

SUPPORTING INDIVIDUALS WITH PDA AT SCHOOL

What is PDA? PDA or Pathological Demand Avoidance is a sub-type of Autism characterized by an obsessive resistance to demands. The PDA child experiences an anxiety-driven need to be in control. It is vital to identify and understand this unique profile because the approaches used to support the PDA child are often in contradiction of well-known behavior supports used in schools. Rewards and consequences don't work.

WHY REWARDS AND CONSEQUENCES DON'T WORK

The child with PDA simply can't do what is being asked of them regardless of what is being asked of them or what is being offered to do it. Remember at the root of PDA is anxiety. Anxiety and the biological need to avoid it and to be in control at all times may simply override their ability to change who they instinctively are in order to receive a reward or avoid a consequence. Rewards and consequences can make it even more difficult for the child to comply.

WHAT ARE COMMON TRAITS OF PDA?

- Resists demands of ordinary life
- Gives excuses
- Distracts or changes the topic of conversation
- Negotiates or needs to have the last word
- Bombards with repetitive questions or noises
- Withdraws into a fantasy world
- Panic-driven physical outbursts or meltdowns
- Does not recognize a social hierarchy
- Extreme meltdowns or panic attacks
- Having a default answer of "NO"
- The child may need more time to process what is being asked of them
- Masking to cope with demands
- Complains of physical impairment

WHAT IS THE DIFFERENCE BETWEEN PDA AND ODD?

PDA

"I CAN'T"

- Individuals with PDA have difficulties with social interactions
- Individuals with PDA will go to extreme levels to avoid demands – even if that demand is something they want
- Children with PDA consider themselves adults
- Individuals with PDA seem to experience anxiety at higher levels than those with ODD
- Individuals with PDA display behaviors that appear 'odd' or socially unacceptable

ODD

"I WON'T"

- Individuals with ODD do not have significant issues with social interactions, communications, obsessions, etc
- ODD is not an Autism Spectrum Condition
- Individuals with ODD don't show the same level of demand avoidance
- Individuals with ODD seem to understand their pecking order in society
- Individuals with ODD seem to respond to behavior strategies and rewards - Individuals with PDA do not



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How can the behavior of a PDAer be best supported in school?

Some of the strategies typically found to be effective for autistics (routine, predictability, structure, etc.) can actually be inappropriate for a child with PDA. Individuals with PDA respond better to less direct and more negotiated approaches which may include the following:

- Choosing priorities; which demands are necessary and which can be avoided for now?
- Reduction of demands where possible
- Being VERY flexible and creative
- Giving choice and using negotiation
- De-personalizing requests, attributing the origin of the request to another authority, or attributing requests to other factors such as health and safety
- Using indirect language, humor, and games to obscure demands
- Use indirect praise and affirmation

Remember - A **meltdown** is rooted in **anxiety** and is actually a **panic attack**. After recovery from a panic attack, one would not expect there to be a consequence for something happening at a physiological level (would a person with epilepsy have a consequence for a seizure?).

How can the academics of a PDAer be best supported in school?

Instruction and the curriculum itself may need to be highly individualized. This is likely to mean finding a way to embed the child's unique talents and strong interests into the curriculum and allowing a significant degree of choice to give the child a feeling of control.

How can the parents of a PDAer be best supported by the school?

The parent of a child with PDA may report to the school behaviors their child is having at home which do not reflect the behaviors seen at school. **THIS IS NOT A RESULT OF POOR PARENTING.** It is very common for a child to mask at school for their emotional survival. Home is where they feel safe and where they can express their emotional state with people they feel safe with and trust. Behavior at home is often a result of demands at school.



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