



Pathological Demand Avoidance

What is Pathological Demand Avoidance?

Pathological Demand Avoidance (PDA) is a term used to describe children who use a variety of strategies to seemingly avoid demands. The reasons an individual may avoid demands are complex. Features of PDA include a 'challenging' behavioural profile, characterised by resistance to everyday demands and requests; an apparent need to be in control in interactions with others and at times seeming to use any means necessary to gain avoidance and control of situations, including behaviours of concern (Newson et al., 2003; O'Nions et al., 2014).

Key features associated with PDA

- **Resistance to demands:** Children with PDA display a strong and pervasive resistance to everyday demands, requests, and expectations. This goes beyond typical reluctance or avoidance and often involves an active and intense refusal to comply.
- **Anxiety and control:** Anxiety is a significant component of PDA. Children may feel overwhelmed by demands and try to maintain a sense of control by resisting them. This control may extend to various aspects of their life.
- **Manipulative behaviour:** Children with PDA can be adept at using behaviours, such as distraction, avoidance tactics, and negotiation, to avoid demands. They may employ strategies like appearing compliant while actually evading the request.
- **Social difficulties:** Children with PDA may struggle with social interactions, including difficulties forming and maintaining relationships. This may result from their avoidance of social demands and the anxiety associated with social situations.
- **Inconsistent responses:** PDA behaviours can be unpredictable and inconsistent. What may be tolerated one day may be met with resistance or avoidance on another. This unpredictability can make it challenging for caregivers and educators to support the individual effectively.
- **Strong need for autonomy:** There is often a strong desire for autonomy and control over their own lives among children with PDA. They may resist external authority and prefer to make their own choices.



- **Masking and camouflaging:** Some children with PDA may be skilled at masking or camouflaging their difficulties in certain situations, making it challenging for others to recognise their needs and struggles.
- **Intense emotions:** Emotions can be intense and labile in children with PDA. They may struggle with emotional regulation, leading to meltdowns or outbursts when demands become overwhelming.
- **Language and communication:** Communication can be impaired in some cases, and children with PDA may have difficulty expressing their needs or emotions verbally. They may use nonverbal communication or alternative communication methods.
- **Rigidity and obsessions:** While there is a resistance to external demands, children with PDA may exhibit their own rigid routines and obsessions. These routines and interests can be a source of comfort and control for them and a way to manage anxiety.

PDA and Autism

PDA is not officially recognised as a separate diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) or the *International Classification of Diseases* (ICD-10 or ICD-11). However, it is recognised as a concept within the autism community and by some professionals who work with individuals on the autism spectrum.

PDA is a complex and somewhat controversial concept. PDA has been conceptualised, respectively, as a developmental disorder in its own right (Newson et al., 2003) or as a subtype, profile or trait occurring in autistic individuals (Gillberg et al., 2015) or other developmental disorders (Gillberg, 2014). Alternative suggestions involve PDA being more accurately conceptualised as a set of symptoms rather than a syndrome (Green et al., 2018), criticised it for undermining the agency and self-advocacy of autistic people (Milton, 2013; Moore, 2020). A particular criticism is that existing accounts make little attempt to understand the behaviours described from the viewpoint of the individuals concerned and neglect the potential role of anxiety in the development of demand avoidant behaviours (Milton, 2013; Woods, 2018). Thus, Milton (2013) argues that demand avoidant behaviour must be understood as rational behaviour from the viewpoint of the autistic person when faced with situations perceived as highly stressful. Woods (2019) suggests referring to PDA as 'demand avoidance phenomena', while Gillberg (2014) has proposed replacing the term 'pathological' with 'extreme'.

Managing PDA

Managing PDA involves addressing the unique characteristics and needs of individuals who exhibit this profile within the context of autism spectrum disorders (ASD). Recommendations include:

- **Reducing demands:** Since individuals with PDA are highly sensitive to demands, one of the primary

strategies is to reduce demands in their environment. This can involve minimising instructions, expectations, and pressure.

- **Flexible and collaborative approaches:** Traditional behavioural interventions that rely on strict rules and consequences may not be effective with individuals with PDA. Instead, a more flexible and collaborative approach that involves negotiation and choice-making can be beneficial.
- **Building trust and rapport:** Building a positive and trusting relationship with the individual is crucial. This can help reduce anxiety and resistance to demands. Trust is often established through empathy, understanding and consistency.
- **Acknowledging the need for autonomy:** Seek as much as possible to understand from the perspective of the individual why they are avoiding demands. Keep individual skills, motivations and comprehension at the forefront of any interactions, aiming to collaborate with the person as much as possible.
- **Anxiety management:** Addressing anxiety is a key component of managing PDA. Strategies may include teaching relaxation techniques, providing sensory accommodations, and helping the individual identify and manage their anxiety triggers.
- **Communication support:** Communication can be challenging for individuals with PDA. Speech and language therapy or alternative communication methods, such as visual supports or assistive technology, can be helpful.
- **Sensory regulation:** Creating a sensory-friendly environment and offering sensory regulation strategies can help reduce anxiety and meltdowns.
- **Parent and caregiver training:** Parents and caregivers benefit from training and support to better understand and manage PDA behaviours. This can help create a consistent and supportive home environment.
- **Peer and social interaction:** Encouraging peer interaction and social skills development is important. However, this should be done in a way that respects the individual's need for autonomy and choice.
- **Gradual exposure:** Gradual exposure to demands and transitions can be helpful. This involves slowly introducing challenges and allowing the individual to build tolerance over time.



Resources and references

Resources

Nichole Reinhart, David Moseley and Michael Gordon, Monash University: [What is pathological demand avoidance – and how is it different to 'acting out'?](#). *The Conversation*.

References

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