

PATHOLOGICAL DEMAND AVOIDANCE

What is Pathological Demand Avoidance?

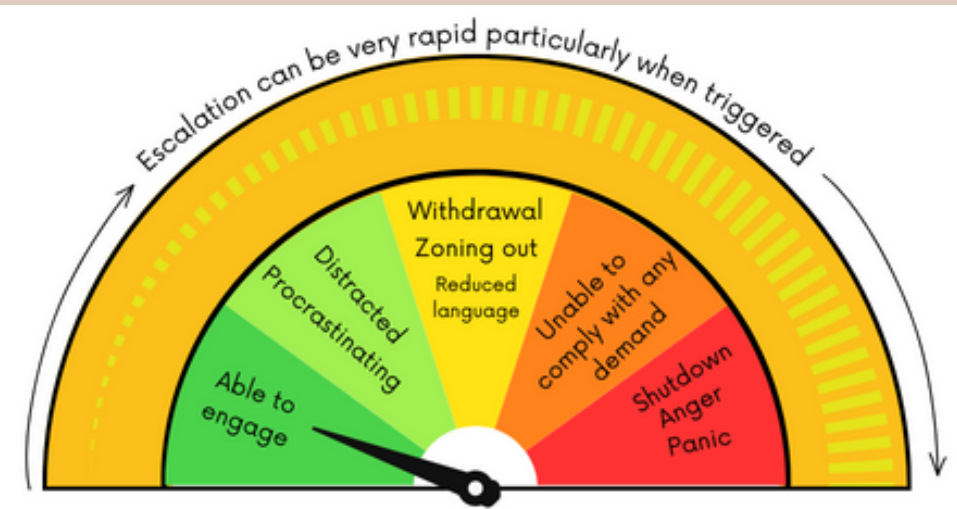
Pathological Demand Avoidance (PDA) is identified by observing children who are extremely avoidant of everyday demands and as a result experience intense feelings of anxiety when they are under pressure or are expected to do something (O’Nions et al., 2015). PDA is not formally diagnosed on its own and is usually associated with Autism Spectrum Disorder (ASD), often described as Autism with a PDA profile (O’Nions and Eaton, 2020). Although, it is important to note that PDA has been linked to other conditions such as, attention-deficit/hyperactivity disorder, oppositional defiant disorder and complex post-traumatic stress disorder (National Autistic Society, 2026; Reframing Autism, 2024). However, Carlozzi et al., (2025) argues that PDA should be diagnosed separately.

Issues of PDA

One issue children with PDA often experience is being misunderstood by adults and their peers (Nawaz and Speer, 2025; Curtis and Izett, 2025). O’Nions et al., (2017) found that children with PDA were labelled the “mad child” and would often be teased by their peers highlighting a misunderstanding which could negatively impact their self-esteem. Children with PDA are seen as being badly behaved, defiant and attention seeking but most of the time their behaviour is driven by anxiety. This misunderstanding can lead to inappropriate behaviour management, for example punishing the child which could lead to an increased feeling of distress (Nawaz and Speer, 2025; Stuart et al., 2019).

Another issue is that PDA is not diagnosed separately which can cause confusion for parents and professionals (National Autistic Society, 2026; White et al., 2022). They may not even be fully aware of PDA which could mean that identification is more difficult and they may just label the child as “naughty”. It also means that it may be more difficult to access the appropriate support as awareness of PDA is limited compared to other ALN. Haire et al., (2024) highlights this further and states that there is not enough research or guidance on PDA. Similarly, O’Nions et al., (2013) also suggests that research is limited.

Children with PDA may struggle with emotional regulation. This can lead to them experiencing meltdowns or shutting down completely when demands become overwhelming due to high levels of anxiety (Stuart et al., 2019; White et al., 2022).



Introduction

This poster will explore Pathological Demand Avoidance (PDA), often associated with Autism Spectrum Disorder (ASD). It will discuss the issues, challenges and barriers children with PDA may experience, alongside the impact this additional learning need (ALN) can have on emotional wellbeing, relationships and access to learning. The poster will also examine the use of a low arousal approach as a strategy to support children with PDA within care and educational settings.

Strategy

A strategy used to support PDA is using a low arousal approach as it reduces stress, anxiety and emotional pressure (McDonnell and Ridout, 2019). When children with PDA feel they are being demanded to do something they experience intense levels of anxiety, therefore using a low arousal approach creates a calm, supportive and non-confrontational environment (Fish, 2021; Pavillion Publishing and Media Ltd, 2018).

The low arousal approach encourages practitioners to reduce direct demands, avoid being authoritative and communicate in a calm and flexible manner (Fish, 2021; McDonnell and Ridout, 2019). Kerbey (2023) highlights that adults can often use direct demand language like “do this”, “come here”, “you must” which could trigger a child with PDA, instead practitioners could use indirect language, for example, “shall we?”, “I wonder if?”, “what do you think?” presenting demands as questions or choices. Using indirect language and offering choices allows the child to feel a sense of autonomy and in control of their environment (PDA Society, no date). Truman (2021) supports this and also emphasises that phrasing requests indirectly is essential in reducing children with PDA’s anxiety. Positive relationships are key in delivering this strategy effectively as children with PDA are more likely to respond when they feel safe and supported (PDA Society, no date).

Challenges and Benefits

One challenge of using a low arousal approach is that it requires practitioners to be patient, consistent and flexible (Kerbey, 2023). This could mean practitioners need additional training to effectively implement this approach in practice. Practitioners may not fully understand how anxiety presented in PDA affects their behaviour and may not know how best to deal with certain situations, so will need to learn how to adapt their communication style in order to support children with PDA (Truman, 2021; McDonnell and Ridout, 2019). Another challenge is that reducing demands may mean it is difficult to find a balance between keeping the child’s anxiety levels to a minimum and ensuring they can access various learning opportunities.

However, the benefits of a low arousal approach are that it can reduce anxiety, emotional distress and prevent meltdowns (McDonnell et al., 2024). McDonnell and Ridout (2019) indicate that an advantage of using this strategy is it encourages reflective practice. McDonnell et al., (2024) also highlights using the low arousal approach showed an increase in confidence when dealing with challenging behaviour, which can lead to children building strong trusting relationships with the adults around them as they are understood and supported making them feel safe. Carlozzi et al., (2025) highlights this further and suggests children feel a sense of belonging meaning they are more likely to engage in their learning. Consistently using this strategy supports the child’s emotional wellbeing and overall development (PDA Society, no date).



Conclusion

In conclusion children with PDA regularly experience extreme anxiety and find everyday demands overwhelming. This often leads to inappropriate behaviour, dysregulation of emotions and can mean they do not always get the best learning experience. As PDA is currently not recognised as a separate diagnosis children and families could be misunderstood and may struggle to access the appropriate support. Therefore, it is important that practitioners are knowledgeable of this ALN and are able to use supportive strategies, such as a low arousal approach, to reduce anxiety and help children to feel safe and understood, encouraging them to learn and develop.