


PDA: Pathological Demand Avoidance is rarely a Public Display of Affection

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Defining Pathological Demand Avoidance


- Inability to tolerate having anything imposed on them, social strategies to avoid demands, driven by need for control, outrageous behavior.
- Equal gender ratio.
- Don't respond to intervention approaches known to work well in ASD



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Learning Objectives


- Describe pathological demand avoidance and its overall presentation in children
- Demonstrate awareness of the European criteria that parents are discussing regarding PDA
- Describe similarities between PDA and existing behavioral presentation



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Defining Pathological Demand Avoidance


- PDA is described as a profile on the autism spectrum disorder, 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.
- Due to its novelty, PDA traits can be incorrectly attributed to a variety of other conditions. Overlaps in characteristics and diagnostic criteria can often make it difficult to 'target' exactly what is underlying complex presentations. The most common conditions which may be confused with PDA are: Oppositional Defiant Disorder (ODD), Conduct Disorder (CD), Reactive Attachment Disorder (RAD), Personality Disorders and Developmental Trauma.



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Defining Pathological Demand Avoidance

- PDA was originally developed from the work of Elizabeth Newson in the early 1980s
- PDA is not currently recognised in the diagnostic manuals **International Statistical Classification of Diseases (ICD-10)** or the **Diagnostic and Statistical Manual of Mental Disorders (DSM-V)** as a separate diagnosis
- At present there is no specific diagnostic tool or assessment that enables a diagnosis of PDA to be made, rather a combination of ASD specific assessments and expert clinical judgements.
- The National Autistic Society now recognise **PDA** as part of the **Autism Spectrum**.
- A checklist has been devised. (EDA-Q) PDA (The Extreme Demand Avoidance Questionnaire: O'Nions , Viding , Greven , Ronald & Happe, 2014 :




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Defining Pathological Demand Avoidance

PDA is a profile and has various divergent/unique characteristics, such as:

- **Being 'actively passive'**. Children with PDA don't engage with life much and prefer to just watch it pass by. This includes resisting and avoiding the ordinary demands of life. For example, if you hand them something, they might let it drop from their hands with no concern.
- **Coming up with excuses**. Children with PDA tend to actively avoid demands and often come up with ingenious excuses. This includes using social strategies as part of the avoidance.
- **Appearing sociable**. Children with PDA may seem quite sociable (at least on the outside), but this may mask differences/difficulties in social interaction and communication.
- **Emotionally fragile**. Because of their high anxiety levels, children with PDA might quickly switch from passive to aggressive. Children with other types of ASD might have meltdowns, but these aren't as sudden and happen less often. i.e. having intense emotions and/or mood swings.
- **Very imaginative**. Children with PDA tend to be comfortable in role play, pretence, or fantasy. This could include for example, role playing by taking on the personality of their favourite cartoon character.
- **Social obsessiveness**. Children with the PDA subtype usually have social obsessions — i.e., they focus on the demands people place on them and focus on the people around them (real or fictional).
- **A need for control**. Often driven by anxiety or an automatic 'threat response'.
- **Needing unconventional teaching approaches**. Conventional ways of parenting, teaching, or supporting will be ineffective with children with PDA



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Avoiding demands

- Unable to comply with even simple requests.
- Becomes obvious when the child starts at nursery – parents get used to handling the child with “velvet gloves”.
- *Social nature of the demand is the problem.*



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‘Superficial sociability’: social relationships

- Unable to negotiate with others their own age: see themselves as an adult.
- Bossy and domineering towards peers. Peers perceive that they are infantile or are put off by unpredictable and dis-inhibited behaviour.
- Prefer 1:1 with adults, but only on their terms.
- One sided/ controlling relationship with parents, but do *need* them.



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‘Superficial sociability’: social persona

- May not seem socially unusual at first – gradually becomes clear that their social persona is a combination of roles.
 - Lack social understanding of their own but **realise that they should behave in a certain way** and able to copy.
- Social behaviour is “unsubtle or ill-judged” – roles do not blend in – it is “learned behaviour”.



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Uses social manipulation to avoid demands?

Avoidance tactics:

- rages or meltdowns
- repetitive questioning
- ignoring
- changing the subject, making excuses or threats
- slipping into a borrowed persona
- extreme behaviour (e.g. shouting swear words, becoming violent, removing clothes, urinating on the floor, dialling 999)



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Lability of mood – led by need to control

- Very extreme emotional responses to small events.
- Sudden switches from loving to aggression.
- Very impulsive & unpredictable
- Meltdowns and panic attacks



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Similar Presentations

What is ODD Then?

- ODD is described as 'persistent negative, hostile and defiant behaviors' towards authority.
- Superficially there may be some similarities with a PDA presentation, however ODD is not an autism spectrum condition.
 - Points of difference include, the fact that the more 'social' avoidance approaches seen in PDA (e.g. distraction, making excuses or procrastination) are not usually seen with ODD; and positive parenting courses and reward-based approaches are beneficial for ODD, but ineffective for PDA.



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PDA Interventions

• What Parenting Approaches *Can* Help PDA?

- The approaches that help PDA require patience and "rapport building": a partnership based on trust, flexibility, collaboration, careful use of language and balancing of demands works best. To remember this try the acronym **PANDA**:
 - Pick battles
 - Anxiety management
 - Negotiation and collaboration
 - Disguise and manage demands
 - Adaptation



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Similar Presentations

• What is DMDD then?

- Disruptive Mood Dysregulation Disorder (DMDD)
 - Disruptive mood dysregulation disorder (DMDD) is a condition in which children or adolescents experience ongoing irritability, anger and frequent, intense temper outbursts. Many children go through periods of moodiness, but children with DMDD experience severe symptoms and often have significant problems at home and school. They may also struggle to interact with peers.



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Strategies to Help Support those with PDA

• Strategies to Help Support those with PDA

- Is it anxiety and task initiation?
 - Executive Function interventions may be helpful
 - Shared Care vs Directive approach
- Approach/Avoidance versus Demand Avoidance



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Similar Presentations

Disruptive Mood Dysregulation Disorder (DMDD)

- Children and adolescents with DMDD experience:
 - Severe temper outbursts (verbal or behavioral), on average, three or more times per week
 - Outbursts and tantrums that have been ongoing for at least 12 months
 - Chronically irritable or angry mood most of the day, nearly every day
 - Trouble functioning due to irritability in more than one place, such as at home, at school, or with peers



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Summary

- PDA is a gaining popularity in the social media and other venues.
- Parents are frequently asking about it as a differential diagnosis
- There are no diagnostic criteria or official diagnostic options
- It is a description, however, that does not mean it is not worthy of intervention



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