

PDA for Social Care

The term PDA stands for **Pathological Demand Avoidance**. This is widely understood to be a profile found within some autistic people. The most obvious characteristic of PDA is a determined avoidance of so-called “common” demands of life, including expectations and things the person enjoys doing.

This avoidance is often driven by **anxiety** or a **stress** response to demands, rather than choice. PDAers may describe it as a tug of war between **brain**, **heart** and **body**.

Key traits you might see include:

- Resisting and avoiding the **everyday demands** of life.
- Using social strategies as part of the **avoidance**.
- Appearing confident socially but struggling with **connection** or **communication**.
- Experiencing intense emotions and mood swings.
- **Focusing** intensely, often on other people (real or fictional).
- A need for control, often driven by anxiety or an automatic “threat response”.

How PDA may present in children and young people:

- In a way that might not make you suspect autism initially; have **no diagnosis** or be **misdiagnosed**.
- Often **masking** in some settings and not others.
- Struggling with **school attendance** or have multiple exclusions.
- Seeing themselves as **equal** to adults.
- Appearing **hyper/silly** or not taking things seriously, as though they don't care.
- Experiencing meltdowns which may include **distressed** behaviours.
- Having poor **self-esteem** and emotional regulation difficulties.
- Using **fantasy** or **role play** as a coping strategy.
- Seeming charming, shocking or imaginative when **avoiding**.
- Possibly engaging in **risk-taking** behaviour.
- Becoming **withdrawn** and unable to leave the house or engage in basic self care tasks.
- Families may be **seeking support** or child protection concerns may have been raised.



How PDA may present in adults:

- May not have a diagnosis or be misdiagnosed.
- May live at home with high dependency, or be isolated with little/no support.
- Often have a history of difficulties with authority, employment, or mental health.
- Can appear withdrawn or reclusive, with friendships mainly online.
- Might avoid professionals or disengage from services due to past trauma.
- Could appear dismissive or argumentative, or agree to things and not follow through.
- May struggle with daily living (cooking, cleaning, tidying, budgeting) or mask this well.
- Periods of burnout where basic tasks and self-care are not even possible.
- None of this may be obvious, many PDAers are high-functioning but still need help.

What helps?

Traditional parenting strategies like firm boundaries, routines, rewards or consequences are often unhelpful for PDA children. In fact, they can increase anxiety and lead to more avoidance.

Supporting someone with a PDA profile means working differently. Traditional systems often don't meet their needs. Relationship-based, flexible and collaborative approaches make the biggest difference.

“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



Good practice includes:

- **Prioritising trust** – learning what matters to the person before introducing assessments or support.
- **Listening to and working with families** – allowing time for processing, **avoiding rushing or pressure**.
- **Being curious** – if things don't add up, considering **unrecognised neurodivergence** in the person or family.
- **Avoiding assumptions** – some behaviours linked to PDA may be mislabelled as attachment issues or parenting problems.
- **Being cautious with safeguarding assumptions** – many parents of PDA children are wrongly accused of Fabricated or Induced Illness (FII).
- **Using flexible communication** – indirect phrasing (e.g. "I wonder if..."), giving choice and control help reduce pressure.
- **Following the person's lead** – PDAers often thrive when doing things that interest them or **feel meaningful**.
- **Being alert to masking and sensory needs** – difficulties aren't always visible.
- **Designing bespoke, needs-led plans** – PDAers often don't "fit" into standard services.
- **For PDA adults without support networks, Care Act advocacy** may be essential.
- **Sharing PDA understanding** – making sure everyone around the person knows what helps and why.

Find out more:

We have further practical information to help you support PDAers on our website:

<https://www.pdasociety.org.uk/research-professional-practice/social-work/>

