Pathological demand avoidance (PDA)

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PDA is not recognized as a distinct diagnosis in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR). Instead, clinicians and professional guidelines generally conceptualize PDA as a behavioral profile occurring within Autism Spectrum Disorder (ASD) (American Psychiatric Association, 2022).

How PDA Is Conceptualized



Behavioral Profile:

PDA is characterized by an intense, anxiety-driven need to avoid everyday demands and retain control, which distinguishes it from typical oppositional behaviors (Christie

et al., 2012). This avoidance is not rooted in willful defiance but rather in overwhelming anxiety and a subconscious survival mechanism.

Autism Connection:
PDA most often presents in individuals on the autism spectrum, though it is not classified as a separate ASD subtype in the DSM-5 (American Psychiatric Association, 2022).

Clinical Usage:
While PDA lacks a dedicated diagnostic code, professionals may reference the term in reports to help personalize intervention strategies, such as employing low-demand approaches or declarative language (O'Nions et al., 2014).

Key Characteristics of a PDA Profile

Unlike typical presentations of autism, PDA is distinguished by a fundamental need for control in response to anxiety. Common features include:

- **Avoidance of Everyday Demands:** Individuals may resist routine tasks such as getting dressed, eating, or brushing teeth.
- **Social Strategies for Avoidance:** Tactics may include distraction, topic changes, making excuses, or masking true feelings.
- **Rapid Mood Changes:** Sudden shifts from calm to intense distress or shutdowns may occur if control feels threatened.
- **Comfort in Fantasy:** Preference for roleplay or imaginary worlds as a strategy to escape real-world pressures.
- **Apparent Social Fluency:** While individuals with PDA may seem socially skilled, these abilities often mask significant underlying challenges with social understanding (Newson et al., 2003).

PDA vs. Oppositional Defiant Disorder (ODD)

Although both profiles involve resistance to demands, PDA and ODD differ significantly in their origins and effective responses:

Feature	Pathological Demand Avoidance (PDA)	Oppositional Defiant Disorder (ODD)
Root Cause	High anxiety and a need for autonomy and control to service perceived survival	Emotional dysregulation and conflict with authority
Type of Demands	Avoids intrinsic, everyday needs (e.g., eating, sleeping)	Resists external rules and authority expectations
Social Functioning	Typically neurodevelopmental, often part of autism	May occur alone or with ADHD
Response to Rewards	Traditional behavior charts and rewards often worsen anxiety	Structured rewards and consequences are usually effective (O'Nions et al., 2016)

Low-Demand Communication Strategies for PDA

Conventional parenting or teaching techniques can inadvertently escalate anxiety in people with a PDA profile. Shifting to low-demand strategies can reduce distress and increase cooperation:

- **Use Declarative Language:** Replace direct commands or questions with statements. For example, say, "The shoes are by the door" instead of "Put your shoes on."
- **Offer Masked Choices:** Provide options where either choice achieves the same outcome, such as, "Would you like to brush your teeth in the bathroom or the kitchen?"
- **Collaborative Framing:** Complete activities together to minimize pressure; for instance, say, "Let's see how quickly we can clear the table together."
- **De-escalate Early:** Be attentive to subtle signs of anxiety, such as silence or humor, and reduce demands before escalation.
- **Prioritize Demands:** Focus on essential needs for health and safety, letting go of non-critical rules to help maintain a lower anxiety baseline (Christie et al.,

2012).

Concerned about demand avoidance?

Contact BNC to discuss an autism assessment for your child, teenager or yourself.

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