

# Why is it so difficult to Explain and Recognize PDA?

By Casey Ehrlich, Ph.D., At Peace Parents



## **Masking**

PDA children often present as two starkly different versions of themselves. The dysregulated, shut down, or panicked version will present in safe spaces (home), while a "fine" or "typical" version will emerge anywhere the brain perceives as unsafe (school, social environments, grandparents' house, etc.) This is paradoxical and can be baffling to parents. The dichotomy often exists until burnout, when the child can no longer internalize the threat response consistently,



## **Cumulative Impact of Nervous System Activation**

The accumulation of stress and nervous system activation (often from masking) builds until a point where it either expresses through meltdown, flight, or shutdown. This can occur over longer time horizons where the child appears "fine" for years, until one day they reach burnout. Burnout happens when the child can no longer internalize the threat response consistently and the drive for autonomy overrides basic needs (ability to eat, sleep, toilet, etc.) and puts them into constant fight, flight, freeze behavior. They reach their "Threshold of Tolerance."



## **Social Nature of PDA**

Because the dominant opinion (and one that I share) is that a PDAer is by definition also Autistic, as a parent you are likely initially confused when confronted with a PDA child who is outgoing, highly articulate, and very interested in social engagement. (Of course, not all PDAers are like this, but this is one expression). Because the outdated conventional wisdom and medical model define Autism as primarily a social communication disorder - rather than a different way of sensing and perceiving the world - this leads to cognitive dissonance when people meet our children and when we are figuring out our kids. Remember, special interests can be PEOPLE.



## **Nervous systems express differently between PDA children**

My perspective is that PDA is a nervous system disability. One in which the secondary vagal pathway does not down-regulate the first vagal pathway (which controls fight, flight, freeze, survival responses) in a typical way. This looks different between kids, especially in burnout. One kid might have stopped eating and is totally in explosive fight behavior (my son three years ago) while another is eating fine, and not explosive, but is in complete shutdown, not able to speak, move their legs, or leave their room. It is hard for people to compare across cases without understanding the mechanisms underlying the burnout.

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## **Accommodated PDA children may appear very "Typical"**

This is confusing If you don't understand the underlying nervous system activation as the mechanism that drives fight, flight, freeze and fawn behavior. When we accommodate our children - lowering demands, providing autonomy and constant autonomic coregulation - they can appear as if there is no disability. It can be tempting to take away the accommodations because it appears to have "fixed" the "behavior" professionals often don't see the behavioral counterfactual of our children because we are hypervigilant and using our own nervous systems to prevent dysregulation. This is an Invisible process to the outside, and hard to explain to others