



SUPPORTING STUDENTS WITH

a PDA profile

Practical guidance for teachers and school wellbeing teams

What does PDA mean in the classroom?

Pathological or Pervasive Demand Avoidance (PDA) describes a pattern of marked demand avoidance, often associated with anxiety, perceived loss of autonomy and overwhelm. A student may struggle with ordinary requests even when they understand the instruction and want to participate.

Possible signs at school

Task and transition avoidance

Difficulty starting work, moving between activities, entering class or following apparently simple instructions.

Variable capacity

A task may be achievable one day and overwhelming another, particularly after stress or sensory overload.

Indirect avoidance

Humour, negotiation, distraction, debates, delay, leaving or becoming quiet and withdrawn.

Escalation under pressure

Repeated prompts, public correction, inflexible demands or time pressure may increase distress.

Important clinical distinction

PDA is not a standalone DSM-5-TR or ICD-11 diagnosis. Avoidance can also reflect anxiety, autism, ADHD, trauma, learning or communication difficulties, sensory needs, or an inaccessible classroom environment. A formulation-led, individualised response is essential.



CLASSROOM STRATEGIES THAT HELP

Reduce unnecessary pressure while maintaining meaningful learning, reasonable expectations and safety.

- **Build connection and predictability**

Use a trusted key adult; explain changes early and allow a low-pressure start to the day.

- **Offer genuine autonomy**

Provide choices in task order, tools, location, output format or when to begin within an agreed window.

- **Use concise, low-demand communication**

State the goal calmly, offer an invitation or observation, and allow processing time. Avoid repeated reminders.

- **Adapt how learning is demonstrated**

Consider oral responses, typing, shortened tasks, visual supports, movement breaks or interest-based projects.

- **Support regulation proactively**

Agree on access to a calm space, sensory adjustments, breaks and a discreet exit/re-entry plan.

- **Collaborate rather than escalate**

Problem-solve privately and when calm. Focus on the barrier, not whether the student is being compliant.

Try changing the language

Instead of: "You must finish this now."

Try: "We need to show what you know. What would be a manageable way?"

Instead of: "Everyone else is doing it."

Try: "You can start with one question or tell me your first idea."

Instead of: "If you refuse, you lose your break."

Try: "It looks difficult to start. Let us work out what is getting in the way."



RESPONDING TO DISTRESS & BUILDING A SCHOOL PLAN

When a student escalates or shuts down

- Prioritise safety; lower your voice, demands and audience.
- Offer space, a trusted adult and a non-verbal way to communicate.
- Do not insist on explanations, eye contact or a debrief during distress.
- Once regulated, repair the relationship and plan for next time.

A collaborative support plan should include

Student voice & early signs

Ask what helps, what makes things harder and how distress first shows. Include the student in planning when calm.

Agreed adjustments

Document flexible task pathways, transition support, break access, sensory considerations and a trusted contact.

School attendance & re-entry

For school avoidance, use a graded, collaborative re-engagement plan with family and relevant clinicians; avoid punitive attendance responses.

Review and risk procedures

Agree on communication with caregivers, crisis/safety procedures, measurable participation goals and regular plan reviews.

Aim for safe participation, connection and skill development - not immediate compliance at any cost.

Adapted from: Kidd & Kirby, Supporting Clients with a PDA Profile; PDA Society (2022), Identifying & Assessing a PDA Profile - Practice Guidance. School resource; not a diagnosis.