

**Information from Professionals**

***For consideration of possible Pathological Demand Avoidance (PDA) profile of Autism Spectrum Disorder***

|  |  |
| --- | --- |
| **Child / Young person’s name:**  |  |
| **Date of Birth:** |  | **Age:** |  |
| **Form completed by:** |  | **Relationship to child / young person:** |  |
| **School:** |  |
| **Date** **Completed:** |  |

|  |
| --- |
| **General information** |
| How long have you known / been working with the child? |
| Please outline the nature of your role with this child / any support you have put in place. |
| Please provide any relevant background information about the child, for example significant life events, specific learning needs etc. |
| Please outline your main concerns about your child at this current time. |
| What do you think the child’s strengths are?  |
| What does the child enjoy doing? What makes them happy? |
| What makes them sad, worried, or angry? |

|  |
| --- |
| **Avoidance of demands** |
| Does the child avoid any ‘demands’?**Please give examples:***Giving us as much information as possible helps us understand your child’s difficulties and strengths.* *Please provide real life examples.* |
| What strategies do they use to avoid these demands?**Please give examples:***Please provide as much detail as possible / specific examples* |
| How they respond to a requests / instructions from another person?**Please give examples:***Please provide as much detail as possible / specific examples* |
| What strategies have been helpful / not helpful in engaging the child / facilitating cooperation?**Please give examples:***Please provide as much detail as possible / specific examples* |

|  |
| --- |
| **Relationships** |
| How do they get on with you and other members of staff?   |
| How do they get along with family members and peers based on what you have seen / been told? |
| Please describe the child’s ability to empathise with others, consider the thoughts and feelings of others and act on these insights. |
| Do they shock / upset other people? If so how do they do this? |
| Do they ever try to tell others what to do / how they should behave?**Please give examples:** *Please provide as much detail as possible / specific examples* |

|  |
| --- |
| **Behaviour and mood** |
| Does the child demonstrate any socially unacceptable behaviour?  |
| Have they been in trouble at school or with the police? |
| Do they take responsibility for their behaviour? |
| Please describe their general mood |

|  |
| --- |
| **Do you have any particular theories or ideas about the child’s difficulties?***For example,* *Mental health needs, recommended strategies not being implemented, impact of life events, PDA profile.* |
| Please provide details |

|  |
| --- |
| **Are there any other comments you would like to add which have not already been covered?** |
| Please provide details |

**Extreme Demand Avoidance 8-item measure (EDA-8)**

Please answer the questions thinking about the child’s behaviour during the last six months. Please read each item carefully and select the answer that best applies.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Nottrue | Some-what true | Mostly true | Very true |
| 1 | Obsessively resists and avoids ordinary demands and requests. |  |  |  |  |
| 2 | Is driven by the need to be in charge. |  |  |  |  |
| 3 | Tells other children how they should behave, but does not feel these rules apply to him/herself. |  |  |  |  |
| 4 | Has difficulty complying with demands unless they are carefully presented. |  |  |  |  |
| 5 | Seems unaware of the differences between him/herself and authority figures (e.g. parents, teachers, police). |  |  |  |  |
| 6 | Mood changes very rapidly (e.g. switches from affectionate to angry in an instant). |  |  |  |  |
| 7 | Uses outrageous or shocking behaviour to get out of doing something. |  |  |  |  |
| 8 | Has bouts of extreme emotional responses to small events (e.g. crying/giggling, becoming furious). |  |  |  |  |

**Thank You!**

Please return to the Administration Team, The Specialist Assessment Service, Chelmsley Wood Primary Care Centre, Crabtree Drive, Birmingham, B37 5BU

***This form should be returned along with forms completed by parent / carer***

***(‘PDA Referral Form’ and ‘Information from parents / carers – PDA’)***