The Pathological Demand Avoidance (PDA) Assessment Pathway in Solihull

The multi-agency assessment pathway was developed to help:

* Identify and meet needs
* Ensure that services and professionals were challenged to work differently to meet such complex needs
* Ensure that an evidence building process was introduced to support an indirect ‘assessment over time’ process
* To ensure that differential explanations and/or co-occurring difficulties (learning, neurodevelopmental, mental health and/or complex systemic factors) had been considered, ruled out and these needs met, before concluding that PDA was the explanation
* To empower parents/carers and professionals to use the PDA handling strategies without the need of the PDA label and for the evidence of PDA handling strategies being effective to become the evidence needed to demonstrate the benefit of labelling the PDA profile (in light of PDA not being recognised as a diagnostic label)

**The pathway process:**

|  |  |
| --- | --- |
| Pathway Stage | Description |
| Entry into the pathway | **Route 1 – New Referrals**  Individuals who have never been seen by the Specialist Assessment Service (SAS) are assessed in the same way as any new referral. All SAS staff are trained to assess for and recognise the PDA profile in comparison to differential explanations.  If PDA is indicated during the assessment, the demand avoidance profile is reported and the ‘assessment over time’ model commences.  **Route 2 – Assessed by SAS and diagnosed with Autism Spectrum Disorder (ASD)**  Individuals with an existing diagnosis of ASD, who want their profile of needs to be considered as an additional domain of PDA, need to follow the ‘assessment over time’ model.  **Route 3 – Assessed by SAS but not diagnosed with ASD**  Individuals can be reassessed following a referral for a ‘second opinion’ assessment and they would go through the typical SAS ‘second opinion’ assessment. |
| ‘Assessment over time’ model | Assessment for a possible PDA profile is done indirectly with the child/young person by services and professionals already working with the person.  The following steps need to be followed before sending a request into SAS for a PDA consultation meeting.   * Complete observations (e.g. ABC and/or functional analysis) * Monitor and document the outcome of interventions (e.g. individual education plan, needs based plan) * If interventions are unsuccessful and PDA is a hypothesis for the profile of needs then implement PDA strategies over time, and provide evidence of the impact of these interventions. These strategies are recommended to be delivered both at home and at school. * Complete additional referral for consultation paperwork (including Extreme Demand Avoidance (EDA) questionnaire, signs and indicators form, referral forms).   This period ensures that sufficient evidence is collected to make an informed decision regarding PDA and excludes the need for direct assessment. |
| Referral into SAS | If all the steps above have been followed, a referral into SAS for a multi-agency and family consultation meeting can be made. |
| Screening | Complete referrals are then screened by Dr Lisa Summerhill and discussed with Tina Partridge. |
| Consultation | If the profile of information provided indicates the need to consider PDA as part of the explanation, a multi-agency meeting is arranged (including professionals from school, SAS, and SISS, as well as family members) to discuss clinical formulation and to determine if it is in the young person’s best interests to confirm a profile of demand avoidance.  If the panel decides that a profile of PDA is in the best interest of the child/young person, a report will be written confirming this. |