



UNDERSTANDING YOUR CHILD

PDA & everyday demands

A practical guide for parents and caregivers

What is a PDA profile?

Pathological or Pervasive Demand Avoidance (PDA) describes marked difficulty managing everyday demands. Requests can trigger anxiety, uncertainty or a perceived loss of control, even when your child wants to do the activity. Responses may reflect overwhelm rather than deliberate defiance.

What you might notice at home

Ordinary tasks feel hard

Getting dressed, brushing teeth, eating, leaving home or stopping a favourite activity may trigger avoidance.

Unexpected changes in capacity

Your child may manage something on Monday and be unable to face the same task on Tuesday.

Creative ways to avoid

Negotiating, distracting, joking, delaying, withdrawing, or sometimes refusing outright.

Intense distress

Pressure may lead to panic, anger, escape or shutdown. A child can also appear fine outside home.

Remember: look beneath the behaviour

Demand avoidance has many possible causes, including anxiety, ADHD, autism, trauma, sensory differences and learning difficulties. PDA is a descriptive profile, not a standalone DSM-5-TR or ICD-11 diagnosis. A comprehensive assessment can help clarify individual needs.



SIX STRATEGIES FOR HOME

The aim is to lower unnecessary pressure, build collaboration and support gradually increasing independence.

- **Connect before requesting**

Choose a calm moment. Join your child in their interest or offer reassurance before introducing a task.

- **Offer meaningful choices**

Give control over the order, timing or method: "Would you rather get dressed before or after breakfast?"

- **Use low-demand language**

Make an observation or invitation, not a series of commands. Allow time to process the request.

- **Reduce the number of demands**

On difficult days, prioritise safety, health and essentials. Break large tasks into smaller steps.

- **Co-regulate before problem-solving**

Stay calm, reduce noise or sensory input, offer space and respond to distress before discussing what happened.

- **Be flexible, not boundary-free**

Maintain clear safety limits while negotiating less important expectations collaboratively.

Small changes in words can help

Instead of: "Put your shoes on now."

Try: "Your shoes are by the door. Want some help getting started?"

Instead of: "Stop arguing and do it."

Try: "It seems this is feeling too much. What part is hardest?"

Instead of: "You have to go."

Try: "We have an appointment. Let us work out what would make it easier."



WHEN THINGS GET HARD

During a meltdown or shutdown

- Keep everyone safe, lower your voice and reduce demands.
- Offer space or quiet presence; avoid questions and lectures.
- Do not force eye contact, touch or a discussion while your child is overwhelmed.
- After recovery, reconnect and jointly identify triggers and helpful changes.

Build a realistic family plan

Spot patterns

Notice when avoidance happens: before transitions, after school, with sensory overload or during uncertainty.

Plan together

Ask your child what helps. Offer a signal for breaks, predictable information and manageable alternatives.

Work with the school

Share triggers and helpful approaches; collaborate on attendance, transitions and classroom adjustments.

Seek tailored support

Consider clinical review when distress, school avoidance, family stress or daily functioning are significantly affected.

One question to try this week

"What would make this feel easier or safer for you?" Start with one low-pressure daily task, offer two workable options, and notice what changes.

Adapted from: Kidd & Kirby, Supporting Clients with a PDA Profile; PDA Society (2022), Identifying & Assessing a PDA Profile - Practice Guidance. Educational information only.