www.asdhelpinghands.org.uk

Pathological Demand Avoidance (PDA)

Supporting Children and Young People with a PDA Profile

Updated March 2025

Page of Contents

1. What is PDA?

Pathological Demand Avoidance (PDA) is a behaviour profile that sits under the umbrella of the autism spectrum. People with PDA share many characteristics with others on the autism spectrum, such as difficulties with social interaction, communication, and sensory processing. However, the most distinctive feature of PDA is an intense avoidance of everyday demands and expectations—something that goes far beyond simple defiance or stubbornness.

A Need for Control
This demand avoidance is usually driven by high levels of anxiety and a need to feel in control. Everyday requests—like getting dressed, going to school, or even playing a game—can feel overwhelming and threatening. For someone with PDA, demands can trigger extreme stress, leading to avoidance behaviours such as distraction, refusal, panic, or outbursts.

Not Just Saying "No"
Avoidance can be subtle or extreme. It might look like ignoring a question, distracting the adult, agreeing but then not doing it, or even having a sudden meltdown. It's not a case of being 'naughty' or 'manipulative'—these are instinctive survival strategies in response to feeling unsafe or out of control.

Is PDA Officially Recognised?
PDA is not currently a standalone diagnosis in most diagnostic manuals (such as the DSM-5 or ICD-11). However, in the UK, it is increasingly acknowledged as a profile within the autism spectrum, particularly by the National Autistic Society and some diagnostic services. A person with PDA will often receive a diagnosis of Autism Spectrum Disorder (ASD), with a note that they show a 'PDA profile'. Understanding PDA is the first step in being able to support someone who experiences it. As we'll see in later sections, this involves a different approach from more traditional parenting, teaching, or support methods.

2. Key Features of PDA

PDA can look very different from person to person, but there are some common features that help us understand this unique profile. Remember, PDA is not just about avoiding demands—it's about why those demands feel so difficult.

1

Resists and Avoids Everyday Demands

This is the most noticeable feature of PDA. The person may:

- Say "no" or ignore requests
- Distract or change the subject
- Pretend not to hear
- Use excuses ("I can't, my leg hurts!")
- Become upset or overwhelmed
- Appear very controlling of others or situations

Even small things like "Put your shoes on" or "Let's brush your teeth" can feel like too much.

2

Uses Social Strategies to Avoid Demands

People with PDA are often very socially aware and may use clever or creative tactics to get out of doing something. For example:

- Using charm or humour to change the topic
- Negotiating or reasoning around the request
- Copying adult phrases like "Let me just finish this first!"

This can sometimes confuse adults, as the child may seem socially confident even if they struggle with other autistic traits.

3

Appears Comfortable in Role Play and Pretend

Unlike many others on the autism spectrum, those with PDA often enjoy imaginative play. They may love dressing up, acting out stories, or pretending to be someone else. This can also be a coping tool—pretending to be a character might help them handle demands more easily.

4 Experiences Sudden, Extreme Emotions

People with PDA may struggle to regulate their emotions. They can go from calm to overwhelmed in seconds. These strong emotional reactions often happen when they feel trapped, anxious, or out of control. Meltdowns, shutdowns, or ‘flop’ responses (where they just give up) are common.

5 Needs High Levels of Control

Many demands feel unsafe because they take away a sense of control. People with PDA often try to take control of:

- The environment (e.g. who sits where, what happens when)
- Other people’s actions
- The pace and direction of activities

Trying to reduce uncertainty helps lower their anxiety.

6 Shows Obsessive or Intense Interests

These interests can be used as a comfort or escape. Sometimes, they are focused on people rather than objects or topics—such as becoming very attached to a friend, sibling, or adult.

Understanding these features helps to avoid mislabelling the behaviour as “difficult” or “oppositional”. Instead, we can start to recognise PDA as a response to anxiety and build strategies that work with the child’s needs rather than against them.

3. The Role of Anxiety

Anxiety is at the heart of PDA. Understanding how anxiety drives behaviour can help us see past the surface and respond with compassion and support.

Why Do Demands Feel So Threatening?

For someone with PDA, even the most everyday request can feel like a threat. This isn't because they're being awkward or defiant on purpose. Instead, demands trigger a deep sense of panic, fear, or loss of control.

This might include:

- Direct demands (“Come and get dressed now”)
- Indirect demands (“Would you like to tidy your toys?”)
- Unspoken expectations (knowing they should say hello to someone, or sit still at dinner)

When a demand is made, it may feel like being pushed off balance emotionally—and the person reacts instinctively.

Fight, Flight, Freeze... and Flop

You may have heard of the ‘fight or flight’ response. People with PDA often experience these responses very strongly when under pressure. In PDA, you might also see:

- Fight – shouting, arguing, physical aggression
- Flight – running away, hiding, escaping the situation
- Freeze – unable to respond, going silent or still
- Flop – shutting down completely, lying on the floor, becoming limp or unresponsive

These are not tantrums or attention-seeking—they’re a stress response to feeling overwhelmed by demands or expectations.

Demand Avoidance as a Coping Strategy

Avoiding demands isn't about getting their own way. It's a way to survive the day. For someone with PDA, saying "no", joking, distracting, or even having a meltdown is often an automatic reaction to anxiety. They may not be able to explain why—they just can't do the thing that's being asked.

The Anxiety Loop

Here's what often happens:

1. A demand is made
2. The person feels anxious or threatened
3. They try to avoid it
4. They may face consequences, feel misunderstood, or feel guilty
5. Anxiety increases—making the next demand even harder

This creates a vicious cycle where each new expectation feels more unbearable.

Understanding the central role of anxiety in PDA allows us to shift our thinking from "How do I make them do this?" to "How can I reduce the anxiety behind this response?"

4. Everyday Demands and Triggers

In PDA, demands are not just instructions—they can feel like pressure, threats, or loss of control.

Understanding what counts as a demand (and what might trigger anxiety) helps adults to reduce pressure and respond supportively.

What is a Demand?

A demand is any expectation—spoken or unspoken—that the person feels they must do something. This could include:

- **Direct requests** – “Put your shoes on”, “Do your homework”
- **Choices** – “Would you like peas or carrots?”
- **Praise** – “Well done, that was great!” (may feel like pressure to repeat the success)
- **Timetables or transitions** – “It’s time to leave”, “Next we’ll do maths”
- **Social norms** – Saying please, making eye contact, joining group activities
- **Internal demands** – “I should brush my teeth”, “I need to do this right”

Even things they want to do can become overwhelming if it starts to feel like an obligation.

Subtle and Hidden Demands

Some demands are not obvious at all. A casual “Let’s go out for lunch” might sound fun, but for someone with PDA it might mean:

- Having to get dressed
- Choosing what to wear
- Leaving the house
- Talking to people
- Managing unfamiliar settings

All of these hidden layers add pressure, even if the original idea was enjoyable.

Common Triggers

Triggers vary between individuals, but some frequent ones include:

- Sudden changes or surprises
- Feeling watched, judged, or corrected
- Losing autonomy (being told how or when to do something)
- Being asked in front of others
- Fear of failure or getting it wrong
- Overwhelming sensory environments
- Social situations with lots of expectations

Even seemingly small things—like being asked to eat a food they don't like or to stop an activity mid-flow—can lead to anxiety and avoidance.

The Build-Up of Demands

Demands can build up quietly throughout the day, even when nothing seems obviously wrong. Each small expectation—getting up, choosing clothes, saying hello—can chip away at a person's ability to cope. By mid-morning or afternoon, they may suddenly explode or shut down, seemingly out of the blue. This is sometimes called demand fatigue. It's not just one big demand that causes a reaction—it's the cumulative pressure of dozens of smaller ones that haven't been released.

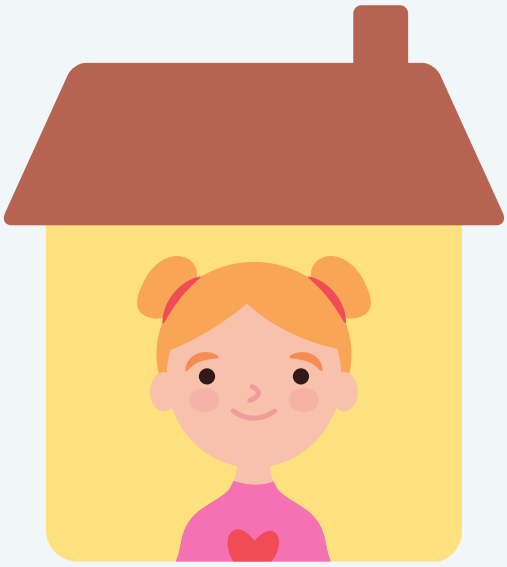
Understanding this can help us approach a situation with empathy. If someone suddenly refuses to do something they managed yesterday, they're not being difficult—they may just have run out of emotional capacity to cope with any more demands.

5. How PDA Affects Daily Life

Pathological Demand Avoidance can affect many aspects of everyday life—for the individual and the people around them. Because demands are everywhere, this can make even simple routines feel like climbing a mountain.

At Home

PDA can make home life unpredictable and exhausting. Things that most families take for granted—getting dressed, eating meals, brushing teeth, going out—can quickly turn into battlegrounds.



Common challenges may include:

- Refusal or avoidance of basic routines
- Needing to control the environment (who speaks, what happens, in what order)
- Intense reactions to limits, rules, or surprises
- Sudden shifts in mood or behaviour

Parents often find that traditional parenting methods (like setting firm boundaries or using rewards/consequences) do not work—and may make things worse. A more flexible, low-demand approach is usually more effective.

In Education

School can be a major source of anxiety for someone with PDA. Expectations to follow timetables, respond to instructions, sit still, or interact socially can all feel overwhelming.

PDA may lead to:

- Refusal to attend school (or difficulties getting out of the house)
- Masking in school, followed by meltdowns at home
- Challenges with transitions, group work, or being told what to do
- Being labelled as 'non-compliant' or disruptive, when actually overwhelmed

Without the right support, a child with PDA may face repeated exclusions, be misunderstood, or even refuse to attend school altogether. Supportive strategies and good communication with school are essential.

Friendships and Social Life

Social interaction can be complicated. While some people with PDA seem confident and chatty, others may struggle with friendships, especially when social situations come with unspoken demands.

For example:

- Feeling expected to say the "right" thing
- Struggling to follow social rules or take turns
- Becoming anxious about being liked or included
- Using role play or fantasy as a social shield

Relationships can be intense, confusing, or short-lived. Support with emotional regulation, boundaries, and social scripts can help.

Impact on Family Life

The emotional demands of supporting someone with PDA can be heavy. Families often face:

- Constant stress and unpredictability
- Isolation or lack of understanding from others
- Strained relationships between siblings or partners
- Difficulty accessing support or being believed

Parents may feel judged or blamed for their child’s behaviour. Support groups, PDA-aware professionals, and shared understanding can make a huge difference.

6. Identifying and Assessing PDA

Recognising PDA can be challenging. It is not currently a standalone diagnosis, and many professionals may not be familiar with the profile. However, understanding the signs can help families seek appropriate support and advocate for their child's needs.

Recognising the Signs

PDA traits often appear in early childhood but can be mistaken for other behaviours, such as:

- Oppositional Defiant Disorder (ODD)
- Anxiety
- ADHD
- 'Strong-willed' or 'controlling' behaviour
-

What makes PDA different is the extreme, anxiety-driven need to avoid demands, even when those demands are small, enjoyable, or self-chosen.

Common flags may include:

- A child who uses a range of tactics to avoid everyday demands
- Intense emotional reactions that seem disproportionate
- Enjoying role play or pretending to be someone else
- Struggling with routine even in areas of interest
- High need for control and resistance to boundaries
- Behaviours that worsen in structured environments, like school

Challenges in Diagnosis

Currently, most children with PDA are diagnosed with Autism Spectrum Disorder (ASD), sometimes with a note that they present with a "PDA profile." PDA is not formally listed in diagnostic manuals like the DSM-5 or ICD-11, which can lead to:

- Inconsistent recognition across the UK
- Families being told "PDA doesn't exist"
- Delays in accessing support or suitable placements

Some professionals are PDA-aware and will recognise the profile as part of an autism assessment. In other cases, families may need to provide their own evidence and push for reassessment or second opinions.

Tools and Approaches Used

Because PDA isn't officially listed as a separate diagnosis, identifying it often relies on patterns of behaviour, observations across settings, and specialist knowledge. There is no single test for PDA, but the following tools and approaches can help build a clearer picture:

1. Behaviour Logs and Observations
Families are often asked to keep a record of the child's behaviours, noting:

- What demands were made
- How the child responded
- What helped or escalated the situation

These logs can highlight key PDA traits such as demand avoidance, control-seeking behaviour, emotional volatility, and patterns across different environments.

2. The EDA-Q and EDA-8
The Extreme Demand Avoidance Questionnaire (EDA-Q) is a screening tool developed to identify possible signs of PDA. It is usually completed by a parent or caregiver and explores:

- Resistance to everyday demands
- Use of social strategies to avoid demands
- Mood swings and emotional lability
- Role play and obsessive behaviour

The EDA-8 is a shorter, updated version of the original questionnaire that focuses on eight key indicators. While these tools do not provide a diagnosis, they can support referrals and highlight the need for further assessment.

3. Multidisciplinary Input
A comprehensive assessment should involve:

- Educational staff – who can describe behaviour at school and classroom responses
- Psychologists or psychiatrists – who can assess autism traits, anxiety, and demand avoidance
- Speech and language therapists – who may explore communication differences
- Occupational therapists – who can assess sensory processing difficulties and regulation

This team approach helps build a fuller picture, especially when comparing how the child behaves across different settings (e.g. home vs school).

4. Input from Parents and Carers
Parental insight is especially valuable. Many PDA traits are most visible at home or in less structured environments. Parents can often describe:

- Avoidance patterns and escalation
- Coping mechanisms the child uses
- Responses to different parenting or teaching styles
- Triggers and sensory sensitivities

Unfortunately, some parents report not being believed or being blamed for their child's behaviour. Having detailed examples and linking behaviour to anxiety (rather than disobedience) can be essential.

5. Specialist Assessors and PDA-Aware Professionals
Some autism assessment teams are trained in recognising PDA. In other cases, families may need to seek second opinions or referrals to services with PDA expertise, such as:

- Private clinical psychologists
- Neurodevelopmental specialists
- Autism charities or advocacy groups

These professionals can provide reports that influence Education, Health and Care Plans (EHCPs), school placements, or support strategies.

ASD Helping Hands can carry out the EDA-Q assessment for your young person. While this is not a diagnosis, it can indicate whether a demand avoidance profile may be present. Further information can be found on our website under the Assessments section."

7. Supporting Someone with PDA

Traditional parenting, teaching, and support strategies often don't work well for people with PDA—and can even make things worse. Because their behaviour is driven by anxiety and a need for control, approaches need to be flexible, respectful, and focused on reducing pressure.

Start with Understanding

The first step in support is understanding that the person is not being difficult on purpose. They are reacting to a sense of threat—even when it doesn't look like it from the outside.
Key principles:

- Anxiety is the driver behind demand avoidance
- Avoidance is not a choice—it's a response

Control brings safety, not power

Building Trust and Connection

People with PDA need to feel emotionally safe before they can cooperate or learn. Focus on building relationships through:

- Low-pressure interactions
- Shared humour and light-heartedness
- Time together without expectations

Being flexible and willing to let go of control when possible

When the child trusts that you're not going to overwhelm them with demands, they are more likely to choose to engage.

Use Indirect Language

The way we ask things can make a big difference. Instead of saying, "Put your coat on now", try:

- "I wonder if it's a good time for your coat?"
- "It's really cold out—what's your plan for staying warm?"
- "Shall I race you to the door?"

Using suggestions, humour, or curiosity instead of direct commands can reduce the sense of threat.

Offer Choice and Control

Where possible, offer options—even small ones. For example:

- “Do you want to brush your teeth before or after your story?”
- “Which spoon shall we use?”
- “Would you like me to help or leave you to it?”
-

But be careful—too many choices or fake choices can also feel overwhelming or dishonest. Keep it simple and genuine.

Work With, Not Against

Rather than trying to make someone comply, support them to feel safe enough to choose. Avoid:

- Power struggles
- Punishments for avoidance behaviour
- Overloading with expectations

Instead, try:

- Negotiating together
- Making compromises
- Celebrating small wins and progress
- Pausing and returning to tasks later

Supporting someone with PDA means letting go of “getting things done” in the usual way and focusing on emotional safety, collaboration, and trust. When they feel understood, they’re more likely to cope with the world around them.

8. School Strategies and Educational Support

School can be one of the most challenging environments for someone with a PDA profile. The constant demands—spoken and unspoken—can create high levels of anxiety, leading to avoidance, shutdowns, or explosive behaviour. However, with the right understanding and adjustments, many children with PDA can still access education in a way that works for them.

Understanding the School Environment

The typical school setup includes:

- Strict routines and transitions
- Constant demands and expectations
- Social pressures
- Authority figures and behaviour systems
- Limited control or autonomy

These factors can feel overwhelming and threatening for a pupil with PDA. What looks like “refusal” or “bad behaviour” is often a child doing their best to survive in an environment that doesn’t suit their needs.

Key Approaches That Help

1. Reduce Perceived Demands

- Avoid direct instructions (“Sit down now”) and use indirect language instead (“Would you like to sit here or over there?”)
- Use visual timetables, but allow for flexibility
- Give gentle cues instead of strong prompts

2. Collaborate and Involve the Pupil

- Offer real choices and involve them in decision-making
- Allow them to help set the pace and order of tasks
- Ask for their views—what works for them, what doesn’t?

3. Flexible Curriculum and Approach

- Use interest-based learning to increase engagement
- Adapt tasks to reduce pressure—e.g., using typing instead of handwriting, or drawing instead of writing
- Allow “off days” and create low-pressure learning environments when needed

4. Safe Spaces and Escape Plans

- Provide access to a quiet, low-stimulation area
- Have a clear, agreed “exit plan” the child can use when overwhelmed
- Respect their need to leave without making a scene

5. Rethink Behaviour Policies

- Standard behaviour systems (e.g., traffic lights, public reward charts, detentions) are often counterproductive for PDA
- Avoid punishments for non-compliance—they often escalate anxiety and avoidance
- Focus on understanding what the behaviour is communicating and reduce triggers

6. Build Relationships, Not Control

- Trust and emotional safety are the foundation for any success
- A key adult who “gets it” can make all the difference
- Use humour, playfulness, and a calm tone whenever possible

Working with the School

Parents and carers may need to advocate strongly for their child’s needs. Things that can help:

- Sharing information about PDA with staff
- Providing professional reports that highlight the profile
- Requesting EHCP (Education, Health and Care Plan) support if needs are significant
- Encouraging regular communication between home and school

It’s not about lowering expectations—it’s about changing how we support learning, so the pupil can access it on their own terms.

9. Parenting and Family Life

Parenting a child with PDA can feel completely different from parenting other children. Strategies that work well with siblings or peers—like reward charts, time-outs, or firm routines—can backfire or escalate situations. This doesn't mean you're doing it wrong. It just means your child needs a different approach.

Letting Go of "Traditional" Parenting

PDA requires a shift in mindset. Instead of focusing on compliance, focus on connection, collaboration, and trust. You may need to:

- Drop rigid routines in favour of flexible ones
- Reduce the number of daily demands
- Avoid confrontations, even if it means pausing and trying later
- Accept that some days will be tougher than others

This isn't "giving in"—it's working with your child's nervous system, not against it.

Becoming a Low-Demand Household

A low-demand approach means:

- Reducing the number and intensity of demands
- Allowing freedom and autonomy where possible
- Creating an emotionally safe environment

Examples might include:

- Letting your child choose what to wear
(even if it's odd for the weather)
- Turning routines into games
- Using humour and role play to reduce pressure

It's about meeting your child where they are—
not where others expect them to be.

Handling Conflict and Meltdowns

Children with PDA can experience sudden emotional outbursts—not because they're naughty, but because their system is overwhelmed. Try to:

- Stay calm and non-threatening
- Reduce language and stimulation
- Give space before talking things through
- Avoid punishment or lectures—it's not a teachable moment during meltdown

Afterwards, focus on repairing the relationship, not punishment.

Supporting Siblings

Siblings may feel confused, resentful, or left out. You can support them by:

- Explaining PDA in an age-appropriate way
- Giving them safe spaces and attention too
- Encouraging open conversations and validating their feelings
- Helping them understand their sibling's behaviour is not personal

Looking After Yourself

Parenting a child with PDA can be physically and emotionally draining. You may feel judged by others or face a lack of understanding from professionals. It's vital to:

- Seek out support groups and PDA-aware communities
- Connect with other parents who understand
- Take breaks where you can—respite, walks, hobbies, even just five quiet minutes
- Let go of guilt—it's OK to not have all the answers

Remember: you're not failing if things feel hard. PDA presents unique challenges, but with understanding, creativity, and support, you can build a more peaceful and trusting family life.

10. What Helps — Tools and Approaches

Supporting someone with PDA means thinking differently. Instead of pushing through resistance, we gently sidestep it. Instead of demanding progress, we create space for it to happen naturally. Here are some tried-and-tested approaches that many families and professionals have found helpful.

---

1 The Low Demand Approach

This is the core strategy for PDA. It means:

- Reducing direct demands
- Avoiding power struggles
- Offering choices wherever possible
- Prioritising connection over compliance

It doesn't mean avoiding everything—just finding creative and flexible ways to achieve what's needed.

> Instead of: "Tidy your toys now."
> Try: "I wonder if the dinosaurs are ready to head back to their box cave?"

2 Use Indirect Language

Changing how we speak can reduce pressure. Try using:

- Suggestions: "Would it help to...?"
- Curiosity: "I wonder what would happen if..."
- Humour: "These shoes are having a protest—they won't go on unless you tickle them!"

Even a playful or silly tone can turn a demand into something manageable.

3 Visual Supports and Routines

Visuals can help reduce verbal demands, especially when:

- They're optional, not rigid
- The person helps create them
- They include breaks, escapes, or "choose your own" moments

Try:

- Visual timetables with movable pieces
- Emotion charts or traffic lights
- "Now and next" boards
- Countdown timers

These support predictability and autonomy—but should always be used flexibly.

4 Use of Role Play and Imagination

Because many people with PDA enjoy pretend play, you can build co-operation through characters or stories.

Examples:

- "Can Space Commander Zog help clear the space debris (toys)?"
- "I need a chef in this kitchen—what can we make together?"

This approach uses creativity to bypass anxiety and engage the child on their terms.

5 Celebrate Small Successes

Progress with PDA isn't always linear. Celebrate the small steps:

- Tolerating a conversation about something difficult
- Trying a new food, even if they spit it out
- Managing five minutes of learning before needing a break

This helps build self-esteem, motivation, and trust.

6 Understand Demand Avoidance Patterns

Knowing when demands are likely to cause overload helps you plan:

- Do mornings feel harder?
- Is tiredness a trigger?
- Does being watched make them anxious?

Plan for low-pressure times and build in recovery periods. Use “soft starts” to transition into activities (e.g., five minutes of free play before homework).

7 When Things Don’t Work

Sometimes nothing seems to work—and that’s OK. In those moments:

- Step back
- Keep the relationship safe
- Regulate yourself before trying again

Not everything will go to plan, but keeping your response calm and compassionate can make all the difference.

11. Myths and Misunderstandings

Because Pathological Demand Avoidance isn't widely understood—and often looks different from what people expect of autism—it can lead to confusion, incorrect assumptions, and unhelpful labels. Let's explore some of the most common myths and set the record straight.

---

1 "They're just being naughty or defiant"

Reality: Avoidance in PDA is driven by anxiety, not wilful disobedience. The behaviour is a response to feeling unsafe, overwhelmed, or out of control—not an attempt to manipulate or cause trouble.

2 "They can do it when they want to"

Reality: You might see a child with PDA manage a task one day and completely refuse the next. This inconsistency is typical of PDA and often linked to how much demand fatigue or anxiety they're carrying in that moment. Being able to do something sometimes does not mean they can always do it.

3 "They're very socially able, so they can't be autistic"

Reality: People with PDA may appear confident, sociable, or even controlling in conversation. But this is often masking or mimicking, not true social ease. Many struggle deeply with emotional regulation, peer relationships, and sensory overwhelm—hallmarks of autism.

4 "They just need stricter discipline or clearer boundaries"

Reality: Traditional behaviour management approaches often increase anxiety and resistance in PDA. They can trigger meltdowns, shutdowns, or withdrawal. PDA needs a low-demand, relationship-based approach, not stricter rules.

5 “They’re controlling everything to get their own way”

Reality: Control-seeking behaviour in PDA is about reducing internal anxiety and creating a sense of safety—not about power or dominance. Many people with PDA feel intense guilt or shame after trying to control others, especially if they sense they’ve caused upset.

6 “They’ll grow out of it”

Reality: PDA is a lifelong profile. With the right understanding and support, people can develop ways to manage demands more flexibly—but the underlying needs usually remain. Early recognition and support are key to long-term wellbeing.

Why Busting These Myths Matters

When people misunderstand PDA:

- Children are labelled as “difficult” or “badly behaved”
- Parents are blamed or dismissed
- Support is delayed or denied
- The person feels unseen and unsafe

The more we challenge myths and promote accurate understanding, the more we create environments where people with PDA can thrive.

12. Getting Help and Support

Finding the right support for someone with a PDA profile can feel like navigating a maze—but you are not alone. While PDA is still not fully recognised everywhere, more professionals, parents, and educators are beginning to understand what it is and how best to support it.

Where to Start

If you suspect your child (or yourself) may have PDA:

- Speak to your GP, SENCO, or paediatrician and share your concerns
- Keep a detailed behaviour diary showing patterns of demand avoidance
- Complete a screening tool such as the EDA-Q or EDA-8
- Bring research or resources from reputable organisations (e.g. the PDA Society, National Autistic Society)

Even if PDA is not officially diagnosed, professionals can still acknowledge the profile and adapt support accordingly.

Getting a Diagnosis

A formal diagnosis may be listed as Autism Spectrum Disorder (ASD) with a demand avoidant profile, or sometimes just ASD. Assessment may involve:

- Speech and language therapy
- Occupational therapy
- Clinical psychology
- Parent/carer interviews and observations across settings

Note: Not all assessment teams are familiar with PDA. If your concerns are dismissed, you are entitled to a second opinion or to request involvement from PDA-aware professionals.

Education Support

Children with PDA may be eligible for additional support through:

- SEN Support – support within school without a formal plan
- EHCP (Education, Health and Care Plan) – a legal document outlining a child's needs and the support they require
- Alternative provision or specialist placements – if mainstream settings aren't working

Work with the school to build a PDA-informed support plan, and seek advice from a SENDIASS service if needed.

Support for Families

Living with PDA can be emotionally intense and isolating. Reaching out to others who understand can make a huge difference. Consider:

- Support groups (online or local)
- PDA-aware therapists or parent coaches
- Respite care or short breaks, if available
- Training workshops to better understand PDA approaches

Charities like ASD Helping Hands, the PDA Society, and the National Autistic Society all offer resources and signposting.

Resources and Organisations

- **PDA Society –** www.pdasociety.org.uk
- **ASD Helping Hands –** www.asdhelpinghands.org.uk
- **National Autistic Society (NAS) –** www.autism.org.uk
- **SENDIASS Norfolk –** https://www.norfolksendiass.org.uk/

Our Mission

“Empowering autistic individuals and those around them, ASD Helping Hands is dedicated to fostering confidence, independence, and inclusion at every stage of life. We provide guidance, education, and resources to help individuals, families, and professionals navigate autism with knowledge and empowerment.

We champion the rights of autistic people, striving to create a more inclusive society while ensuring our services remain accessible, reliable, and built on trust.”

www.asdhelpinghands.org.uk

contact@asdhelpinghands.org.uk

01362 685860

Charity Number: 1175729

Updated March 2025