Richard Woods @Richard_Autism

Sep 27 • 40 tweets • Richard_Autism/status/1574861387410526213

I am going to say this, from what I can tell, viewing PDA to be a "PDA Profile of ASD" & its equivalents, with it needing to pervasive & developmental in nature is probably problematic & contradicting good clinical practice, particularly in relation to Formulation.

I have been re-reading issues with mental Disorders & alternatives to their use. It has got me reflecting upon PDA.

From my understanding as part of the Formulation process, it is collaborative between clinician & service user...

Key difficulties are described, relevant sociological, circumstantial, life events are used with psychological models to develop hypotheses to explain how difficulties are developed & maintained...

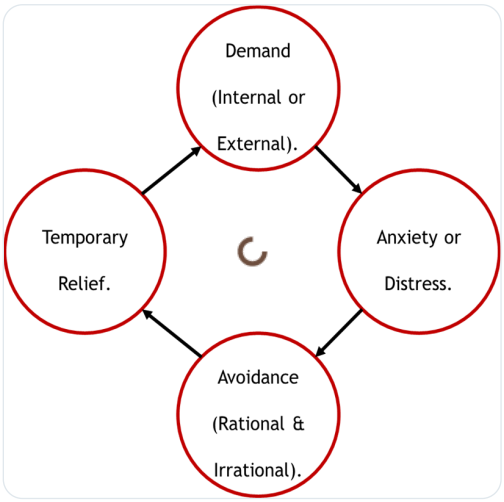
... Then suggestions how a person's core difficulties are developed & maintained. Consequently, suitable strategies/ interventions are planned.

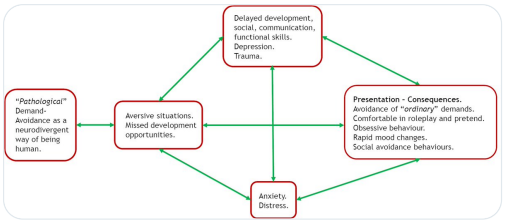
This process is iterative, evolving over time, so that Formulation constructed with service user evolves over time...

... This takes me to PDA & a key critique of PDA by Jonathan Green.

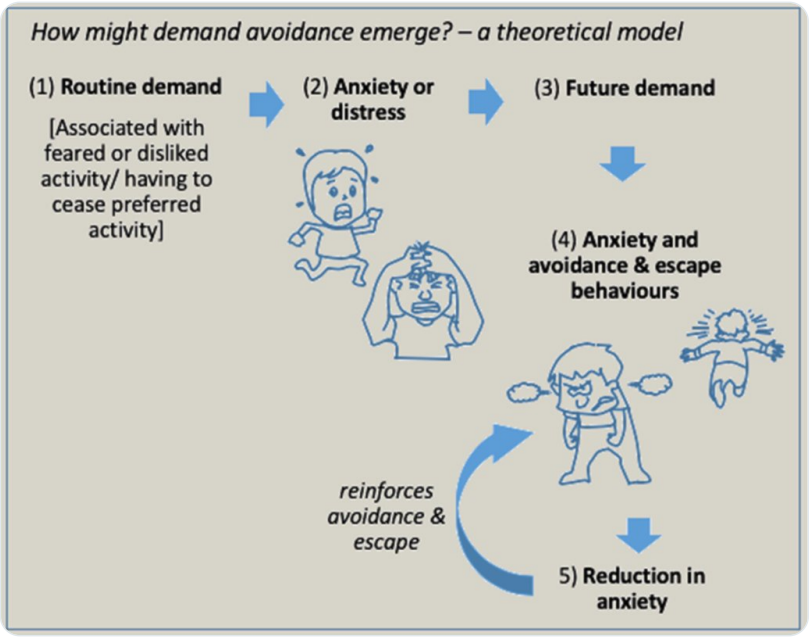
Most accept that demand-avoidance are relational processes. That avoidance is the result of environmental demands, both internal & external to the person...

... Below images are models for developing & maintaining demand-avoidance features. First is a generic negative feedback cycle. Second has broadened negative reinforcement cycle to include other factors & turned it into a developmental model...





... Just to be clear, the generic negative reinforcement cycle is also suggested by Liz O'Nions. See the below image of theirs...



... First point to make is that such models surrounding PDA should be considered for how demand-avoidance features are developed & maintained should be accounted for in clinical Formulations...

... Which means clinicians should be open to people transitioning into PDA, i.e., PDA should not be viewed as being intrinsically developmental in nature...

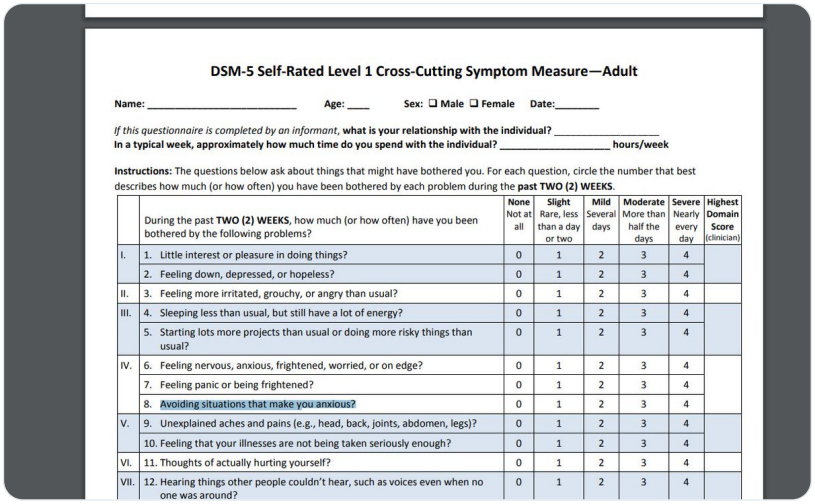
... Perhaps, I am correct about some clinician's "PDA Profile of ASD" research being affected biased?...
https://www.pdasociety.org.uk/wp-content/uploads/2022/01/Identifying-Assessing-a-PDA-profile-Practice-Guidance.pdf
...

... It also means that as standard practice for autism assessments, the processes which develop & maintain demand-avoidance features should be considered as a transactional practice...

... Lets be clear about this demand-avoidance features are generic, so not specific to PDA.

E.g., "Avoiding situations that make you anxious" is item 4.8 in DSM-5 Cross-Cutting Symptom Measure...

... Below image shows item 4.8 of a tool which is designed to assess features are common across many Disorders in the DSM-5...



DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Name: _____ **Age:** ____ **Sex:** ❑ Male ❑ Female **Date:**_____

If this questionnaire is completed by an informant, **what is your relationship with the individual?** _____
In a typical week, approximately how much time do you spend with the individual? _____ **hours/week**

Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the **past TWO (2) WEEKS**.

	During the past **TWO (2) WEEKS**, how much (or how often) have you been bothered by the following problems?	**None** Not at all	**Slight** Rare, less than a day or two	**Mild** Several days	**Moderate** More than half the days	**Severe** Nearly every day	**Highest Domain Score** (clinician)
I.	1. Little interest or pleasure in doing things?	0	1	2	3	4	
	2. Feeling down, depressed, or hopeless?	0	1	2	3	4	
II.	3. Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
III.	4. Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
	5. Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
IV.	6. Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	7. Feeling panic or being frightened?	0	1	2	3	4	
	8. Avoiding situations that make you anxious?	0	1	2	3	4	
V.	9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
	10. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
VI.	11. Thoughts of actually hurting yourself?	0	1	2	3	4	
VII.	12. Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	

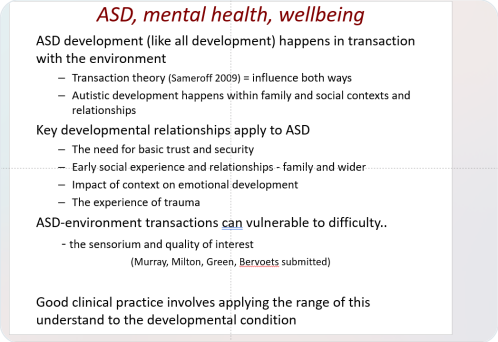
... There are many factors which can cause any human to express demand-avoidance features, which would partly explain why the Extreme Demand Avoidance-Questionnaire (EDA-Q) detects PDA in non-autistic persons (funny that!)...

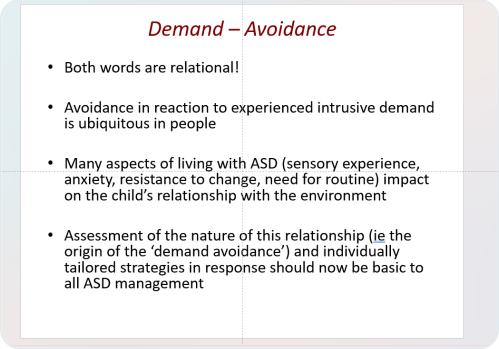
... There are many factors biological, sociological, circumstantial, or life events which can persons to express demand-avoidance features. These should be accounted for as part of the Formulation process within relevant models-theories...

... These broad range of factors which can contribute to development & maintenance of demand-avoidance features obviously can happen at stage of a person's life, which shows the absurdity of viewing PDA to be intrinsically developmental in nature...

... Now in relation to autism, there are many different factors which can lead to an autistic person developing & maintaining demand-avoidance features...

... Jonathan Green would argue many different factors interacting together, contribute towards development & maintenance of demand-avoidance features, as suggested in the images of his PARC PDA event slides below...



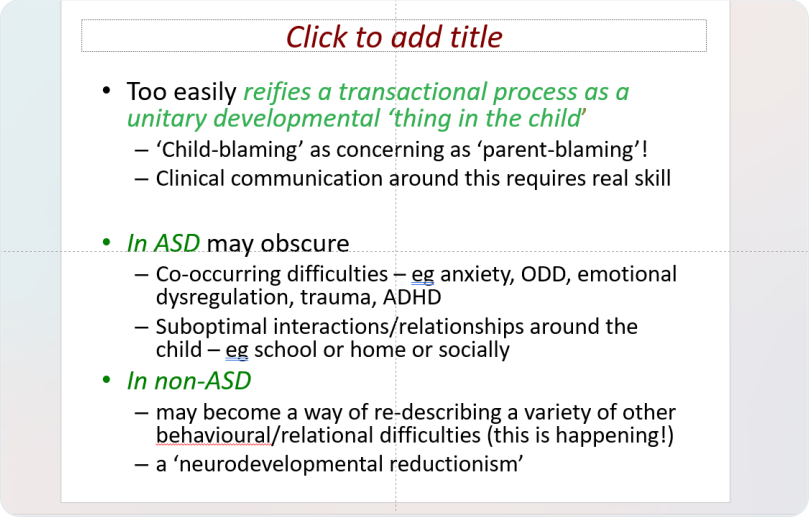


... Some suggest PDA to be developmental in nature & possibly resulting from autistic infant adversely experiencing their environment, which can lead them to be often being highly aroused & hyper focused...

... The point I am trying to make here is that demand-avoidance is a process, from the relationships between the person & their environment (both internal & external). Demand-avoidance is not due to a "unitary thing in the person"...

... A critique of mental Disorders is that can distort the Formulation process, by falsely attributing features as being caused by specific Disorder diagnosed, instead accounting for interactional processes which develop & maintain difficulties...

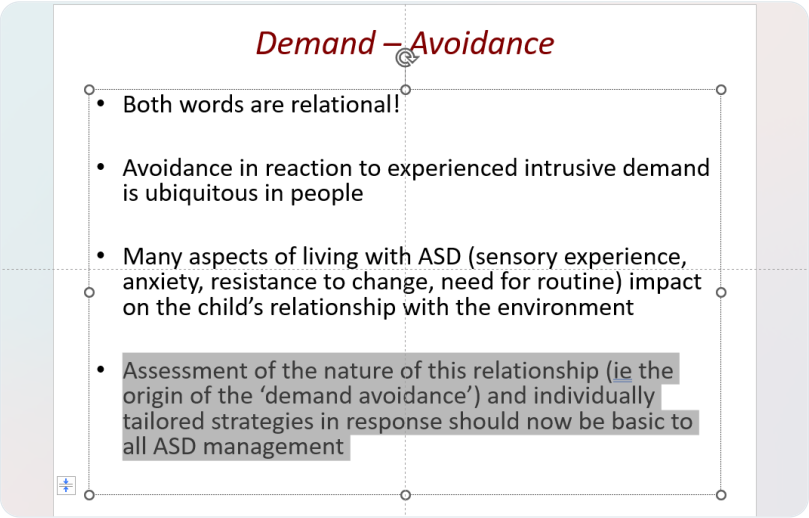
... This is a key critique Jonathan Green has of PDA, it is leads to transactional process (demand-avoidance) being falsely attributed to prematurely reified "unitary thing located within the person". See the below image of their PARC PDA event slides...



... Jonathan Green goes on to discuss how this is problematic. I wish to go back to how Formulation process is meant to inform planned strategies/ interventions to be used with a person...

... As stated Formulation process for autistic persons should consider demand-avoidance features if they significantly present & suitable strategies/ interventions, i.e., PDA strategies should be planned in cases...

... This is something Jonathan Green suggests, see the slide below from their PARC PDA event talk...



... Feeds into broader critique of "PDA Profile of ASD", that its strategies replicate good practice, & is broadly practiced inside & outside of autism. Also, that PDA as a diagnostic construct should be broad & inclusive to ensure its strategies used with those who need it...

... It also reflects how strategies/ interventions are issues/ symptom specific. As we know demand-avoidance is a common trait/ phenomenon for humans...

... The fact one should be taking a broad & inclusive approach to PDA, consequently makes it problematic viewing PDA to be intrinsically pervasive in nature. As demand-avoidance presents as continuum & can be developed throughout lifespan...

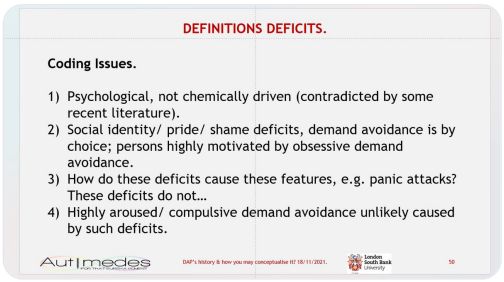
... If one recalls issues of modern mental Disorders is that they are intrinsically broad, heterogeneous spectrums overlapping many other Disorders & having blurred boundaries...

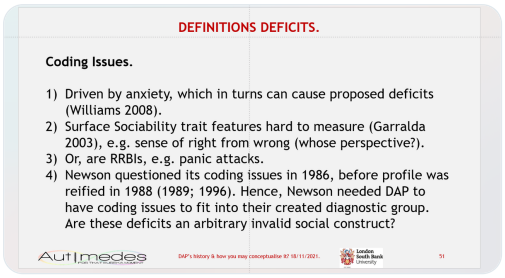
... Which means demand-avoidance in PDA should be expressed in a range of intensities, up to & including it being Pervasive. Also with demand-avoidance being a process, PDA can only be Pervasive if the person is being stressed/ distressed into expressing avoidance features!...

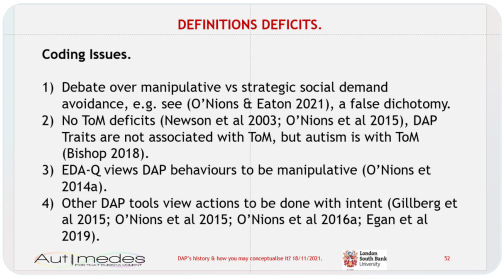
... So why do some view "PDA Profile of ASD" as being a unitary thing located within the person?

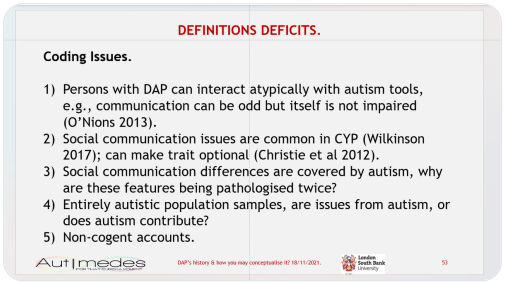
Many reasons, but one is because some believe PDA has social communication issues...

... I do not wish to go into debates if PDA has social communication issues or not, but there is a good case to remove from them PDA behaviour profiles, as shown in below images from slides where I discuss the issue...









... Lets be clear about this "PDA Profile of ASD" & its equivalents view PDA's issues as being from the "unitary thing" of PDA, not from transactional processes. This includes PDA social communication issues, which is described by some as "surface sociability"...

... As double empathy problem research shows to us, that social communication issues are also transactional in nature, as an example see the link below...
https://journals.sagepub.com/doi/10.1177/1362361320919286

... I think there are many good grounds to remove social communication issues from PDA, & focus on the demand-avoidance features as a process, often caused by many interacting factors (which is reflected in how I model PDA)...

... So I am going to end this thread by saying. I think Jonathan Green's critique of PDA adversely affecting Formulation by clinicians seems valid. That it is problematic & unsuitable to view PDA as being intrinsically Developmental & Pervasive in nature...

... Which means that it appears those clinicians espousing "PDA Profile of ASD", like those behind this research report which pretends to be clinical guidance probably should reconsider their approach to conceptualising & clinical practice towards PDA...
https://www.pdasociety.org.uk/wp-content/uploads/2022/01/Identifying-Assessing-a-PDA-profile-Practice-Guidance.pdf

@threadreaderapp Please could you unroll?

Thank you in advance.

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