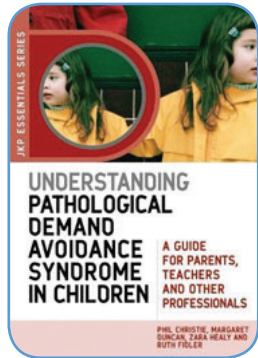


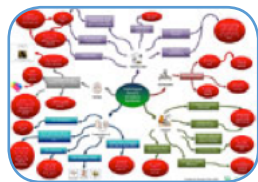
More Useful Resources



Understanding Pathological Demand Avoidance syndrome in children.
Phil Christie, Margaret Duncan, Ruth Fidler, Zara Healey, 2011 (Jessica, Kingsley Publishers).



Autism Education Trust.
The Distinctive Clinical and Educational Needs of Children with Pathological Demand Avoidance Syndrome: Guidelines for Good Practice.



Mind Map: Supporting pupils with PDA

You can download the AET guidelines and mind map from the 'resources' section of our website.

“Empathy and understanding of PDA and a child’s individual personality and tolerances are crucial in helping children learn in an educational setting.”

Jilly Davis: Teacher, National Autistic Society
Robert Ogden School, 2015.

www.autism.org.uk



The PDA Society website and forum are a source of help, support and information.

www.pdasociety.org.uk



A Teacher's Guide to Understanding Pathological Demand Avoidance syndrome (PDA)



What is PDA?

PDA is a neurological condition and an Autism Spectrum Disorder, which was first identified by Professor Elizabeth Newson in the 1980's. It is a lifelong disability and individuals may require different levels of support throughout their lives, depending on how the condition affects them.

The central difficulty for people with PDA is their avoidance of, and resistance to, the demands they are subjected to and encounter. These can range from direct and explicit instructions to the more subtle everyday demands of life.

Individuals with PDA experience high levels of anxiety and there is a strong need for them to feel in control in most situations. Demands and expectations unsettle this sense of control. This in turn heightens anxiety still further and leads to compulsive and obsessive avoidance.

Avoidance can be at all costs and the socially inappropriate behaviour of a panic attack driven meltdown is common, especially in children. However children with PDA tend to have much better interactive and social communication skills than others on the autism spectrum. They are often able to use these skills creatively and may seek to avoid demands through negotiation, manipulation and distraction.



Children with PDA share areas of difficulty with other autism spectrum disorders, but strategies and approaches found to be effective are quite different. Differential diagnosis is therefore important to signpost towards appropriate educational and handling interventions



What does a child with PDA look like?

The short answer is that most children with PDA superficially appear very much like any of their peers and they can present as very able. At face value and in brief encounters there may be little to suggest that this is an individual who has difficulties. Both adults and children with PDA are skilled at 'putting on a performance' or hiding many of their difficulties for limited periods of time, however for those who spend time with them, problems become more apparent through their behaviours.

Tips for supporting a child in the classroom

A classroom is filled with DEMANDS, which often leads to high ANXIETY levels in the child with PDA.

- Ground rules need to be AS FEW AS POSSIBLE but then MAINTAINED using techniques such as passing over responsibility (health and safety rule), de-personalising (use imaginary characters or visual clarification) or giving choices
- Adjust your DEMANDS according to the child's TOLERANCE level –if things are not going well and anxiety is high then reduce demands (and pressure) accordingly.
- Take pride in your ability to work in COLLABORATION with the child and make acceptance more fun- aiming to prove you are the boss will be counterproductive.
- It may help to give instructions in an INDIRECT, NON CONFRONTATIONAL style - practice 'asking without asking' e.g. "I wonder if someone might be able to help me do this....."
- Have a SAFE space and/or several areas where the child can go to be alone and calm themselves.
- When a child 'melts down' use quiet tones, give lots of REASSURANCE even if they are swearing obscenities at you and lashing out. Try to think of it as a PANIC ATTACK.
- Be prepared to start afresh as often as is necessary.