AT PEACE PARENTS

ACCOMMODATIONS WORKBOOK NDI SUMMIT 2025

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Introduction: An Experimental Mindset

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The first thing I want to invite you into, as a parent, caregiver, teacher, or therapist with an enormous role to play in the life and trajectory of a PDA toddler or child, is the idea that you are allowed and encouraged to experiment as you figure out what works for your particular children in your home/room/classroom/practice. There is no one particular way, protocol, strategy, or approach that works for all children, and the same is true for PDA children.

Every PDA child has a unique temperament, brain-wiring, expression of their nervous system (extroverted expression vs. introverted expression), character, and types of interests. Every PDA child is also operating within a different family system, with different strengths and constraints. I have seen many different ways in which therapists, teachers, and families navigate supporting a PDA child - my focus being those with sensitive nervous systems - and there is no one specific right way. Rather, what I've seen works is the general prioritization of long-term connection, autonomy, and nervous system support over strict compliance, skills, and neurotypical developmental expectations for the child.

Mindset Shift: *The first thing you can **let go** of is the idea that there is some "secret" to doing this perfectly and that if you just had enough information or were the right type of parent, caregiver, teacher, or therapist, everything would be easy as you interact with a PDA child.* The opposite is true. Learning comes from implementing change and then observing in the moment and over the long term. Allow your small shifts to be messy at first as you implement new ways of approaching a PDA child you believe might benefit.

You can allow yourself to collect data through trial and error, and to figure out w*hat is actually working or not*. This is how the scientific process works. You are at the forefront of learning how to best work with these unique individuals within the new paradigm of Neurodiversity-Affirming practices. You are a leader of your profession and part of the first generation of parents, caregivers, teachers, and therapists supporting PDA children from this lens!

In the pages that follow are nine accommodations that have been helpful with many PDA children - although not all of them are always impactful for all PDA children - and my recommendation is that you select one or two accommodations to work on at a time. This will reduce the chances of becoming overwhelmed and help you to see which ones are most effective with each particular child.

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One: Autonomy

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Autonomy means providing “freedom” and “choice” to a PDA child in ways that are deeper than simply “do you want to sit in this chair or that chair?” and starting to provide children with a deeper experience of freedom and choice, such as, “Do you want to sit in a chair *at all*?”

Autonomy might mean that during any type of game or activity you allow the PDA child to change the rules of the game, put their own spin on the activity, or start in a different part of the lesson than you are expecting.

Another example is allowing the child to choose whether or not they participate in a particular aspect of classroom activities or taking a rest at a particular time; at home, this might look like allowing the child to choose whether or not they participate in the planned family outing, or whether they stay home instead.

This type of accommodation is focused specifically on the **root cause** of the threat response for many PDA kids - especially PDA children - because any perceived loss of autonomy or equality will result in a threat response (a feeling of panic, the fight/flight/freeze response activated). By offering autonomy (or "freedom and choice") you are pre-empting that threat response and continually putting coins in the child’s "trust bank" with you as the carer.

Autonomy accommodations can be tiny - e.g. not correcting the child when they say a word incorrectly in moment, but waiting until later - or very significant - like letting them choose whether to engage in something that you have laid out in the home, classroom, or therapy room.

The depth of autonomy you provide can be based on the constraints of your particular home, classroom, or practice; your intuitive knowledge of what the child needs; and what you have observed works for that particular child. It is not about perfection, but rather building up a baseline of allowing them freedom and choice whenever possible, even if it feels silly or counter-intuitive.

Reflection Question: *In what small ways might I allow students to have more autonomy in our home, classroom, or practice?*

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Two: Equality

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Equality Accommodations - or, allowing the PDA child to feel equal to you and others in stature, power, authority, and position - regulates a PDA child's nervous system and brings down activation. Sometimes these types of accommodations require *allowing yourself to be below them physically or in terms of power*, so that you are preempting the perception of threat that some PDA children experience if they perceive you above them.

This accommodation has as much to do with your actions as it does your mindset and the energy you bring to your relationship with the child.

Reflection Question: *In what small ways might I allow this PDA individual to feel more equality with me or their surroundings in their life day-to-day? What are the larger ways I could let them feel equal to or above me?*

Example: I can **experiment** with letting the child always be first to try something, walk into a room first, win the game. I can **experiment** with allowing the child to have the last word and sitting physically below them on the ground when I talk to them.

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Three: Nervous System Safety

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Because the baseline for many PDA kids is that they are perceiving threat more often than typical kids (whether it is sensory input, social feedback, or neuroception differences), having a safe nervous system around to signal safety is hugely important. Specifically for PDA children and teens, they have a nervous system that can become so activated it disables them from things like eating, leaving the house, speaking, attending school, etc., even if teachers or therapists don't see the agitation during their time with them (PDA children and teens often "mask" outside of the home).

"Nervous System Safety" means providing 1:1 attention and deliberate signals of safety using your body, tone, and movements. Before we can worry about "joint attention," you can make your first and foremost priority providing cues of safety “mammal to mammal.” This will help the PDA child spend more time in their “thinking brain” where they can 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 to some PDA kids), 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.

You can signal safety in the home, classroom, or therapy setting - without words - and this provides a message directly to their brain and body, *you are safe*.

This particular accommodation can be taxing for parents, teachers, and therapists because you are literally giving over your nervous system to another child as an accommodation! Of course the amount you can provide 1:1 attention will depend on the constraints of the home, classroom, or clinic, but even small interactions can be meaningful with these ideas in mind.

Reflection Question: *How can I deepen nervous system safety and co-regulation opportunities within the home, classroom, or therapy setting or during difficult moments (transitions, dysregulation, frustration, etc.)?*

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Three: More on Nervous System Safety

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Autonomic Nervous System Co-regulation or "Coregulation of Physiological State" is based on Polyvagal Theory and describes non-verbal cues of safety from one mammal to another (Porges 1997: 51).

This type of coregulation requires us to largely move out of our comfort zone of words and verbal engagement and into our bodies, our deepest mammalian self, so that we can signal safety without any words at all.

Ways we can signal safety to a child with sensitive neuroception:

- Undivided attention (not talking to other people or moving about trying to do other activities while being with them).
- Staying proximate, but not too close.
- Sitting or positioning yourself physically lower than them to pre-empt the threat response from perceiving a lack of equality.
- Using open palms.
- Not moving your body too quickly, so as not to startle them.
- Matching their energy - if they are excited, I try not to be overly calm so that they are calm, rather I stay with the excited energy. If they are subdued, I try not to be overly excited as a way to get them more animated.
- Making sure your facial expression is not perceived as threatening (neutral facial expressions or tones can sometimes be perceived as dangerous or threatening).
- Naming the things that startle them without judgment (e.g. if pupils dilate suddenly, or if you notice a furrowed brow, look for the stimuli and name it. *Oh, that garbage truck startled me. Oof, it looks like the computer/tablet is acting up again.*

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Four: Communication

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It can be helpful to think of communication with a PDA child or teen in terms of both what you DO and DON'T say and linking it to the nervous system accommodations. Remember, your body and the energy behind your words will "speak" to their sensitive nervous system before you do.

Unspoken Communication: Unspoken communication can be counter-intuitive. It can be easy to forget that unspoken communication - our body language, energy, movements, actions, behaviors - are as, or more, important than what we actually say to many PDA children.

Before you choose your words, it can be helpful to first think about your level of anxiety and attachment to the outcome of the bid for communication (e.g. *Are you trying to elicit a certain response? Get them to learn something? Signal that something isn't appropriate*?). Letting go of all intention other than connection and true communication will signal the right energy. Additionally, paying attention to body language is as important as the words you say.

As an experiment, in the mornings or at the beginning of a daycare day, class, activity, or practice, err on the side of not saying anything at all and then observing what happens in the silence. This will allow you to see whether or not the child or teen initiates conversation. Allow yourself to sit with the discomfort of this.

Spoken Communication: Declarative Language is a beautiful accommodation for a demand avoidant or PDA brain because it directly prevents the perceived loss of autonomy or equality by essentially "strewing" sentences that the child or teen can answer or not.

Using declarative sentences is focusing on your own position or observation ("I notice," "I can," "I wonder") rather than demanding the child respond to a question or command. This type of communication is outlined with example scripts in the book, "The Declarative Language Handbook" by Linda K. Murphy, and she explains how using declarative sentences can build trust and facilitate learning for any child with social communication differences or a sensitive threat response. Example: "You can play with the Play-Doh over here" (Declarative). Rather than "Do you want to play with the Play-Doh?" (Direct question). Or "Let's play with the Play-Doh!" (Imperative).

Reflection Question: *How can I be more deliberate with my unspoken communication? How might I use declarative language in my home, classroom, or practice?*

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Five: Strewing

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"Strewing" is an accommodation that comes directly from the homeschool community. According to the educator who coined the term (Sandra Dodd), it means: "The art of allowing your child to discover something you have casually left out." I like to think of it as a visual or sensory cue of anything - a conversation, an activity, a meal - that the student can decide to engage with *or not*.

You can think of it as creating "offerings" for the child or teen, rather than planning activities or a schedule, and allowing them to gravitate toward their interests, people, or even conversations on their own timeline. This accommodation specifically addresses the root cause of avoidance because it allows for complete autonomy and equality - the child can engage or not, so the brain doesn't perceive threat, stays in the thinking brain (rather than the survival brain) and can make rational decisions and learn.

One example of a way to use strewing is to set up "stations" around the home, classroom, or therapy space - or to start engaging in something on your own, so that your attention, co-regulation and willingness to engage in an activity is what is being strewed. You might experiment with whether or not the PDA child or teen gravitates towards you and wants to participate, especially if you didn't ask them if they wanted to or even have energy around an expectation that they would participate!

This also ties into "sharing demands": PDA kids often need nervous system scaffolding to engage in things like play, writing, building, learning, etc. However, many of us tend towards verbal explanations of "how to" engage, rather than strewing ourselves engaging in an activity first as a visual offering and a cue of safety. For example, for a student who is resistant to using a pencil, you can spend time (as much as needed, if you are able) allowing them to direct you using a pencil and writing or drawing what they ask. This may feel like you "aren't teaching them any skills" but can be surprisingly effective in increasing their resistance to and eventual adoption of pencils.

Reflection Question: *How can I incorporate strewing into my home, classroom, or practice or for a particular child or teen who might benefit from this approach?*

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Six: Play

As a parent, teacher, or therapist - depending on the ages in your home, classroom, or practice - you may already be an expert in play. However, we may need to adjust even child-led play slightly to accommodate the unique brain of the PDA child.

A play practice with a PDA individual that is fully child-led allows for some "equalizing" behavior (allows them to control you, demonstrate more power than you), which releases the pressure valve of built up stress on their system. Doing so also builds their trust in you as their carer, and is an opportunity to carefully observe what makes the child tick and how they are doing on the inside.

Here are some themes to experiment with:

- Baby animals or humans learning how to do daily activities - waking up, having a bottle, changing diaper, taking a nap, waking up, having another bottle, having dinner, going to bed, restarting the routine, over and over.
- A “mean” teacher/parent/sibling who they get to trick/best/ignore
- Building physical "safe caves" and that they can be in where you can “protect” them and then you are they can venture out (or not) to gather food.
- Pure sensory play - throwing stuffies in the air, ripping up tissue paper and letting a fan blow it, etc.
- Hide and seek, floor is lava, peek-a-boo (even if it seems like the child might be developmentally past this phase of play).

Reflection Question: *How might you incorporate more “play” into the home, classroom, or therapy space? What about an energy of “playfulness”?*

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Seven: Humor

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Humor is a great accommodation for some PDA children and teens, especially in moments of stress (not full meltdown), or simply to signal safety for more connection.

Remember, when you are laughing and playing, it is essentially the opposite of trauma or the perception of danger, so you are signaling safety through humor and engaging the "safe and social" part of the child's brain that signals to the nervous system - *We are totally safe!*

Feel free to to tailor this to the PDA children or teens' personalities and comfort levels, but you can experiment with little things like: tripping on purpose, messing up your words, doing little silly dances, and engaging in goofiness.

Of course, follow your intuition and experiment with what works for you. This is a self-led, choose-your own adventure process!

Reflection Question: *How might I incorporate more humor into the home, classroom, or therapy space?*

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Eight: Novelty, Dopamine, Sensory Seeking*

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While some PDA children thrive on structure and routine, some also can come to perceive routine as a loss of autonomy (even if they were the ones who chose the routine in the first place).

Adding in novelty and surprise to your home, classroom, or practice can help support the PDA threat response and will be great for ADHD kiddos and other PDA kids with "dopamine-bound" brains. It also provides dopamine and excitement which can distract from that baseline of nervous system activation. This can be as big and exciting as going to a new room or outdoor space or as small as moving materials and workspaces around in the classroom.

Other ideas are to provide strewed offerings in your home, classroom, or practice that fall into any of these categories:

- **Material Transformations** (*Activities that center around transforming one material state to another like melting, shrinking, crushing, expanding, blending, combining, mixing*)
- **Elemental Play** (Earth, Wind, Fire, Water - activities that involve things like making a big pile of mud to jump in, running the sprinkler, creating a bonfire, burning things --- only if this is possible and safe of course)
- **Sensory input** (Jumping, crashing, swinging, squishing)

Reflection Question: *How might you incorporate more dopamine or novelty into the home, classroom, or practice or your interactions with PDA individuals?*

*If you have a more "traditionally" autistic child or a highly anxious child, this accommodation might not be the right fit. They may need more predictability, linear plans, laminated charts, and routines! Again, this is why it is so important to understand the unique child and the root cause of their challenging behavior.

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Nine: Lowering Demands

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Lowering demands means removing the pressure to do things that children of that age are "supposed" to be able to do or that you know the child or teen is "physically capable" of (you have seen them do it before), but they are resisting or in the moment they are expressing things like, “I can’t” or “my body wont’ let me” or simply freezing up.

Examples of this could be anything from helping the child to put on their shoes, remembering to put something in their backpack (this is also an “executive functioning” support), giving them extra time to complete an activity, or writing or drawing something for them first if they are getting stuck.

Lowering demands reduces cumulative nervous system stress - which PDA children and teens often experience - that can lead to burnout and/or constant fight/flight/freeze behavior. What is important to remember is that e*ven if *in the moment* it seems like they can do something, lowering demands supports the big picture of their nervous system over the long term.* The degree to which you lower demands will fluctuate with their levels of regulation.

Reflection Question: *Where might you lower a small demand for a PDA child or teen who seems to be struggling?*

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