



***Signs & indicators of possible Pathological Demand Avoidance (PDA)***

**Information from Parents and Carers**

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| **Child / Young person’s name:**  |  | **D.o.B** |  |
| **School:** |  | **Age:** |  |
| **Form completed by:**  |  | **School** **Year:** |  |
| **Relationship to child / young person:** |  | **Date** **Completed:**  |

This questionnaire is part of the formal information-gathering which contributes to consideration of a child or young person’s profile relating to the Autism Spectrum, specifically the atypical subtype profile of PDA/EDA.

The first page gives us a **general overview** of your child/young person. It is a ‘Pen Picture’. You will then have further opportunity to give us more detailed information on the pages which follow.

There will be some questions which are not relevant to you, and some issues which your child does not experience. Please mark these as **N/A (Not applicable**).

* **Please do not leave any section completely blank**
* **Please also attach any copies of additional documentation in relation to the support that has been offered to your child/young person during the period of time that you have been involved with them**

 ***The information you provide is very important***

***and will be used to contribute to a decision about whether or not your child receives a formal diagnosis of PDA/EDA***

If you have any difficulties completing this form please contact:

**The Specialist Assessment Service on 0121 722 8010**

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| **Please give us some general information about your child** |

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| Please outline your main concerns about your child at this current time.  |
| What support strategies have you put in place in at home and do you understand has been put in place at school. Of those strategies what has worked and what has not worked? *E.g.* Praise, reward, reproof and punishment, direct/indirect instructions, allowing your child to be in charge of choice/decisions, allowing the child/ young person to take the lead, other approaches to your child and/or adjustments in their environment. (Please attach any information that you have to support your summary in this section) |
| What do you think are you child’s particular **strengths**?  |
| What does your child enjoy doing? What makes your child happy? |
| What makes your child sad, worried, angry or frightened? |
| How does your child get on with you and other family members?  |
| How does your child get on with people at school and in the community (from what you have seen and been told? |
| How does your child get on with peers?  |

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| **Please give us some more detailed information about your child’s*****Avoidance of Demands****Giving us as much information as possible helps us understand your child’s difficulties and strengths.* *Giving real life examples.*  |

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|  | **What ‘demands’ does your child avoid?**  |
| **Please give examples:** |

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|  | **What strategies does your child use to avoid these demands?*** Distracting adult: ‘Look out of the window!’, ‘I’ve got you a flower!’, ‘I love your necklace!’, ‘I’m going to be sick’, Swearing.
* Acknowledging demand but excusing self: ‘I’m sorry, but I can’t’, ‘I’m afraid I’ve got to do this first’, ‘I’d rather do this’, ‘I don’t have to, you can’t make me’, ‘you do it, and I’ll .......’, ‘Mummy wouldn’t like me to’.
* Physically incapacitating self: hides under table, curls up in corner, goes limp, dissolves in tears, drops everything, seems unable to look in direction of task (though retains eye contact), removes clothes or glasses, ‘I’m too hot’, ‘I’m too tired’, ‘It’s too late now’, ‘I’m handicapped’, ‘I’m going blind/deaf/spastic’, ‘my hands have gone flat’.
* Withdrawing into fantasy, doll play, animal play: talks only to doll or to inanimate objects; appeals to doll, ‘My girls won’t let me do that’, ‘My teddy doesn’t like this game’; ‘But I’m a tractor, tractors don’t have hands’; growls, bites.
* Reducing meaningful conversation: bombards adult with speech (or other noises, e.g. humming) to drown out demands; mimics purposefully; refuses to speak.
* (As last resort) Outbursts, screaming, hitting, kicking; best construed as panic attack
* Other
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| **Please give examples:** |
| **Please give us some more detailed information about your child’s*****Sociability*** |

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|  | **Please describe your child’s ability to empathise with others, consider the thoughts and feelings of others and act on these insights** |
| **Please give examples:** |

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| **Please give us some more detailed information about your child’s*****Sense of social identity, pride or shame*** |

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|  | **Describe the positive interactions and relationships that your child has?***Do they get on better with peers/adults, Do they admire anyone, Do they identify with their peers/adults?* |
| **Please give examples:** |

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|  | **Does this person shock/upset other people? If so how do they do this?** |
| **Please give examples:** |

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|  | **Does your child demonstrate socially unacceptable behaviour not already discussed? If so what behaviours are these?** |
| **Please give examples:** |

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|  | **Does your child ever take responsibility for their behaviour? If so, when and how do they do this?** |
| **Please give examples:** |

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| * 1.
 | **Does your child display any uninhibited behaviours***, e.g. unprovoked aggression, extreme giggling/inappropriate laughter or kicking/screaming in shop or classroom* |
| **Please give examples:** |

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| **Please give us some more detailed information about your child’s*****Emotions*** |

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| **9.** | **Please describe your child’s general mood** |
| **Please give examples:** |

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| **10.** | **Does your child ever have any difficulties associated with change in mood?***What precedes AND follows these changes in mood* *How is their mood expressed? E.g. explosive, switching off, running away, hurting self/others.* |
| **Please give examples:** |

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| **Please give us some more detailed information about your child’s*****Need for Control*** |

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| **11.** | **How does your child respond to a request/instructions from another person?***Do they feel the need to exert control and therefore refuse to follow instructions unless it is on their terms.**Do they* change their mind in an instant if suspects someone else is exerting control?*Do they* apologise but ‘ re-offend’ at once, or totally deny the obvious? |
| **Please give examples:** |

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| **Please give us some more detailed information about your child’s*****Role Play and use of Imagination; Flexibility of thought*** |

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| **12.** | **Does your child confuse reality with imagined events?** |
| **Please give examples:** |

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| **13.** | **Does your child act out roles of people they know?** |
| **Please give examples:** |

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| **14.** | **Does your child take charge of appointments by acting out different roles; pretending to be someone else or needing to communicate through a puppet or another ‘character’?** |
| **Please give examples:** |

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| **15.** | **Does your child cope well with shared pretending?**  |
| **Please give examples:** |

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| **16.** | **Does your child have any obsessions? If so what are they?** |
| **Please give examples:** |

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| **Please give us some more detailed information about your child’s …*****Speech, Language and Communication*** |

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| **17.** | **Describe your child’s speech and language skills and use of non-verbal communication***Eye contact; facial expressions; gestures; use of timing in conversation, use of language; repetitive speech, mimicry* |
| **Please give examples:** |

| **Please give us some more detailed information about …*****Motor Skills*** |
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| **18. Describe any difficulties with movement or completion of tasks that require the use of gross/fine motor skills** |
| **Please give examples:** |

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| 19. Do you have any particular theories or ideas about your child’s difficulties? ASD & Anxiety; ASD recommended strategies not being implemented; PDA/EDA; Reactive attachment difficulties; Complex Social, Emotional and Behavioural Difficulties; ODD. |
| Please give examples: |

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| **20. Please provide information about child’s physical and mental health; family background factors; changes since child was last assessed by the Specialist Assessment Service.** |
| Please give examples: |

| **Are there any other comments you would like to add which have not already been covered?** |
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**Thank You!**

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

Tel 0121 7228010 Fax 0121 424 5916