



# Keys to Care

## Pathological Demand Avoidance (PDA) profile of autism

- ✓ The PDA profile turns care on its head and lack of understanding causes distress
- ✓ See the person, explore their interests and engage positively
- ✓ Approach PDA as you might caring for a panda – create the environment which will enable individuals to thrive
- ✓ Indirect ways of wording requests, or even silence, helps with completing tasks
- ✓ Sanctions and consequences (incl. rewards) do not work and make things worse
- ✓ Enable some control and choice, allow for negotiation
- ✓ Processing can take longer than expected: take and allow time
- ✓ Fairness and trust are central, if things change, be clear & honest about why
- ✓ Collaboration, flexibility, variety and humour all work well



### AVOIDANCE

Avoidance isn't a choice. PDA means I can't help not complying with your requests/instructions or even my own wishes. Everyday tasks can be a real struggle for me. Not feeling in control creates extreme anxiety, though it may not look like it (I may ignore or distract you or seem angry). If pushed it can trigger a sudden freeze, flight, fight response.

- ✓ Think of PDA as 'permanent demand anxiety'
- ✓ Make requests and communication indirect
- ✓ Doing things together helps
- ✓ Monitor important areas to avoid health problems (e.g. dehydration)

### MOOD & DISTRESSED BEHAVIOURS

PDA can lead me to feel excited & energetic or lethargic & low and these changes can occur in quick succession.

Distressed behaviours (meltdowns, shutdowns, taking flight, physical/verbal aggression or self-injury) can occur quickly when my capacity to cope has been exceeded and I feel overwhelmed – I may not always know the trigger or be able to communicate whilst in crisis or remember what I've done/said. I may feel guilty later.

- ✓ Expect mood fluctuations
- ✓ Constantly monitor tolerance for demand & match demands accordingly
- ✓ Treat distressed behaviours as *panic attacks*
- ✓ Keep voice calm & body language submissive
- ✓ Support me through distressed behaviours (I may not be able to process language or tolerate touch at this time)
- ✓ Move on quickly after distressed behaviours (provide reassurance and recovery time)

### ROUTINES & PLANNING

Some level of routine is helpful, but within it I need some flexibility and a sense of control.

**Any** changes to my environment or ways of working need forewarning - some negotiation of the details can help acceptance.

- ✓ Accept that some things can't be done
- ✓ Provide choices over how things are done
- ✓ Always think ahead: be proactive and head off problems before they occur
- ✓ Be flexible with time and approach

### SENSORY DIFFICULTIES

I may have some sensory processing difficulties – sensitivity to light, touch, textures, smells, foods - and sensory integration difficulties around movement, balance or understanding my body's messages. These can lead to me feeling very unregulated if not addressed daily.

- ✓ Be aware of how my sensory difficulties may impact my behaviour
- ✓ Assess my sensory needs if this hasn't already been done
- ✓ Find ways for my sensory diet to be implemented in a PDA friendly way

### ACTIVITIES & INTERESTS

If you engage with me in my special interests, I will begin to like and trust you and there will be more chance of success. If I can trust you to keep me safe we may be able to do more activities.

- ✓ Ask what I like to do, and genuinely engage with me
- ✓ Research in detail what's available - make a short list we can discuss
- ✓ Give me some, but not lots, of notice before any trips or activities
- ✓ The trip/activity will become a demand, so be flexible. Try again another day if it doesn't work out