Introduction

- Situating my critique of PDA
- The PDA profile – external and internal ‘demands’
- Alternative explanations and theories
- Practical implications
The Discourse of PDA and my initial critique (Milton, 2013)

• ‘Nature’s answer to over-conformity’ and ‘rational demand avoidance’ from the autistic perspective.

• Pathologising resistance – who was it who had a need to control?

• The issue of self-identity.

• The issue of internal demands were not being discussed in the literature at this time and so I was not able to comment on it.
PDA strategies

• “A large number of parents find that tried and tested strategies used with children who have other autism profiles are not effective for their child with a demand avoidant profile. This is because people with this profile need a less directive and more flexible approach than others on the autism spectrum.” (NAS, 2018).

• Issues with the tried and tested methods with regard to autistic people more generally seem strangely absent from discussion.
Alternative framings

- Rational demand avoidance
- Oppositional Defiance Disorder (ODD)
- Attachment Disorder
- Executive functioning
- Monotropism
- Autistic inertia
Parent-blame

- Parents deliberately harming their children is extremely rare, yet parent-blame, particularly mother-blame, is not when professionals diagnose such behaviour profiles. This is still the case with those with a diagnosis of Asperger’s. Would a PDA diagnosis really change this culture either?

- Trauma and the impact on demand avoidant behaviour is an important factor to consider, yet for autistic children this is much more likely to occur at school than in the home environment.

- Yet how to differentiate clinically is a major issue – a case study example.
Autistic inertia

• Originated in the work of Kalen (2001) and Sullivan (2002) and has become a widely talked about phenomenon within the autistic community.

• Differing manifestations (not a singular thing or experience)

• Linked to executive functioning, monotropism, low energy, proprioception and catatonia.

• Difficulty in ‘changing gears’
‘Symptoms’ of autistic inertia

- Kalen (2001) suggested a set of ‘symptoms’ for autistic inertia which involved difficulties in:
  - Starting a task
  - Getting body in motion
  - Changing focus or tasks
  - Performing task without full understanding as to what needs to be done and why
  - Doing something despite knowing how and wanting to.
Factors affecting degree of inertia (Kalen, 2001)

- Decision-making and prioritising
- Perfectionism
- Depression
- Organisation / disorganisation
- Overwhelm
- ADD / ADHD
- Motivation / interest
Concluding comments

• The general issues of sub-typing. Divisive in terms of the goals of autistic community solidarity? Biological citizenship?
• Unlikely to be recognised in diagnostic manuals.
• Challenging overtly medical model approaches that miss out on social factors (yet to not mother-blame).
• Being aware of potential harms from the PDA narrative.
• The need for well-informed and reflective person-centred practice.
• High-quality research needed in this area.
References


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