



Richard Woods @Richard_Autism

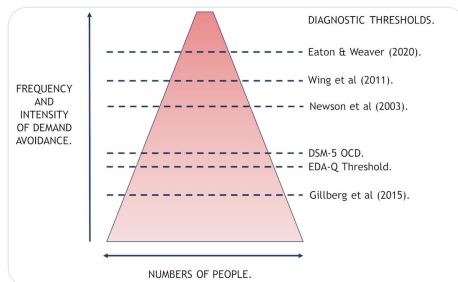
Mar 20 • 19 tweets • [Richard_Autism/status/1505466681493278720](https://twitter.com/Richard_Autism/status/1505466681493278720)

[@gum_would_be](#) I have argued elsewhere PDA should go in with OCD & related disorders. Present position is we systematically research the crap out of PDA & let the evidence speak for itself.

This will be a short thread...

[@gum_would_be](#) ... Good question. I think it is worth point out there is no consensus over what PDA is, there are multiple behaviour profiles, diagnostic thresholds & ontologies for approaching PDA. Atm preference for anyone single one over another is premature & arbitrary...

[@gum_would_be](#) ... Different PDA diagnostic thresholds...



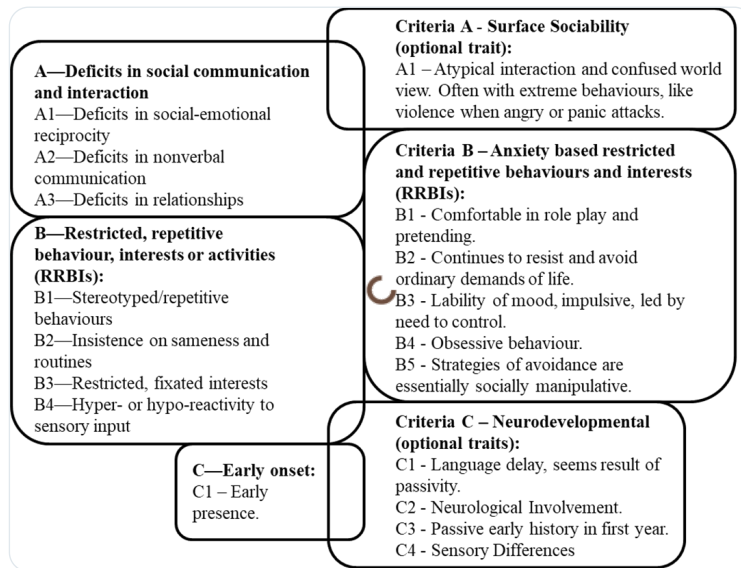
TIME TO PROFILE YOU.

How do DAP thresholds compare to each other (Woods 2021a)?

Features need to be compulsory	DSM-5 OCD.	Eaton and Weaver (2020)	EDA-Q Threshold.	Gillberg et al (2015).	Newson et al (2003).	Wing et al (2011).
Demand avoidance	No.	Yes.	No.	No.	Yes.	Yes.
Pervasive?	No.	Yes.	No.	No.	No.	No.
Demand avoidance from early infancy?	No.	Yes.	No.	No.	No.	Yes.
Person is autistic?	Yes.	Yes.	No.	No.	No.	No.
Core 5 traits present?	No.	Yes.	No.	Yes.	Yes.	Unsure.
Coding issues present?	No.	Yes.	No.	Yes.	Yes.	Unsure.

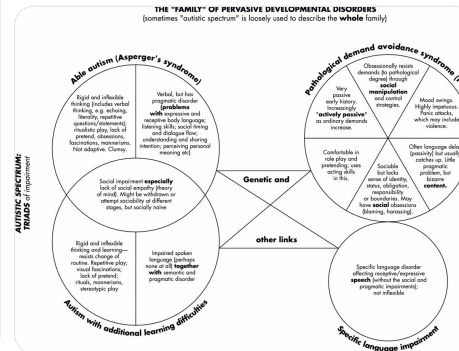
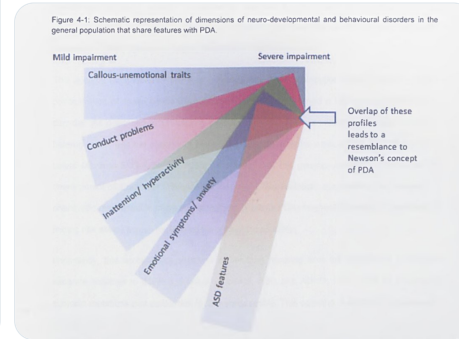
AutImedes DAP's history & how you may conceptualise it? 18/11/2021 London South Bank University 12

@gum_would_be ... Aggregated different PDA behaviour profiles below...

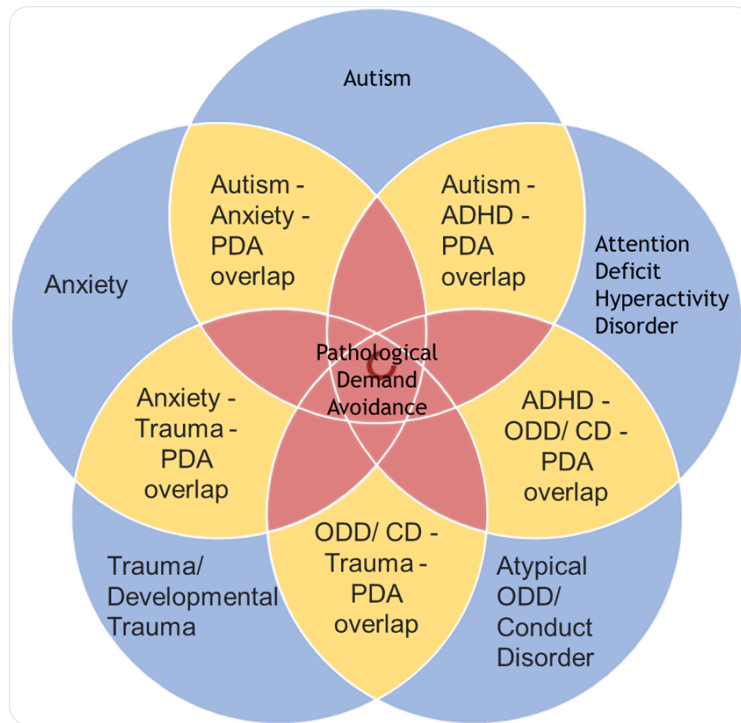


- A common Disorder.
- Symptoms belonging to other conditions.
- Rebranded autism.
- IT is an autism subtype etc

First three seem valid, last one seems nonsensical



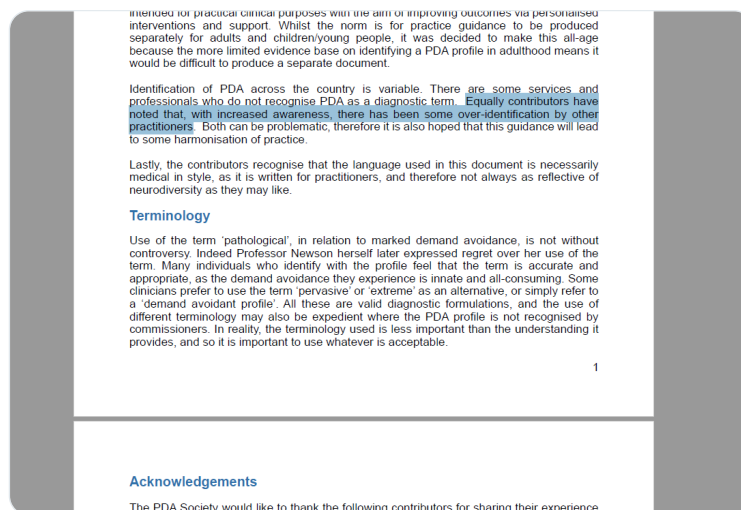
[@gum_would_be](#) ... Some have gone quite narrow on PDA, claiming it is has been over diagnosed & PDA features are autism, ignoring PDA literature stating its problematic viewing PDA as an ASD, & PDA research results showing PDA is mainly predicted by many other difficulties/ conditions...



[@gum_would_be](#) ... Link below for example of some persons going quite narrow on PDA...

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

[@gum_would_be](#) ... Example of some parties being narrow on the topic ...



@gum would be ... Yet, it is possible to go broad on PDA, so for example full guidance on CG128 guidelines for diagnosing autistic CYP by @NICEComms stats that PDA can be viewed as ODD (p289)...

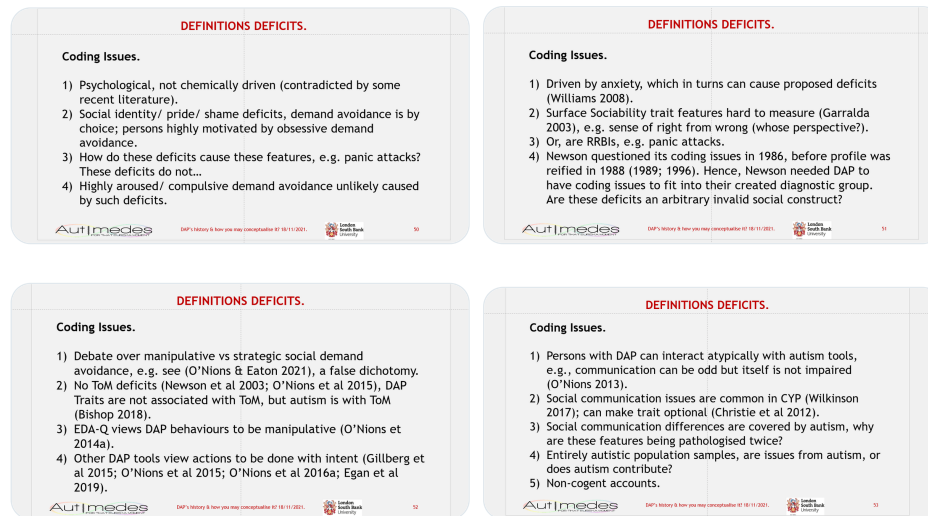
NORMS OF KNOWLEDGE			
Oppositional defiant disorder (ODD)			
Oppositional behaviour is common in children with ASD. Children with ODD may have impaired or limited peer relationships. Children with ODD may show limited empathy or concern for others including lack of remorse.	In ODD: <ul style="list-style-type: none">The child usually understands that their behaviour is undesirable, even unacceptable but they persist with it.The behaviour often has a deliberate quality.The behaviour may have clear benefits for the child.When children are motivated to alter their behaviour they may do so.Should be able to show evidence of social communication.	Assessment of the quality of communication and social interaction in situations when the child is enjoying themselves and not trying to avoid demands.	Oppositional behaviours are developmentally normal at times. ODD may coexist in autism as a separate disorder. The oppositional outburst behaviours in autism are likely to be due to a liking for sameness, sensory sensitivities and anxiety. In ODD, such behaviour is likely to be due to a feeling of being overwhelmed with angry upset feeling and feeling thwarted. Pathological demand avoidance (PDA) has been described as a particular subgroup of autism with passive early onset, obsessive behaviours which are
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Appendix K – Differential diagnosis advice for healthcare professionals			
Key presenting features that may overlap with autism	Main features to differentiate from autism	Assessments or investigations to differentiate from autism	Special notes / diagnostic pitfalls
	Understanding/competence so that he/she will have some awareness of the impact of their behaviour. <ul style="list-style-type: none">Does not usually show stereotyped or repetitive behaviour. The child with autism: <ul style="list-style-type: none">May have little if any awareness of the impact of their behaviour on others; their prime focus will be exclusively focussing on the behaviour itself that they are wanting to pursue.Is often upset when it is pointed out to them they have hurt other people.		often person focused with superficial social skills in whom the most striking feature is refusal to comply (excessive demand avoidance) even to events which the child enjoys. This oppositional behaviour can also be described as ODD.
Conduct disorder (CD)			

@gum would be @NICEComms ... It is possible to describe PDA without social communication issues, as @rcpsych has done so in Berney et al (2020,pp. 30-31)...

Extreme/pathological demand avoidance (PDA)	
Although not recognised in the international classification systems (ICD and DSM), this controversial label has been adopted by some in the UK and mainland Europe. Confusion arises as demand avoidance itself is a common symptom.	
PDA has been used mainly to describe children who present with a behaviour profile characterised by the very abnormal:	
<ul style="list-style-type: none">avoidance of compliance with everyday demands (using a variety of social strategies, ranging from excuses and distraction),anxiety when demands cannot be avoided,attempts to control situations,impulsivity as well as sudden and extreme changes of mood.	
Chapter 4: Recognition, diagnosis and assessment	30
There is debate as to whether this behavioural profile is a variant of autism (and specific to it), whether it might be seen in other conditions, or whether it is a condition in its own right (Green et al., 2018).	
Individuals identifying with PDA, and their families, are likely to be under unusual levels of stress. They require a detailed assessment and formulation, aiming to help manage the presenting behaviour as well as the varied underlying factors such as severe anxiety, a lack of structure, a struggle that has become entrenched, or sensory sensitivities. In the short term there might need to be a greater emphasis on reducing confrontation until a wider range of management strategies is in place.	

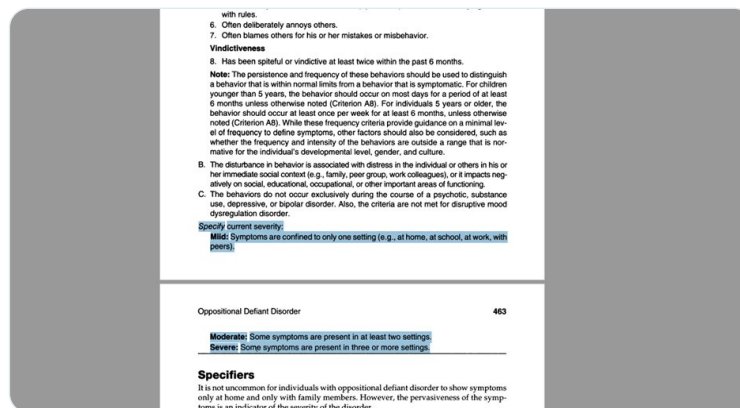
[@gum_would_be_@NICEComms @rcpsych](#) ... There are many good reasons to skeptical that PDA has social communication issues.

See images of slides below for details...



[@gum_would_be_@NICEComms @rcpsych](#) ... If one views PDA as something similar to ODD, one can use the DSM-5 ODD specifiers for PDA.

See image below from APA 2013, pp462-463...



[@gum_would_be_@NICEComms @rcpsych](#) ... To quote DSM-5 ODD specifiers: "Mild: Symptoms are confined to only one setting (e.g., at home, at school, at work, with peers).

Moderate: Some symptoms are present in at least two settings.

Severe: Some symptoms are present in three or more settings."

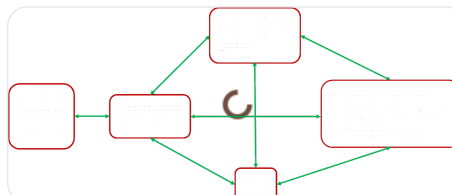
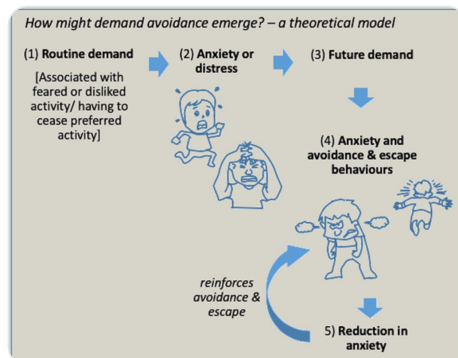
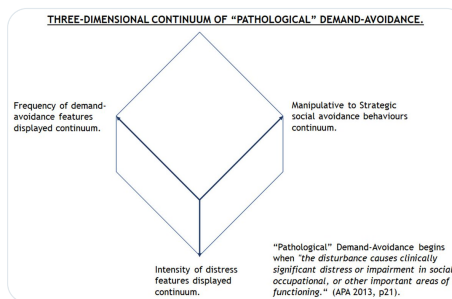
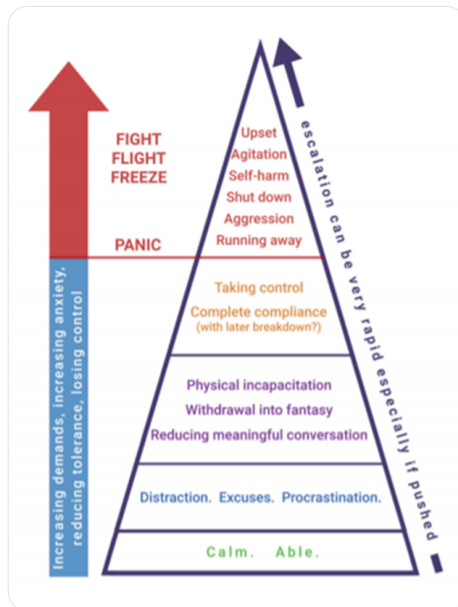
[@gum_would_be_@NICEComms @rcpsych](#) ... DSM-5 ODD specifiers are equivalent to some other PDA definitions. E.g., Help4Psychology's "Rational Demand Avoidance" would be Mild, while their "Extreme Demand Avoidance" would be Severe...

[@gum_would_be_@NICEComms @rcpsych](#) ... Using existing clinical literature it is possible to take an inclusive, broader approach to PDA!

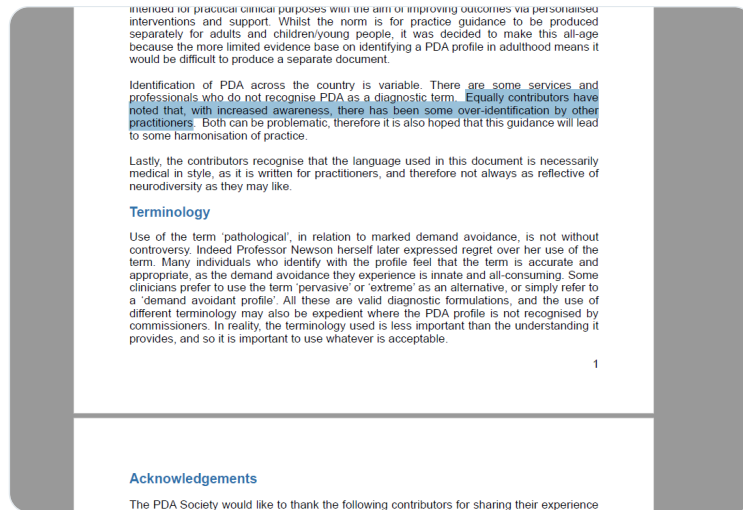
It notes how arbitrary & premature it is for those behind this research report to view PDA as a "Profile of ASD"...

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

[@gum_would_be_@NICEComms @rcpsych](#) ... While my own approach to PDA is based on a transactional stress based model, which can be equated to the PDA/ ODD model of PDA...



[@gum_would_be](#) [@NICEComms](#) [@rcpsych](#) ... This is not even accounting for arguments around clinical need for PDA, as PDA has been diagnosed at lower diagnostic thresholds in considerable numbers, e.g., enough for some to boldly claim PDA has been over diagnosed...



[@gum_would_be](#) [@NICEComms](#) [@rcpsych](#) ... To answer your question, it would depend on how you define & measure PDA. Which at the moment is arguably an arbitrary or subjective matter!

[@gum_would_be](#) [@NICEComms](#) [@rcpsych](#) Not all the images in the thread are my own. One is from Allison Moore, at least two are by O'Nions, & one is from Newson et al (2003).

[@threadreaderapp](#) please can you unroll?

Thank you in advance.

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