



Beyond Compliance: Building Neuroaffirming Autism Classes

Part 2 of 4

Our non-negotiables, and understanding PDA

Part 2 index

Our non-negotiables, and understanding PDA



Slides	Topic
3-4	Our non-negotiables, and unconditional positive regard
5-6	The double empathy problem
7-9	Monotropism, and the mismatch with highly structured practice
10-12	Transitions, and distressed behaviour
13-14	Predictability, not rigidity; child-led is not support-free
15-16	Honouring capacity, and nervous system safety
17-21	PDA: Persistent Drive for Autonomy
22	The key mindset shift
23-24	A happy little PDAer, and further learning on PDA

These are our non-negotiables

- Unconditional Positive Regard
- A Regulation first approach
- Connection over compliance
- Facilitating Monotropic learning
- Giving children as much autonomy as possible



Unconditional Positive Regard

- Accepting and valuing the child as they are.
- Builds trust, safety, and connection.
- Respond with empathy, respect, and consistency. This is the true predicability piece.
- Aligns with National Council for Special Education (NCSE) Relate: relationship-based support and understanding.
- No child should have to earn our warmth.



The Double Empathy Problem

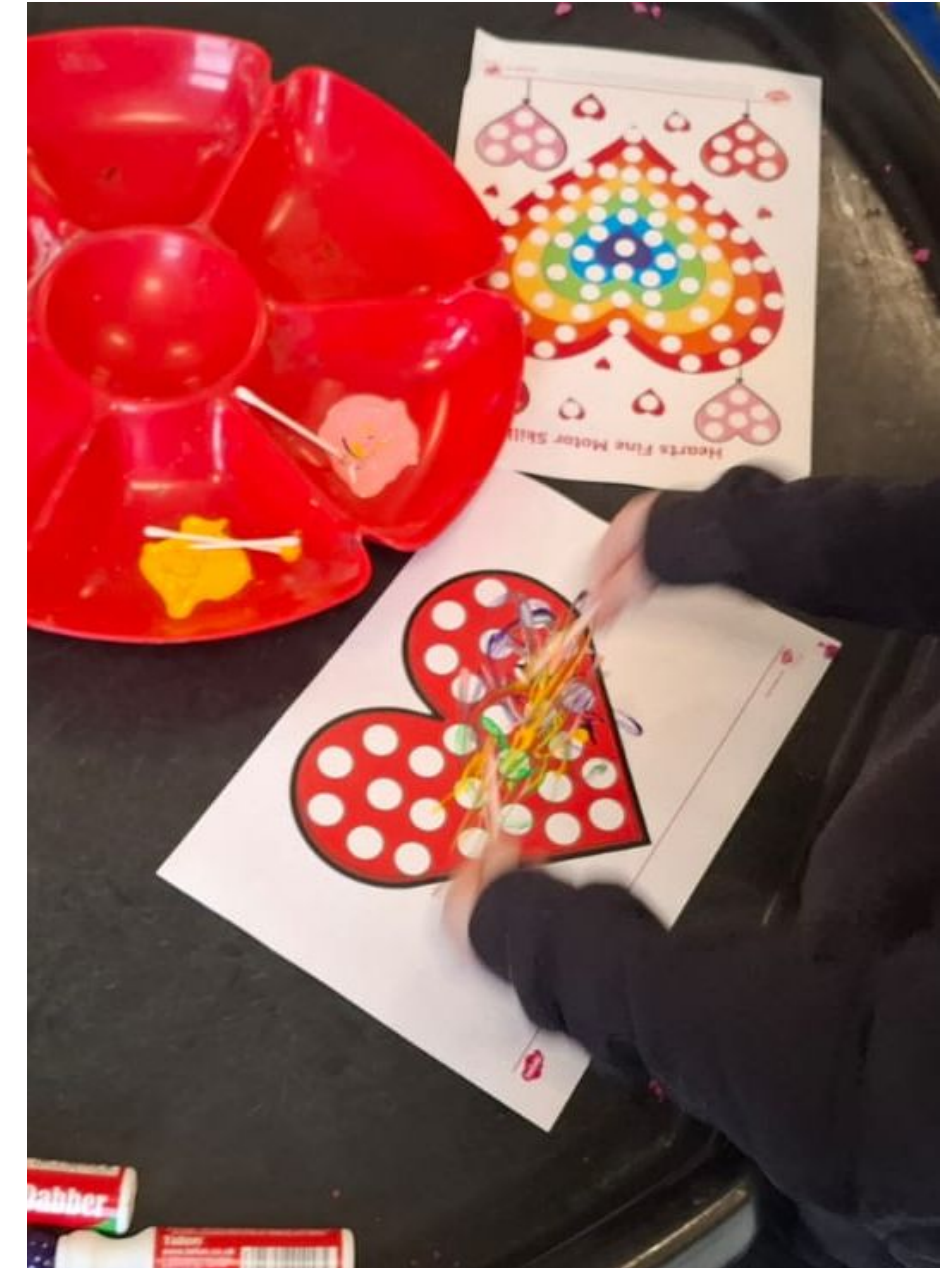
- The double empathy problem is a theory introduced by autistic researcher [Dr. Damian Milton](#) in 2012, which proposes that communication breakdowns between autistic and non-autistic people are a two-way issue rather than a one-sided deficit.
- Non-autistic social norms are typically treated as the default or "correct" standard, which places the lion's share of the burden on autistic individuals to adapt and mask their natural behaviours (think: eye contact, sitting still etc.)



The Double Empathy Problem recognises that misunderstandings between autistic and non-autistic people go both ways.

In schools, autistic students are often expected to do all the adapting, even though they have the least power to change the environment. Many are already masking or changing their behaviour just to fit in.

Neurodiversity-affirming practice means teachers and staff also adapt, creating environments where autistic students feel understood, valued, safe and accepted.



Monotropism

- The way many Autistic children learn and process information.
- Focus deeply on their interests.
- Enter flow state.
- This brings great joy, learning and great regulation.
- Interrupting flow can be traumatic.

**We must not pathologise monotropism
- it's wonderful and perfectly normal.**



Exploring the mismatch...



So, if we now know that autistic children learn best monotropically, through their deep interests, where shifting focus when in flow can be tricky, does this align with highly-structured practices like Teacch?



We can start to see how the environment impacts on Monotropism

- When we expect children to switch tasks frequently and follow adult-led timetables.
- Are we serving this Monotropic learning style? Or does learning become like factory work with constant transitions?
- Can a student ever go deep? And experience autistic joy?



We can offer structure and predicability without adult led timetables!

Lets look at transitions



With a traditional 'work system' like Teacch, we are asking children to engage in numerous transitions every hour, it becomes necessary to manage those transitions.

This can become a big demand on staff and the child.

"I've prepared all this work - How can we get them to do it?"

Frustration rises. And what happens if they can't do it or don't want to do it?

We might say:

- 'They need to regulate', so we take them to the sensory room, or outside for a walk or do some bouncing on the trampoline...
- Then we return to the work, because it's the next thing on the timetable, and the same thing happens again? and again?
- We now have a child who's being directly dysregulated by the work, so this becomes a negative association.
- We might see 'behaviours of concern' we see ABC charts and behaviour plans.
- What we're really seeing are distressed behaviors due to a mismatch and the environment not suiting the learner.



But what would happen if we didn't interrupt a task that a child was engrossed in?



There are many unavoidable transitions every day – even before a child comes in our door. Mornings can be the hardest.

Surely school doesn't need to impose unnecessary transitions? Especially if it's causing stress or distress.

A chosen task a child goes back to again and again IS probably regulating for them (regardless of what we may think!)

Predictability $\neq$ Rigidity

A different take on structure and predictability

Predictability is knowing what, and who, the child can count on. It provides relationships that are consistent, accepting and safe.

It provides an environment where children can access what they need, when they need it.

It means all communication is supported, always.

It provides a space that creates safety and access, not conditional upon compliance.



Child-Led $\neq$ Support-Free

A child-led environment doesn't deny support, it tailors support to each individual child.



- Structure: One child thrives on a predictable schedule.
- Connection: Another seeks and benefits from 1:1 support to complete activities.
- Independence: Another chooses to work independently, so we strew gentle invitations to engage.
- Regulation: Each child develops routines and supports that feel safe and regulating.

One class. Individual needs. Individual supports

We honour capacity, always

- We understand that capacity is not fixed, it fluctuates.
- Nervous system safety is key.
- Rest is important, wandering is important.
- Burnout is real and protecting capacity is crucial.
- Our first priority is always safety and connection, above academic expectations.



Nervous system safety is not the opposite of challenge

Some critics of child-led learning have asserted that we don't challenge the children enough, that they just do 'whatever they like'.

This is misinformed.

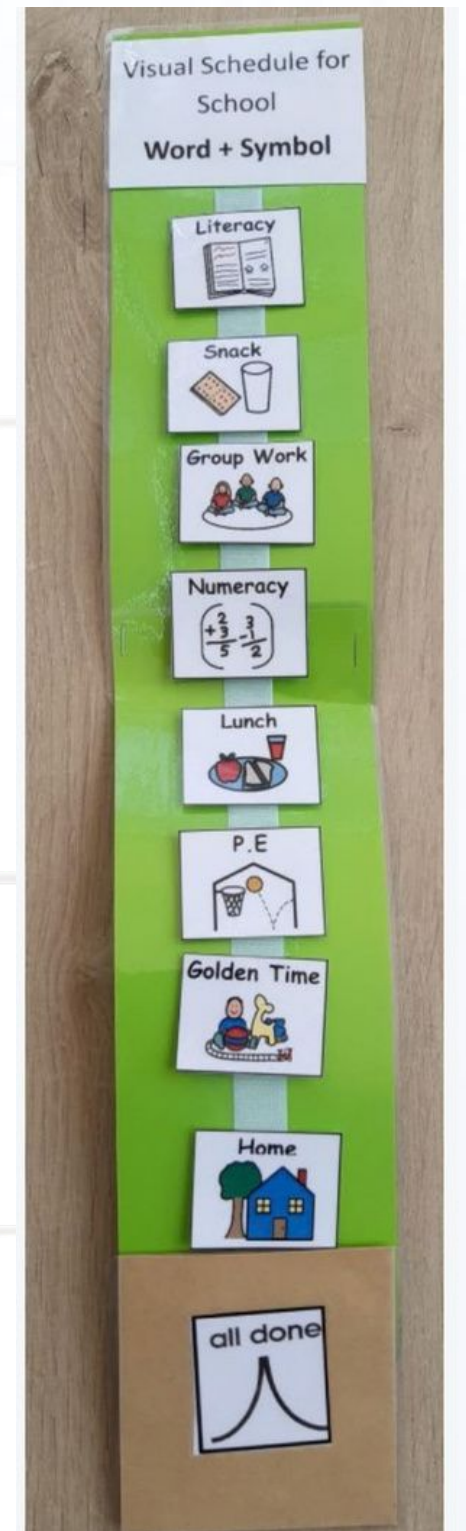
Change can feel uncertain, and can even cause conflict amongst staff. New ways can feel unfamiliar and even scary.

If you visit our classroom you'll find a hive of productivity, progress and authenticity.



PDA – Persistent Drive for Autonomy

- It's incredibly important that as educators we understand PDA.
- For many autistic children with a PDA profile, the experience of being directed, controlled or expected to do something can trigger a powerful stress response.
- This is not a child being difficult. It's about understanding what happens to the nervous system when their sense of autonomy is at risk.
- Start with curiosity – What is this child experiencing, and what might they need from us?



PDA – It's not all about 'demands'



While demands are usually mentioned in terms of PDA, we also must look at what is driving the feeling of loss of autonomy:

- It's about who's asking? Who holds the power? What is the adult's agenda? Is the expectation genuine, or is the child actually being given real choice? Is autonomy present?
- For many PDAers, the power dynamic between the adult and the child is a huge driver of a stress response.
- If we consider this in the context of compliance based, adult-led education, we can see why distressed behaviours have become almost synonymous with working in an autism class.



PDA – Persistent Drive for Autonomy



Throughout their lives, across settings PDAers may frequently be labelled as:

- | | | | | |
|------------------|-----------------|----------------|-------------------------------|---------------------|
| ● Defiant | ● argumentative | ● controlling | ● inconsistent | ● attention-seeking |
| ● stubborn | ● lazy | ● manipulative | ● disinterested | ● cheeky |
| ● disrespectful, | ● non-compliant | ● dramatic. | ● over-sensitive & aggressive | |

For so long PDA has been confused with willfull ‘bad behaviour’ that a child has chosen to engage in. We now understand that this is far from the correct analysis. This is a nervous system under threat.



How do PDAers get labelled?

When we don't understand the child's experience, we can mistake their stress responses for character flaws.

A child who is:

Saying no → "Defiant"

Questioning everything → "Argumentative"

Avoiding an activity → "Lazy"

Needing control → "Controlling"

Fluctuating capacity → "Inconsistent"

Experiencing distress → "Attention-seeking"

Struggling with expectations → "Non-compliant"

But what if we got curious

Instead? What is this child communicating?

What is happening in the environment?

Is autonomy genuinely present?

The label tells us how the child looks to the adult.

Curiosity helps us understand what the child is really experiencing.

Some issues around PDA identification:



You might not see PDA named in a child's report – in fact it's unlikely as this is not a diagnosis in itself within the DSM-5.

You may see recommendations listed that don't appear to work when you implement them for your PDA pupils.

Colleagues and even parents may not be aware of PDA as a profile.

This does not mean you cannot help and support a PDA child.



The NCSE Relate framework gives us all the tools we need to support our PDA pupils

The key mindset shift:

Regulation first: Meet the child's sensory and emotional needs before anything else.

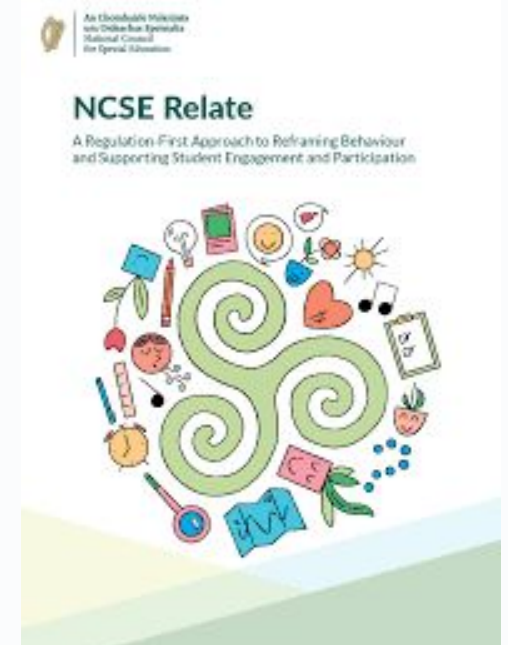
Protect autonomy: Offer genuine choice and collaboration. Reduce the power dynamic.

Follow their interests:

Build learning through curiosity, play and monotropic flow.

Understand the stressors: Look beyond the behaviour. Ask what the child is communicating and what needs to change.

This mindset shift is based on the NCSE Relate Framework



A happy little PDAer



Further learning on PDA for educators



What Is PDA?

A guide for parents

Neurodiversity Ireland · PDA Parenting In Ireland series



What is PDA?

PDA, Persistent Drive for Autonomy, is a nervous system disability. It's most often recognised in Autistic people, but it crosses many neurotypes. Ordinary expectations and even pressure a child puts on themselves, can be experienced by this nervous system as a threat to safety and autonomy.

It shows up in the body

PDA shows up in basic life tasks: eating, sleeping, toileting, hygiene and safety. These aren't "fussy" or "stubborn" behaviours. They are basic life tasks a dysregulated nervous system can't always carry out.

In its most severe or prolonged form

Sustained loss of autonomy can contribute to obsessive or compulsive patterns, self-harm, suicidal ideation, and burnout. This is about lived experience and general nervous-system patterns, not clinical advice for an individual child. If you or your child need support, talk to CAMHS, your CDNT, Primary Care, or your GP.

The conversation has moved on

"Demands" and "lowering demands" placed the blame with a child seen as avoidant, by choice. It used to be called Pathological Demand Avoidance, a framing we no longer accept. Children do not avoid demands – their capacity to participate in any task can be reduced, if their autonomy and equity is removed. Keep removing their autonomy? You will reduce capacity until there is none.

Framing PDA as anxiety implies some mental process that we know doesn't have the chance to operate before the bodily, automatic, autonomic reactions take over. PDAers do not worry about the task at hand and will very often keep trying to comply until they cannot. That is not to say no PDAer is anxious, but anxiety is not the driver for reduced capacity.

We know now that the child's capacity to participate in the task is debilitated by a loss of equity and autonomy, and by stress that cannot be regulated by pressure alone. What helps is autonomy, equity, safety and predictability (in other words, integrity) not rewards, not punishments, and not a one-size-fits-all strategy.

What actually helps

SAFETY	PREDICTABILITY	EQUITY	AUTONOMY
A nervous system that feels safe and can trust the room can access more capacity.	Knowing what's coming from adults with integrity reduces the sense of threat.	A genuine say, not a token choice between two demands. Doing what is meaningful for them.	Real control over their own body, pace and choices. Their body and mind, their decisions.

Not rewards. Not punishments. Not a one-size-fits-all strategy.

Why reward charts and punishment don't work

They ask a nervous system in threat-response to perform compliance on demand. That's not possible. It is not about motivation.

There is no single strategy or checklist

What regulates one PDA nervous system can dysregulate another. The only constant is safety, predictability, equity and autonomy. What that looks like is different for every child, as what is meaningful for one is not meaningful for all.

Not About Lowering Demands

Seeing a nervous system in overdrive

PDA Parenting In Ireland · A guide for parents



Many PDA children don't look anything like the ODD checklist at all, PDA shows up differently in every child, and the strategies that get talked about most, like declarative language, can miss the point entirely if they are used as a technique rather than a way of truly seeing the child in front of you.

Not every PDA child looks like the checklist

ODD describes anger, arguing, defiance, spite. It is a checklist of visible behaviour. Many children with a PDA profile do not look like that checklist at all, and that is exactly why ODD misses them.

- Some children comply, and comply, and hold everything together at school or in public, and only fall apart once they feel safe enough to, usually at home.
- Some children go quiet: withdrawn, shut down, avoidant, without a single visible act of defiance.
- Some children negotiate, distract, delay or use humour rather than refuse outright.
- Some children look, on the surface, like model students, or like anxious, compliant children, right up until they cannot anymore.

None of these children look like ODD's checklist. All of them can be PDA. The common thread was never the behaviour on the surface. It is the nervous system underneath it.

PDA shows up across a range

There is no single type of PDA child, no single severity, no single age it looks like. PDA sits on a wide range.

- From a child who can access school with heavy accommodation and support, to a child who cannot leave the house at all.
- From subtle sensitivity to the ordinary requests of daily life, to a profound incapacity to comply with almost anything, including things the child wants to do.
- From a toddler to a teenager to an adult, since PDA does not stop at any particular age.

This range is exactly why there is no single strategy or checklist that works for every PDA child. What regulates one PDA nervous system can dysregulate another.

What works: autonomy, and as little inequity as possible

Across that whole range, the constant that helps is not a script. It is autonomy, and as little inequity as possible.

- Autonomy: real control over their own body, pace and choices. Not a token choice between two things an adult has already decided.
- Equity: not a hierarchy where the adult's agenda always wins in the end, however gently it is dressed up.

This is a shift in the relationship, not a set of words to use. A child can tell the difference between genuine autonomy and a more polite route to the same outcome the adult wanted all along.

Why declarative language, on its own, misses the point