



**Richard Woods** @Richard\_Autism

6 Aug · 52 tweets · [Richard\\_Autism/status/1291319540056555520](#)



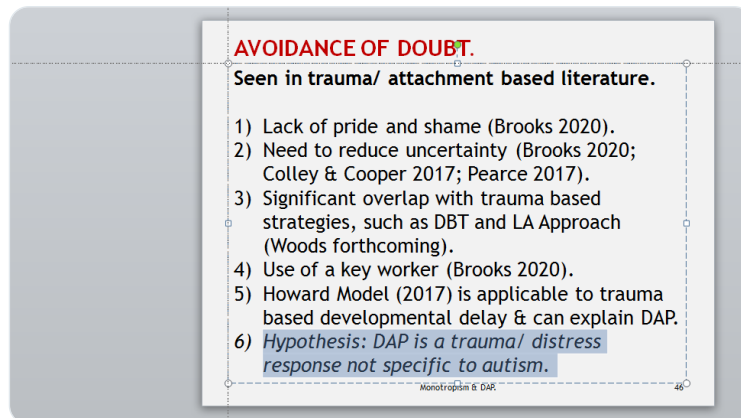
A comment I received about Fabricated or Induced Illness (FII) & autism has made me reflect on if PDA is a good defense against FII. The answer I get is well no... It has allowed me to revisit a hypothesis of mine. So a new thread becons.

I have tried to structure this beforehand, it probably will be rhizomatic & so might appear a bit chaotic.

Thread on the evidence to support my hypothesis of:

Hypothesis: PDA is a trauma/ distress response not specific to autism.

[https://www.researchgate.net/publication/337001992\\_An\\_Updated\\_Interest\\_Base\\_d\\_Account\\_Monotropism\\_theory\\_A\\_Developmental\\_Model\\_and\\_Demand\\_Avoidance\\_Phenomena](https://www.researchgate.net/publication/337001992_An_Updated_Interest_Base_d_Account_Monotropism_theory_A_Developmental_Model_and_Demand_Avoidance_Phenomena)



An interesting aspect of much of this evidence is that it also happens to be some evidence that PDA is seen in non-autistic persons.

I will start off with clinical opinions viewing PDA linked to attachment disorder or personality disorders.



**Richard Woods**  
@Richard\_Autism



Replying to @Richard\_Autism

PDA literature challenges that view. Some viewed PDA as possibly being a form of attachment disorder or personality disorder:

[pdasociety.org.uk/wp-content/upl...](https://pdasociety.org.uk/wp-content/upl...)

**guidelines for good practice**

Phil Christie, UK

Editorial comment

Phil Christie is currently the Director of Children's Services within the Nottinghamshire Regional Society for Children and Adults with Autism (NoRSACA) and has been Principal of a specialist school for children with autism for over 25 years. This paper, *The distinctive clinical and educational needs of children with Pathological Demand Avoidance syndrome: guidelines for good practice*, was first presented at the World Autism Congress held in Cape Town, South Africa in 2006. It describes a syndrome that was identified over a long period of time by Professor Elizabeth Newson, often during work done jointly with this author, Phil Christie. In the many diagnostic assessments conducted at the Child Development Research Unit based at the University of Nottingham, she found there were children referred with a possible diagnosis of autism who did not seem typical in that they shared some of the features but displayed other very different behaviours and characteristics. There were also more girls affected than boys. After several years of careful note-taking and interviews with parents, Professor Newson felt that there was sufficient evidence to create a new syndrome or diagnostic description within the category of Pervasive Developmental Disorders. She named this Pathological Demand Avoidance syndrome and first brought it to public attention in 1980s. Since that time, there has been much debate between professionals as to whether this is indeed a separate condition or whether the behaviours found in PDA can be explained within other disorders such as attachment disorder or personality disorder or a female form of autism. Readers of this paper can send their thoughts and personal experiences to the author or the Editors of GAP to add to the debate.

6:23 PM · Aug 3, 2020



3 See Richard Woods's other Tweets



**Richard Woods**  
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Persons with PDA "In some cases the features described may have been precursors of a schizotypal disorder."

Neither was its validity & specificity established.  
[adc.bmj.com/content/88/7/5...](http://adc.bmj.com/content/88/7/5...)

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.

6:26 PM · Aug 3, 2020



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@Richard\_Autism



Replying to @Richard\_Autism

PDA might not be caused by autism, possibly like psychotic tendencies. Issues faced dividing autism are applicable to all proposed subtypes, including PDA.  
[sciencedirect.com/science/articl...](http://sciencedirect.com/science/articl...)

6. Impairment of this ability is perhaps the extreme condition of any kind. We believe the DSM-V (and ICD-10). The DSM instead n, as the last leg of the triad.

parately, they are closely related. We now the Triad of Impairments, is absence or uses. However, Happé and Ronald (2009) the different elements. These researchers, he triad. We hope that research work into e. Results from recent research in this area t (Ecker et al., 2010; Yoshida et al., 2010). these conditions and must be present for a investigated. The absence or impairment of our found in anti-social psychopathy. As full understanding of what goes on in his/ isolate other people to achieve his/her own

#### 6. Removal of subgroups

This is an important and contro  
We, in our many years of clinical boundaries of different sub-groups absence or impairment of the social classic Kanner syndrome and learning who fits the criteria for Asperger's conditions. Furthermore, changes can grow into an adolescent who fits the DSM-IV (and ICD-10). The same


in condition lacks empathy but may have understand, they respond. Some of those of ica, but are unable to understand the signs e behaviour of the person with an autism a small number of boys with ASD, also had psychopathic behaviour was an additional thological demand avoidance (Newson, Le

defining the boundaries between have very high skills in specific ar It was observing these clinical f than any of the suggested sub-grou that we are dealing with several di discussed here might be "the auti Our view on this has not change Many people with the diagnosis of much prefer to that of autism spe

6:29 PM · Aug 3, 2020

1 See Richard Woods's other Tweets

There is research to suggest the view that PDA is associated to trauma & might be a form of personality disorder/ attachment disorder etc.


 **Richard Woods**  
@Richard\_Autism

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Personality disorders are viewed as maladaptive responses to stress. Some are specifically associated to attachment issues, including Borderline Personality Disorder (Eaton, 2017).

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@Richard\_Autism

Replying to @Richard\_Autism

Also adding to evidence of attachment processes can be involved in PDA. There is one person with Attachment Disorder & total ADOS core of ONE found in sample of extreme PDA behaviours:  
[pdaresource.com/files/An%20exa...](https://pdaresource.com/files/An%20exa...)

ID	Age	School	Gender	Diagnosis	IQ	ADOS Social Affect	ADOS RRB/I	ADOS Total	EDAQ Count s*
8	8.3	MS with 1:1	F	ASD	99	15	0	15	11
9	12.1	SEBD	M	ASD, PDA	103	18	2	20	9
10	9.6	Steiner (excl. from PRU)	F	ASD, ADHD	100	6	4	10	9
11	10.6	MS	F	Attachment disorder	78	1	0	1	11
12	13.7	ASD/ SEBD	M	ASD	80	9	4	13	6.5
13	9.3	ASD/ SLD	F	ASD, PDA, ADHD	94	8	2	10	9
14	14.4	ASD	M	ASD	N/A	NA	NA	NA	6

ote: ADOS = Autism Diagnostic Observational Schedule; RRB/I= rigid and repetitive behaviours and intere  
cial, emotional and behavioural difficulties; MLD = specialist school for moderate learning difficulties; SLD

9:42 PM · Aug 3, 2020

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@Richard\_Autism



Replying to @Richard\_Autism

Back to the interesting case study has possible signs of attachments issues. [emerald.com/insight/content...](https://emerald.com/insight/content...)



presence of pathological personality traits as well as impairment in identity; self-esteem derived from personal gain, power or pleasure; and impairment in interpersonal functioning demonstrated by a lack of concern for feelings or suffering of others; lack of remorse after hurting or mistreating another; incapacity for mutually intimate relationships; evidence of deceit and coercion; use of dominance or intimidation to control others. There is evidence of antagonism in the form of hostility, manipulativeness and callousness, and evidence of disinhibition characterised by behavioural impulsivity, irresponsibility and risk taking behaviour.

The history and ongoing pattern of challenging and oppositional behaviour indicates that Mr S could have ASPD which is reinforced by his childhood behavioural difficulties, ADHD, possible attachment difficulties and his habitual pattern of dysfunctional interpersonal and social behaviour. Additionally, the possible presence of CD in adolescence, brought to light by the repetitive pattern of dissocial and aggressive conduct (APA, 2013), further support the suggestion of ASPD.

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@Richard\_Autism



Replying to @Richard\_Autism

Onto empirical evidence. Associations between Conduct Disorder, ADHD & PDA, can be linked to environmental factors. [ingentaconnect.com/contentone/bil...](https://ingentaconnect.com/contentone/bil...)

*patterns and the processes by which these may come about in children with PDA."*

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).

With further work, it maybe that the CGI can help to clarify the defining criteria for ASD, PDA and attachment, but as yet this is not possible. With the increasing interest in PDA over recent years, it is possible that further

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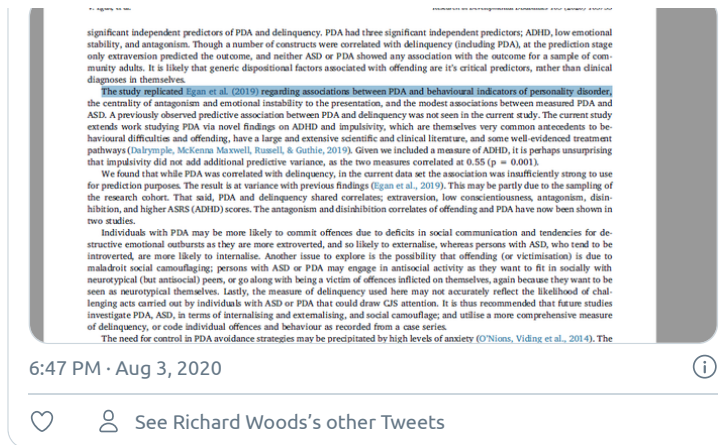


**Richard Woods**  
@Richard\_Autism



Replying to @Richard\_Autism

"The study replicated Egan et al. (2019) regarding associations between PDA and behavioural indicators of personality disorder"  
[sciencedirect.com/science/articl...](https://sciencedirect.com/science/articl...)



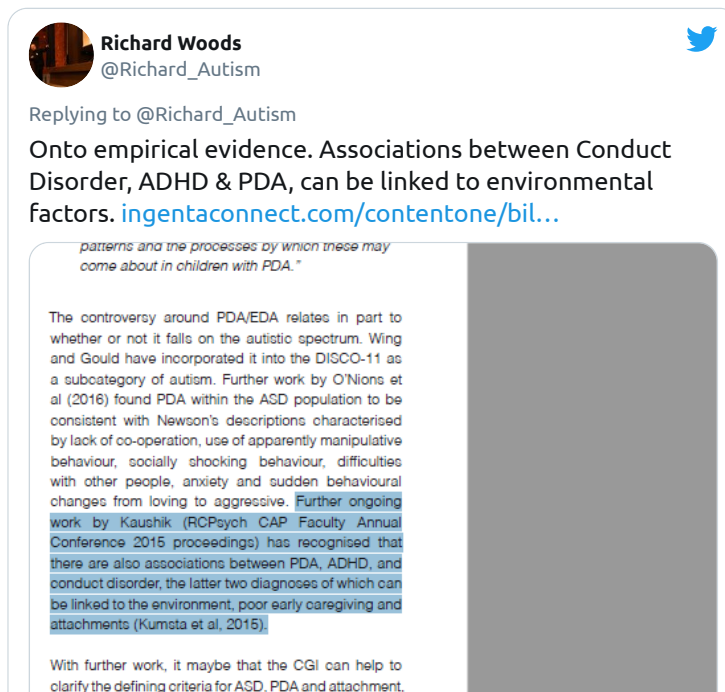
"High attention deficit, antagonism, and low emotional stability predict PDA."

Autism did not predict PDA...

This is the Egan et al (2019) that previous research replicated some of its findings.

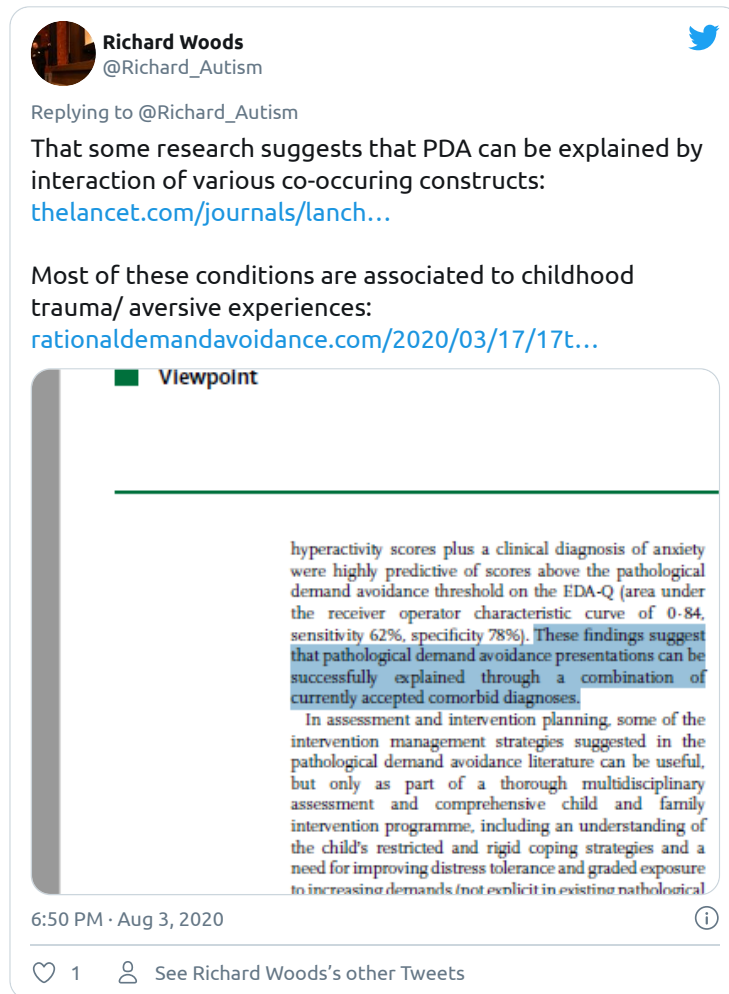


The points about conduct issues and ADHD support the research from here:



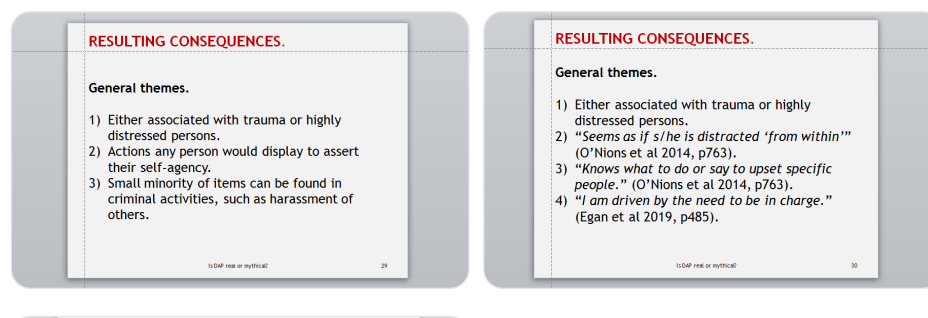


On ADHD & Conduct Disorder "latter two diagnoses of which can be linked to the environment, poor early caregiving and attachments (Kumsta et al, 2015)."



Many of the features assessed by PDA's validated screening and diagnostic tools are associated with trauma:

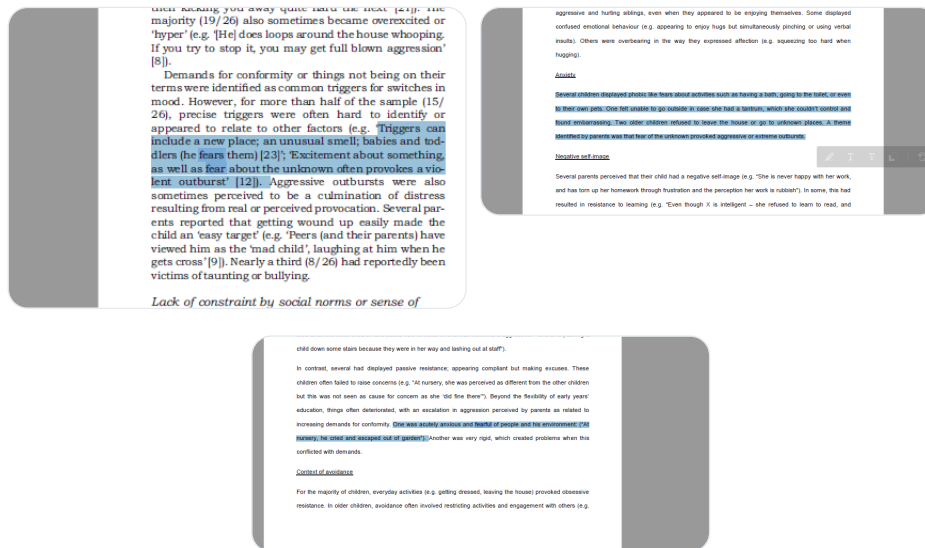
[https://www.researchgate.net/publication/340279248\\_Is\\_the\\_concept\\_of\\_Demand\\_Avoidance\\_Phenomena\\_Pathological\\_Demand\\_Avoidance\\_real\\_or\\_mythical](https://www.researchgate.net/publication/340279248_Is_the_concept_of_Demand_Avoidance_Phenomena_Pathological_Demand_Avoidance_real_or_mythical)







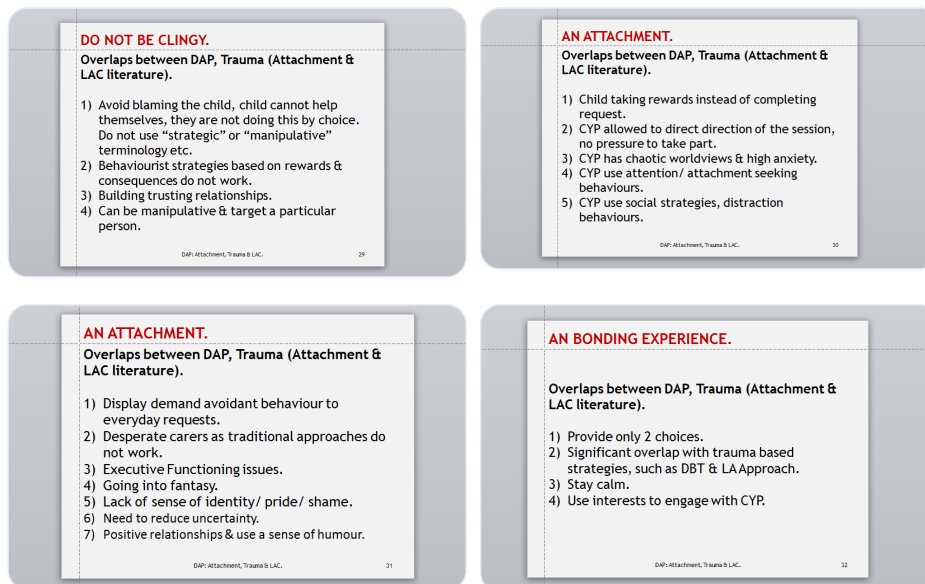
<http://www.pdaresource.com/files/An%20examination%20of%20the%20behavioural%20features%20associated%20with%20PDA%20using%20a%20semi-structured%20interview%20-%20Dr%20E%20O'Nions.pdf>



The point of the last 2 tweets is that fear or panic behaviours are found in PDA, these are probably caused by environmental factors or some kind aversive experience.

There is significant overlap in the trauma/ Looked After Children/ Attachment difficulties based literature, including clinical features and approaches.

[https://www.researchgate.net/publication/337493754\\_Demand\\_Avoidance\\_Phenomena\\_Pathological\\_Demand\\_Avoidance\\_Core\\_Issues\\_Attachment\\_Trauma\\_Looked\\_After\\_Children](https://www.researchgate.net/publication/337493754_Demand_Avoidance_Phenomena_Pathological_Demand_Avoidance_Core_Issues_Attachment_Trauma_Looked_After_Children)



This is a continuation of the previous points.



## AN BONDING EXPERIENCE.

### Overlaps between DAP, Trauma (Attachment & LAC literature).

- 1) Use of a key worker.
- 2) Use projects to enable child to do work.
- 3) Visual communication methods & timetables.
- 4) Halloween & Christmas pantos; are children going into fantasy & roleplay much? (Not Trauma related).

DAP: Attachment, Trauma & LAC.

33

The last 2 slides support critique in an article of mine, where I point out that PDA strategies are simply good practice for most/ all people.

### (PDF) Demand avoidance phenomena: circularity, integrity and validity...

PDF | This article explores key reasons for justifying the proto impairment of Demand Avoidance Phenomena (DAP), by investigating the integrity and... | Find, read and cite all the research you need ...

[https://www.researchgate.net/publication/337146735\\_Demand\\_avoidance\\_phenomena](https://www.researchgate.net/publication/337146735_Demand_avoidance_phenomena)

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approach, placing many demands when an autistic person is displaying distress behaviours, this escalates such behaviours and decreases the chance of positive practices.

O'Hare (2019) writing on behalf of the British Psychological Society' Division of Educational and Child Psychology notes that simplistic and reactive approaches are stressful to teachers and do not adequately teach children why their behaviours should change. The latter point is essential when working with a demographic known for experiencing social problems, such as autistic persons and DAPers. Furthermore, O'Hare also states:

*"Warm supportive relationships with adults, a sense of belonging, high expectations, teaching social-emotional skills and autonomy are the key 'ingredients' to positive behaviour change for children and young people." (O'Hare, 2019).*

This is reflective of the DAP strategies, for instance utilising humour. Autistic people frequently have a vibrant sense of humour (Bertilsdotter-Rosqvist, 2012). Qualitative research indicates that autistic pupils become more 'functional' when working with their (special/intense) interests (Wood, 2019). Building trusting relations is an attachment disorder approach (Pearce, 2017). Leeds City has reduced childhood obesity, partly by using an approach where carers provide the child with a choice of food options (Boseley, 2019).

It is clear that placing any human in a position of control is probably beneficial to them. Thus, underpinning the

There also appears to be substantial overlap between Borderline Personality Disorder, Post Traumatic Stress Disorder (2 constructs associated with trauma) and PDA:

#### CAN REINFORCEMENT BASED APPROACHES CAUSE BORDERLINE P...

CAN REINFORCEMENT BASED APPROACHES CAUSE BORDERLINE PERSONALITY DISORDER IN PERSONS WITH PATHOLOGICAL DEMAND AVOIDANCE? Introduction. This is the first of the few blog posts I will be produci...

<https://rationaldemandavoidance.com/2020/04/21/can-reinforcement-based-approache...>

*"The invalidating and ignoring of a child, as well as punishing to control behavior, and not taking seriously the child's needs are all common and even recommended responses to SIB in the autistic population, despite these responses being linked to the development of Borderline Personality Disorder." (Shkedy et al, 2019, p. 6).*

It has been suggested PDA might be a form of Personality Disorder (Christie, 2007), or maybe an expression of autistic trauma (Author/s, Date). Clinical symptoms possibly indicating the presence of traumatic stress reactions in response to an adverse event include: fear behaviours and tantrums; new behavioural difficulties increased restricted interests and repetitive behaviours; deterioration of social communication skills; adaptive functioning; alterations in vegetative functions (Peterson et al, 2019). These symptoms substantially overlap the PDA profile. One can hypothesise that not using accommodation techniques increases the risk of persons with PDA developing Borderline Personality Disorder (BPD). It must be stressed that if this is the case, most trauma resulting from using reinforcement-based approaches is unlikely to be from the carers deliberately harming their child; as such approaches are widely encouraged. Longitudinal research is needed to explore if BPD is developed by not meeting the support needs of respectively of both CYP with autism and PDA.

Now I am going into interpreting Help4Psychology research results. They found a group they call "Rational Demand Avoidance" where CYP about 6 transition into PDA, often triggered by aversive school experiences.

<https://network.autism.org.uk/sites/default/files/ckfinder/files/Differential%20diagnosis%20between%20PDA%20and%20attachment%20disorder%20-%20Dr%20Judy%20Eaton.pdf>

## What we found

- \* We also found that demand avoidant behaviour as measured by the EDA-Q was apparent in all three groups.
- \* We carried out qualitative analysis of the developmental histories taken
- \* This showed us that there appears to be a group of children who display what we refer to as 'Rational Demand Avoidance'.
- \* These are the children who start to display avoidant and challenging behaviour in response to a particular stressor (often school). This usually becomes more apparent around the age of 5 – 7, but can appear at the transition to High School.

The other result I am interpreting here is how the EDA-Q detects "PDA" in the "Rational Demand Avoidance" group & their "other" (attachment/ trauma related condition group).

- \* We also found that demand avoidant behaviour as measured by the EDA-Q was apparent in all three groups.
- \* We carried out qualitative analysis of the developmental histories taken
- \* This showed us that there appears to be a group of children who display what we refer to as 'Rational Demand Avoidance'.
- \* These are the children who start to display avoidant and challenging behaviour in response to a particular stressor (often school). This usually becomes more apparent around the age of 5 – 7, but can appear at the transition to High School.

Now bare in mind other research in this thread uses often uses either the EDA-Q (which a CYP screening tool) or the EDA-QA (the adult version of the EDA-Q), so the fact they are seeing PDA in the attachment/ trauma group is to be expected.

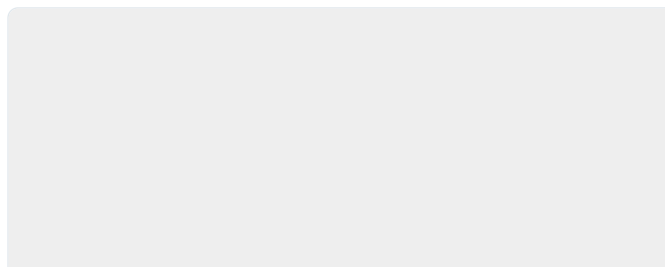
This is where I am interpreting the Help4Psychology results.

They will ardently disagree with me saying they are detecting "PDA" in these interpretations as they think PDA is from infancy & only diagnose PDA in autistic persons.

Help4Psychology PDA definitions:

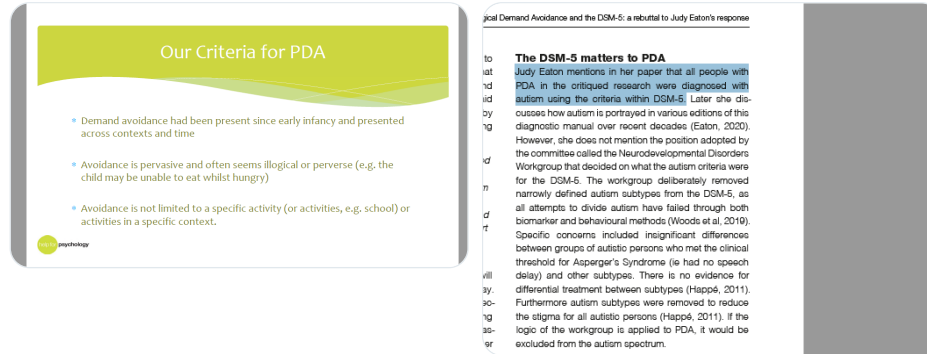
<https://network.autism.org.uk/sites/default/files/ckfinder/files/Further%20exploring%20the%20PDA%20profile%20-%20evidence%20from%20clinical%20cases%20-%20Dr%20Judy%20Eaton.pdf>

The clinic only diagnoses PDA in autistic persons:



**(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...](https://www.researchgate.net/publication/339240845_Pathological_Demand_Avoidanc...)



I do not want to repeat previous critique of Help4Psychology PDA research PDA limitations or their approach to it. I do that enough elsewhere such as here:

### Thread reader

Tweet
 Share

THREAD BY RICHARD WOODS (@RICHARD\_AUTISM)

Thread on weaknesses of Help4Psychology PDA database: [ingentaconnect.com/contentone/bil...](https://ingentaconnect.com/contentone/bil...) From public information sources, that indicate it has severe limitations. The database is constructed by only diagnosing PDA in those the clinic believes are...

Read all 33 tweets on [threadreaderapp.com](https://threadreaderapp.com)

Thread by @Richard\_Autism: Thread on weaknesses of Help4Psychol...  
 Thread by @Richard\_Autism: Thread on weaknesses of Help4Psychology PDA database: [ingentaconnect.com/contentone/bil...](https://ingentaconnect.com/contentone/bil...) From public information sourthat indicate it has severe limitations. The database ...

<https://threadreaderapp.com/thread/1251878076465774592.html>

I think Help4Psychology PDA definitions & view PDA is from infancy is derived from Newson's PDA aetiology being entirely genetic or biology caused & thus PDA behaviours are caused by environmental factors or bad parenting.

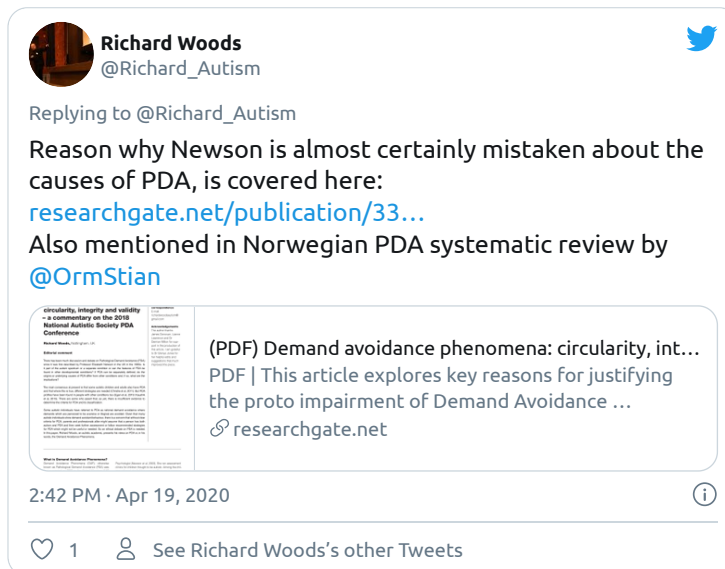
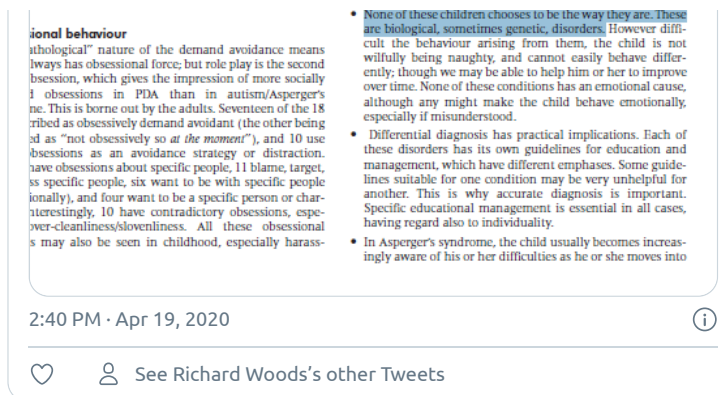
**Richard Woods**  
 @Richard\_Autism

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.

...and a person of non-social economic, mainly direct, ...  
 ...and 46% showed social mimicry ("becom- ...  
 ...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.

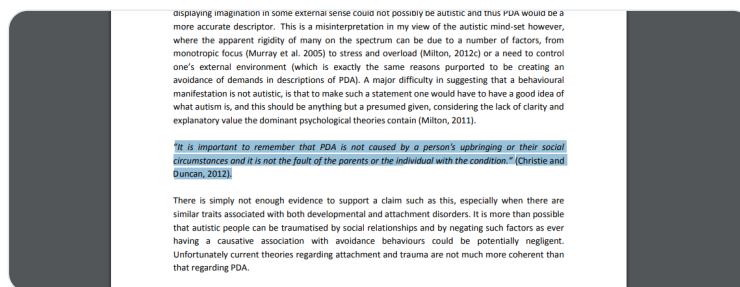
...making sense of a particular area of communicative life ...  
 ...where we usually regard "making sense" as biologically ...  
 ...normal. This is not necessarily in terms of spoken language, ...  
 ...but may be about the non-verbal ways in which we under- ...  
 ...stand each other, such as meanings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



That PDA behaviours are not caused by environmental factors or bad parenting, mention in PDA literature:

<https://kar.kent.ac.uk/62694/431/Natures%20answer%20to%20over%20conformity.pdf>

Both this and PDA being entirely genetic/ biologically caused has been challenged.



Now Judy Eaton is a member of the PDA Development Group, which is a group of researchers/ clinicians/ practitioners who view 1) PDA as an autism profile. 2) PDA is not caused by environmental factors/ bad parenting.

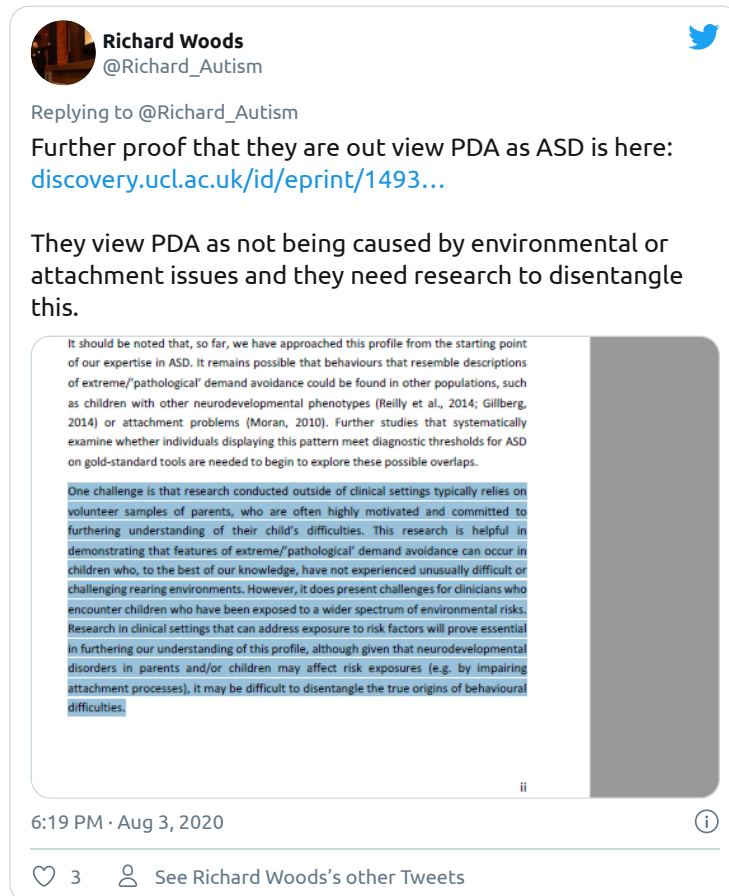
I discuss the PDA Development Group and what it does here:

<https://rationaldemandavoidancecom.files.wordpress.com/2020/07/02-june-2020-concerns-over-the-pda-development-group-pdf.pdf>

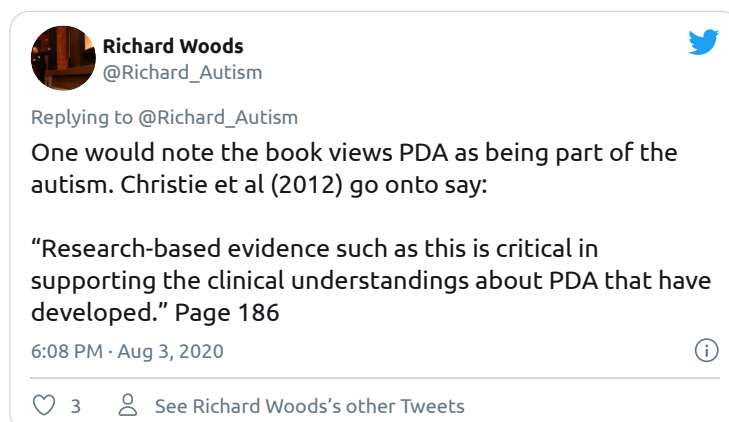
& here:

<https://rationaldemandavoidancecom.files.wordpress.com/2020/08/03-august-2020-pda-as-a-self-validation-exercise.pdf>

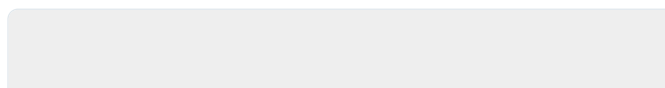
We know there is a research that is designed to view PDA as an autism profile and not caused by environmental factors/ bad parenting.



So it is also plausible that the Help4Psychology PDA definitions are derived more by need to support this research agenda and their clinical interpretations, than any other factor.



If correct it is unethical and unscientific to take such an approach:



(PDF) Demand avoidance phenomena: circularity, integrity and validity...

PDF | This article explores key reasons for justifying the proto impairment of Demand Avoidance Phenomena (DAP), by investigating the integrity and... | Find, read and cite all the research you need ...

[https://www.researchgate.net/publication/337146735\\_Demand\\_avoidance\\_phenomena](https://www.researchgate.net/publication/337146735_Demand_avoidance_phenomena)

et al, 2011; Fidler and Christie, 2018; Russell, 2018).

This central tenet to the main DAP discourse, that it is required for the benefit of parents, is pivotal to the bias to maintaining the integrity of the DAP discourse. It means that the supporters of DAP's main discourse appear closed to the DAP construct evolving away from being an autism subtype (PDA Society, 2018). It must be noted that much DAP research is coordinated by the PDA Development Group that is headed by Phil Christie. Researchers are required to be open minded, to avoid research "designed to support a preconceived notion or belief" (Chown et al, 2019, p1). Ethically, researchers need to attempt falsification of their hypothesis as part of the scientific method that is involved in most research (Milton, 2016; Rutter and Pickles, 2016). Therefore, it appears that the main DAP discourse is self validating pseudoscience.

Citation survey results

I also set out elsewhere that it is unreasonable to view PDA as an autism profile and that it is best explained by being a new type Disorder:

<https://rationaldemandavoidancecom.files.wordpress.com/2020/07/18-july-2020-pda-is-a-pervasive-developmental-coding-disorder-thread.pdf>

I also point out that the Help4Psychology PDA definitions are arbitrary, especially around "Rational Demand Avoidance" group, as many autistic persons cannot rationalise their demand avoidance:

<https://rationaldemandavoidancecom.files.wordpress.com/2020/08/01-august-2020-cannot-have-rational-demand-avoidance-if-a-person-cannot-rationalise-their-demand-avoidance.pdf>

There are good grounds to take the view that my interpretation of the Help4Psychology PDA research results is reasonable and valid:

- Rational Demand Avoidance Group is simply PDA.
- That many persons in their attachment/ trauma group have PDA.

Final point before summarising, is that the PDA Society has to support the Help4Psychology PDA research over non PDA Development Group PDA research.



**Richard Woods**  
@Richard\_Autism



Replying to @Richard\_Autism

The PDA Society activities include collaborating with medical professionals as part of the PDA Development Group. @Allison66746425 that explains why Judy Eke was



group. @Allison100740423 that explains why Judy Eaton was claiming who has expertise over PDA. i.e. clinicians etc.  
[councilfordisabledchildren.org.uk/members/meet-o...](http://councilfordisabledchildren.org.uk/members/meet-o...)

**Our current activities include:**

- Supporting discussions around people's experiences of living with PDA
- Providing support to those living and working with PDA
- Campaigning for greater recognition of the PDA profile
- Providing training to different audiences
- Sharing good practice and supportive ideas
- Developing new materials and tools which can aid understanding
- Collaborating with medical professionals as part of the PDA Development Group

11:10 AM · Jun 2, 2020



1 See Richard Woods's other Tweets

It does seem reasonable to view PDA as a distress or trauma response that is not specific to autistic individuals, i.e. assume my hypothesis is correct.

Important implications of this interpretation are:

- The aetiology (cause) of PDA is trauma or aversive experiences.
- PDA is seen in non-autistic persons.

- Often trauma associated to PDA is not caused by caregivers, PDA is NOT a good defence against Fabricated or Induced Illness.

[https://www.researchgate.net/publication/332727790\\_An\\_Updated\\_Interest\\_Base\\_d\\_Account\\_Monotropism\\_theory\\_a\\_Demand\\_Avoidance\\_Phenomenon\\_discussion](https://www.researchgate.net/publication/332727790_An_Updated_Interest_Base_d_Account_Monotropism_theory_a_Demand_Avoidance_Phenomenon_discussion)

**ROUND TABLE.**

**Summarising.**

- 1) Strong scientific case against main DAP discourse.
- 2) Scientific approach is needed to maintain integrity & validity of autism.
- 3) Monotropism can explain anxiety in autism.
- 4) Developmental model places importance on matching environment to child.
- 5) Autistic trauma is often not the carers fault.

Monotropism & DAP. 67

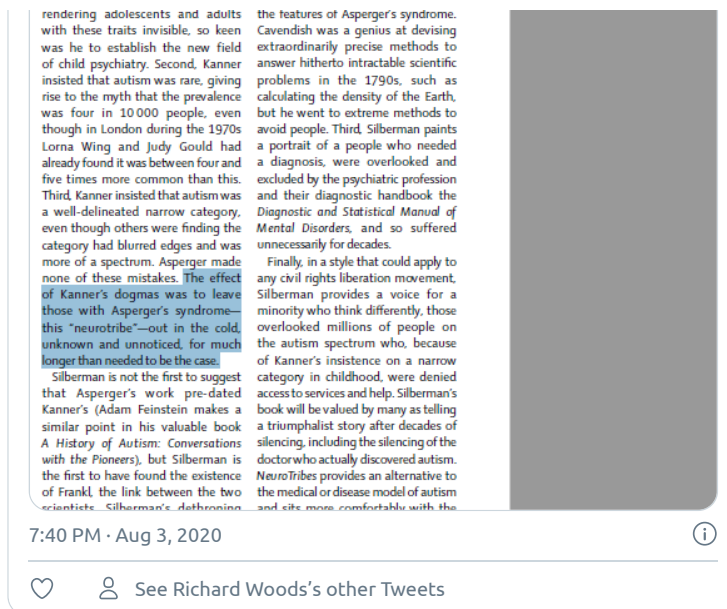
- Is an example of how the dogmatic view of PDA Development Group is holding back understandings of PDA, akin to how Kanner held back autism understandings by decades.

**Richard Woods**  
 @Richard\_Autism

Replying to @Richard\_Autism

The book review by S-B-C of Silberman's book shows how Kanner heldback autism research by decades by dogmatically insisting in his narrow interpretation of autism.[thelancet.com/journals/lance...](http://thelancet.com/journals/lance...)

"refrigerator parent" idea. Silberman identifies other acts that Kanner was responsible for, which he argues set the field back decades. First, Kanner insisted that autism was a condition of infancy, putting the spotlight on early childhood and who invented wireless communication through hand-held radios, the precursor to the internet, and who included distinguished scientists such as Henry Cavendish and Paul Dirac, both in Cambridge. Silberman describes how Cavendish showed all



Done, I think!

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[@Allison66746425](#) [@Shona\\_Mu](#) [@NeilKennyO](#) [@IgHawthorne](#) [@FidgetyF\\_cker](#)  
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You might be interested in this.

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