

PDA (Pathological Demand Avoidance) is widely understood to be a profile on the autism spectrum, involving the avoidance of everyday demands and the use of 'social' strategies as part of this avoidance. PDA individuals share autistic characteristics and in addition have many of the 'key features' of a PDA profile:

- resisting and avoiding the **ordinary demands** of life
- using **social strategies** as part of this avoidance
- appearing '**socially able**' but this may **mask** underlying differences/difficulties in social interaction and communication
- experiencing intense **emotions** and **mood swings**
- appearing comfortable in **role play, pretence** and **fantasy**
- intense **focus**, often on other **people** (real or fictional)
- a **need for control**, often driven by **anxiety** or an **automatic 'threat response'**
- conventional approaches in support, parenting or teaching are **ineffective**

Autism is dimensional, this means that it varies a lot from one person to another. A PDA profile describes one way in which autism can present.



Demand avoidance in PDA is a question of can't not won't: PDAers often describe it as a neurological tug of war between brain, heart and body.

can't  
not  
won't



With PDA, demands of all types, including lots of things that you might not think of as a demand, can trigger an



automatic threat or anxiety response and a feeling of panic can rapidly set in.

The approaches that help can seem a bit unconventional: a partnership based on trust, flexibility, collaboration, careful use of language & balancing of demands works best.

- Pick battles
- Anxiety management
- Negotiation & collaboration
- Disguise & manage demands
- Adaptation



Because PDA is often missed, misunderstood or misdiagnosed, it's important for us all to have PDA on our radar.



## How PDA may present

### A child may ...

- not present in a way that might make you suspect autism; have no diagnosis or be misdiagnosed
- present very differently in different settings due to masking
- not be attending school regularly/at all
- see themselves as equal to adults
- appear hyper/silly or not taking things seriously, as if they don't care
- have poor self-esteem and emotional regulation difficulties
- engage extensively in fantasy/role play
- use charm, imagination or shock tactics as part of avoidance
- be engaging in risk-taking behaviours
- families may be requesting support or child protection concerns may have been raised.

### An adult may ...

- have no diagnosis or be misdiagnosed
- have no family contact or possible 'over dependence' if still living with family
- have history of difficulties with school attendance, authority figures, consistent employment & mental health
- be reclusive with few friends (possibly online only)
- be reluctant to meet professionals & access services (often due to previous services/support being unsuccessful)
- seem dismissive, argumentative or verbally aggressive
- be highly anxious with labile moods
- agree to do something but then not do it
- struggle with personal hygiene & life skills (cooking, cleaning, tidying, budgeting)
- equally, none of these things may be evident, they may seem to be coping well but requesting support.



## Good practice & helpful approaches

Keep in mind: what works today, might not work tomorrow... but may work again next week

-  Be willing to challenge and adjust your own mindset and keep doing so
-  Focus on building trusting relationships before attempting assessments or support. Plan ahead by finding out about interests, likes/dislikes before first meetings
-  Listen to, believe, support and work closely with individuals and families – allow plenty of processing time
-  View behaviour as communication - if presentations are perplexing and traditional approaches unsuccessful, look below the surface for unrecognised/misdiagnosed neurodivergence in both the individual you're working with **and** wider family members (siblings & parents)
-  Be aware of how autism, PDA and other conditions may be mistakenly attributed to attachment difficulties
-  Understand & accept different approaches to parenting – be wary of blaming parents (often parents of PDA children are unnecessarily investigated for Fabricated or Induced Illness)
-  Be flexible & less directive – alter phraseology (“I wonder if ...”), offer choice & control, consider indirect forms of communication
-  Be led by what's important to the individual – PDAers often thrive when able to follow their interests and see meaningful purpose in things – be a guide/facilitator and find solutions together
-  Be alert to sensory needs and masking (hiding or holding in difficulties, consciously or sub-consciously)
-  Be needs-led and develop bespoke plans where needed - PDA individuals may not 'fit' into existing services. PDA adults without family/friends to help may need a Care Act advocate
-  Ensure everyone involved understands PDA and the best ways to help

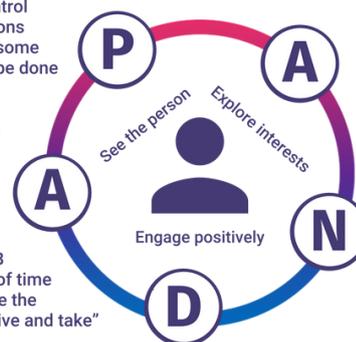
### Pick battles

- Minimise rules
- Enable some choice & control
- Explain reasons
- Accept that some things can't be done

### Adaptation

- Try humour, distraction, novelty & roleplay
- Be flexible
- Have a Plan B
- Allow plenty of time
- Try to balance the amount of “give and take”

### Remember the PANDA



### Anxiety management

- Use low arousal approach
- Reduce uncertainty
- Recognise underlying anxiety & social/sensory challenges
- Think ahead
- Treat distressed behaviours as panic attacks: support throughout & move on

### Negotiation & collaboration

- Keep calm
- Proactively collaborate & negotiate to solve challenges
- Fairness & trust are central

### Disguise & manage demands

- Phrase any requests indirectly
- Constantly monitor tolerance for demands & match demands accordingly
- Doing things together helps

[www.pdasociety.org.uk/resources/helpful-approaches-infographic](http://www.pdasociety.org.uk/resources/helpful-approaches-infographic)



## Further information

There's lots of information on our website including

- practice guidance on identifying PDA
- webinars
- books
- case studies
- helpful approaches for children and self-help for adults
- Keys to Care
- training courses

Please start here: [www.pdasociety.org.uk/working-with-pda-menu/information-for-social-care-professionals](http://www.pdasociety.org.uk/working-with-pda-menu/information-for-social-care-professionals)

You may also like to sign up for our **quarterly newsletter** with a round-up of relevant news, information & training opportunities: [www.pdasociety.org.uk/professionals-newsletter](http://www.pdasociety.org.uk/professionals-newsletter) and follow us on **social media** ...



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“ We were increasingly perplexed by the complex presentation of one of our service users and our team's inability to meet her needs despite our very best efforts. Whilst Sarah doesn't have a formal diagnosis, following PDA training we were able to devise some unique approaches that have been highly effective. Using these approaches is the difference between Sarah being able to live in her own home and being held in a secure hospital  
– Sarah's social care manager ”