



Richard Woods @Richard_Autism

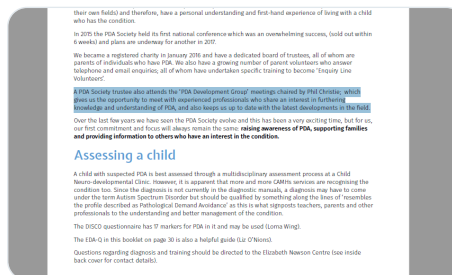
13 Oct · 34 tweets · Richard_Autism/status/1315966193828794369



I do not believe it. It appears that Christie submitted evidence to have PDA recognised as an ASD in Australia. Did not disclose COI or mention pertinent information that would undermine PDA recognition.

@AutismCRC This small group of professionals would be the PDA Development Group, that includes Christie, who has chaired the group.

<https://rationaldemandavoidancecom.files.wordpress.com/2020/08/2016-pda-awareness-matters-booklet.pdf>

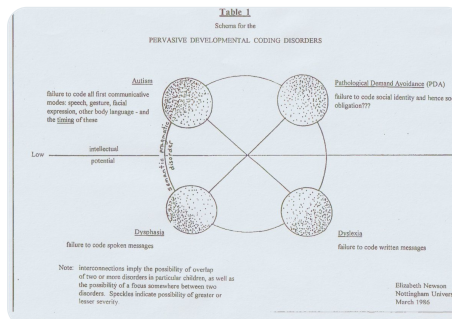
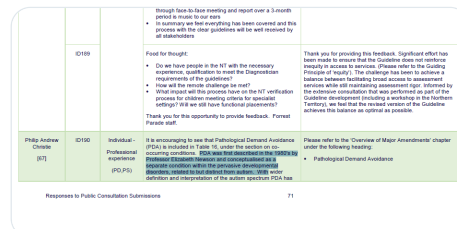


@AutismCRC What the PDA Development Group is and what it does:

<https://rationaldemandavoidancecom.files.wordpress.com/2020/08/pda-development-group-tor-july-2016.pdf>

@AutismCRC This is true. First off Newson originally viewed PDA as a "Pervasive Developmental Coding Disorder", which was a diagnostic grouping of her own creation, that she used between 1986 -1996.

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



@AutismCRC Newson created "Pervasive Developmental Coding Disorders" as she thought autism spectrum was too narrow, to include dyslexia & as it is easier for lay persons to understand.

helpful in the education and handling of autistic children proved to be at best off-beam and at worst deleterious: this especially applies to traditional behavioural methods.

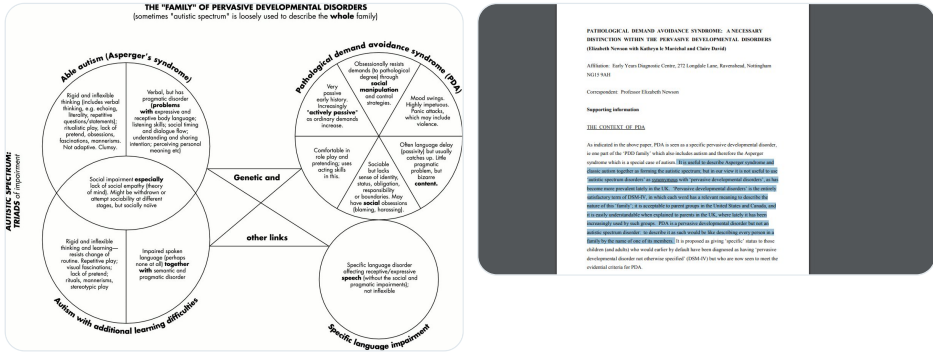
Pathological demand avoidance syndrome (PDA) is seen as related to autism in terms of being an identifiable pervasive developmental disorder. I find it particularly helpful to see both autism and PDA as members of a family of developmental coding disorders, which allows us to include dyslexia. For this purpose, the family of disorders is better seen in these terms than in terms of 'autistic spectrum', which is too narrow. Within the family, the different conditions can then be seen as clusters of symptoms. This conceptual model has the advantage of being wholly understandable to the lay person, including parents: it is also understandable that there will be a few children who fall between the main clusters in their patterns of symptoms. This is true of children with semantic pragmatic disorder, who fall between developmental dysphasia and autism; and it is also true of some non-typical children who have autism with some PDA traits or PDA with some autistic traits. However, the PDA children who show the whole pattern in its typical form are very different from autistic children in their strengths, their difficulties and their needs.

1

@AutismCRC Newson later switched to viewing PDA as "Pervasive Developmental Disorder. Her definitions of PDD's, is not the same as what is accepted. She had her own interpretation of PDD umbrella.

@[AutismCRC](#) Newsom viewed PDD umbrella to be broader than autism spectrum. That PDA is not autism & it is a mistake to call PDA an ASD.

<https://adc.bmj.com/content/archdischild/88/7/595.full.pdf?with-ds=yes>



@[AutismCRC](#) Newson also said that all persons with a Pervasive Developmental Disorder should have coding issues. The definitions for Pervasive Developmental Disorders does not require a person to have coding issues.

of PDA children in perhaps 5% or more of cases). The conceptualisation of clusters within an overall family also suggests an occasional clinical picture falling between clusters in an atypical way; and this, of course, is already recognised in DSM-IV's PDD nos (1)- which itself is much more rare once we recognise PDA as an entity in itself. Some of these in-between children will more clearly belong to a typical cluster as time goes on and particular symptoms take on greater prominence.

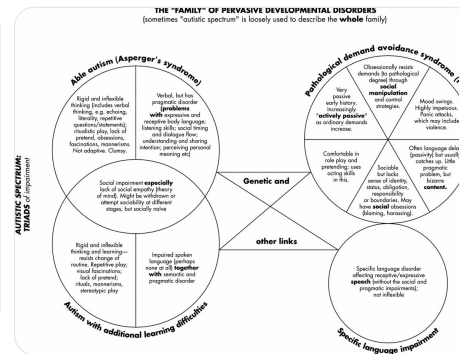
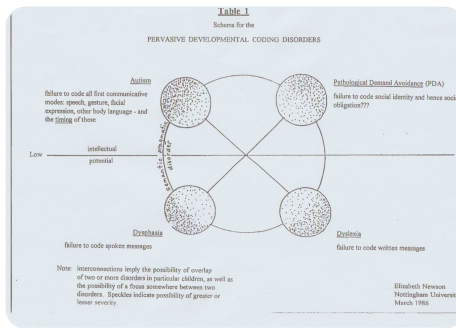
It is also helpful to realise that in every case of pervasive developmental disorder, the child or adult has difficulty in coding or making sense of a particular area of communicative life where we usually regard 'making sense' as biologically normal. This is not necessarily in terms of spoken language, but may be about the non-verbal ways in which we understand each other, such as body language, personal meanings and intentions (autism/Asperger), or identity and obligation (PDA).

Figure 1 in the paper sets PDA in the context of the family of pervasive developmental disorders. It offers enough information to trigger a differential recognition process for parents and for professionals in medicine, psychology and education. Obviously it needs to be enlarged upon by a much more extensive clinical description, which appears in the paper as Table 1, in the form of a list of 'defining criteria for PDA', and includes brief examples of the varied ways in which these may manifest themselves. Clearly no child will show all the

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@[AutismCRC](#) Newson's Pervasive Developmental Disorders group, does not include accepted conditions of Childhood Disintegrative Disorder & Rett's Syndrome. While including Specific Language Impairment, which is definitely, not a PDD or an ASD.



@AutismCRC While he does refer the Autism Education Trust guidelines, he does not mention he has been on its various boards.

<p>A national guideline for the assessment and diagnosis of autism spectrum disorders in Australia</p>			
			<p>spectrum presentations. In the UK the Autism Education Trust, with funding from the Department for Education, have produced a set of National Standards by which schools and other organisations can benchmark their ability to meet the needs of pupils across the autism spectrum. Specific guidance on approaches to children with PDA are included as part of this guidance. (Christie, 2012). References: Christie, P (2012). The Distinctive Clinical and Educational Needs of Children with Pathological Demand Avoidance Syndrome: Guidelines for Good Practice. National Autism Standards, Autism Education Trust. O'Nions, E., Christie, P., Gould, J., Viding, E. & Happé, F. (2014) Development of the 'Extreme Demand Avoidance Questionnaire' (EDA-Q): Preliminary observations on a trait measure for Pathological Demand Avoidance. Journal of Child Psychology and Psychiatry, 55, 758-765. O'Nions E, Gould J, Christie P, Gillberg C, Viding E, & Happé F (2015). Identifying features of Pathological Demand Avoidance using the Diagnostic Interview for Social and Communication Disorders (DISCO). European Child and Adolescent Psychiatry, 25, 407-19. O'Nions E, Happé F & Viding E. Extreme/Pathological Demand Avoidance (2016). BPS DECP Debate, issue 160. Phil Christie, Consultant Child Psychologist</p>
Anonymous BPS	ID191	Individual - 1 point	<p>PDA needs to be recognised and included in the assessment and supports of people with autism. Please consider the</p> <p>Please refer to the 'Overview of Major Amendments' chapter under the following heading:</p>

@AutismCRC or that aspects of PDA make it problematic conceptualising PDA as an ASD, for example:

<https://thepsychologist.bps.org.uk/pda-new-type-disorder>

&

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

<p>or Personality Disorder. At least three Non-autistic persons are present in PDA research samples, including one with Attachment Disorder with a total Autism Diagnostic Observation Schedule (ADOS) score of one. PDA might be seen in up to a few per cent of the human population. PDA might not be caused by autism and truly, is a 'double hit', in that persons with PDA display possible precursors of Schizotypal Personality Disorder. Similarly, a 'triple hit' of autism, anxiety and conduct problems. Needless to say, if PDA is either seen in non-autistic persons, or behaviours are not directly caused by autism, or is comprised of features external to autism, it cannot be an ASD subtype. Perhaps, PDA represents a new type of disorder?</p> <p>There are clinical differences between PDA and autism, including:</p> <ol style="list-style-type: none"> (1) PDA strategies that involve novelty, spontaneity and humour contradict the traditional autism approaches that rely on structure. (2) The fantasy/roleplay PDA trait is often absent or delayed in autistic persons. (3) The frequency and variety of manipulative behaviours expressed by persons with PDA are not seen in autistic persons. (4) Surface sociability issues in PDA are attributed to deficits in social identity, not to deficits in Theory of Mind, as is thought to be the case for autism. (5) Over argues that anxiety drives a person with PDA's need for control and its titular behaviours. The PDA literature recognises anxiety is a co-occurring difficulty for autism. <p>Collectively, these differences should exclude PDA from ASD and become the differential markers between the two conditions.</p> <p>While Elizabeth Newson discovered PDA, it is often overlooked that she created her own diagnostic grouping 'Pervasive Developmental Coding Disorder', which contained: autism, dyslexia, dysphasia and PDA. Newson did this partly to make sense for caregivers and teachers, and because she viewed ASD as being too narrowly defined. Over time this diagnostic grouping evolved into Newson's 'The Family of Pervasive</p>	<p>their need for control and resistance that everything is on their terms (Newson, et al., 2003).</p> <p>Newson's description of PDA has gathered a considerable weight of interest from parents and clinicians, reflected in several non-refereed conferences in the UK in recent years, supported by the National Autism Society, and inclusion of guidelines on PDA in Autism Education Trust guidelines (Christie, 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 subtyping of high-functioning autism spectrum syndrome, or a more formal typical presentation of Autism Spectrum Disorder (ASD) (Gould and Ashwin-Smith, 2011). However, several studies of the clinical presentation of PDA do not fit easily with our current concept of ASD. First, unlike those with ASD, children with PDA are reported to respond poorly to routine and predictable, instead preferring spontaneity and novelty (Christie, in press) and children with PDA play more fantasy in structured and unstructured play than children with ASD (Christie, in press). Second, unlike children with ASD, children with PDA are reported to have a more flexible and varied social interaction of others (Christie, in press) and are reported to have a more flexible and varied social interaction of others (Christie, in press) and are reported to have a more flexible and varied social interaction of others (Christie, in press).</p> <p>Despite the interest and debate concerning PDA, there are only two published peer-reviewed research papers on this topic (Newson, et al., 2003; Christie, et al., in press). However, such controversy cannot, alone, justify</p>
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@AutismCRC it is problematic fitting PDA into autism, as Newson was not trying to make PDA an ASD. Why would she thought PDA was not an ASD?

THE CONTEXT OF PDA

As indicated in the above paper, PDA is seen as a specific pervasive developmental disorder, ie one part of the 'PDD family' which also includes autism and therefore the Asperger syndrome which is a special case of autism. It is useful to describe Asperger syndrome and classic autism together as forming the autistic spectrum; but in our view it is not useful to use 'autistic spectrum disorders' as synonymous with 'pervasive developmental disorders', as has become more prevalent lately in the UK. 'Pervasive developmental disorders' is the entirely satisfactory term of DSM-IV, in which each word has a relevant meaning to describe the nature of this 'family'; it is acceptable to parent groups in the United States and Canada, and it is easily understandable when explained to parents in the UK, where lately it has been increasingly used by such groups. PDA is a pervasive developmental disorder but not an autistic spectrum disorder: to describe it as such would be like describing every person in a family by the name of one of its members. It is proposed as giving 'specific' status to those children (and adults) who would earlier by default have been diagnosed as having 'pervasive developmental disorder not otherwise specified' (DSM-IV) but who are now seen to meet the evidential criteria for PDA.

[@AutismCRC](#) Newson herself said PDA needs to be different from autism & Asperger's syndrome, which she considered to be the Autism spectrum. Newson did not agree with conflating PDD umbrella with autism spectrum. Which Christie does not mention.

Correspondent: Professor Elizabeth Newson

Supporting information

THE CONTEXT OF PDA

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[@AutismCRC](#) "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)

[@AutismCRC](#) to say Christie's submission is inaccurate is an understatement.

Also hard to argue he does not stand to benefit from PDA being accepted into your diagnostic guidelines.

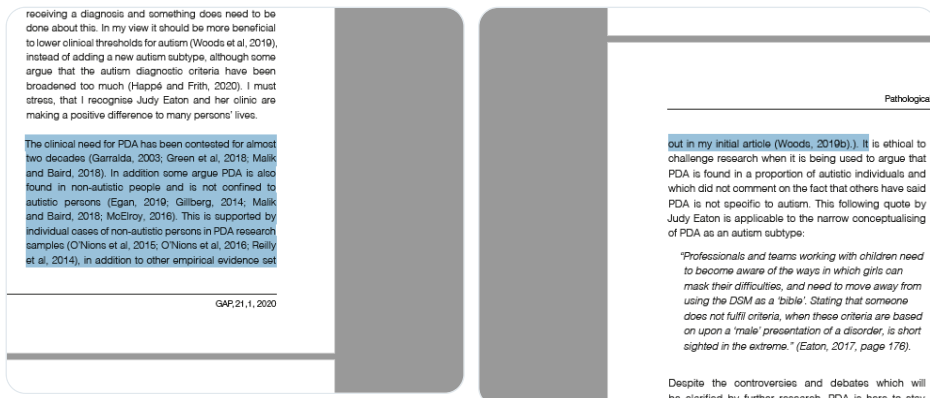
[@AutismCRC](#) the point is that one cannot conflate Newson's PDD umbrella definition with accepted PDD umbrella definition as they are 2 different things. Christie is mistaken to view PDA as an ASD.

[@AutismCRC](#) Yes, some autistic persons do present with PDA, but there is not agreed criteria or standardised tools. So a PDA diagnosis is essentially meaningless at the moment. There is evidence PDA is seen outside of autism.

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

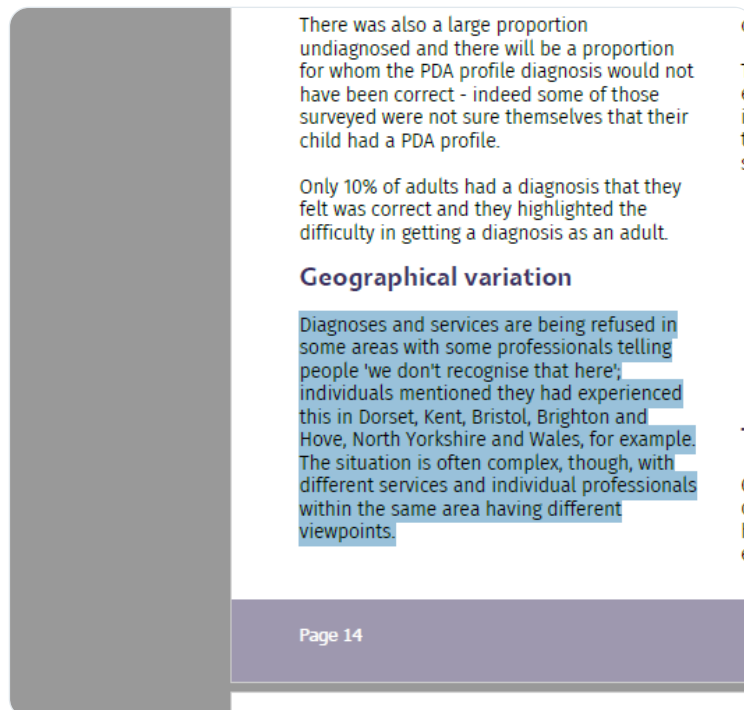
PDF | My article "Demand avoidance phenomena: circularity, integrity and validity – a commentary on the 2018 National Autistic Society PDA Conference."... | Find, read and cite all the research you n...

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



@AutismCRC The more I look at the submissions with people saying PDA is recognised in the UK. That is not a true reflection of PDA's status, especially in 2017. PDA is only diagnosed in parts of the UK.

"Dorset, Kent, Bristol, Brighton and Hove, North Yorkshire and Wales, for example. The situation is often complex, though, with different services and individual professionals within the same area having different viewpoints."



@AutismCRC (Russell, 2018, p14):
<https://www.pdasociety.org.uk/wp->

That is from a 2018 survey based in the UK.

[@AutismCRC](#) Christie mentions the ADOS and ADIR in autism assessments, but he does not mention that the ADOS is not designed to assess features of PDA.

The case for PDA has simply overstated to you.

Responses to Public Consultation Submissions			72
A national guideline for the assessment and diagnosis of autism spectrum disorders in Australia			
		<p>During many assessments of autism spectrum disorders diagnostic tools are used to collect information in order to help to decide whether someone has a profile that is on the spectrum. The ADOS (Autism Diagnostic Observation Schedule) and the ADIR (Autism Diagnostic Interview - Revised) are examples, both of which are based on the diagnostic manuals. The DISCO (Diagnostic Interview for Social and Communication Disorders) uses a more dimensional approach and gives an understanding of an individual's profile and needs, as well as a diagnostic formulation. An advantage of these diagnostic tools is that they can help to provide some consistency in the assessment process followed in a particular region, or within a service. They are not, though, intended to be screening instruments or stand-alone tools. They are there to gather information, or structure the observations, that professionals make as part of their assessment. They have to be used with some flexibility and are still reliant on an individual clinician's experience, judgement and interpretation. This is especially the case when</p>	

[@AutismCRC](#) "With wider definition and interpretation of the autism spectrum PDA has become widely understood in the UK to be a diagnostic profile that is part of the autism spectrum" (71-72). Unclear what definition & interpretation Christie refers too here:

Responses to Public Consultation Submissions			71
		Thank you for this opportunity to provide feedback. Forrest Parade staff.	achieves this balance as optimal as possible.
Philip Andrew Christie [57]	ID190	Individual - Professional experience (PD, PS)	<p>It is encouraging to see that Pathological Demand Avoidance (PDA) is included in Table 16, under the section on co-occurring conditions. PDA was first described in the 1980's by Professor Elizabeth Newson and conceptualised as a separate condition within the pervasive developmental disorders, related to but distinct from autism. <u>With wider definition and interpretation of the autism spectrum PDA has</u></p> <p>Please refer to the 'Overview of Major Amendments' chapter under the following heading:</p> <ul style="list-style-type: none">• Pathological Demand Avoidance
A national guideline for the assessment and diagnosis of autism spectrum disorders in Australia			
		become widely understood in the UK to be a diagnostic profile that is part of the autism spectrum. This view has been supported by developments in research prompted by Prof Francesca Happé and her team, led by Dr Liz O'Hare, which have helped to develop an understanding that the characteristics of PDA are dimensional within the autism spectrum. The demand avoidant profile is distinctive and identifiable in children when a number of these features exist at a particular frequency and intensity. This research has led to the production of the Extreme Demand Avoidance.	

[@AutismCRC](#) the problem is that the exact opposite has happened under the DSM-5, there is a reduction in the types of people likely to receive an autism diagnosis.



How well are DSM-5 diagnostic criteria for ASD represented in standar...

Five years after the publication of DSM-5 in 2013, three widely used diagnostic instruments have published algorithms designed to represent its (sub-)crite

<https://link.springer.com/article/10.1007/s00787-020-01481-z>

sis [9]. Furthermore, sensory problems were added as a new symptom within the RRB1 domain, and language problems were removed from the core ASD symptoms and considered instead as co-occurring difficulties (like intellectual disability) that can be indicated with a specifier to describe an individual's profile. Finally, DSM-5 stipulates levels of severity for both domains of impairment based on the required level of support.

Such a change in diagnostic criteria could significantly alter the characterization of autism with consequences for the number of individuals being diagnosed. Although DSM-5 explicitly states that individuals previously diagnosed with Autistic Disorder or Asperger's Disorder should qualify for a DSM-5 diagnosis of ASD, meta-analyses and literature studies suggest that a significant proportion of individuals who met DSM-IV-TR criteria will fail to meet DSM-5 criteria for ASD, especially those with a diagnosis of PDD-NOS or Asperger's Disorder [10–12].

Aims of the current study

DSM-5 was published in 2013 [7]. Recently, the International Classification of Diseases (ICD) has also published its novel guideline ICD-11 [13], paralleling DSM-5. Given that some authors have suggested that application of the new DSM-5 criteria can result in a shift and a decrease of ASD diagnoses (for a review, see [11]), the aim of the study was to document the effect of DSM-5 changes on existing diagnostic instruments that have been designed to guide diagnostic judgements. Specifically, the purpose of the paper

@AutismCRC Those with Asperger's/ PDD-NOS are those who most likely do not conform to autism stereotypes. There is a debate about lowering diagnostic threshold to includes those who do not conform to autism stereotypes, mainly females.



Empathy and a Personalised Approach in Autism

<https://doi.org/10.1007/s10803-019-04287-4>

Contribution of autism theory: does Empathic Autism (EMA) and Beardon 2017). With emerging qualitative evidence Monotropism being the strongest theory (Bertilsdotter-Rosqvist 2019; Wood 2019). Moreover, it is accepted that this theory can explain PDA in persons with autism who meet the proposed subtype's profile (Woods 2019). With such a focus on EMB, the broader scholarship on wider autism theory, both headed by persons with autism or not, are missed.

Harmsen (2019) discusses the favouring of diagnosing boys over girls with Autism Spectrum and its wider impact. We expand this, to explore controversy around EMB. Disorder and notions of 'gendered schema' (Krahn and Fenton 2012), and of which the impact could be detrimental to services that would inhibit the diagnosis of females, transgender and non-binary persons. It is recognised that females are often diagnosed later than their male counterparts (Rynkiewicz et al. 2016). Through reliance on a theory which supports an essentialist perspective of the gender binary, autism spectrum disorder is stereotyped as a 'male' disorder, thus excluding people who do not fit the essentialist criteria to not receive diagnosis and subsequent support that should follow diagnosis. Harmsen (2019) suggests that males and females need separate diagnostic thresholds that can possible increase access to support for females with autism. Nonetheless, as previously set out in the paper, there is likely a more pressing need to lower diagnostic threshold for all persons with autism and this should ensure adequate support to more of the autistic population than Harmsen's solution.

The review does not provide critical consideration of the links between Theory of Mind behaviours, empathy and prosocial behaviours. A Cochrane Library systematic review by Fletcher-Watson et al. (2014) suggested even when explicitly instructed in non-autistic-presenting Theory of Mind tasks, participants with autism did not show

@AutismCRC The drop off rates for an autism diagnosis from DSM4 to DSM5 are

substantial, range in literature 21% to 37%. I discuss it in more detail here, including references:

<https://rationaldemandavoidancecom.files.wordpress.com/2020/08/01-august-2020-how-effective-is-pda-at-helping-autistic-persons-receive-a-diagnosis-if-they-do-not-conform-to-autism-stereotypes.pdf>

Under DSM5 we are not in a "With wider definition and interpretation of the autism spectrum" as according to Christie, I do not know why he says that. It is not clear what definition or interpretation he is referring to.

It is important as PDA does not conform to autism understandings. PDA is often meant to be diagnosed in those who do conform to autism stereotypes, such as Asperger's/ PDD-NOS/ Atypical autism.



The point is persons who most likely to receive a PDA diagnosis, are unlikely to be viewed as autistic under the DSM-5.

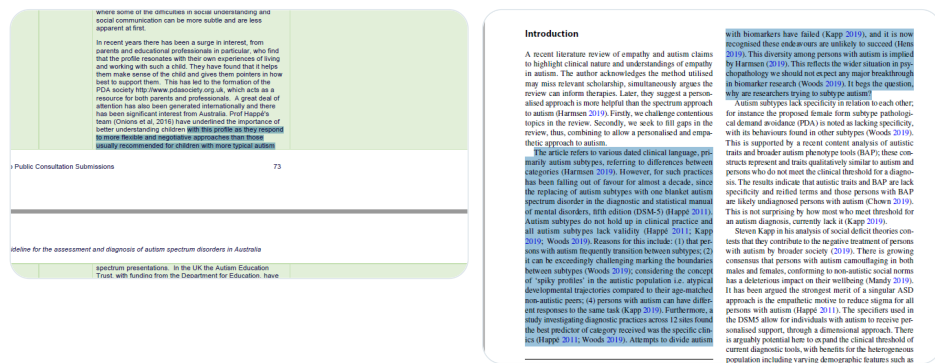
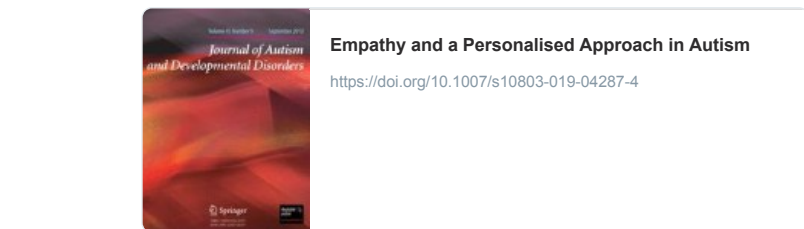
Which is ironic, if you consider it.

@AutismCRC please notice the above tweets.

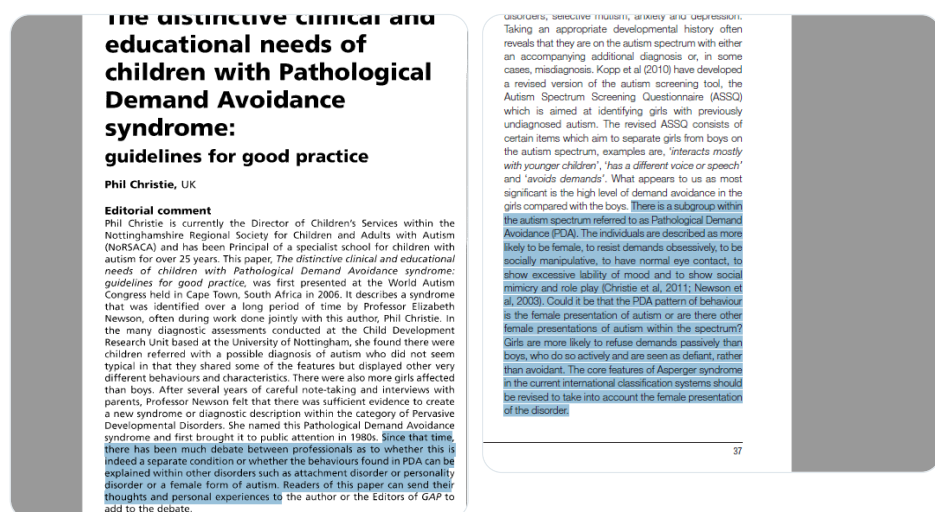
This link also considers if PDA solves the problem of a constricted autism definition as under the DSM-5.

<https://rationaldemandavoidancecom.files.wordpress.com/2020/08/01-august-2020-how-effective-is-pda-at-helping-autistic-persons-receive-a-diagnosis-if-they-do-not-conform-to-autism-stereotypes.pdf>

@AutismCRC I would also point out Christie contrasts PDA to "typical autism". This is nonsense, "typical"/ "more straightforward"/ "normal" autism do not exist under accepted understandings of autism.



@AutismCRC To further show that PDA does not conform to autism stereotypes & is unlikely to get a DSM-5 autism diagnosis. Some view PDA as a female form of autism. <https://www.ingentaconnect.com/contentone/bild/gap/2011/00000012/00000001/art00005>



Richard Woods
@Richard_Autism



Replying to @Richard_Autism

@autismcrc

Some argue we need lower diagnostic threshold for autistic females because of issues conforming to DSM-5 criteria.

link.springer.com/article/10.1007/s10803-019-04287-4

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

and Beardon 2017). With emerging qualitative evidence Monotropism being the strongest theory (Bertilsson-Rouquist 2019; Wood 2019). Moreover, it is accepted that this theory can explain PDA in persons with autism who meet the proposed subtype's profile (Woods 2019). With such a focus on EMB, the broader scholarship on wider autism theory, both headed by persons with autism or not, are missed.

Harmen (2019) discusses the favouring of diagnosing boys over girls with Autism Spectrum and its wider impact. We expand this, to explore controversy around EMB. Disorder and notions of "gendered schema" (Krahn and Fenton 2012), and of which the impact could be detrimental to services that would inhibit the diagnosis of females, transgender and non-binary persons. It is recognised that females are often diagnosed later than their male counterparts (Byniewicz et al. 2016). Through reliance on a theory which supports an essentialist perspective of the gender binary, autism spectrum disorder is stereotyped as a "male" disorder, thus excluding people who do not fit the essentialist criteria to not receive diagnosis and subsequent support that should follow diagnosis. Harmen (2019) suggests that males and females need separate diagnostic thresholds that can possible increase access to support for females with autism. Nonetheless, as previously set out in the paper, there is likely a more pressing need to lower diagnostic threshold for all persons with autism and this should ensure adequate support to more of the autistic population than Harmen's solution.

The review does not provide critical consideration of the links between Theory of Mind behaviours, empathy and prosocial behaviours. A Cochrane Library systematic review by Fletcher-Watson et al. (2014) suggested even when explicitly instructed in non-autistic-presenting Theory of Mind (Woods, 2019b). It is ethical to argue that proportion of autistic individuals and merit on the fact that others have said to autism. This following quote by is able to the narrow conceptualising in subtype:

id teams working with children need re of the ways in which girls can utilise, and need to move away from as a 'bible'. Stating that someone's criteria, when these criteria are based on presentation of a disorder, is short extreme." (Eaton, 2017, page 178).

The DSM-5 matter Judy Eaton mentions in PDA in the critiqued autism using the criteria discusses how autism is presented in the diagnostic manual over time. However, she does not mention the committee called the Workgroup that decided for the DSM-5. The narrowly defined autism all attempts to divide (biomarker and behavior). Specific concerns include between groups of autism threshold for Asperger's (delay) and other subtypes differential treatment.

11:20 PM · Oct 13, 2020



See Richard Woods's other Tweets



Richard Woods
@Richard_Autism



Replying to @Richard_Autism
[@autismcrc](#)

Those most likely to attract a PDA diagnosis are also most likely to be viewed as non-autistic under the DSM-5.

It is because the case for PDA has been over represented.

[@threadreaderapp](#) unroll please & thank you.



Richard Woods @Richard_Autism

Replying to @Richard_Autism

As I said the case for PDA has been overstated.

11:22 PM · Oct 13, 2020



See Richard Woods's other Tweets

[@AutismCRC](#) [@threadreaderapp](#) unroll please.

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