

Tips for Teachers

By Casey Ehrlich, Ph.D., At Peace Parents



Mindset Shift: "Compliance" in the moment does not equal long term progress.

As a teacher, you have likely been trained to think of "success" with a student as the degree to which they move through the learning plan, follow instructions, comply with classroom rules, and develop competence in a particular academic topic, whether it is learning to read, write, or do math. Although it is obviously important to support all these things, none of this can happen if the PDA child is in their "survival" brain and having a panic response. To ensure long-term success for a PDA child and their learning, the three things to focus on are trust, connection, and autonomy (meaning allowing them to opt-out in the moment if they appear to be resisting and avoiding something). Paradoxically, allowing them to opt-out will make them less resistant in the future and more likely to succeed in learning.



Allow for as much freedom, choice and autonomy as possible!

As soon as PDA child senses an agenda, pressure, or your anxiety about moving them through the lesson plan at a particular pace, their threat response will activate and it will make them LESS likely to engage and degrade trust. Anytime there is resistance or diversion from the lesson plan from a PDA child, it can be an opportunity to offer choice and flexibility. This can be simple, like allowing them to begin in the middle of the worksheet, rather than at the beginning. It could be simply letting them use the bathroom as much as they need or to work on another lesson if the one presented to them is activating their nervous system. Finally, it may be necessary to lower demands in and outside of the classroom for the PDA child, for example, allowing them to opt-out of homework, activities, fundraisers, etc., so they have nervous system recovery time at home after school.



Understand that most PDA children don't "look classically Autistic."

First, PDA children often don't "look autistic" because their support needs are most related to the nervous system, not social communication differences. Second, "masking" is one of the things that is MOST confusing for teachers because the PDA child often appears very typical and well-behaved in the classroom, but then parents report very difficult behavior and trouble accessing basic needs (toileting, eating, sleeping, or hygiene) at home. Most PDA children are "high masking," which means they internalize their threat response while at school. The PDA child still needs accommodations at school, because the nervous system activation is cumulative and over time can prevent the PDA child from coming to school, leaving the house, and accessing other basic needs. This is what makes it a disability. For parents, tracking nervous system activation and regulation is like tracking insulin levels for a diabetic child.

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Use humor

Humor can be a very powerful tool to de-escalate the threat response, although it may feel unnatural to use in a moment of tension or when the PDA child has spoken in a way that feels rude or defiant. Think of it as an opportunity to notice the indicator of their internal experience (*Oh, there is the threat response!*) and to jujitsu the energy to get back to a place of connection. For example, if they growl, shout, or "rudely" correct you, you can say "Oh my goodness, did I mess up again?" and blame it on yourself. You can also use self-deprecation, make deliberate mistakes, mess up words, call yourself silly, and try slightly inappropriate bathroom humor to break the tension and show you are also a flawed human.



Allow for "equalizing" behavior

One of the hardest things for teachers (and parents!) to allow for is "equalizing" behavior. This often feels like the child is being very controlling and that you are constantly being criticized. This behavior often has nothing to do with your relationship with the child, but rather is a reflection of the degree of their cumulative nervous system activation due to consistent, perceived losses of autonomy and equality to those around them. It may be a reflection of a boundary set in the moment or due to an accumulation of stress from school or masking, and then it comes out with you as the safe person. Allow for this, understand that it is not personal, and moving through it is part of creating safety for the PDA child.



Incorporate "strewing" into the classroom as much as possible.

Strewing is a key concept for shifting the dynamics and providing more autonomy in your classroom or special education classroom. "Strewing" is a concept from the homeschooling community and simply means: "The art of allowing your child to discover something you have casually left out" (Sandra Dodd). We can apply this concept to anything, as it provides visual and sensory cues of what the PDA child can engage with autonomously or not. You can think of it as creating "offerings" for the PDA child, rather than planning activities or a schedule, and allowing them to gravitate towards their interests! This tool has been incredibly helpful for PDA children not only in the classroom, but also in the therapy room, and in their home.

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Share the demand

PDAers often need nervous system scaffolding to engage in things like play, writing, building, learning, etc. You may naturally tend towards verbal explanations of "how to" engage, rather than strewing yourself engaging in it first as a visual offering and a cue of safety. For example, for a PDA child who is resistant to using a pencil, you may need to spend as much time as needed allowing them to **direct you or a para-professional** in using the pencil and writing or drawing what they ask. Let go of a particular timeline and offer heaps of patience. It is OK for you to do some things for the PDA child, even if it feels like they should be able to do it. It may be their panic response preventing them. PDA children learn best through observation, so modeling both the behavior and skills you want to see from the PDA child is generally the best approach.



Co-regulate!

PDA children often have trouble with attention, but this is often based on their brain's perception of safety more than on "executive functioning." The best way to help with their attention is to make your first and foremost priority providing cues of safety mammal to mammal. Without this, they will stay in their Limbic system (survival brain) and will not be able to learn, think or access skills you are hoping to teach them. You can signal safety by paying close attention to your facial expressions (gentle reminder that neutral facial expressions are often interpreted as threatening), putting yourself physically below the child, using open palms, slow movements, and deliberate undivided attention. Many of these accommodations are the same approach you would use with a traumatized child.



Use communication accommodations

Although PDA kids are often verbal and socially-motivated, lots of spoken language can be tiring for their brain and register as a threat especially if you are using lots of questions and imperatives. A bid for communication without their consent can register as a loss of autonomy, so it can be helpful to reduce speech and to allow the PDAer to initiate conversation, before jumping in. Try using Declarative Language ("The Declarative Language Handbook" by Linda K. Murphy), allow for ample processing time (pause for what feels unnatural after each sentence), and reduce the complexity of speech (one sentence at a time!).

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Unlearn the "behavioral" approach to Autistic kids

Often, on the surface, PDA children appear to be difficult, willful, manipulative, and defiant and thus your instinct may be to respond with traditional behavioral strategies to correct the behavior or expose them to things so that they will learn not to resist them. Also, if you are trained as a special education teacher or have experience with autism, you will also likely default to traditional supports based on "rewards" and "sanctions" and a supporting routine, for example, using "First, then" statements, laminated charts to help with transitions, and sticker charts or points to incentivize them to follow directions.

As counter-intuitive as it sounds, these approaches are actually counterindicative for the PDAer because what is driving the behavior is not pre-meditated but rather a behavioral expression of a nervous system disability. Additionally, "behavior" or dysregulation is usually a reflection of cumulative nervous system activation over time, rather than a particular "antecedent" that provokes a behavior and then a consequence.



Unlearn "behavioral" assumptions

It is often incorrect to assume the PDA child's behavior is:

- *Under their control to a degree and coming from the "thinking part" of the brain.*
- *Likely goal-driven - e.g. driven by trying to accomplish some pre-meditated and purposeful need or want - attention, control, getting one's way...*
- *Can be modified by rewards and consequences.*
- *Due to a lack of authority that makes them feel "safe" with solid rules and routine.*

More likely, the PDA child's behavior is:

- *Subconscious, reflexive, and autonomic, coming from the nervous system and survival part of the brain.*
- *Not goal-driven, but rather *safety* driven.*
- *Will improve when their nervous system is accommodated, they can get out of a panic state, and *observe* your teaching with a rational ability to process information.*
- *Not about "not understanding what happens next" in the day. Routines can be perceived as a loss of autonomy and therefore threat, so it can be helpful to establish (collaboratively and flexibly) *rhythms**