

Feb 18 · 19 tweets · [Richard Autism/status/1494700462192435201](#)

Table 4: Mapping contributing factors for "PDA Profile of ASD" being a "culture-bound" in the United Kingdom (UK) concept to themes.

[illegible]

[@neuroteachers](#) Means what it says on the tin, there is a substantial amount of bias present. See contributing factors 66-69. Some parties do seem to be benefitting from it "PDA Profile of ASD".

[@neuroteachers](#) Virtually all contributing parties behind this PDA Society Report, including the charity stand to benefit from it.

<https://www.pdasociety.org.uk/wp-content/uploads/2022/01/Identifying-Assessing-a-PDA-profile-Practice-Guidance.pdf>

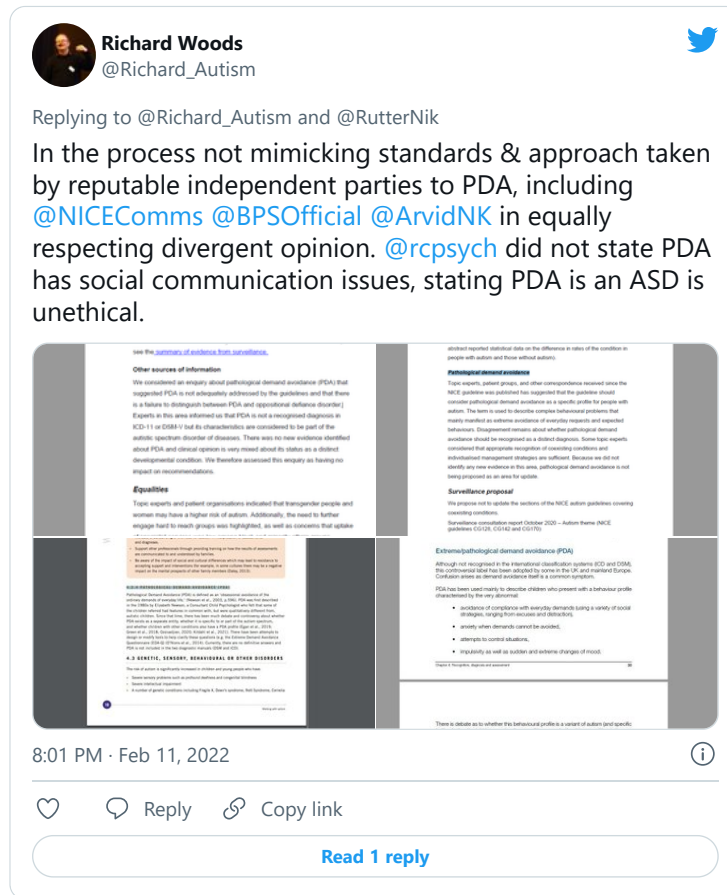
@neuroteachers 11 of 12 clinicians are based in private practice. Charity needs persons to view PDA as a "Profile of ASD" to support its claims PDA is a "Profile of ASD. Also PDA Society has blagged the government taking them seriously, as there little/ no good evidence to support their claims.

Number.	Contributor.	Private Practice.	Independent Practice.
1	Phil Christie	No	Yes
2	Gloria Dura-Vila	Yes	No
3	Judy Eaton	Yes	No
4	Alison Hart	No	Yes
5	Libby Hill	No	Yes
6	Keith Howie	No	Yes
7	Ann Ozsvadjian	No	Yes
8	Georgie Siggers	No	Yes
9	Pat Smith	No	No
10	Lisa Summerhill	Yes	No
11	Vicki Wingrove	Yes	No
12	Julia Woollatt.	Yes	No

[@neuroteachers](#) Bear in mind PDA Society claims to be working with UK Government under 2021 England Strategy, yet PDA is not mentioned anywhere in the document & I have checked that multiple times.

[@neuroteachers](#) Multiple independent reputable parties recently looked at PDA & all equally respected divergent views on PDA. So why has charity not done this to claim PDA is part of the autism spectrum? Because it seems to have an agenda to make PDA a "Profile of ASD".

[@neuroteachers](#)



[@neuroteachers](#) [@rcpsych](#) link, pages 30-31

https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr228.pdf?sfvrsn=c64e10e3_2

[@bps](#) link, page 18.

<https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Working%20with%20autism%20-%20best%20practice%20guidelines%20for%20psychologists.pdf>

[@neuroteachers](#) [@rcpsych](#) [@bps](#) [@NICEComms](#) pages 10, 47 & 48

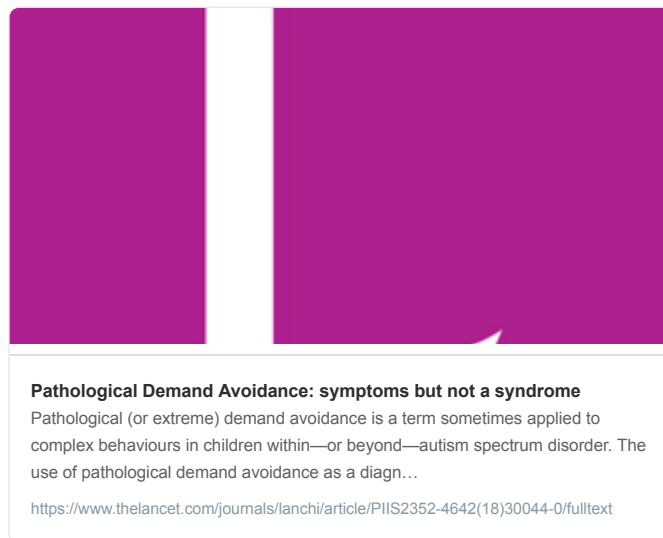
<https://www.nice.org.uk/guidance/cg128/documents/surveillance-review-proposal>

Systematic review link, p10 with stating evidence PDA is seen in non-autistic persons.

<https://journals.sagepub.com/doi/pdf/10.1177/13623613211034382>

[@neuroteachers](#) [@rcpsych](#) [@bps](#) [@NICEComms](#) Example of expert opinion PDA is seen in non-autistic persons.

"Pathological (or extreme) demand avoidance is a term sometimes applied to complex behaviours in children within—or beyond—autism spectrum disorder"
Abstract from here:



[@neuroteachers](#) [@rcpsych](#) [@bps](#) [@NICEComms](#) Example of non-autistic persons with PDA in literature. See the 3 diagnosed non-autistic persons in CP/ HCU column from p176 of study in chapter 8 of O'Nions thesis.

Link below:

<https://ethos.bl.uk/OrderDetails.do?did=1&uin=uk.bl.ethos.814002>

175

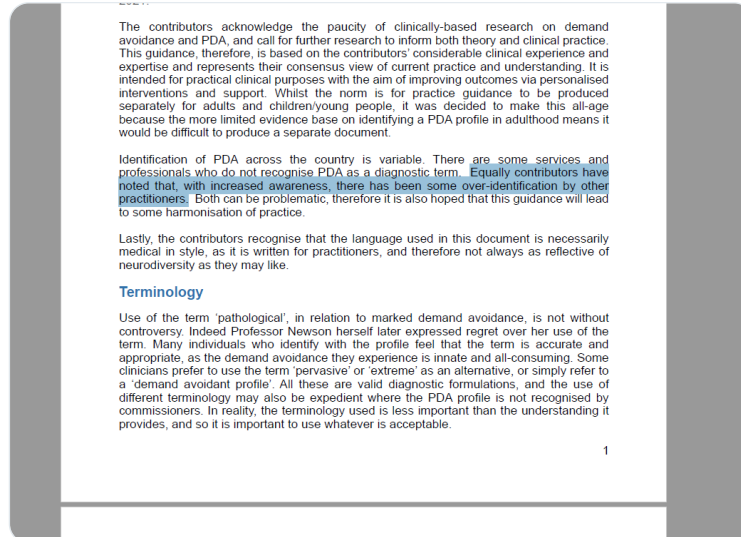
Table 8-18: Demographic, questionnaire and observational data for participant groups

	PDA (N=19)	ASD/GA (N=15)	ASD (N=17)	CP/HCU (N=13)	TD (N=17)
Age	10.4 (2.2)	10.4 (1.6)	13.2 (2.1)	11.3 (1.4)	11.3 (1.9)
% males	63.2	60.0	64.7	100	64.7
Parent educational level	3.9 (1.7)	3.2 (2.3)	2.2 (1.9)	1.9 (1.6)	3.0 (2.3)
IQ	101 (14)	101 (22)	94 (21)	82 (10)	113 (15)
ASD dx (%)	0	73	82	15	0
ASD+ trait (%)	79	100	100	0	0
PDA dx (%)	21	13	6	23	0
ADHD dx (%)	32	47	29	23	0
ODD dx (%)	5	7	6	15	0
Other dx (%)	47	47	24	15	0
ASD suspected dx (%)	0	7	0	31	0
PDA suspected dx (%)	58	47	18	31	0
ADHD suspected dx (%)	0	0	0	23	0
ODD suspected dx (%)	5	13	6	23	0
Oth suspected dx (%)	5	0	6	8	0
Peer problems ^a	6.8 (1.6)	5.5 (2.3)	5.4 (2.3)	5.4 (1.9)	0.3 (0.6)
Hyperactivity ^a	8.3 (1.6)	7.2 (2.6)	4.6 (2.2)	7.3 (1.4)	2.4 (2.1)
Conduct problems ^a	6.1 (2.2)	5.6 (2.3)	2.9 (2.2)	6.9 (2.1)	0.6 (1.1)

[@neuroteachers](#) [@rcpsych](#) [@bps](#) [@NICEComms](#) "Equally contributors have noted that, with increased awareness, there has been some over-identification by other practitioners." PDA Society p1.

Link here:

<https://www.pdasociety.org.uk/wp-content/uploads/2022/01/Identifying-Assessing-a-PDA-profile-Practice-Guidance.pdf>



[@neuroteachers](#) [@rcpsych](#) [@bps](#) [@NICEComms](#) There more examples of this one below from its recent strategy, on how the charity is about serving the PDA community.

"The PDA Society is run by the PDA community for the PDA community." PDA Society 2022 p9.

<https://www.pdasociety.org.uk/wp-content/uploads/2021/12/PDA-Society-Strategy-2022-2027.pdf>



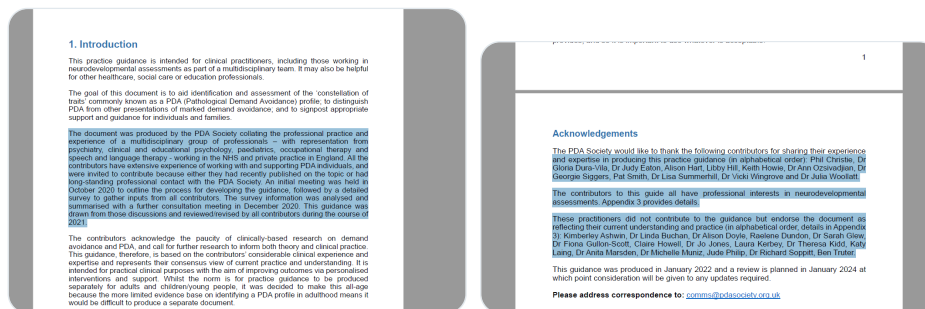
[@neuroteachers](#) [@rcpsych](#) [@bps](#) [@NICEComms](#) As I said it has an agenda, it clearly is for a particular (biased) outlook on PDA.

[@neuroteachers](#) [@rcpsych](#) [@bps](#) [@NICEComms](#) If it was genuinely interested in trying to see areas of overlap between topic experts, it would have done a Delphi study to investigate areas of agreement/ disagreement with most/ all topic experts, like happened here with CYP language issues.
<https://acamh.onlinelibrary.wiley.com/doi/full/10.1111/jcpp.12721>

[@neuroteachers](#) [@rcpsych](#) [@bps](#) [@NICEComms](#) What do you do if you have a biased agenda to make PDA a "Profile of ASD"?

[@neuroteachers](#) [@rcpsych](#) [@bps](#) [@NICEComms](#) You only ask clinicians who support that outlook their views. Make bold &/ misleading claims like PDA is over diagnosed by others. Ignore divergent opinion & evidence of non-autistic persons with PDA. Call for "their" PDA to be diagnosed & researched. List supporting clinicians.

[@neuroteachers](#) [@rcpsych](#) [@bps](#) [@NICEComms](#) That is exactly is what the PDA Society did. In the process it demonstrably took a different approach to PDA than FOUR reputable independent parties did on PDA. I think it is more than reasonable to say PDA Society is biased on the topic.



[@neuroteachers](#) [@rcpsych](#) [@bps](#) [@NICEComms](#) [@threadreaderapp](#) Please can you unroll?

Thank you in advance.

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