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CHILDREN AND AUTISM · 7.9

Demand Avoidance in Autism: A Contested Concept Worth Understanding

Pathological demand avoidance (PDA) describes a profile of intense, anxiety-driven resistance to everyday demands, often alongside other autistic features. It is one of the most discussed and most contested ideas in UK autism practice. Here is what is and is not agreed, and what helps families either way.

FOR
Parents of children with the PDA profile

AUDIENCE AGE
6-17

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IN SUMMARY

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The honest position

- **A recognisable pattern, a contested label.** PDA was described by Elizabeth Newson in the 1980s and formalised in 2003. It is not in DSM-5-TR or ICD-11 and is not a separate diagnosis under NICE. UK NHS practice varies: some services name PDA as a profile within autism, some note PDA-like features without using the term, some decline to use it.
- **Where mainstream clinical opinion sits.** The 2018 Lancet Child and Adolescent Health paper summarised it as 'symptoms but not a syndrome': the cluster of behaviours is recognisable and clinically meaningful, but the evidence does not currently support PDA as a discrete condition separate from autism, autism plus severe anxiety, and other overlaps.
- **Where the other side sits.** Clinicians and researchers who use the framing, including the PDA Society's professional partners and researchers such as Judy Eaton, argue the profile is functionally distinct enough to warrant its own clinical attention, because the parenting and educational approaches that work for it are different.

What the profile looks like

- **Anxiety-driven resistance to everyday demands.** Extreme reluctance about ordinary tasks (getting dressed, leaving the house, brushing teeth) that is out of proportion to the demand itself. Resistance often appears even for activities the child wants to do; the demand is the trigger, not the activity.
- **Social strategies of avoidance.** Distraction, charm, fantasy and role-play, negotiation, sometimes manipulation. Surface social skills are often better than the autistic stereotype, with underlying social difficulty.
- **Mood shifts and meltdowns when resistance is overridden.** Rapid, intense mood changes. Meltdowns or shutdowns when the resistance is pushed past. Many children also live partly in role and fantasy as part of how they regulate.
- **Often overlaps with severe anxiety.** Whether viewed through the PDA framing or the autism-plus-severe-anxiety framing, the practical picture overlaps substantially. The mechanism is not yet settled in the research.

What helps and where to start

- **Lower-demand approaches work better than traditional ones.** Phrase requests as choices, options or shared problems. Offer rather than instruct. Reduce direct eye contact and verbal pressure in difficult moments. Collaborative problem-solving (Ross Greene's approach) fits the profile well.
- **Autonomy is regulating.** Where the child can choose, they often can. Where they cannot choose, they often cannot. Sticker charts, public sanctions and rigid reward systems are usually poorly suited to this profile, particularly in school.
- **Get the assessment right.** A thorough autism assessment that covers anxiety, sensory profile and co-occurring conditions is more useful than chasing a specific PDA label. An autism diagnosis (with or without PDA terminology) is what opens SEN Support, EHCP and reasonable adjustments. NeuroFX offers private autism assessment for children aged 6 and upwards.
- **Family-facing resources.** The PDA Society is the UK family-facing organisation. The National Autistic Society also has practical information. The formal evidence base remains emerging rather than settled, which is worth knowing when reading any single source.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP or paediatric autism service if the demand-resistance pattern is severe, persistent, and affecting daily life, school or wellbeing. CAMHS referral may be appropriate where anxiety or other mental health difficulty is significant. Where the autism diagnostic picture is unclear or further assessment is needed, private autism assessment with a CQC-registered provider is a legitimate parallel route. Seek urgent help via 111, 999 or A&E for any acute mental health crisis or significant safety concern.

SOURCES

Newson et al. 2003 (Arch Dis Child); O'Nions et al. 2014 (J Child Psychol Psychiatry); Green et al. 2018 (Lancet Child Adolesc Health); Eaton and Weaver 2020 (Good Autism Practice); National Autistic Society; PDA Society