

PATHOLOGICAL DEMAND AVOIDANCE (PDA) FROM A BEHAVIOURAL PERSPECTIVE

AUTHOR: SARAH HELLAWELL, MSC, BCBA, UKBA(CERT)

POSITIVE BEHAVIOUR SUPPORT CONSULTANCY

ABSTRACT

A recent increase in referrals for positive behaviour support services for children and young people (CYP) described as having Pathological Demand Avoidance (PDA) or PDA traits prompted a review of literature and further learning to ensure appropriate, person-centred interventions were provided. PDA is not currently a recognised diagnosis and there is much debate about where, or even if, it fits into the autism spectrum. The aim of the poster is to provide the audience with an overview of how knowing that a CYP may display PDA traits can support in a better understanding of the individual and how these traits might impact the success of particular behavioural strategies. Information from literature on PDA and case studies will be included to provide a basis for understanding. The poster will highlight not only which but why certain behavioural strategies may not be effective and will review how person-centred planning can increase engagement.

INTRODUCTION

Pathological Demand Avoidance (PDA) or Extreme Demands Avoidance (EDA) is highly controversial, as there is no clear definition or diagnostic criteria. Neither the ICD-10 or the DSM-5 include PDA, and professionals have widely differing opinions on how it should be conceptualised, or whether it should exist as a diagnosis.

It has been conceptualised in a variety of ways:

- As a developmental disorder in its own right (Newson et al., 2003)
- As a subtype, profile, or trait in people with autism spectrum disorder (ASD) (Stuart et al., 2020)
- As a set of symptoms rather than a syndrome itself (Green et al., 2018)

Research into the diagnosis of PDA demonstrates varied outcomes (Kildahl et al., 2021):

- Almost all studies relied on parental reports of PDA
- No studies considered the views of individuals
- Steps to identify alternative explanations were not thorough

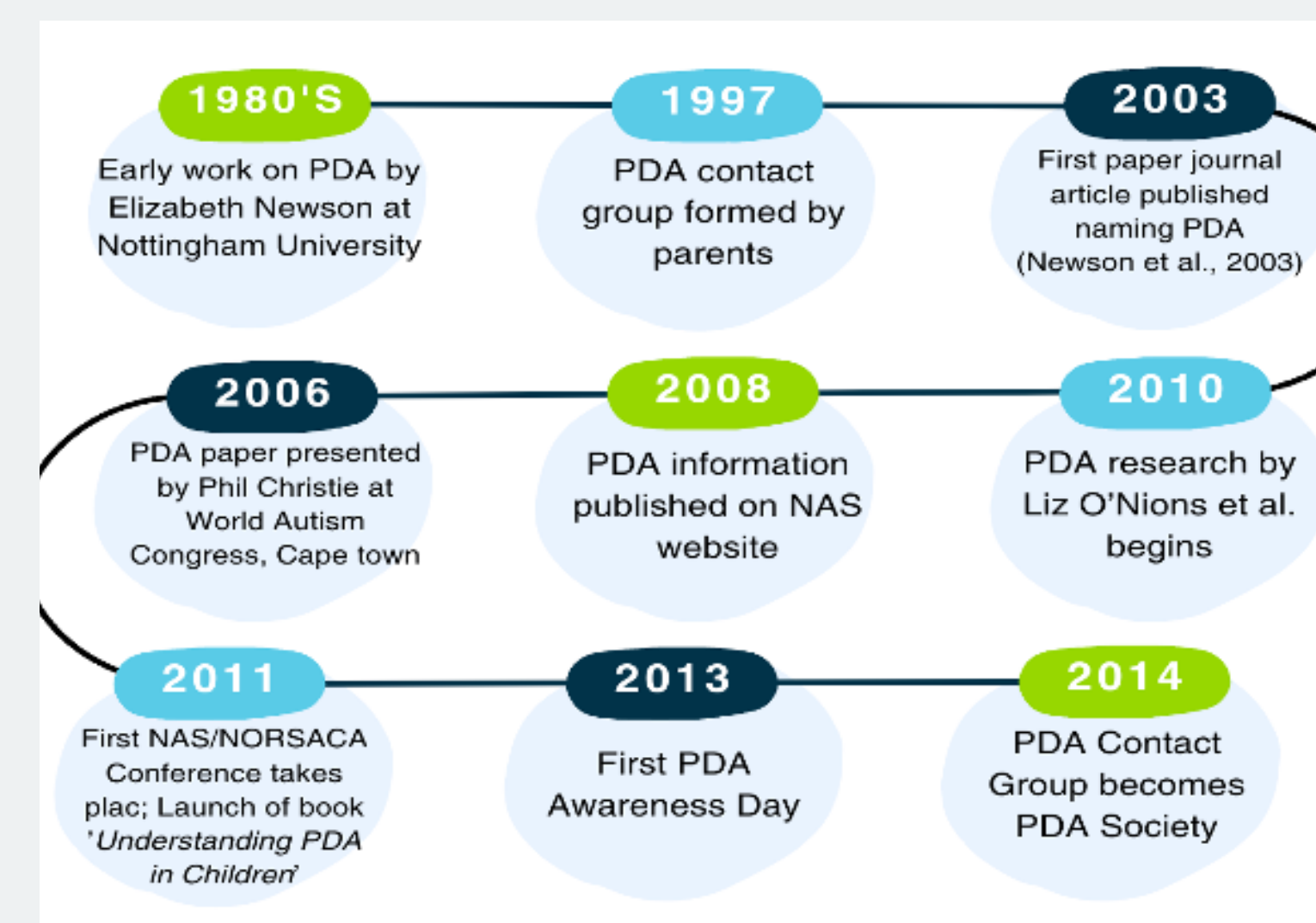
PURPOSE

The purpose of this poster is to provide information on the behavioural strategies that may be used when supporting an individual with PDA traits or a PDA profile. It draws on the experiences of those who identify as having PDA and their mediators, as well as reviewing the academic literature on the topic of PDA.

METHODOLOGY

History of PDA

- Initially coined by Dr. Elizabeth Newson at the University of Nottingham in the 1980's, using the phrase to describe a profile of children who had been referred to her for assessment.



Defining "Demands"

A demand is defined as a request for action, this could be in the form of information, physical response or expectation to meet a predetermined criteria. These include subtle demands, direct demands, silent demands, and self-imposed demands.

Behavioural Strategies

Behavioural strategies may not have the same impact when working with individuals with PDA traits. Some evidence-based behavioural strategies often used that are not found to be supportive include (Christie et al., 2012; O'Nions et al., 2014; PDA Society, 2023):

- Rewards (Adds an extra element of demand to a task)
- Praise (Increases pressure on future demands)
- Encouragement (Creates a sense of expectation)
- Sanctions (May feel unjust)
- Routines (Can be seen as a series of demands particularly when these routines are mandated by others)

RESULTS

Supportive Strategies

Potential strategies to utilise that are more likely to effectively support individuals include (PDA Society, 2023):

- Ensure the environment is adapted to make tasks less aversive
- Toys, puppets or other things important to the individual may be used to give demands Use indirect language or demands
- Provide choice within demands (e.g., presenting two tasks and asking the individual to choose)
- Show empathy and sympathy around difficulties
- Give evidence of why something is not available/not possible
- Praise indirectly (direct praise can be felt to be a demand for future tasks)
- Use "surprise" or spontaneous reinforcement rather than a contingency based or scheduled
- Allow the individual to set the rules and have control over their own routines
- Novel and varied tasks and activities are likely to be more motivating and engaging
- Reduce anxiety by having concrete answers

DISCUSSION

PDA/EDA is still a highly debated subject, with a relatively short history and limited research evidencing behaviourally informed strategies which can support individuals who display these traits or profiles. There has been limited research specifically into behavioural intervention with individuals who are described as having, or demonstrating, PDA traits (Kildahl et al., 2021; Doyle & Kenny, 2022). Remember PANDA when supporting individuals with PDA or PDA like traits: Pick your battles; Adaptation; Anxiety management; Negotiation and collaboration (PDA Society, 2023). Further research and evidence is required to better understand the most effective way of supporting and improving services for individuals who display PDA traits.

REFERENCES

- Christie, P., Duncan, M., Fidler, R., & Healy, Z. (2012). *Understanding Pathological Demand Avoidance Syndrome in Children: A Guide for Parents, Teachers and Other Professionals*. Jessica Kingsley Publishers.
- Green, J., Absoud, M., Grahame, V., Malik, O., Simonoff, E., Le Couteur, A., & Baird, G. (2018). Pathological Demand Avoidance: symptoms but not a syndrome. *Lancet Child Adolescent Health*, 2(6), 455-464.
- Kildahl, A. N., Helverschou, S. B., Rysstad, A. L., Wigaard, E., Hellerud, J. M. A., Ludvigsen, L. B., & Howlin, P. (2021). Pathological demand avoidance in children and adolescents: A systematic review. *Autism*, 25(8), 2162-2176.
- Newson, E., Le Marechal, K., & David, C. (2003). Pathological demand avoidance syndrome: necessary distinction within the pervasive developmental disorders. *Archive of Disease in Childhood*, 88, 595-600.
- PDA Society. (2023). *Information, support and training for PDA*. <https://www.pdasociety.org.uk/>
- Stuart, L., Grahame, V., Honey, E., & Freeston, M. (2020). Intolerance of uncertainty and anxiety as explanatory frameworks for extreme demand avoidance in children and adolescents. *Child and Adolescent Mental Health*, 25(2), 59-67.