Richard Woods @Richard_Autism

23 Sep · 54 tweets · Richard_Autism/status/1308896001785237504

@ElaineMcgreevy Possibly, but there is this, a table for my chapter for Damian & Sara. It shows that PDA clinical features are often based against autism stereotypes. Stereotypes often seem to become accepted clinical fact.

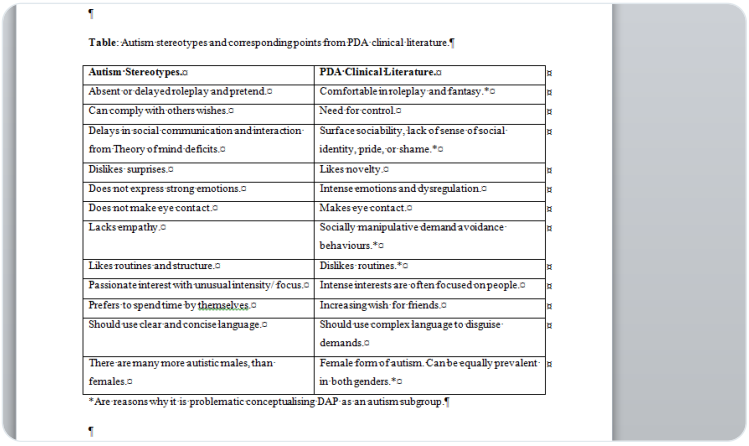

Table: Autism stereotypes and corresponding points from PDA clinical literature.

Autism Stereotypes.	PDA Clinical Literature.
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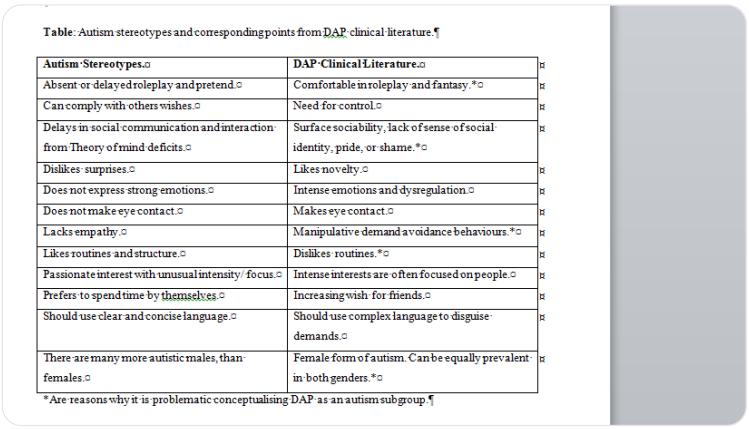
Delays in social communication and interaction from Theory of mind deficits.	Surface sociability, lack of sense of social identity, pride, or shame.*
Dislikes surprises.	Likes novelty.
Does not express strong emotions.	Intense emotions and dysregulation.
Does not make eye contact.	Makes eye contact.
Lacks empathy.	Socially manipulative demand avoidance behaviours.*
Likes routines and structure.	Dislikes routines.*
Passionate interest with unusual intensity/ focus.	Intense interests are often focused on people.
Prefers to spend time by themselves.	Increasing wish for friends.
Should use clear and concise language.	Should use complex language to disguise demands.
There are many more autistic males, than females.	Female form of autism. Can be equally prevalent in both genders.*

*Are reasons why it is problematic conceptualising DAP as an autism subgroup.

@ElaineMcgreevy I have updated the table to this, mainly changing PDA to DAP. Also noting that demand avoidance generally is manipulative.



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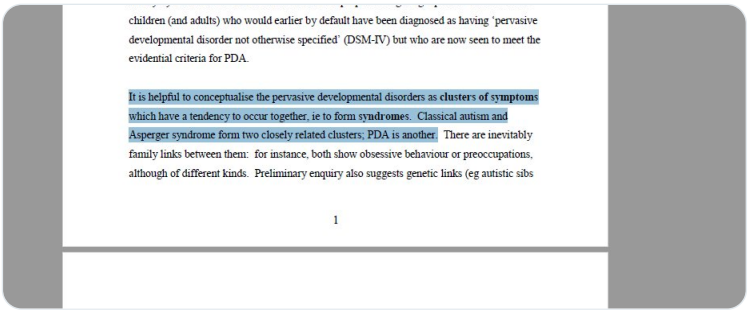
@ElaineMcgreevy There is something that is nagging me. So mental health disorders are meant to represent discrete constellation of traits/ "symptoms" that hang together to form a unique syndrome. https://adc.bmj.com/content/archdischild/suppl/2003/07/02/88.7.595.DC1/885955supportingmaterial.pdf


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 Asperger syndrome form two closely related clusters; PDA is another. There are inevitably family links between them: for instance, both show obsessive behaviour or preoccupations, although of different kinds. Preliminary enquiry also suggests genetic links (eg autistic sibs

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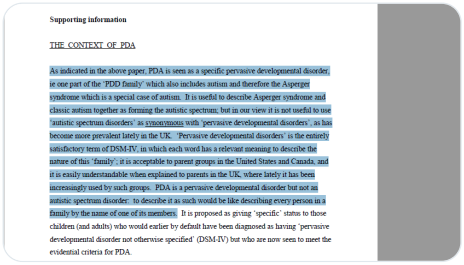
@ElaineMcgreevy I am not going to necessarily argue against this point Newson (& later Christie make). It seems reasonable to me/

What I would say is that it important to take this point in context of Newson's views on "autism spectrum" & Pervasive Developmental Disorders.

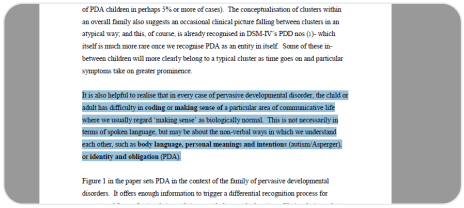
@ElaineMcgreevy Newson had broader definitions for Pervasive Developmental Disorders than what is accepted. She thought it was wider than the Autism spectrum.

She also thought anyone not meeting Autistic disorder/ Aspergers/ PDA was PDD-NOS.


Supporting information

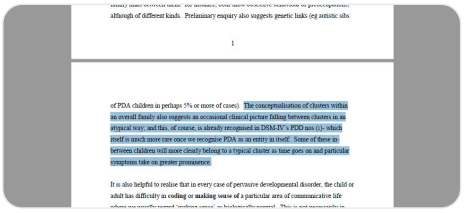
THE CONTEXT OF PDA

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.


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 (-)- 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 ideatity 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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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

@ElaineMcgreevy That people can transition into either Classic Autism/ Aspergers/ PDA.

Some parts are loosely inline with established understanding.

@ElaineMcgreevy PDD-NOS is a residual category, which most diagnostic groupings in DSM have, as APA accept that it is human nature for some people to not to meet diagnostic descriptions of some disorders.

@ElaineMcgreevy Autism clinical literature and research has established that people can transition between PDD-NOS/ Aspergers/ Classic autism throughout lifespan. Wing et al (2011) argue such issues apply to all proposed subtypes, which they considered PDA to be.

@ElaineMcgreevy My main issue with Newson viewing PDA to be diagnosed in those who would typically get PDD-NOS, is that it assumes that her definitions of Pervasive

Developmental Disorder would be accepted by others & are valid.

@ElaineMcgreevy When we know that, this is not the case. For instance Specific Language impairments, in her diagram below have never been accepted as a PDD or an ASD.

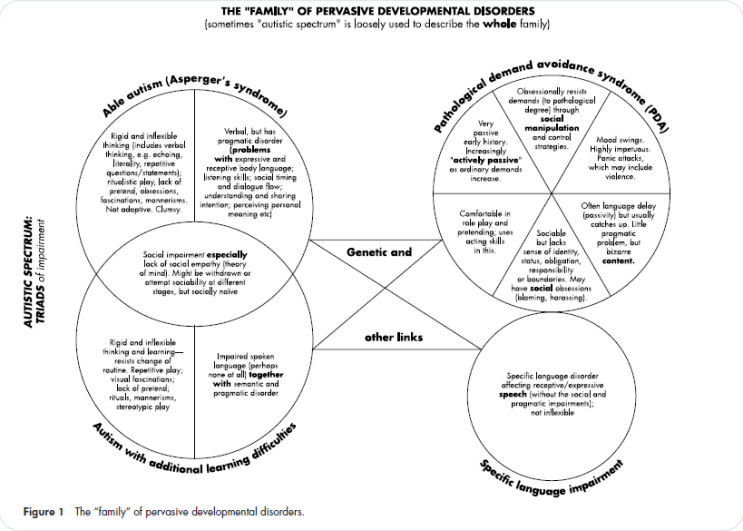


Figure 1 The "family" of pervasive developmental disorders.

@ElaineMcgreevy That Newson's broader definition of PDD has been fallaciously used by Christie to apply to a broader Autism Spectrum to include

"PDA is often diagnosed alongside other ASDs, such as attention deficit hyperactivity disorder (ADHD), dyslexia and dyspraxia"

@ElaineMcgreevy I really should not need to say ADHD, dyslexia and dyspraxia have never been considered part of the autism spectrum.

@ElaineMcgreevy Which means that PDD-NOS was envisioned to be used as Newson argues in relation to PDA.

PDD-NOS group is important as it tends to be persons who do NOT conform to autism stereotypes who receive this diagnosis.

@ElaineMcgreevy Which is where I come back to clusters/ grouping of traits/ "symptoms". Stereotypes often form from the features that people think cluster together.

It is now accepted that autism traits cluster is dyamic and can change substantially over time.

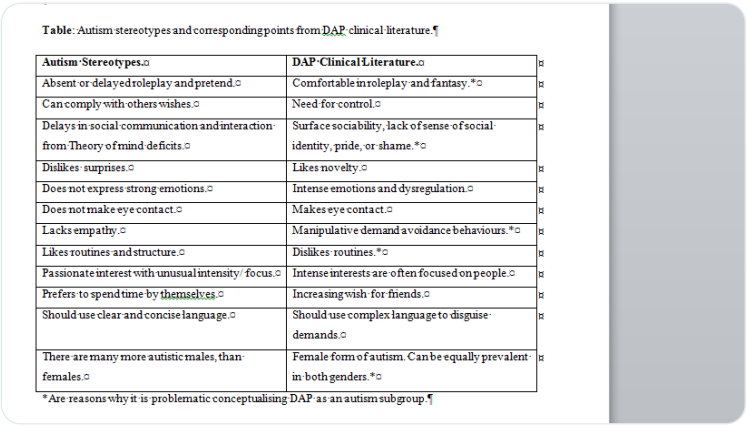
@ElaineMcgreevy Which is partly why PDD-NOS/ Aspergers/ Classic Autism are unstable disorders; why there is a single broader ASD diagnosis.

@ElaineMcgreevy The point is, the traits mainly covered in Asperger's/ Classic autism which Newson correctly identifies as overlapping each other, ARE stereotypes

This is an issue in how mental health disorders are reified social constructs (something abstract made to real)

@ElaineMcgreevy So in some respects autism, clinically is defined by its stereotypes. Yes, I know this is crap and is causing problems for various persons, in not receiving diagnoses and calls for lower diagnostic thresholds etc.

@ElaineMcgreevy This takes me back to point about PDA seems to be clinically derived from being opposite to autism stereotypes.



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*Are reasons why it is problematic conceptualising DAP as an autism subgroup.

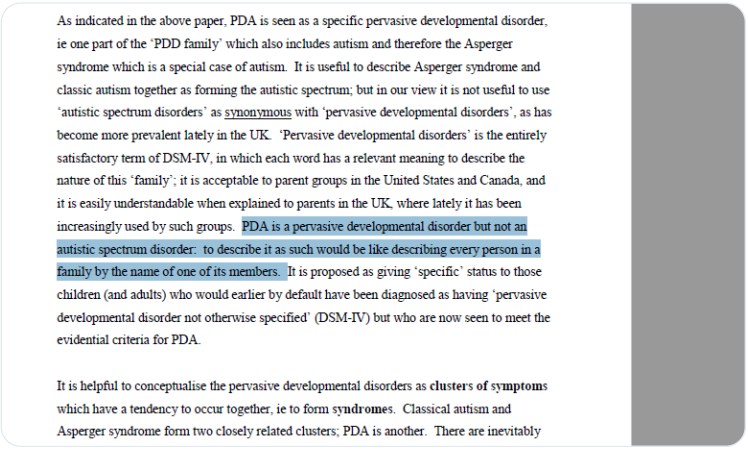
@ElaineMcgreevy If something is based on the opposite of autism stereotypes, it is very likely it is also based against the opposite of traits/ "symptoms" that cluster together to make the autism spectrum.

@ElaineMcgreevy So by definition, of how a syndrome is a discrete clustering of "symptoms"; PDA must not be part of the autism spectrum, as it clinically based on being the opposite of autism spectrum (classic autism and Aspergers).

@ElaineMcgreevy Which means logically, PDA cannot be something it is literally the opposite of.

Therefore, Newson is correct PDA is not an autism spectrum disorder.

@ElaineMcgreevy "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." https://adc.bmj.com/content/archdischild/suppl/2003/07/02/88.7.595.DC1/887595supportingmaterial.pdf



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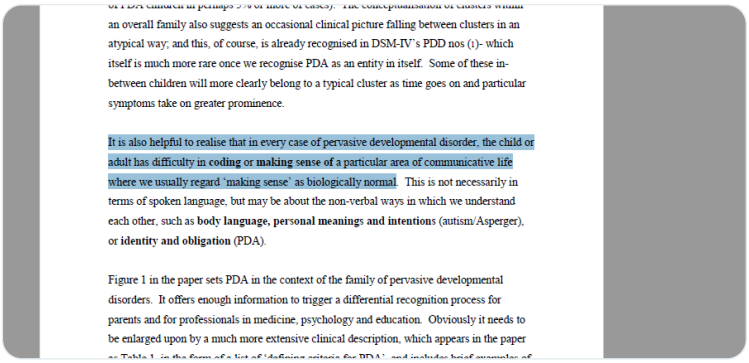
@ElaineMcgreevy Worth also discussing Newson's stance that Pervasive

Developmental Disorders, mean a person has problems making sense/ processing of certain aspects of communication.



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.

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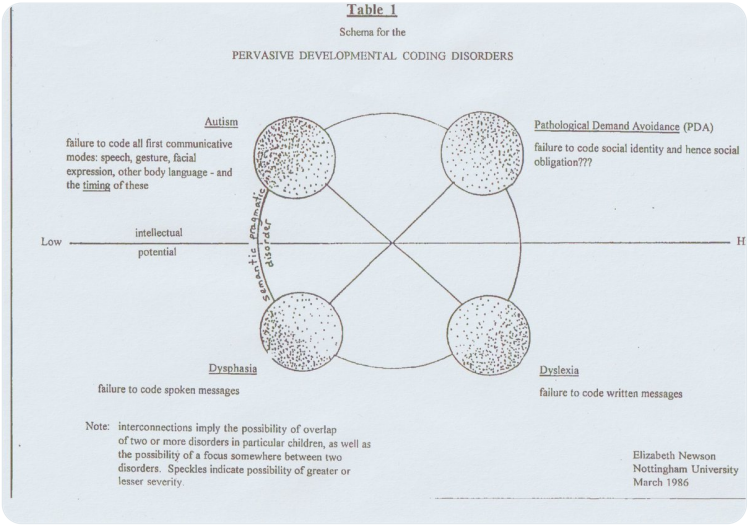
Figure 1 in the paper sets PDA in the context of the family of pervasive developmental disorders. It offers enough information to trigger a differential recognition process for parents and for professionals in medicine, psychology and education. Obviously it needs to be enlarged upon by a much more extensive clinical description, which appears in the paper

@ElaineMcgreevy The first part here, is that this seems to be a continuation, of her own created diagnostic group "Pervasive Developmental Coding Disorders she used between 1989 - 1996.



@ElaineMcgreevy Again must be said Newson specialised in "Coding Disorders", so her bias in relation to those. I have discussed elsewhere how some features of her "Surface Sociability" seem to be not related to communication issues

@ElaineMcgreevy Newson's original diagnostic group for PDA can be found here: https://www.autismeastmidlands.org.uk/wp-content/uploads/2016/10/Pathological-Demand-Avoidance-a-statistical-update.pdf She created it as she thought PDD definition was too narrow & to help laypersons.

@ElaineMcgreevy Observe Newson's intelligence scale in the below diagram, she thought that intelligence impacts how symptoms/ features manifest in a person, i.e. comorbids interact with each other.

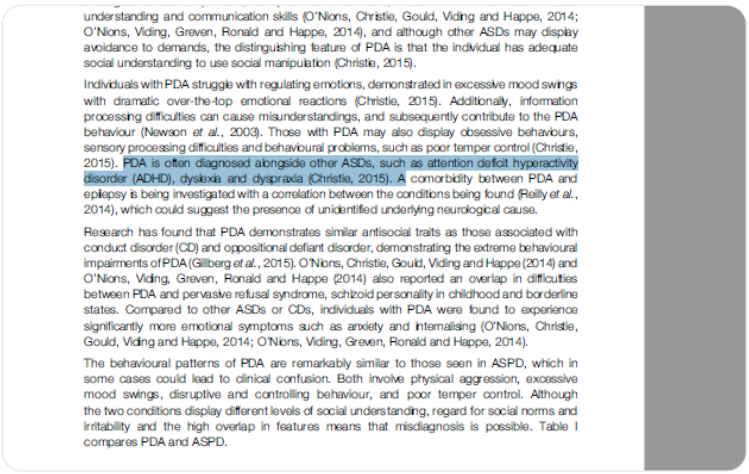
@ElaineMcgreevy Newson's views on how PDD's should have coding aspects linked to them. To answer this we need the definitions she is referring to. I am assuming Christie's definitions are the same as Newson's. Taken from his 2019 NAS PDA conference.

@ElaineMcgreevy Pervasive: Suggests that the effects can be seen in all of the child's development.

Developmental: Means that the disorder is present at birth, gradually becoming apparent during the course of development.
Disorder: Implies more than straightforward delays.

@ElaineMcgreevy My problem here is that these definitions when combined together seem to apply to many neurodevelopmental disorders.

@ElaineMcgreevy There broad definitions would explain why Christie has viewed ADHD, dyslexia and dyspraxia as part of the autism spectrum (when they are not). https://www.emerald.com/insight/content/doi/10.1108/JIDOB-07-2016-0013/full/html



understanding and communication skills (O'Nions, Christie, Gould, Viding and Happe, 2014; O'Nions, Viding, Greven, Ronald and Happe, 2014), and although other ASDs may display avoidance to demands, the distinguishing feature of PDA is that the individual has adequate social understanding to use social manipulation (Christie, 2015).

Individuals with PDA struggle with regulating emotions, demonstrated in excessive mood swings with dramatic over-the-top emotional reactions (Christie, 2015). Additionally, information processing difficulties can cause misunderstandings, and subsequently contribute to the PDA behaviour (Newson *et al.*, 2003). Those with PDA may also display obsessive behaviours, sensory processing difficulties and behavioural problems, such as poor temper control (Christie, 2015). PDA is often diagnosed alongside other ASDs, such as attention deficit hyperactivity disorder (ADHD), dyslexia and dyspraxia (Christie, 2015). A comorbidity between PDA and epilepsy is being investigated with a correlation between the conditions being found (Reilly *et al.*, 2014), which could suggest the presence of unidentified underlying neurological cause.

Research has found that PDA demonstrates similar antisocial traits as those associated with conduct disorder (CD) and oppositional defiant disorder, demonstrating the extreme behavioural impairments of PDA (Gillberg *et al.*, 2015). O'Nions, Christie, Gould, Viding and Happe (2014) and O'Nions, Viding, Greven, Ronald and Happe (2014) also reported an overlap in difficulties between PDA and pervasive refusal syndrome, schizoid personality in childhood and borderline states. Compared to other ASDs or CDs, individuals with PDA were found to experience significantly more emotional symptoms such as anxiety and internalising (O'Nions, Christie, Gould, Viding and Happe, 2014; O'Nions, Viding, Greven, Ronald and Happe, 2014).

The behavioural patterns of PDA are remarkably similar to those seen in ASPD, which in some cases could lead to clinical confusion. Both involve physical aggression, excessive mood swings, disruptive and controlling behaviour, and poor temper control. Although the two conditions display different levels of social understanding, regard for social norms and irritability and the high overlap in features means that misdiagnosis is possible. Table I compares PDA and ASPD.

@ElaineMcgreevy From my limited understanding of ADHD, it is often from birth, or soon after. Its features are described as pervasive in their effect. I would argue the DSM5 criteria for ADHD meet the DSM4 PDD definitions.

Symptoms and Diagnosis of ADHD | CDC

ADHD is one of the most common neurobehavioral disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood. Children with ADHD have trouble paying attention, con…

https://www.cdc.gov/ncbddd/adhd/diagnosis.html

@ElaineMcgreevy So a disorder can meet Christie's definitions of a PDD, not be based on "Coding" issues and not be part of the autism spectrum.

It does seem that Newson is mistaken to argue that PDD's should have "Coding" issue to them.

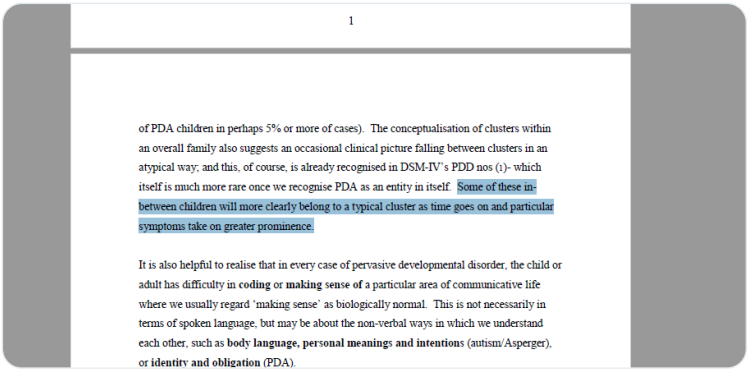
@ElaineMcgreevy Which indicates that Newson was biased in taken this view, it

would help to explain why Newson noted non-communication features, like panic attacks to "Surface sociability, but apparent lack of sense of social identity, pride, or shame"

@ElaineMcgreevy Panic attacks would be more suited to Lability of Mood, trait.

One can challenge PDA conforms to Newson's PDD definitions.

@ElaineMcgreevy First off, Newson observes that persons can transition into PDA, especially from those whose "symptoms" are not clear from infancy, i.e. PDD-NOS.
https://adc.bmj.com/content/archdischild/suppl/2003/07/02/88.7.595.DC1/887595supportingmaterial.pdf
Others, mainly Wing et al (2011) also state people can transition into PDA.



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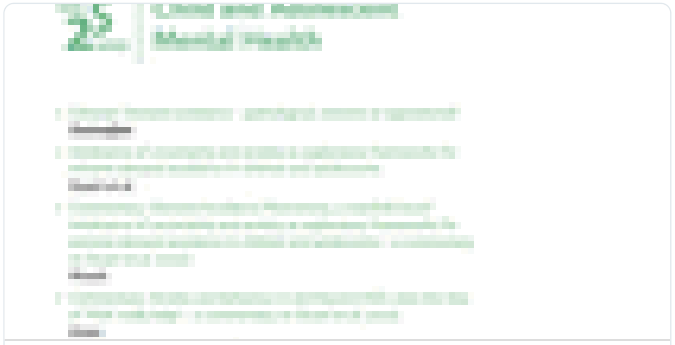
@ElaineMcgreevy Now if CYP and adults can transition into PDA over lifespan, it not necessarily "developmental" by their definition.

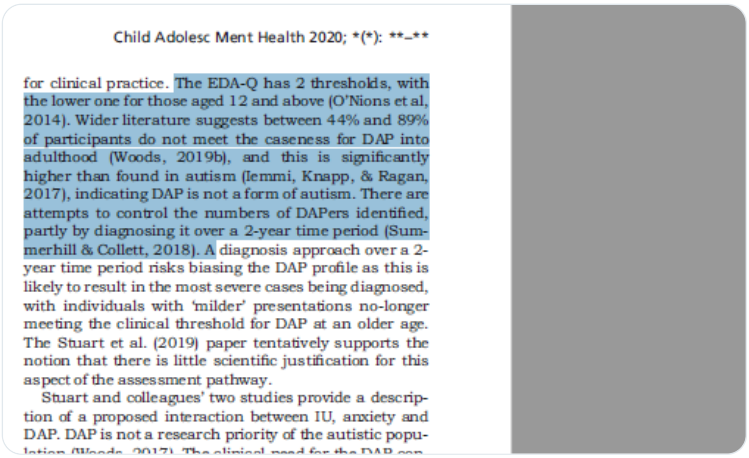
Developmental: Means that the disorder is present at birth, gradually becoming apparent during the course of development.

@ElaineMcgreevy There are at least 5 studies indicating PDA is developmentally unstable, i.e. that its features may not be pervasive.



Commentary: Demand Avoidance Phenomena, a manifold issue? Intol…
Read the full article at doi: 10.1111/camh.12336 and response to this commentary at doi: 10.1111/camh.12376

https://acamh.onlinelibrary.wiley.com/doi/abs/10.1111/camh.12368



Child Adolesc Ment Health 2020; *(*): **–**

for clinical practice. The EDA-Q has 2 thresholds, with the lower one for those aged 12 and above (O'Nions et al, 2014). Wider literature suggests between 44% and 89% of participants do not meet the caseness for DAP into adulthood (Woods, 2019b), and this is significantly higher than found in autism (Iemmi, Knapp, & Ragan, 2017), indicating DAP is not a form of autism. There are attempts to control the numbers of DAPers identified, partly by diagnosing it over a 2-year time period (Summerhill & Collett, 2018). A diagnosis approach over a 2-year time period risks biasing the DAP profile as this is likely to result in the most severe cases being diagnosed, with individuals with 'milder' presentations no-longer meeting the clinical threshold for DAP at an older age. The Stuart et al. (2019) paper tentatively supports the notion that there is little scientific justification for this aspect of the assessment pathway.

Stuart and colleagues' two studies provide a description of a proposed interaction between IU, anxiety and DAP. DAP is not a research priority of the autistic popu-

@ElaineMcgreevy "One adult has “no sense of right or wrong”, and in seven cases parents are “uncertain” whether the individual has a sense of right or wrong; this represents an improvement over earlier fears," (Newson et al, 2003, p596 - p597).

@ElaineMcgreevy This comment by Newson suggests that "Surface sociability, but apparent lack of sense of social identity, pride, or shame" is developmentally unstable, in line research on broader behaviour profile.

@ElaineMcgreevy Which would suggest "Surface sociability, but apparent lack of sense of social identity, pride, or shame" is not pervasive, as it is not seen throughout the child's lifespan.

Pervasive: Suggests that the effects can be seen in all of the child’s development.

@ElaineMcgreevy Disorder: Implies more than straightforward delays.

The obvious issue with the above definition, is that a delay CAN be straight forward.

Meaning observer can be interpreting features as being more severe than they actually are, i.e. to conform to biases.

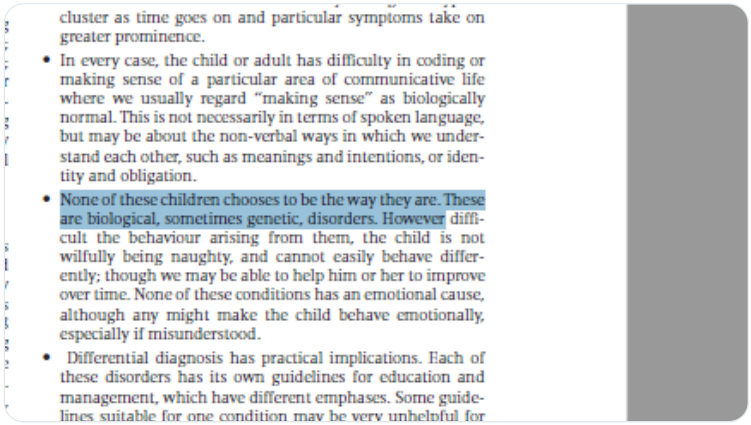
@ElaineMcgreevy Worth mentioning Newson's aetiology for Pervasive Developmental Disorders is known to be wrong.

"None of these children chooses to be the way they are. These are biological, sometimes genetic, disorders." (Newson et al, 2003, p598).

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…

https://adc.bmj.com/content/88/7/595



cluster as time goes on and particular symptoms take on greater prominence.

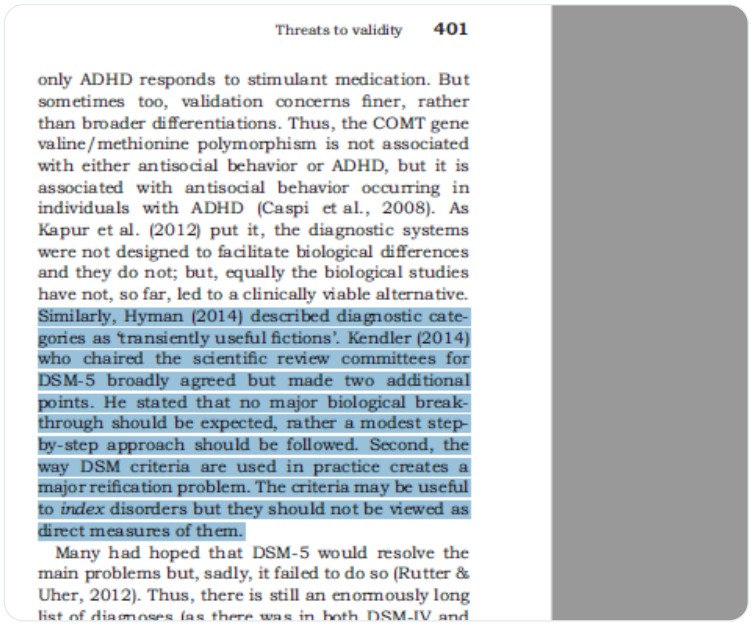
- In every case, the child or adult has difficulty in coding or making sense of a particular area of communicative life where we usually regard “making sense” as biologically normal. This is not necessarily in terms of spoken language, but may be about the non-verbal ways in which we understand each 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 management, which have different emphases. Some guidelines suitable for one condition may be very unhelpful for

@ElaineMcgreevy Point about mental health disorders lack biomarker evidence to underpin them & that we should not expect any research to support that. That mental health disorders are social constructs.

Annual Research Review: Threats to the validity of child psychiatry an…

Suggestions have been made that many claims concern false-positive findings in the field of child psychology and psychiatry. At the outset, it should be stated that substantial achievements from hypo…

https://acamh.onlinelibrary.wiley.com/doi/abs/10.1111/jcpp.12461



only ADHD responds to stimulant medication. But sometimes too, validation concerns finer, rather than broader differentiations. Thus, the COMT gene valine/methionine polymorphism is not associated with either antisocial behavior or ADHD, but it is associated with antisocial behavior occurring in individuals with ADHD (Caspi et al., 2008). As Kapur et al. (2012) put it, the diagnostic systems were not designed to facilitate biological differences and they do not; but, equally the biological studies have not, so far, led to a clinically viable alternative. Similarly, Hyman (2014) described diagnostic categories as ‘transiently useful fictions’. Kendler (2014) who chaired the scientific review committees for DSM-5 broadly agreed but made two additional points. He stated that no major biological breakthrough should be expected, rather a modest step-by-step approach should be followed. Second, the way DSM criteria are used in practice creates a major reification problem. The criteria may be useful to *index* disorders but they should not be viewed as direct measures of them.

Many had hoped that DSM-5 would resolve the main problems but, sadly, it failed to do so (Rutter & Uher, 2012). Thus, there is still an enormously long list of diagnoses (as there was in both DSM-IV and

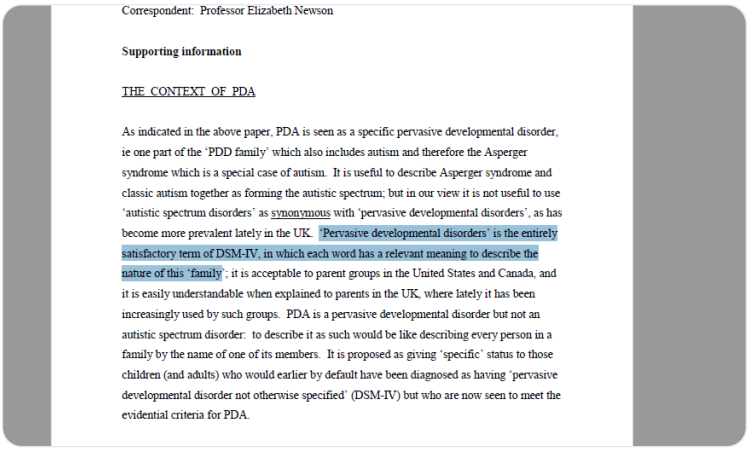
@ElaineMcgreevy Examples, where Newson is wrong about:
- PDA' & other conditions aetiology.
- Nosology of some conditions, mainly Specific Language Impairment.
- Some features associated to "Surface Sociability", when are RRBIs.
- PDD's needing to have "Coding issues."

@ElaineMcgreevy - Probably PDA being a Pervasive Developmental Disorder, using her own definitions.

@ElaineMcgreevy I also need to some other points to strengthen the above points, in case anyone tries to challenge it.

@ElaineMcgreevy One can assume that Christie's definitions are the same/ similar to those used by Newson.

Newson used definitions from DSM4. Christie states his definitions were used in both DSM4 & ICD10, which were current in 2003).



Correspondent: Professor Elizabeth Newson

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.

@ElaineMcgreevy I suspect Christie's three PDD definitions are the rationale underpinning Help4Psychology PDA definitions. I do not have time to explain why.

@ElaineMcgreevy Many of the points about Help4Psychology definitions are not valid & do not represent PDA literature are also valid for use in why PDA is not a Pervasive Developmental Disorder:
https://rationaldemandavoidancecom.files.wordpress.com/2020/09/17-september-2020-help4psychology-pda-definitions-do-not-represent-literature-and-their-experience-is-not-enough-to-warrant-its-use.pdf

@ElaineMcgreevy Newson did not have the evidence to say PDA is a Pervasive Developmental Disorder, as she did not establish the validity , nor specificity of her observations.

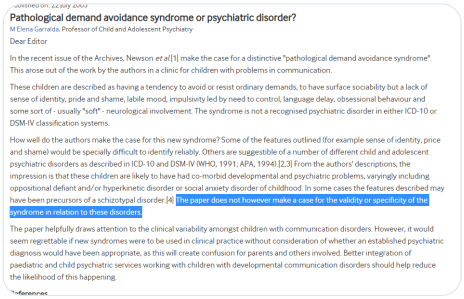
Pathological demand avoidance syndrome: a necessary distinction wit…
A proposal is made to recognise pathological demand avoidance syndrome (PDA) as a separate entity within the pervasive developmental disorders, instead of being classed under “pervasive developmental…

https://adc.bmj.com/content/88/7/595.responses

&

Pathological Demand Avoidance: symptoms but not a syndrome
Pathological (or extreme) demand avoidance is a term sometimes applied to complex behaviours in children within—or beyond—autism spectrum disorder. The use of pathological demand avoidance as a diagn…

https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(18)30044-0/fulltext



Pathological demand avoidance syndrome or psychiatric disorder?

M Elena Garralda, Professor of Child and Adolescent Psychiatry

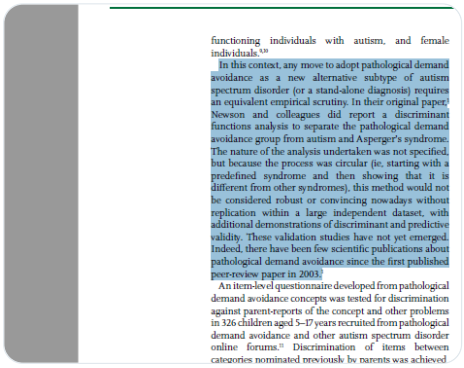
Dear Editor

In the recent issue of the Archives, Newson *et al* [1] make the case for a distinctive "pathological demand avoidance syndrome". This arose out of the work by the authors in a clinic for children with problems in communication.

These children are described as having a tendency to avoid or resist ordinary demands, to have surface sociability but a lack of sense of identity, pride and shame, labile mood, impulsivity led by need to control, language delay, obsessional behaviour and some sort of - usually "soft" - neurological involvement. The syndrome is not a recognised psychiatric disorder in either ICD-10 or DSM-IV classification systems.

How well do the authors make the case for this new syndrome? Some of the features outlined (for example sense of identity, price and shame) would be specially difficult to identify reliably. Others are suggestible of a number of different child and adolescent psychiatric disorders as described in ICD-10 and DSM-IV (WHO, 1991; APA, 1994).[2,3] From the authors' descriptions, the impression is that these children are likely to have had co-morbid developmental and psychiatric problems, varyingly including oppositional defiant and/or hyperkinetic disorder or social anxiety disorder of childhood. In some cases the features described may have been precursors of a schizotypal disorder.[4] The paper does not however make a case for the validity or specificity of the syndrome in relation to these disorders.

The paper helpfully draws attention to the clinical variability amongst children with communication disorders. However, it would seem regrettable if new syndromes were to be used in clinical practice without consideration of whether an established psychiatric diagnosis would have been appropriate, as this will create confusion for parents and others involved. Better integration of paediatric and child psychiatric services working with children with developmental communication disorders should help reduce the likelihood of this happening.

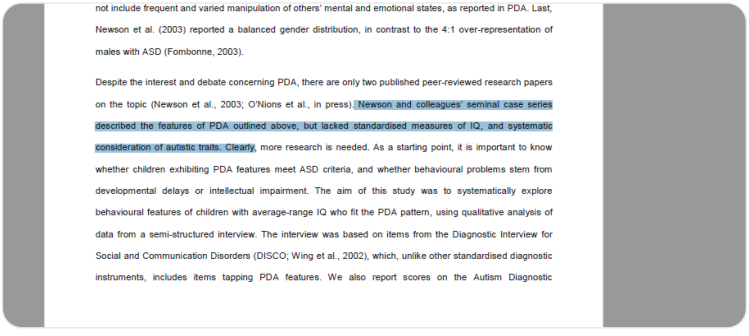


functioning individuals with autism, and female individuals.[3,9]

In this context, any move to adopt pathological demand avoidance as a new alternative subtype of autism spectrum disorder (or a stand-alone diagnosis) requires an equivalent empirical scrutiny. In their original paper,[1] Newson and colleagues did report a discriminant functions analysis to separate the pathological demand avoidance group from autism and Asperger's syndrome. The nature of the analysis undertaken was not specified, but because the process was circular (ie, starting with a predefined syndrome and then showing that it is different from other syndromes), this method would not be considered robust or convincing nowadays without replication within a large independent dataset, with additional demonstrations of discriminant and predictive validity. These validation studies have not yet emerged. Indeed, there have been few scientific publications about pathological demand avoidance since the first published peer-review paper in 2003.[1]

An item-level questionnaire developed from pathological demand avoidance concepts was tested for discrimination against parent-reports of the concept and other problems in 326 children aged 5–17 years recruited from pathological demand avoidance and other autism spectrum disorder online forums.[11] Discrimination of items between categories nominated previously by parents was achieved

@ElaineMcgreevy So Newson should not have been claiming PDA belongs to any nosology group, except ones she is confident it is not.



not include frequent and varied manipulation of others' mental and emotional states, as reported in PDA. Last, Newson et al. (2003) 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 on the topic (Newson et al., 2003; O'Nions et al., in press). Newson and colleagues' seminal case series described the features of PDA outlined above, but lacked standardised measures of IQ, and systematic consideration of autistic traits. Clearly, more research is needed. As a starting point, it is important to know whether children exhibiting PDA features meet ASD criteria, and whether behavioural problems stem from developmental delays or intellectual impairment. The aim of this study was to systematically explore behavioural features of children with average-range IQ who fit the PDA pattern, using qualitative analysis of data from a semi-structured interview. The interview was based on items from the Diagnostic Interview for Social and Communication Disorders (DISCO; Wing et al., 2002), which, unlike other standardised diagnostic instruments, includes items tapping PDA features. We also report scores on the Autism Diagnostic

@ElaineMcgreevy She can say it is not autism, as she did not systematically investigate autism features & it does appear to be based on being opposite of autism stereotypes.

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

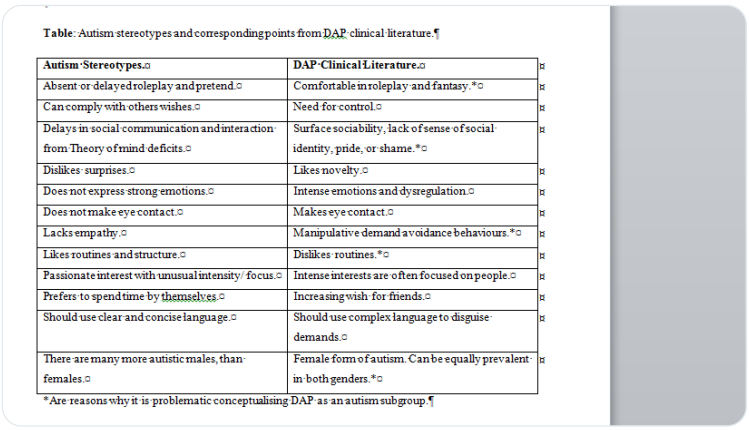


Table: Autism stereotypes and corresponding points from DAP clinical literature.¶

Autism Stereotypes.	**DAP Clinical Literature.**
Absent or delayed roleplay and pretend.	Comfortable in roleplay and fantasy.*
Can comply with others wishes.	Need for control.
Delays in social communication and interaction from Theory of mind deficits.	Surface sociability, lack of sense of social identity, pride, or shame.*
Dislikes surprises.	Likes novelty.
Does not express strong emotions.	Intense emotions and dysregulation.
Does not make eye contact.	Makes eye contact.
Lacks empathy.	Manipulative demand avoidance behaviours.*
Likes routines and structure.	Dislikes routines.*
Passionate interest with unusual intensity/ focus.	Intense interests are often focused on people.
Prefers to spend time by themselves.	Increasing wish for friends.
Should use clear and concise language.	Should use complex language to disguise demands.
There are many more autistic males, than females.	Female form of autism. Can be equally prevalent in both genders.*

*Are reasons why it is problematic conceptualising DAP as an autism subgroup.¶

@ElaineMcgreevy Now, I am done.

@threadreaderapp Unroll

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