



A Brief Guide for Therapists Supporting PDA Individuals (Pathological Demand Avoidance)

Pathological Demand Avoidance (PDA) is characterized by extreme anxiety around demands, leading to avoidance and distress. People with PDA often struggle with direct instructions and need a flexible, collaborative, or sometimes fun approach. For PDA people, seeing clinical professionals can be a stressful experience as it can feel like a big demand; we've compiled some tips to help you have an enjoyable and connecting experience for those in your care. Clinicians that are PDA-knowledgeable and affirming are true treasures!

Core PDA Characteristics in Therapy:

- Avoidance of **even subtle demands**, including expectations of participation or progress.
- Use of **social strategies** (e.g., charm, distraction, negotiation) to maintain autonomy.
- **High sensitivity to being controlled**, even in therapeutic settings.
- Highly sensitive to the emotions of others
- Often **highly self-aware**, imaginative, and articulate—but emotionally vulnerable.
- Strong need for **autonomy**, which can conflict with therapeutic structure.

Therapeutic Approach Principles:

1. Safety Through Autonomy

- Frame therapy as a **collaboration**, not something done *to* the client and have it genuine.
- Invite rather than instruct (e.g., “Would it be okay if we tried...?”).
- Offer **choices and opt-outs** freely. Let the client lead wherever possible.

2. De-Emphasize Goals and Demands

- Avoid goal-focused language that may feel like pressure.
- Use process-based, **non-directive approaches** (e.g., person-centered therapy, play therapy, narrative approaches).
- Let progress unfold naturally, without an agenda.

3. Flex Your Framework

- Be ready to **adapt your modality** or techniques session by session.
- Use **creative, playful approaches**—these often feel safer and more engaging.
- Use **indirect approaches to sensitive topics** (e.g., talk about emotions through characters, art, stories).



4. Understand Avoidance as Protection

- Avoidance is a **coping strategy**, not manipulation or defiance.
- Don't confront avoidance directly—**curiously explore it** if the client is open, or gently move around it.
- Focus on **emotional safety, not behavioral compliance**.

5. Work With Emotions Gently

- Validate emotional experiences, but avoid intense emotional work unless the client leads.
- Build a shared emotional language through sensations, art, music, or symbols.
- Offer **co-regulation strategies** without imposing them.
- Understand that the client may not understand their own feelings or have the language to express them.
- If they say that they don't know how they feel, it is honesty, not avoidance.
- Do not push

6. Trust is Therapy

- The **therapeutic relationship** is often the intervention.
- Show **genuine interest and respect for autonomy**.
- Small moments of connection may carry more therapeutic weight than structured interventions.
- Work to make the experience comfortable and relaxed
- Be your genuine self

Helpful Therapist Mindsets:

- “I’m here as a partner, not a fixer.”
- “Their control is their safety net—I won't take it away.”
- “The work is in the relationship, not the worksheet.”
- “There is no hurry. This will be a slow process”.
- I accept that there will be many cancellations as sometimes the client won't be able to come even if they want to so



What to Avoid:

- **Rigid therapy models** or manualized programs with stepwise expectations.
- Emphasis on **compliance or behavior change** as primary goals.
- **Power struggles, ultimatums, or authoritative language.**
- Assuming verbal fluency = emotional readiness.
- Homework from sessions
- Asking them to report struggles, conflicts or meltdowns
- Asking them to verbally process events as this can lead to shame
- Judgement
- Praise can cause pressure
- Asking them to hypothesize and using techniques such as visualization may not work
- Talking about independence
- Don't let others who want to see progress pressure you which will result in the client feeling pressure

Quick Strategies That Often Help:

- Ask: "What would make this feel easier today?"
- Use "**maybe language**" (e.g., "Maybe this could help, maybe not—you tell me.")
- Reflect avoidance non-judgmentally: "It makes total sense that this feels like too much right now."

Final Thought:

Therapy for PDA is less about doing, more about being. Be consistent, kind, and responsive—and be willing to **slow down, let go of structure**, and follow the client's lead. The work happens when they feel safe enough to invite you into their world.

For more information and trainings on PDA, visit www.pdanorthamerica.org