



# PDA Behavior Plans

## School Based Behavior Plans for Students with PDA

Most students with challenging behavior at school have a behavior intervention plan. A better name would be a stress support plan as used by Studio 3 in England. School personnel who are charged with writing them, often have no training in this area. It is common that they don't understand them and because of this write them in a generic way. The advent of templates with drop down menus have made things worse.

The success of a behavior plan is judged by whether or not it is working. If it is not decreasing the challenging behavior it needs to be changed. The primary purpose for a behavior intervention plan is to test if interventions are working. Clear baseline data needs to be taken before changes in interventions are implemented and data needs to be taken on an ongoing basis after new interventions are initiated. If the frequency or intensity of the target behavior decreases, the interventions are working. If not, new interventions need to be tried. If those continue not to work, it may mean that the hypothesis for the function of the behavior is incorrect. Interventions need to be connected to that hypothesis. A behavior plan should be a roadmap for the adults to follow. It is not to show how bad your child is behaving. The latter is often how the meeting feels.

Often the function of the behavior will be considered to be avoidance or escape of demands. Noncompliance is frequently suggested as a target behavior but do not agree to that. It is not helpful or accurate. If the school wants to adopt the avoid or escape demands function, you want to add that the cause of the need to avoid or escape is anxiety related. The demands of the situation exceeded his or her ability to cope with the anxiety.

Data needs to be taken and tabulated frequently to make it helpful in the behavior change process. Data sheets that stay in a binder are of no benefit. Often a focused approach to intervention in one or two behaviors results in improvement in other behaviors as well, so it is fine to not include every challenging behavior. Most plans include too many behaviors. Often when the target behavior improves, there are improvements in other areas without direct intervention. It is better to have less data that is meaningful and correct. Target behaviors have to be well defined and very specific without subjectivity. The test of a well-written target behavior is that anyone off the street could be invited in to take data and their data collection would match that of the classroom teacher. Behavior plans need to be "living documents". They should be continuously reviewed and updated. Monthly is a reasonable time period. The practice of looking at behavior plans at the annual IEP meeting makes no sense but is done all of the time.

Pretty much all behavior intervention plans emphasize rewards and consequences. Some schools only include rewards and consequences and call it a plan. We know that this does not work for students with a demand avoidant profile. Even positive behavior plans focused on rewards increase anxiety for these students. This concept may be very hard to understand for many people on the child's team.

An important part of any behavior intervention plan is the section on replacement behaviors. Replacement behaviors are behaviors that serve the same function as the target behavior. They need to work as well as the problem behavior or better to replace the problem behavior without additional effort on the part of the child. The replacement behavior needs to get the student what they need. With a student with PDA, that means that the replacement behavior will need to reduce anxiety. It is often difficult to come up with replacement behaviors in a plan. If the adults have to struggle to do so, it is not surprising that a child would have a hard time figuring out what behavior to use to replace his current one. Look carefully at this section on your child's plan. If it is missing, that is a problem. Often schools just list the desired behavior in this section which is not helpful. Also, replacement behaviors usually need to be taught and practiced for them to work. It is generally not a quick fix and takes time and effort from the adults.

Behavior is most effectively changed by proactive strategies that prevent the target behavior from occurring rather than reactive interventions that occur after the behavior occurs. The focus should be on environmental modifications, teaching strategies, supports and the teaching of new skills. Any strategies, supports and teaching styles that may help the student should be included in the plan. It should be as specific as possible. Examples of interventions that can be listed on a behavior plan that work for many students with a PDA profile include:

- Teach skills, especially new skills, in an indirect way
- Specific sensory modifications
- Use humor
- Use a calm voice tone
- Depersonalize rules
- Show empathy and talk about what helps
- Use challenges, "I bet you can't....." "I will race you....."
- Let student plan the routines
- Offer choices
- Build on student's interests
- Praise indirectly rather than directly
- Reduce pressures – i.e. allow extra time
- Give demands indirectly
- Give a chance to help or leadership role
- Have an exit strategy or code word

- Partner with student so you are approaching tasks together
- Instead of asking student to do something, think aloud to yourself about the task that needs to be completed
- Prioritize work load and other demands
- Provide support during social activities
- Teach social skills
- Teachers and staff need to build a trusting relationship with the student before using strategies
- Adults must demonstrate that they understand to the student in an authentic way


The emphasis should be on the process of doing a functional behavior assessment and creating a behavior plan. An assessment always needs to be done before writing a plan so there is understanding of the student and the behavior first. There should be lots of discussion in the IEP team (including parents) on prioritizing the behavior, antecedents and the hypothesis of behavior. This discussion is critical. It is not about completing a form. If it is appropriate, your child can participate in the creation of the support or intervention plan. This may make it more effective.

Schools often don't change plans much from year to year and keep using supports and strategies that they will say don't work to change the behavior. That makes no sense and is usually because they can't think of new things to do. If your child continues to have challenging behavior, new things should be continually tried and things that don't work should be eliminated. We don't want staff to waste their time and use effort on things that are not helpful as it takes away energy for things that are. If your child's plan looks pretty much identical every year, that is a problem.

Plans should also be objective in the language. There should not be judgmental terms, subjective assumptions, blaming or back handed complements.

The standard template question, if your child's challenging behavior is a "skill or performance deficit," is a tricky one. You don't want the staff believing that your child can really control his or her behavior but is deciding to act out. Their response to this question often lets you know how they feel about your child. I feel that as Ross Greene says, "children do well if they can." Human behavior is not consistent so the question would be why your child can at times demonstrate the desired behavior and why at other times he or she cannot. It is up to the adults to figure that out and make modifications in the environment or teach skills that set your child up for success.

The end of the behavior plan generally covers what happens when there are behavior challenges and crisis situations. This can be conflictual as the schools generally want to write in the use of whatever crisis management program they are trained in which often involves physical restraint and seclusion. They may call physical restraint, "therapeutic holds" although there is nothing therapeutic



about them. Suspension can also be written in that area. Often times it is a blanket statement about following the school discipline policy. You just want to be prepared for this discussion.

The question if your child would be better or worse off with a behavior plan is a hard one. Students benefit from a well written and well implemented plan. They can be hurt by a poorly written one. It is a complicated issue that needs to be individualized. If a good plan can be written, it could be helpful even if the school team does not fully understand PDA.