



**Richard Woods** @Richard\_Autism  
13 Oct • 34 tweets [Richard\\_Autism/status/1315966193828794369](https://Richard_Autism/status/1315966193828794369)

Tr

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

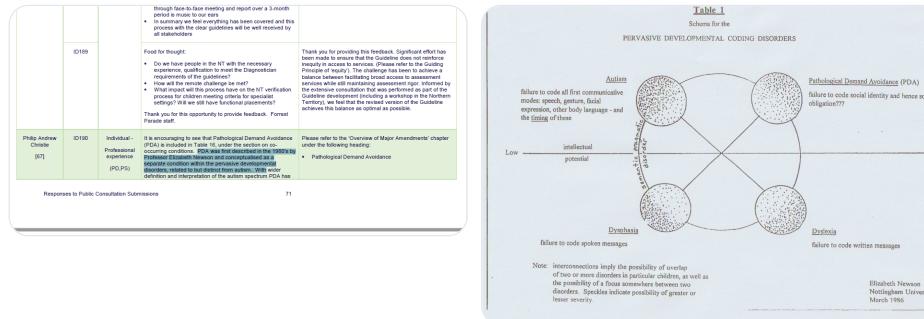


**@AutismCRC** What the PDA Development Group is and what it does:

<https://rationaldemandavoidance.com.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.autismedmidlands.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.

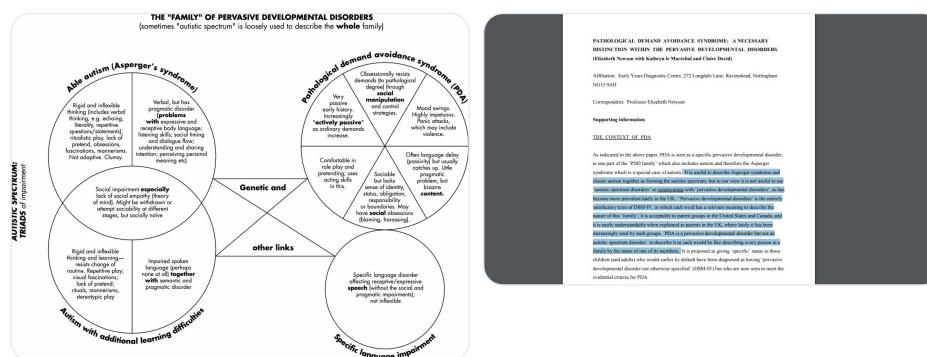
helpful in the education and handling of autistic children proved to be at best off-beam and at worst deleterious: this especially applies to traditional behavioural methods.

Pathological demand avoidance syndrome (PDA) is seen as related to autism in terms of being an identifiable preverbal 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 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.

[@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](#) Newson 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.bmjjournals.com/content/archdischild/88/7/595.full.pdf?with-ds=yes>



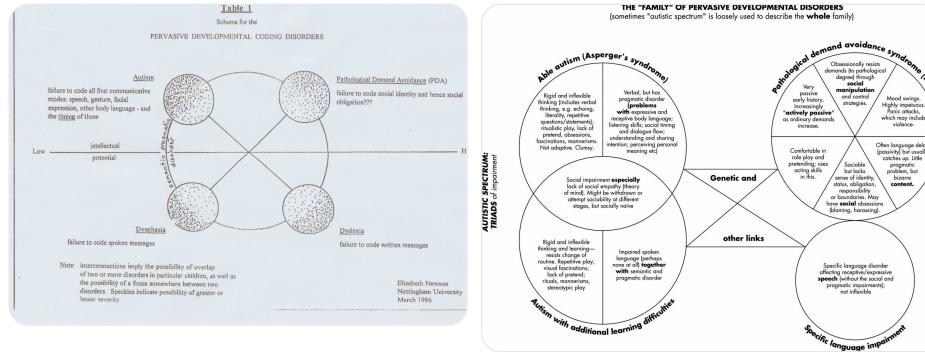
@AutismCRC Newson also said that all persons with a Pervasive Developmental Disorder should have coding issues. The definitions for Pervasive Developmental Disorders does not require a person to have coding issues.

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 adult has difficulty in coding or making sense of a particular area of communicative life which 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

[@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.

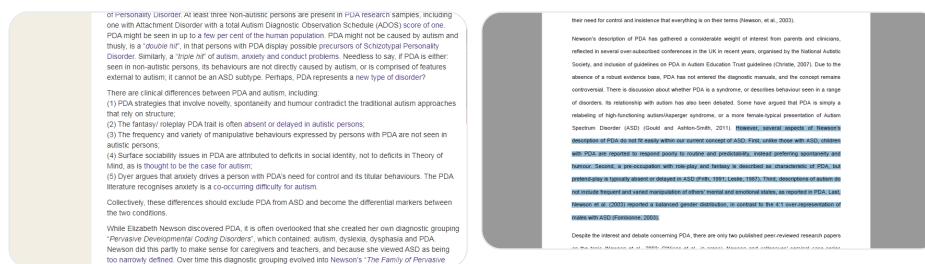


[@AutismCRC](#) or that aspects of PDA make it problematic conceptualising PDA as an ASD, for example:

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

&

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



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

receiving a diagnosis and something does need to be done about this. In my view it should be more beneficial to lower clinical thresholds for autism (Woods et al, 2019), instead of adding a new autism subtype, although some argue that the autism diagnostic criteria have been broadened too much (Happé and Frith, 2020). I must stress, that I recognise Judy Eaton and her clinic are making a positive difference to many persons' lives.

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

GAP, 21, 1, 2020

Pathological

but in my initial article (Woods, 2019b)). It is ethical to challenge research when it is being used to argue that PDA is found in a proportion of autistic individuals and which did not comment on the fact that others have said PDA is not specific to autism. The following quote by Judy Eaton is applicable to the narrow conceptualising of PDA as an autism subtype:

"Professionals and teams working with children need to become aware of the ways in which girls can mask their difficulties, and need to move away from using the DSM as a 'bible'. Stating that someone does not fulfil criteria, when these criteria are based on upon a 'male' presentation of a disorder, is short sighted in the extreme." (Eaton, 2017, page 176).

Despite the controversies and debates which will be clarified by further research, PDA is here to stay.

**@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."

There was also a large proportion undiagnosed and there will be a proportion for whom the PDA profile diagnosis would not have been correct - indeed some of those surveyed were not sure themselves that their child had a PDA profile.

Only 10% of adults had a diagnosis that they felt was correct and they highlighted the difficulty in getting a diagnosis as an adult.

**Geographical variation**

Diagnoses and services are being refused in some areas with some professionals telling people 'we don't recognise that here'; individuals mentioned they had experienced this in 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.

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**@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 ADIR (Autism Diagnostic Interview-Revised) are examples of which are based on the diagnostic manuals. The DISCO (Diagnostic Interview for Social and Communication Disorders) uses a more dimensional approach, which is independent 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, however, intended to be screening instruments or screening 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>
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[@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 to here:

Responses to Public Consultation Submissions 71

A national guideline for the assessment and diagnosis of autism spectrum disorders in Australia

Philip Andrew Christie [67]	ID190	Individual - Professional experience (P.D.P.S)	<p>Thank you for this opportunity to provide feedback. Forrest Parade staff.</p> <p>It is encouraging to see that Pathological Demand Avoidance (PDA) is included in Table 16, under the section on co-occurring conditions. It was first included in DSM-5 by Professor Elizabeth Newson and conceptualised as a separate condition within the pervasive developmental disorders, related but distinct from autism. <a href="#">With wider definition and interpretation of the autism spectrum PDA has</a></p> <p>achieves this balance as optimal as possible.</p> <p>Please refer to the 'Overview of Major Amendments' chapter under the following heading:</p> <ul style="list-style-type: none"><li>• Pathological Demand Avoidance</li></ul>
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[@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.

Psychiatry

Volume 50 Number 1 January 2017

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 RRB 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>

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 possibly 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

**@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://rationaldemandavoidance.com.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.



**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.bmjjournals.org/content/88/7/595>



**REVIEW**  
**Pathological demand avoidance syndrome: a necessary distinction within the pervasive developmental disorders**  
E Newsom, K Le Maréchal, C David

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 disorders not otherwise specified" (PDD-NOS, DSM-IV).<sup>1</sup> Discriminant functions analysis shows PDA to be significantly different on many counts from classic autism and Asperger's syndrome, both separately and together, including an excess of 150 social manipulations per hour using social manipulation, as seen in all children, which strongly contrasts with the features of autistic spectrum disorders. A criterial structure is described, supported by statistical data from a random sample of 50 children diagnosed with PDA, together with a follow up sample of 18 young adults.

into an extended description of each child, and a "best fit" achieved using fully stated criteria. The result was a very detailed database, invaluable for long term research.

During the 1970s we saw a number of children who "reminded" their medical referrers of autism, but were clearly not typical of autism. Sometimes autism was rejected or questioned because the child's impairments, especially in non-scholastic role play, often the child seemed unusually sociable, though in an "odd" way, and language development was atypical of autism and less pragmatically disordered than in Asperger's syndrome. We, like others, were diagnosing these children as having atypical autism (stating in what way it was atypical); and we were not alone in being disbelieved by parents when they met children diagnosed as autistic, nor in having our diagnosis undermined by teachers who did not recognise any autistic connection.

Aware of the unsatisfactory nature of the "atypical autism" label, we also began to notice that B reminded us of A, who also had something in common with C. After six years we had a cohort of 21 children who were "atypically autistic" but were not typical of each other. Not least unusual about them (as an "autistic" group) was the sex ratio: 15 of them were girls. Obviously sex ratios cannot be trusted where small numbers are involved, and these proportions equalised as we

**Abbreviations:** ASD, autistic spectrum disorder; PDA, pathological demand avoidance syndrome.

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://rationaldemandavoidance.com.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/2011/0000012/00000001/art00005>

**The distinctive clinical and educational needs of children with Pathological Demand Avoidance syndrome: guidelines for good practice**

Phil Christie, UK

**Editorial comment**

Phil Christie is currently the Director of Children's Services within the Nottinghamshire Regional Service for Children and Adults with Autism (NRSACA) and has been Principal of a specialist school for children with autism for the last 15 years. 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 the author, Phil Christie. In the discussion that followed, it was considered at the time that Development Research Unit based at the University of Nottingham, where they founded, 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 research, Newson and Christie and their 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 new syndrome or whether the syndrome 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.

disorders, selective mutism, anxiety and depression. Taking an appropriate developmental history often reveals that children on the autism spectrum either an accompanying additional diagnosis or, in some cases, misdiagnosis. Kopp et al (2010) have developed a revised version of the autism screening tool, the Autism Spectrum Screening Questionnaire (ASSQ) which is aimed at identifying girls with previously undiagnosed autism. The revised ASSQ consists of certain items which aim to separate girls from boys on the autism spectrum, examples are, *interacts mostly with younger children*, *has a different voice or speech* and *avoids demands*. What appears to us as most significant is the high level of demand avoidance in the girls compared with the boys. There is a subgroup within the autism spectrum referred to as Pathological Demand Avoidance (PDA). The individuals are described as more likely to be female, to resist demands obsessively, to be socially manipulative, to have normal eye contact, to show excessive lability of mood and to show social mimicry and role play (Christie et al, 2011; Newson et al, 2003). Could it be that the PDA pattern of behaviour is the female presentation of autism and are there other female presentations of autism within the spectrum? Girls are more likely to refuse demands than boys, who do so actively and are seen as defiant, rather than avoidant. The core features of Asperger syndrome in the current international classification systems should be revised to take into account the female presentation of the disorder.

Richard Woods  
@Richard\_Autism

Replies 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/s00429-018-0932-1](https://link.springer.com/article/10.1007/s00429-018-0932-1)

&  
[researchgate.net/publication/33...](https://www.researchgate.net/publication/337100000)

and Brandon 2017). With emerging qualitative evidence, Mönkkönen argue the stronger theory (Burrhansdottir, 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 missing.

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 impacts could be detrimental to set aside the diagnosis of females. The diagnosis of females and non-binary persons. It is recognised that females are often diagnosed later than their male counterparts (Rydzewicz et al. 2016). Through reliance on a theory which supports an essentialist view of gendered schema, the PDA disorder is stereotyped as a "girl" disorder, thus excluding people who do not fit the essentialist criteria to receive diagnosis and subsequent support that should follow diagnosis. Harmsen (2019) suggests that males and females need separate diagnostic thresholds that can possibly reduce the risk of females being misdiagnosed. Furthermore, as previously set out in the paper, there is likely a 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 paper does not provide critical consideration of the links between the notion of PDA behaviour, empathetic 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, children with PDA did not improve their social skills. This is in line with Harmsen's (2019) findings that PDA is a diagnosis that is often over-represented in females and non-binary persons. The paper does not provide critical consideration of the links between the notion of PDA behaviour, empathetic 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, children with PDA did not improve their social skills. This is in line with Harmsen's (2019) findings that PDA is a diagnosis that is often over-represented in females and non-binary persons.

**Pathological Demand Avoidance and the DSM-5**

**The DSM-5 matter**

Judy Eaton mentions in her paper that PDA in the critiqued autism using the criteria of the DSM-5. She discusses how autism is presented in the DSM-5. However, she does not mention the committee called the Workgroup that decided the criteria for the DSM-5. The workgroup was established to narrow the definition of autism. All attempts to divide autism into subtypes, such as biomarker and behavior, were rejected. Specific concerns include the lack of clear diagnostic criteria between groups of autism (e.g., Asperger's syndrome and other subtypes) and the lack of differential treatment for different subtypes.

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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