



**Richard Woods** @Richard\_Autism

18 Aug · 28 tweets · [Richard\\_Autism/status/1295711848956919813](#)



I have discussed before my concerns over why O'Nions & co found different results of "social strategic" demand avoidance to manipulative here:

<https://rationaldemandavoidancecom.files.wordpress.com/2020/07/21-may-2020-are-these-2-pda-studies-actually-needed.pdf>

Original study by O'Nions based on her PhD thesis:

<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>

And replication study here:

[https://discovery.ucl.ac.uk/id/eprint/10056124/1/O%27Nions\\_et\\_al-2018-Child\\_and\\_Adolescent\\_Mental\\_Health.pdf](https://discovery.ucl.ac.uk/id/eprint/10056124/1/O%27Nions_et_al-2018-Child_and_Adolescent_Mental_Health.pdf)

Adapted from Elizabeth O'Nions' PhD thesis (submitted September 26<sup>th</sup> 2013), Institute of Psychiatry, King's College London.

#### Abstract

"Pathological Demand Avoidance" (PDA) is a term increasingly used in the UK to describe children, many with an autism spectrum diagnosis, who obsessively resist ordinary demands and requests. Children with PDA show a range of difficult behaviours: poor awareness of social hierarchy, "social manipulation" (e.g. distraction, excuses), aggressive outbursts, and outrageous behaviour, apparently to subvert demands. Despite much clinical interest, PDA has received scarcely any research attention. Here we report descriptive features of 14 children aged 8-15 years who fit the PDA pattern, and in whom IQ and autistic symptomatology is well-documented. We conducted qualitative analysis on data from a semi-structured interview based on the PDA items within the Diagnostic Interview for Social and Communication Disorders (DISCO; Wing et al., 2002; *Journal of Child Psychology and Psychiatry*, 43:307-325). Key behavioural traits, illustrative examples, and emergent themes are reported. **Pathologically, examples suggest social insight sufficient to use targeted social manipulation**, but a lack of awareness of social hierarchy (e.g. carers/other's age or status), and no concern for own reputation. Obsessive controlling behaviour towards others was also reported. Findings illustrate the extreme difficulties presented by this group, highlighting the imperative to understand better the neurocognitive basis of an apparently uneven socio-cognitive profile.

#### Keywords

Pathological Demand Avoidance, PDA, atypical autism, ASD, phenotype, challenging behaviour

(O'Nions), Louvain, Belgium  
(Louvain Autism Research & Action), University of Louvain (KU) (Louvain), Louvain, Belgium  
Developmental Risk & Resilience Unit, Clinical, Educational, and Health Psychology Research Department, Division of Psychology and Language Sciences, University College London, London, UK  
MRC Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK  
Central North West London NHS, Pembroke Centre, London, UK  
The MRC Lorna Wing Centre for Autism, Bromley, Kent, UK

**Background:** A subset of individuals with autism spectrum disorder (ASD) resemble descriptions of extreme 'pathological' demand avoidance, displaying obsessive avoidance of everyday demands and requests, strategic or 'socially manipulative' behaviour and sudden changes in mood. Investigating challenging presentations using dimensional description may prove preferable to identifying subgroups. However, there remains an imperative to explore which behavioural traits appear most problematic to inform quantitative investigation. This study provides an in-depth exploration of parent perspectives on maladaptive behaviour in children reported to have an autism spectrum diagnosis and features of extreme 'pathological' demand avoidance. **Method:** Parents completed a tailored semi-structured interview about their child's behaviour, focusing on difficulties relevant to descriptions of extreme 'pathological' demand avoidance. The 26 interviews rated as scoring above threshold for 'subclinical' features of extreme 'pathological' demand avoidance on relevant indicators were analysed qualitatively using a general inductive approach. **Results:** Nine themes that emerged from these data included statements by the child to control situations and others' activities. **Conclusions:** **Results in this sample suggest that the child's behaviour is not simply pathological, but also strategic, and that the child's behaviour is not simply pathological, but also strategic, and that the child's behaviour is not simply pathological, but also strategic.** A range of factors, including a negative emotional response to demands, but also phobias, hoarding, and uncertainty, were perceived to play a role in triggering extreme behaviour. **Conclusions:** These descriptions highlight the importance of systematically measuring noncompliance, attempts to control situations and others' activities, and extreme mood variability in individuals with ASD. These dimensions represent important targets for intervention, given their considerable impact on daily life.

Previously, I have thought that change in "socially strategic" was due to confirmation bias, as other demand avoidance in replication study are still manipulative.

Figure 1:1 staff member, restricted timetable. IQ measured using the Wechsler IQ classifications reported (Groth-Mamat, 2009). Spectrum condition (e.g. autism, high functioning autism, Asperger's, and disability; OCD, obsessive compulsive disorder.

Two-thirds of children (17/26) attempted to 'outmanoeuvre' parents with strategic behaviour, such as attempting to play parents off against each other, manipulating rules or making it impossible for themselves to comply ('He didn't want to do the work so he pushed out the lens of his glasses so he couldn't wear them any longer' [24]). Just over a quarter (7/26) argued that they did not need to comply because the rules did not apply to them (e.g. 'Although we explained to her that children were not allowed to sit there, she still believed that she should be exempt from this as she wasn't a child' [12]).

**Aggressive behaviour.** All children reportedly resorted to tantrums, rages or outbursts of verbal aggression if

Upon further reflection & looking at different tools & papers. I think it is due to methodology of the replication study.

The 2 studies had different recruiting methods, but are both investigating the same thing, as primarily using same unvalidated interview.

The main difference in methodology between the 2 studies, in replication study the first stage of data analysis was to screen completed interviews against revised PDA DISCO questions.

scripts were not available. Interviews completed in self-administered written format and notes from telephone interviews were transcribed.

Interview responses were first coded against the 11 indicators relevant to extreme/ 'pathological' demand avoidance from the Diagnostic Interview for Social and Communication Disorders. Interviews were included in the analysis if the 'substantial features' cut-off was met [O'Nions et al., 2019]. Ratings were made by two independent raters, with detailed scoring advice provided by J. Gould. Codes agreed on the basis of a consensus discussion are in Table S2 and interrater agreement in Table S3. Difficulties reaching consensus for severity ratings for some items emerged in part because collecting data electronically or in written format precluded clarification. The complexity of reported behaviour also presented coding challenges (e.g. if the child did not routinely target or bully others, but had previously engaged in episodes of acute violence towards peers). The 26 interviews that met the cut-off based on consensus agreement were completed for children with a mean age of 11 years 0 months ( $SD = 2$  years 8 months), 13 of whom were boys (50%) and 13 girls (50%). Thirteen parents (50%) had an undergraduate degree (data unavailable for  $N = 4$ ). To the best of our knowledge, none of the 26 children had experienced acute environmental adversity (e.g. maltreatment, neglect).

IQ testing using the 2-subtest Wechsler Abbreviated Scales of Intelligence (Wechsler, 1991) was attempted with 23/26 chil-

This is important. One I am not sure why they did this in the replication study, as the revised DISCO questions are different to original 15 PDA DISCO questions, and revised questions have their own PDA behaviour profile.



**Identifying features of 'pathological demand avoidance' using the Diag...**

The term 'pathological demand avoidance' (PDA) was coined by Elizabeth Newson to describe children within the autism spectrum who exhibit obse

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

Fig. 2 The proportion of the sample meeting 'substantial' or 'some' PDA features for both 'current' and 'ever' ratings in the sample. All groups span a range of ages: 'substantial' (ever & current): 6-27 years, mean = 15.1 years; 'substantial' (ever) to 'some' (current): 7.6-14 years, mean = 10.9 years; 'substantial' (ever) to 'some' (ever) to 'does not meet criteria' (current): 7.5-27 years, mean = 20.0 years; 'does not meet criteria' (ever and current): 5-53 years, mean = 19.7 years

**Table 5** The main features of PDA outlined by Newson and colleagues [1] and the 11 DISCO PDA items deemed most useful in identifying PDA, organised to correspond with Newson's criteria

Newson's description	Relevant DISCO item description	DISCO item code
Continues to resist ordinary demands with strategies of avoidance that are essentially 'socially manipulative'	Lack of co-operation	LACKCOP
Surface sociability, but lack of sense of identity, pride or shame	Apparently manipulative behaviour	MANBHP
	Awareness of own identity	CIDENT*
	Socially shocking behaviour	SHOCK*
	Behaviour in public places	BEHAPUB
Lability of mood, impulsive, led by need to control	Fantasying, lying, cheating, stealing	LYING*
	Inappropriate sociability (rapid, inexplicable changes from loving to aggression)	CINAPP*
	Using age peers as mechanical aids, bossy and dominating	CPIERAD*
Comfortable in role play and pretending	Difficulties with other people	DIFPEOP
Obsessive behaviour (often social in nature)	Repetitive acting out roles	CTROL*
Neurological involvement	Harassment of others	HARAS*
Passive early history	None included	
Language delay	None included	

Items that were included in Wing and Gould's draft 15-item PDA list are designated with an asterisk. Full DISCO item descriptions are given in Online Resource 2

formally compare endorsement of items across the two test, two sided), reported in 73 % of the "substantial"

Latter diagnostic profile, is more suggestive of autism than Newsons.  
"strategies of avoidance that are essentially 'socially manipulative'"

Vs

"strategies of avoidance are essentially socially manipulative"



### 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..."

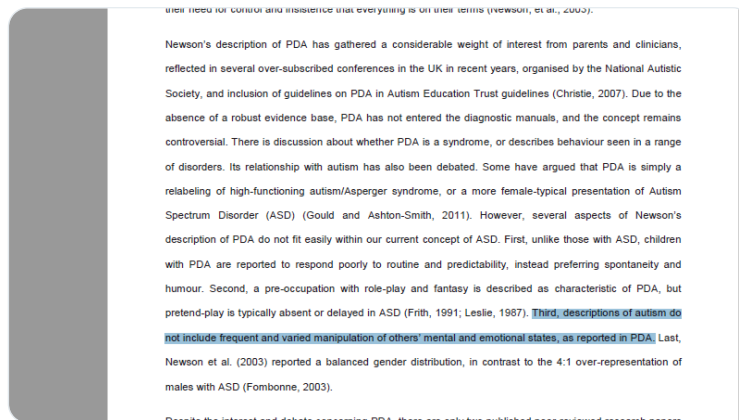
<http://adc.bmj.com/content/88/7/595>

normal demands, resists. A few actively resist from the start, everything is on own terms. Parents tend to adapt so completely that they are unprepared for the extent of failure once child is subjected to ordinary group demands of nursery or school; they realise child needs "velvet gloves" but don't perceive this as abnormal. Professionals too see child as puzzling but normal at first.

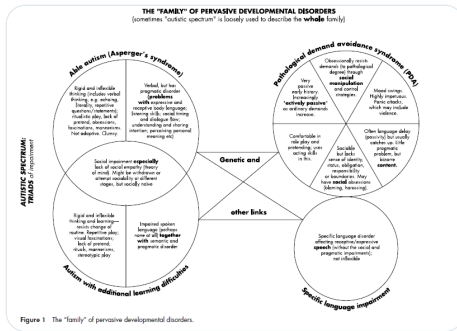
**2. Continues to resist and avoid ordinary demands of life:** Seems to feel under intolerable pressure from normal expectations; devotes self to actively avoiding these. Demand avoidance may seem the greatest social and cognitive skill, and most obsessional preoccupation. As language develops, **strategies of avoidance are essentially socially manipulative**, often adapted to adult involved; they may include: "Distracting adult: 'Look out of the window!'. 'I've got you a flower!'. 'I love your necklace!'. 'I'm going to be sick'. 'Bollocks!—I said bollocks!'. 'Acknowledging demand but excusing self: 'I'm sorry, but I can't', 'I'm afraid I've got to do this first', 'I'd rather do this', 'I don't have to, you can't make me', 'you do it, and I'll ...', 'Mummy wouldn't like me to'. 'Physically incapacitating self: hides under table, curls up in corner, goes limp, dissolves in tears, drops everything, seems unable to look in direction of task (though retains eye contact), removes clothes or glasses, 'I'm too hot', 'I'm too tired', 'It's too late now', 'I'm handicapped', 'I'm going blind/deaf/spastic', 'My hands have gone flat'. 'Withdrawing into fantasy, doll play, animal play; talks only to doll or to inanimate objects; appeals to doll, 'My girls won't let me do that', 'My teddy doesn't like this game'; 'But I'm a tractor, tractors don't have hands'; growls, bites. 'Reducing meaningful conversation: bombards adult with speech (or other noises, e.g. humming) to drown out demands; mimics purposefully; refuses to speak. ' (As last resort): outbursts, screaming, hitting, kicking; best construed as panic attack.

**3. Surface sociability, but apparent lack of sense of social identity, pride, or shame:** At first B sieht normally sociable with enough empathy to manipulate adults as shown above: but ambiguous

O'Nions et al, know this is clinically important as manipulative behaviours are not associated with autism. From original paper.



Newson viewed demand avoidance to be manipulative in nature, see her "Autistic family" diagram. O'Nions et al, knew Newson viewed it as such, again from original paper.



Newson's description of PDA has gathered a considerable weight of interest from parents and clinicians, reflected in several over-subscribed conferences in the UK in recent years, organised by the National Autistic Society, and inclusion of guidelines on PDA in Autism Education Trust guidance (Crispin, 2007). Due to the absence of a robust evidence base, PDA has not entered the diagnostic manuals, and the concept remains controversial. There is discussion about whether PDA is a syndrome, or describes behaviour seen in a range of disorders. Its relationship with autism has also been debated. Some have argued that PDA is simply a re-labelling of high-functioning autism/Asperger syndrome, or a more female-typical presentation of Autism Spectrum Disorder (ASD) (Gould and Ashton-Smith, 2011). However, several aspects of Newson's description of PDA do not fit easily within our current concept of ASD. First, unlike those with ASD, children with PDA are reported to respond poorly to routine and predictability, instead preferring spontaneity and humour. Second, a pre-occupation with role-play and fantasy is described as characteristic of PDA, but pre-play is typically absent or delayed in ASD (Fombonne, 1993; Lord, 1987). Third, descriptions of autism do not include frequent and extreme manipulation of others' mental and emotional states, as reported in PDA. Last, Newson et al. (2002) reported a balanced gender distribution, in contrast to the 4:1 over-representation of males with ASD (Fombonne, 2003).

Despite the interest and debate concerning PDA, there are only two published peer-reviewed research papers.

Revised 11 PDA DISCO questions are different to original 15. For instance revised question for social demand avoidance:

[https://static-content.springer.com/esm/art%3A10.1007%2F000787-015-0740-2/MediaObjects/787\\_2015\\_740\\_MOESM1\\_ESM.pdf](https://static-content.springer.com/esm/art%3A10.1007%2F000787-015-0740-2/MediaObjects/787_2015_740_MOESM1_ESM.pdf)

Vs

Original social demand avoidance question:

<https://acamh.onlinelibrary.wiley.com/action/downloadSupplement?doi=10.1111%2Fcamh.12242&file=camh12242-sup-0001-Supinfo.pdf>

0 Marked	
1 Minor	
2 No problem	
<b>Resistance to manipulation behaviour (RESISTANCE)</b>	
Does a child avoid demands by what appears to be socially manipulative strategies? (e.g. distracting the adult making demands, making an excuse such as "I have to do this first", come away, hide, removes clothes, uses skill or property to make excuse. For one task, scenario, role, task in a game)	
0 Marked	
1 Minor	
2 No problem	
<b>Awareness of own identity (CIDENT)</b>	
Is a aware of the age or social group to which he/she belongs? For children ask if a relative he/she is a child. For older children and adults ask about identification with work roles, social class. Does a give adults that request?	
0 Marked	
1 Minor	
2 No problem	
<b>Socially shocking behaviour (SHOCKS)</b>	

0 Marked	
1 Minor	
2 No problem	
<b>Resistance to manipulation behaviour (RESISTANCE)</b>	
Does a child avoid demands by what appears to be socially manipulative strategies? (e.g. distracting the adult making demands, making an excuse such as "I have to do this first", come away, hide, removes clothes, uses skill or property to make excuse. For one task, scenario, role, task in a game)	
0 Marked	
1 Minor	
2 No problem	
<b>Awareness of own identity (CIDENT)</b>	
Is a aware of the age or social group to which he/she belongs? For children ask if a relative he/she is a child. For older children and adults ask about identification with work roles, social class. Does a give adults that request?	
0 Marked	
1 Minor	
2 No problem	
<b>Socially shocking behaviour (SHOCKS)</b>	

Original DISCO Demand Avoidance question, in clinical format.

We can tell it is original as it correspondences to wording used in Faroe islands population study that used original 15 PDA DISCO questions.



### Extreme ("pathological") demand avoidance in autism: a general popu...

Research into Pathological Demand Avoidance (PDA), which has been suggested to be a subgroup within the Autism Spectrum Disorder (ASD), is almost nonexiste

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

0 Marked	
1 Minor	
2 No problem	
<b>Resistance to manipulation behaviour to avoid demands</b>	
This child may be generally described as "better than the average" at getting round others, or good at "finding excuses" to avoid "other" things that he/she is asked to do. This may be very subtle, or very obvious.	
<ul style="list-style-type: none"> <li>Would you describe it as good at getting round others and making them do as he/she wants, or playing people off against each other?</li> <li>What strategies does it use to get out of things? Are these strategies targeted at a particular person? (see parent/teacher comments)</li> <li>Distressing (e.g. crying, shouting)</li> <li>Argumenting and making excuses</li> <li>Withdrawal (e.g. not playing or not going)</li> <li>Charm</li> <li>Flattery (e.g. excessive flattery)</li> <li>Other</li> </ul>	

**Table 1** DISCO-11 items targeting PDA: the DISCO-11 PDA scale

DISCO item and corresponding PDA symptom area	Variable name
Unusually quiet and passive in infancy (1)	UQUIET
Churny in gross movements (8)	CCLUMSY
Communicates through doll, puppet, toy animal etc. (5)	CDOLL
Lacks awareness of age group, social hierarchy etc. (3)	CIDENT
Rapid inexpressible changes from loving to aggressive (4)	CINAPP
Uses peers as 'mechanical aids'; bossy and domineering (3) and (4)	CPEERAD
Repetitive role play—lives the part, not usual pretence (5) and (7)	CTROL
Hands seem limp and weak for unwellcome tasks (8)	CNOHAND
Repetitive questioning (7)	QUESREP
Obsessed with a person, real or fiction (7)	PERS
Blames others for own misdeeds (3)	BLAME
Harasses another person—may like or dislike them (3) and (7)	HARAS
<b>Socially manipulative behaviour to avoid demands (2)</b>	MANBEH
Socially shocking behaviour with deliberate intent (2) and (3)	SHOCK
Lies, cheats, steals, fantasises, causing distress to others (3) and (7)	LYING

Figures in brackets—(1) through (8)—refer to the eight defining characteristics of Newton's PDA

Also we are told 3 times this unvalidated semi-structured interview is based off original 15 PDA DISCO items.

Participant ID: \_\_\_\_\_ Date: \_\_\_\_\_

PDA Interview: parent informant/observed/semi-structured/semi-structured/semi-structured

Many items and example questions were based on items included in the 'Diagnostic Interview for Social and Communication Disorders' (DISCO) (Wing et al., 2002).

**Background information:**

**Diagnosis:**

**Date that diagnosis was given:**

**School history (include number of schools attended, types of schools, exclusion from schools, outside help etc):**

(A) Avoids demands using socially manipulative strategies

1. I occasionally resist and avoid ordinary demands, but try not to resist (1) (1)

2. Everything makes me resist in the end because I resist ordinary tasks. I respond to resist, my results in school, my results in the community, my results in the workplace. Parents decided to discuss how much they have resisted in the end with me, what gives when they resist school. This may be the result of my resistance or my body to stop a learning experience.

3. How did things go when I started school?

4. Does a strategy resist ordinary demands like or for in things, or change his or her behaviour? What with of requests (What Answer?)

5. Does everything have to be asked for? What happens if you push it to comply or comply? (What Answer?)

6. Does it make sense?

Adapted from Elizabeth O'Nions PhD thesis (submitted September 26<sup>th</sup> 2013), Institute of Psychiatry, King's College London.

#### Abstract

"Pathological Demand Avoidance" (PDA) is a term increasingly used in the UK to describe children, many with an autism spectrum diagnosis, who obsessively resist ordinary demands and requests. Children with PDA show a range of difficult behaviours: poor awareness of social hierarchy; "social manipulation" (e.g. distraction, evasions), aggressive outbursts, and outrageous behaviour, apparently to subvert demands. Despite much clinical interest, PDA has received scarcely any research attention. Here we report descriptive features of 14 children aged 5–15 years who fit the PDA pattern, and in whom IQ and autistic symptomatology is well-documented. [We conducted qualitative analysis on data from a semi-structured interview based on the PDA items within the Diagnostic Interview for Social and Communication Disorders \(DISCO\) \(Wing et al., 2002; Journal of Child Psychology and Psychiatry, 43:307–320\).](#) Key behavioural traits, illustrative examples, and emergent themes are reported. Paradoxically, examples suggest social insight sufficient to use targeted social manipulation, but a lack of awareness of social hierarchy (e.g., caretakers' age or status), and no concern for own reputation. Obsessive controlling behaviour towards others was also reported. Findings illustrate the extreme difficulties presented by this group, highlighting the imperative to understand better the neurocognitive basis of an apparently uneven socio-cognitive profile.

#### Keywords

Pathological Demand Avoidance, PDA, atypical autism, ASD, phenotype, challenging behaviour

equal gender balance associated with this profile (Newton et al., 2003).

Twenty-nine parents of children with an autism spectrum diagnosis reporting features of extreme/pathological demand avoidance aged 7 years 10 months to 16 years 11 months completed the semistructured interview (N = 12 by telephone, N = 17 using a self-administered electronic or written format). The interview was developed for research purposes to capture behaviours relevant to pathological demand avoidance as described by Newton et al. (2003). It has not been validated and is not presumed to assay behaviours that are necessarily specific to this presentation. It consisted of 22 questions, with 58 subquestions, drawing on content from the Diagnostic Interview for Social and Communication Disorders (DISCO; Wing, Leekam, Libby, Gould, & Larcombe, 2002) and from an interview developed by Newton et al. (2003). Parents completed the interview by commenting on whether their child displayed the target behaviours and providing relevant examples of their child's behaviour. For telephone interviews, full verbatim transcripts were not available. Interviews completed in self-administered written format and notes from telephone interviews were transcribed.

Interview responses were first coded against the 11 indicators relevant to extreme/pathological demand avoidance from the Diagnostic Interview for Social and Communication Disorders.

So what seems to have happened is that filtering sample in replication study has biased the results to become "autism-like" due to having "socially strategic" demand avoidance.

Then again, the "socially strategic" result can also be explained by confirmation bias due as other demand avoidance is manipulative. Both sets tend to take advantage of rules & social norms.

If the methodology of replication study has biased its results to create "socially strategic", why are revised 11 PDA DISCO questions different to original 15?

Simple answer, O'Nions & others are trying to make PDA a meaningful autism subgroup.



### Identifying features of 'pathological demand avoidance' using the Diag...

The term 'pathological demand avoidance' (PDA) was coined by Elizabeth Newson to describe children within the autism spectrum who exhibit obse

<https://link.springer.com/article/10.1007/s00787-015-0740-2#Sec24>

Seventeen DISCO items appeared to provide a good match (Table 1), although given that the wording of these items is not identical, this could not be perfect.

The third stage used data from a sample of cases assessed using the DISCO for possible autism spectrum disorder ( $N = 153$ ). These data were used to determine which of the 17 PDA-relevant DISCO items were *not* widely endorsed in general in an autism spectrum sample, since features typical of ASD in general are unlikely to be useful in identifying a meaningful subgroup. Ten of the DISCO PDA items had low endorsement rates ('marked difficulties' in less than 30 % of the total sample). Low endorsement suggested that these items might prove somewhat specific indicators of PDA. An additional item, 'Lack of co-operation', did not meet this low endorsement threshold (it was endorsed as 'marked' for 33 % of the sample), but was included due to its conceptual centrality—capturing resistance to demands. As can be seen from Table 5, this is the only item that corresponds directly to 'Continues to resist ordinary demands'—an essential characteristic based on Newson's descriptions.

It should be noted that the newly derived 11-item PDA



**Richard Woods**  
@Richard\_Autism



Replying to @Richard\_Autism

"As far as PDA is concerned, we are of course still at a very early stage of understanding its true nature and extent, how it relates to other conditions and where it lies within the autism spectrum." Christie et al, 2012, p181.

6:07 PM · Aug 3, 2020



2



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**Richard Woods**  
@Richard\_Autism



Replying to @Richard\_Autism

One would note the book views PDA as being part of the autism. Christie et al (2012) go onto say:

"Research-based evidence such as this is critical in supporting the clinical understandings about PDA that have developed." Page 186

6:08 PM · Aug 3, 2020



3



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**Richard Woods**  
@Richard\_Autism



Replying to @Richard\_Autism

The research in question is detailed here:

[...emandavoidancecom.files.wordpress.com/2020/07/02-jun](http://emandavoidancecom.files.wordpress.com/2020/07/02-jun)

...

It is also discussed here:

[discovery.ucl.ac.uk/id/eprint/1493...](https://discovery.ucl.ac.uk/id/eprint/1493...)

possessions. Notably, children with extreme/'pathological' demand avoidance typically employ these behaviours in a relatively socially un-sophisticated and obvious manner. This contrasts to children with ODD/CD, who can be very apt at avoiding detection. This apparent overlap has led to discussion of whether extreme/'pathological' demand avoidance may combine neurocognitive impairments associated with ASD and disturbances in empathic behaviour (Wing, Gould & Gillberg, 2011; O'Nions et al., 2014a).

It should be noted that, so far, we have approached this profile from the starting point of our expertise in ASD. It remains possible that behaviours that resemble descriptions of extreme/'pathological' demand avoidance could be found in other populations, such as children with other neurodevelopmental phenotypes (Reilly et al., 2014; Gillberg, 2014) or attachment problems (Moran, 2010). Further studies that systematically examine whether individuals displaying this pattern meet diagnostic thresholds for ASD on gold-standard tools are needed to begin to explore these possible overlaps.

One challenge is that research conducted outside of clinical settings typically relies on volunteer samples of parents, who are often highly motivated and committed to furthering understanding of their child's difficulties. This research is helpful in demonstrating that features of extreme/'pathological' demand avoidance can occur in

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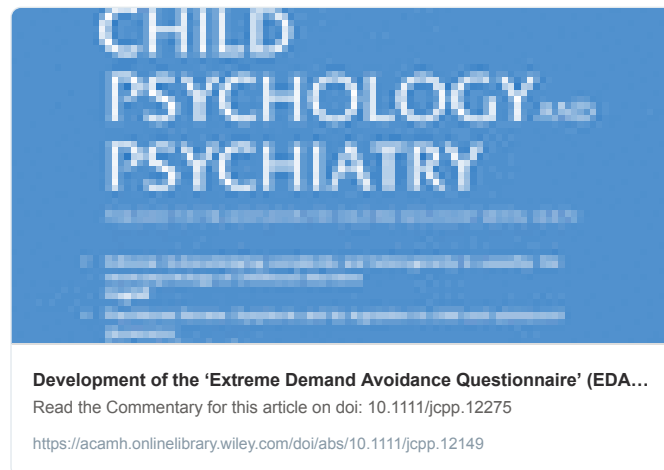


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I go into more detail here about how such PDA research is a self-validation exercise.

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

Now before tying off the thread I need to point out the EDA-A itself is designed to be used with Newson's behaviour profile. Including the original 15 PDA DISCO questions, which are also based off Newson's PDA profile.





## Methods

### Development of the 'Extreme Demand Avoidance Questionnaire' (EDA-Q)

**Item generation & face validation by expert clinicians.** Candidate items were generated based on criteria described by Newson et al. (2003), unpublished material by Newson, plus the PDA items incorporated into the DISCO (Wing et al., 2002). A list of 40 candidate items was developed, covering all aspects of the PDA phenotype. The item list was sent to experienced clinicians ( $N = 10$ ), including J. Gould and P. Christie, and others who had expressed an interest in PDA to the Elizabeth Newson Centre as a result of their contact with children with this profile. All ten were based in the United Kingdom, and worked in a range of specialisms and settings (consultant clinical psychologists,  $N = 3$ ; consultant psychiatrists,  $N = 2$ ; paediatricians,  $N = 2$ ; consultant child psychologists,  $N = 2$ ; consultant speech and language therapist,  $N = 1$ ). The majority worked in highly specialist settings, and all but one estimated they had seen at least ten individuals fitting the PDA profile over the course of their careers. Three had seen more than twenty.

Clinicians were asked, based on their experience, to rate on a likert scale from 0-5 how commonly reported each item was in PDA, and how specific the behaviour was to PDA as opposed to other childhood difficulties seen in their practice. They were also encouraged to comment on relevance of items and

So this "socially strategic" results can be explained by using 11 revised DISCO items, especially one item which has "Apparently manipulative behaviour", that is "autism-like" compared to "Socially manipulative behaviour to avoid demands".

This shows why it is important to only use tools with the behaviour profile they are designed for. Otherwise one undermines the validity of their PDA research.

This is a major issue with Help4Psychology research, as they use EDA-Q, 11 revised PDA DISCO questions with NAS's behaviour profile. Neither EDA-Q or any PDA DISCO item are designed to be used with that behaviour profile!

I am not making this up.

<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>

NAS PDA criteria. [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)

&

<https://www.autism.org.uk/about/what-is/pda.aspx>

### Our Criteria for PDA

- Examination of the current literature combined with the extensive clinical knowledge of the assessment team, led to the development of an informal algorithm which was used to determine whether a child met the criteria for the Pathological (or Extreme) Demand Avoidant profile:
- The child or young person displayed (or was reported to have displayed) the main features outlined in the revised Newson checklist, the NAS website, the EDA-Q and the specific questions included in the DISCO. These were recorded as part of the child's developmental history.

**Panel 2: Features of pathological demand avoidance, according to the National Autistic Society, in 2017\***

- Resists and avoids the ordinary demands of life
- Uses social strategies as part of avoidance, eg. distracting, giving excuses
- Appears sociable, but lacks understanding
- Experiences excessive mood swings and impulsivity
- Appears comfortable in role play and pretence
- Displays obsessive behaviour that is often focused on other people

pathological demand avoidance suggests that the difficulties in the child-environment transactions are a

\*These apparent social behaviours can often create a misleadingly positive picture of the child's communication and social situations.

The distinctive features of a demand avoidant profile include:

- resists and avoids the ordinary demands of life
- uses social strategies as part of avoidance, for example, distracting, giving excuses
- appears sociable, but lacks some understanding
- experiences excessive mood swings and impulsivity
- appears comfortable in role play and pretence
- displays obsessive behaviour that is often focused on other people.



This is in addition to my other critique of Help4Psychology PDA research.  
<https://rationaldemandavoidancecom.files.wordpress.com/2020/07/19th-april-2020-help4psychology-research-limitations.pdf>

I think that is it for this thread. [@threadreaderapp](#) please unroll?

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