



**Richard Woods** @Richard\_Autism

9 Dec · 74 tweets · [Richard\\_Autism/status/1336733494626705411](#)



Finally got my hands on the Help4Psychology PDA article. Only skimmed over parts of it so far. Seeing they assumed PDA is linked to autism and base hypotheses on that. Still in my mental "pseudoscience" pile with much autism research, like most ABA research.

While it references some critical literature, it does not reference any my own, [@milton\\_damian](#) or [@Allison66746425](#) scholarship. So much for engaging with critique.

Also Conflict of Interest seems not to be disclosed either in how Judy Eaton is a member of PDA Development and how she stands to gain from PDA being accepted as part of ASD & that her clinical practice is based on specialising in PDA.

Hard to argue she is not benefitting from it when being commissioned to write PDA articles based on faulty PDA knowledge (viewing it as an ASD).



Hypothesing PDA is linked to autism, means discarding anything that contradicts that, such as results & opinions PDA is seen outside of autism; thus why ignored their EDA-Q data finding positive PDA results in all three of their groups.

Their approach is definitely circular too.

[@Dr.Judes03](#) is there a reason why you discuss "Rational Demand Avoidance" without referencing either myself or [@milton\\_damian](#)?

Their history of PDA is not accurate either, it does not mention Newson's first

diagnostic grouping for PDA, "Pervasive Developmental Coding Disorders" and her other views relating to diagnostic grouping.

Do acknowledge, no feature is specific to PDA. That their research is not evidence of it being a distinct entity.

Also acknowledge controversy around PDA & its name.

Slightly confused by mentioning that many of Newson's cohort would likely receive a DSM-5 autism diagnosis. Possibly, at the same time that means Newson included many non-autistic persons. Raises question, why they did not dx PDA in non-autistic persons?

By acknowledging many persons with PDA in Newson's database are not autistic, it means PDA is not autism; logically should be taking that view, especially in relation to hypotheses.

One does have to admire the effort and skills need to assess the some of the behaviours being described.

There are descriptions that match up to Newson's account of PDA. Also think should have referenced [@Allison66746425](#) in relation to how children are asserting their self-agency, such as the various behaviours they went through.

Social interactions framed in terms of asserting control and regaining, such as clinicians regaining control from the child. I suppose that answers [@milton\\_damian](#) question "exactly who has a "pathological" need to control whom?"

That is me misreading it, it stated that the child was trying to control the interaction. This is circular, assuming it is about a need for control in the child, placing a deficit in the individual.

In the process, it does support the points made by [@Allison66746425](#) about how those children most likely to get a PDA diagnosis, are those that transgress cultural norms.

Details various studies supporting the use of ADOS, but does not reference studies that highlight its limitations, such as Evers et al (2020):



**How well are DSM-5 diagnostic criteria for ASD represented in standar...**

Five years after the publication of DSM-5 in 2013, three widely used diagnostic instruments have published algorithms designed to represent its (sub-)crite

<https://link.springer.com/article/10.1007/s00787-020-01481-z>

And, by [@milton\\_damian](#), [@SamiTimimi](#) & [@drstevenkapp](#) :

<http://www.larry-arnold.net/Autonomy/index.php/autonomy/article/view/AR26/AR26>

What I am unsure of is why they only compared the ADOS scores for between Autism & Autism with PDA groups, why they did not also compare the ADOS data of those in their Attachment Disorder group.

This surely, would make sense if one is trying to investigate the aetiology of PDA.

My critique of their PDA definitions seems accurate:

<https://rationaldemandavoidancecom.files.wordpress.com/2020/07/19th-april-2020-help4psychology-research-limitations.pdf>

They have included different information they have used to assess each person for a PDA dx to what was previously public. Which then raises questions about the accuracy of their conference talks.

This is the first time I have heard them using the original PDA DISCO questions and Newson's own tool.

Also raises questions over the accuracy of the information presented in the article.

The article does not mention how Judy Eaton uses different criteria to diagnose autistic females, so it is not strictly following the DSM-5 criteria.

[https://www.researchgate.net/publication/339240845\\_Pathological\\_Demand\\_Avoidance\\_and\\_the\\_DSM-5\\_a\\_rebuttal\\_to\\_Judy\\_Eaton](https://www.researchgate.net/publication/339240845_Pathological_Demand_Avoidance_and_the_DSM-5_a_rebuttal_to_Judy_Eaton)

Now, they are saying that their research suggests PDA has more social interaction issues, than autism does. My problem here is that, the ADOS is not designed to assess features of PDA. ADOS primarily assesses category A autism traits.

I.e. Social communication issues. It is possible to meet autism threshold scoring exclusively on DSM-5 Category A questions on the ADOS. The problem is that PDA is primarily made of Category B traits, RRBI, only having one social communication trait.

Newson described PDA as having Obsessive Behaviour, much much/ most of its behaviours being obsessive. Newson described the demand avoidance as being obsessive in nature (does not link it to anxiety).

The paper is clear the difficulties the clinicians often faced due to the demand avoidance, an RRBI. So it appears that PDA is interacting atypically with the ADOS scoring algorithm.

As that the ADOS is interpreting the RRBI demand avoidance behaviour (Category B) as social communication issues (Category A). Then again one should not be defining PDA in terms of autism DSM-5 criteria.

What is I do not understand is why authors interpret these behaviours as social communication issues, while attributing cause of these behaviours to anxiety, which is a comorbid to autism.

So we have the ADOS being used in a way, to effectively assess anxiety related features. Yet, we are meant to believe PDA is autism?



Authors do acknowledge ADOS scoring can be subjective.

Authors imply their clinical observations are objective (parental reports are open to bias), considering on same page also acknowledge that ADOS scoring can be subjective. This seems erroneous assumption considering autism diagnoses are a clinicians opinion

I support their comments on building rapport, such as through conversations using special interest and activities the person enjoyed.

Surely this approach should be used with any person?

I do not agree with their interpretation of PDA features from the literature. I would argue some of the suggested changes, they cannot make, as predicted PDA populations are based off Newson's clinical descriptions.

Their opinion is not sufficient to warrant changing the clinical descriptions. We know that some of the changes are lack good quality evidence to justify the change, such as "socially strategic demand avoidance", instead of socially manipulative.

Or evidence to justify the change is mainly/ entirely autistic samples.

They are saying they used a semi-structured interview of their own devising. Problem here is that this again is the first time they have said they have used this. Unsure what to make of it.

<https://network.autism.org.uk/sites/default/files/ckfinder/files/Differential%20diagnosis%20between%20PDA%20and%20attachment%20disorder%20-%20Dr%20Judy%20Eaton.pdf>

&

<https://network.autism.org.uk/sites/default/files/ckfinder/files/Further%20exploring%20the%20PDA%20profile%20-%20evidence%20from%20clinical%20cases%20-%20Dr%20Judy%20Eaton.pdf>



It just seems odd that they are saying they are using original PDA DISCO questions, which increases validity of the research (a good thing). Problem is that using them contradicts other information and rationale behind the research.

In theory they should be using revised PDA DISCO questions, as they were designed to differentiate PDA among autistic persons, while the original ones do not. Differentiating PDA in autistic persons, is essentially the purpose of the Help4Psychology Research

Link to revised PDA DISCO questions research



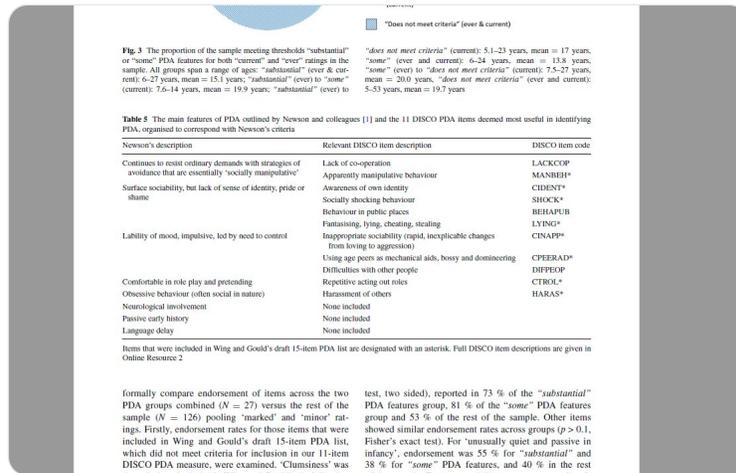
There is a research agenda to get PDA recognised as part of autism. Judy Eaton is part of PDA Development Group, whose agenda is get PDA recognised as part of autism (it views PDA as an ASD)

This sample's data was collected after O'Nions et al (2016) was done. The Help4Psychology research was part of a research project, which included Eaton and O'Nions, both looking at PDA in exclusively in autism.

It is just does not make sense among wider information that they used original PDA DISCO questions. Hey ho, we should take what they say at face value.

Other main comment about core features noted in the literature is that it includes developmental features, which raises question if Help4Psychology research is representative of wider PDA clinical practice.

Developmental PDA traits have been optional since O'Nions et al (2016), and are not noted as core features of PDA on NAS website. The revised 11 PDA DISCO questions do not assess for any of these feature:



Point here is that the revised PDA DISCO questions are the version of PDA questions publicly available & are being widely used, such as in O'Nions et al (2018). The original PDA DISCO questions are not widely available.

Neither is Newson's original semi-structure interview. I know, I have chased it up.

Also sometimes persons get a PDA diagnosis using the EDA-Q, which only has one developmental history question on Passive in early history (q26).

The authors acknowledge their is no agreed way to diagnose PDA. So there are genuine concerns over how representative their sample is wider PDA clinical practice.

They also do not mention surface sociability in relation to the deficits in Pride/shame/ social identity as noted by Newson. Which I find odd. Especially as it is not included in their list of key PDA characteristics.

Yet this feature is assessed for PDA DISCO questions and the EDA-Q. So this omission needs explaining.

Ignoring "deficits in pride/ shame/ social identity) removes something that undermines PDA is an ASD narrative.

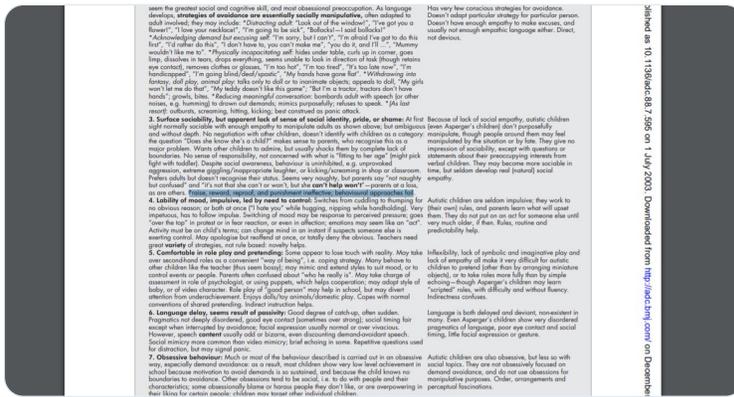
As this is meant to be the cause of PDA surface sociability trait, while autism social issues are attributed to Theory of Mind deficits (which PDA is meant not have).

I am also unsure of their "new themes" are actually new.

Newson covers issues of praise and reward in her own research.

<https://adc.bmj.com/content/archdischild/88/7/595.full.pdf?with-ds=yes>

Is home schooling actually new? The exclusion rates and problems fitting many persons with PDA into school are well documented in the literature.



I could go on about the other 3 "new themes" but I will stop here.

If you want research around including PDA in education system see:

<https://nasejournals.onlinelibrary.wiley.com/doi/abs/10.1111/1471-3802.12081>

&

**Excluded from school: Autistic students' experiences of school exclus...**  
 Background and aims All children have the right to receive an education and to be included in school. Yet young people on the autism spectrum, who are already v...  
<https://journals.sagepub.com/doi/10.1177/2396941517737511>

&

<https://www.pdasociety.org.uk/wp-content/uploads/2019/08/BeingMisunderstood.pdf>

The last one Judy Eaton consulted on.

Their semi-structured interview is not included in the appendix. Is not reported to be their version of Coventry Grid Interview either.

I find it hard to take much from their research, considering their PDA dx threshold.

As I suspect with a lower threshold, such as the one in Gillberg et al (2015) and diagnosing PDA outside of autism, would fundamentally change their results.

This is why I asked about their omission in not referencing either mine or [@milton\\_damian](#) work on Rational Demand Avoidance. If they followed their EDA-Q data, it would indicate their assumptions were wrong.

I.e. PDA is seen more commonly than they diagnose it and in non-autistic persons.

Their response is to ignore that EDA-Q data and stick to their results. I would assume their "Rational Demand Avoidance" group is actually PDA.

This makes sense considering they acknowledge Newson included non-autistic persons in her database.



**Extreme (“pathological”) demand avoidance in autism: a general popu...**

Research into Pathological Demand Avoidance (PDA), which has been suggested to be a subgroup within the Autism Spectrum Disorder (ASD), is almost nonexistent

<https://link.springer.com/article/10.1007/s00787-014-0647-3>

**IQ levels**

Wechsler Intelligence Scales for Children (WISC-R or WISC-III) [13] or the Wechsler Adult Intelligence Scale-Revised (WAIS-R) [14] (in individuals over the age of 16 years) were used to obtain IQ levels, WISC in the majority of cases at screening 1 and WAIS-R at screening 2. Those who were not tested at screening 1 were tested at screening 2. IQ sub-categories were defined as follows: SMR = IQ 20–50, MMR = IQ 51–70, NA = IQ 71–85, A = IQ > 85.

**Statistical analyses**

This is a descriptive study and simple descriptive statistics will be used throughout. The items on the DISCO-11 PDA scale will be referred to as symptoms if endorsed at interview. Individual PDA symptoms will be reported as proportions of groups and subgroups affected. A collapsed Total PDA—score summing all (out of the 15) symptoms endorsed (range 0–15 in any given individual)—will also be reported. Individuals with a Total PDA score of 5 or more were—based on clinical experience, not on systematic evidence—considered High-scorers, suggesting that in clinical practice they would have been given a diagnosis of PDA. “Classic PDA” was defined as Total PDA score of 5 or more and including the presence of socially manipulative or shocking behaviour to avoid demands.

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Socially r demands

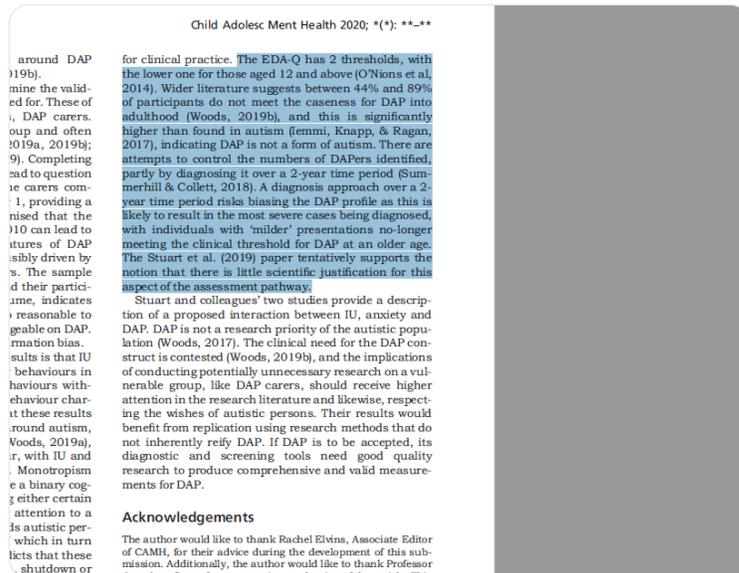
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Three syndrome nosis of group sh iour to av female), \ 4 % of th eral popu

Only a DISCC

Also the results that indicate PDA is not developmentally stable, therefore not Pervasive. Which makes omission of my work even more bizarre.

10.1111/camh.12368



In short this research is a bit of a mess.

They discuss again how PDA apparently has different approaches than traditional autism approaches. Problem here, is that, I, Damian Milton, Paula Sanchez & Green et al; all point out that PDA strategies overlap autism ones.

Green et al (2018b) point out evidence based approaches are similar to PDA approaches. Such approaches have been practiced for years independently of PDA. Others have pointed out traditional autism approaches are naff for autistic persons.

Neurodevelopmental Disorders Workgroup found differences between autism subtypes for strategies to use, raises the question PDA is not an ASD. Trundle et al (2017) note PDA strategies are about managing anxiety, thus not autism features <https://www.emerald.com/insight/content/doi/10.1108/JIDOB-07-2016-0013/full/html>

I point out that PDA strategies are simply good practice. I let students work this out for themselves in my PDA seminars.

There are a lot of problems with this paper and the research. I think it raises questions over the knowledge and understanding the authors have of PDA. This is a valid question, considering they explicitly mention this in the paper.

It is definitely in my mental "pseudoscience" pile.

Worth noting my threads pointing out how Help4Psychology PDA definitions are not reflective of the literature:

<https://rationaldemandavoidancecom.files.wordpress.com/2020/09/17-september-2020-help4psychology-pda-definitions-do-not-represent-literature-and-their-experience-is-not-enough-to-warrant-its-use.pdf>

&

Their "Rational demand avoidance" group is largely nonsense:

<https://t.co/ywKNJAoSwo>

Reason for this is that many CYP within that group, probably would not be able to

rationalise their demand avoidance.

[@threadreaderapp](#) Please could you unroll?

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