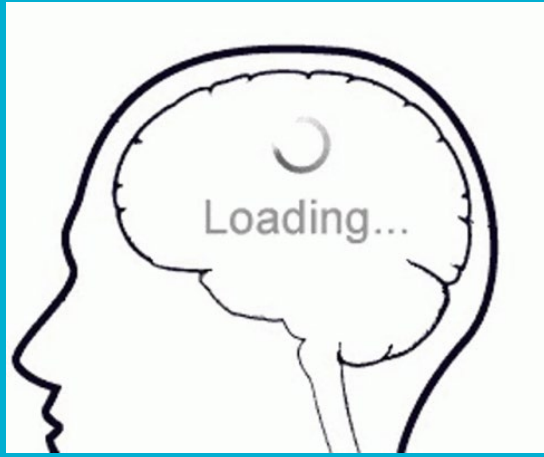
Pathological Demand Avoidance and Executive Functioning



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PSYPACT Provider

Webinar for PDA Society of North America 9/19/2024

Executive Functioning and Pathological Demand Avoidance

Introduction

A. Understanding Pathological Demand Avoidance (PDA)

B. Understanding Executive Functioning (EF)

C. Understanding the relationship between EF and PDA

D. Identifying and supporting EF challenges across the PDA'er lifespan

Key Characteristics of PDA

Demand Avoidance:

- Extreme Avoidance: Individuals with PDA go to great lengths to avoid demands and expectations, which can include everyday tasks and social requests.
- Anxiety-Driven: The avoidance is primarily driven by high levels of anxiety and a need to feel in control.

Social Navigation Strategies:

- Social Cunning Behaviors: Children with PDA often use social strategies to avoid demands, such as distraction, negotiation, or making excuses.
- Role Play and Pretend: They may engage in role play or pretend games as a way to exert control over their environment.

Mood and Behavior Variability:

- Rapid Mood Changes: Individuals with PDA can exhibit rapid and extreme mood changes, often in response to perceived demands.
- Challenging Behaviors: They may display challenging behaviors, such as tantrums, aggression, or withdrawal, when demands are placed on them

Key Characteristics of PDA Cont.

Social Communication Difficulties:

- Social Understanding: While they may have better social understanding and communication skills compared to other autistic individuals, they still struggle with social interactions and relationships.
- Surface Sociability: Their sociability can be superficial, and they may struggle with deeper social connections.

Rigid and Obsessive Behavior:

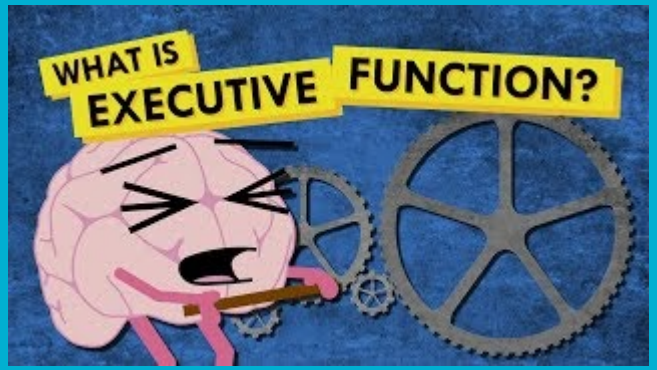
- Focused Interests: Like other autistic individuals, those with PDA may have obsessive interests, but these can be more flexible and changeable.
- Controlling Nature: Their obsessions often revolve around controlling their environment and the people or things, such as animals, in it.

Sensory Sensitivities:

- Sensory Processing Differences: Individuals with PDA may also experience sensory sensitivities, which can contribute to their anxiety and demand avoidance behaviors.

Introduction to Executive Functioning

Why is Executive Functioning Important?



Brain's CEO
Mind's Remote Control
Steering Wheel of the Brain
Brain's Conductor

Brain Boss
Plan Maker
Brain's Traffic Cop
Organizing Wizard

Executive Functioning and the Brain

Areas that play a role in executive function include:

Frontal Lobe: Boss of the brain

Prefrontal cortex: Organzier

Parietal Lobe: Map Guide

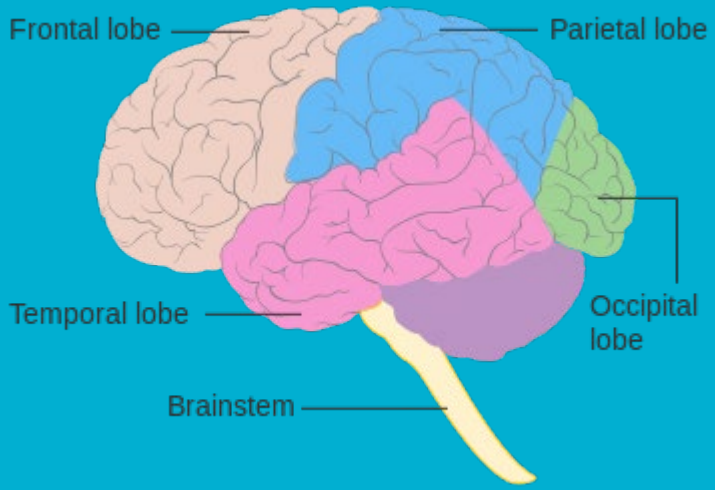
Anterior Cingulate Cortex: Helper for swicthing gears/transition

Basal ganglia: Traffic Controller, Controls the stops and starts/transitions

Amygdala: Emotion Detector

Hippocampus: Library, Memory and Recall

Cerebellum: Coordination, balance, and timing coach

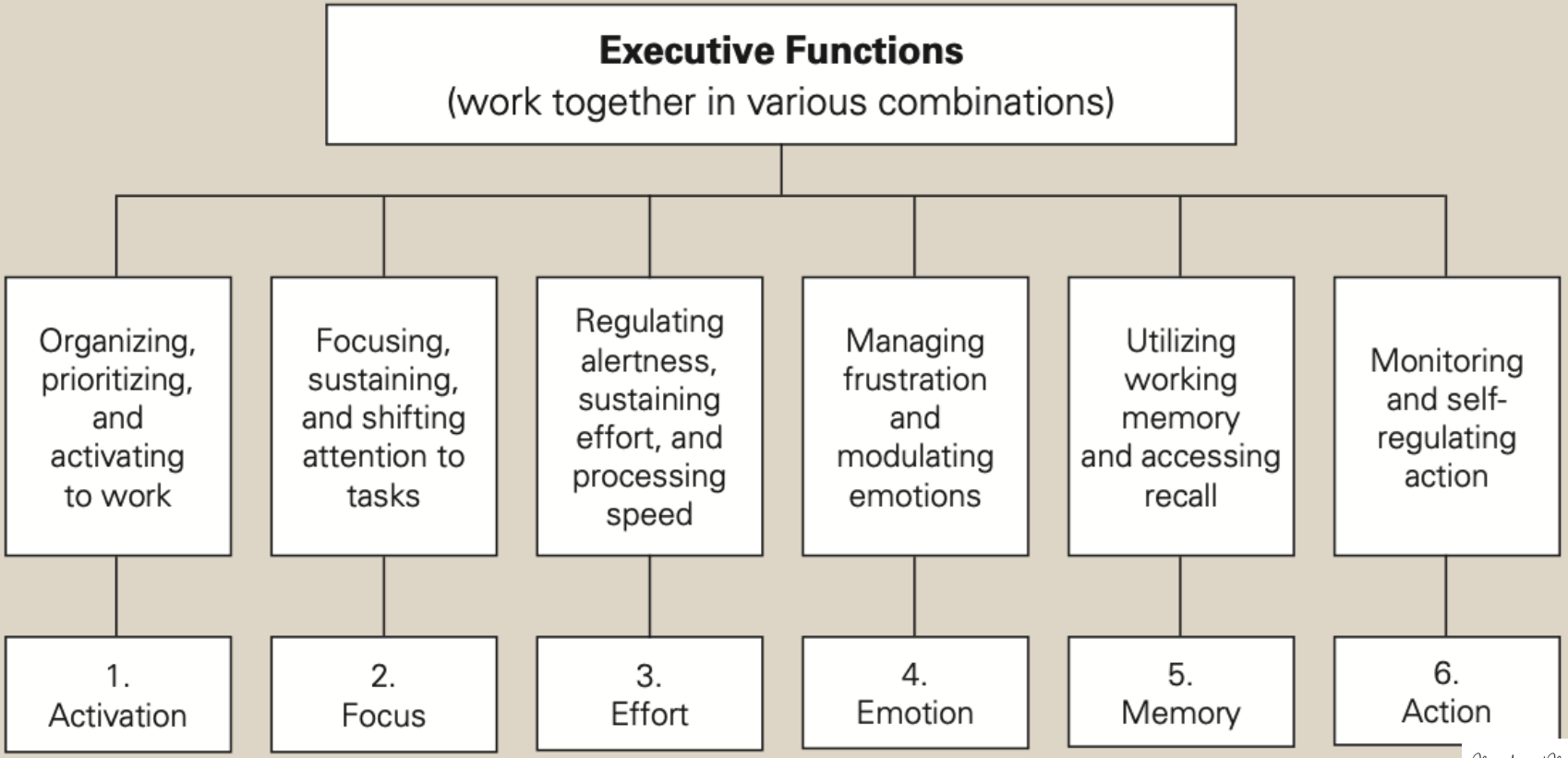


https://www.verywellhealth.com/executive-function-and-ad

EF is susceptible to being disrupted by stress/trauma, illness, disability

The Core Components of EF

- **Working Memory:**
  - The ability to hold and manipulate information in one's mind over short periods, essential for tasks such as following directions, solving problems, and completing multi-step assignments.
- **Inhibition:**
  - The ability to control impulses, resist distractions, and maintain focus on a specific task. It involves self-regulation and the capacity to think before acting.
- **Shifting/Flexibility:**
  - The capacity to adjust to changes, switch between tasks, and adapt to new information or circumstances. This skill is crucial for problem-solving and handling unexpected situations.
- **Initiation:**
  - The ability to start tasks independently without procrastination, set goals, and develop plans to accomplish them.
- **Planning and Organization:**
  - The capability to create and execute a systematic approach to a task or set of tasks. It involves breaking down a larger task into smaller, manageable steps.
- **Self-Monitoring**:
  - The ability to assess one's own performance, recognize errors, and make adjustments as needed. This skill is essential for learning from experience and improving over time.



Source: From *Attention Deficit Disorder: The Unfocused Mind in Children and Adults* (p. 22), by Thomas E. Bro
2005, New Haven: Yale University Press. Copyright © 2005 by Thomas E. Brown.

Executive Functioning: Childhood Development

Development of EF in Children: Early Childhood

Early Childhood (Ages 2-5):

- **Emergence of Inhibition:**
  - Children begin to show early signs of inhibitory control, gradually learning to resist impulses and follow simple rules.

- **Basic Working Memory:**
  - Working memory capacity increases, allowing children to hold and manipulate simple information in mind, such as remembering a sequence of actions.

- **Limited Cognitive Flexibility:**
  - Cognitive flexibility emerges gradually, enabling children to shift attention between tasks, although this skill is still in its early stages.

Development of EF in Children: Middle Childhood

Middle Childhood (Ages 6-12):

- **Maturation of Inhibition:**
  - Inhibition becomes more refined, allowing children to control impulses, sustain attention, and resist distractions more effectively.

- **Expanded Working Memory:**
  - Working memory capacity continues to develop, enabling children to handle more complex information, follow multi-step instructions, and engage in more advanced problem-solving.

- **Developing Cognitive Flexibility:**
  - Cognitive flexibility improves, allowing children to switch between tasks and adjust to changing demands in academic and social contexts.

Development of EF in Children: Adolescence

Adolescence (Ages 13-18):

- **Enhanced Inhibition and Self-Regulation:**
  - Inhibition and self-regulation become more sophisticated, supporting adolescents in making thoughtful decisions, managing emotions, and resisting peer pressure.

- **Fully Developed Working Memory:**
  - Working memory reaches a more mature state, facilitating advanced cognitive processes such as abstract thinking, planning, and goal setting.

- **Refined Cognitive Flexibility:**
  - Cognitive flexibility continues to improve, enabling adolescents to adapt to complex situations, consider multiple perspectives, and engage in strategic thinking.

There are many variable that influence the development, expression, and stability of EF in children

Developmental Variation

Genetic Factors

Environmental Factors
(Home/School/Urban/Rural)

Early Childhood Experiences (Both positive and negative)

Neurological Factors

Times of Transition

Health and Nutrition

Neurodivergence

Educational Experiences

Parenting Styles

Internal States/Energy

Physical States/Exhaustion

A history of trauma or a traumatic response to the environment around them is a significant source of impairment in executive functioning in PDA'ers.

This often causes EF shutdowns from regulated problem solving to a fight, flight, fawn response.

How does Executive Functioning impact Pathological Demand Avoidance?

A Proposed Neuropsychological Profile of Pathological Demand Avoidance (PDA)

by Jennifer Imig Huffman, PhD, ABPdN

Anxiety and Emotional Dysregulation

Prompt-Dependent Memory

Executive Dysfunction and Cognitive Rigidity

Strong IQ with Slower Processing Speed

Better “Off-line” than “On-demand” Processing

Strong Vocabulary but Limited Expressive Language (Speaking and Writing Skills)

Multiple Learning Disabilities

Sensory Processing and Praxis Difficulties

May 2024

PDA North America

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Sensory Processing and Praxis Difficulties

A = Anxiety

B = Executive Functioning

C = Sensory

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Executive Functioning and PDA

Inhibition: Inhibitory control is often impaired in individuals with PDA. They may struggle to suppress impulsive reactions and resist distractions, leading to difficulties in following rules and instructions.

Self-Monitoring: Self-monitoring involves the ability to evaluate and adjust one's behavior. Individuals with PDA may have challenges in this area, making it difficult for them to recognize when their behavior is inappropriate or needs adjustment.

Shifting: Cognitive flexibility, or shifting, is the ability to transition between tasks or adapt to new situations. Individuals with PDA often find this difficult, leading to increased anxiety and avoidance when routines are disrupted.

Emotional Control: Emotional regulation is often impaired, resulting in rapid and extreme mood changes. This can make it challenging for individuals with PDA to manage their emotions, especially when faced with demands.

Initiating: Task initiation, or the ability to begin tasks independently, can be particularly challenging.

Individuals with PDA may procrastinate or avoid starting tasks due to anxiety and a lack of motivation.

Executive Functioning and PDA

Working Memory: Working memory involves holding and manipulating information in the mind over short periods. Neurodivergent individuals, especially those with PDA/Autism/ADHD have poor working memory/

Planning and Organizing: Planning and organizing tasks can be overwhelming for individuals with PDA. They may struggle to break down tasks into manageable steps and create effective plans to complete them.

Task-Monitoring: Task-monitoring involves keeping track of one's progress on a task. Individuals with PDA may have difficulties in this area, leading to incomplete or poorly executed tasks.

Organization of Materials: Keeping materials and belongings organized can be a significant challenge. This can result in a cluttered and disorganized environment, further increasing anxiety and avoidance behaviors.

The Importance of EF to Social Success: Impact on PDA

Impulse Control and Emotional Regulation:

- Inhibition and emotional regulation are essential for managing social interactions.
  - Children with strong EF skills can control impulsive behavior, respond appropriately to social cues, and regulate their emotions in social situations.

Communication Skills:

- EF skills, including working memory and flexibility, play a role in effective communication.
  - Children with well-developed EF skills can articulate their thoughts clearly, engage in meaningful conversations, and adapt their communication style to different contexts.

Social Problem-Solving:

- EF skills contribute to the ability to navigate social challenges and solve interpersonal problems.
  - Children who can plan and implement effective social strategies are more likely to form positive relationships with peers.

Cooperation and Collaboration:

- Collaboration often requires flexibility, organization, and the ability to work towards common goals.
  - Children with strong EF skills can contribute positively to group activities and projects.

Association Between EF and Academic Achievement

- Attention and Concentration
- Working Memory and Learning
- Organization and Planning
- Problem-solving and Critical Thinking
- Initiation and Task Initiation
- Reading and Writing Skills
- Test-Taking Skills
- Goal-Setting and Achievement Motivation
- Classroom Behavior and Social Skills

Executive functioning challenges often become more prevalent as the child progresses through school. Even when basics are learned, EF challenges impact all aspects of learning

Common Challenges for Children with EF Difficulties (PDA or otherwise Neurodivergent)

Difficulty with Organization

Poor Time Management

Inhibition Issues

Working Memory Deficits

Difficulty with Initiation

Cognitive Flexibility Challenges

Poor Planning and Problem-Solving

Academic Difficulties

Social Challenges

Emotional Regulation Issues

Task Completion Challenges

Adaptive Functioning Issues

Difficulty with Goal Setting

Test-Taking Difficulties

Neurodivergent learners are typically “off-line processors” they often have limited real-time rapid problem solving.

Executive Functioning:
Social and Behavioral Implications on PDA

Social Interactions/Relationships

Inhibition and Social Behavior:
Impulse Control and Resisting Distractions

Emotional Regulation:
Understanding Emotions and Emotional Flexibility

Social Problem-Solving:
Conflict Resolution and Adapting to Social Changes

Communication Skills:
Verbal Expression and Listening Skills

Perspective-Taking:
Theory of Mind and Empathy Regulation:

Initiation and Social Engagement:
Initiating Interactions and Joining Group Activities

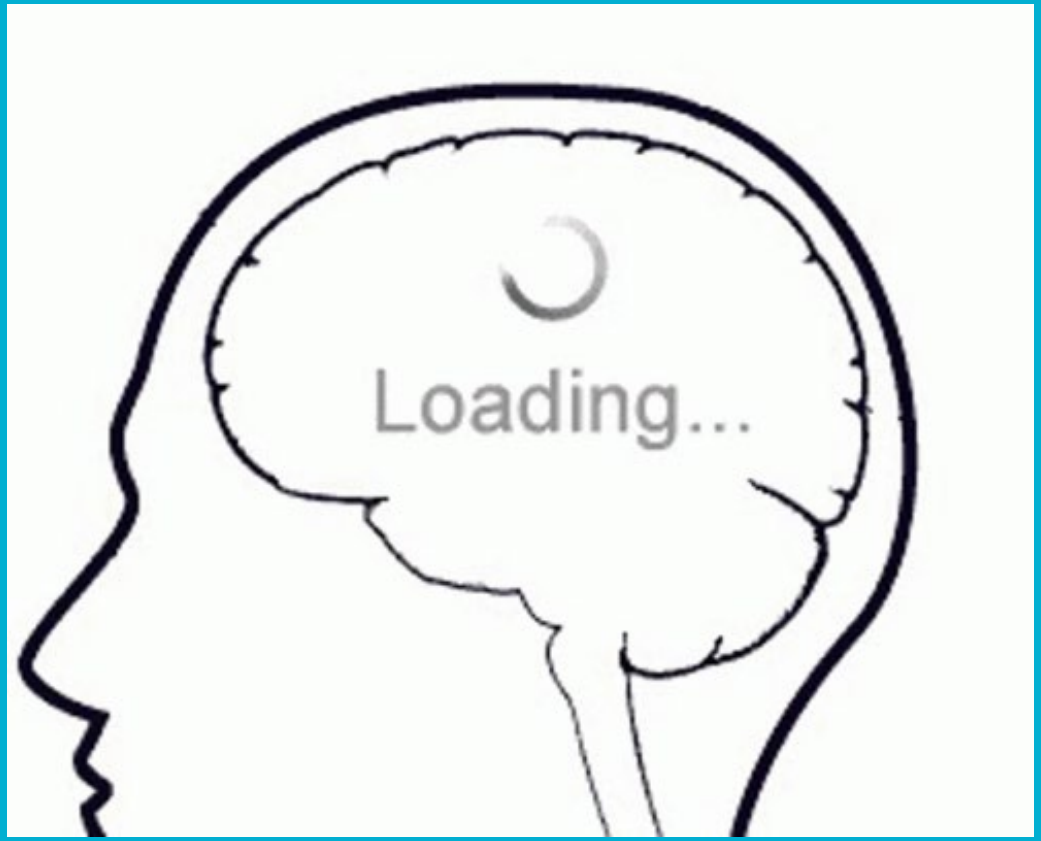
Social Planning and Organization:
Planning Social Activities Arranging Social Meetings

Cooperation and Collaboration:
Working in Groups and Adapting to Group Dynamics

Social Awareness:
Social Norms and Sensitivity to Social Cues

Friendship Formation and Maintenance:
Building Relationships and Reciprocal Relationships

Executive Functioning: Behavioral Implications on PDA



Emotional & Behavioral challenges associated with EF deficits (PDA and Other-Neurodivergent)

Procrastination

Poor Time Management

Disorganization

Impulsivity

Forgetfulness

Inconsistent Performance

Poor Planning and Execution

Inattention

Impaired Social Skills

Test Anxiety

Difficulty with Transitions

Emotional Dysregulation

Incomplete Assignments

Task Avoidance

Lack of Initiation

Social Impairments

Poor Decision-Making


THE BEHAVIOR ICEBERG
Behaviors
(we can see)
Aggression
Raging
Screaming
Low tolerance
Frustration
Verbal abuse
Screaming
Crying
Avoidance
Refusal
Hiding
Self Isolation
Running/fleeing
Violence
Threatening
Loss of self control
Internal Emotional States
(we cannot see)
Nervous
Exhausted
Trapped
Guilty
Scared
Insecure
Disappointed
Envious
Overwhelmed
Angry
Rejected
Alone
Embarrased
Judged
Unloved
Fearful
Depressed
Anxious
Frustrated
Worries
Attacked
Shameful
Disrecpected
Helpless
Disgusted
Offended
Sad
Zensational Kids

Neurodiversity and Executive Functioning

Introduction to Neurodiversity and Neurodivergence

A. Definition of neurodiversity-affirming perspective on neurodivergence

B. Importance of understanding and supporting neurodivergent children

C. Overview of challenges faced by neurodivergent children in the educational system

Introduction to Neurodiversity

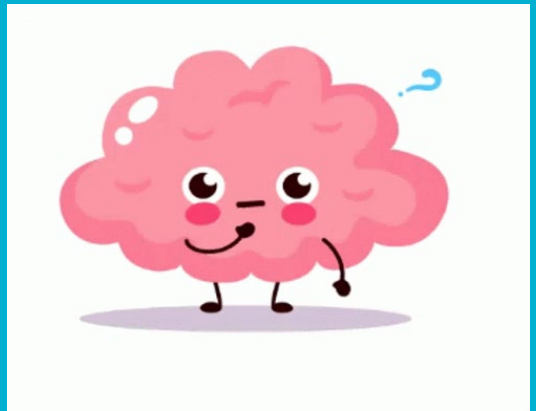
What is neurodiversity and neurodivergence?

Neurodiversity means all of us, the range of neurological differences that exist along a continuum

Neurodivergence is a subset of those that are different than the more common neurological functioning and can be acquired or developmental.

Common types of neurodivergence include: Autism, ADHD, Dyslexia, Dysgraphia, Dyscalculia, PDA, OCD, TBI, Tourette's and chronic emotional health conditions (Anxiety, depression, PTSD, complex trauma, bipolar disorder, schizophrenia)

*Every area of neurodivergence, especially PDA, has a **significant** component of executive functioning difference associated with it.*



Understanding Neurodivergence

A. Common neurodivergent conditions (e.g., autism, ADHD, PDA, dyslexia)

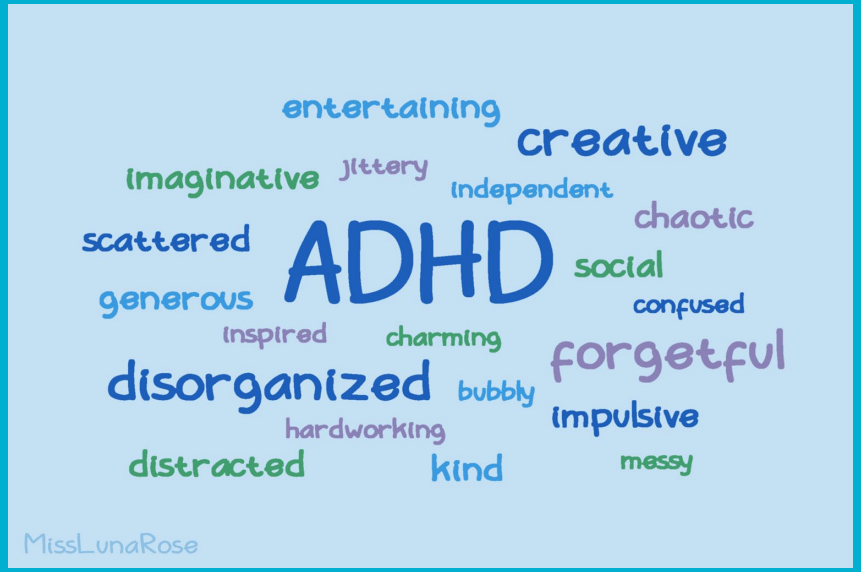
B. Diverse strengths and abilities within neurodivergent populations

C. Dispelling myths and misconceptions about neurodivergence

ADHD

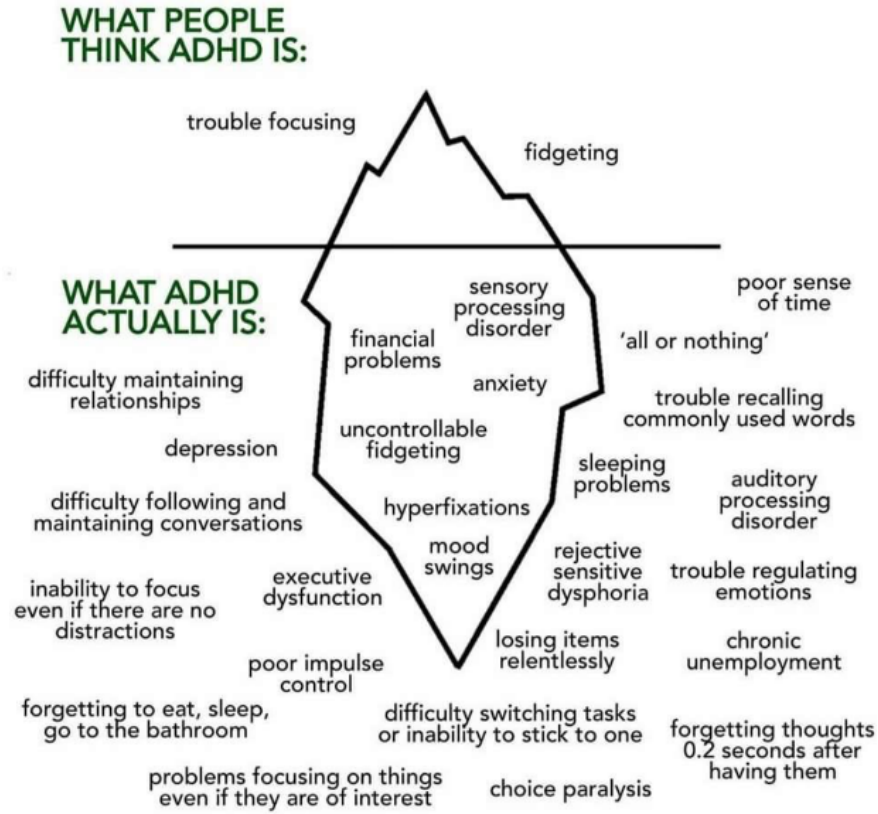
Attention-Deficit/Hyperactivity Disorder (ADHD):
ADHD Subtypes

- Inattention
- Impulsivity
- Impaired short term and working memory
- Impaired organization
- Impaired problem solving
- Impaired motivation
- Limited Stamina
- Slower processing speed (ADHD, PI)
- Faster processing speed with impulsive errors (ADHD, Combined or H/I)



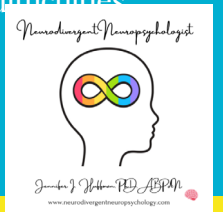
THE ADHD ICEBERG

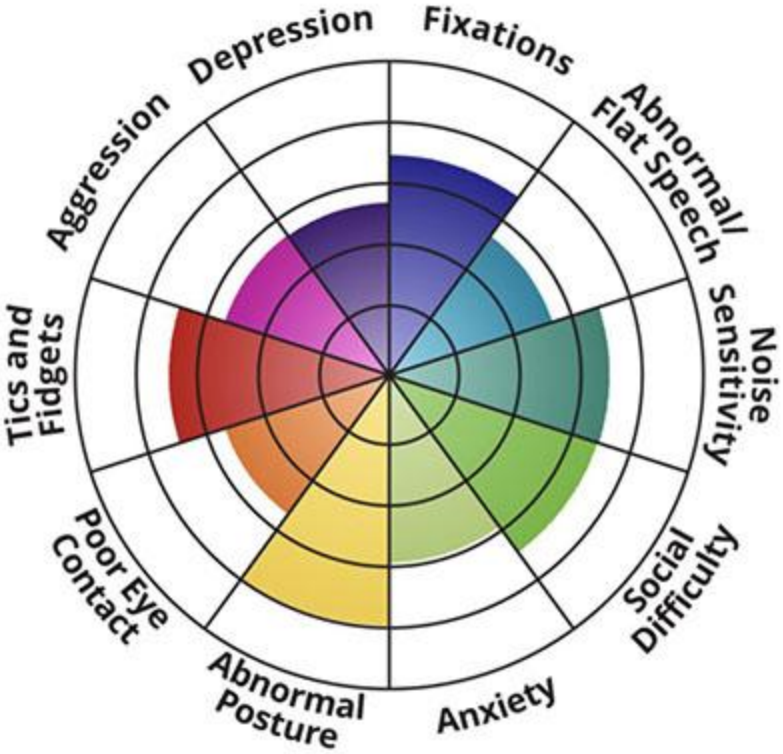
@FINUCCINIALFREDO



Autism

- *Social Communication:* Poor executive functioning can impact social communication skills, such as difficulty with turn-taking, understanding social cues, and adapting behavior to different social contexts.
- *Flexibility and Routines/Rigidity/Shifting:* Challenges in cognitive flexibility may lead to difficulties in planning for and adapting to changes in routines and transitioning between activities.
- *Daily Tasks*: Working memory is required for daily tasks, such as getting up, getting dressed, making breakfast, and doing housework. While autistic children may have incredible memories for facts, carrying out the types of activities that rely on working memory can pose a significant challenge.
- *Impulse control*: Poor impulse control can lead to unhealthy or self-destructive behaviours. For instance, a lack of impulse control may contribute to staying up all night researching their new hobby.
- *Attention*: Autistic children may often have a great ability to focus on thei preferred tasks, but they may experience difficulties in directing their focus in an appropriate way.
- *Verbal reasoning*: Struggling to understand and process verbal concepts.





Pathological Demand Avoidance

Pathological Demand Avoidance (PDA) is a term used to describe a profile characterized by an extreme avoidance of everyday demands and requests. While PDA is not formally recognized as a distinct diagnostic category, it is often considered a part of the broader autism spectrum.

Difficulty with Flexibility and Adaptability

Challenge in Initiating and Planning Tasks

Inhibition and Impulsivity

Working Memory Deficits

Emotional Regulation Challenges

Difficulty with Planning and Organization

Struggles with Sustained Attention

Cognitive Rigidity

Neurodivergent insights
Dr. Neff

Demand Avoidance

The Many Causes of Demand Avoidance

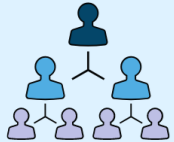
- Perfectionism
- OCD triggers
- Cognitive overload
- Sensory issues
- Anxiety
- Task initiation difficulty
- Environmental stressors
- PDA
- Negative past experiences
- Difficulty with transitions
- Time-scarcity mindset
- Executive functioning challenges
- Lack of predictability
- Limited energy resources
- Routine disruption

*Demand avoidance is a normative human experience; everyone experiences it from time to time. Demand avoidance is higher among Autistic and ADHD people. In the context of PDA, it reaches a threshold where it causes the person significant life struggles. Not all demand avoidance is PDA.

Dr. Megan Anna Neff

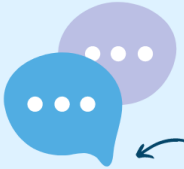
Autism PDA Profile

Perceived loss of autonomy activates an extreme threat response



Doesn't perceive social hierarchy (in children, want to be co-teachers or co-parents)

Resists and avoids the ordinary demands of life



Appears sociable on the surface (less likely to be identified as Autistic for this reason)

Uses social strategies as part of avoidance (e.g., distracting or becoming immobilized: "my legs don't work")

'Obsessive' behavior, often focused on other people (can show up as love or hate)

Neurodivergent insights
Dr. Neff

Digging Deeper: PDA and Executive Functioning

EF often underlies obstacles in children with PDA

Avoidance of Demands:

- Everyday tasks, schoolwork, homework, bodily cues, can be demands that are avoided.

Social Strategies:

- Employing manipulative behaviors and/or choosing to act/pretend like people in charge in play and through role play is common.

Emotional and Behavioral Responses:

- Rapid mood changes and emotional dysregulation in response to perceived demands and responding to demands with fight/flight/freeze/fawn is common.

Specific Executive Functioning Challenges in Children with PDA.

Inhibition: Difficulty in controlling impulses and resisting distractions. This can lead to impulsive behaviors and challenges in adhering to rules and instructions.

Shifting: Trouble with transitioning between tasks or adapting to new situations. This can result in significant anxiety and avoidance when routines are disrupted.

Initiating: Difficulty in starting tasks independently. Children with PDA may procrastinate or avoid starting tasks due to anxiety and a lack of motivation.

Working Memory: Challenges in holding and manipulating information in the mind over short periods. This can impact their ability to follow multi-step instructions and complete tasks.

Planning and Organizing: Struggles with breaking down tasks into manageable steps and creating effective plans to complete them.

Task-Monitoring: Difficulty in keeping track of progress on a task, leading to incomplete or poorly executed tasks.

Organization of Materials: Challenges in keeping materials and belongings organized, resulting in a cluttered and disorganized environment.

EF often underlies obstacles in teens with PDA

As teenagers seek greater independence and face increasing social and academic demands, their PDA-related behaviors can become more pronounced and complex. This may feel like a regression, but it is often the increased EF demands on the individual and the greater gap between what they can do consistently and their peers.

What does this look like in teens with PDA

Demand Avoidance Behaviors:

- Avoidance of Schoolwork: Teenagers with PDA may go to great lengths to avoid schoolwork, including homework and class assignments. They might procrastinate, make excuses, or engage in other activities to avoid academic demands.
- Resistance to Authority: They may exhibit strong resistance to authority figures, such as teachers and parents, often refusing to comply with rules or instructions. This resistance is driven by a need to maintain control and reduce anxiety.

Social Strategies:

- Manipulative Behaviors: Teenagers with PDA often use sophisticated social strategies to avoid demands. This can include negotiating, distracting, or even charming others to get out of tasks.
- Role Play and Pretend: They may engage in role play or pretend scenarios as a way to exert control over their environment. This can sometimes be seen in their interactions with peers or in creative activities.

Emotional and Behavioral Responses:

- Mood Swings: Rapid and extreme mood changes are common, often in response to perceived demands or threats to their sense of control. These mood swings can make emotional regulation particularly challenging.
- Fight or Flight Response: When faced with demands, teenagers with PDA may exhibit a "fight or flight" response. This can manifest as aggressive behaviors (fight) or withdrawal and avoidance (flight).

EF often underlies obstacles in teens with PDA

Inhibition: Difficulty with inhibitory control can lead to impulsive behaviors and trouble following rules or instructions.

Shifting: Cognitive flexibility, or the ability to transition between tasks or adapt to new situations, is often impaired. This can lead to significant anxiety and avoidance when routines are disrupted.

Initiating Tasks: Starting tasks independently can be particularly challenging. Teenagers with PDA may procrastinate or avoid starting tasks due to anxiety and a lack of motivation.

Planning and Organizing: Planning and organizing tasks can be overwhelming. They may struggle to break down tasks into manageable steps and create effective plans to complete them.

Task-Monitoring: Keeping track of progress on a task can be difficult, leading to incomplete or poorly executed tasks.

Organization of Materials: Maintaining an organized environment can be a significant challenge, resulting in a cluttered and disorganized space.

EF often underlies obstacles in adults with PDA

Extreme Demand Avoidance:

- **Avoidance of Everyday Tasks**: Adults with PDA may go to great lengths to avoid everyday demands, such as work responsibilities, household chores, or social obligations. This avoidance is driven by high levels of anxiety and a need to feel in control.
- **Procrastination**: Chronic procrastination can be a significant issue, as individuals may delay tasks to avoid the anxiety associated with them.

Social Strategies and Manipulation:

- **Use of Social Strategies**: Adults with PDA often use sophisticated social strategies to avoid demands. This can include making excuses, negotiating, or distracting others.
- **Charm and Sociability**: They may appear charming and sociable on the surface, using these skills to deflect demands and maintain control over social interactions.

Mood and Behavior Variability:

- **Rapid Mood Changes**: Adults with PDA can exhibit rapid and extreme mood changes, often in response to perceived demands or threats to their sense of control.
- **Challenging Behaviors**: They may display challenging behaviors, such as anger, aggression, or withdrawal, when faced with demands they find overwhelming.

EF challenges are often cause obstacles in adults with PDA

Sensory Processing and Interoception:

Sensory Sensitivities: Adults with PDA may experience heightened sensory sensitivities, which can contribute to their anxiety and avoidance behaviors.

Interoception: Difficulties in recognizing and responding to internal bodily states, such as hunger, thirst, or fatigue, which can exacerbate anxiety and avoidance.

Adaptive Functioning:

Daily Living Skills: Struggles with daily living skills due to demand avoidance behaviors, impacting their ability to maintain routines and manage responsibilities.

Independence: The pervasive drive for autonomy can both hinder and help their adaptive functioning. While they may resist assistance and prefer to do things on their own terms, this can also lead to difficulties in accepting help and following structured routines.

Executive Functioning Challenges:

- **Inhibition**: Difficulty in controlling impulsive reactions and resisting distractions.
- **Shifting**: Struggles with transitioning between tasks or adapting to new situations, leading to increased anxiety and avoidance.
- **Planning and Organizing**: Challenges in planning, organizing, and executing tasks, which can impact daily functioning and productivity.
- **Task Initiation**: Difficulty in starting tasks independently, often leading to procrastination and avoidance.

Emotional Regulation:

- **High Anxiety Levels**: Persistent anxiety is a core feature, driving much of the demand avoidance behavior.
- **Emotional Control**: Difficulty in managing emotions, leading to rapid mood swings and heightened emotional responses to stressors.

The Dynamic Nature of EF and PDA

High levels of anxiety are a core feature of PDA.

Anxiety “flips the lid” of the brain, impacts problem solving, interferes with the ability to express oneself and process language, and puts the brain in “fight/flight/freeze/fawn” instead of focusing on social engagement, learning, attention, problem solving, and emotional regulation.

I call anxiety the Great Mental Eraser.

High levels of anxiety can significantly impact executive functioning,

1. **Working Memory**: Anxiety can reduce the capacity of working memory, making it difficult to hold and manipulate information over short periods. This can affect tasks that require concentration and the integration of multiple pieces of information.
2. **Attention and Focus**: High anxiety levels can lead to difficulties in maintaining attention and focus. Anxious individuals may find it hard to concentrate on tasks, as their minds may be preoccupied with worry or fear.
3. **Inhibitory Control**: Anxiety can impair inhibitory control, making it challenging to suppress irrelevant thoughts or distractions. This can lead to impulsive decisions or actions.
4. **Cognitive Flexibility**: Anxiety can reduce cognitive flexibility, making it harder to adapt to new situations or switch between tasks. This can result in rigid thinking and difficulty in problem-solving.
5. **Planning and Organization**: High anxiety can interfere with the ability to plan and organize effectively. Anxious individuals may struggle with setting goals, prioritizing tasks, and managing time efficiently.
6. **Decision-Making**: Anxiety can lead to indecisiveness and difficulty in making choices. The fear of making the wrong decision can paralyze the decision-making process.
7. **Emotional Regulation**: Anxiety can affect the ability to regulate emotions, leading to heightened emotional responses and difficulty in managing stress.

Trauma, EF and PDA

Trauma can have profound and lasting effects on executive functioning, which encompasses a range of cognitive processes essential for goal-directed behavior, such as planning, decision-making, problem-solving, working memory, and inhibitory control.

Trauma, EF, and PDA

1. **Working Memory**: Trauma can impair working memory, making it difficult to hold and manipulate information over short periods. This can affect tasks that require concentration and the integration of multiple pieces of information.

2. **Attention and Focus**: Individuals who have experienced trauma often struggle with maintaining attention and focus. They may be hypervigilant or easily distracted, as their brains are constantly scanning for potential threats.

3. **Inhibitory Control**: Trauma can weaken inhibitory control, making it challenging to suppress irrelevant thoughts or distractions. This can lead to impulsive behaviors and difficulty in regulating emotions.

4. **Cognitive Flexibility**: Trauma can reduce cognitive flexibility, making it harder to adapt to new situations or switch between tasks. This can result in rigid thinking and difficulty in problem-solving.

Trauma, EF, and PDA

1. **Planning and Organization**: Trauma can interfere with the ability to plan and organize effectively. Individuals may struggle with setting goals, prioritizing tasks, and managing time efficiently.

2. **Decision-Making**: Trauma can lead to indecisiveness and difficulty in making choices. The fear of making the wrong decision or the presence of overwhelming emotions can paralyze the decision-making process.

3. **Emotional Regulation**: Trauma can severely impact the ability to regulate emotions, leading to heightened emotional responses and difficulty in managing stress. This can result in mood swings, anxiety, and depression.

4. **Memory and Learning**: Trauma can affect both the encoding and retrieval of memories, making it difficult to learn new information or recall previously learned information.

Mechanisms Behind the Impact of Trauma on Executive Functioning

1. **Neurobiological Changes**: Trauma can lead to changes in brain structure and function, particularly in areas involved in executive functioning, such as the prefrontal cortex, amygdala, and hippocampus. These changes can disrupt the neural pathways necessary for effective executive functioning.
2. **Chronic Stress Response**: Trauma often triggers a chronic stress response, characterized by elevated levels of stress hormones like cortisol. Prolonged exposure to high cortisol levels can damage brain areas involved in executive functioning.
3. **Emotional Dysregulation**: Trauma can lead to emotional dysregulation, which can overwhelm cognitive resources and impair executive functioning. The constant state of emotional arousal can make it difficult to focus, plan, and make decisions.

PDA Care is Trauma-Informed Care

Implications for Intervention

1. **Trauma-Informed Care**: Understanding the impact of trauma on executive functioning is crucial for providing effective care. Trauma-informed care involves recognizing the signs of trauma, understanding its impact, and responding in ways that support healing and recovery.
2. **Therapeutic Interventions**: Various therapeutic approaches, such as Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and trauma-focused therapies, can help individuals process and heal from trauma, thereby improving executive functioning.
3. **Skill Building**: Interventions can also focus on building specific executive functioning skills. This might include training in attention management, working memory exercises, and strategies for improving planning and organization.
4. **Supportive Environment**: Creating a supportive and safe environment is essential for individuals recovering from trauma. This includes providing emotional support, reducing stressors, and fostering a sense of safety and stability.

How do we navigate this?

- Connection with them through their areas of interest in those areas they like have the best EF
  - Build a sense of connection and safety
  - In each place, who is their connected person?
  - Restore relationships and build new relationships through connection,
- Understanding and empathy
  - Listening to them, their internal experience is often more important than what we are observing from the outside.
- Flexible and Indirect choices
- Routine and Structure
- Skill Building
- Emotional Regulation

Additional Resources

- Ross Greene's Collaborative & Proactive Solutions (CPS) model
- Mona Delahoke's Beyond Behaviors
- Sensory awareness for the whole family
- Family demand sensitivity awareness
- Trauma informed environmental changes and interactions
- Positive reinforcement (assumed negative 8:1 ratio)
- Monitoring for burn out.
- Professional support: child, parent, school
- Neuropsychological Evaluations

A Proposed Neuropsychological Profile of Pathological Demand Avoidance (PDA)

by Jennifer Imig Huffman, PhD, ABPdN

Anxiety and Emotional Dysregulation

Prompt-Dependent Memory

Executive Dysfunction and Cognitive Rigidity

Strong IQ with Slower Processing Speed

Better “Off-line” than “On-demand” Processing

Strong Vocabulary but Limited Expressive Language (Speaking and Writing Skills)

Multiple Learning Disabilities

Sensory Processing and Praxis Difficulties

PDA North America

PDA Neuropsychological Profile

Profile created for X by Dr. Jennifer I. Huffman

Overview

Each individual with PDA is different. Often what one observes externally in a child provides little information as to the complexity of challenges occurring internally. An understanding of underlying strengths and challenges is needed. Use the following guide to identify and summarize what is known about a child and what is needed to be explored.

PDA Neuropsychological Profile Summary

Cognitive	
Executive Functioning	
Language	
Attention	
Memory	
Academics	
Social	
Emotional-Behavioral	
Motor	
Sensory	
Additional Concerns:	

PDA Resources

Declarative Language Handbook by Linda K. Murphy
How Full is Your Bucket by Rath et al.
Lost at School by Dr. Ross Greene
Low Demand Parenting by Amanda Diekman
Me and My PDA by Gloria Dura-Vila and Tamar Levi
Navigating PDA in America by Ruth Fidler and Diane Gould
PDA by PDAers by Sally Cat
Smart but Scattered by Peg Dawson and Richard Guare
The Explosive Child by Ross Greene
The Family Experience of PDA by Eliza Fricker
The Teens Guide to PDA by Laura Kerbey and Eliza Fricker
PDA Society Resources
PDA Society North America

Q&A Session

Thank you!

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www.theablecenter.com

www.neurodivergentneuropsychology.com