

Notes to accompany the PowerPoint Slides for the E-learning module for parent-carers: PDA: A Profile of Autism



Before you start:

- Please note that the PowerPoint which accompanies these notes has been divided into Part 1 and Part 2.
- Remember once the PDA: Profile of Autism PPT is open, to then open it up in **Slide Show View**.
- You will need to have a copy of these notes open (preferably a hard copy version), in order to navigate your way through the materials.
- You may also want to consider doing parts of this training with your partner and/or a friend.
- You are welcome to pop an e-mail to sarahs_karma@yahoo.co.uk at any stage should you need clarity on anything or have a specific question you would like to ask.

PART 1

Slide 2: Meet the Blobs



Reflection:

To shift from what you were doing and into this new space, the start of your PDA journey; take some time to engage with the following questions once you have had a look at the 'Blob Tree':

- Which Blob best describes how you are feeling at this moment?
- Reflect on what may have contributed to how you are currently feeling.

Slide 3: Module outline


This is an outline of the content that will be covered over the course of this online module

- What is Pathological Demand Avoidance (PDA)?
- The origins of PDA
- The current situation
- Autism and PDA
- The main features of PDA
- Highly sensitive neuroception
- Family experiences of PDA
- Life as an adult 'PDAer'
- Coping strategies for adult 'PDAers'
- Towards family resilience
- Resources

Slide 4: Pathological




Click on the speaker icon in the top left hand side of this slide.

-  Without thinking too hard, jot down the first thought that comes to mind on hearing the word spoken.

Slide 5: Synonyms for pathological



Reflection:

- Do you know of anyone who presents as obstinate, unreasonable, lazy, moody, awkward, willful, immature and/or ill-disciplined much of the time as described by **Sally Cat** on this slide?
 - Think back and/or refer to the **ASC Awareness and Acceptance PPT Part 2**, Slide 14 (already uploaded onto the PASDA website) and think again about the person who came to mind in response to the first question.
<https://www.pasda.org.uk/index.php/document/awareness-and-acceptance-introductory-module/>
 - Consider what could be driving this behavior that you regularly observe?
-  If you are interested, click on the link on the slide, to access **Sally Cat's blog**. It is about adult PDA with illustrative memes.

Slide 6: Pathological: an adjective



Read the definitions taken from the Merrian-Webster Dictionary for the word pathological

The definition that most closely fits with PDA is 'being such to a degree that is extreme, excessive, or markedly abnormal'



Reflection

Consider how you feel about Demand Avoidance being referred to as pathological? Possibly, you may not feel sure how you feel about this right now. That is OK; just remember to come back to this question when you feel you have a better understanding.

Slide 7: Pathological Demand Avoidance

Take a look at what is on this slide.



Reflection:

Allow yourself some time just to think about what you have read, may mean to you.

Slide 8: Pathological Demand Avoidance



Reflection:

- Think of a time you experienced avoidance of something you have felt you ought to do and then avoided doing it.
- How did you respond in this situation i.e. what did you do to get out of having to do what you felt you ought to do?

Slide 9: What is Demand Avoidance?



Watch the excerpt of the **Demand Avoidance of the PDA Kind** video by clicking on the YouTube link on the slide. Watch just the first minute of the video.

Slide 10: Meet Harry Thompson



Watch the YouTube video, '**An Introductory video on Pathological Demand Avoidance or PDA**' by clicking on the link on the slide. Watch only the first 9 minutes and 15 seconds i.e. 9:15 of this video.



Reflection:

- What strikes you as interesting about Harry?
- How would you describe your first impression of him to someone who has never met him?

Slide 11: Demand: this or that?



Activity:

Read through each of the options carefully and decide which of the two you would consider more demanding to complete.

Complete the table below:

Circle the number of your choice for each option.			
A1	Maintaining friendships	A2	Being generally sociable
B1	Brushing your teeth	B2	Taking a shower
C1	Looking good	C2	Being viewed by others as good
D1	Being punctual	D2	Being reliable
E1	Housework	E2	Keeping the house tidy
F1	Walking the dog	F2	Going to the gym
G1	Debating your point of view	G2	Acceptance of the majority view
H1	Supporting a family	H2	Earning a living
I1	Preparing to leave the house	I2	Left alone with your thoughts



Reflection:

Briefly consider your choice for each of the options and think about why what you have selected, is the more demanding of the two.

Slide 12: What is a demand?



Activity:

Answer the questions posed on this slide.



To broaden your understanding PDA and the concept of demands, click on the link on the slide in order to access Steph's Blog, **Steph's two girls: A family life with a type of Autism called Pathological Demand Avoidance**. This link specifically takes you to a link on which she has shared some of the insight she has gained on her journey towards better understanding PDA. One such insight includes the realization that many people experience demand avoidance, but how the nature of this is significantly different in PDA.

Slide 13: Demands

This slide is an illustrative memes compiled by **Julia Daunt**, an adult with PDA. For further information on Julia you can access her website; **Me, Myself and PDA** by clicking on the link provided on the slide.

Slide 13: The PDAers' experience of demands

- ▶ Watch the remainder of the YouTube video, **Demand Avoidance of the PDA Kind** i.e. from 1 minute into the video until the very end.



Reflection:

What specifically about what you watched, struck you as something you had not previously appreciated about PDA?

Slide 15: The origins of PDA



- To learn a little more, you can access a reference booklet, page 3, compiled by the **PDA Society** by clicking on the link provided on the slide. It is also possible to download this booklet as a PDF document

Slides 16 and 17: The current situation



- The **Help 4 Psychology blog** (link is on slide 16) will give you access to further reading on the current situation and together with the link on slide 17 you can also explore some of the debate surrounding the terminology used to give a PDA diagnosis.

If you are beginning to suspect you or someone you know may have the PDA profile of Autism, you can visit the **PDA Society's** webpage, more specifically access the link below to get information on the diagnostic pathway to follow: <https://www.pdasociety.org.uk/life-with-pda-menu/adult-life-landing/diagnosing-pda-adults/>

Slide 18: Autism Spectrum and PDA

While looking through the information on this slide, be mindful of the fact that PDA is a profile of Autism i.e. if an individual has a diagnosis of PDA then this means that individual is Autistic. However one can receive a diagnosis of Autism without the PDA profile.

Slide 19: Autism and the PDA profile of Autism

There are similarities between Autism and PDA, but also distinct differences.



Activity:

- Make a list of the self-imposed demands you often place upon yourself?
- What is the difference between a direct and an implied demand? Give an example of each in your life.

Slides 20 and 21: Reframing PDA



- Click on the link provided on the slide to read more about **Sarah Stogryn's** neurodiverse perspective on PDA

For further reading on viewing PDA through a neurodiverse lens, take a look at **Jessica Mathew's** FaceBook page, **Changing the Narrative about Autism and PDA** by clicking on the link provided on slide 21.

Slide 22: The main features of PDA



The National Autistic Society has a link on its webpage that you can access by clicking on the link available on the slide.



Reflection:

Having read through what constitutes the main features of PDA, which if any, strike you as different from Autism?

PART 2

Slide 2: Extreme Demand Avoidance Questionnaire (EDA-Q)

This slide displays part of the EDA-Q, which can be accessed via the link provided. Please be mindful that this is **a screening tool** and cannot be used to diagnose PDA i.e. this questionnaire can be used initially as a means to determine whether there is a need to explore the possibility of a PDA diagnosis. In order to make an accurate diagnosis requires a multi-disciplinary team of appropriately experienced professionals and the collation of sufficient collateral information from a variety of different settings.

Slide 3: The stages of demand avoidance



Reflection:

- Consider an experience you have had with your Autistic adult (remember we all sometimes avoid demands, direct, implied or self-imposed) when you required he/she do something (a direct demand).
- What was the demand and what was his/her initial reaction?
- What normally happens if you continue to apply pressure for him/her to comply with what has been asked?
- How could you think about doing things differently the next time round?

Refer to the **ASC: Acceptance and Awareness PPT: Part 2**, slides 8 through to 12 uploaded onto the **PASDA** website. You are able to access it by clicking on the link below: <https://www.pasda.org.uk/index.php/document/awareness-and-acceptance-introductory-module/> You should also take a look at the **Notes for Autism Awareness and Acceptance** which accompanies this PPT, pages 10 – 12 on the PASDA website.

Slide 4: The anxiety bucket



Access the link provided on the slide to read how **Julia Daunt**, an adult PDAer experiences and manages her anxiety.



Reflection:

- In what ways could this analogy be a helpful way to think about your Autistic adult's as well as your own anxiety?
- With this analogy in mind, in what ways could you think about responding differently in difficult situations?

Slide 5: Harry Thompson on Demand Avoidance



Use the link on the slide to watch the remainder of the video, '**An Introductory video on Pathological Demand Avoidance or PDA**'. You have already seen the first 9 minutes and 15 seconds; watch the video until the end.

Slide 6: Highly sensitive neuroception



Read the article, '**Highly sensitive neuroception may be at the heart of PDA**', written by Jessica Mathews. You can access it by clicking on the link at the top of the slide.

The link at the bottom of the slide will give you access to an article written by **Raelene Dundon**, a clinical psychologist, who talks about taking a trauma informed approach in providing support to individuals diagnosed with PDA.

Slides 7 and 8: Family experiences of PDA and Parent/Carer's voices

The experiences of families shared on slide 7 and the parent-carer voices on slide 8 are taken from a report, '**Being Misunderstood**' published by the PDA Society in 2018. It reveals how people with Pathological Demand Avoidance (PDA) are at especially high-risk of being misunderstood. This report is based on the largest survey to-date on the topic of PDA and is of interest to those supporting people with PDA. It can be accessed by clicking on the link provided on the slide.

Slides 9 and 10: How to respond in a PDA kind of way



Read through the scenario presented on slide 30. Allow yourself some time to think about it. This scenario is an exact situation I experienced with my own son, a 22 year old, diagnosed with Autism when he was 5 and only with PDA at 19.



Reflection:

- Have you experienced a situation similar to the one described on slide 9?
- Now answer the questions on slide 10.

Slides 11 and 12: Some Adult PDAers' experience



The information on this slide can be expanded by visiting the link provided. This is a link on the **PDA Society** webpage (<https://www.pdasociety.org.uk/>) and was put together by their PDAer panel who have willingly shared their experiences to help and support other PDA adults as well as their families.

Slide 12 shares some more of **Julia Daunt's** life and that supporting each other within your family in safe and constructive ways is essential to enable greater self-awareness i.e. being able to reflect back to one another what might be going on when things get difficult. In Julia's words: 'All of a sudden once you have self-awareness your life makes sense'.

The link provided on this slide will take you to Julia's Facebook page which provides lots of extra information with regards to her lived experience and perspective on PDA.

Slide 13: Helpful approaches for Adult PDAers



Click on the link provided. These suggestions for self-help, coping strategies and therapies were assembled from a variety of first-hand accounts shared by adults, diagnosed or self-identifying, as having a PDA profile (PDAers being their preferred term of reference), in books, blogs and on social media and from the other information for adults on the PDA Society website. You are also able to download this information as a PDF booklet.



Reflection:

- Which of these strategies could be helpful to share in your current family situation?
- How could you support your Autistic family member to think about and maybe even engage with some of these suggestions for self-help and coping strategies?

Slide 14: Executive Functioning Fuel: The Spoon Theory

- ▶ Click on the link provided to watch the YouTube video that provides a helpful analogy (spoons) to understand how we expend our executive functioning fuel and how that can be different for neurodiverse individuals i.e. Autistic individuals, PDAers, people diagnosed with ADHD or who have FASD (Fetal Alcohol Syndrome Disorder).
- 📖 By clicking on the link below, you will be able to read **Christine Miserandino's** personal story and analogy of what it is like to live with sickness or disability.
<https://butyoudontlooksick.com/articles/written-by-christine/the-spoon-theory/>

Slides 15 and 16: Building family resilience

- 📖 The notes below expand on the points highlighted on slides 15 and 16.

Slide 15 provides a link to an **A-Z series of tailored support strategies** shared by a family, which has helped their child who has a PDA profile of autism. They have also included links to past posts which offers further information.

Understanding behaviour – recognize anxiety as the driver for avoidance

There are many aspects of day-to-day living that may be difficult, confusing, overwhelming and therefore anxiety-provoking for individuals with PDA, some of which we will be explored below. It is important to view the strategies, behaviours and responses your adult child may use (either consciously or subconsciously) to avoid these unpleasant sensations and feelings as an instinctive defense mechanism to reduce their anxiety and prevent overload.

Difficulties and triggers for children and adults with high levels of anxiety

Let us have a look at some of the triggers and difficulties which underpin the 'anxiety driven' need for individuals to avoid demands and to remain in control of their environment.

The demands, suggestions and expectations of others – e.g. being directly told or asked to do something, the expected social responses such as saying please & thank you, plus the additional demands, pressure and expectations associated with certain events such as Christmas and birthdays.

Difficulties in processing language – e.g. may not be able to process verbal communication quickly enough to keep up during a conversation, may be confused by non-specific and vague questions or instructions.

Difficulties and confusion in social situations – e.g. not always understanding that different social situations and different people require different behaviour and responses i.e. the unwritten rules of social interaction.

Confusion regarding the emotions of other people – e.g. may be able to see that other people are upset, sad or happy but may not understand why, what or who has caused these emotions; what their role may have played in this or how this will affect them.

Fear of uncertainty and the intentions of other people – e.g. not knowing or understanding how things will 'pan out', what different people will expect of them, where a conversation will lead to, where any given situation will lead, when a situation will end and how they will cope with this transition.

Sensory overload – e.g. too much noise, too many people, clothes itching, intolerable smells etc..... can all contribute to anxiety, overload and avoidance.

Emotional overload – e.g. some individuals can literally take on the feelings and emotions of others to such an extent that it can be overwhelming, affect their own mood and their tolerance for coping in social situations.

Remember that anxiety can manifest and be expressed in many different ways such as avoiding, anger, shouting, crying, restlessness, boredom, fidgeting, rocking, ticks, repetitive actions, obsessing, skin picking, swearing, hiding, running off, withdrawing, throwing things and lashing out at others, to name but a few

Adjusting your (parent-carer) mind-set

Looking at your role and relationship with your adult child – A more equal relationship between you, based on collaboration and respect, is more likely to build trust and reduce less desirable behaviours. Our role is to facilitate the adult in our care to be the best that they can be, and to enable them to access as many opportunities as possible. We are often their bridge between ‘their world’ and an outside world that they may not always intuitively understand or cope with.

Look beyond the surface level behaviour – Remember that the behaviour you see on the surface is just the tip of the iceberg. Below the surface, hidden from view, are many difficulties which result in acute levels of anxiety. The tip of the iceberg (the behaviours that you see and experience), are often underpinned by the culmination of the difficulties that lie beneath the surface. Therefore, instead of concentrating on the end behaviour only, try to focus on addressing the triggers and difficulties that cause the behaviour in the first place.

Don’t take it personally and keep a cool head – The strategies your adult child uses to reduce their anxiety may be quite elaborate, and seem calculated and hurtful. Sometimes it may feel like your patience is wearing thin. Remember to keep in mind that your child ‘can’t help and not won’t’ and that this behaviour results from their efforts to control their environment and therefore reduce their anxiety levels.

Treat every day as a fresh start – Don’t let what happened yesterday drag over into today, it has no benefit to your child or yourself. Following a difficult incident, try to wipe the slate clean and begin again

Provide the optimal social environment

Balance tolerance and demands – Accept that some days your child’s anxiety is so high they will struggle to accept any demands, even ones others might not view as a ‘demand’, so reduce your expectations. On days where your child’s tolerance is higher, try increasing demands.

Choose your battles – Have flexibility in your approach at home, think – is this worth a potential meltdown? But this is not the same as allowing yourself to be used as a doormat. Where a boundary is very important (for example to ensure the safety of themselves and others) it is important to reinforce the boundary. Set up a priority rating chart i.e. choose what you consider as:

1 = High priority in all circumstances

2 = Highly desirable, but not essential

3 = Low priority, but something that needs to be worked on

Choosing non-negotiable boundaries – The quantity and nature of non-negotiable boundaries will vary depending on the individual and your particular family. For some PDAers, non-negotiable boundaries may need to be reduced to very few, and may include only the bare minimum relating to health and safety. However, these can gradually be increased to include more non-negotiable boundaries as your child's anxiety levels become lower. This may also need to be variable to take into account fluctuating levels of anxiety that can occur in an individual, in different situations and at different stages of their life.

Provide clear reasons for non-negotiable boundaries – Your child may be more likely to adhere to a boundary if they have a clear understanding of why it is important. Don't make it personal to them, try to explain the reason for the boundary in more general terms. It can also be helpful to blame this on a higher power e.g. "Cyclists are required by law to have lights on their bicycles if they cycle at nighttime. If individual cyclists ignore this law, they are not visible to other road users and could cause an accident, in which they could either get hurt or injure someone else. Cyclists who ignore this law will get into trouble with the police."

Enforcing non-negotiable boundaries – A non-negotiable boundary, referring back to the above example, may be to download and print the cycling regulations for those who use the roads and slip these under your child's bedroom door to have a look at when he/she is able to. This enforces the boundary, but is unlikely to exacerbate the situation in the way that trying to enforce a boundary with rewards or threats of punishments or consequences may do.


Offering rewards and/or making threats – Traditional methods of behaviour modification do not tend to be successful for individuals with high levels of anxiety, although there may always be exceptions to the rule. The use of these methods can increase the perceived expectation and demands of others and gives control to the person who is offering the bribery or threatening the consequence. This can seem unfair and unjust if an individual simply can't rather than won't. Some individuals may also view the use of rewards as 'blackmail'.

Natural rewards and consequences – The use of natural rewards e.g. "Because you have appreciate the need to use lights on your bicycle at night, I don't worry and can sleep more peacefully. I feel so much more refreshed this morning that I feel like making us French Toast for breakfast." and natural consequences e.g. "Let's first attach the lights to your bike, you do the front one and I'll do the back one and then we can most definitely go to the bicycle shop as you asked, to buy a puncture kit" can be more successful. This way your child learns naturally that certain types of behaviour produce pleasant results and vice versa.

Keep exposure to busy social occasions manageable – Try to keep social outings in small bite-size chunks that are manageable, provide as much one-to-one support as possible and think of quiet zones he/she can go to if things become too much e.g. return to his quiet/safe space (bedroom or the car to listen to music) for a period to regroup and calm down. Try to have a flexible approach if possible i.e. for your child to know that he/she can return to this space at any time if he/she becomes unable to cope.

Fear of Uncertainty – Plan ahead so that your child knows what to expect. Do this together wherever possible. Provide visual information of where you are going e.g. a leaflet or a YouTube video of the venue, and make a timetable of the day's events. Do this together so that you are working as a team. Be prepared to change and be flexible with any arrangements that you have made to accommodate his/her fluctuating anxiety levels. If they can't do something, offer reassurance and certainty e.g. "don't worry if you can't cope today, we can try again tomorrow."

Slides 17 and 18: A noticing wall

 Click on the link provided to access the story, '**Create a Noticing Wall for your kid**' on Lifehacker by Michelle Woo.

A noticing wall allows you to display things you would like your adult child to see. It is a zero-pressure space for you to be able to write notes to each other, ask questions, jot down fun things you learned and want to share, and make plans. Using scrap paper and blu tack, you can add new thoughts and prompts all the time: "What would you like to learn how to cook?" "Let's write some poems." "What would you like to do on our day off?" He/she can respond to whatever he/she'd like, in his/her own time, if he/she wants to. You can also stick up love notes on the wall, as well as apology letters and reminders that certain things need to be done.

Slide 18 gives an example of the use of humour on our noticing wall. It started with William, my PDAer making a note of the need to replenish the Scots Oats Porage. Once I had been to ASDA and able to buy the oats, I indicated as such in green pen above the initial reminder.

Slide 19: Adopt an appropriate communication style

 The notes below expand further on the points made on this slide.

Adopt an indirect style of communication to reduce and disguise demands

Use indirect commands to disguise demands and make them fun – Try challenges e.g. "Bet I can get my coat on before you!" or "Can you show me....."

Try to make them feel useful which also helps to maintain emotional well-being – e.g. "It would be really helpful if you could just....."

Pretend you don't know / get it wrong and ask them to teach you – e.g. Mis-read words in books, or ask them to show you how to do a certain task that you want them to do.

Offer limited choices to give your child a sense of control & autonomy – e.g. "What would be best for you to do first; eat or shower?" followed by "Would you like to eat now or in 10 minutes time?" Be prepared to negotiate e.g. your child may say that he/she will be ready to eat in 15 minutes time in order to retain a sense of control.

N.B. offering too many choices or open ended choices can increase your child's anxiety. Or use the 'when... then' philosophy – e.g. "Let's each have a quick shower, then you are welcome to choose between the pasta and pizza for supper".

Voice control – Use a calm, even tone of voice, especially when he/she is demand avoiding. If you convey anxiety, stress or anger in your tone of voice your child will pick up on this, their anxiety will increase and their tolerance for demands will decrease.

Indirect praise – Praise may be perceived as a demand or an expectation to perform at the same level again. It can be helpful to give indirect praise e.g. talk to another adult/family member in the room about something good your child has done while they are in earshot – may be more easily accepted than directly praising them. Praise the object instead of your child e.g. "Wow, I was amazed to see how organized things are in John's (your adult child's) bedroom when I walked past the open door earlier" instead of "John, you have done a great job organizing things in your room".

Use role play and props – Sometimes it can be easier and less direct to attempt communication with your child through the use of role play and props e.g. hiding behind the vacuum cleaner and using an animated voice e.g. “Hey, wondering if you could help to fill my stomach? I am hungry pal?” Another option can be constructing a conversation within earshot “I wonder if Jack would like to help wash the dishes? It would help if I could wash and he would dry.” This could involve leaving sticky notes in strategic places or a WhatsApp.

Model desirable behaviour – Reinforce acceptable, desirable and alternative behaviour in your own actions, but don’t instruct your child to do the same. It can be more productive to let them observe without the expectation that they should do this also e.g. “I feel so stressed and angry right now; so I am going to sit down for five minutes to finish my cup of tea”.

Slide 20: PDA friendly language



The link provided on the slide will give you access to an article written by Jessica Mathews, **PDA and language: What kind of language might be considered PDA friendly?**



Activity:

Now practice responding in PDA ways by reading through each of the scenarios below.

1. Developing a **relationship without demand**; what would such a relationship look like?
2. You knock on your PDAer’s/ the PDAer in your care, bedroom door. The response is an aggressive; ‘WHAT?’
What do you think is behind this response?
3. *‘You need to tidy your room. There are clothes and things strewn all over the floor. Please tidy it up now. I have been asking since yesterday afternoon.’*
What advice would you give to yourself to **stay calm** and **keep your emotions level**?
4. Your PDAer/ the PDAer in your care is due a dental check-up. You have been trying to get him to make an appointment since last week.
Be creative, as well as **flexible and adaptable** in your approach to get him to agree to visit the dentist.
5. How could you make use of **visual supports** to help your PDAer/ the PDAer in your care to appreciate the need to conserve water i.e. reduce the amount of water used when brushing his teeth, washing his face and showering at night?
6. You ask daily for dirty cups and plates to be brought from the bedroom and placed on the kitchen sideboard alongside the sink. When you ask, the response is always something like; ‘I will do it just now; I am just busy. . .’
How could you **disguise the demand** and **ask less directly** for the dirty dishes to be brought through to the kitchen?
7. Your PDAer/ the PDAer in your care is engaged playing Fortnite (an online PlayStation game). It is her responsibility to feed the dog. It is already well past the dog’s dinner time and he is starting to whine. You call from downstairs that it is time to feed the dog. After a second reminder, 5 minutes later you get a volley of abuse in response.
How could you get your PDAer/ the PDAer in your care to feed the dog by offering her

a choice of two options?

8. The neighbour has complained about the volume at which your PDAer/ the PDAer in your care plays her music.
How could you get her to play her music at a lower volume by **depersonalizing the demand** to do so i.e. making the need to comply about the whole family/everyone?
9. How could you request, **speaking in the third person**, that your PDAer/ the PDAer in your care, help unload the groceries from the car?

Slide 21: Meet Tyke, the French Bull Dog



Read through the scenario on the slide.



Reflection:

As this parent-carer in this situation, how would you currently be feeling?

Slide 22: Meet Tyke, the French Bull Dog



Reflection:

- Considering how you felt in response to the situation described on the previous slide, how are you now feeling in response to what has been shared on this current slide?
- By thinking creatively and responding in a PDA kind of way, how could you salvage the above situation? To do this successfully you need to determine what demand is being avoided.



Below is one mother's (parent-carer's) creative response to this particular situation. Creative thinking and humour should be in every parent-carer's repertoire. Responding as illustrated below removes the implied demand and makes it possible for the PDAer to engage as he always really wanted to be able to, but after three weeks was no longer able to.

A mother's creative response

It took a long time (over an hour) to get my PDAer / the PDAer in my care to open up and longer still for him to find the words to explain what he wanted to say. He needed help to do so which involved me asking him yes or no questions and then helping him find the right words and identify his emotions so he could say how he felt.

As it turned out he was simply overwhelmed by the responsibility of owning a pet that could outlive him, although he was enjoying it now the weight of the future sat heavily on his shoulders. No rationalising or explaining or offering solutions helped. No he had made up his mind, even though it made him really sad, even though he didn't know how to explain this to me, Tyke had to go despite him seemingly being distraught at the prospect.

My first instinct I'll admit was one of panic and frustration, I mean we planned this! He was the one who wanted it. He seemed to be enjoying it. It was his pet and he should take responsibility. Now I was going to have to find another home for Tyke, one who knew about dogs, one that would take care of him as well as we would; people would think we just got a pet and now we are getting rid of him when my PDAer / the PDAer in your care was bored.

An hour later and with a little creative thinking I had the solution. I told my PDAer / the PDAer in my care that if he wanted I would take Tyke from him, take care of him, that he would now be my

pet, I'd move him and work out his future care; that he could either be involved with Tyke's care if he wanted or not if he didn't, but there was no pressure, from now on he was my responsibility. I saw the relief sweep over my PDAer / the PDAer in my care and a huge smile came over his face as he agreed. Since then he has continued to care for Tyke in just the same ways as before, but the pressure is lifted so he can enjoy doing it without anxiety building because of the weight of the demand.

With a little creative thinking I was able to help my PDAer / the PDAer in my care say yes to something he wanted to do, but was too overcome by the demands associated with it to know how to. This is a skill that grows with time and the key to it, I have found, is accepting and acknowledging that the overwhelm the person feels, is real and crippling, and not to react in the moment out of confusion or disappointment or anything else.

We can either become a block by forcing demands on our PDAer / the PDAer in our care or, be a guide to finding a path through or around demands and so allow the person to experience the things they love simply by using a little creative thinking.