

Why Pathological Demand Avoidance Isn't Permanent

Parents and therapists can help kids become less demand-avoidant.

Posted June 27, 2026 [Reviewed by Ekua Hagan](#)

This is part 2 of a two-part series. In [part 1](#), I discussed how pathological demand avoidance (PDA) might be a measurable [personality](#) pattern marked by high reactivity, low [agreeableness](#), and low [conscientiousness](#).

Pathological demand avoidance describes children who go to extreme lengths to avoid everyday demands and expectations. They often have intense emotional reactions and engage in behavioral avoidance strategies when asked to complete a nonpreferred task (O’Nions et al., 2014).

Parents may hear "a personality pattern" and think their child’s personality might be permanent. Traits sound hard-wired. And if the problem is framed as “who my child is,” then how can treatment make a difference?

But research tells us that personality traits can look very different over time and can be changed.

Traits are real, but they are not fixed. As we age, many people become less emotionally reactive, more willing to get along, and better able to manage frustration over time (Roberts et al., 2006; Roberts et al., 2019; Vaidya et al., 2008).

Even more encouraging, there is growing evidence that targeted effort and repeated practice can help shift trait-related patterns in more adaptive directions (Hudson & Fraley, 2015, 2018). For children with PDA profiles, that means the story is not simply, “This is who they are and always will be.” A more accurate story is: “This is how they are right now, but that can change for the better over time.”

Research supports that change is possible

In a large [meta-analysis](#) (a study that combines the results of other studies), Roberts and colleagues found that people generally become more conscientious and emotionally stable as they move from [adolescence](#) into adulthood (Roberts et al., 2006). A longitudinal twin study found similar patterns: [Negative emotionality](#) declined while constraint, closely related to self-control, increased from late adolescence into early adulthood (Vaidya et al., 2008). A 50-year follow-up study also found meaningful change across the lifespan (Roberts et al., 2019).

PDA is heavy on emotional reactivity and light on [self-regulation](#), but these are exactly the areas in which time and development often help.

However, it is important for parents to know that children who are highly reactive, disagreeable, and impulsive are not guaranteed to “grow out of it.” This is why effective treatment for these children is so important.

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Research on intentional [personality change](#) adds another layer of hope. Hudson and Fraley found that adults who actively worked on changing traits such as conscientiousness and emotional stability showed measurable improvement (Hudson & Fraley, 2015, 2018). The mechanism was not mysterious. People changed traits by repeatedly changing behavior patterns until they eventually became new habits.

Of course, children do not approach self-change the same way motivated adults do. But the lesson still applies: Personality is expressed through daily routines of feeling, thinking, and behaving. When those routines change often enough, the broader personality style can change, too.

For PDA children, treatment is about helping them become less easily flooded, more capable of cooperative flexibility, and better able to initiate and finish difficult tasks. Parents can also be taught specific, effective skills that greatly influence a child’s emotional and behavioral response to demands.

Softening high neuroticism

The first treatment target is reducing high emotional reactivity, which in children often looks like distress intolerance and rapid escalation.

That points toward familiar but important interventions. [Cognitive behavioral therapy](#) (CBT) adapted for demand-avoidant children can help them better

tolerate distress and uncertainty. For example, Naim and colleagues developed an effective treatment protocol for highly irritable and explosive children in which they were gradually exposed to more challenging situations so they could master them (Naim et al, 2023). Parents were also taught not to engage or interact with their children while they were dysregulated, an important component of virtually every evidence-based treatment for explosive children.

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Behavioral contingencies, such as those used in Parent [Management](#) Training, can also be very effective in positively reinforcing a child's attempts at [emotional regulation](#). The Collaborative Problem Solving model teaches parents and children to jointly define a problem, share concerns, and work together to find a mutually satisfactory, realistic solution.

Increasing agreeableness without crushing autonomy

Low agreeableness is often the most emotionally charged part of the profile because of how strongly it affects relationships. That does not mean adults should back away from all expectations. Warm, steady limit-setting, [perspective-taking](#), collaborative problem-solving, and deliberate repair after conflict can gradually increase a child's capacity to be kind and get along. The aim is not blind compliance or [masking](#). It is greater flexibility, more empathy, and less need to turn every request into a battle.

Studies of [parenting](#) and child personality suggest that authoritative parenting and parent-training programs are highly effective. Over time, they're associated with higher prosocial behavior and more cooperative, "agreeable" patterns of responding (Costin & Chambers, 2007; Furlong et al., 2013).

At home, agreeableness grows less from lectures about "being nice" and more from hundreds of small moments in which a child is guided to see another person's perspective, practice a more cooperative response, and then gets specifically noticed and reinforced for doing so.

Growing conscientiousness

Low conscientiousness may be the most practical target among the three personality dimensions because it is so closely tied to everyday functioning.

This is the part of the profile that shows up as disorganization, weak task initiation, poor follow-through, and trouble sticking with effortful tasks (grit). Egan and colleagues found that [attention](#)-deficit symptoms were strongly associated with adult PDA traits (Egan et al., 2019; Egan et al., 2020).

That means standard [ADHD](#)-informed supports often matter a great deal: behavioral routines, visual schedules, organizational supports, smaller task steps, and, in some cases, [medication](#). A good [executive functioning](#) coach can also often be very helpful.

In this sense, [the environment](#) temporarily provides the external structure that the child has not developed yet and heavily reinforces task persistence. Over time and repeated practice, that structure can be internalized and become habitual.

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A hopeful path forward

A trait-based view of PDA offers a clearer path forward.

If PDA is the result of high reactivity, low agreeableness, and low conscientiousness, then treatment can target those dimensions directly through [anxiety](#) reduction, [anger](#) work, scaffolding, relationship repair, collaborative problem-solving, and effective behavioral interventions.

Family-based treatments currently hold the most promise for PDA-type presentations. They have the unique ability to teach both the child and their parents optimal ways of navigating a challenging temperament. In this sense, family is medicine.

The most important takeaway for parents may be this: A difficult trait profile can change. Children mature, families adapt, and skills accumulate. A child who cannot tolerate demands at age 10 may look meaningfully different at 16 or 25.

The work of treatment is not to erase temperament. It is to help it grow up.

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