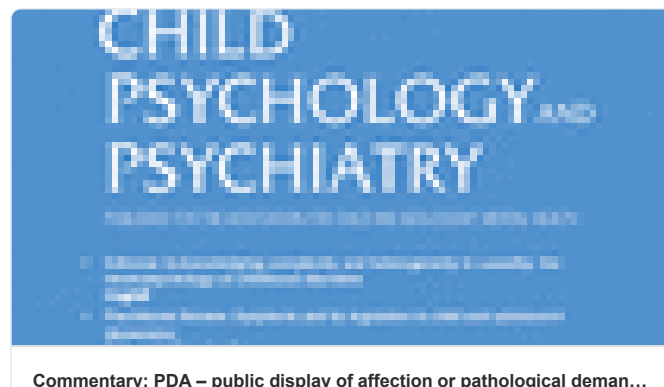




[@cassie_davies](#) Newson also created her own diagnostic grouping for PDA in 1989 / 1996 that evolved into her "Autistic Family" figure in 2003. If you analyse it, it is clear PDA is not autism & never has been:

[@cassie_davies @GillbergCentre](#) view that PDA maybe a new type of disorder is what best fits the literature at the moment. Also PDA is not part of the autism spectrum:

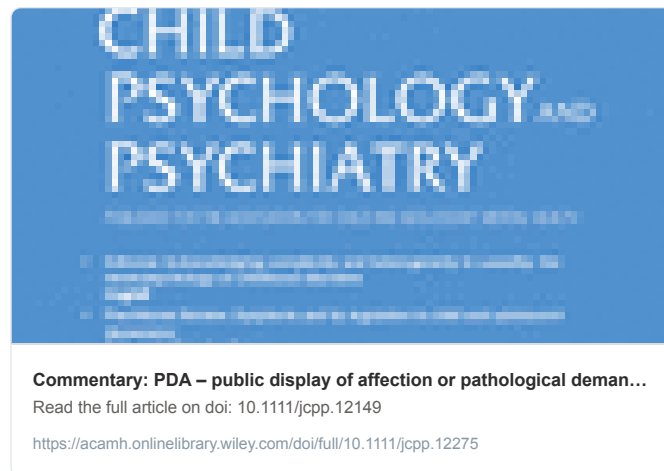


Read the full article on doi: 10.1111/jcpp.12149

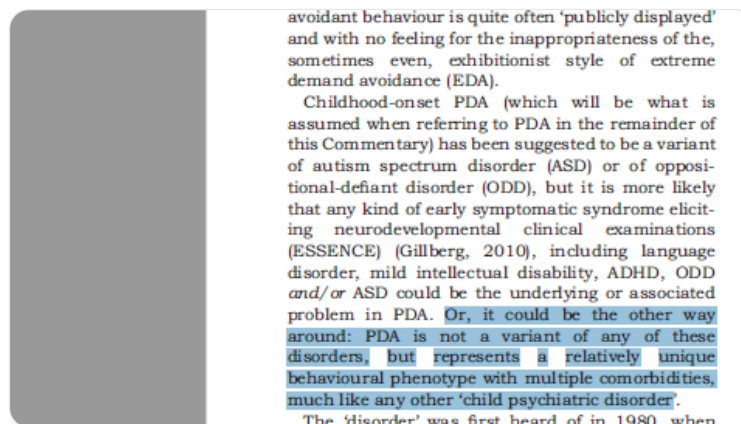
<https://acamh.onlinelibrary.wiley.com/doi/full/10.1111/jcpp.12275>

[@cassie_davies](#) [@GillbergCentre](#) It explains everything from the (supposed) different strategies, to Ellie Bishop's results of no association between PDA traits and Theory of Mind.

[@cassie_davies](#) [@GillbergCentre](#) When you consider it [@GillbergCentre](#) is correct PDA is a new type of disorder:



I will explain why.

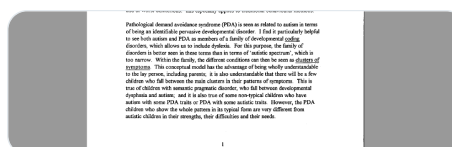


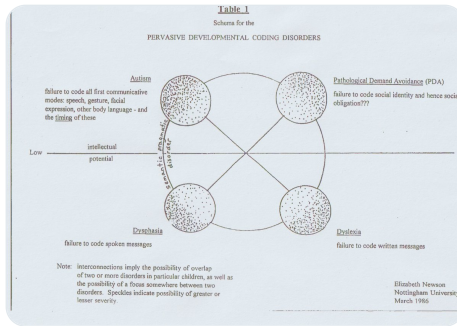
[@cassie_davies](#) [@GillbergCentre](#) Newson created a new diagnostic grouping in 1989 & used it in 1996, called "Pervasive Developmental Coding Disorders". She did for a couple of reasons including viewing autism as being too narrowly defined:

<https://www.autismeastmidlands.org.uk/wp-content/uploads/2016/10/Pathological-Demand-Avoidance-Syndrome.pdf>

&

<https://www.autismeastmidlands.org.uk/wp-content/uploads/2016/10/Pathological-Demand-Avoidance-a-statistical-update.pdf>





[@cassie_davies @GillbergCentre](#) Newson spent 15 years developing PDA behaviour profile, 1988 - 2003.

Pathological demand avoidance syndrome: a necessary distinction wit...

A proposal is made to recognise pathological demand avoidance syndrome (PDA) as a separate entity within the pervasive developmental disorders, instead of being classed under "pervasive developmental..."

<http://adc.bmj.com/content/88/7/595>

Figure 1 The "family" of pervasive developmental disorders.

adolescence. This, combined with an increasing wish for friends (often unfulfilled) may lead to clinical depression, and a need for informed and sensitive counselling.

The descriptive criteria, first produced in 1988 from clinical notes before the statistical studies had been undertaken, remain surprisingly robust, both between children and, equally important, from childhood to adulthood. They were revised in 1995, with very little change except to include language delay, and finally revised for this paper to take account of the statistical studies quoted in the notes: even so, changes have been more in terms of organisation of the criteria concepts (to make stating of the "diagnostic argument" easier for clinicians), rather than changing the concepts themselves. There have been slight changes of emphasis here and there to follow statistical data.

The "recognition factor" for these criteria is striking, both

[@cassie_davies @GillbergCentre](#) Also Newson never systematically investigated features of autism as part of her PDA research:

<http://www.pdaresource.com/files/An%20examination%20of%20the%20behavioural%20features%20associated%20with%20PDA%20using%20a%20semi-structured%20interview%20-%20Dr%20E%20O'Nions.pdf>

Despite the interest and debate concerning PDA, there are only two published peer-reviewed research papers on the topic (Newson et al., 2003; O'Nions et al., in press). Newson and colleagues' seminal case series described the features of PDA outlined above, but lacked standardised measures of IQ, and systematic consideration of autistic traits. Clearly, more research is needed. As a starting point, it is important to know whether children exhibiting PDA features meet ASD criteria, and whether behavioural problems stem from developmental delays or intellectual impairment. The aim of this study was to systematically explore behavioural features of children with average-range IQ who fit the PDA pattern, using qualitative analysis of data from a semi-structured interview. The interview was based on items from the Diagnostic Interview for Social and Communication Disorders (DISCO; Wing et al., 2002), which, unlike other standardised diagnostic instruments, includes items tapping PDA features. We also report scores on the Autism Diagnostic

[@cassie_davies @GillbergCentre](#) "Clearly, "hanging together as an entity" is not enough
if that entity is not significantly different from both autism
and Asperger's syndrome, either separately or apart" Newson et al 2003, p599.

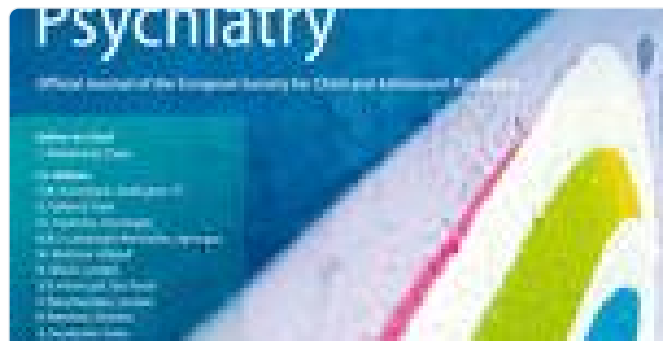
[@cassie_davies @GillbergCentre](#) Reference for previous link is:
"O'NIONS, E., QUINLAN, E., SAN JOSE CACERES, A., TULIP, H., VIDING, E. & HAPPÉ, F. (submitted) Pathological Demand Avoidance (PDA): an examination of the behavioural features using a semi-structured interview."

[@cassie_davies @GillbergCentre](#) Makes sense as "Autistic" Disorder & Aspergers are compared to PDA diagnostic criteria. Newson does not mention triad of impairment except in 2003 except in the "Autistic Family" Figure 1.

[@cassie_davies @GillbergCentre](#) Tells us that Newson spent 15 years developing PDA behaviour profile on assumptions 1) Significantly different to autism. 2) Is not autism. As PDA belonged to a new diagnostic grouping.

[@cassie_davies @GillbergCentre](#) Does raise awkward questions as to why some persons are saying PDA is part of the autism spectrum, when it clearly never was.

[@cassie_davies @GillbergCentre](#) Also PDA literature acknowledges Newson took a different approach to identifying PDA to O'Nions et al (2016), who aimed to make PDA a "meaningful subgroup":



Identifying features of 'pathological demand avoidance' us

The term 'pathological demand avoidance' (PDA) was coined by Elizabeth Newson to describe children within the autism spectrum who exhibit obsessive resistance to everyday demands and...

<https://link.springer.com/article/10.1007/s00787-015-0740-2>

sensitive to detecting these putative features of PDA.


Seven of the 15 DISCO items that had been included in a draft PDA list developed by Wing and Gould did not meet inclusion criteria for our measure. Six out of these seven items failed to show differential endorsement between the PDA groups (ascertained based on scores on our 11-item measure) and the rest of the sample. Wing and Gould's draft list had used published descriptions by Newson of PDA features to generate an item pool. Notably, Newson's descriptions were not specifically focused on the characteristics that can delineate PDA from the rest of the autism spectrum and were not 'weighted' in terms of which items were considered to be most central in the profile. The approach taken here to select items was aimed at exploring the possible differentiation of PDA and focusing on items that were most ubiquitous to the profile.


The final section of the analysis highlighted a number of additional items that appeared to differentiate PDA from the rest of the sample (Online Resource 5). These indicators

[@cassie_davies @GillbergCentre](#) To be clear O'Nions et al (2016) aim was to make

PDA an autism subtype and their approach was different Newson's. One could even argue that O'Nions et al (2016) was not needed:


Thread reader

 Tweet

 Share

THREAD BY RICHARD WOODS (@RICHARD_AUTISM)

So something that is giving me a headache is that I am unsure if 2 PDA studies are actually needed: This one: [link.springer.com/article/10.100...](https://link.springer.com/article/10.1007/s10804-016-2111-1) and this one: [onlinelibrary.wiley.com/doi/full/10.11...](https://onlinelibrary.wiley.com/doi/full/10.1111/jcpp.12322) In relation to this DISCO study, the main reason for it seems to b...




Read all 18 tweets on threadreaderapp.com →

Thread by @Richard_Autism: So something that is giving me a headac...

Thread by @Richard_Autism: So something that is giving me a headache is that I am unsure if 2 PDA studies are actually needed: This one: [link.springer.com/article/10.100...](https://link.springer.com/article/10.1007/s10804-016-2111-1) and this one: [onlinelibrary...](https://onlinelibrary.wiley.com/doi/full/10.1111/jcpp.12322)

<https://threadreaderapp.com/thread/1263538843606712322.html>

[@cassie_davies](#) [@GillbergCentre](#) Also that Newson did not establish the specificity of PDA, or its validity. Newson showed that PDA is different to "autistic disorder" & Aspergers.



Pathological demand avoidance syndrome: a necessary distinction wit...

A proposal is made to recognise pathological demand avoidance syndrome (PDA) as a separate entity within the pervasive developmental disorders, instead of being classed under "pervasive developmental..."

<https://adc.bmj.com/content/88/7/595.responses>

Pathological demand avoidance syndrome or psychiatric disorder?

M Elena Garralda, Professor of Child and Adolescent Psychiatry

Dear Editor



In the recent issue of the Archives, Newson et al[1] make the case for a distinctive "pathological demand avoidance syndrome". This arose out of the work by the authors in a clinic for children with problems in communication.

These children are described as having a tendency to avoid or resist ordinary demands, to have surface sociability but a lack of sense of identity, pride and shame, labile mood, impulsivity led by need to control, language delay, obsessional behaviour and some sort of - usually "soft" - neurological involvement. The syndrome is not a recognised psychiatric disorder in either ICD-10 or DSM-IV classification systems.

How well do the authors make the case for this new syndrome? Some of the features outlined (for example sense of identity, pride and shame) would be specially difficult to identify reliably. Others are suggestive of a number of different child and adolescent psychiatric disorders as described in ICD-10 and DSM-IV (WHO, 1991; APA, 1994) [2,3]. From the authors' descriptions, the impression is that these children are likely to have had co-morbid developmental and psychiatric problems, varying including oppositional defiant and/or hyperkinetic disorder or social anxiety disorder of childhood. In some cases the features described may have been precursors of a schizotypal disorder [4]. [The paper does not however make a case for the validity or specificity of the syndrome in relation to these disorders.](#)

The paper helpfully draws attention to the clinical variability amongst children with communication disorders. However, it would seem regrettable if new syndromes were to be used in clinical practice without consideration of whether an established psychiatric diagnosis would have been appropriate, as this will create confusion for parents and others involved. Better integration of paediatric and child psychiatric services working with children with developmental communication disorders should help reduce the likelihood of this happening.

References



[@cassie_davies](#) [@GillbergCentre](#) Newson's 2003 paper is a review of her 3 research studies, most/ all of the research was concluded before 2002. So Wing's quote from 2002 is applicable.

[@cassie_davies @GillbergCentre](#) "Elizabeth Newson described a behaviour pattern she called "Pathological Demand Avoidance Syndrome" (PDA). Among other features, the children concerned use many strategies to avoid responding to demands...

[@cassie_davies @GillbergCentre](#) ... They also seem to find reward in upsetting other people. Children with any type of autistic disorder can show these behaviours so the idea that PDA is a separate syndrome remains unproven"

[@cassie_davies @GillbergCentre](#) Wing, Lorna. (2002). The Autistic Spectrum: The Updated Edition. Constable & Robinson Limited, London. Page 30.

[@cassie_davies @GillbergCentre](#) Newson's research to establish PDA, is akin to comparing Reactive Attachment Disorder (RAD) & Disinhibited Social Engagement Disorder (DSED) to PDA.

[@cassie_davies @GillbergCentre](#) RAD & DSED are 2 types of attachment disorder, but simply comparing PDA to DSED & RAD does not make PDA an attachment disorder; all that has been done is showing PDA is different to DSED & RAD.

[@cassie_davies @GillbergCentre](#) Similarly, saying PDA belongs to the Attachment Disorders diagnostic grouping does not make PDA an attachment disorder. For PDA to be an attachment disorder it would need to conform to accepted understandings of attachment disorders.

[@cassie_davies @GillbergCentre](#) Newson does not establish PDA was a distinct entity. Nor, did she establish PDA conformed to accepted autism understandings. Newson's conceptualisation of PDA makes it problematic fitting it into autism.

[@cassie_davies @GillbergCentre](#) Links:

<http://www.pdaresource.com/files/An%20examination%20of%20the%20behavioural%20features%20associated%20with%20PDA%20using%20a%20semi-structured%20interview%20-%20Dr%20E%20O'Nions.pdf>

&



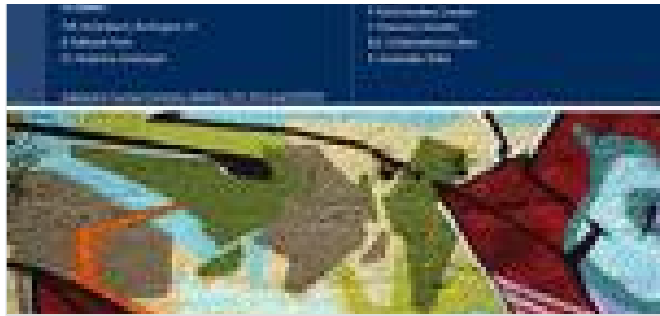
Pathological demand avoidance: Exploring the behavioural profile - Eli...

'Pathological Demand Avoidance' is a term increasingly used by practitioners in the United Kingdom. It was coined to describe a profile of obsessive resistance ...

<https://journals.sagepub.com/doi/full/10.1177/1362361313481861>

&

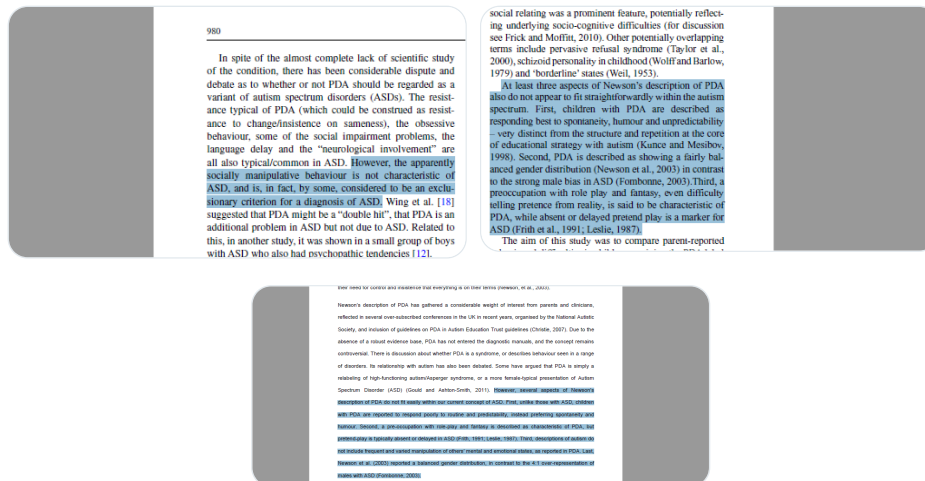




Extreme ("pathological") demand avoidance in autism: a gen

Research into Pathological Demand Avoidance (PDA), which has been suggested to be a subgroup within the Autism Spectrum Disorder (ASD), is almost nonexistent in spite of the frequent reference to...

<https://link.springer.com/article/10.1007/s00787-014-0647-3>



[@cassie_davies](#) [@GillbergCentre](#) Also Newson's research has a selection bias by its samples being drawn from referrals to a clinic specialising in "Coding" Disorders; persons who have problems processing/ making sense of some aspects of communication.

[@cassie_davies](#) [@GillbergCentre](#) My point here is that while Newson's research is weak, she did not establish it as an autism profile. She did view PDA as a being different and separate from autism. Worth noting PDA was diagnosed separately from autism by ENC until 2015.

[@cassie_davies](#) [@GillbergCentre](#) Which underlies the differences in approach to PDA between Newson and O'Nions et al (2016).

[@cassie_davies](#) [@GillbergCentre](#) Simply put there needs to be more justification for saying PDA is an ASD than it being arbitrarily called a Pervasive Developmental Disorder based on Newson's work. Especially as there is considerable debate around what PDA could be.

[@cassie_davies](#) [@GillbergCentre](#) Also Newson did not investigate the IQ of her sample.

There are other issues with Newson's work, around certain assumptions.



@Richard_Autism

Replying to @Richard_Autism

Highly likely Newson was incorrect to view PDA as a PDD, she states:
""hanging together as an entity" is not enough
if that entity is not significantly different from both autism
and Asperger's syndrome, either separately or apart"
(Newson et al 2003, p599)

2:34 PM · Apr 19, 2020



See Richard Woods's other Tweets

[@cassie_davies](#) [@GillbergCentre](#)

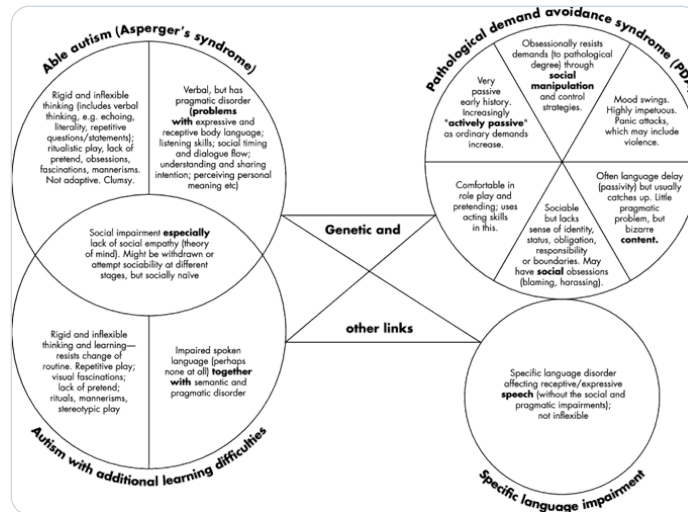


Richard Woods
@Richard_Autism



Replying to @Richard_Autism

This statement is supported by how Newson does not base PDA on the triad of impairment underpins modern autism diagnostic criteria. Nor does she draw PDA overlapping the triad of impairment here:



2:37 PM · Apr 19, 2020



1



See Richard Woods's other Tweets

[@cassie_davies](#) [@GillbergCentre](#)



Richard Woods
@Richard_Autism



Replying to @Richard_Autism

Worth noting that Newson is incorrect to view Specific Language Impairment as a Pervasive Developmental Disorder. Almost certainly incorrect PDA is 100% genetic/biological in nature. It is reasonable to assume she her views PDA is a PDD is also a mistake.

...wed semi-social mimicry (mainly acting out videos or characters); and 46% showed social mimicry ("becoming teacher, mother, or psychologist and thereby taking of situations). In adults, the amount of fantasy ng ensures that most will continue to have abnormal in their language.

ional behaviour

athological" nature of the demand avoidance means [ways has obsessional force; but role play is the second

...making sense of a particular area of communicative life where we usually regard "making sense" as biologically normal. This is not necessarily in terms of spoken language, but may be about the non-verbal ways in which we understand each other, such as meanings and intentions, or identity and obligation.

- None of these children chooses to be the way they are. These are biological, sometimes genetic, disorders. However difficult the behaviour arising from them, the child is not wilfully being naughty, and cannot easily behave differently: though we may be able to help him or her to improve

obsession, which gives the impression of more socially
 1 obsessions in PDA than in autism/Asperger's
 ne. This is borne out by the adults. Seventeen of the 18
 ribed as obsessively demand avoidant (the other being
 id as "not obsessively so at the moment"), and 10 use
 'obsessions as an avoidance strategy or distraction.
 have obsessions about specific people, 11 blame, target,
 ss specific people, six want to be with specific people
 ionally), and four want to be a specific person or char-
 acteristically, 10 have contradictory obsessions, espe-
 cially cleanliness/slovenliness. All these obsessional
 s may also be seen in childhood, especially harass-

over time. None of these conditions has an emotional cause,
 although any might make the child behave emotionally,
 especially if misunderstood.

- Differential diagnosis has practical implications. Each of
 these disorders has its own guidelines for education and
 management, which have different emphases. Some guide-
 lines suitable for one condition may be very unhelpful for
 another. This is why accurate diagnosis is important.
 Specific educational management is essential in all cases,
 having regard also to individuality.
- In Asperger's syndrome, the child usually becomes increas-
 ingly aware of his or her difficulties as he or she moves into

2:40 PM · Apr 19, 2020



See Richard Woods's other Tweets

[@cassie_davies](#) [@GillbergCentre](#)



Richard Woods
 @Richard_Autism



Replying to @Richard_Autism

Reason why Newson is almost certainly mistaken about the
 causes of PDA, is covered here:

[researchgate.net/publication/33...](https://www.researchgate.net/publication/33...)

Also mentioned in Norwegian PDA systematic review by
[@OrmStian](#)



(PDF) Demand avoidance phenomena: circularity, int...
 PDF | This article explores key reasons for justifying
 the proto impairment of Demand Avoidance ...
[researchgate.net](#)

2:42 PM · Apr 19, 2020



1



See Richard Woods's other Tweets

[@cassie_davies](#) [@GillbergCentre](#)



Richard Woods
 @Richard_Autism



Replying to @Richard_Autism @gdmorewood and @JoPavlopoulou

Attached 2 copies as 1 has better resolution than the other.

Diagram shows how it is viewed PDA relates to autism via
 Pervasive Developmental Disorders dx grouping. There are
 some telling things to note about it.

7:13 AM · Jul 6, 2020



1



See Richard Woods's other Tweets

[@cassie_davies](#) [@GillbergCentre](#)



Richard Woods
 @Richard_Autism



Replying to @Richard_Autism @gdmorewood and @JoPavlopoulou


- Aspergers & Kanner's autism overlap each other, both
 based on triad of impairment.
- PDA is separate from autism and Specific Language
 Impairment. Yet is linked to other syndromes.
- PDA is not based on the triad of impairment.

7:16 AM · Jul 6, 2020



1 See Richard Woods's other Tweets

[@cassie_davies](#) [@GillbergCentre](#)

**Richard Woods**
@Richard_Autism


Replying to @Richard_Autism @gdmorewood and @JoPavlopoulou

- Aspergers/ autism social impairment due to ToM deficits.
- PDA surface sociability has different cause, deficits in social identity/ pride.
- PDA has manipulative behaviours.
- Specific Language Impairment is accepted to not be an ASD or PDD.

7:18 AM · Jul 6, 2020

2 See Richard Woods's other Tweets

[@cassie_davies](#) [@GillbergCentre](#)

**Richard Woods**
@Richard_Autism


Replying to @Richard_Autism @gdmorewood and @JoPavlopoulou

- Also while you can autism with LD. Is just odd. LD is a neurodevelopmental comorbid. Classic/ "Kanners" autism can be diagnosed without LD.
- Aspergers has clumsy. Yet that is also seen in "Neurological Involvement" PDA dx trait.

7:21 AM · Jul 6, 2020

1 See Richard Woods's other Tweets

[@cassie_davies](#) [@GillbergCentre](#)

**Richard Woods**
@Richard_Autism

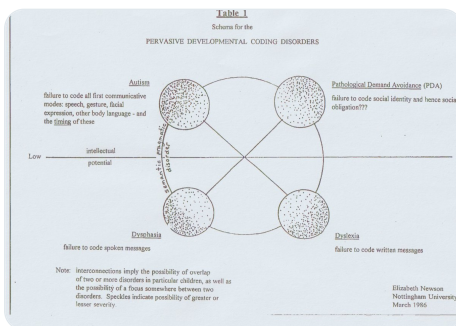
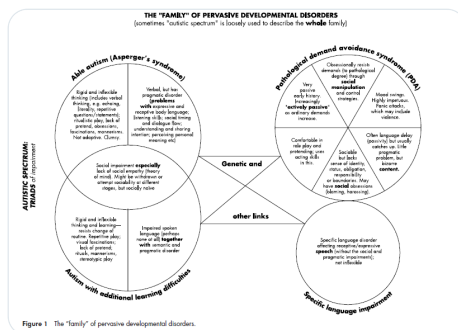
Replying to @Richard_Autism @gdmorewood and @JoPavlopoulou

- Autistic persons can transition between subtypes. Which is not necessarily represented in that diagram.
- Overall, one can see there are problems with how PDA is viewed relating to autism.

7:23 AM · Jul 6, 2020

1 See Richard Woods's other Tweets

[@cassie_davies](#) [@GillbergCentre](#) The point here is it appears Newson was mistaken to say PDA was a Pervasive Developmental Disorder and that PDA is instead a Pervasive Developmental Coding Disorder, but that is not the same thing as an autism profile.



[@cassie_davies @GillbergCentre](#) It is worth point out that Newson's research did not significantly change the PDA profile from 1989 to 2003. That any changes were more for "diagnostic argument" than changes to her concept of PDA.



Pathological demand avoidance syndrome: a necessary distinction wit...

A proposal is made to recognise pathological demand avoidance syndrome (PDA) as a separate entity within the pervasive developmental disorders, instead of being classed under “pervasive developmental...

<http://adc.bmj.com/content/88/7/595>

adolescence. This, combined with an increasing wish for friends (often unfulfilled) may lead to clinical depression, and a need for informed and sensitive counselling.

The descriptive criteria, first produced in 1988 from clinical notes before the statistical studies had been undertaken, remain surprisingly robust, both between children and, equally important, from childhood to adulthood. They were revised in 1995, with very little change except to include language delay, and finally revised for this paper to take account of the statistical studies quoted in the notes; even so, changes have been more in terms of organisation of the criteria (concepts) (to make stating of the "diagnostic argument" easier for clinicians), rather than changing the concepts themselves. There have been slight changes of emphasis here and there to follow statistical data.

The "recognition factor" for these criteria is striking, both by parents whose child has previously had an "atypical

[@cassie_davies @GillbergCentre](#) Another limitation of Newson's work is that it did not take measurements for IQ. She argued that an IQ test score was not reflective of a CYP with PDA actual ability. Which there might be something to.

that are successful with autistic children need major adaptations for PDA children if any progress is to be made; these children hate routine and thrive best on novelty and variety. If perceived as ASD children, the wrong advice will be given: PDA children suffer a high exclusion rate if educated on autistic guidelines, as do young adults. This must be a powerful reason for a differential diagnosis, especially once we are able to articulate guidelines which are positively helpful for children with PDA.

PARAMETERS OF COHORT

The information presented here is based on a total cohort of 150 children diagnosed consecutively as having PDA in the two clinics headed by EN between 1975 and 2000. A few children whose clinical picture is less certain, often because of additional atypical characteristics, but atypical of autism also, were excluded. IQ in these children tends to be meaningless because of the severe demand avoidance, and alternative descriptive gauges of ability are used clinically. Age at diagnosis varied between 4 and 16 years.

Within this cohort, two separate samples were taken for

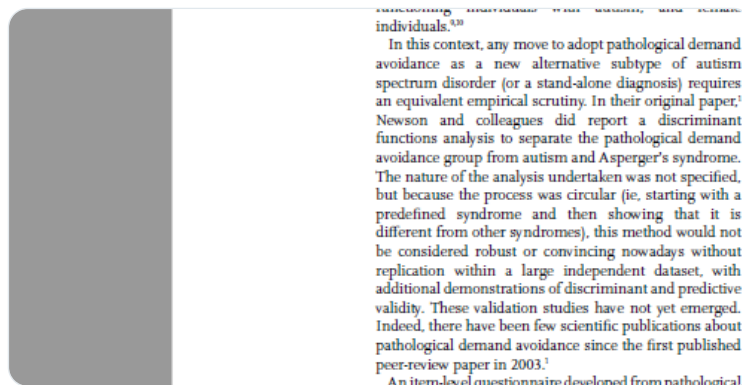
[@cassie_davies @GillbergCentre](#) I think this is the final critique I have of Newson's paper. This is from the Green et al (2018) review:



Pathological Demand Avoidance: symptoms but not a syndrome

Pathological (or extreme) demand avoidance is a term sometimes applied to complex behaviours in children within—or beyond—autism spectrum disorder. The use of pathological demand avoidance as a diagn...

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(18\)30044-0/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(18)30044-0/fulltext)



[@cassie_davies @GillbergCentre](#) One should see Newson's research:

- Is poor quality.
- Did not establish PDA as a syndrome
- Did not establish PDA as an autism "profile".
- Incorrect PDA was a Pervasive Developmental Disorder, but it is a "Pervasive Developmental Coding Disorder".

[@cassie_davies @GillbergCentre](#) If you plug PDA is a "Pervasive Developmental Coding Disorder" into PDA literature, it explains almost everything.

PDA has (supposed) different strategies to autism. Because PDA is a PDCD:

<https://www.pdasociety.org.uk/wp-content/uploads/2019/07/AET-standards-for-PDA-Phils-GAP-1.pdf>

[@cassie_davies @GillbergCentre](#) You want to know why all other attempts divide autism have failed & [@DrJudes03](#) is seeing PDA as a distinct entity: Because PDA is a pervasive developmental coding disorder:

Analysis

- A variety of statistical tests were carried out on our data. These are outlined in full in our write up of this study.
- There were significant differences between the scores obtained in the ADOS assessment for the ASD group compared to the ASD/PDA group
- Both groups scored above the 'cut-off' score which supports a diagnosis of Autism (we consistently achieve good inter-rater reliability between different examiners)
- The differences reflect qualitative differences in the way the child or young person interacted with the examiner
- Certain descriptions of behaviour within the ADOS assessment were able to predict the likelihood of a child receiving a diagnosis of ASD/PDA

rebecca psychology

[@cassie_davies](#) [@GillbergCentre](#) [@DrJudesO3](#) Why is PDA seen in non-autistic persons? Because PDA is a Pervasive Developmental Coding Disorder & not autism:

(PDF) Pathological Demand Avoidance and the DSM-5: a rebuttal to Ju...
 PDF | My article "Demand avoidance phenomena: circularity, integrity and validity – a commentary on the 2018 National Autistic Society PDA Conference."... | Find, read and cite all the research you n...
https://www.researchgate.net/publication/339240845_Pathological_Demand_Avoidanc...

argue that the autism diagnostic criteria have been broadened too much (Happé and Frith, 2020). I must stress, that I recognise Judy Eaton and her clinic are making a positive difference to many persons' lives.


The clinical need for PDA has been contested for almost two decades (Garraida, 2003; Green et al, 2018; Malik and Baird, 2018). In addition some argue PDA is also found in non-autistic people and is not confined to autistic persons (Egan, 2019; Gillberg, 2014; Malik and Baird, 2018; McElroy, 2016). This is supported by individual cases of non-autistic persons in PDA research samples (O'Nions et al, 2015; O'Nions et al, 2016; Reilly et al, 2014), in addition to other empirical evidence set

GAP, 21, 1, 2020

[@cassie_davies](#) [@GillbergCentre](#) [@DrJudesO3](#) Why is PDA's seen as "triple hit" of autism, conduct problems. Because PDA is a Pervasive Developmental Coding Disorder & not autism.

JOURNAL

Journal of Research in
Special Educational Needs



Mapping the educational experiences of children with pathological de...

'Pathological demand avoidance' (PDA) describes a pattern of difficulties increasingly recognised as forming part of the autistic spectrum. Although clinical reports suggest that children with PDA ar...

<https://onlinelibrary.wiley.com/doi/abs/10.1111/1471-3802.12081>

Debate tends to centre on whether PDA constitutes a syndrome that is specific and distinct from other forms of autistic spectrum disorders, with the possibility that PDA is a 'female' presentation of more typical autism (e.g., Kopp and Gillberg, 2011). Others question whether the PDA phenotype is sufficiently distinct from other conditions, such as oppositional defiance and anxiety disorders (e.g., Garralda, 2003). Most recently, Gillberg (2014) acknowledges that PDA is 'a very real problem' (p. 769), which he suggests occurs across multiple diagnoses, including attention deficit hyperactivity disorder, language disorders and certain chromosomal syndromes. Recent research (O'Nions, Viding and Greven et al., 2014) shows that children with PDA display comparable levels of autistic traits to children with autism spectrum disorders (ASD) and comparable levels of conduct problems to children with conduct disorder. Children with PDA also display higher levels of emotional symptoms than either group. PDA may thus currently be conceptualised as a 'triple hit' of autism, conduct problems and anxiety.

[@cassie_davies](#) [@GillbergCentre](#) [@DrJudesO3](#) Triple hit of autism, anxiety and conduct problems.

[@cassie_davies](#) [@GillbergCentre](#) [@DrJudesO3](#) Why Ellie Bishop found no relation between PDA & ToM, while there is a relation between ToM & features associated with autism. Because PDA is a Pervasive Developmental Coding Disorder & not autism.

<https://discovery.ucl.ac.uk/id/eprint/10057038/>

[@cassie_davies](#) [@GillbergCentre](#) [@DrJudesO3](#) Why is precursors to Personality Disorders seen & more closely associated to PDA than autism traits. Because it is a Pervasive Developmental Coding Disorder & not autism.

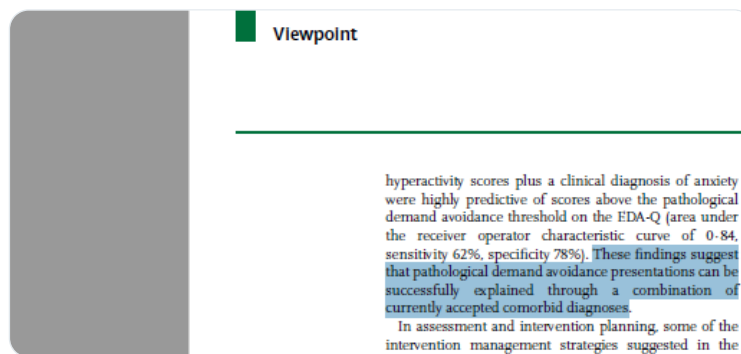
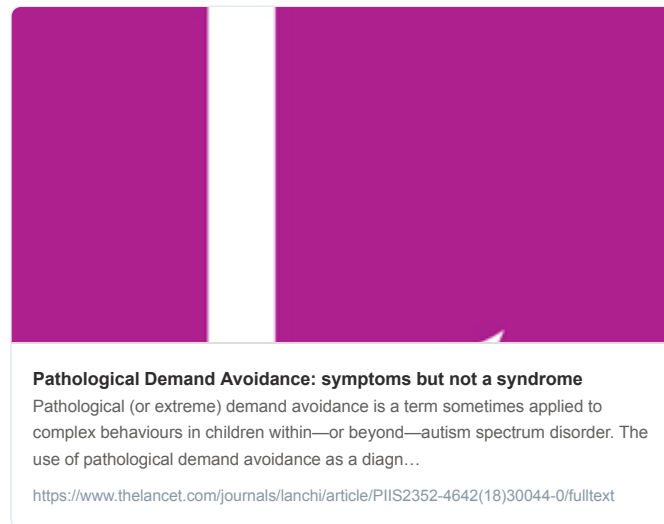


The Measurement of Adult Pathological Demand Avoidance Traits

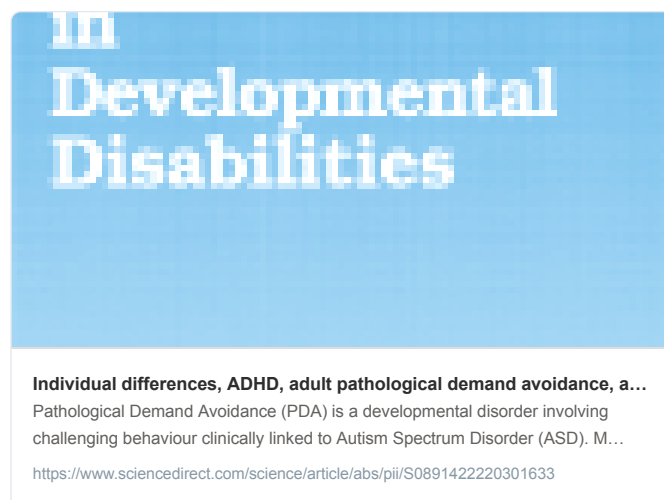
Pathological ("extreme") demand avoidance (PDA) involves obsessively avoiding routine demands and extreme emotional variability. It is clinically linked to autism spectrum disorder...

<https://link.springer.com/article/10.1007/s10803-018-3722-7>

[@cassie_davies](#) [@GillbergCentre](#) [@DrJudes03](#) Why can PDA be represented by interaction of accepted comorbidities. Because it is a Pervasive Developmental Coding Disorder & not autism.




[@cassie_davies](#) [@GillbergCentre](#) [@DrJudes03](#) Why do High attention deficit, antagonism, and low emotional stability predict PDA (and autism does not predict PDA)? Because PDA is a Pervasive Developmental Coding Disorder & no autism.



[@cassie_davies](#) [@GillbergCentre](#) [@DrJudes03](#) Why did above study also see precursors to Personality Disorders, supporting critique of Garralda & Wing et al?

Because PDA is a Pervasive Developmental Coding Disorder & not autism:




Pathological demand avoidance syndrome: a necessary distinction wit...

A proposal is made to recognise pathological demand avoidance syndrome (PDA) as a separate entity within the pervasive developmental disorders, instead of being classed under "pervasive developmental..."

<https://adc.bmj.com/content/88/7/595.responses>

&



Autism spectrum disorders in the DSM-V: Better or worse than the DS...

The DSM-V-committee has recently published proposed diagnostic criteria for autism spectrum disorders. We examine these criteria in some detail. We be...

<https://www.sciencedirect.com/science/article/abs/pii/S0891422210002647>

Pathological demand avoidance syndrome or psychiatric disorder?
M Elena Garavito, Professor of Child and Adolescent Psychiatry

Dear Editor

In the recent issue of the Archives, Newson et al⁽¹⁾ make the case for a distinctive "pathological demand avoidance syndrome". This arose out of the work by the authors in a clinic for children with problems in communication.

These children are described as having a tendency to avoid or resist ordinary demands, to have surface sociability but a lack of sense of identity, pride and shame, labile mood, impulsivity, led by need to control, language delay, obsessional behaviour and some sort of - usually "soft" - neurological involvement. The syndrome is not a recognised psychiatric disorder in either ICD-10 or DSM-IV classification systems.

How well do the authors make the case for this new syndrome? Some of the features outlined (for example sense of identity, pride and shame) would be specially difficult to identify reliably. Others are suggestive of a number of different child and adolescent psychiatric disorders as described in ICD-10 and DSM-IV (WHO, 1991; APA, 1994) (2,3). From the authors' descriptions, the impression is that these children are likely to have had co-morbid developmental and psychiatric problems, varying including oppositional defiant and/or hyperkinetic disorder or social anxiety disorder of childhood. **In some cases the features described may have been precursors of a schizophrenic disorder (4).** The paper does not however make a case for the validity or specificity of the syndrome in relation to these disorders.

The paper helpfully draws attention to the clinical variability amongst children with communication disorders. However, it would seem regrettable if new syndromes were to be used in clinical practice without consideration of whether an established psychiatric diagnosis would have been appropriate, as this will create confusion for parents and others involved. Better integration of paediatric and child psychiatric services working with children with developmental communication disorders should help reduce the likelihood of this happening.

References

(1) Newson E, Le Marechal K, David C. Pathological demand avoidance syndrome: a necessary distinction within the pervasive developmental disorders. *Arch Child Adolesc Psychiatry* 2009; 88(7):595-599.

that it should not have been ignored by the designers of the DSM-IV or the DSM-V (and ICD-10). The DSM instead involved repetitive behaviour patterns, not the impaired social imagination, as the key leg of the triad.

Although the various aspects of the Wing and Gould Triad can be described separately, they are closely related. We now consider that the fundamental problems underlying all autistic conditions and the Triad of Impairments, is absence or impairment of the social instinct present from birth in the great majority of cases. However, Kumpulainen and Kumpulainen (2008) consider that the Triad is fracturable because different genes are responsible for the different elements. These researchers, whilst considering the specific behaviours to be one of the core elements of the triad, do hope that research work into the behavioural neurobiology of the social instinct will be carried out in the near future. Results from recent research in this area suggest that a combination of specific cognitive skills underlies the social instinct (Schore et al., 2010; Trevelyan et al., 2010).

The problems of social interaction seen in the autism spectrum are specific to these conditions and must be present for a diagnosis to be made, but the underlying nature of the social instinct has yet to be investigated. The absence or impairment of the social instinct must be differentiated from the abnormalisation of social behaviour based in anti-social psychopathy. As pointed out by one of us (Gillberg, 1992) the anti-social psychopathy usually has a full understanding of what goes on in his or her own particular people's minds. However, he/she can use this knowledge to manipulate other people to achieve his/her own ends. We/he has empathy but no sympathy. A person with an autism spectrum condition lacks empathy but may have sympathy in relation to his/her own particular children's distress. When they are distressed, they cry out. Some of those of higher ability are very sad to read of the hardships of children in, for example, Africa, but are unable to understand the signs of emotional upset in their parents or siblings - which may be responsive to the behaviour of the person with an autism spectrum condition. However, Gillberg (1992), Kumpulainen (2008) and Gillberg (2009) found a small number of people with PDA, called **pathological demanders**. The authors considered that this was a distinct form - the pathologists, who have been called **pathological demanders**, and that it was due to the autism spectrum disorder. **Many pathologists with pathologies of demand avoidance (Newson, Le Marechal, & David, 2009) may also have such a triadable PDA.**

3. Responses to sensory input

Abnormalities in this area - reduced and enhanced sensitivity - are very common in those with autism spectrum conditions

@cassie_davies @GillbergCentre @DrJudes03 Why is high anxiety driven demand avoidance PDA's central impairment, while anxiety is a recognised comorbid to autism? Because PDA is a Pervasive Developmental Coding Disorder and not autism: <https://www.ingentaconnect.com/contentone/bild/gap/2011/00000012/00000001/art00005>

'The fact that girls with undiagnosed autism are painstakingly copying some behaviour is not picked up and therefore any social and communication problems they may be having are also overlooked. This sort of mimicking and repressing their autistic behaviour is exhausting, perhaps resulting in the high statistics of women with mental health problems.' (p. 31)

Adults and adolescents seen at The Lorna Wing Centre are usually referred through mental health services. Some of the co-morbid diagnoses are obsessive compulsive disorder, eating disorders, personality disorders, selective mutism, anxiety and depression. Taking an appropriate developmental history often reveals that they are on the autism spectrum with either

[@cassie_davies](#) [@GillbergCentre](#) [@Dr.Judes03](#) Why some research shows associations between PDA, ADHD & Conduct Disorder? Because PDA is Pervasive Developmental Coding Disorder & not autism.

<https://www.ingentaconnect.com/contentone/bild/gap/2017/00000018/00000001/art00009>

The controversy around PDA/EDA relates in part to whether or not it falls on the autistic spectrum. Wing and Gould have incorporated it into the DISCO-11 as a subcategory of autism. Further work by O'Nions et al (2016) found PDA within the ASD population to be consistent with Newson's descriptions characterised by lack of co-operation, use of apparently manipulative behaviour, socially shocking behaviour, difficulties with other people, anxiety and sudden behavioural changes from loving to aggressive. Further ongoing work by Kaushik (RCPsych CAP Faculty Annual Conference 2015 proceedings) has recognised that there are also associations between PDA, ADHD, and conduct disorder, the latter two diagnoses of which can be linked to the environment, poor early caregiving and attachments (Kumsta et al, 2015).

[@cassie_davies](#) [@GillbergCentre](#) [@Dr.Judes03](#) Why does my content analysis of PDA tools suggests there is a population of undiagnosed non-autistic persons with PDA? Because PDA is a Pervasive Developmental Coding Disorder & not autism:

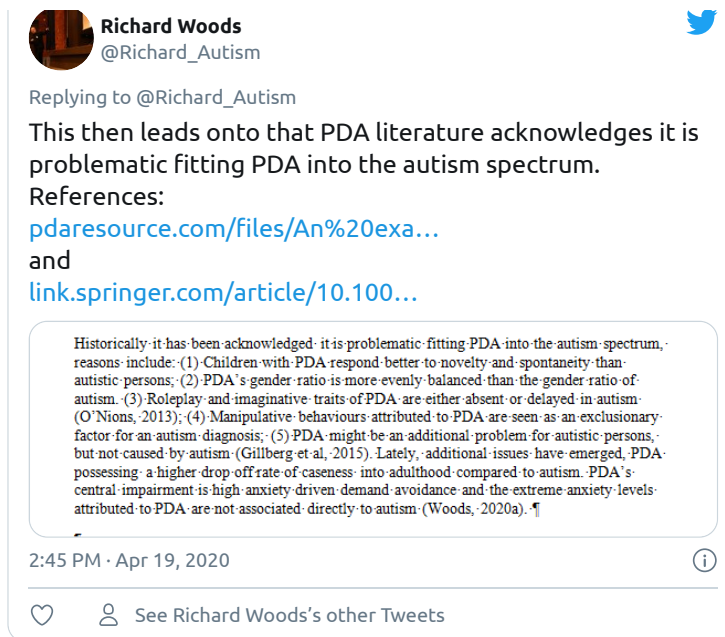
https://www.researchgate.net/publication/340279248_Is_the_concept_of_Demand_Avoidance_Phenomena_Pathological_Demand_Avoidance_real_or_mythical

RESULTING CONSEQUENCES.

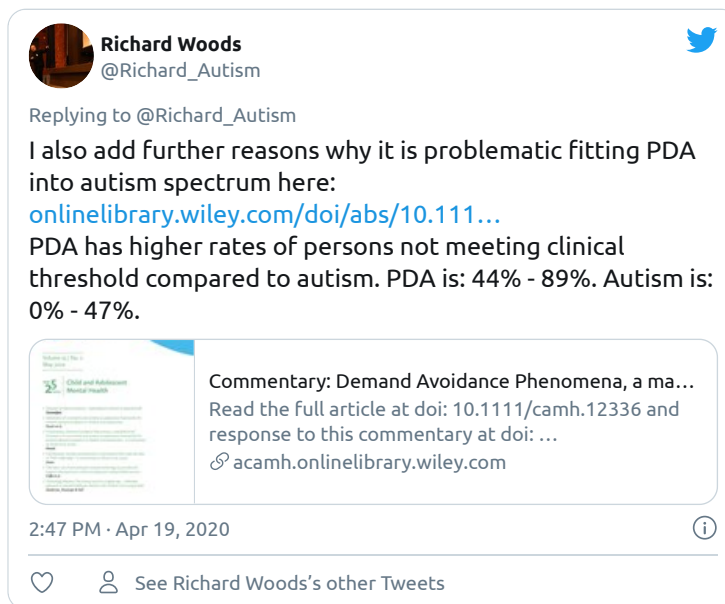
Clinical Populations.

- 1) Results do not support notion DAPers are an undiagnosed autistic population.
- 2) Do indicate that DAPers are undiagnosed non-autistic population.

[@cassie_davies](#) [@GillbergCentre](#) [@Dr.Judes03](#) Why are there important clinical differences between PDA & autism? Because it PDA is a Pervasive Developmental Coding Disorder & not autism.



[@cassie_davies](#) [@GillbergCentre](#) [@DrJudes03](#)



[@cassie_davies](#) [@GillbergCentre](#) [@DrJudes03](#) One should get the gist PDA is best explained by being a Pervasive Developmental Coding Disorder & not as an autism profile.

[@cassie_davies](#) [@GillbergCentre](#) [@DrJudes03](#) Why does this PDA model has anxiety as obsessive & the demand avoidance as compulsive? Because PDA is a Pervasive Developmental Coding Disorder & not an ASD:

<https://lizonions.files.wordpress.com/2019/09/1909childbehaviourparentingstrategiessummary.pdf>

Model does not explicitly say anxiety is obsessive & anxiety as compulsive

[@cassie_davies](#) [@GillbergCentre](#) [@DrJudes03](#) A differential marker between autism & other conditions with RRBI's is the source of RRBI. If source is from fear/ anxiety/ aversion it tends to attributed as non-autism in nature:

(PDF) Pathological Demand Avoidance and the DSM-5: a rebuttal to Ju...

PDF | My article "Demand avoidance phenomena: circularity, integrity and validity – a commentary on the 2018 National Autistic Society PDA Conference." ... | Find, read and cite all the research you n...

https://www.researchgate.net/publication/339240845_Pathological_Demand_Avoidanc...

&

Volume 33 Number 9 October 2018

PDA by PDAers, from anxiety to avoidance and masking to meltdowns

(2018). PDA by PDAers, from anxiety to avoidance and masking to meltdowns. *Disability & Society*: Vol. 33, No. 9, pp. 1547-1549.

<https://www.tandfonline.com/doi/full/10.1080/09687599.2018.1504482>

• A strong binary sense of right and wrong.

Their accounts of how these cognitive processes interact directly contradict the PDA diagnostic criteria such as the need for control and that PDAers are socially manipulative (Christie et al. 2012). Lending credence to autistic critique that PDA is simply autism being perceived to be PDA and that PDA should be internalised *Pathological Demand Avoidance* (Woods forthcoming). This is due to the double-empathy problem and how different autistic stakeholders currently have different perspectives (Brooks 2018, blog). **The heterogeneity from uncertainty of negative events will cause support the presence of Obsessive Compulsive Disorder (OCD) within the autistic spectrum** as experienced by Miles (2017), which may include the Executive Function issues observed by the PDAers. Furthermore, many of the authors have had childhood and traumatic lives, leading to concerns over the central premise of PDA, that the high anxiety levels are intrinsically caused. This raises vital questions of what exactly is PDA which stakeholder's interpretations are more accurate? How will PDA community stakeholder's groups respond to this divergence of views? Especially with PDAers' accounts seeming to support autistic critique of PDA? What is it that needs to be in control? What is the role of social media in the growth of PDA? The book is vital to answering these questions as it is a public document that

still ongoing. This situation is in some ways similar for autism as many clinicians use diagnostic profiles and tools to guide their opinion when making a diagnosis.

There is substantially greater consensus over what autism is and is not. Our current understanding of autism has certain fixed points that are well established, such as anxiety is diagnosed as a co-occurring condition (Fletcher-Watson and Happé 2019; Woods, 2020). Another fixed point is how autistic people tend to display Rigid and Repetitive Behaviours and Interests (RRBIs) as they are often beneficial for them. Contrarily, RRBIs are the result of fear of aversive thoughts that is accepted not to be the direct result of autism. These fixed points have led to the The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria but these are subject to change as research continues. Such boundaries are presently lacking from PDA. It is inappropriate to compare diagnostic practices of PDA to autism.

GAP, 21/1, 2020

[@cassie_davies](#) [@GillbergCentre](#) [@DrJudes03](#) From a literature perspective it is problematic and controversial to say PDA is an autism profile. It is best explained by being a Pervasive Developmental Coding Disorder.

[@cassie_davies](#) [@GillbergCentre](#) [@DrJudes03](#) To further underscore the point. Some argue PDA is an ASD as it has social communication issues & RRBIs. That does not mean PDA is an ASD profile...

[@cassie_davies](#) [@GillbergCentre](#) [@DrJudes03](#) ... The surface communication issues for PDA are different to autism, surface sociability and not linked to ToM:

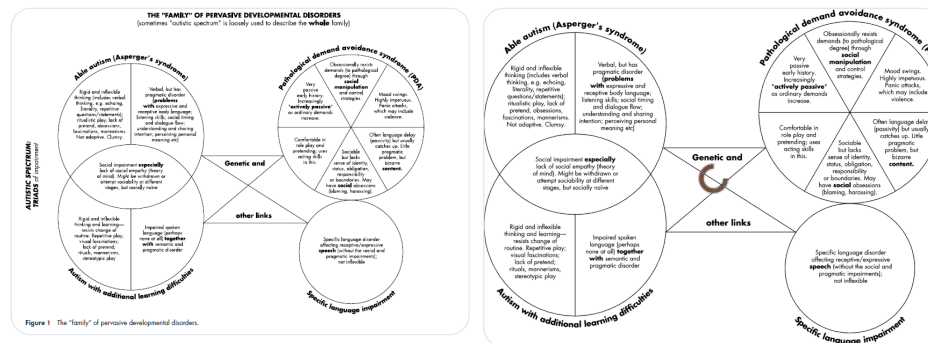


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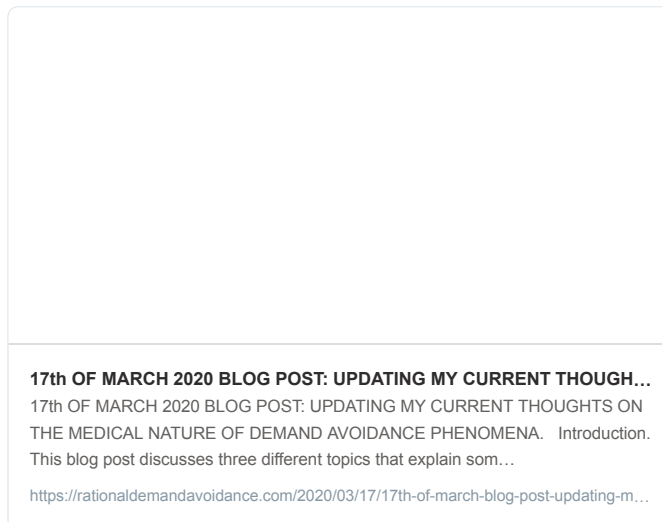
<https://discovery.ucl.ac.uk/id/eprint/10057038/>

&

<https://www.autismeastmidlands.org.uk/wp-content/uploads/2016/10/Communication-development-of-Children-with-pathological-Demand-Avoidance-Syndrome.pdf>



@cassie_davies @GillbergCentre @DrJudes03 ... That the nature of RRBIs in PDA is different in nature to that of autism. It indicates the presence of trauma. E.g. precursors for Personality Disorders suggest presence of trauma.



&

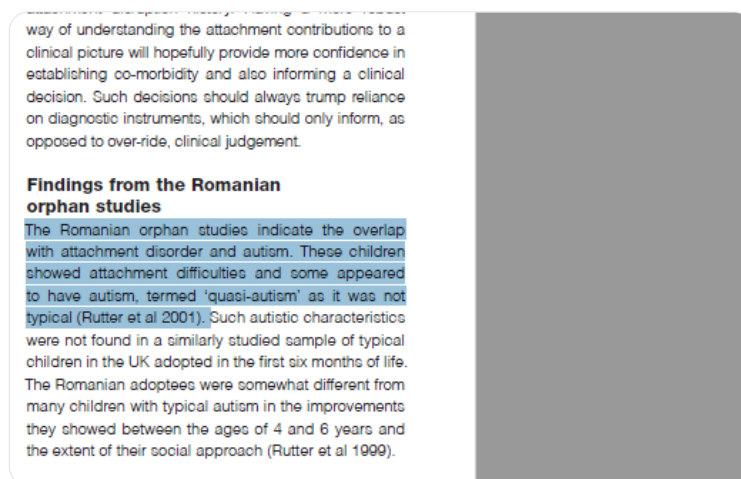


[@cassie_davies](#) [@GillbergCentre](#) [@DrJudes03](#) ... Which tells you 1) PDA is not an autism profile. 2) PDA is a new type of disorder, i.e. a Pervasive Developmental Coding Disorder.

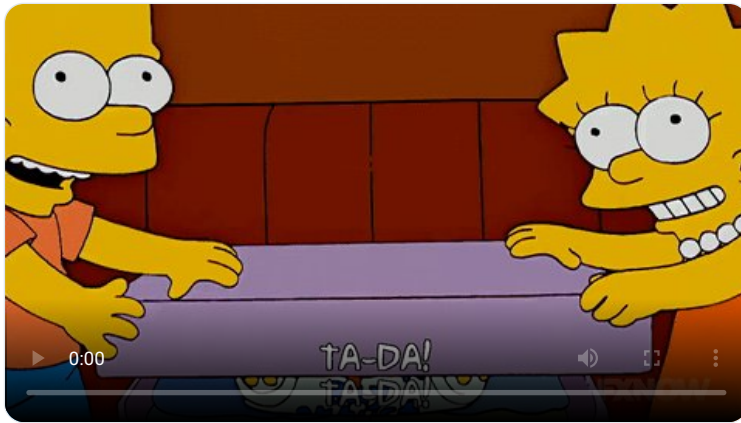
This should be obvious to any credible autism expert/ researcher/ clinician.

[@cassie_davies](#) [@GillbergCentre](#) [@DrJudes03](#) Must also be said one can be clinically diagnosed with autism & not actually be autistic; "quasi-autism". Which supports the point PDA having RRBIs & social communication issues does not make it an autism profile:

<https://www.ingentaconnect.com/contentone/bild/gap/2017/00000018/00000001/art00009>



[@cassie_davies](#) [@GillbergCentre](#) [@DrJudes03](#) [@FidgetyF_cker](#)



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