

Pathological Demand Avoidance



By Catrina Lowri And Lucy Johnson

Who?

Catrina Lowri; experienced SENCO, qualified SEND teacher and founder of Neuroteachers. I am Neurodiverse myself; dyslexic and bipolar.

Lucy Johnson; parent of two autistic children, with ADHD. My youngest has a PDA profile and has experienced Emotionally Based School Avoidance for 3 years.

What?

We will begin with introduction to PDA. Discuss how this affects behaviour in the classroom and how the educators and parents can support this.

A Neuroteachers Perspective

Update

We will talk about the

This will include:

- PDA as an autism profile?**
- What you will see in the classroom**
- Issues for Parents and Schools**
- PDA as an ND**
- Differentiation for PDA**
- Planning for your child in mind**

**What we will cover
today**



Your 'child in mind'



Traditional View

What are the primary differences between Extreme Demand Avoidance (EDA) and other forms of Autism Spectrum Conditions (ASC)?

- A subset of Autism where individuals avoid demand in everyday life to an extreme or pathological degree. (Newson 1983)
- Typified by a passive early childhood.
- Effects almost as many girls as boys
- High functioning, may have speech delay but quick to catch up
- Their special interest may be people i.e. fan worship or intense curiosity about a friend or family member ' Latch on' (Hylton 2010)

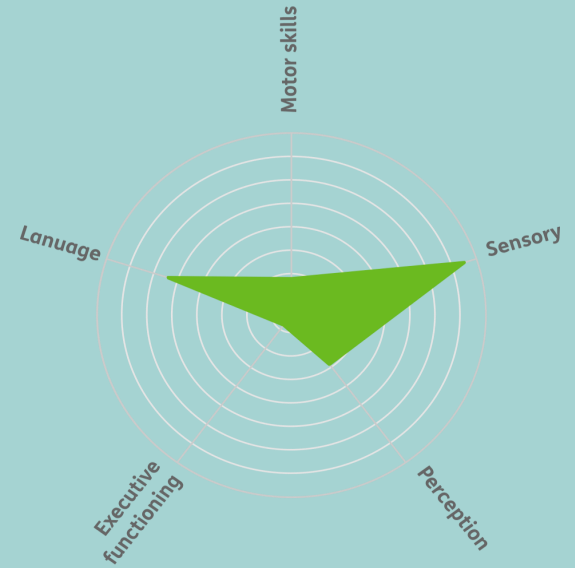


What is autism?

Autism is referred to as a 'spectrum' because each child experiences autism differently. There is no 'typical' autistic child. Every autistic individual has their own strengths and differences, their own life journey, and their own unique story.

Less
autistic

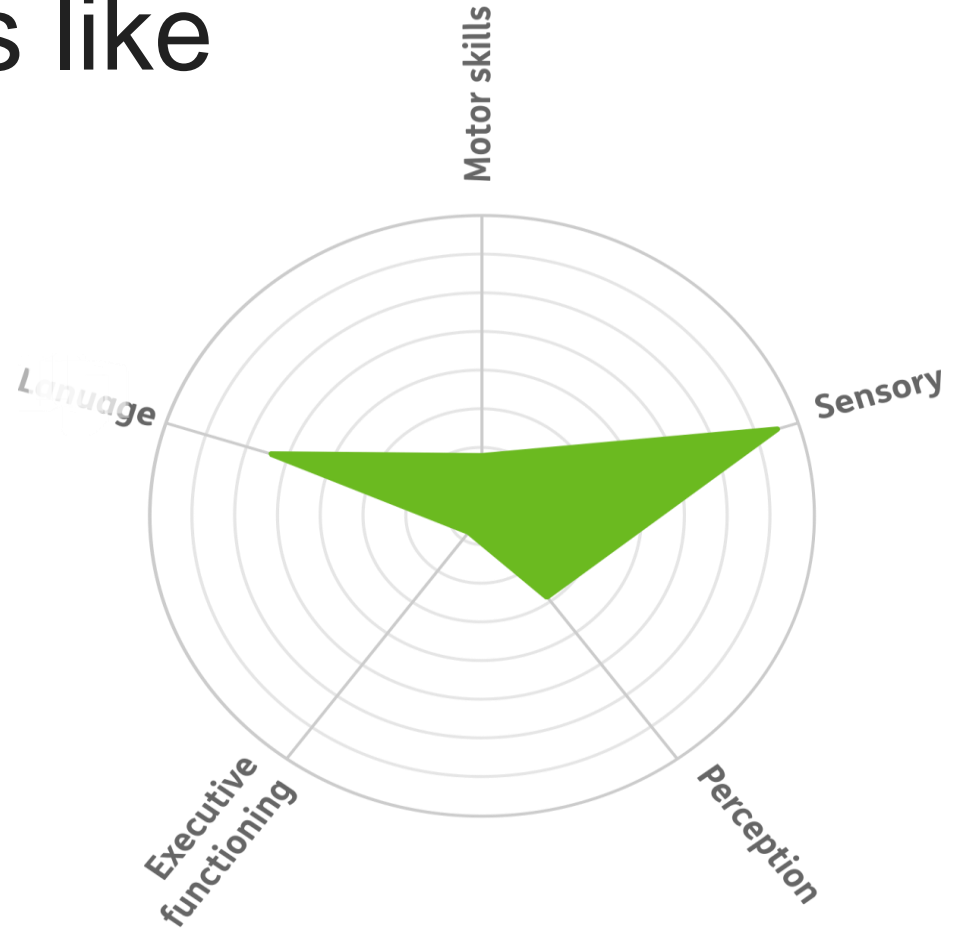
More
autistic



What autism really looks like

Autism really looks like

- Language
- Motor Skills
- Sensory
- Perception
- Executive Functioning



PDA Research?

- Richard Wood and Damian Milton and both autistic researchers who are deeply critical of the term and notion on PDA. They argue that this is 'culture bound concept'.
- Milton refers to this as ' Rational Demand Avoidance' (2021)
- Woods refers to these behaviours as DAP (Demand Avoidant Phenomenon
- Both argue that PDA is not a subset of autism but may be a form of attachment disorder or a personality disorder
- They argue that much of the research is based on caregiver responses and that this is inherently biased.





Trauma

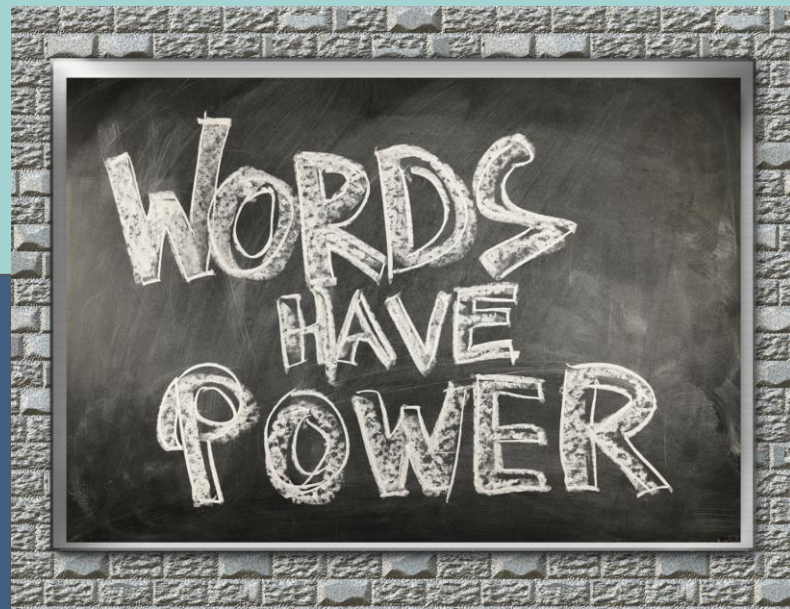


Language

I will refer to the behaviour as 'demand avoidant' or 'extremely demand avoidant'.

Or 'Demand Avoidant Phenomime'

I will talk about DAP in the context of autism and ND



This includes

*All hereditary conditions which cause a difference in neurology

*All hereditary mental health conditions

*All acquired neurological difference such as those caused by injury

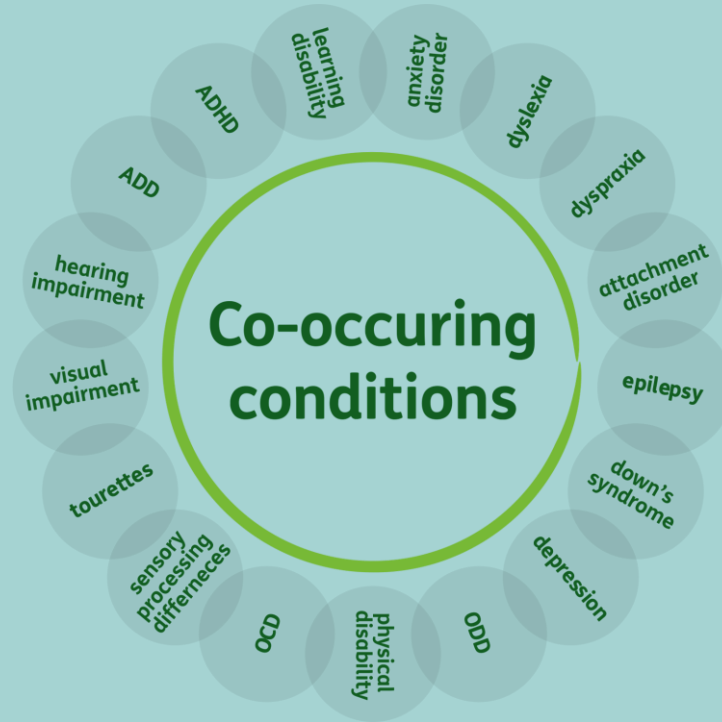


Neurodivergence

The Fruit Salad Approach



Other Co-occurring Conditions





Ages and stages



Lucy's lived experience –

“I know I need an education, but I just can't”

We struggled with our son's behaviour since he started full time nursery.
Transitions – avoidance – debating - refusal – sensory.

We spent years trying to understand what was going on son, whilst also trying to manage increasingly difficult avoidant behaviours, with no support. We approached school, our GP but no one had concerns.

This eventually resulted in EBSA at age 9, after the pandemic. The three years that followed were a battle between fighting for recognition of his needs, whilst supporting a child in burnout, with hugely demand avoidant behaviours that massively affected our lives.

Internalising type

Our son seemed to fit the PDA profile, displaying most outward behaviours at home, but not to the extreme that seemed to be documented. I stumbled across internalised PDA whilst spending many hours reading around the topic.

Rather than always lashing out, he would shutdown and internalise how he was feeling – this was particularly obvious with any pain he felt.

Internalised PDAers tend to freeze and fawn to cope with the environment they are in. Reactions are contained so not observable to outsiders. Their avoidance is quieter, not wanting to stand out as different or wanting accommodations. Internalising PDAers may comply in school, so as not to seem different. They can be situationally mute, with anxiety usually being the underlying cause. Quietly avoiding school by faking illness.

What will you see in the classroom and at home?

- Delaying
- Distracting
- Negotiating
- Charming Making excuses
- Falling to the ground
- Shouting
- Explosive behaviour



Issues for parents and teachers

Those who exhibit traits of EDA are often the most challenging due to their high level of anxiety which can manifest as extremes of behaviour
Yet it not an official diagnosis on either DSMV or ICD 10.

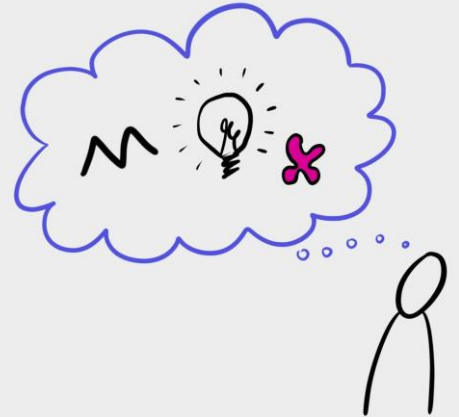
It was included by Wing et al (2002) in their Diagnostic Interview for Social Communication Disorder (DISCO)

The concept of EDA is well known amongst educators



Processing

- This takes time

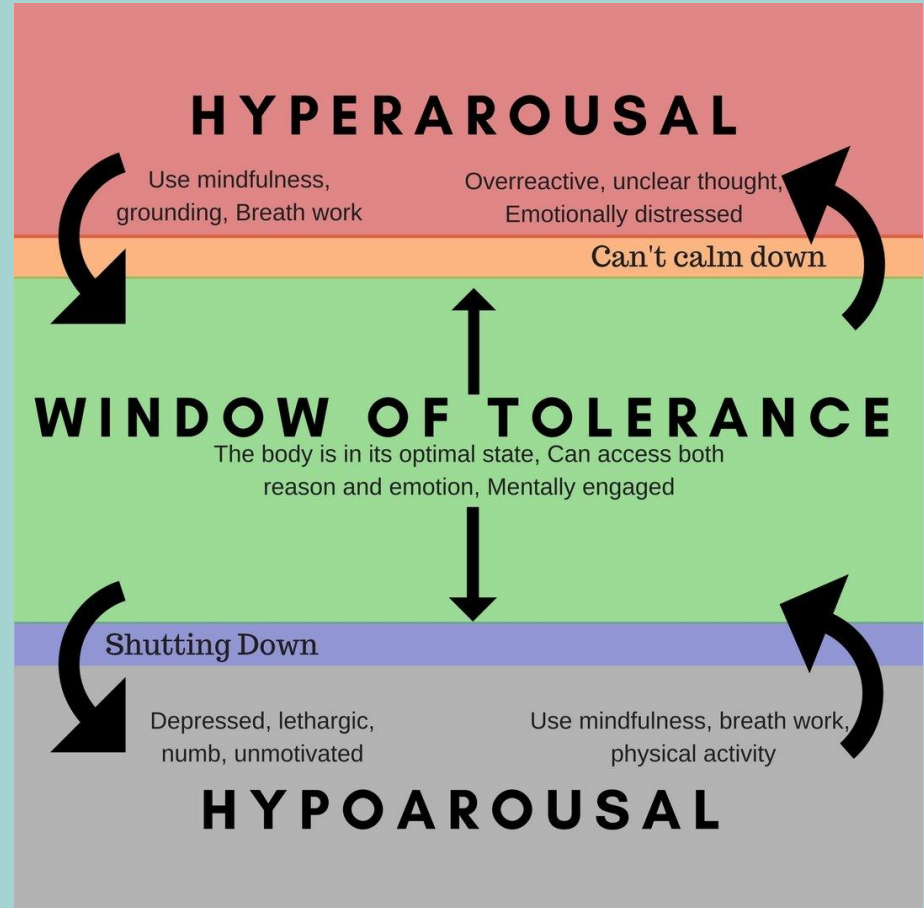


The 8 senses



- Smell
- Sight
- Touch
- Hearing
- Proprioception
- Vestibular (balance)
 - Interception
 - Taste

The window of tolerance



Executive Function



- Organisational skills
- Impulse control
- Task Initiation
- Emotional Control
- Flexible thinking
- Planning and prioritising
- Self-motivation
- Working memory

Social Communication and Interaction



- Joint Attention
- Language
- Perspective

Can you be consistently inconsistent?

Make a list of 10 things which keep your learner in the green zone

Try and match your response to the behaviour





Tactics at home and in class

How do approaches vary
between PDAers?

- Use indirect language ‘ I wonder if...’
- Allow take up time
‘Plant the seed of what you would like to happen at the start of the session, but don’t expect it to happen straight away.’
- Use the child’s interests
‘ what would Darth Vader do in this situation?’
- Give the child choices.
Give the child a sense that they have control
- Use humour
If you feel the tension rising, humour is a fantastic distraction. You could try making jokes, using physical humour (exaggerated facial expressions, or silly walks), being silly or feigning ignorance
- Use distraction
Distraction can be a handy way to temporarily press ‘pause’ and ease the child’s anxiety.

Support at home



Support for Siblings

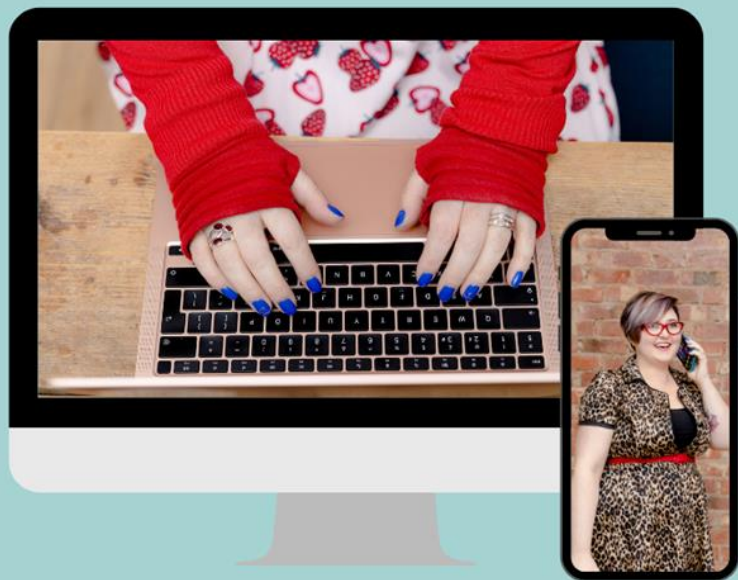


Looking after yourself



Any Questions?





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