@DrJudes03 @DrJoelSchwartz @PDASociety It is perfectly reasonable when
1) Help4Psychology produce an algorithm that is not representative of broader literature. E.g. see:

**Richard Woods**
@Richard_Autism

Replying to @Richard_Autism and @DrJoelSchwartz

Yet it ignores that autism is from early infancy, a person does not transition into autism. Yet PDA does not need to be from early infancy. Ironically, at least according to the @PDASociety

The distinctive features of a PDA profile of autism are:

- **resisting and avoiding the *ordinary demands of life*** – the key words here are 'ordinary demands', so this might include getting up, getting dressed, eating a meal or washing. Significantly, it includes things that someone might want to do/enjoy. For more info see What is demand avoidance?
- **using 'social' strategies as part of the avoidance** – this means not just saying no, withdrawing, shutting down or running away, but a variety of avoidance approaches including distraction, making excuses, physical incapacitation, withdrawing into fantasy, procrastination, controlling, reducing meaningful conversation or masking. For more info see 'Demand avoidance of the PDA kind'.
- **appearing sociable, but lacking some understanding** – meaning that individuals may appear more sociably 'able' than one might expect (with, for instance, more 'socially accepted' eye contact or conversational skills) but that this may mask underlying differences/difficulties in social interaction (for instance, not seeing any difference between themselves and an authority figure) and communication (for instance, whilst an individual may be very articulate, their understanding of others may not be so robust).
- **experiencing intense emotions and mood swings** – meaning difficulties with emotional regulation, rapid mood swings, impulsiveness and unpredictability.
- **appearing comfortable in role play, pretence & fantasy** – this can sometimes be to an extreme extent with other personas (be that a person or an animal) being adopted for a prolonged period of time. The line between fantasy and reality can sometimes become blurred.
- **focusing intently, often on other people** – with PDA, "repetitive or restrictive interests" are often social in nature, relating to real or fictional people
- a **need for control** which is often **driven by anxiety or an automatic 'threat response'** in the face of demands

In addition, with PDA, we know that individuals are **unlikely to respond to conventional approaches** in support, parenting or teaching. The response to different approaches is being used as a way to support identification of the PDA profile (for example in the pathway being developed in Solihull). Helpful approaches for PDA – based on trust, negotiation, collaboration, flexibility and careful use of language – can be found in the family life and adult life sections.

2:08 PM · Jul 31, 2021

♡ 1       💬 1       🔗 Copy link to Tweet

@DrJudes03 @DrJoelSchwartz @PDASociety 2) Goes against Christie's views to reduce number of PDA traits.

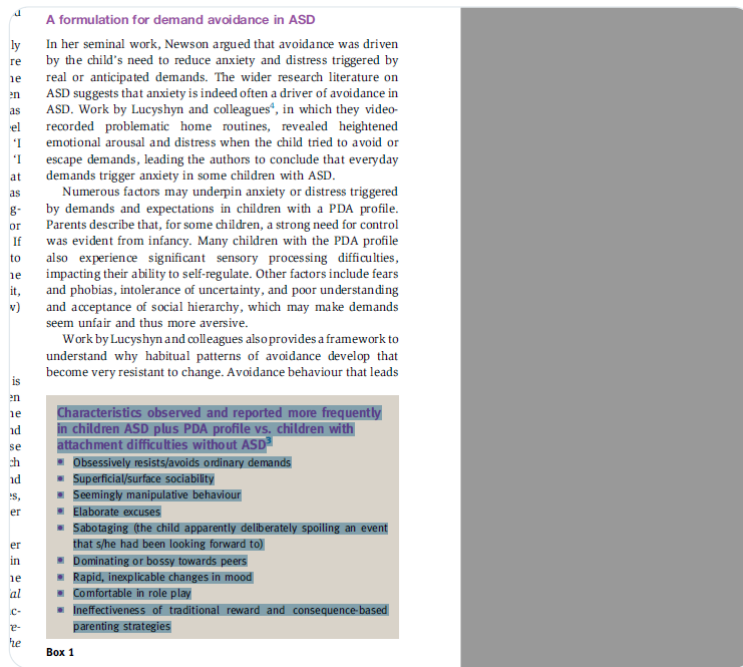"refine our understanding of the essential criteria and the core difficulty with social identity" Christie, 2016, s60.

@DrJudes03 @DrJoelSchwartz @PDASociety From O'Nions and Eaton, 2021, p413. There are more traits there, than in most PDA behaviour profiles.

@DrJudes03 @DrJoelSchwartz @PDASociety 3) "clinicians were not particularly 'on the lookout'
for PDA features in their cases" O'Nions et al, 2016, p418.

Clinicians can be on the lookout for PDA. We are talking about a private clinic that specialises in PDA, & also views PDA to be an ASD.

@DrJudes03 @DrJoelSchwartz @PDASociety Sorry image for point two.



**A formulation for demand avoidance in ASD**

In her seminal work, Newson argued that avoidance was driven by the child's need to reduce anxiety and distress triggered by real or anticipated demands. The wider research literature on ASD suggests that anxiety is indeed often a driver of avoidance in ASD. Work by Lucyshyn and colleagues[4], in which they video-recorded problematic home routines, revealed heightened emotional arousal and distress when the child tried to avoid or escape demands, leading the authors to conclude that everyday demands trigger anxiety in some children with ASD.

Numerous factors may underpin anxiety or distress triggered by demands and expectations in children with a PDA profile. Parents describe that, for some children, a strong need for control was evident from infancy. Many children with the PDA profile also experience significant sensory processing difficulties, impacting their ability to self-regulate. Other factors include fears and phobias, intolerance of uncertainty, and poor understanding and acceptance of social hierarchy, which may make demands seem unfair and thus more aversive.

Work by Lucyshyn and colleagues also provides a framework to understand why habitual patterns of avoidance develop that become very resistant to change. Avoidance behaviour that leads

Characteristics observed and reported more frequently in children ASD plus PDA profile vs. children with attachment difficulties without ASD[3]
- Obsessively resists/avoids ordinary demands
- Superficial/surface sociability
- Seemingly manipulative behaviour
- Elaborate excuses
- Sabotaging (the child apparently deliberately spoiling an event that s/he had been looking forward to)
- Dominating or bossy towards peers
- Rapid, inexplicable changes in mood
- Comfortable in role play
- Ineffectiveness of traditional reward and consequence-based parenting strategies

Box 1

@DrJudes03 @DrJoelSchwartz @PDASociety 4) The potential bias of participants is actively discussed in PDA literature, including SR. We know that a clinicians bias can impact a person receiving an autism dx, such as in females.

@DrJudes03 @DrJoelSchwartz @PDASociety It is logical to assume clinicians bias to PDA being an ASD, may impact how they diagnose a person who they believe has PDA. Unless you are arguing you, or other clinicians are also exempt from such biases?

@DrJudes03 @DrJoelSchwartz @PDASociety 5) Your response also over reifies the knowledge base of clinicians and supposes that non-clinicians do not understand the diagnostic process. Although, I can point to other tweets of mine that would indicate that I do understand that process.

@DrJudes03 @DrJoelSchwartz @PDASociety 6) "In addition, there is no scoring scheme to identify the requisite severity or pervasiveness of these behaviours" O'Nions, 2013, p84.

Which begs the question on what literature/ opinion Help4Psychology decided that PDA needs to be pervasive?

@DrJudes03 @DrJoelSchwartz @PDASociety DSM-5 definition for Disorder is broad & its threshold for features being "pathological" is:

"the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning." APA 2013, p21.

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@DrJudes03 @DrJoelSchwartz @PDASociety Which is actually quite low, it does not require a feature to be an issue in multiple settings or even be pervasive.

@DrJudes03 @DrJoelSchwartz @PDASociety 7) "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'...

@DrJudes03 @DrJoelSchwartz @PDASociety ... 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).

@DrJudes03 @DrJoelSchwartz @PDASociety I generally accept the point that DSM-5 criteria are biased towards males & those not conforming to autism stereotypes. I do not really have any issue with Help4Pyschology using different criteria for autistic females.

@DrJudes03 @DrJoelSchwartz @PDASociety Thread where I discuss that DSM-5 often struggles to diagnose persons who do not conform to autism stereotypes. https://rationaldemandavoidancecom.files.wordpress.com/2020/08/01-august-2020-how-effetive-is-pda-at-helping-autistic-persons-receive-a-diagnosis-if-they-do-not-conform-to-autism-stereotypes.pdf

@DrJudes03 @DrJoelSchwartz @PDASociety PDA stereotypes often are opposite of autism stereotypes.

@DrJudes03 @DrJoelSchwartz @PDASociety

Table1: 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.* |
| Are not sociable. | Are sociable, but it is surface. |
| Delays in social communication and interaction from Theory of mind deficits. | Surface sociability, appears to 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 and structure.* |
| Likes routines and structure being imposed upon them. | Has a need for control. |
| Passionate interest with unusual intensity/ focus. | Intense interests are often focused on people. |
| 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.* |
| Typical autism strategies (often behaviourism based, like Applied Behaviour Analysis) work. | Typical autism strategies (often behaviourism based, like Applied Behaviour Analysis) do not work.* |

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

@DrJudes03 @DrJoelSchwartz @PDASociety The issue is that based on your own acknowledgement Help4Psychology make an autism diagnosis before it diagnoses PDA (which is a practice that intrinsically discriminates against non-autistic persons with PDA).

@DrJudes03 @DrJoelSchwartz @PDASociety When one views PDA to be an ASD, one tends to locate features/ issues within the individual, & not transactional in nature. Some view PDA to be a female form of autism.

@DrJudes03 @DrJoelSchwartz @PDASociety I suspect why Comfortable & Pretend trait did not cluster with other demand-avoidance traits in O'Nions (2013) is probably because the EDA-Q views PDA to be an ASD.

@DrJudes03 @DrJoelSchwartz @PDASociety So Comfortable Roleplay & Pretend features were seen as fixed aspects of a person, not a coping mechanisms as Newson suggested. Presumably those features should cluster with demand-avoidance traits if one takes a transactional approach to PDA.

@DrJudes03 @DrJoelSchwartz @PDASociety The point I am trying to make here, is that we cannot be sure that Help4Psychology views PDA is an ASD, has not impacted how it makes an autism diagnosis in those it believes have PDA, as it is likely PDA features are conflated with DSM-5 autism ones.

@DrJudes03 @DrJoelSchwartz @PDASociety Help4Psychology seems to have no issue not strictly following DSM-5 autism criteria when it thinks it is appropriate. The clinic diagnoses PDA when it is not in the DSM-5.

@DrJudes03 @DrJoelSchwartz @PDASociety As Help4Psychology diagnoses autism, before it diagnoses PDA, is going to contain autistic females who do not conform to the DSM-5 criteria. Presumably these individuals are in both autism & autism with PDA groups.

@DrJudes03 @DrJoelSchwartz @PDASociety Likewise, if PDA features are being conflated with DSM-5 autism criteria, it is likely to impact how Help4Psychology diagnoses autism, across the entire gender range, as PDA features are seen across the entire autistic population.

@DrJudes03 @DrJoelSchwartz @PDASociety Bottom line is we cannot be sure how many those diagnosed with PDA by Help4Psychology actually meet the DSM-5 criteria. One could probably argue for any autism diagnosis from Help4Psychology.

@DrJudes03 @DrJoelSchwartz @PDASociety There is probably an issue of over reporting autistic persons with PDA across the PDA literature since 2011, due to this fallacy that PDA is an ASD.

@DrJudes03 @DrJoelSchwartz @PDASociety @threadreaderapp Please could you unroll?

Thank you in advance.