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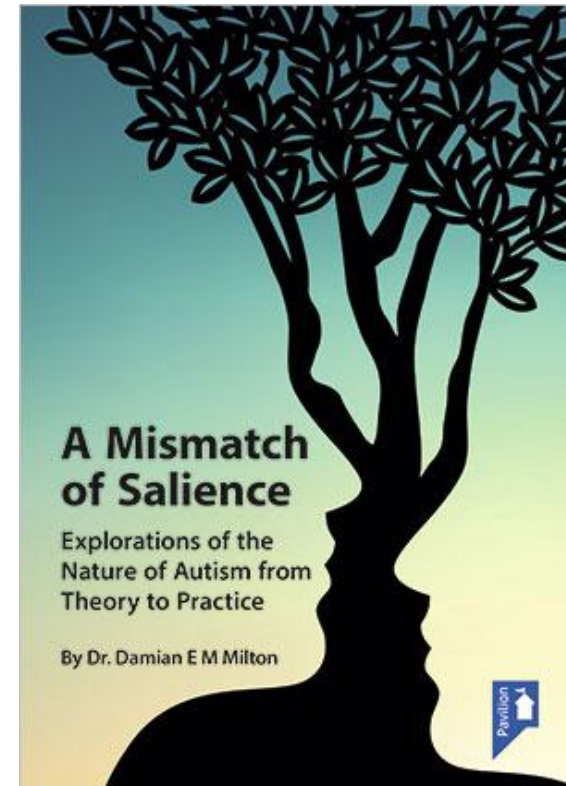
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# PDA and alternative explanations: a critical overview

*Dr. Damian E M Milton*



# Introduction

- Hopes for the meeting and social media reporting
- Situating my critique of PDA
- The PDA profile – external and internal ‘demands’
- Alternative explanations and theories

# The development of PDA

- Origins of PDA and its theoretical development
- NAS (2018): a behaviour profile within the autism spectrum, ‘increasingly, but not universally accepted’ – yet no details are given as to critique or controversies
- Described purely in terms of a medical deficit model (although less so to some extent by main theorists such as Phil Christie)

# 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.

- “...driven to avoid everyday demands and expectations to an extreme extent...rooted in an anxiety-based need to be in control.”
- “People with a demand avoidant profile can appear to have better social understanding and communication skills than others on the autism spectrum, and are often able to use this to their advantage. However, they might not really have as good an understanding of social matters as it seems.”
- “...everything is on their own terms.” (All quotes on this slide taken from NAS, 2018).

# The PDA profile (NAS, 2018)

- Resists and avoids the ordinary demands of life
- Uses social strategies as part of avoidance, e.g. distracting, giving excuses
- Appears sociable, but lacks understanding
- Experiences excessive mood swings and impulsivity
- Appears comfortable in role play and pretence
- Displays obsessive behaviour that is often focused on other people

- Passive early history
- Use of pretence – yet confusion between pretence and reality
- Internal demands (does not appear to be referenced in clinical or research literature on the topic)
- “This may even be the case when the person seems to want to do what has been suggested.” (NAS, 2018).



# PDA theory

- An anxiety-led need for control.
- Autistic people generally may avoid demands, but in a way that may not be 'very social' in nature (NAS, 2018).
- "Parents very often use the term 'manipulative' to describe this aspect of their child's behaviour and will comment on how it seems to be their greatest skill, often saying "if only they would put half the effort in to doing what it was I wanted as they do to getting out of it."...emotions can seem very dramatic and over the top." (NAS, 2018).

# If only?

- “Appalling, I fear I am at a loss to know where to begin and what to try next. Fortunately, he enjoys his table-tennis.” (French teacher, Autumn term, 1985).



# 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

# The ODD profile

- Often loses temper
- Is touchy and easily annoyed
- Often angry and resentful
- Often argues with authority figures
- Actively defies or refuses to comply with requests or with rules
- Often deliberately annoys others
- Blames others for their own mistakes or misbehaviour
- Occasionally spiteful and vindictive

# ODD treatment

- Medication: mood stabilisers, anti-psychotics, stimulants
- Psychiatric therapies: anger management, stress control, problem-solving skills, and especially 'parent-management training'
- Places onus back on to potential parent-blame – unlikely to be at all helpful if person is autistic and interventions are not adjusted to need, and could well be damaging.

# Attachment disorder and the issue of parent-blame

- Attachment disorder and its dominance within child psychology literature and social service training.
- “Many parents of children with a demand avoidant profile feel that they have been wrongly accused of poor parenting through a lack of understanding. These parents need a lot of support, as their children can present with severe behavioural challenges.” (NAS, 2018).
- The current proposal by Green et al. (2018) to use autism and ODD as a diagnosis is unlikely to do anything to reduce the issue of 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.



# Executive functioning

- Issues in regard to:
- Working memory
- Cognitive flexibility
- Inhibitory control (ADHD and PDA)
- Lead on to issues in:
- Paying attention
- Organising and planning
- Initiating tasks and staying focused on them
- Regulating emotions
- Self-monitoring

# An 'interest model' of autism

- Autism and monotropism (Murray, 1992; Murray et al., 2005).
- Attention as a scarce resource.
- Monotropic attention strategies and the 'attention tunnel'.
- Monotropism, repetitive behaviour and interests, and 'flow states'.

# 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

# Catatonia

- Over 40 listed possible symptoms – large overlap with autistic related ‘behaviour’ and many of the issues already discussed.
- Can be an effect of or exacerbated by use of anti-psychotic medications.

# Concluding remarks

- Need to move beyond cognitivist / functionalist / behaviourist accounts
- How useful in practice in terms of signposting of need?
- Does the PDA category produce as many issues as it may solve (although no doubt partly dependent on context)?
- PDA becoming a recognised diagnosis is very unlikely given current climate. Mentions on diagnostic reports of profile or characteristics may lend toward certain approaches, but at whose expense?

- The general issues of sub-typing. Divisive in terms of the goals of autistic community solidarity? Biological citizenship?
- “It is crucial that a shared understanding is achieved between professionals and families in this area.” (NAS, 2018).
- Challenging overtly medical model approaches that miss out on social factors (yet to not mother-blame).
- The need for well-informed and reflective person-centred practice: many issues that need further research, yet perhaps a synthesis is possible?



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