

Personal Reflections Parenting a PDAer



*Written from lived experience (October 2025),
with references to other sources quoted within text*

Traditional or low demand parenting

Parenting is often described as a rollercoaster ride and being a neurodivergent family, I find that especially true. We've had many complexities to consider especially supporting our children with the autism profile of PDA! One of the approaches suggested to help navigate our journey was Low Demand Parenting (Amanda Diekman, also Dr Naomi Fisher & Eliza Fricker), so what is this?

Traditional parenting ideas usually involve setting strict boundaries, enforcing rules without negotiation, and using rewards and consequences to reinforce behaviour with little input from the child. These methods are often not very successful with PDA children who generally require a more collaborative and supportive approach. **Low demand parenting** emphasises empathy, respect and understanding. It uses **low arousal**¹ approaches (McDonnell, Studio III) to help keep anxiety low and provide a sense of control. It's about recognising signs of escalating anxiety/stress and then defusing these, so they don't become big problems. Ideas are centred around building strong relationships with **trust and respect**; anxiety is kept lower by maintaining appropriate boundaries and environment structures to help provide predictability.

Remove demands or change the experience

I was told by many people that for a PDAer I should remove 'all demands' to reduce demand avoidance; it was also implied this would then avoid future **autistic burnout**². This may work well for some families, however, for me personally **'low demand' should not be 'no demand'**. It's more about working together, looking at what is causing anxiety and stress, then finding a way to reduce the perceived threat through lowering anxiety, thereby enabling the nervous system to recover and relax.

We can't live in a society with no demands, so to me finding a way to make demands feel more manageable through **'low demand' approaches** works better. For PDAers it can become impossible to do something because their internal threat response has been activated through normal daily living. It can help to **change our lens**; think about how we reduce unnecessary demands and what types of support we offer. For example: changing instructional language to a more indirect or declarative style and, instead of stating what should happen, offer a collaborative approach using co-regulation (ie. managing emotions and behaviours with the support of another person); consider sensory differences and whether input needs to be reduced, etc. **Changing the experience** to reduce threat responses will hopefully reduce the likelihood of autistic burnout too.

Boundaries – safety & connection

There may be boundaries around physical safety that we do need to hold either to keep our PDAer safe or others safe. But we should perhaps also think about boundaries in a different way (Shelby); they help to build connection and understanding around our **own capacity and limits** at any given time as **safety**³ protects our own psychological state.

Capacity & co-regulation



So, if a boundary is our level of capacity, when we reach the limit of what we can manage how do we bring ourselves down again to a calmer and safer place? A helpful approach especially when supporting a PDAer might be to use **co-regulation**, for example: getting down to their level and sitting quietly together while they regulate; or supporting them through some breathing exercises or a calming activity.

It's important to remember that a PDAer's internal nervous system isn't overreacting to situations it's trying to protect itself and it's the **'can't not won't'** taking over. It's also ok to push ourselves in a controlled and measured way to try more things, or to 'mask' if needed (ie. hiding stress as a protective coping mechanism) until it feels safe not to. But to grow individual capacity, consider how/when it might feel safer and less threatening to try again; this will likely be when feeling more emotionally in control and potentially through collaboration/support of a trusted person.

Boundaries often signify control and that you can't do something, which may make them feel overwhelming and like something that should be avoided. The way that we talk to our PDAers about things that affect them such as boundaries and rules, loss of autonomy or sensitive nervous systems, etc. may unintentionally encourage the feeling that these are 'bad' things. Therefore, it's important to **change our language and tone** around this. Encourage more positive thinking by sharing insights around how situations or personal feelings may be reducing capacity to process and manage situations.

Talking together and identifying ways to then manage situations when we do reach our personal capacity without causing heightened stress will ultimately increase tolerance to daily life experiences; and, rather than threatening autonomy can promote it. We essentially need to teach the nervous system how to manage things that aren't working and if we can find safety within something that we ourselves can do, or through co-regulation, this will help improve our comfort levels within unfamiliar external environments. It's about **understanding our relationship with a boundary rather than a boundary setting our limits** or controlling us (Shelby).

Working together

To help I realised we needed to personalise things for our PDAer and to work together. This is much easier within the home than at school, or elsewhere, but trying to adapt situations during the day to the rhythm of the individual rather than the other way around helps. It's not about 'anything goes', more about working together to **agree what helps**.

Below are a few ideas that we identified and worked through. These are similar to ideas shared within Maureen Bennie's blog, although I'm sure there are others to discover.

- Providing a structured environment (physical space, visual supports, schedules, plans and task systems) considering choices, quiet spaces, routines, sensory needs, etc.
- Transitions, not being able to start/stop tasks or carrying on if interrupted.
- Feeling stuck and unable to do something even if there is a wish to.
- Whether there is an understanding around time and/or time management.
- What do their energy levels look like, when do they change, are they 'early birds', or 'night owls'.
- Do routines feel important; what do these look like for say mealtimes, sleeping, personal hygiene, exercising, etc.
- Is multi-tasking overwhelming; could things be done one at a time.
- Could tasks be broken down into more manageable steps.
- Would 'to-do', check lists or prompts help whether visual, verbal or through touch.
- Where can novelty, creativity, humour or distraction help or can this make things harder.
- Would increasing predictability help safety through understanding how a task or situation might evolve.



Finding the balance

With low demand approaches, it's about finding the balance between providing the structure and guidance a child needs as they grow, without imposing our will and causing unnecessary stress and frustration. Adapting situations, working through sensory needs, considering emotions whilst reframing demands are all things that help provide structure and guidance whilst still respecting a PDAer's autonomy.

As parents if we set clear expectations whilst allowing our children to take the lead in their activities, it should help them feel more supported, connected and ultimately **offers safety** whilst still allowing their development. We also need to identify how best to work this through for our own families.

Different approaches

For us we looked to the PDA Society for support and tried many of the suggested approaches now shared via the **PANDA mnemonic**. This included:

- Building trust and safety through side by side playing and talking; modelling situations; having fun and using humour and, sometimes asking questions 'Ross Greene'⁴ style to work out the underlying difficulties and then agree a plan.
- Communicating at their level both physically and by using simple language and visual aids.
- Utilising both indirect and declarative language approaches.
- Body doubling (ie. working alongside each other even if undertaking different activities).
- Offering limited choices because too many than became overwhelming and we saw 'options paralysis' where no choice could be made.
- Creating opportunities to show that we could be trusted and that we'd follow through with a promise ie. if away from home and too overwhelmed we'd go home if that's what we'd agreed for our 'exit strategy', etc.
- Not assuming that just because we are the parent they would do everything we asked, so we tried non-confrontational approaches.
- Allowing lots of time for processing and making plans.
- Ensuring we were flexible and adaptable to changes, especially at the last minute.
- Working together and collaborating/agreeing everything where possible!
- And finally, not taking things personally or holding a grudge when something didn't work; we learnt to re-set our mindset and just start again!

Summary

To summarise, how do we support our PDAer?

- * We take the ideas of low demand parenting (not no demand)
- * We use low arousal approaches
- * We use the ideas shared through PANDA
- * We support our PDAer's needs by working together in collaboration and co-regulation
- * We look at boundaries as building capacity, recognising where we need stop and recover, but also finding ways to grow; they have a highly sensitive nervous system, so we constantly strive for ways to reduce threats and provide safety!

As with all things, what works for us as a family may create different experiences for you. Although I feel confident that collaborating and processing situations together will reveal hidden depths of mutual trust and co-regulation. **Thank you for reading.** 😊



Footnotes

¹ **low arousal approaches** - emphasises a range of behaviour management strategies that focus on the reduction of stress, fear and frustration. These strategies are put in place in order to prevent aggression and avoid creating crisis situations. The low arousal approach seeks to understand the role of the 'situation' on behaviour by identifying triggers and using low intensity solutions to avoid punitive consequences for individuals with additional needs. The originators of this approach are Studio 3 and Clinical Psychologist Professor Andrew McDonnell.

² **autistic burnout** – put simply, where cognitive, physical, mental and emotional wellbeing struggle over time that leads to chronic stress, exhaustion, anxiety, shutdown, and a collapse in executive function. **Neff (2023) states:** Autistic burnout is more than just being tired or stressed. It's a state of profound mental, physical, and emotional depletion — often triggered by the constant effort of navigating a world not built for Autistic people. Masking, in particular, drains our reserves at an accelerated pace, leaving many Autistic adults (and, as emerging research shows, even children and teens) vulnerable to burnout.

³ **safety** – can be understood through Polyvagal Theory (Porges, 2011); it explains that our ability to express, connect, and self-regulate depends on our nervous system's sense of safety. When our body perceives threat — even subtle social threat — it shifts into defence mode: fight, flight, freeze, fawn or flop.

⁴ **Dr Ross Greene** – developed the CPS approach which focuses on understanding that challenging behaviours arise when children lack the skills to meet expectations not because they want to be difficult. It introduces different methods of working where 'Plan B' is best.

Reference resources

- Dr Ross Greene – author, The Explosive Child – Collaborative and Proactive Solutions (CPS) - <https://drrossgreene.com/index.htm> and <https://livesinthebalance.org/our-solution/>
- Dr Stephen Porges – author, Polyvagal Theory - <https://www.stephenporges.com/>
- Professor Andrew McDonnell – Studio III – Low Arousal Approach - <https://www.studio3.org/about-us>
- Amanda Diekman – author, Low Demand Parenting - <https://www.amandadiekmans.com/book>
- Dr Naomi Fisher & Eliza Fricker – The Art of Low Demand Parenting - <https://naomifisher.co.uk/courses/the-art-of-low-demand-parenting-activate-your-parenting/>
- Autism Awareness Centre – Maureen Bennie - <https://autismawarenesscentre.com/autism-news/blog/>
<https://autismawarenesscentre.com/what-is-low-demand-parenting-or-a-low-demand-approach/>
<https://autismawarenesscentre.com/what-is-autistic-inertia/>
- Integrative Parenting Guides by Sabrina Shelby – PDA adult and parent - <https://integrativeparentingguide.substack.com/p/the-trouble-with-low-demand-approaches>
- Neurodivergent Insights by Dr Megan Anna Neff - <https://neurodivergentinsights.com/low-demand-parenting/> and <https://neurodivergentinsights.com/how-to-avoid-autistic-burnout/>
- The PDA Society – PANDA as a way in - <https://www.pdasociety.org.uk/what-helps-guides/pda-approaches/panda-as-a-way-in/>

Created by **Odyssey PDA** – connecting PDA families through peer support

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