

I have read the summary and it is grim reading. There are some positives, for one it does recognise autistic persons need social contact. Some persons would disregard that.

Also reminds me of this:



Now what really makes me comment on this is that it contains at least 2 examples, that are relevant to my critique of PDA.

The first one relates to my critique around Help4Psychology PDA definitions. I think they are arbitrary and not reflective of accepted understanding of autism.

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

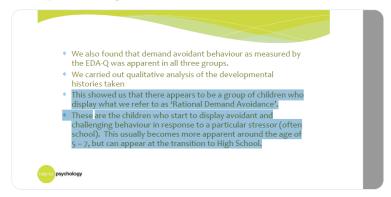
This is their 3 PDA definitions:

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

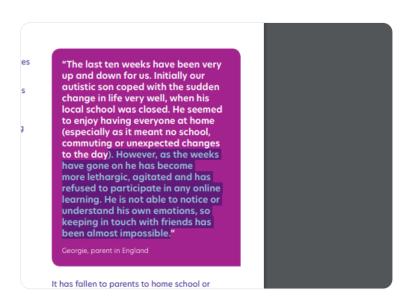


- "Demand avoidance had been present since early infancy and presented across contexts and time."
- "Avoidance is pervasive and often seems illogical or perverse (e.g. the child may be unable to eat whilst hungry)"
- "Avoidance is not limited to a specific activity (or activities, e.g. school) or activities in a specific context." (Eaton, 2019).

These definitions have led to a "Rational Demand Group" of autistic CYP showing PDA behaviour from ages of 5 - 7, 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



Takes me the first example on page 7. CYP becomes agitated and lethargic, refuses to engage with any online learning. I admit the example may not be enough to get PDA dx, even at moderate conceptualisation of it. Might not clinically have other PDA traits.



This example would probably fit into Help4Psychology "Rational Demand Avoidance" group as demand avoidance has a specific trigger.

Last sentence

"He is not able to notice or understand his own emotions, so keeping in touch with friends has been almost impossible."

I argue many autistic CYP are unable to rationalise their demand avoidance, partly due to alexithymia, like above.

For the child in this example, how can anyone credibly decide if their demand avoidance is "Rational" or "illogical" or "Pathological"?

Its an arbitrary decision.

For me, if this child met PDA criteria, their dx should be PDA, not "Rational Demand Avoidance".

This conundrum, is partly why I do not prefer descriptors for PDA, like "Pathological"/ "Extreme"/" "Rational". I tend to use Demand Avoidance Phenomena (DAP).

The second example, I am wondering if I am seeing what I wish to see (I do naturally doubt myself, that is a tangent.).

It is on page 8.

"I feel completely alone and unsupported with a child who is regressing further into his own bubble on a daily basis. I haven't got him outside in 11 weeks and I haven't had a break in as long. He has not been able to do any schooling as home is home and school is school, causing massive meltdowns and trauma."

Anonymous, parent in Northern Ireland

The return to school has been equally fraught. Some schools have refused to allow autistic young people to come back for risk reasons, even when schools have re-opened. Others haven't put in place the individual plans that autistic children need to cope with another massive change to their routines. This needs to happen for each autistic pupil. While schools are under huge pressure, there are other simple steps they could take that will help. They could provide visual guides showing the changes that have been made to the school and early tours for autistic children before term starts so they can understand changes to handwashing or playtime.

What interests me in relation to PDA is:

"a child who is regressing further into his own bubble on a daily basis." &

"causing massive meltdowns and trauma."

I hypothesise PDA is a trauma/ distress response and there is substantial overlap between PDA presentation & PTSD/ other trauma related constructs like attachment disorder and BPD.

I should hypothesise PDA is a distress/ trauma response here:

(PDF) Demand Avoidance Phenomena (Pathological Demand Avoidanc...
PDF | This conference talk covers the following points: Significant disagreement over what Demand Avoidance Phenomena (Pathological Demand Avoidance)... |

ring, read and die all the research you nee...
https://www.researchgate.net/publication/337403754_Demand_Avoidance_Phenomen...

Overlap between PDA and PTSD here:

CAN REINFORCEMENT BASED APPROACHES CAUSE BORDERINE P...
CAN REINFORCEMENT BASED APPROACHES CAUSE BORDELINE
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...

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 skillis; 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.

Overlap between PDA and attachment disorder here:

https://thepsychologist.bps.org.uk/volume-29/january-2016/pda-there-another-explanation

The "regressing further into his own bubble on a daily basis" suggests to me the child is frequently dissociating, which is associated to distress & trauma. Which overlaps the comfortable in roleplay and pretend element of PDA.

"massive meltdowns" Would be similar to lability of mood and extreme, often voilent behaviour responding to demands seen PDA literature.

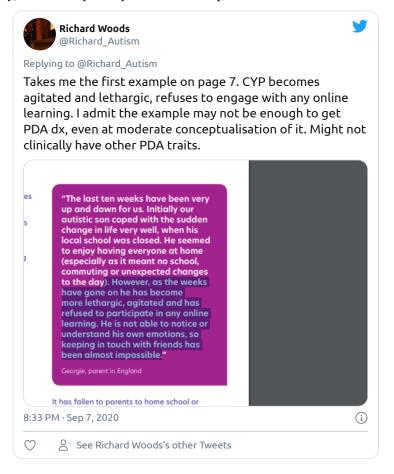
I admit this second one could be viewed as a bit of a stretch.

Again this example has a specific trigger, which would mean the CYP would be viewed as a "Rational Demand Avoidance" under Help4Psychology definitions.

Although, if the child is dissociating, would they be able to rationalise their demand avoidance?

Which takes back to the answer is, this PDA/ "Rational Demand Avoidance" is arbitrary.

To clarify, meant to say "at my moderate conceptualisations".



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