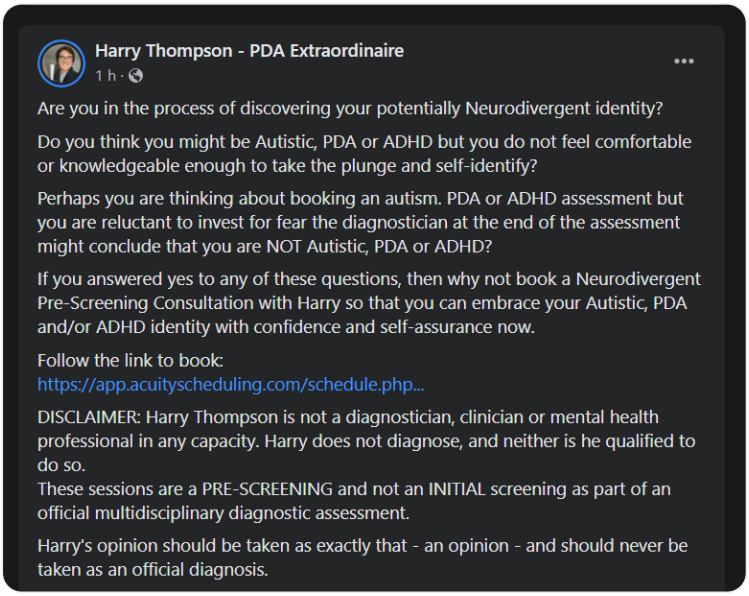
Richard Woods @Richard_Autism

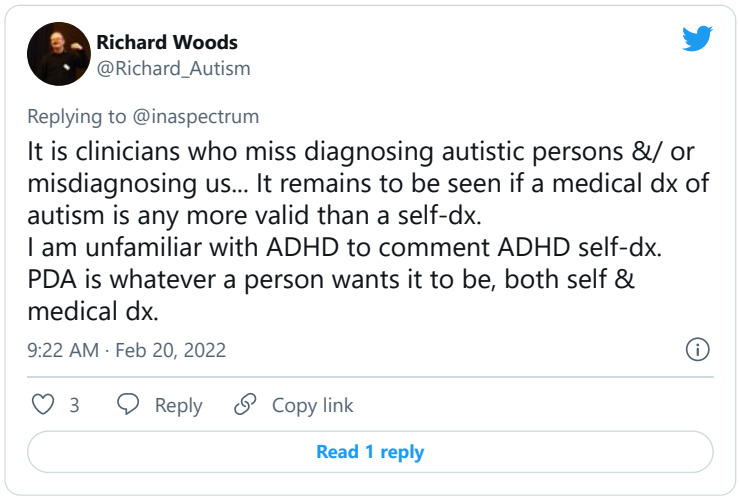
Feb 19 · 33 tweets · Richard_Autism/status/1495166351022993412

Peak commodification of PDA much?



I am unsure if we should have anyone acting in any kind of potential gatekeeper role to people self diagnosing as autistic.

I am unsure how credibly one can take this service by Harry. Could it be worse than SallyCat's PDA questionnaire? Who knows?



I have been reflecting upon this from my perspective of

1) views validity of a self-dx as equivalent to a medical dx.

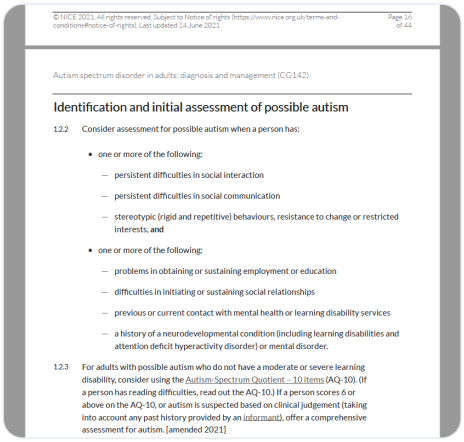
2) Thinks non-clinician autism expertise should be able to be trained up & allowed to medical dx autistic persons, only the "straight forward cases", the "complex cases" go to multi-disciplinary teams etc...

... For this to happen, non-clinician autism experts would need to have a certain level of competency & experience, conform to things like NICE guidelines etc.

I am aware these terms are subjective.

If I was to offer something like Harry is, I would do to NICE guidelines, CG170 are adults diagnostic ones as much as possible & involving oversight from a clinician.

Screenshots of pages 17-18 of NICE CG170 for initial assessment of autistic adults. I think many non-clinician autism experts with sufficient experience & competence could reasonably comment upon those points. Obviously not offering a form dx assessment.



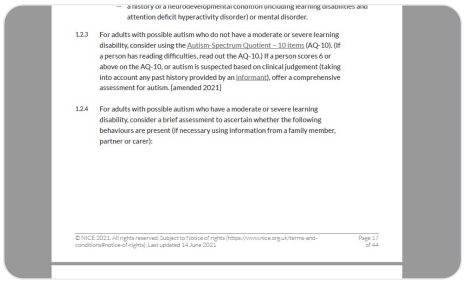
Autism spectrum disorder in adults: diagnosis and management (CG142)

Identification and initial assessment of possible autism

1.2.2 Consider assessment for possible autism when a person has:

- one or more of the following:
  - persistent difficulties in social interaction
  - persistent difficulties in social communication
  - stereotypic (rigid and repetitive) behaviours, resistance to change or restricted interests, **and**
- one or more of the following:
  - problems in obtaining or sustaining employment or education
  - difficulties in initiating or sustaining social relationships
  - previous or current contact with mental health or learning disability services
  - a history of a neurodevelopmental condition (including learning disabilities and attention deficit hyperactivity disorder) or mental disorder.

1.2.3 For adults with possible autism who do not have a moderate or severe learning disability, consider using the Autism-Spectrum Quotient – 10 items (AQ-10). (If a person has reading difficulties, read out the AQ-10.) If a person scores 6 or above on the AQ-10, or autism is suspected based on clinical judgement (taking into account any past history provided by an informant), offer a comprehensive assessment for autism. [amended 2021]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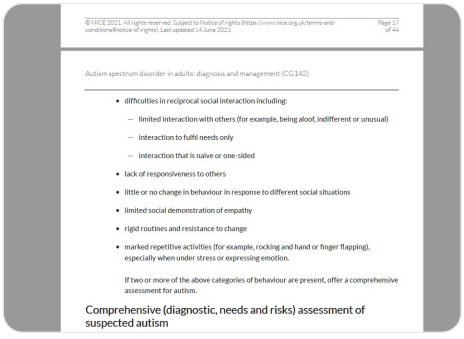
1.2.4 For adults with possible autism who have a moderate or severe learning disability, consider a brief assessment to ascertain whether the following behaviours are present (if necessary using information from a family member, partner or carer):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Autism spectrum disorder in adults: diagnosis and management (CG142)

- difficulties in reciprocal social interaction including:
  - limited interaction with others (for example, being aloof, indifferent or unusual)
  - interaction to fulfil needs only
  - interaction that is naive or one-sided
- lack of responsiveness to others
- little or no change in behaviour in response to different social situations
- limited social demonstration of empathy
- rigid routines and resistance to change
- marked repetitive activities (for example, rocking and hand or finger flapping), especially when under stress or expressing emotion.

If two or more of the above categories of behaviour are present, offer a comprehensive assessment for autism.

Comprehensive (diagnostic, needs and risks) assessment of suspected autism

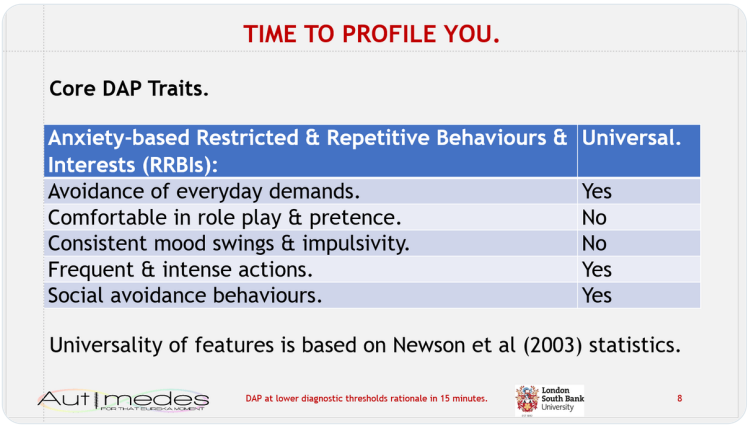
Reason why I say this, is if one is offering any kind of service which a person might use to identify with, & especially many vulnerable persons. If your opinion is not based on typical accepted standards, then how can anyone take your opinion as being reputable &/ or credible?

Many autistic persons are vulnerable, due to various factors, including, high suicidal ideation, suicide attempts, including trauma, co-occurring conditions & potential for miscommunication from misaligned saliences under double empathy problem. Robust safeguarding is needed.

Worst case scenario someone might do a suicide attempt based on your opinion. It really does need to be based on accepted "typical" standards, like NICE guidelines etc. I would not like to think of the insurance for offering this type of service!

Obviously, no guidelines on how assess for PDA. If I was to do it. I would use the EDA-Q/ EDA-QA, along with if a person presents 5 core PDA traits, how those features impact at least one areas of important functioning, including:
Social,
Occupational
Educational
Etc.

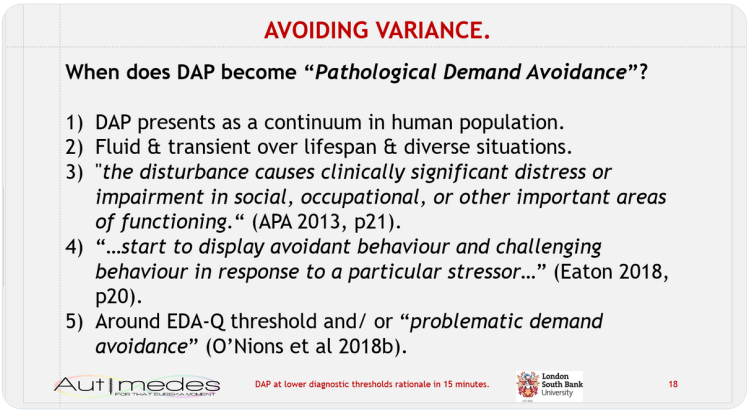
What I consider to be 5 Core PDA traits.



Threshold for when demand-avoidance literally becomes "pathological" as part of a Disorder.

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

Examples of where threshold for when demand-avoidance is literally pathologised at in PDA literature.



EDA-Q commonly used in PDA diagnoses (Lyle & Leatherland 2018; Reilly et al 2014; Summerhill & Collett 2018).

Taking that approach means I am not discriminating against anyone, or breaching their universal rights on PDA.

Presently would not feel comfortable commenting upon ADHD. Looking at its NICE guidelines, there would need to similar efforts on safeguarding etc.

Although, I would probably use the RAADS-14 over the AQ10. Possibly worth using both the full AQ and RAADS-10 for different information. RAADS-14 has more clinical validity & is not involved with S-B-C, which is a selling point.

I would also want a hell a lot of training in relevant things, where possible. Like how to write initial assessment reports. How to conduct an initial assessment interview. Etc etc.

Being clear I am not a clinician as far as possible, I have followed standards used by clinicians to conduct an initial appointment. If possible a clinician has reviewed the report, information & evidence; they supports report's contents. That is the standard I would expect.

It is also the standard I expect others would be likewise be expecting on any such service which a person can use to identify themselves as autistic etc. It makes it harder for others to argue against what you are doing.

What is the point in offering a service, which is intended for many vulnerable persons to use to potentially base a self-identity upon, if you are not following typical accepted standards for at least an initial assessment?

Probably best to use screening tools to help account for other factors.
Strengths & Difficulties questionnaire for generals screen.
Adult ADHD Self-Report Scale for ADHD
PHQ-9 for depression
GAD-7 for anxiety
Vulnerability Experiences Quotient for aversive experiences.

Most of those are used in clinical practice & research. VEQ is there to help indicate likelihood of trauma, which I suspect would help with insurance & safeguarding to mitigate risk.

Link to Vulnerability Experiences Quotient (VEQ) article.
https://core.ac.uk/download/pdf/227336231.pdf

Link to Adult ADHD Self-Report Scale
https://add.org/wp-content/uploads/2015/03/adhd-questionnaire-ASRS111.pdf

Link to PHQ-9 & GAD-7
https://www.westlondonpractice.co.uk/wp-content/uploads/2017/09/PHQ9-and-GAD7.pdf

Adult self-report Strength and Difficulties questionnaire.
https://www.sdqinfo.org/Adult/SDQI17+_UK.pdf

Link to RAADS-14.

RAADS-14 Screen: validity of a screening tool for autism spectrum dis…
Autism spectrum disorder (ASD) can be difficult to distinguish from other psychiatric disorders. The clinical assessment of ASD is lengthy, and has to be performed by a specialized clinician. Therefo…

https://molecularautism.biomedcentral.com/articles/10.1186/2040-2392-4-49

Links to full Autism Quotient and scoring.

Autism Spectrum Quotient (AQ) (Adult) - Autism R…

https://www.autismresearchcentre.com/tests/autism-spectrum-…

I have an updated list of co-occurring conditions in autism here:

17th OF MARCH 2020 BLOG POST: UPDATING MY CURRENT THOUGH…
17th OF MARCH 2020 BLOG POST: UPDATING MY CURRENT THOUGHTS ON THE MEDICAL NATURE OF DEMAND AVOIDANCE PHENOMENA. Introduction. This blog post discusses three different topics that explain som…
https://rationaldemandavoidance.com/2020/03/17/17th-of-march-blog-post-updating-m…

I forgot the Extreme Demand-Avoidance-Questionnaire for Adults (EDA-QA).

The Measurement of Adult Pathological Demand Avoidance Traits
Journal of Autism and Developmental Disorders - Pathological ("extreme") demand avoidance (PDA) involves obsessively avoiding routine demands and extreme emotional variability. It is...
https://link.springer.com/article/10.1007/s10803-018-3722-7

Done this time. One could tell these are adult screening tools.

@threadreaderapp please could you unroll for a final time.

Thank you in advance.

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