

Intune pathways.

Pathological Demand

Avoidance (PDA):

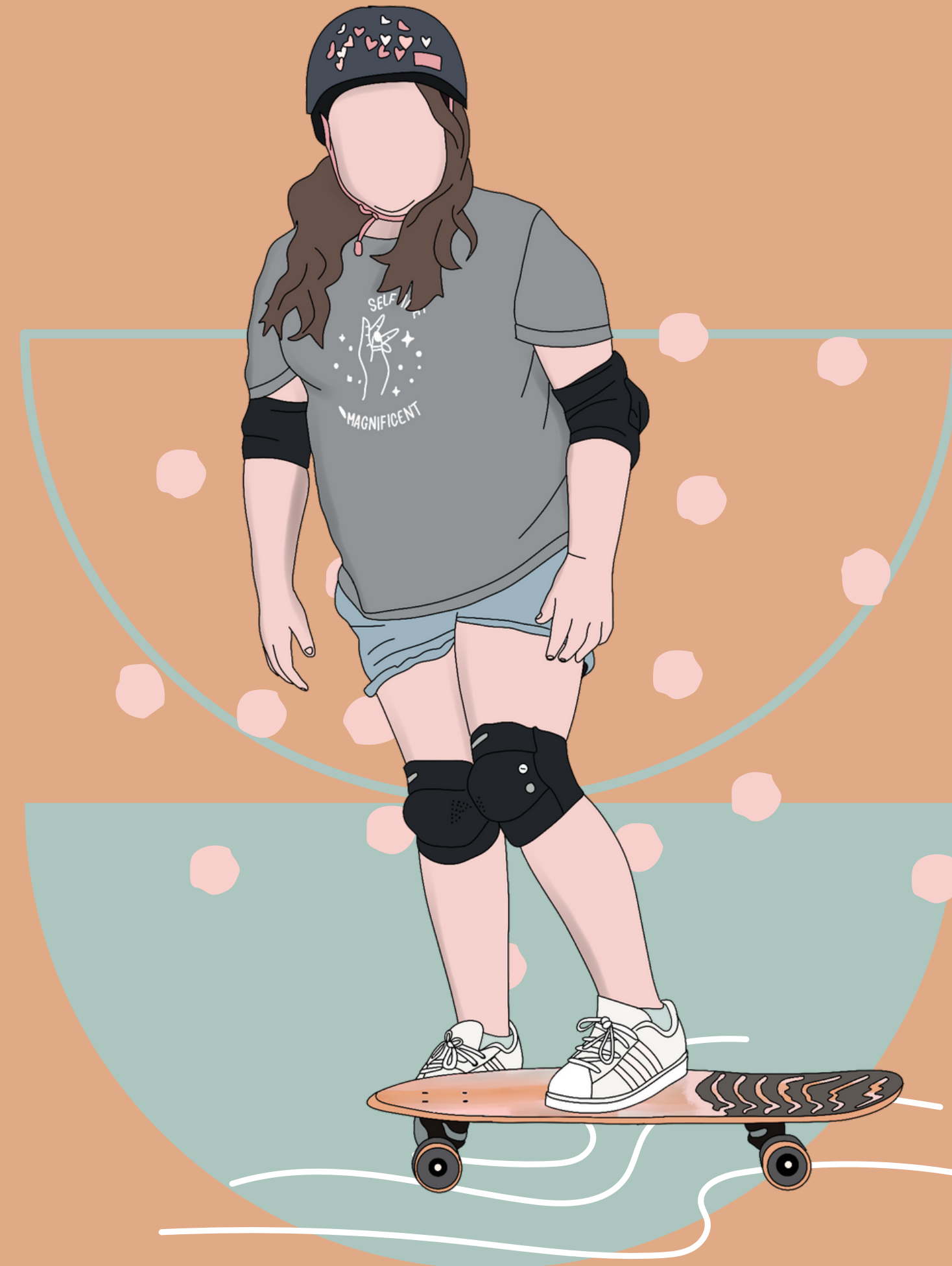
Relational Safety within Family Culture

Presented by:

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Wurundjeri Country



Kulin Nation

*Always Was. Always Will Be
Aboriginal Land*

About Me

BA (Politics and Culture)

Grad Dip Ed (Middle Years Specialisation)

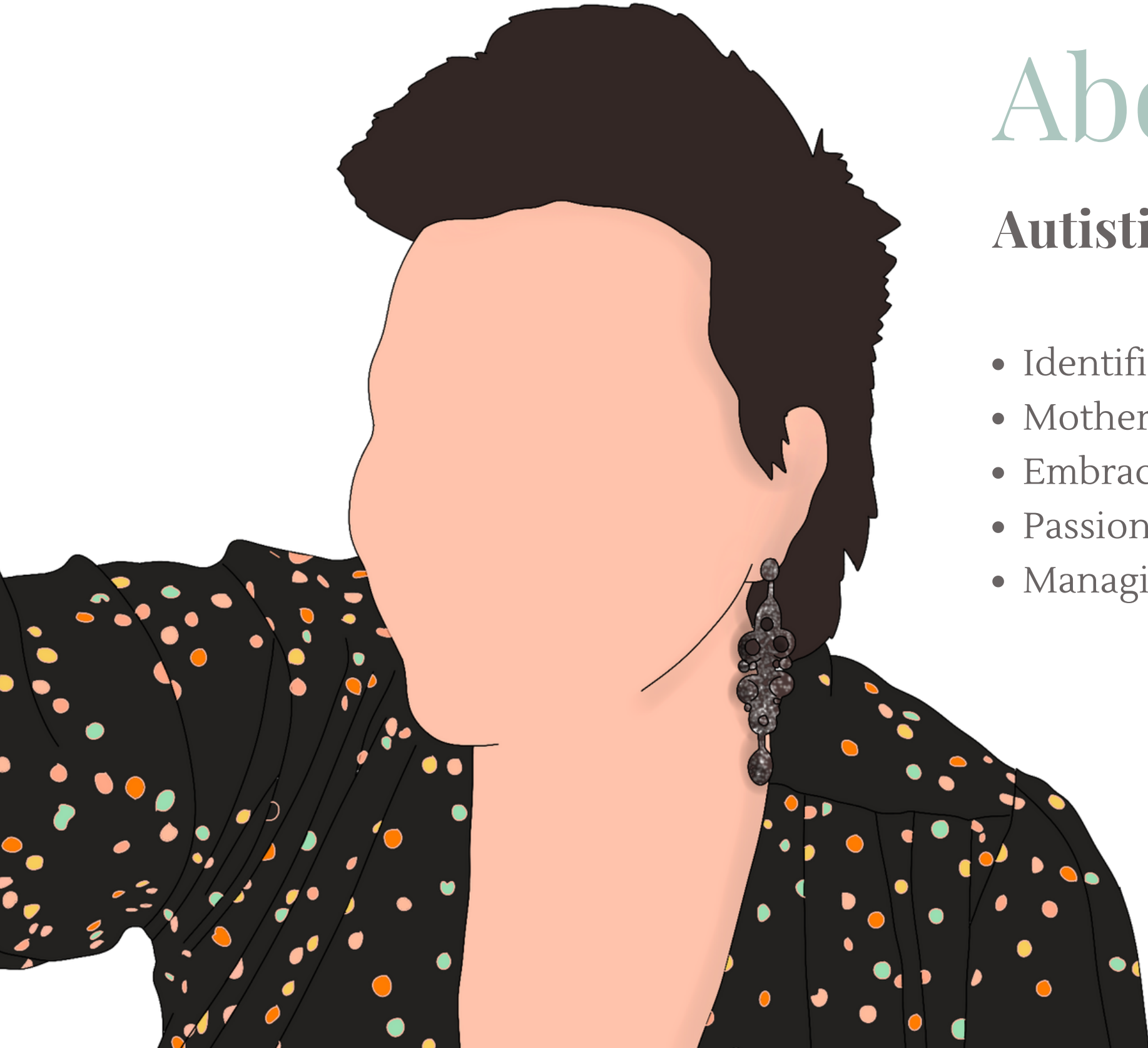
- Integration Aide
- Early Childhood Ed
- P-12 Educator
- Childhood behavioural and family specialist

Support neurodivergent people and their families, professionals and educators

Facilitate communities for ND individuals and their families

Design programs and online trainings centred around neurodivergent identity and culture





About Me

Autistic, ADHD, PDA

- Identified (diagnosed) autistic at 33 years, PDA at 34 years and ADHD at 41 years
- Mother to four PDA autistic, ADHD and dyslexic children
- Embrace and celebrate autism as an identity & culture
- Passionate about reframing neurodivergence
- Managing Director of inTune Pathways

I am a

PDA Autistic



MY STORY
IS NOT
ORIGINAL
AND
I WISH
IT WAS.

I am a

PDA Autistic



- gifted learner
- isolation at school
- physically aggressive
- wanted to opt out of life
- family violence
- eating disorders
- juvenile delinquent
- addiction
- homelessness
- teen pregnancy

Understanding PDA in the Family Context

Behaviourism

- behavioural disorder
- behavioural profile
- oppositional defiant disorder
- perceptions of morality
- choice and/or intention
- rewards and punitive measures





The problem with behaviourism

— overlooks my internalised experience

— doesn't seek to understand identity or culture

— lacks nuance and critical thinking

— seeks to normalise rather than actualise

Nervous System Based

Disability



Autonomy

- autodidactic by nature
- compromise to agency activates nervous system (fight, flight, freeze or fawn)



Perceived injustice

- it's not fair (for myself or others)
- not moral, intentional or conscious (not ego related)



Nervous System

- navigated by threat response
- primitive responses often habitually conditioned (similar to trauma)

Nervous System Based

Disability



Lifelong
Capacity fluctuates
Survive and Thrive
Identity & Culture
Fight and/or Fawn

'Hypersensitive neuroception' - *Porges*

Threat response is
largely overactive
due to a highly
sensitive, fragile
nervous system.



Primitive Responses VS Conscious Thinking



Primitive responses: under threat



PDA, autism, ADHD: Disability, not choice or ego



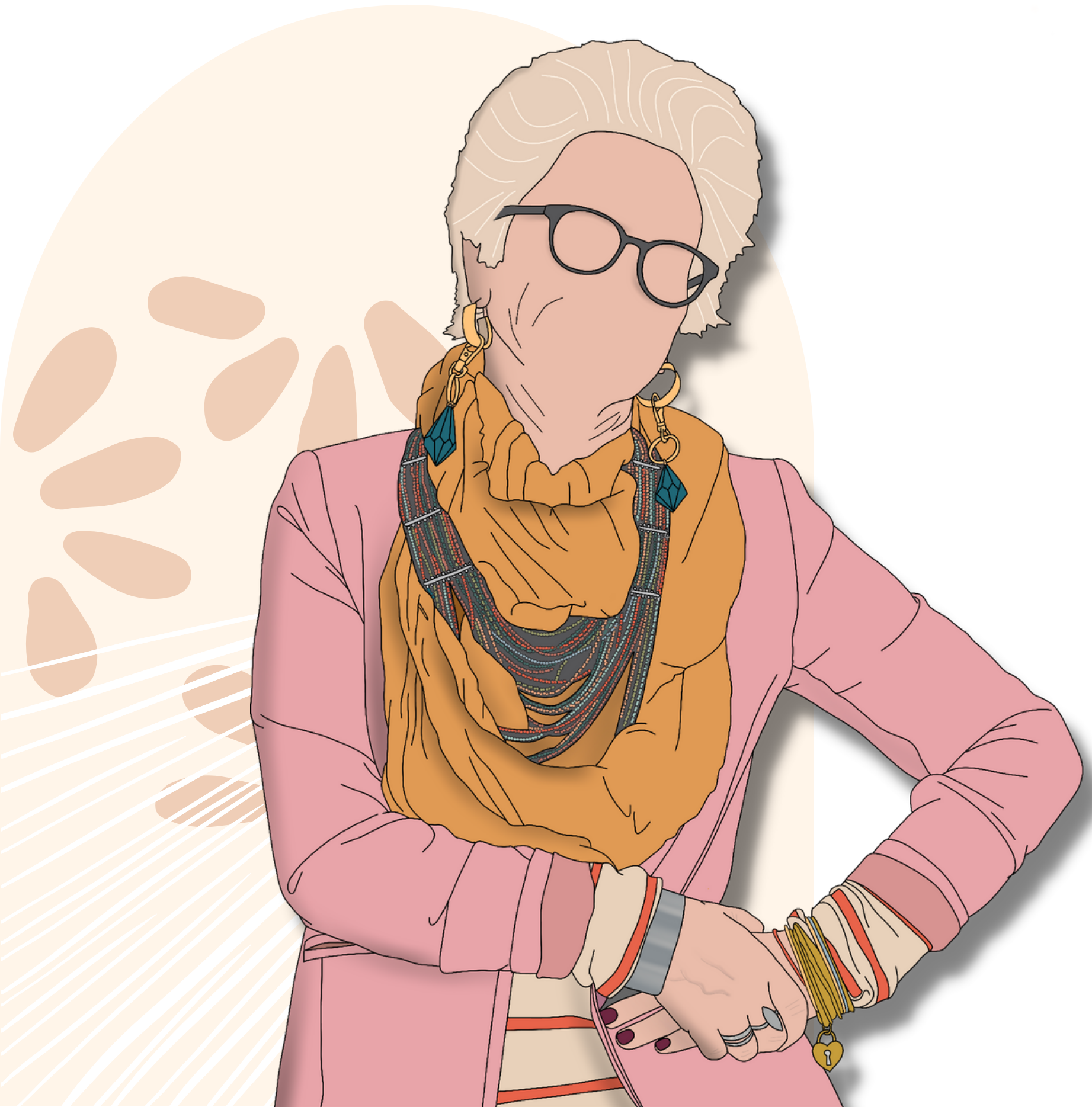
Pressure=demand=threat



Balance, not control (equity, power imbalances)



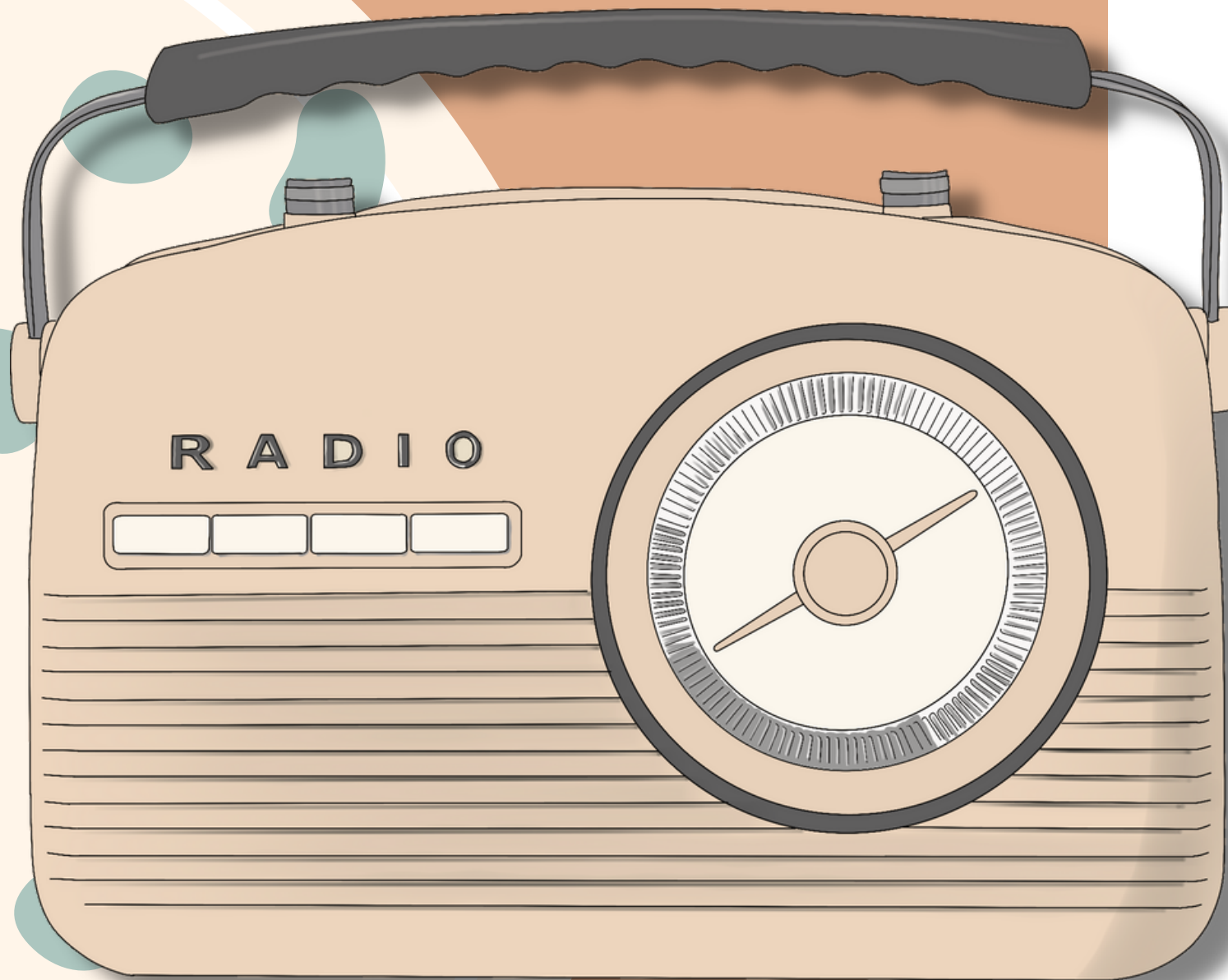
Understanding demand avoidant meltdowns as panic attacks



Levelling/ Balancing

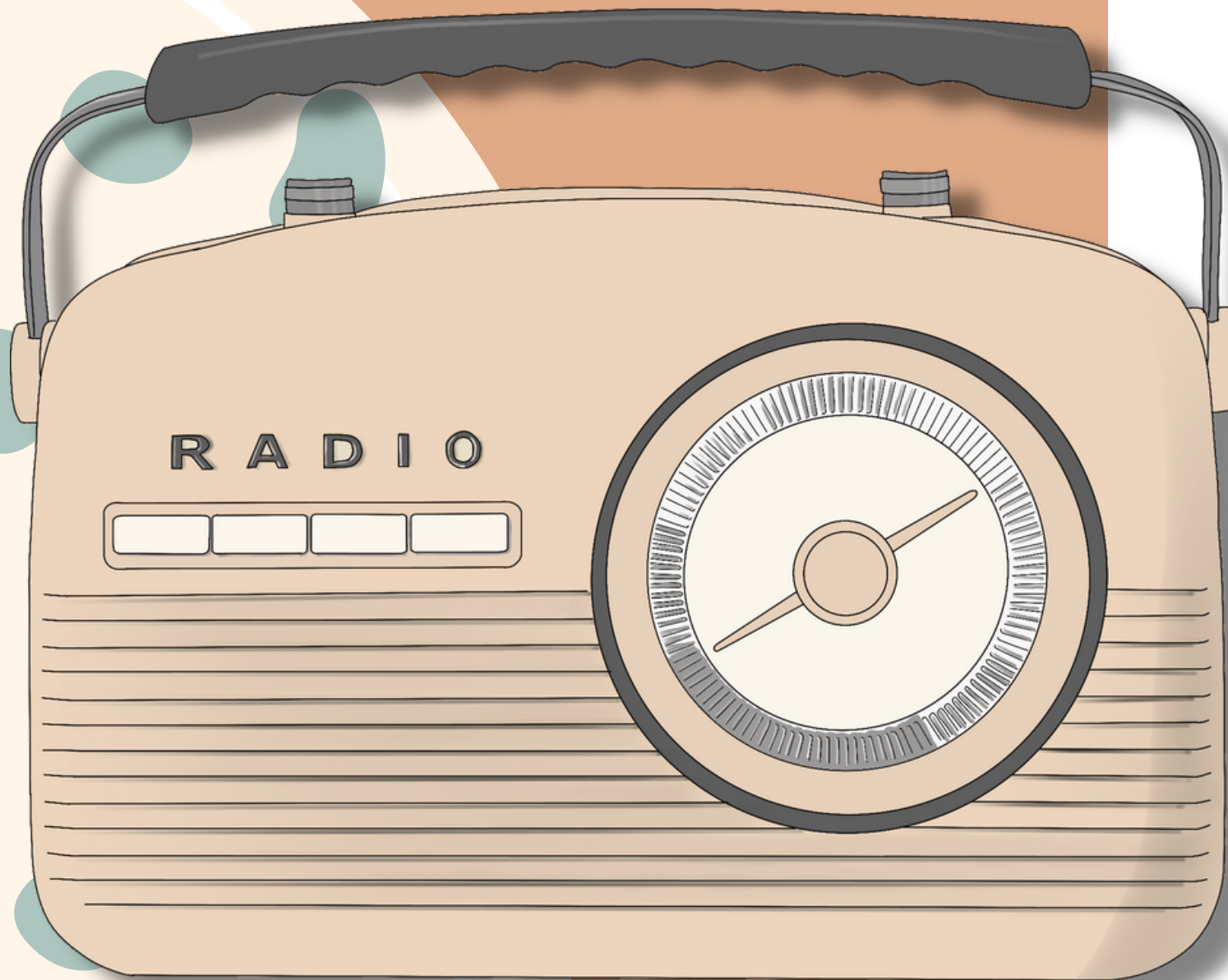
What do we do when we panic?

- thoughts scatter
- rapid breathing
- begin to shut down prefrontal cortex
- primitive brain kicks in: threat responses activated
- prepare for "take off"
- say something awful
- aggressive



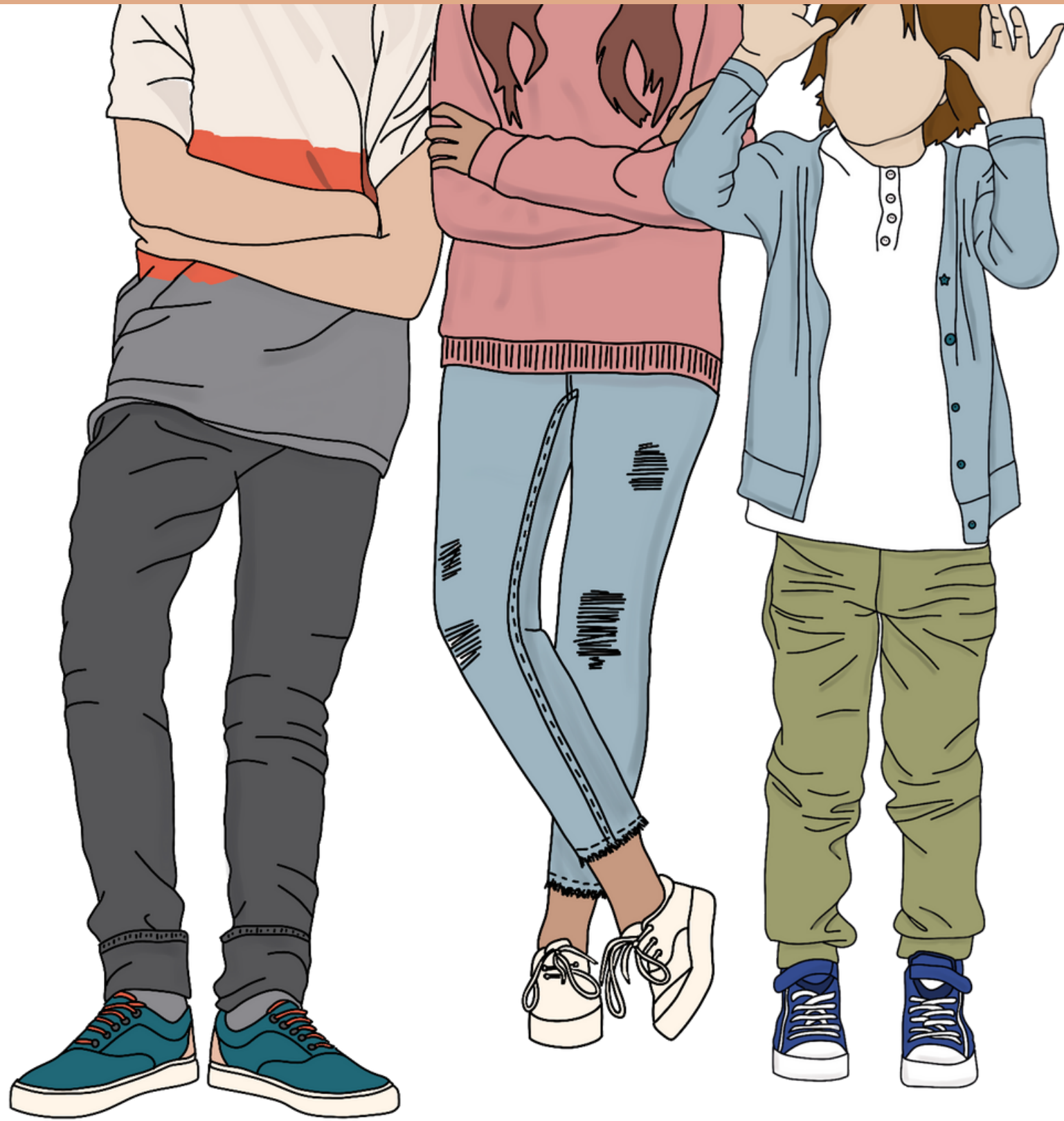
What do we do when we panic?

- outrageous behaviour
- horrific comments/going for the jugular
- resistance
- targeting siblings & other family members more vulnerable (fastest perceived route to balance)
- any form of meltdown (even when cool)
- running away (onto roads, etc)





The PDAer will, at times, mask their panic with a cool demeanour as another form of resistance.



Targeting family members with taunts, cruel remarks, physical attacks.



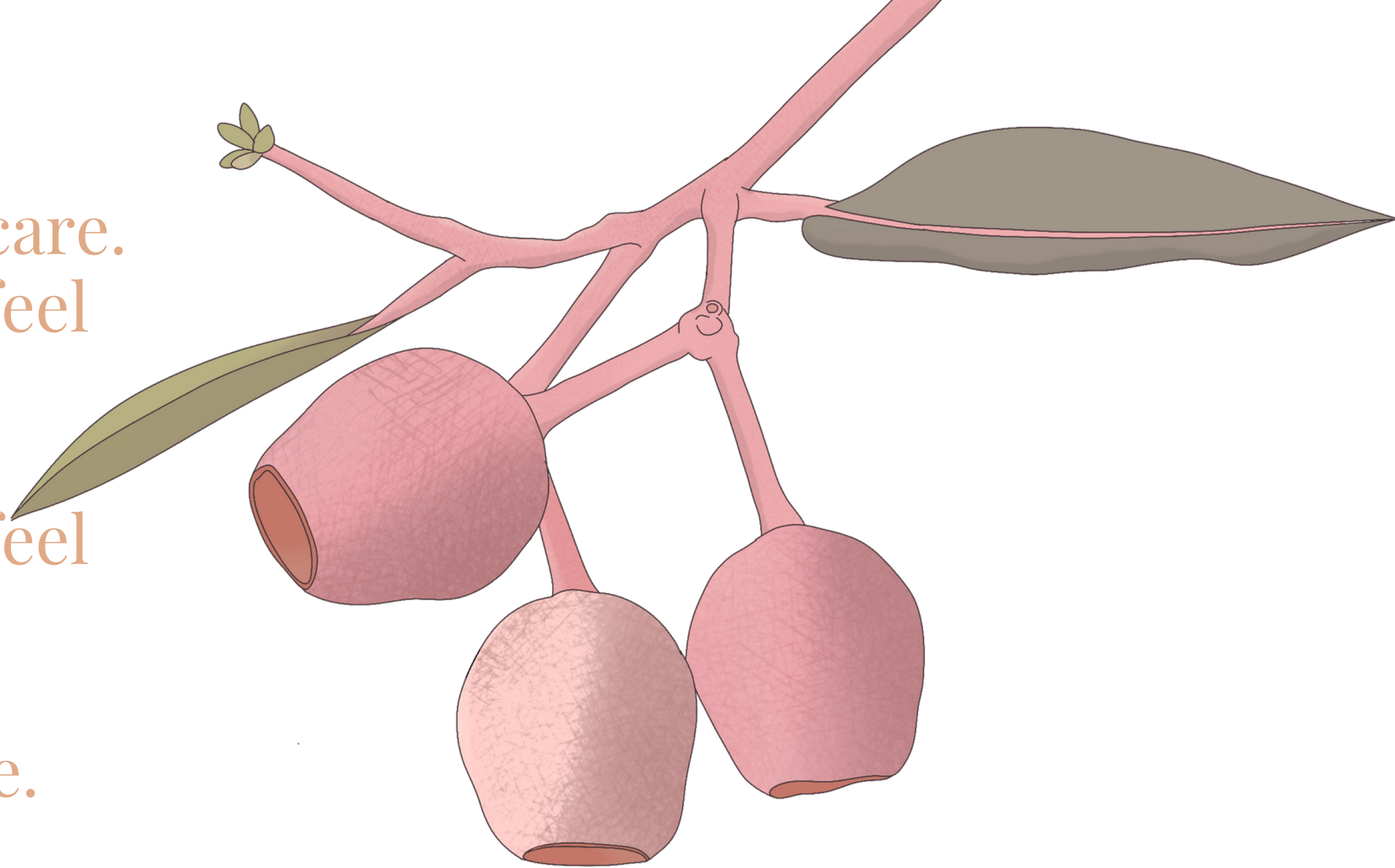
Wounded young living beings attack when in fear; particularly after previously being attacked themselves.

It doesn't mean we don't care.
It doesn't mean we don't feel
remorse.

It doesn't mean we don't feel
empathy or shame.

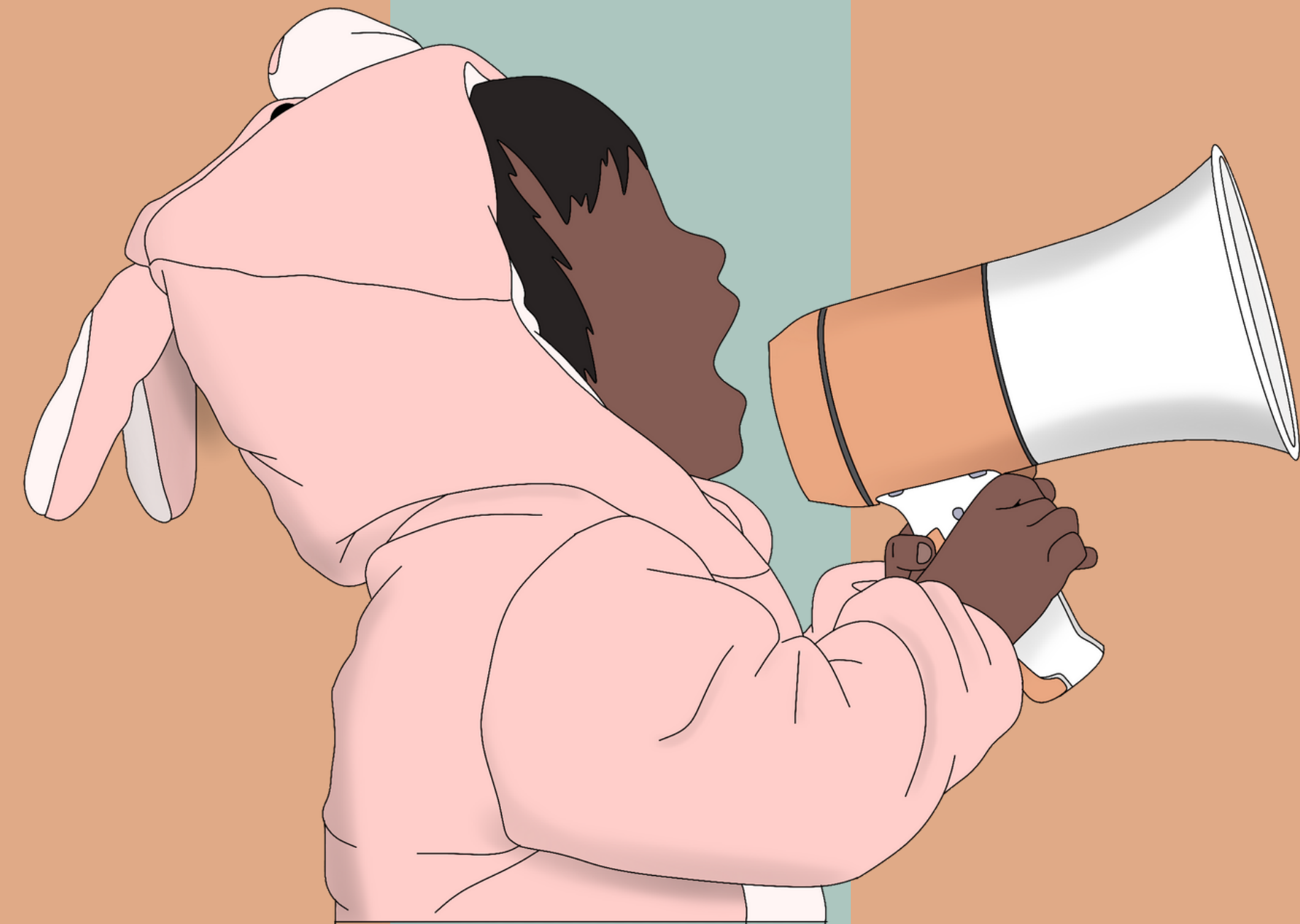
It means we don't feel safe.

Vulnerability feels unsafe, and
our expression of it is often
used against us.

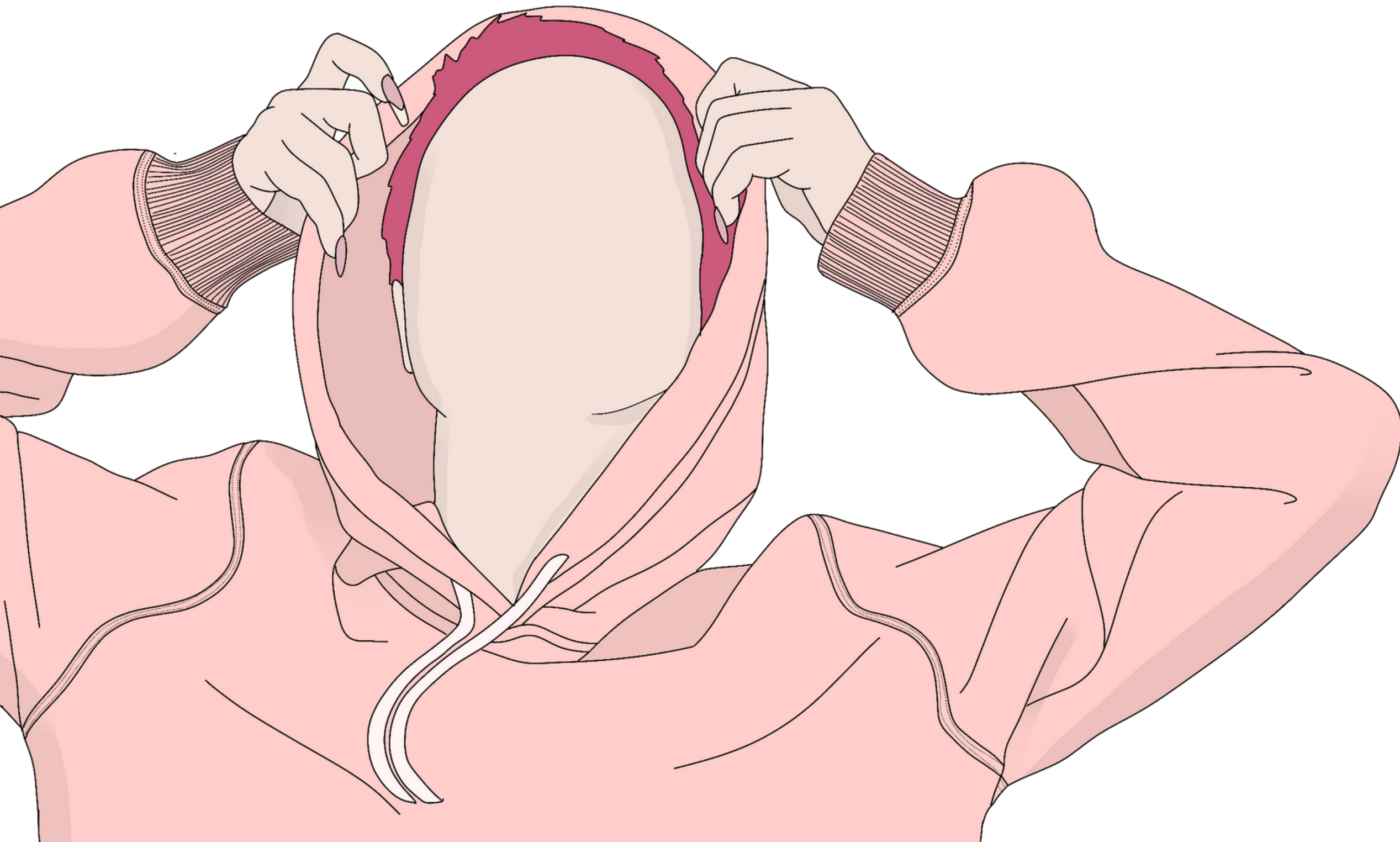


Our responses to meltdowns as adults

- require safety
- require consistency
- demonstrate safety to the brain, allowing change
- we are human, not perfect
- safety doesn't always equal calm or reasonable (but honesty and transparency, and sharing our own experiences)



What are we already trying?



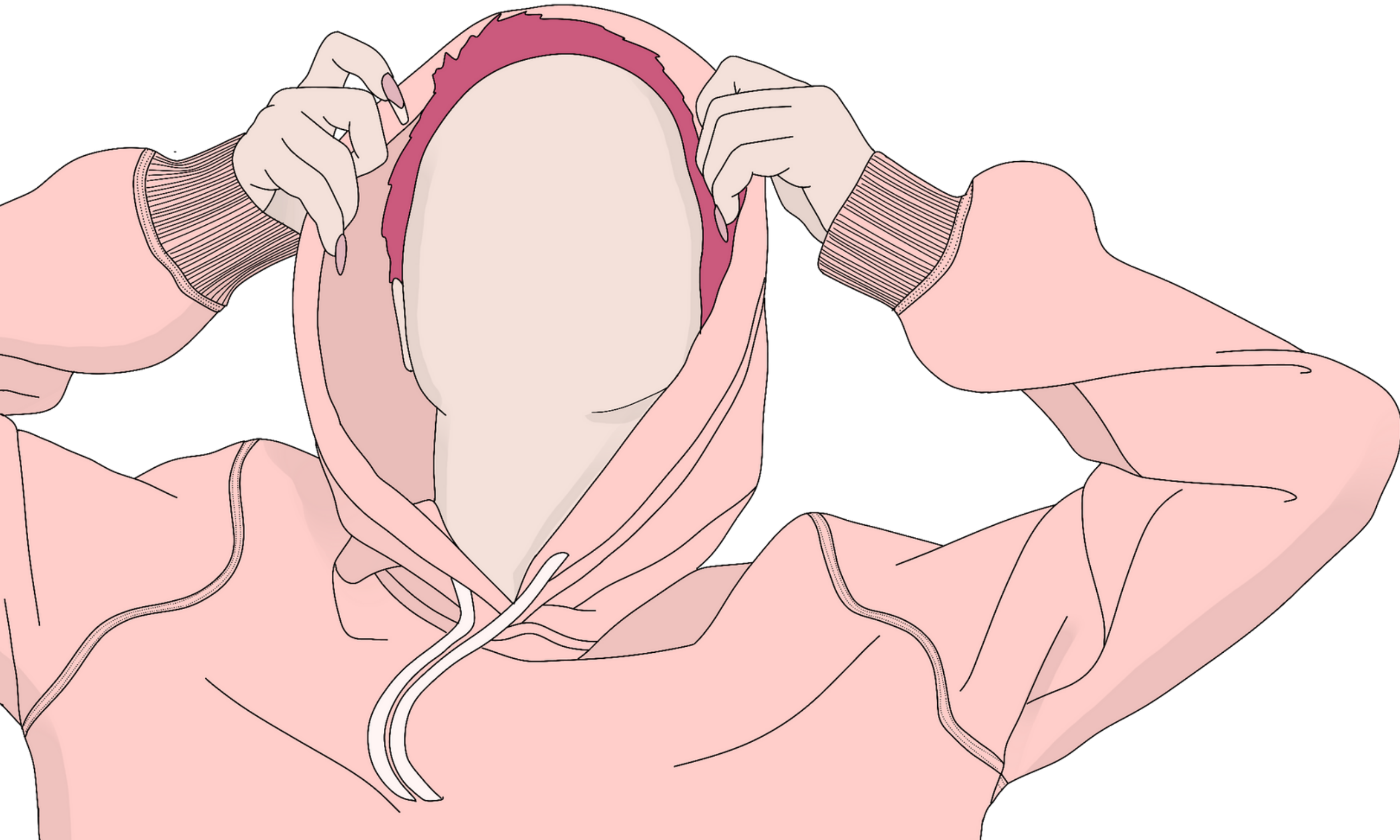
Parents are encouraged to:

- Add fuel to the fire
- Focus on the 'behaviour'
- Fixate on the deficits

Shaking up the coke bottle at the explosive point and beyond.

- Carbonation settles to flatness
- Burnout, exhaustion, coming out of survival mode
- Recovery can take weeks, months, years
- Parents are under incredible unrelenting pressure that is projected onto children

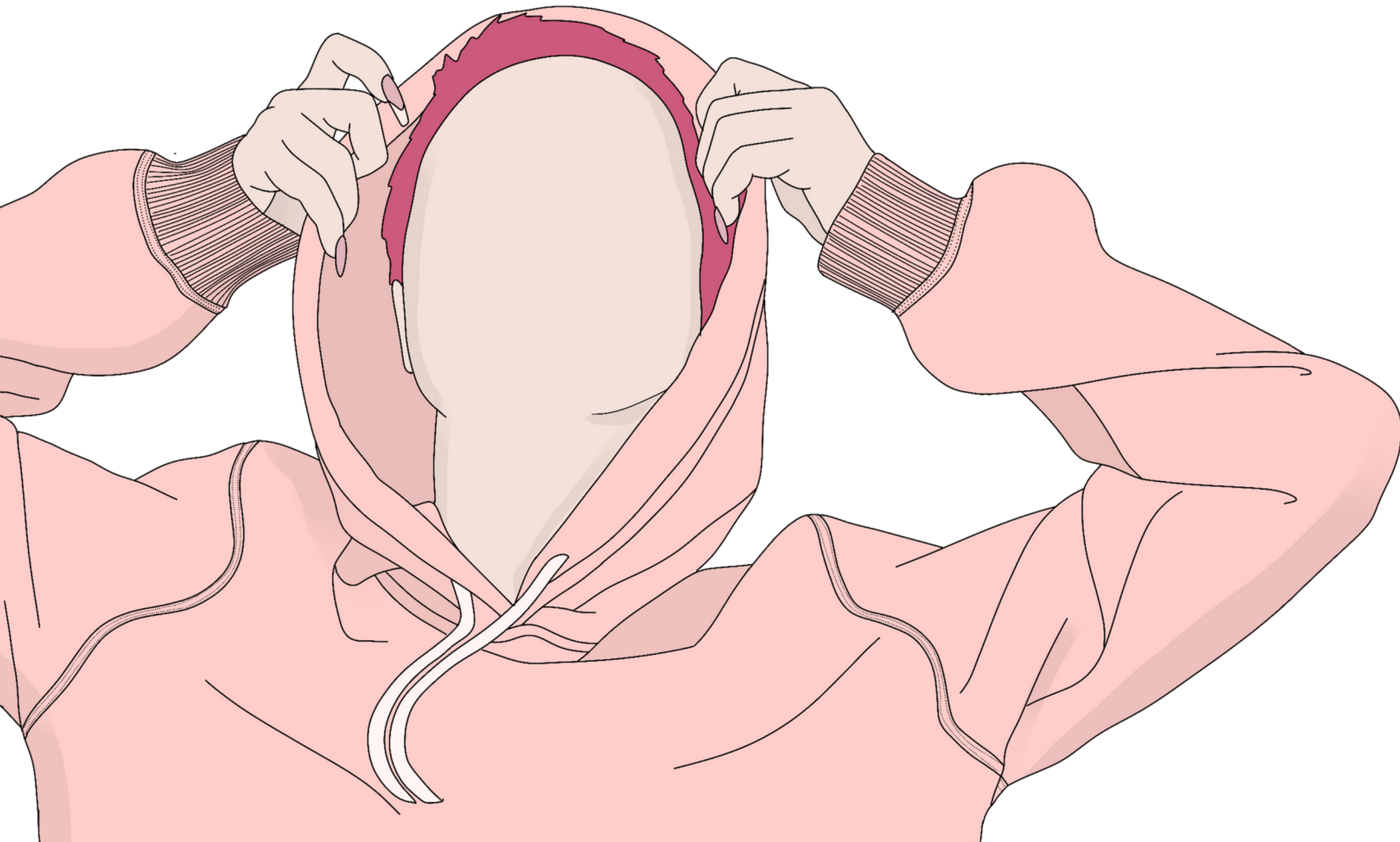
What are we already trying?



Neurodivergence isn't an enigmatic fruit that mysteriously grows on a tree filled with apples.

It comes from somewhere (*wink wink, nudge nudge, raised eyebrows*).

What are we already trying?



If our struggle to let go, or our need to comply, or a need to control is feeling extremely hard to manage..

it is worth exploring our own potential for neurodivergence.

Is this about my child?

Or, is it about me?

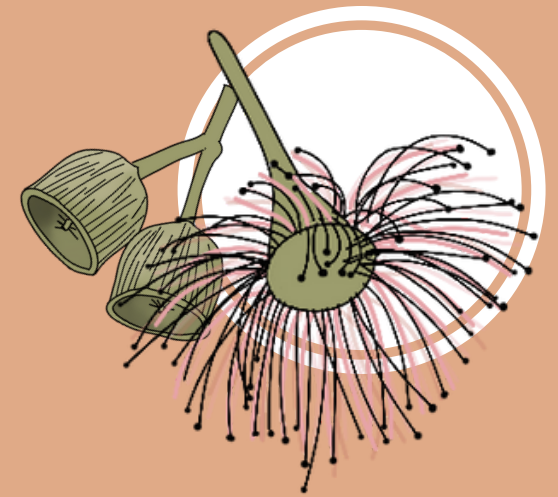
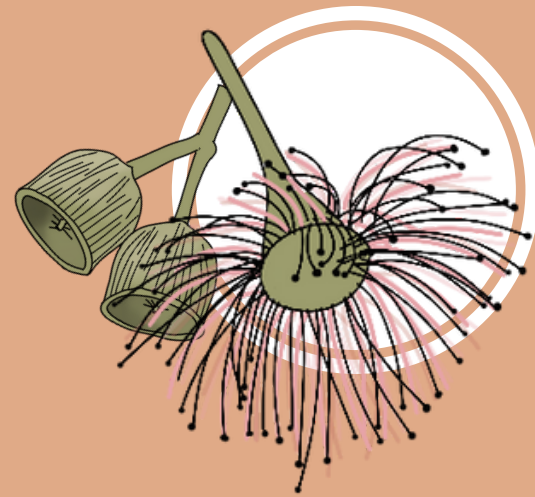
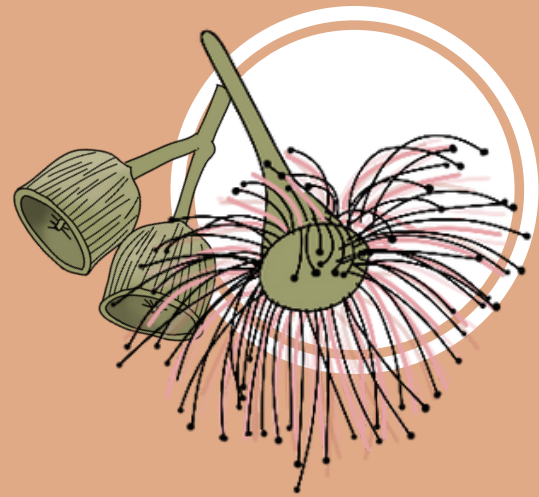
Intergenerational trauma



Intergenerational trauma and neurodivergence.

- alcoholism
- drug addiction
- institutionalisation
- lack of educational opportunities or a failure in understanding learning pathways
- eating differences
- *trauma*

Every child, every person, every family is different in how we respond



What do I do or say when they're in meltdown?

How do I protect my other children or protect them from themselves?

What if I am triggered?



This differs for everyone, but divergent people require divergent approaches.

What do I do or say when they're in meltdown?

- no reprimanding
- sometimes, no words of empathy or reassuring (demand of dictating experience)
- be present if necessary in a way that works (no talking, gaming, etc)



What do I do or say when my loved one is *activated*?

Be careful of generic frameworks such as changing language and low demand lifestyles without deeper exploration of the individual.

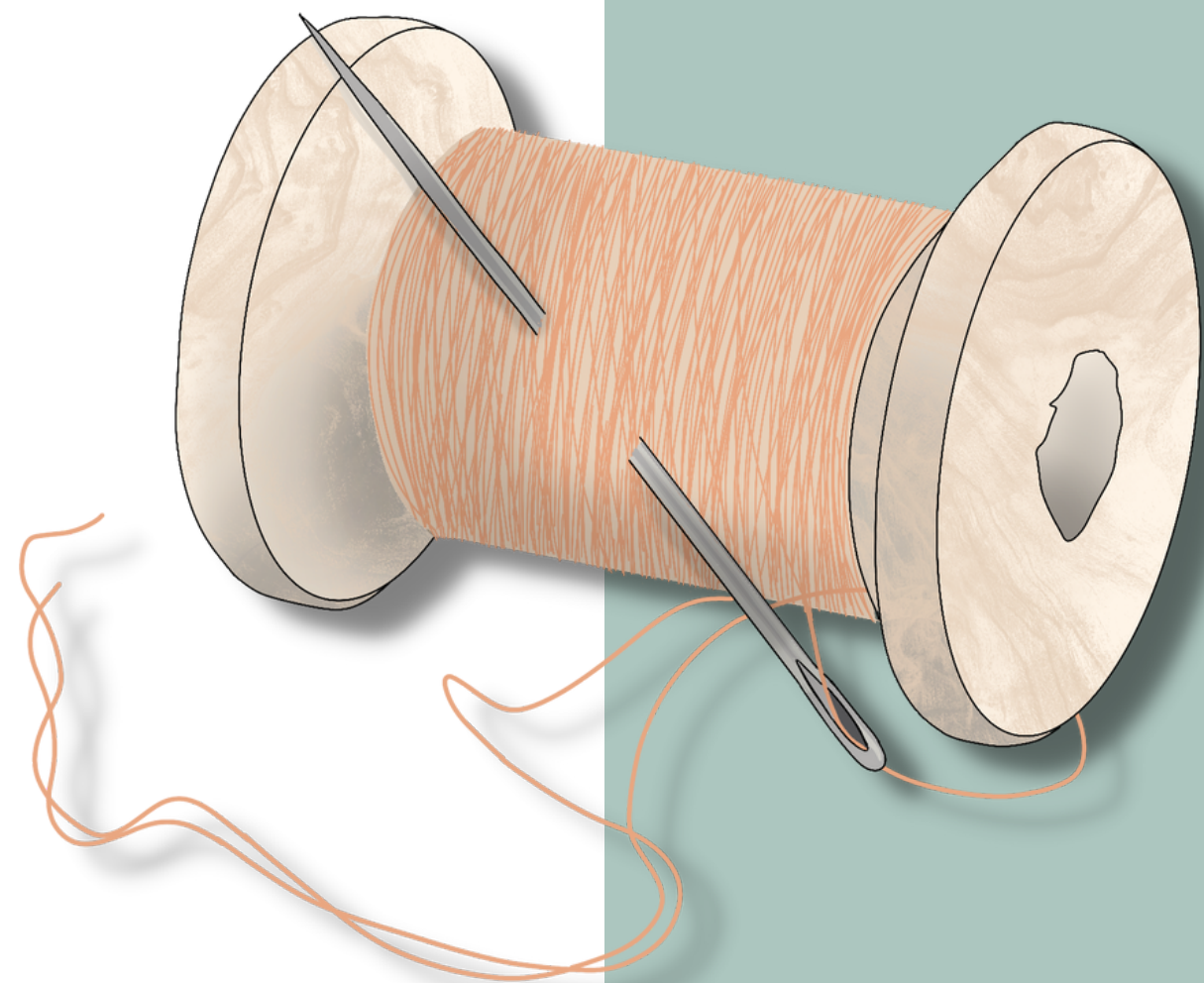
Scripting, pretending, not being ourselves can induce less trust and more panic.





Honesty & Transparency

- I've mucked up. I panicked and in my best trying, I thought this was best..
- Our connection is most important to me, and I'm learning.
- Sometimes I feel scared I'll do the wrong thing and so I try really hard to get it right.
- I remember when..

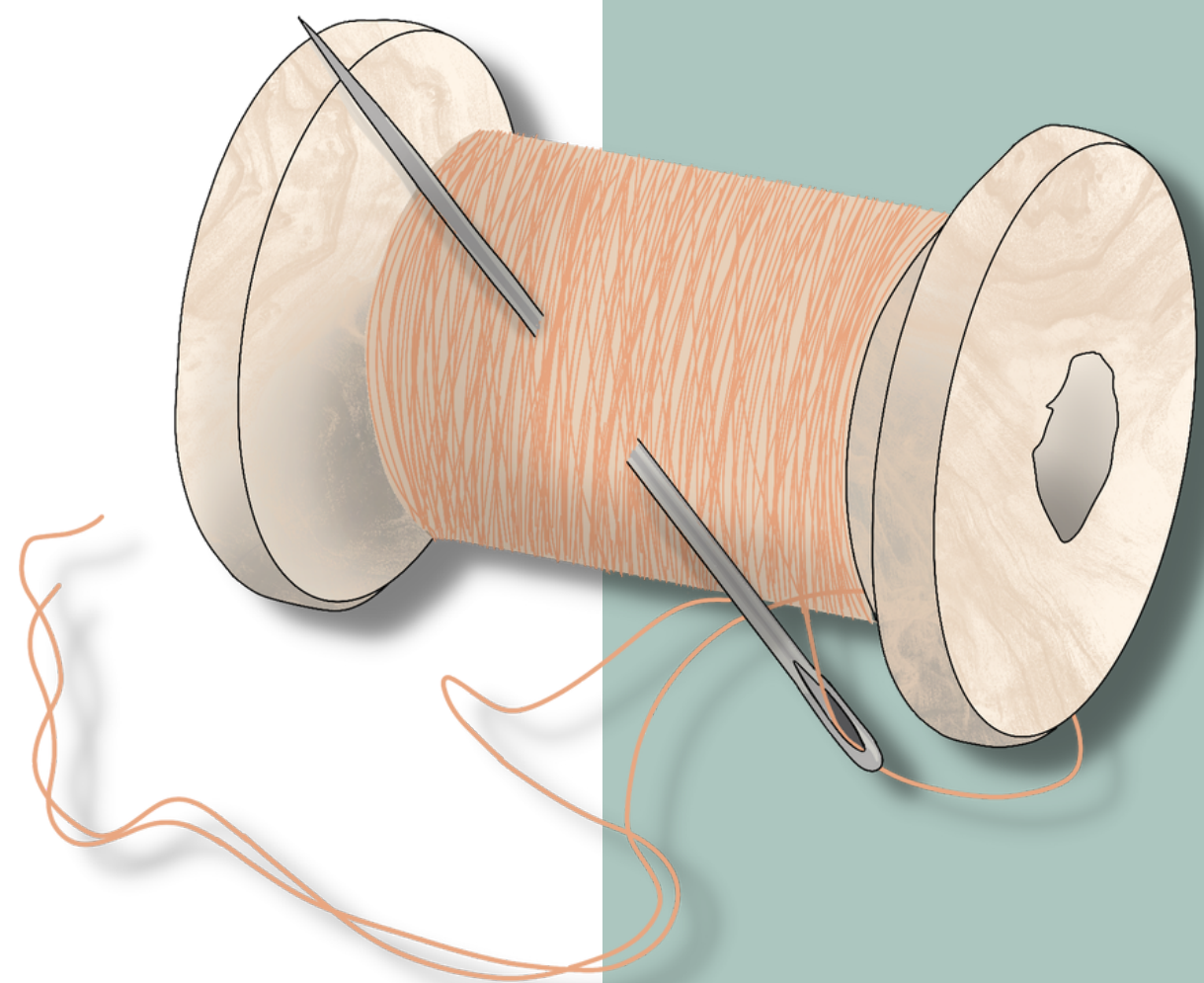


Triggers (will change over time)

- times of day?
- care tasks?
- people, places or things that are hard?

Can we let go of any of these things?

Remembering the difference between capacity building and the reality of disability (risk of trauma).



This is not an illness we recover from and then return as we were.

Rest.
Stillness.
Recovery.

Eating differences
Screen time
Circadian rhythmic changes
Increased anxiety
Exhaustion
Lethargy
Less speaking
Increased/Decreased need for
closeness and needs to be met
Disability
Incapacity





Build Capacity

‘Doing for’ is not ‘enabling further’
Collaborate, join, meet with curiosity
No rushing off to therapies over rest
Get moving (shaking up the limbic
system)

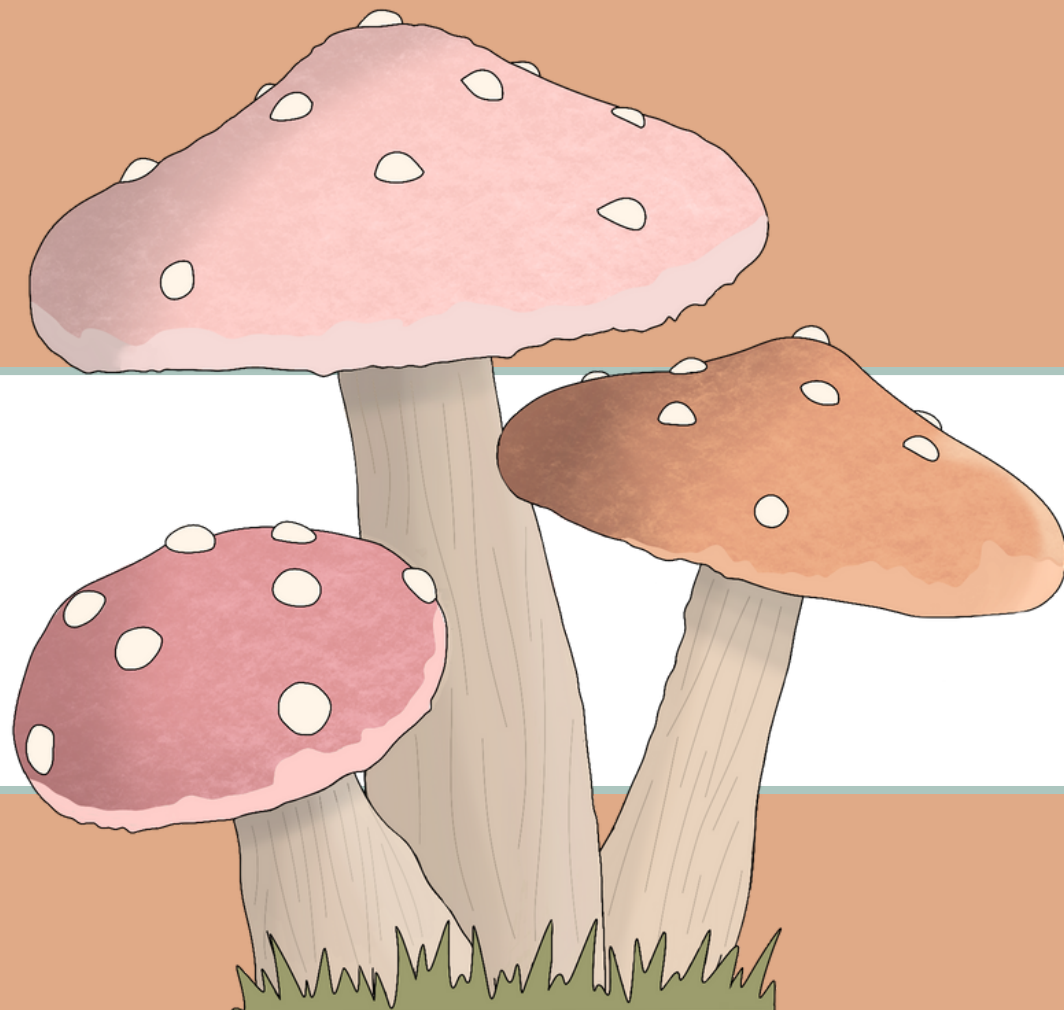
Somatic release

Sensory input

Community for parents

Expect to self doubt

Weed and feed





Community

Less judgement and criticism, more connection in community with those who will hold space.



Advocacy

- Paying attention
- Notes
- Moving forward
- Supports, accommodations
- Voicing/advocating for our child
- Modelling self advocacy



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