



Understanding Masking in PDA

A guide for families and schools

Many PDA children appear to "hold it together" remarkably well at school — only to fall apart completely at home. This is masking: the exhausting, largely unconscious process of suppressing autistic traits and PDA responses to meet social expectations. Understanding masking is essential for supporting PDA children in both settings.

What Is Masking?

Masking — also called camouflaging — is when a child suppresses their natural neurological responses to appear more neurotypical. For PDA children, this includes suppressing avoidance strategies, anxiety, and the need for control so that they appear to be coping when they are not.

- It requires significant cognitive and emotional effort
- It depletes the child's regulation resources throughout the day
- It is largely unconscious — the child is not choosing to "save it for home"
- The pressure cooker fills at school and releases at home

What Masking Looks Like at School

- Appears compliant, engaged, or even enthusiastic in class
- Teachers describe them as "fine" or "no trouble at all"
- Holds strong opinions about fairness and rules — but does not act on them at school
- Physical tension: tight jaw, clenched hands, controlled breathing
- Exhausted immediately after school
- May seem to "zone out" or dissociate during high-demand periods

What Masking Looks Like at Home

- Complete emotional collapse after school — meltdowns, crying, shutdowns
- Extreme demand avoidance for basic tasks (eating, changing, homework)
- Explosive behaviour that seems disproportionate to the trigger
- Withdrawal to bedroom, screens, or sensory comfort activities
- Parents reporting that school "doesn't believe them" about behaviour at home

The danger of "fine at school"

A child who masks effectively at school is often in significant distress — and the masking itself is causing neurological harm over time. A child who presents well at school and falls apart at home is not being "manipulative" at home. They are exhausted and finally safe enough to stop performing.



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What Schools Can Do

Reducing the need to mask

- Believe parents' reports of home behaviour — school presentation is not the full picture
- Create genuine safe spaces where the child doesn't need to perform
- Reduce unnecessary social demands — peer interactions, class participation, lunchtime
- Offer quiet, low-demand recovery time during and after high-demand periods
- Watch for physical signs of masked distress, not just visible misbehaviour

What Families Can Do

Supporting decompression at home

- Build decompression time into the after-school transition — no demands for at least 30 minutes
- Reduce expectations in the afternoons on school days
- Provide sensory comfort activities: screen time, physical activity, quiet spaces
- Communicate with the school about the home presentation — document and share
- Don't ask about their day immediately — wait until they've decompressed

Long-term risk Extended masking is strongly linked to autistic burnout — a state of neurological exhaustion that can take months or years to recover from. Supporting the child to unmask safely — in both home and school settings — is not about lowering expectations. It is about protecting long-term wellbeing.