Conceptualising demand avoidance in an ASD context

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Malik and Baird (this issue) have raised a number of important points drawing on our study of parent-reported dimensions of difficulty in children with features of extreme/'pathological' demand avoidance. In particular, they highlight the pressing need to understand why some children exhibit problematic demand avoidance, and identify factors that promote and maintain these behaviours.

As Green et al., (2018) note, children with ASD often show a strong reactivity to the environment. As such, stimuli, activities or interactions that present no problems for typically developing children may unexpectedly provoke extremes of affect. Both Green and colleagues (2018) and Malik & Baird (this issue) highlight a number of possible contributory factors, including sensory sensitivities, difficulty in predicting outcomes, need for sameness, poor tolerance of uncertainty, and fluctuations in autonomic arousal.

An additional vulnerability factor for some children may be reduced response to social reinforcements or punishments (e.g., others' positive affect; anticipated adult approval/disapproval), decreasing intrinsic motivation to complete daily routines. Low rates of reinforcement during activities may result in disproportionate affective reactivity to transitions from preferred to non-preferred activities in particular (i.e. "rich to lean transitions"; see Brewer et al., 2014 for discussion).

At a mechanistic level, these vulnerability factors may increase the likelihood that perceived demands to engage in routine tasks or activities become conditioned stimuli that trigger acute negative emotions. Once these emotions are primed, behaviours that are successful in delaying or terminating demands would be reinforced. This may contribute to the emergence of an avoidance repertoire, including distraction, diversion and excuses (Newson, Le Maréchal & David, 2003; O'Nions et al., this issue). The reduction in anxiety and

associations with successful escape of demands act to reinforce these behaviours, which may over time become habitual responses automatically cued by actual or perceived demands.

Once anxiety or aversion have been triggered by demands, parents report that increasing pressure to comply can precipitate more severe forms of problem behaviour (e.g. threats, meltdowns, destructive behaviour, harm to self and others; Newson, Le Maréchal & David, 2003; O’Nions et al., this issue). This is in line with other work with children with developmental disabilities, which describe distress, arousal and attempts to physically escape from demand contexts (Lucyshyn et al., 2004).

Attempts to foster cooperation by offering contingent rewards may not help the child to regulate the distress associated with the aversive demand itself, once this has been triggered (Brewer et al., 2014), and could instead increase frustration. Punishment-based approaches (e.g. time-out) may increase distress by blocking the child’s means of physically escaping aversive demand contexts (e.g. see Agazzi et al., 2013). Although avoidance presents considerable difficulties for caregivers, from the child’s point of view, these behaviours allow them to escape aversive events and thus regulate their affect. Attempts to disincentivise avoidance without addressing anxiety risk leaving the child without a functional response in a situation that they experience as highly aversive (Brewer et al., 2014).

We agree with Malik & Baird’s suggestion that it is key not only to describe extreme demand avoidance, but also to consider the mechanisms by which habitual avoidance develops and is maintained over time. In a clinical setting, this would involve discussing the contexts of avoidance and extreme behaviours, and the specific cues and factors contributing to their maintenance. Such analysis forms the basis of intervention planning for approaches such as Positive Behavioural Support, which have demonstrable success in altering problematic patterns of interaction surrounding daily routines in children with ASD (e.g. Lucyshyn et al., 2015).

However, we have concerns that describing extreme/'pathological' demand avoidance (PDA) as a set of co-morbidities including oppositional defiant disorder (ODD) could have negative impacts (O'Nions et al., in press). Using the label "defiant" might imply that avoidance and demand-related problem behaviour are a result of the child's wilfulness, which primes caregivers to respond reactively to assert their authority. The ODD label may also encourage automatic use of reinforcement-based approaches, which are the mainstay of parenting interventions for disruptive behaviour disorders in general.

As we have described, and as Malik & Baird (this issue) also note, the mechanisms underpinning and maintaining avoidance in the context of ASD appear to differ from those in disruptive behaviour disorders in general - motivated to a greater extent by a need to regulate negative affect triggered by demands (Lucyshyn et al., 2004; Lucyshyn et al., 2015; Brewer et al., 2014). Given the hypothesised differences in the drivers and maintaining factors underpinning avoidance, there is a pressing need for research to identify the most effective interventions in the context of developmental disabilities specifically.

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