Support Strategies at School

for autistic students with a Pathological Demand Avoidance (PDA) profile

KEY FEATURES OF PDA

- Pathological Demand Avoidance (PDA) is described as an 'atypical' presentation or profile of autism
- Students with a PDA profile show extreme resistance to, & avoidance of, everyday demands of life, caused by an overwhelming, anxiety-driven need for autonomy or self-governance, & equity *(Christie et al, 2011)*
- Emotional regulation differences; sudden or extreme mood swings, can lead to meltdowns, shutdowns or seemingly "uncooperative" behaviour (or may manage tasks temporarily by "masking" with meltdowns later)
- "**Explosive**" **behaviour** best viewed as **panic attack** (anxiety ⬆️ = tolerance for expectations ⬇️)
- Ambivalence towards success; rewards, praise, punishment, withdrawal of desired items are **ineffective**, dramatically ⬆️ anxiety (& even less likely to attend, co-operate, participate, engage & learn)
- Perceive self as equal to adults due to impact of PDA on understanding & acceptance of social hierarchy
- Low self-worth despite the appearance of confidence, bossiness or adopting "playground policeman" role

Thank you for ALL you do to support our children...

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They really need it & we REALLY appreciate it!

KEY POINTS FOR EDUCATORS

- **87%+** PDA students struggle to attend or don't attend School *(PDA Society; PDANA)*
- **Quality of relationship between teacher & child absolutely fundamental** - take time to build warmth, trust, respect & connection - it will make an enormous difference!
- The student needs to **feel they have *true* choice & control** as much as possible
- Issue is an **incapacity** and NOT wilful disobedience or naughtiness (it is not that they WON'T do it, OR that they can't do it; it's that they **CAN'T at this time**)
- **Flexibility** by adults around them is critical (eg seating, tasks, subjects, expectations)
- Usually don't respond to conventional teaching approaches (schedules, timers, rewards) which can **add to anxiety, agitation** & consequently, visibly **distressed behaviours**
- Believing, supporting & **working closely with families & therapists** is **key to success**

WHAT HELPS - IDEAS TO TRY

- **Critical to choose priorities** & **reduce demands** wherever possible (let go of **ALL** the less important things)
- Constantly adjust demands to suit child's tolerance level - *which changes often* - think of two dials that need to be kept in parallel and ⬆️ or ⬇️ your 'demands', requests, expectations to suit child's **fluctuating tolerance**
- Use **humour** (different types, needs to **appeal to *theirs***) & **distraction** can be helpful; as can **novelty** & variety
- **Depersonalise,** avoid directive language eg "You need to go there". Try **declarative** or indirect language (Dec Lang Handbook, L.K. Murphy) Instead of : "walk over there", try "oh, there's some Lego there". Instead of "can you carry this?", try "gosh this is so heavy, wish I had help to carry it". Instead of "do it this way", try "I can't quite work this out"; "I wonder what they're doing over there?" or "that looks fun". Comment on your observations (like a sports commentator) without any expectation - not to manipulate child into action; then move away &/or STOP talking to allow more processing time! ***Genuine* drop of expectation vital** as they have ultra sensitive BS meter!
- Regularly offer opportunity to **make own choices** - BUT **NOT** when PDA child agitated / highly anxious / angry
- Best when **invited to**, but not pressured to, **participate** (*this includes **choice** to participate or not = **TRUE choice***)
- **Extra time** and support may be required for processing, and for transitions between lessons or classrooms
- **Heavy work** helpful for sensory & emotional regulation - push, pull, carry, dig, lift (ask OT for ideas)
- Notify ahead of time of big changes to usual program; **plan ahead** - anticipate potential triggers eg relief staff
- **Reduced schedule** can be helpful (eg exemption from 2nd language, music, drama, sport if appear to exacerbate anxiety - should be done in conjunction with parents & treating medical & health professionals)
- **Collaborate** with parents; regular communication makes huge difference - they may know helpful approaches
- Use of drama & **role play** (characters/animals of choice) can be effective to involve child, esp if a special interest
- Without isolating, allow them to be on the fringes, gives opportunity to **learn by osmosis**

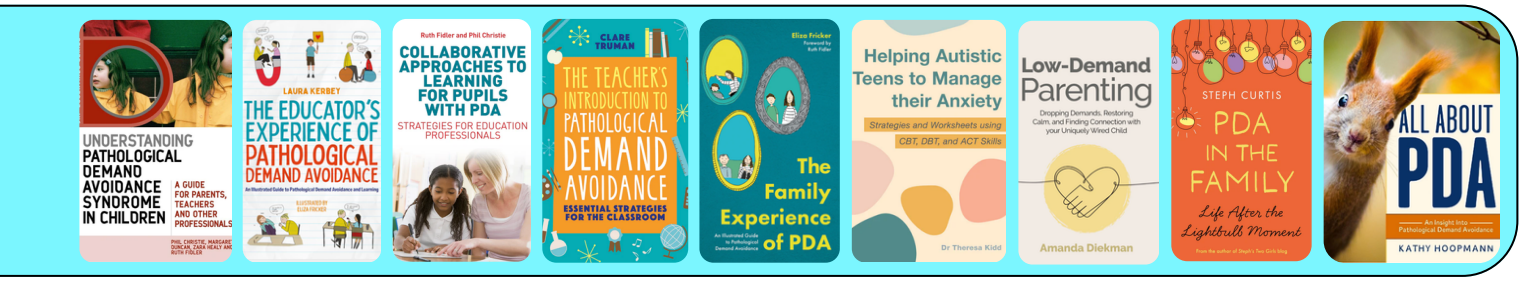
- Provide lots of opportunities for relaxation, physical exercise, fidget toys, soothing music, yoga, gym balls, **nature ++,** meditation, rest, ask for ideas from OT/psych/parents. **Sensory breaks** & **movement breaks** are useful
- Your **expectations** of your other students can be very **different** from those with PDA - that's ok!
- Verbal/auditory **comprehension** can be noticeably slower than verbal **expression**/ability (often very strong)
- Use **interest-driven** tasks best whenever possible (*theirs* not yours 😊)
- Always **avoid power struggles;** use **neutral posture, voice & facial expression** (relaxed face/body language, monotone voice; consider your tone, pace, pitch & volume). They can sense if you *say* you're calm, but you're not!
- Safe, **calm space** (physical and psychological "refuge") & **safe, calm mentor,** or time away as needed
- **Negotiating** amount & type of work with student - some days little or no work will get done - that's ok!
- Easier for parents than teachers, as parents have more opportunities to trial and see what helps and what doesn't (changes frequently!); however, remember parents deal with these issues 24/7/365/*every* year - exhausting
- When PDA kids are harder to like, that's when they **need your support** the most!
- **Overriding feeling towards school for PDA child is MASSIVE ANXIETY** - once the anxiety is reduced adequately, *then* they can increase their engagement & participation in learning - *BUT NOT until then*!
- Remember these ideas help some days and not others, so are worth **revisiting** and having a range on hand to trial

WHAT DOESN'T HELP

- **AVOID** using the words "No" ,"Can't", "Don't" and "Stop" - taking away autonomy & can lead to distress
- **Loud voice**, agitated or **angry tone**, dominating body language, physical **restraint**, attempts to be "in charge" of child or **exerting control** (PDAers generally do not confer automatic respect to "authority" figures, as they see themselves **equal to adults**, due to impact of PDA on acceptance of social hierarchy)
- Viewing or describing the child or young adult as **defiant**, manipulative or purposely **oppositional** is very **unhelpful** and likely to increase **behaviours of distress & mental health decline** which can be long-term

COPING STRATEGIES FOR ADULTS SUPPORTING PDA-ERS

- Parents of PDA-ers recommend becoming educated on PDA (start with books below), exercising regularly, counselling, reading, Netflix, chocolate, music, journals, yoga, meditation, work or volunteer work, face-to-face & online Facebook support & interest groups, gratitude journal or 3GT, respite or breaks when possible
- Need to look after **yourself** well **first;** *only then* you can support the child or student in the way they need
- Don't take things personally - especially anger or aggressive behaviour - your student is communicating to you that **they aren't coping** or are **distressed** - it's not about you - may need to develop a thick skin!
- All research points to an **early understanding of strengths & needs, together with provision of <u>appropriate</u> <u>support</u>,** being the key to **positive long term outcomes** (*PDA Society UK 2023)*



PROFESSIONAL RESOURCES, HELP & FURTHER INFO

- **PDA Society UK** & **PDA Nth America** websites - great resources for educators, health professionals & families
- Local Perth/WA support & resources on FB **PDA Perth WA Interest Group for Educators & Health Professionals**
- Free, confidential counselling from **Employee Assistance Program** may be avail via your employer for self/family
- Support & resources avaiable at Amanda Diekman (online, USA); Amherst Psychology (telehealth & in-person, WA); Kidd Clinic (telehealth & in-person, WA & Vic); Kristy Forbes InTunePathways (online, Vic); Neurowild (beautiful resources online); Rabbi Shoshana (online); and PDA Training Australia (in-person workshops regularly held in WA and other states on request, online webinars & conference presentations)

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PDA parent | Convenor PDA Conference Australia 2025 | Board Chair PDA Perth WA Inc (NFP) Author WA Autism Parent Handbook | Former Member WA Department of Education Disability & Inclusion Consultative Committee | Founder & Admin PDA Perth WA Parents Community & Support Group (3K+ members) & PDA Perth WA Interest Group for Educators & Health Profs (1.4K+ members)

PDA TRAINING AUSTRALIA