

'Pathological Demand Avoidance Disorder'

Pathological Demand Avoidance disorder is a neurodevelopmental (born with) disorder with many autistic characteristics. One will see the obsessive interests, the delayed and aberrant language processing, but, apparently more than usual social understanding. These young people appear to have a particular ability to read and 'calculate' the effects of their words and actions on other people, as though determined to control them, and they may **change** their responses if they suspect someone may understand and be able to anticipate their responses! There is often a devastating simple logic (direct literal interpretation) that does not allow for the usual latitude, or inferred aspect, that we apply to information. Young people are likely to refuse or reject demands or information as an initial response, while they think about it (ie there is little meaning in those initial responses, no matter how personal it feels)



The adult will feel manipulated and undermined, and may see deliberate and mischievous intent, where the problem is more the oversimplified and literal interpretation of life, combined with delayed language processing.

The strategies used to deal with this include all the approaches relevant to children with autism (and particularly Asperger Disorder) ie:



Reactive

React **ONLY** to reasonable behaviours or statements, though expecting 'storms' if negative behaviours are ignored, and 'switches' when you give praise and encouragement (denial of success, apparent rejection of praise, 'failure' behaviours of getting things wrong that can be done). These responses must also be ignored, while preventing danger without eye contact or words if necessary (removing the danger or utilising a safe rest area). Reactions will simply reinforce the poor behaviour rather than correct it.

This approach includes a rigid attitude of refusing to acknowledge *any error* whether academic, behavioural or in

coordination, while responding to *any correct* response to the information or demand you have presented.

Proactive:



Clarity of information

Young people require the same approach as for autism in delivering information or making demands:

- **Reasonableness** for the ability of the child
- **Clearly understood** (few words as possible; no choices about what you want, but choices within it; use strong eye contact and come in close to ensure the mind is clear (then withdraw eye contact so thinking can occur))
- Worded as **what to do** rather than what not to do
- Contained in **clear structures** (first this, then this etc).. timers, timetables (esp visual), lists etc.
- Plenty of time for brain processing the information.

Young people with this condition are particularly likely to initially make oppositional/ rude/ critical/ irrelevant comments. These comments and reactions should simply be seen as the first place the brain goes, and designed to keep you quiet about the subject until there has been time to think about it. If you react, then that is where the brain will 'stop' each time you interact. If you show no interest (no eye contact, make no comment, appear disinterested), then the young person's mind is able to move onto the next set of thoughts... Our job is to wait, no matter how long it takes, for the young person to get to the 'right' thoughts or actions.

*Should they get to the right place, then it is important to react (noting 'switches' might occur). These young people are more likely to respond to praise that emphasises the **child's** personal qualities rather than the fact that you or anyone else might be pleased!!*

Should they only partly get to the right point, then that part correctly done should be picked up, and the undone part not acknowledged in any way even if your attention is drawn to the failure by the young person (your reaction would reinforce the failure).

If the child does not arrive at the right point at all, then they should NOT be rescued in any way, and the whole subject should be dropped, thus avoiding reinforcement of the

failure. If someone refuses to come to a meal for example, then they would wait without explanation, or food, until the next meal is due, then invited again.

- **Engaging** effectively, by delivering information or demands in a way that appeals to the known interests of the child (see 'personal tutorials').



Self Regulation

- To deliberately teach relaxation and self separation techniques, by short regular sessions, and possibly utilising tools like 'the incredible 5point plan' (www.5pointscale.com/ -) available on line.
- To deliberately teach friendship skills, preferably using engagement methods, and by appealing to the young person's skill rather than by it pleasing others.

Understand the neurodevelopmental 'setup'



- Are there any errors in **communication skills**.. either in whether others clearly understand the young person and their intentions, or whether the young person understands others and their intentions.
 - Check with specialist Speech and Language therapist



- Are there differences in **sensory information** processing that make it hard to think. (reactive to noise, light, movement, touch, pressure, smells??). Does the young person get too easily over-stimulated in complex environments? Does the young person need to carry out movements or actions (fidgets etc) to stay

alert. Do they respond with different speed to others in response to sensory or visual information?

- Check with Occupational Therapist



- Are there differences in **motor function** that affect writing, dressing, physical activities and have the potential for frustration.
 - Check with Physiotherapist or Occupational Therapist.



- Are there differences in **learning ability**?
 - Check with teacher or guidance officer or clinical psychologist.

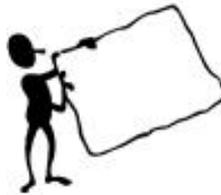


- Are there **medical problems** that affect function? Sleep, eating, growth, bowel and bladder function, hearing, vision, chronic pain or itch etc.
 - Check with general practitioner or relevant doctor.



- Are there significant **social, financial, emotional, life style factors** factors that produce stress.
 - Family, community, Social Care supports
 - Are carers under undue stress and too reactive.
- Does the young person have **adequate time and space to have their views and thoughts heard** (see 'Personal Tutorials')

Personal Tutorials



Young people with Autism and Asperger disorder usually have a 'delayed processing time' which means it takes a lot longer to think about something and respond.



They will often say the first thing that comes into their head in the meantime, which can easily get them into trouble, when what they really meant was 'please be quiet for a while so I can think about this'.



A personal tutorial, once a week for 30 to 60 minutes is designed to provide the best chance to think things out and tell people what they like and what might be more likely to work. Sometimes surprising insights are offered that explain why they may not be coping with a particular situation.

You will need to be clear that the young person is in charge of the session, and that you will go along with them as far as possible (and within reason).



The adult or carer offers the young person play opportunities without comment, and then **follows** the young persons play,

limiting eye contact initially to give space for thinking. The play should then become interactive, again with the child leading the play.

The adult will need to provide a lot of silent time to give a chance to the young person to comment on anything that is occupying their mind, and again to **follow** the subject. One should try to gently expand and stretch topics, withdrawing if there is any sign of stress.

Replies to the child should be **totally** confined to positive reinforcement of reasonable thoughts and ideas, but no comment or apparent interest in challenging, incorrect, or inappropriate remarks or activities.



If there are signs that you are not successfully engaging, and the stress is building, then the attempt should cease, and be tried another day.

Remember that eye contact (mostly), touch, or loudness will inhibit responses until the young person is used to the arrangement. The young person may also choose not to eye contact (for the same reason) until they are used to the situation.