



Anxiety Management for PDA Children

A guide for parents and carers

Anxiety is not a secondary feature of PDA — it is central to the profile. The demand avoidance, the meltdowns, the need for control: all are expressions of a nervous system in chronic anxiety. Supporting anxiety in PDA requires a different approach from standard anxiety management strategies.

Why Standard Anxiety Strategies Can Backfire in PDA

Many evidence-based anxiety strategies — graded exposure, thought challenging, breathing exercises on demand — are presented as requirements or instructions. In PDA, this turns the strategy itself into a demand, often increasing rather than reducing anxiety.

Strategy 1 — Reduce the Demand Load

The most effective anxiety intervention for PDA is reducing unnecessary demands. Every unnecessary demand is an anxiety hit. Audit your daily routine and ask: what are we asking that we don't actually need to ask?

Questions to ask about your routine

- Which demands could be reframed as choices?
- Which could be eliminated entirely without consequence?
- Which are timed poorly — hitting when the child is already depleted?
- Which feel like demands to the child but weren't intended as such?

Strategy 2 — Predictability Without Rigidity

Unpredictability increases anxiety. Knowing what's coming — even unpleasant things — is less anxiety-provoking than not knowing. Build predictability into the day without making the routine itself into a demand.

- Visual schedules or low-key verbal previews ("In a while, we'll be heading out")
- Consistent anchors in the day — rather than a rigid timeline
- Giving advance notice of changes — as much time as possible
- Building in transition time between activities

Strategy 3 — Interest-Based Activity

Flow states — deep engagement in preferred activities — are one of the most powerful anxiety regulators available. Protect interest-based activity time. It is not wasted time — it is essential nervous system maintenance.

Strategy 4 — Physical Movement



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Physical activity is a biological anxiety regulator. It discharges the adrenaline and cortisol that accumulate during threat responses. But in PDA, "go for a walk to calm down" becomes a demand. Instead:

- Build physical activity into preferred routines (trampoline, bike riding, swimming — child-chosen)
- Follow their lead on timing and type
- Outdoor time without agenda or instruction

Strategy 5 — Sensory Comfort

Sensory inputs directly regulate the nervous system. Understanding your child's sensory profile (see FD23) helps you identify the inputs that calm and those that activate.

Strategy 6 — Connection and Relationship

Felt safety in relationship is the deepest anxiety regulator. A child who trusts their primary attachment figures and feels genuinely understood has a significantly lower baseline anxiety level. Every moment of warm, non-demanding connection builds this.

Strategy 7 — Professional Support

For significant or chronic anxiety, individual therapeutic support is important. Look for a psychologist with PDA and anxiety experience who uses a low-demand, non-compliance-based approach.

Strategy 8 — Sleep

Anxiety and sleep have a bidirectional relationship — anxiety disrupts sleep, and sleep deprivation increases anxiety. PDA children often have significant sleep difficulties. Work with your OT or paediatrician on sleep support as part of your anxiety management plan.

The long view

Anxiety management in PDA is not about techniques. It is about building a life that fits the child's nervous system — gradually reducing the daily anxiety load until the window of tolerance widens and the child has energy for growth.