advocates, families, and anyone who wants to understand behavior more accurately.

The central message is this: Behavior is not always a choice. Sometimes it is communication. Sometimes it is protection. And sometimes, it is the body asking a question we were never trained to hear.

Chapter 1: The Moment Everything Gets Misinterpreted

The Room Changes Before Anyone Names It

He stood up again. Not abruptly. Not dramatically. Just stood up. In many rooms that movement would not matter. In this room, it did. The facilitator paused mid-sentence, and the pause did more than interrupt her words. It signaled to everyone else that the moment had changed.

A few participants glanced over. Someone sighed. Another shifted in a chair. The facilitator tried to remain steady and professional. “We’ve talked about this,” she said. “You need to stay seated.” He nodded. He sat down. For a few seconds, the room returned to normal, at least on the surface.

Then thirty seconds later, he stood up again. This time, the room tightened. The facilitator’s voice became sharper. “Are you refusing to participate?” she asked. And just like that, without a formal decision, the meaning of the behavior had been assigned: noncompliant, disruptive, defiant.

What mattered most was not only what he did. It was what everyone assumed it meant.

The Speed of Interpretation

Human beings interpret quickly. We see behavior and attach meaning to it almost instantly. In support systems, that speed can look like competence. A quick redirection looks like control. A firm correction looks like leadership. But fast interpretation is not always accurate interpretation.

Most systems do not pause long enough to ask whether the first explanation is the right explanation. We are trained to respond to what is visible. We are not always trained to ask what invisible experience might be driving what we see.

This book begins in that gap: the space between behavior and meaning. That space is where harm can begin, but it is also where support can begin.

The Invisible Question

The question that was not asked in the group room was simple: What is the body experiencing right now? Not what is the person trying to get away with. Not how do we make them comply. Not why are they doing this to us. What is happening in the body that we cannot see?

Maybe the chair was uncomfortable. Maybe the group had gone too long without movement. Maybe the room was crowded, the lighting was harsh, or the person’s body needed movement to remain regulated enough to listen. If standing was a regulation strategy, then the system was correcting the very thing that made participation possible.

A Different Starting Point

ASSUME a Sensory Reason™ does not say every behavior is sensory. It says sensory and regulation factors deserve to be considered before intent is assumed. That difference matters. It does not remove accountability. It improves accuracy.

When we ask better questions, we make better decisions. When we make better decisions, people get better support.

Case Study: The Participant Who Would Not Stay Seated

Scenario: A participant in a recovery group stood repeatedly during a forty-five-minute session. The room was crowded, the seating was fixed, and the group had been discussion-heavy with little movement.

Traditional interpretation: Staff viewed the behavior as disruptive and potentially resistant to the group process.

ASSUME reframe: The pattern matched proprioceptive seeking. Standing may have helped the person stay regulated enough to continue listening.

Intervention: The facilitator allowed standing near the back of the room, added brief movement resets, and documented standing as a participation support rather than a behavior problem.

Outcome: The participant remained in group longer and contributed more consistently.

Key insight: Sometimes the behavior that appears to interrupt participation is the strategy making participation possible.

Chapter 2: The Cost of Getting It Wrong

Misinterpretation Compounds

Misinterpretation rarely stays inside a single moment. It travels. A staff member's first impression becomes a note. A note becomes a pattern. A pattern becomes a label. Eventually the person is no longer described by what happened in one room on one day. They are described as someone who has behavioral problems.

The language often sounds neutral: requires redirection, struggles with compliance, not appropriate for this setting. But neutral language can still narrow access. It can still follow a person from classroom to clinic to workplace to medical office.

The Language of Exclusion

Systems rarely say, "We are excluding this person because we do not understand their sensory needs." They say, "We are not equipped." They say, "This is not the right setting." They say, "A higher level of care may be needed." Sometimes those statements are true. Sometimes safety really is a concern. But before a system concludes that a person cannot be supported, it must ask whether the support offered matched the person's regulation needs.

If the system only offered control, consequence, and removal, it has not truly tested whether the person can succeed with appropriate support.

The Legal and Ethical Reality

This is not only a practical concern. It is also an ethical and civil rights concern. *Olmstead v. L.C.* established that people with disabilities have the right to receive services in the most integrated setting appropriate. When people are excluded from community-based services because behavior is misunderstood, systems risk pushing them toward unnecessary restriction.

The point is not to accuse every provider or program of wrongdoing. The point is to recognize that access can be denied quietly, through patterns that appear reasonable until we examine the assumptions underneath them.

The Escalation Loop

The loop is painfully common. Behavior appears. The behavior is interpreted as intentional. The intervention becomes more controlling. The body becomes more dysregulated. The behavior intensifies. The system concludes the person is too challenging. Then the person is removed, referred elsewhere, or placed in a more restrictive environment.

The final decision looks like a response to behavior. In reality, it may be the end result of repeated misinterpretation.

Case Study: From "Too Behavioral" to Supported

Scenario: A program considered discharging an individual after repeated pacing, leaving activities, and verbal frustration during structured sessions.

Traditional interpretation: The individual was described as too behavioral for the setting.

ASSUME reframe: The team recognized that long seated demands and crowded rooms increased dysregulation.

Intervention: They created shorter activity blocks, movement breaks, and a low-stimulation reset option.

Outcome: Incidents decreased and the person remained in the program.

Key insight: Before concluding a person cannot be served, ask whether the environment has been made supportable.

Chapter 3: Why Behavior Plans Fail Neurodivergent Individuals

Good Intentions, Incomplete Models

Behavior plans are often created with good intentions. They can be structured, measurable, and carefully documented. They can include target behaviors, antecedents, consequences, reinforcement strategies, and crisis steps. On paper, they may look complete.

But a plan can be detailed and still miss the body. If a plan focuses only on observable behavior and not on regulation capacity, it may attempt to manage the output while ignoring the input.

The Compliance Trap

Many behavior plans define success as compliance: sit for ten minutes, complete the task, follow directions, remain in the assigned area. Those expectations may be reasonable for some people. But for a dysregulated nervous system, they can exceed capacity.

If the person cannot meet the expectation, the plan often adds more prompting, more reinforcement, or more consequences. The increased pressure raises dysregulation, and the behavior intensifies. The system then interprets the intensification as proof the behavior is severe. Sometimes it is actually proof the plan is misaligned.

Regulation Before Behavior

A regulation-informed plan asks different questions. How long can the person stay seated before movement is needed? What tactile input is intolerable? What sensory signals appear before escalation? What environmental changes reduce the need for the behavior?

This does not mean abandoning structure. It means building structure around the nervous system instead of against it.

Case Study: The Sitting Goal That Backfired

Scenario: A student's plan required remaining seated for ten minutes to earn a reward. The student rarely met the goal and escalated when redirected.

Traditional interpretation: The behavior was treated as refusal to comply with a reasonable expectation.

ASSUME reframe: The student showed proprioceptive seeking and needed movement to access attention.

Intervention: The plan changed from seated compliance to engagement with movement options: standing work, wall push-ups, and brief errands.

Outcome: Work completion improved and redirections decreased.

Key insight: A goal can be measurable and still measure the wrong thing.

Chapter 4: The Missing Lens — Sensory Regulation

Behavior Is the Output

Behavior is not the starting point. It is the output. Before a person stands, refuses, leaves, shuts down, pushes away, or escalates, the body has already processed something. It may have processed noise, light, touch, pressure, pain, fatigue, uncertainty, or demand.

Most people move through environments without noticing how much their bodies are processing. The chair, the temperature, the clothing on skin, the hum of equipment, the pressure of the floor, and the distance between people all become background information. For some people, that information does not stay in the background. It becomes the main event.

Regulation Determines Capacity

A regulated nervous system can focus, communicate, tolerate frustration, and adapt. A dysregulated nervous system cannot reliably access those same skills. That is why a person may appear capable one moment and unable the next. Capacity is not fixed. It changes with regulation.

This is the missing lens. If we evaluate only behavior, we miss the state that made behavior more or less likely.

Regulation Is Not a Reward

Support for regulation should not be treated as something a person earns after they comply. Regulation support is often what makes compliance, participation, learning, employment, healthcare, or recovery possible in the first place.

When systems expect regulation without supporting it, they create predictable failure and then blame the person for failing.

Case Study: The Quiet Room Was Not Enough

Scenario: A client was sent to a quiet room when overwhelmed, but still escalated. Staff assumed the client wanted attention or was refusing to calm down.

Traditional interpretation: The quiet room was viewed as a sufficient intervention, so continued distress was interpreted as behavioral.

ASSUME reframe: The room was quiet but visually harsh, isolated, and lacked proprioceptive input. The client needed grounding, not just silence.

Intervention: Staff added dimmer lighting, a weighted lap item, predictable check-ins, and a clear return plan.

Outcome: The client recovered faster and used the space voluntarily.

Key insight: Reducing one input does not automatically meet the body's full regulation need.

Chapter 5: The Two Forms of Sensory Processing Challenges

From Vague to Actionable

“Sensory issues” is a phrase used constantly and precisely understood far less often. It tells us almost nothing about what the body needs or avoids. To make sensory information useful, we need to identify the system and the pattern.

This framework focuses on two highly impactful forms: proprioceptive dysfunction and tactile dysfunction. Proprioception involves movement, body awareness, and force. Tactile processing involves touch, texture, and sensation. Each can appear as seeking or avoidant. That gives us four patterns to recognize.

Proprioceptive Seeking

Proprioceptive seeking occurs when the body needs more movement, pressure, or resistance to feel organized. It may look like pacing, rocking, standing, leaning, crashing, pushing, pulling, using too much force, or struggling to remain seated.

This is often mislabeled as hyperactivity, disruption, impulsivity, or noncompliance. The reframe is powerful: movement is not always the problem. Movement may be the body’s solution.

Proprioceptive Avoidant

Proprioceptive avoidant patterns are less obvious. A person may avoid movement-heavy tasks, hesitate with stairs or transitions, become fatigued during physical activity, move cautiously, or resist tasks requiring coordination or force control.

This can be mislabeled as laziness, refusal, or lack of motivation. In reality, the body may experience movement as effortful, disorganized, or unsafe. Avoidance may be protective.

Tactile Seeking

Tactile seeking occurs when the body needs more touch input to register sensation and regulate. It may look like touching surfaces, rubbing textures, seeking deep pressure, liking tight clothing, wanting firm hugs, or engaging in messy sensory play.

In social settings, tactile seeking can become complicated. It may show up as initiating hugs without asking, standing too close, touching others unexpectedly, or attempting playful contact such as tickling. Understanding the sensory driver does not make the behavior automatically appropriate. The need and the boundary both matter.

Hugs, Tickling, and Consent

A person may seek hugs or tickling because the body wants firm tactile input, pressure, movement, or social sensory feedback. But another person’s body also matters. Consent is not optional. A sensory need cannot be met by crossing someone else’s boundary.

The response should be clear and non-shaming: Stop the behavior, state the boundary, and offer an alternative. For example: “Pause—we ask before hugs. If your body needs pressure, let’s find a safe option.” Or: “Stop—tickling needs permission. We do not do that without asking. Let’s use a different input.”

Tactile Avoidant

Tactile avoidant patterns occur when touch, texture, or sensation feels overwhelming, unsafe, or painful. This may look like pulling away, distress with tags or seams, difficulty with tooth brushing or bathing, strong reactions to haircuts, nail trimming, medical care, dental care, adhesives, or unexpected touch.

This is often mislabeled as resistance, overreaction, drama, or defiance. The reframe is: this is not refusal; this is protection.

When “Oppositional” Is Not Oppositional

Some behavior labeled as Oppositional Defiant Disorder may include a missing sensory component. This does not mean ODD is never real. It means refusal, arguing, and resistance can also appear when a body cannot tolerate a demand, is overwhelmed by input, or is trying to protect itself.

Before assuming opposition, we should ask: Is this behavior about intent, or is it about capacity? Is the body seeking input, avoiding input, or overwhelmed by it?

Case Study: Boundary Concerns and Tactile Seeking

Scenario: A young adult frequently initiated hugs and sometimes attempted playful tickling. Others were uncomfortable, and staff were concerned about boundaries.

Traditional interpretation: The behavior was labeled inappropriate and socially unaware.

ASSUME reframe: The person showed tactile seeking and proprioceptive seeking, especially during downtime and transitions.

Intervention: Staff used Stop → Boundary → Support: “Pause—we ask before hugs. If your body needs pressure, use the squeeze cushion or ask for a side hug.” They practiced consent scripts and accepting no.

Outcome: Unwanted touch decreased, and the person learned safer ways to meet the sensory need.

Key insight: Understanding the driver does not erase the boundary; it helps teach the boundary effectively.

Chapter 6: A — Ask — What Is the Body Experiencing?

The Pause Most People Skip

ASSUME begins with a pause. That pause can feel uncomfortable because many systems reward immediate response. Quick correction looks like competence. Firm direction looks like control. But fast action based on the wrong interpretation can make the situation worse.

Ask means slowing the moment down enough to consider what the body might be experiencing. What sensory input is present? What demand is being placed? What has been building over time? What might not be visible?

Asking Is Not Excusing

Asking does not excuse unsafe behavior or remove expectations. It improves the chance that the next step will be accurate. If you skip Ask, every later intervention rests on assumption.

Common Questions

How long has the person been sitting? Has movement been allowed? Is touch involved? Is the room crowded or loud? Are instructions verbal, complex, or fast? Is the person tired, hungry, in pain, or overloaded? These questions may seem simple, but they are often the difference between support and escalation.

Case Study: Asking Before Correcting

Scenario: A participant began shifting, standing, and touching the chair repeatedly during a long meeting.

Traditional interpretation: Staff prepared to correct the behavior as disruptive.

ASSUME reframe: One staff member asked what the body might be experiencing and noticed the participant had been sitting for nearly thirty minutes.

Intervention: The group paused for a movement reset and allowed standing participation.

Outcome: The participant stayed engaged and no escalation occurred.

Key insight: Ask early enough, and the situation may never become a crisis.

Chapter 7: S — Scan — What Is the Body Doing?

Behavior Has a Build-Up

What looks sudden is rarely sudden. The body usually sends signals before escalation. The issue is whether the system recognizes them. Scan means observing physical indicators of regulation state: shifting, pacing, freezing, muscle tension, breathing changes, facial expression, voice changes, or reduced processing.

These signals are not minor details. They are data.

Early, Mid, and Late Signals

Early signals may include fidgeting, shifting, looking around, or subtle withdrawal. Mid signals may include repeated standing, verbal frustration, pacing, or refusal. Late signals may include yelling, physical reactions, shutdown, or inability to process language.

Most systems respond at late signals. ASSUME trains us to notice early and mid signals so support can occur before crisis.

Scanning Without Judgment

Scan is observation without moral interpretation. The goal is not to decide whether the person is good, bad, cooperative, or difficult. The goal is to identify what the body is showing.

Case Study: The Leg Bounce That Was a Warning

Scenario: During a classroom activity, a student's leg bounced rapidly, shoulders tightened, and the student stopped responding to questions.

Traditional interpretation: The teacher initially thought the student was ignoring instruction.

ASSUME reframe: The scan showed early dysregulation before refusal or escalation.

Intervention: The teacher reduced verbal demand, offered a standing option, and provided a short movement task.

Outcome: The student returned to the activity without removal.

Key insight: Early body signals are often the most useful data.

Chapter 8: S — Shift — From Intent to Regulation

The Most Important Step

Shift is where the meaning changes. Without Shift, the rest of the framework becomes a list of techniques applied through the same old lens. Shift moves us from “they are choosing this” to “their body may be driving this.”

Humans naturally assign intent. We take behavior personally. We assume choice. We assume the person could do otherwise if they wanted to. Sometimes that is true. Sometimes it is not.

Rewriting the Internal Script

Instead of “he is being defiant,” try “his body may be overwhelmed.” Instead of “she refuses to comply,” try “this demand may exceed her capacity right now.” Instead of “they are attention-seeking,” try “they may be seeking regulation, connection, or predictability.”

This does not mean ignoring harm. It means not adding a harmful interpretation on top of a dysregulated body.

Why Shift Is Hard

Shift can feel like giving up control. In reality, it is choosing accuracy over reflex. It is the moment a provider, teacher, employer, or clinician decides not to let the first story become the only story.

Case Study: From Defiance to Regulation

Scenario: A client refused to enter a crowded waiting area and began arguing with staff.

Traditional interpretation: The behavior was viewed as defiance and refusal to follow directions.

ASSUME reframe: Staff shifted interpretation: the waiting area may have exceeded sensory capacity.

Intervention: They offered a quieter waiting location and clear steps for what would happen next.

Outcome: The client completed the appointment.

Key insight: The same words—“I’m not going in there”—can mean defiance or overload. Interpretation changes response.

Chapter 9: U — Use — What Support Does the Body Need?

Support Must Match Need

Use means applying a support that matches the body's need. Generic interventions are often ineffective because sensory patterns differ. Proprioceptive seeking needs movement or resistance. Proprioceptive avoidant needs reduced coordination demands and pacing. Tactile seeking needs safe tactile alternatives and consent-based boundaries. Tactile avoidant needs predictability, control, and reduced touch intensity.

Support is not a reward. It is often the access point that makes participation possible.

Timing Matters

The earlier support is offered, the more effective it is likely to be. Waiting until a person is fully escalated and then offering a strategy often fails because the body no longer has full access to language, reasoning, or choice.

Practical Language

Instead of “sit down,” say, “If your body needs to stand, you can stand here and stay with us.” Instead of “stop touching,” say, “Hands to yourself; here is something your body can use.” Instead of “calm down,” say, “Let's lower the demand and help your body reset.”

Case Study: The Right Support at the Right Time

Scenario: An employee became restless near the end of repetitive workstation tasks and started leaving the area.

Traditional interpretation: The supervisor considered a warning for abandoning the station.

ASSUME reframe: The behavior matched proprioceptive seeking under static task conditions.

Intervention: The job coach built in brief movement tasks that supported the workflow, such as restocking supplies every twenty minutes.

Outcome: Productivity stabilized and workstation departures decreased.

Key insight: The best support is often one that fits naturally into the environment.

Chapter 10: M — Modify — How Do We Change the Environment?

Beyond the Moment

If the environment keeps creating the same dysregulation, the same behavior will likely return. Use is a real-time response. Modify is prevention. It asks how we can change the environment, structure, timing, or expectations so the body does not have to fight so hard to participate.

Modification is not lowering the bar. It is building a bridge to the bar.

Examples of Modification

A forty-five-minute seated group becomes shorter segments with movement. A crowded transition becomes a staggered transition. A workplace task becomes a sequence with built-in movement. A dental appointment becomes two shorter visits with pause signals. A classroom becomes a space with flexible seating, predictable routines, and a reset area.

System Barriers

Systems often resist modification with phrases like “that is not how we do it,” “we do not have time,” or “it would not be fair.” Fairness does not mean everyone gets the same support. Fairness means people get what they need to access the environment.

Case Study: The Environment Was the Intervention

Scenario: A group program saw repeated escalation during the final fifteen minutes of sessions.

Traditional interpretation: Staff believed participants were losing motivation or testing limits.

ASSUME reframe: The session length and sensory load were exceeding regulation capacity.

Intervention: The program shifted to shorter segments, added predictable breaks, reduced overlapping conversation, and created a movement option.

Outcome: Late-session escalation decreased.

Key insight: When the pattern is predictable, the environment is part of the intervention.

Chapter 11: E — Escalate — When Safety Matters

Escalation Is Not Punishment

Escalate is the final step because safety matters. It does not mean punishment, shame, or control for control's sake. It means responding when risk increases and the situation cannot be resolved through lower-level support alone.

Even during escalation, the lens does not change. The person is still a human being in a body. The body may be overwhelmed, threatened, seeking input, avoiding input, or past its capacity.

During Escalation

Reduce demands. Use fewer words. Lower tone. Increase physical space when possible. Avoid unexpected touch. Clear the environment if needed. Follow trained crisis protocols while preserving dignity and reducing unnecessary force.

Crisis is not a teaching moment. Skills are taught after regulation returns. During peak dysregulation, the goal is safety and stabilization.

After Escalation

The work is not finished when behavior stops. Repair the relationship. Reflect on missed signals. Modify the environment. Document in a way that identifies dysregulation and future supports instead of simply labeling the person as aggressive or noncompliant.

Case Study: Documentation Changed the Future Response

Scenario: After a crisis, documentation initially read, “Client became aggressive and required intervention.”

Traditional interpretation: Future staff approached the client with fear and control, increasing tension.

ASSUME reframe: The team rewrote documentation to include early signs, sensory triggers, and effective supports.

Intervention: The plan identified reduced language, increased space, and avoidance of unexpected touch during early escalation.

Outcome: Future incidents were less intense and staff responded earlier.

Key insight: Documentation can either preserve a label or preserve learning.

Chapter 12: Applying ASSUME in Behavioral Health & Substance Use Settings

When Clinical Lenses Are Incomplete

Behavioral health and substance use systems are designed to assess symptoms, diagnose conditions, and provide treatment. Those lenses are important. But when sensory and regulation factors are missing, behavior may be interpreted only as resistance, poor insight, lack of motivation, or maladaptive coping.

Sometimes behavior is psychological. Sometimes it is physiological. Often it is both.

Group Treatment and Regulation

Group settings can be especially challenging. They require sitting, listening, filtering noise, tolerating proximity, processing language, and managing social expectations. A client who leaves group repeatedly may be labeled resistant, but the body may be trying to regulate through movement or escape from overload.

Substance Use Recovery

Recovery requires engagement, consistency, and trust. Dysregulation can increase cravings, reduce impulse control, and make treatment environments harder to tolerate. If the treatment setting itself creates overload, the client may appear unmotivated when they are actually under-supported.

Case Study: The Client Who Kept Leaving Group

Scenario: A client in a substance use program repeatedly left group and paced in the hallway.

Traditional interpretation: The behavior was interpreted as lack of readiness for treatment.

ASSUME reframe: The pattern increased during long seated discussions and decreased after movement, suggesting regulation needs.

Intervention: The group allowed standing participation, short hallway movement with return expectations, and smaller discussion segments.

Outcome: Attendance and participation improved.

Key insight: Recovery engagement requires regulation access, not just motivation.

Chapter 13: Applying ASSUME in Schools & Special Education

Regulation-Dependent Skills

Schools expect students to sit, listen, transition, write, wait, share space, manage frustration, and follow directions. These are not just behavioral expectations. They are regulation-dependent skills.

A student cannot discipline their nervous system into regulation. Consequences may produce temporary suppression, but they do not teach the body how to tolerate the environment.

IEP and 504 Reframes

Traditional goals may focus on compliance: remain seated, comply with directions, complete work without refusal. ASSUME-aligned goals focus on access: use movement options to support engagement, identify regulation supports, complete tasks with sensory accommodations, or transition using visual and sensory supports.

This shift matters because goals drive services, services shape expectations, and expectations influence placement.

Teacher Reality

Teachers are managing large classrooms and multiple needs. ASSUME is not asking teachers to individualize every second. It is asking them to make small, early adjustments that prevent larger disruption: movement options, predictable transitions, sensory tools, flexible seating, and scripts that preserve dignity.

Case Study: From Removed From Class to Ready to Learn

Scenario: A student was frequently removed for leaving seat, touching materials, and refusing writing tasks.

Traditional interpretation: The student was viewed as disruptive and noncompliant.

ASSUME reframe: The behavior reflected proprioceptive seeking and tactile sensitivity with certain writing tools.

Intervention: The team added movement before writing, alternative grips, flexible seating, and a visual task sequence.

Outcome: Class removals decreased and written output improved.

Key insight: A student cannot learn from an environment they cannot regulate in.

Chapter 14: Applying ASSUME in Employment & Workplace Supports

Employment Is More Than Placement

Employment systems often focus on getting the job. Retention is where sensory and regulation needs often become visible. A person may have the skills for the job but struggle with the environment, pace, social expectations, tactile demands, or movement restrictions.

Workplaces often interpret sensory-driven behavior as attitude, poor work ethic, or insubordination. ASSUME offers another lens.

Tactile Seeking and Professional Boundaries

Tactile seeking in the workplace may look like initiating hugs, standing too close, touching arms or clothing, or attempting playful contact such as tickling. The workplace boundary is valid: coworkers have the right not to be touched without consent. At the same time, the sensory driver deserves attention.

The balanced response is Stop, Workplace Rule, Alternative. For example: “Pause—at work we ask before touching. If your body needs pressure, here is an option that works here.” Or: “Stop—tickling is not appropriate at work. Let’s use a safe regulation option.”

Job Coach Role

Job coaches can bridge the employee and employer. They can identify sensory patterns, teach replacement behaviors, model appropriate interactions, and help employers understand that accommodations are not lowered expectations. They are supports that help the person meet expectations consistently.

Case Study: Hugs, Tickling, and Job Retention

Scenario: An employee in an integrated workplace hugged coworkers without asking and attempted tickling during breaks. Coworkers felt uncomfortable and HR considered discipline.

Traditional interpretation: The behavior was viewed only as inappropriate conduct.

ASSUME reframe: The job coach identified tactile seeking, especially during transition times and social uncertainty.

Intervention: The team taught direct consent rules, practiced accepting no, provided tactile alternatives, and created break-time routines with safe sensory tools.

Outcome: Unwanted touch reduced significantly and the employee kept the job.

Key insight: Workplace standards and sensory supports can exist together.

Chapter 15: Applying ASSUME in Healthcare Settings

Healthcare Is a Sensory Environment

Healthcare settings are designed for efficiency, but for sensory-sensitive patients they can become overwhelming quickly. Bright lights, alarms, suction, drills, adhesives, gloves, pressure, cold instruments, close proximity, and loss of control can combine into a threat response.

A routine procedure on the outside may feel impossible on the inside. The issue is not always pain. It may be tactile overload, proprioceptive restriction, unpredictability, and loss of control.

Dental Care as a High-Risk Example

Dental care concentrates tactile input, sound, proximity, and restricted communication. A patient may pull away, clench, push hands away, or react physically. Labeling this as noncompliance misses the safety issue. When tactile avoidance meets forced continuation, risk increases for both patient and provider.

A better approach includes explaining before touch, using pause signals, breaking procedures into shorter segments, allowing recovery time, and documenting sensory triggers for future care.

Lived Experience and Provider Trust

For many people with sensory processing differences, the body starts reacting before the provider begins. The chair, the light, the tools, the memory of past procedures, and the expectation to stay still all arrive at once. When a provider says, “Just relax,” it can feel like they are missing the entire point. The body is not refusing to relax. It may not have access to relaxation in that moment.

Trust is built when providers say, “I will tell you before I touch you,” “We can pause,” and “Let’s find a pace your body can handle.”

Case Study: Completing Care Without Forcing Through

Scenario: A dental patient pulled away, clenched, and pushed tools away during cleaning. Staff worried the patient was uncooperative and unsafe.

Traditional interpretation: The behavior was interpreted as refusal to cooperate.

ASSUME reframe: The patient showed tactile avoidant responses to oral input and loss of control.

Intervention: The provider explained each step before touch, used a stop signal, shortened the appointment, allowed recovery pauses, and planned additional support for future care.

Outcome: More of the procedure was completed safely, and trust improved for the next visit.

Key insight: Forcing through sensory overload can increase risk; pacing can improve completion.

Chapter 16: Crisis Situations & Challenging Behavior

Crisis Begins Before the Peak

Crisis does not begin at the moment someone yells, strikes, bolts, or shuts down. It begins earlier, with missed signals and rising dysregulation. By the time behavior is called challenging, the body has often been trying to communicate for a while.

ASSUME does not pretend every crisis can be prevented. It does insist that many crises can be reduced by recognizing early signals, adjusting demands, and reducing sensory load before the peak.

Crisis Is Not a Teaching Moment

During peak dysregulation, language processing, reasoning, and impulse control may be reduced. This is not the time to teach a new skill, debate expectations, or demand insight. The goal is to stabilize the nervous system and maintain safety.

Use fewer words, lower tone, provide space, remove unnecessary people, avoid unexpected touch, and follow trained safety protocols with dignity.

After the Crisis

After escalation, systems often move directly to documentation and consequences. ASSUME adds repair, reflection, and modification. What signals were missed? What sensory factors were present? What can change so the same crisis is less likely next time?

Case Study: The Crisis That Became a Prevention Plan

Scenario: An individual escalated during a busy transition, yelling and pushing away staff who moved close.

Traditional interpretation: The incident was first described as aggression during noncompliance.

ASSUME reframe: Review showed early pacing, covering ears, and repeated requests to leave before staff approached.

Intervention: The plan changed to staggered transitions, early exit options, fewer staff during support, and no unexpected touch.

Outcome: Future transitions were safer and escalation decreased.

Key insight: Crisis review should search for missed signals, not only consequences.

Chapter 17: When Systems Refuse to Serve

The Quiet Form of Refusal

Systems rarely say, “We refuse to serve this person.” They say, “We are not equipped,” “This is not the right setting,” “They need something more specialized,” or “Their behaviors are too severe.” Sometimes those concerns are genuine. But before exclusion, systems must ask what has been tried and whether it was aligned with regulation needs.

If a person receives only control-based intervention and then is labeled too complex, the system has not fully tested whether support could work.

From Individual Failure to System Responsibility

ASSUME shifts the question from “What is wrong with this person?” to “What is happening between this body and this environment?” That shift creates responsibility. Systems must examine environment, expectations, training, documentation, and access before concluding someone cannot be served.

Lived Experience and Systems Navigation

When you have lived through systems that misunderstand what your body needs, the word access becomes more than a policy term. It becomes personal. It becomes the difference between being supported and being forced to fight for what should have been considered in the first place.

This framework is not only about better moments. It is about better systems.

Closing Reflection

This book began with a person standing up and a room deciding what that meant. The invitation now is simple: pause before deciding. Ask what the body is experiencing. Scan what the body is showing. Shift from intent to regulation. Use support. Modify the environment. Escalate only when safety requires it.

Behavior is not always a choice. Sometimes it is communication. Sometimes it is protection. And sometimes, it is the body asking a question we were never trained to hear.

Case Study: Access Preserved Through Reframing

Scenario: A community program considered ending services because an individual reacted physically during crowded activities and hygiene-related supports.

Traditional interpretation: The person was considered too complex for the setting.

ASSUME reframe: The team identified tactile avoidant responses and proprioceptive seeking, then reviewed whether supports had matched those needs.

Intervention: They modified activities, changed hygiene approaches, built in movement, and trained staff in ASSUME responses.

Outcome: Services continued with fewer incidents.

Key insight: Systems should not refuse service before trying supports that match the body.

Back Matter: Quick Reference Tools

This section is not meant to replace the framework. It is meant to make it usable in real time.

In fast-moving environments, people need language, structure, and something they can use in the moment.

ASSUME Quick Reference

Ask – What is the body experiencing right now that we cannot see?

Scan – What is the body showing through movement, posture, breathing, voice, or withdrawal?

Shift – Am I interpreting this as intent or considering regulation?

Use – What support matches what the body is asking for?

Modify – What needs to change so this does not keep happening?

Escalate – If safety is a concern, respond while preserving dignity.

Sensory Pattern Quick Guide

Proprioceptive Seeking – movement, pressure, resistance

Proprioceptive Avoidant – reduce demand, pacing

Tactile Seeking – safe alternatives, consent

Tactile Avoidant – predictability, control

Script Bank

Redirection Without Escalation

If your body needs to stand, you can stand here and stay engaged.

Pause—let's find a way your body can do this safely.

Let's adjust this so your body can stay with us.

You don't have to do it the same way—let's find a way that works.

I'm not asking you to stop—I'm asking how we can make this work.

Boundary + Sensory Support

Pause—we ask before touching. If your body needs pressure, here's an option.

That's not something we do here—but I can help your body find something that works.
We ask before hugs. What kind of input is your body looking for?
Your body can need something and we can still have boundaries.
Let's keep people safe and still support what your body needs.

Tickling & Consent

Pause—tickling needs permission. We don't do that without asking.
I know your body might be looking for that kind of input, but we need consent first.
Tickling isn't appropriate in this environment unless someone says yes.
Even if it feels playful to you, the other person has to agree.
Your body might be asking for movement or touch—but tickling other people isn't an option here.

De-escalation Language

I'm going to lower what's happening so your body can reset.
You don't have to figure this out right now—I'm here.
Something feels like too much. Let's slow this down.
I'm not going to add more pressure right now.
Let's get your body through this first.
You're not in trouble—your body is overwhelmed.

When Someone Is Refusing

This might be too much right now—what part feels hardest?
Let's change one piece so your body can try again.
You don't have to do all of it—let's find a starting point.
This isn't about refusing—something isn't working for your body yet.

When Someone Is Leaving / Avoiding

I see you stepping away—does your body need a break or something different?
You can take space, and we'll make a plan to come back.
Let's make leaving part of the plan instead of the problem.
What would make it possible to stay longer next time?

When Behavior Is Escalating

I'm going to give you space.
I'm not here to control you—I'm here to help you stay safe.

Let's lower everything right now.
I'm going to use fewer words so your body can settle.
We can talk after your body comes back down.

After Escalation

You got through that—let's figure out what your body was telling us.
What happened before this felt too much?
What do we want to do differently next time?
This isn't about blame—it's about understanding.

Staff Reframe

They're trying to get a need met the only way their body knows how.
They may be seeking regulation or predictability.
Something in the environment is not working for their body.

Group / Classroom

Movement is part of learning for some bodies.
You don't have to look the same as everyone else to participate.
Let's reset so everyone's body can stay with us.
Your body matters just as much as the task.

Workplace

At work, we keep hands to ourselves—but we can find a way to meet that need.
You're doing the job right—your body just needs support to keep doing it.
Let's adjust the environment instead of assuming the problem is you.
Success here includes making the job work for your body.

Healthcare / Dental

I will tell you before I touch you.
You can stop me at any time.
We can take breaks—your body sets the pace.
I'm not going to force this—we're going to work with your body.

Crisis

You're safe.

I'm here.

I'm not going anywhere.

We're just getting through this moment.

Systems-Level

Before determining this person cannot be served, we need to examine whether supports matched regulation needs.

Have environmental modifications been attempted prior to considering discharge?

Behavior alone is not sufficient to determine placement without assessing sensory and regulation factors.

Final Reflection

ASSUME is about accuracy. When interpretation improves, support improves—and people stay connected to services, environments, and relationships. And always remember:

Behavior is not always a choice...

Sometimes..... It's Communication

Sometimes..... It's Protection

And Sometimes.....

It's the body asking a question we were never trained to hear

BEHAVIOR IS COMMUNICATION. REGULATION IS THE MESSAGE.



ASSUME a Sensory Reason™ is a practical, step-by-step framework that helps providers, educators, employers, healthcare professionals, and systems leaders shift how behavior is interpreted —and how support is delivered.

When we understand what the body is trying to communicate, everything changes. This framework helps you respond with accuracy, reduce crisis, and create environments where people can truly participate.



THE ASSUME FRAMEWORK

	A SRK	What is the body experiencing?
	S SCAN	What is the body doing?
	S HIFT	From intent to regulation.
	U SE	What support does the body need?
	M ODIFY	How do we change the environment?
	E SCALATE	When safety is a concern.

♥ ABOUT THE AUTHOR

Jordan Smelley is an internationally recognized and award-winning speaker on IDD and Recovery Supports, a certified Mental Health Peer Support Specialist, a People Planning Together Trainer in Texas, and developer of ASSUME a Sensory Reason framework.

As a person in long-term recovery from Intellectual and Developmental Differences (IDD) with co-occurring Mental Health challenges, Jordan partly defines his own recovery through opportunities to present and educate communities on supporting persons with IDD.

Jordan was awarded the 2023 American Association on Intellectual and Developmental Disabilities (AAIDD) Texas Chapter's Empowerment Award for Excellence in Promotion of Self-Advocacy and the 2024 AAIDD Texas Chapter Dr. Ollie Seay Knowledge Award for Excellence in Education or Research.

Currently, Jordan works for Integral Care as the very first IDD Peer Support Specialist for the Transition Support team based at Integral Care.



UNDERSTAND.
SUPPORT.
CHANGE OUTCOMES.
TOGETHER.