Some reasons why I use Newson's work:

1) Newson never viewed PDA as an ASD and this is reflected in her diagnostic criteria and clinical descriptions. She certainly never argued fitting PDA into 2 main diagnostic manuals based on accepted diagnostic groupings

2) Newson included non-autistic persons in her 2 diagnostic groupings, her own Pervasive Developmental Disorders grouping and her own NEW Pervasive Developmental Coding Disorder.

3) Newson never assessed persons with PDA for autism or systematically investigated autism features.

4) Newson often deliberately did things if she thought they helped other stakeholders, mainly parents.

5) That most key PDA studies based on the assumption PDA is an autism subtype/ subgroup are generally poor quality and appear to have little validity. For instance there is little good quality evidence to say social demand avoidance is not manipulative.

6) Recent PDA research and behaviour profiles have a different clinical meaning to Newson's clinical descriptions. E.g. not calling social demand behaviours manipulative because they are "strategic" is more "autism-like"...

... that is regardless of the argument they are the same behaviours. Some PDA behaviours and features are viewed clinically differently and therefore treated differently due to the wording.

7A) Using PDA tools with PDA profiles they are not designed for reduces the validity of that research. E.g. O'Nions et al (2018) is a replication study of some O'Nions PhD research...

... O'Nions original PhD research viewed social demand avoidance behaviours as manipulative, because it uses Newson's behaviour profile. O'Nions et al (2018), uses Newson's and O'Nions et al (2016) behaviour profile...

... O'Nions et al (2018) coded their interview data with 11 Revised PDA DISCO questions, contains question "Apparently Manipulative Behaviour". "Apparently" descriptor means that social demand avoidance behaviours cannot be manipulative...

... O'Nions et al (2016) changed the wording of the PDA DISCO questions, to be

clinically different from Newson's based only on their clinical opinion (no evidence to support their changes).

7B) Another example, Help4Psychology used the 11 Revised PDA DISCO questions, but they are not designed for NAS PDA profile...

... . For instance, "Using age peers as mechanical aids, bossy and domineering." question is designed for "Lability of mood, impulsive, led by need to control." trait, because it assesses for the need control component...

... "Using age peers as mechanical aids, bossy and domineering" does not assess any feature of "Experiences excessive mood swings and impulsivity" trait...

... Only using Newson's behaviour profile and tools based on it actually INCREASES the validity of such research.

8) Other people, empirical research indicates PDA is seen more broadly than Help4Psychology are conceptualising PDA, non-autistic persons with PDA have equal rights to research, support and diagnostic practice...

...Most of this research and PDA predicted populations are based on lower clinical thresholds than Help4Psychology use and on Newson's clinical descriptions.

9) PDA probably presents slightly differently in non-autistic persons and how Newson's clinical descriptions are clinically different to Help4Psychology own interpretations, I cannot use Help4Psychology research to research PDA outside of autism.

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