Richard Woods @Richard_Autism

Nov 9 • 18 tweets • Richard_Autism/status/1590461994234437634

So I am re-reading this article on PDA, which is a response to some critique of mine. Crikey, I am just thinking, does the author really believe their own hype that much?!? https://www.ingentaconnect.com/contentone/bild/gap/2020/00000021/00000001/art00009

I do not want to rant, but an example:
"There is no doubt that debate about PDA, what it is, what it might be, and what it is not, is very useful." p72.

This is just nonsense, there has been substantial disagreement & controversies surrounding PDA, including, that it is not clinically needed, PDA as a form of autism risks the validity of clinical based language, risks causing confusion for caregivers, clinicians etc.

I think the author is damaging their own reputation the making such bold claims. Ridiculous, indicating a lack of respect for others perspectives.

Well, it is probably good thing I am due to present results of a thematic analysis of PDA articles in December, asking "exactly who has a "pathological" need to control whom?" Could be very interesting.

I have doubts about debating PDA. First thing, so does Christie & Fidler, as they have consistently argued against debating what PDA is.

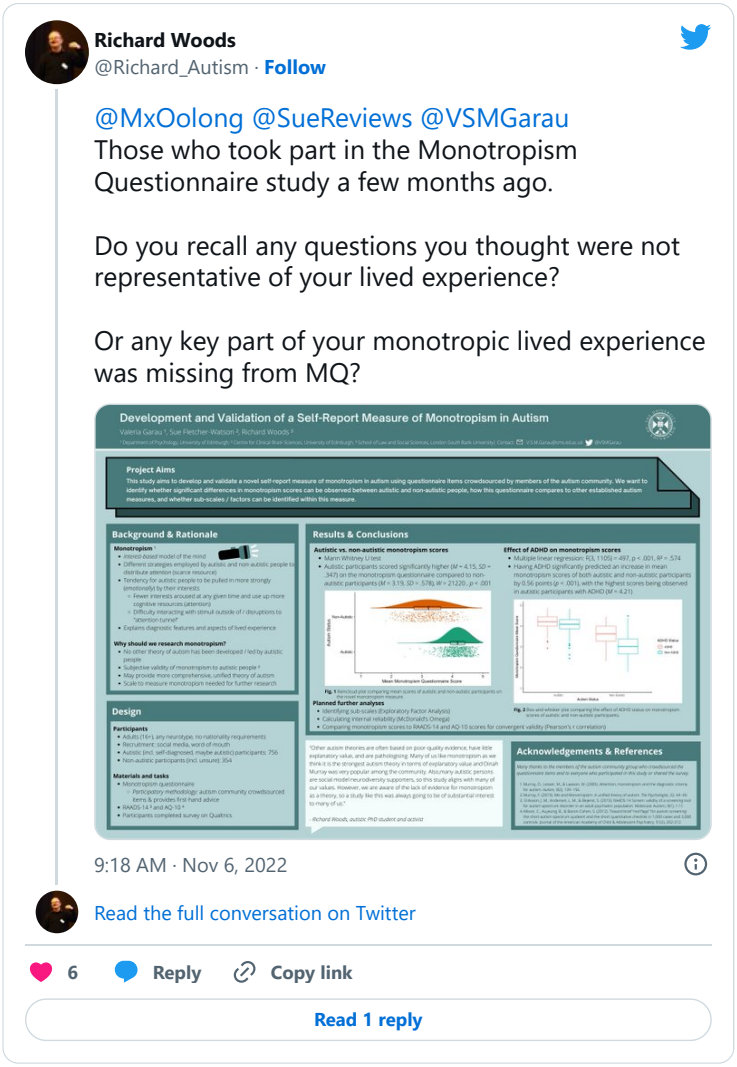
Fundamentally, one of my issues with autism subgroups, is that I think they distract from more important issues. Yes, those with "complex needs" & their caregivers need adequate support. Then again, so does the entire autistic population & their caregivers.

This bold claim:
"There is no doubt that debate about PDA, what it is, what it might be, and what it is not, is very useful." p72.

It suggests a lack of critical engagement & self-reflection questioning one's assumptions. It is awful.

It is just anathema to me, as someone who is highly self-reflective. As part of PhD, I am expected to critical of myself, my assumptions & research in general. I have learnt to question claims surrounding "PDA Profile of ASD", as most of them seem to be problematic, or nonsense.

Catalyst for this is me considering if @MxOolong & @SueReviews are appropriate in asking to go back to item generation for the Monotropism Questionnaire.
That is something I am expected to do, to be open-minded, to critically engage with my own positions.



Tangent, but I am still awaiting a tangible reason to go back to item generation for the Monotropism Questionnaire.

I am just gob-smacked, at what could cause a person to making such bold claims about PDA?!?

Richard Woods
@Richard_Autism · **Follow**

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DSM-5 acknowledges one of categorical approach flaws is that it risks missing pertinent aspects of a person's spikey profile if such aspects are not covered by a particular dx criteria being assessed for. Seems more sensible to map out persons spikey profile as much as possible.

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Especially, as interventions/ approaches etc tend to be issues/ symptoms specific, NOT diagnoses specific. Most clinicians do not find diagnoses in DSM-5 useful for making a prognosis etc. A transdiagnostic approach just seems to better than a categorical approach.

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Which takes me back to my critique about suggesting debating what PDA is a good thing. No, it is not necessarily, debating "PDA Profile of ASD", in my view distracts from debating what seems to be better ways of approaching mental health features, covered in Disorders.

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Critique is also applicable to other proposed autism subgroups, in that they distract away from progressive moves to a transdiagnostic approach, e.g., see @DuncanAstle et al 2021.

> **Richard Woods** @Richard_Autism
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