



Richard Woods @Richard_Autism

21 Oct · 12 tweets · [Richard_Autism/status/1319024123654426626](#)



[@AnnMemmott](#) [@ElaineMcgreevy](#) [@EmilioLees](#)

[@abaukdiscussion](#) [@milton_damian](#) Well, I stumbled upon today that Christie seems to have been misleading people since 2007 about Newson's views on Pervasive Developmental Disorders & PDA. Do not know if it is deliberate or not. Either way not a good look.

[@AnnMemmott](#) [@ElaineMcgreevy](#) [@EmilioLees](#) [@abaukdiscussion](#)

[@milton_damian](#) He is leaving out information that undermines his argument PDA is part of autism due to Newson viewing it as PDD.

Yes, refers to an out of date image from 1999 and not Newson's later views on the topic.

range of views and models put forward by various professional groups and individuals. As stated, Newson proposes PDA as a separate syndrome within the Pervasive Developmental Disorders, which is the recognised category used within the psychiatric classification systems put forward by the World Health Organisation, 1992 (ICD-10) and the American Psychiatric Association, 1994 (DSM-IV). Autism and Asperger's syndrome appear as diagnosable disorders within this category, as do Pervasive Developmental Disorder Not Otherwise Specified (DSM-IV) and Atypical Autism (ICD-10). Newson concluded that PDA is a separate entity as the sample demonstrated that the identified children had the pattern of features in common and that these features could be significantly differentiated from those with other syndromes, namely autism and Asperger's syndrome.

Diagnostic systems and categories, though, as well as showing variation across professional groupings and with individual usage, are also evolving concepts. Newson recognised this when devising a diagram (Newson, 1999) to demonstrate how PDA is a specific disorder that, along with other disorders including autism and Asperger's syndrome, makes up the family of disorders known as pervasive developmental disorders (PDD). The diagram depicts clusters of symptoms that represent specific disorders within the PDD family. The heading for the diagram of PDD includes the note: sometimes 'autistic spectrum' is loosely used to describe the whole family.

Autistic (or autism) spectrum disorder (ASDs) has become increasingly used as a term to cover the range of individuals showing the qualitative differences in

'a narrow spectrum group criteria difficult to apply'

David A. Davis

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It seems may have National for Autism to imply its report

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THE 'FAMILY' OF PERVASIVE DEVELOPMENTAL DISORDERS
(sometimes 'autistic spectrum' is loosely used to describe the whole family)

Autism spectrum (Asperger's syndrome)

Autism with additional learning difficulties

Specific language impairment

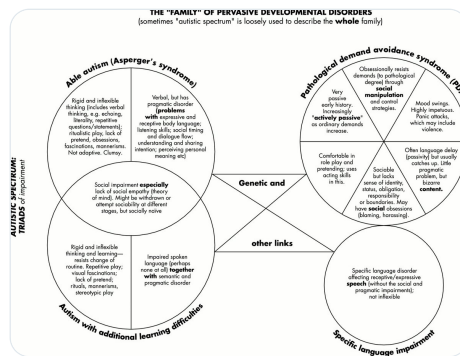
Genetic and

other links

Elizabeth Newson 1999

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[@milton_damian](#) Newson changed the diagram to include specific language impairments. She had wider definition & view PDD umbrella than what is accepted. Also said helpful to think persons with a PDD have coding issues.



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...the "family" of pervasive developmental disorders, that "autism" is a term
found clinically useful by many paediatricians, psychiatrists,
and psychologists in diagnosing a group of children otherwise
seen as puzzling and atypical in relation to the autistic
spectrum. It gives "specific" status to a large proportion of
those children (and adults) who would earlier have been
diagnosed as having "pervasive developmental disorder not
otherwise specified" (PDD-NOS). Figure 1 sets PDA in the con-
text of the whole family of pervasive developmental disorders,
and is explained as follows:

- The diagram shows clusters of symptoms (syndromes) which make up specific disorders within the "family". These will vary in mildness or severity, and intellectual ability will make a significant difference (as in any disability); so will underlying personality.
- Occasionally a child will show a cluster of symptoms that falls between these typical clusters. This is described as non-specific pervasive developmental disorder. However, sometimes this child will more clearly belong to a typical cluster as time goes on and particular symptoms take on greater prominence.
- In every case, 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 meanings and intentions, or identity and obligation.
- None of these children chooses to be the way they are. These are biological, sometimes genetic, disorders. However difficult the behaviour arising from them, the child is not wilfully being naughty, and cannot easily behave differently, though we may be able to help him or her to improve over time. None of these conditions has an emotional cause, although any might make the child behave emotionally, especially if misunderstood.
- Differential diagnosis has practical implications. Each of these disorders has its own guidelines for education and

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[@milton_damian](#) Newson explicit says PDA is not an autism spectrum disorder.

Argue against calling PDA umbrella autistic spectrum.

<https://adc.bmj.com/content/archdischild/suppl/2003/07/02/88.7.595.DC1/887595supportingmaterial.pdf>

Supporting information

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.

It is helpful to conceptualise the pervasive developmental disorders as clusters of symptoms which have a tendency to occur together, ie to form syndromes. Classical autism and

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[@milton_damian](#) That Newson's PDD-NOS included non-autistic persons, as it was not meeting threshold for either: Aspergers/ Classic autism/ PDA/ specific impairment.

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shows that 48% (study B) are definitely not fitting in hyper-
active terms, and that 34% only show this behaviour when
demands are being made on them. Half of this group concen-
trate well when engaged in self-chosen interests (mainly dolls
and video). Only 4% are hyperactive under whatever
conditions they are observed.

CONCLUSIONS

This clinical description of "pathological demand avoidance syndrome" (PDA), conceptualised as a separate entity within the pervasive developmental disorders, has already been found clinically useful by many paediatricians, psychiatrists, and psychologists in diagnosing a group of children otherwise seen as puzzling and atypical in relation to the autistic spectrum. It gives "specific" status to a large proportion of those children (and adults) who would earlier have been diagnosed as having "pervasive developmental disorder not otherwise specified" (PDDnos). Figure 1 sets PDA in the context of the whole family of pervasive developmental disorders, and is explained as follows:

- The diagram shows clusters of symptoms (syndromes) which make up specific disorders within the "family". These will vary in mildness or severity, and intellectual ability will make a significant difference (as in any disability); so will underlying personality.
- Occasionally a child will show a cluster of symptoms that falls between these typical clusters. This is described as **non-specific pervasive developmental disorder**. However, sometimes this child will more clearly belong to a typical cluster as time goes on and particular symptoms take on greater prominence.
- In every case, 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 meanings and intentions, or identity and obligation.
- None of these children chooses to be the way they are. These are biological, sometimes genetic, disorders. However difficult this behaviour seems to them, the child is not

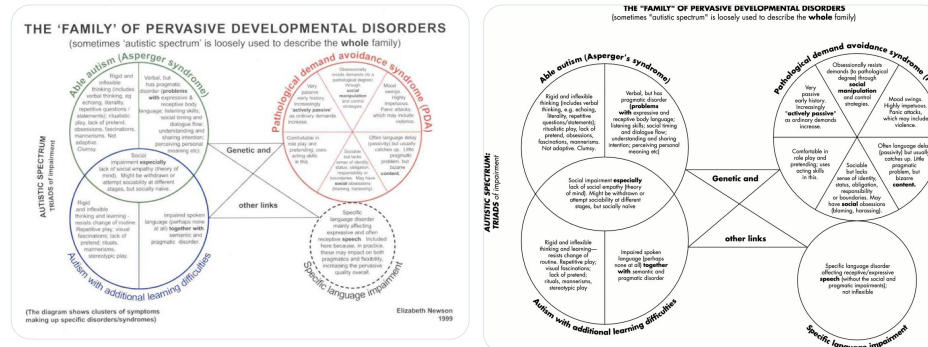
[@AnnMemmott](#) [@ElaineMcgreevy](#) [@EmilioLees](#) [@abaukdiscussion](#)

[@milton_damian](#) That Newson does not base PDA off the triad of impairment.

It is hard for anyone to argue PDA is an ASD when presented with this information.

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[@milton_damian](#) Present people with this image from 1999, then Christie can make his arguments PDA is an ASD, like does. Present it with the later image, much harder for him to do what he does.



[@AnnMemmott](#) [@ElaineMcgreevy](#) [@EmilioLees](#) [@abaukdiscussion](#)

[@milton_damian](#) The weird thing is that is from what I can tell Newson could have argued for PDA to be included in accepted PDD umbrella understandings. I.e. without presenting PDA & creating her own version of PDD umbrella.

**307.9 Communication Disorder
Not Otherwise Specified**

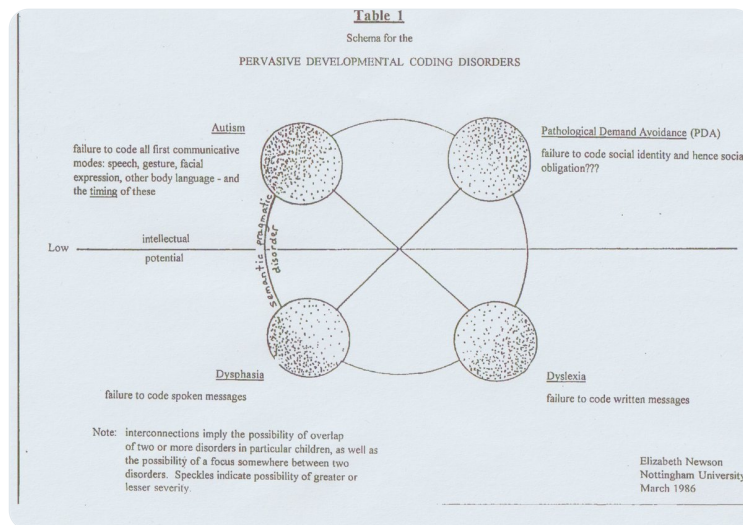
This category is for disorders in communication that do not meet criteria for any specific Communication Disorder; for example, a voice disorder (i.e., an abnormality of vocal pitch, loudness, quality, tone, or resonance).

Pervasive Developmental Disorders

Pervasive Developmental Disorders are characterized by severe and pervasive impairment in several areas of development: reciprocal social interaction skills, communication skills, or the presence of stereotyped behavior, interests, and activities. The qualitative impairments that define these conditions are distinctly deviant relative to the individual's developmental level or mental age. This section contains Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder, and Pervasive Developmental Disorder Not Otherwise Specified. These disorders are usually evident in the first years of life and are often associated with some degree of Mental Retardation, which, if present, should be coded on Axis II. The Pervasive Developmental Disorders are sometimes observed with a diverse group of other general medical conditions (e.g., chromosomal abnormalities, congenital infections, structural abnormalities of the central nervous system). If such conditions are present, they should be noted on Axis III. Although terms like "psychosis" and "childhood schizophrenia" were once used to refer

66 Usually First Diagnosed in Infancy, Childhood, or Adolescence

[@AnnMemmott](#) [@ElaineMcgreevy](#) [@EmilioLees](#) [@abaukdiscussion](#) [@milton_damian](#) Previous image is from DSM-4. Best guess, is that Newson did what she did as she was still working from her own diagnostic grouping understandings from 1986 - 1996: Pervasive Developmental Coding Disorders:



[@AnnMemmott](#) [@ElaineMcgreevy](#) [@EmilioLees](#) [@abaukdiscussion](#) [@milton_damian](#) Newson knew of the triad of impairment in 1982, before she created Pervasive Developmental Disorders grouping in 1986 & PDA behaviour profile in 1988. She never based PDA on the triad of impairment. Nor systematically assessed for autism features.

with the term be used descriptively to refer to anyone who currently meets Asperger criteria irrespective of the type of autistic disorder from which they previously suffered.

Studies of Asperger syndrome in adulthood

Only two large descriptive studies have been carried out. Newson, Dawson and Everard, based at the University of Nottingham, recruited ninety-three 'able autistic people' from non-clinical sources, notably the membership of the United Kingdom National Autistic Society (Newson, Dawson and Everard, 1982; Dawson, 1983). They based their diagnosis on Wing and Gould's (1979) triad of impairments, and included only people who were judged by a researcher to have normal or near-normal intelligence. Most, but not all, of their subjects meet the criteria of Asperger syndrome used in this chapter.

In the second study, carried out under the auspices of the Medical Research Council, I interviewed sixty adults already known to other psychiatrists who had identified them as eccentric and socially isolated (see also Tantam, 1986, 1988b, 1988c). Forty-six met criteria for an autistic disorder of the Asperger type, having had either the triad of social impairments in childhood or, if a thorough childhood history could not be obtained, problems of social development in childhood coupled with the

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[@milton_damian](#) It does appear that Newson deliberately went out of her way to make PDA not autism.

She certainly passed opportunities to make PDA conform to autism understandings.

Which Christie should really mention when arguing PDA is an ASD.

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[@milton_damian](#) [@threadreaderapp](#) please unroll

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