



Richard Woods @Richard\_Autism

14 Apr · 21 tweets · Richard\_Autism/status/1382382485271678982



## Has anyone argued autism is not a disorder, from the APA's definition of disorder?

"A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental...

... Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss,...

... such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual)...

... and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above." (APA, 2013, p20).

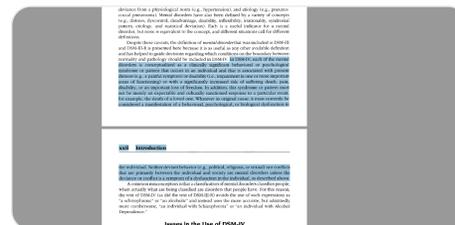
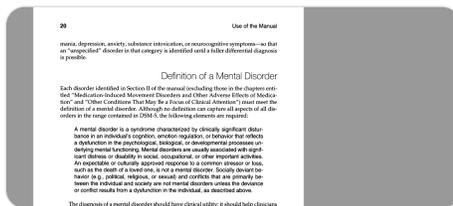
Thoughts, are this is broader than Christie's definition of Disorder:

"Disorder implies more than straightforward delay"

Christie (2019).

Oh, it seems I am valid in calling PDA a mental disorder, even if only working from Newson viewing PDA to be a syndrome.

@SamFellowesHPS @DrMBotha I think the DSM-4 & DSM-3 use the same/ similar definition to the DSM-5. Interesting bit, apparently there is no consensus over definition of "disorder".

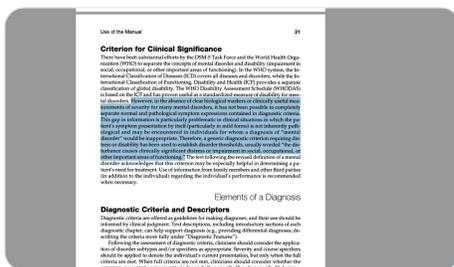
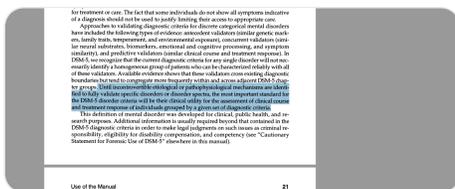


There is actually a subtle wording difference from DSM-4 to DSM-5.

They two definitions seem similar. Interesting how they acknowledge stressor responses that are atypical social/ cultural norms, are part of both definitions.

@Allison66746425 autism would look different if prevalence rates were reversed.

I am slightly upset by these, as it appears to be more points ignored/ missed by "PDA is an ASD" supporters

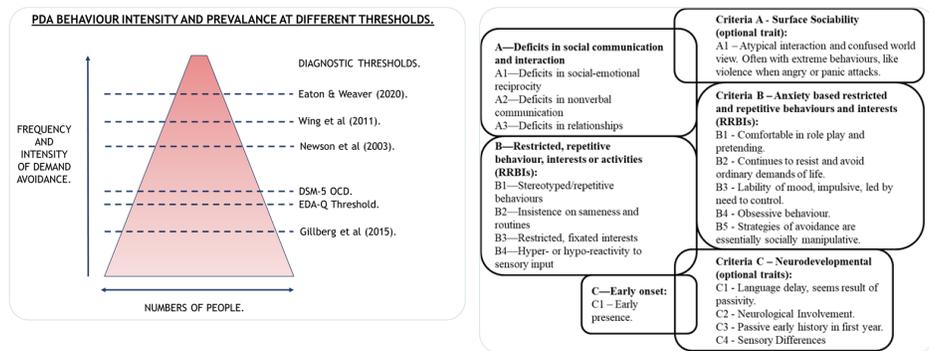


Sorry this is from the DSM-5.

One point is that a disorder does not need to be "Pathological"/ Pervasive in nature to be accepted into the DSM-5.

Other point is the most important criteria for a disorder, is its clinical utility for assessment of clinical course & treatment response for a set of diagnostic criteria.

There are different PDA diagnostic thresholds, several different PDA behaviour profiles. No consensus how to assess for PDA. Still PDA does not need to be Pervasive, it is about not complying to "ordinary demands".



The point I making here is that if non-autistic persons with PDA are meant to have similar/ same clinical course and treatment response; that is the most important thing, irrespective of their views on PDA being an ASD.

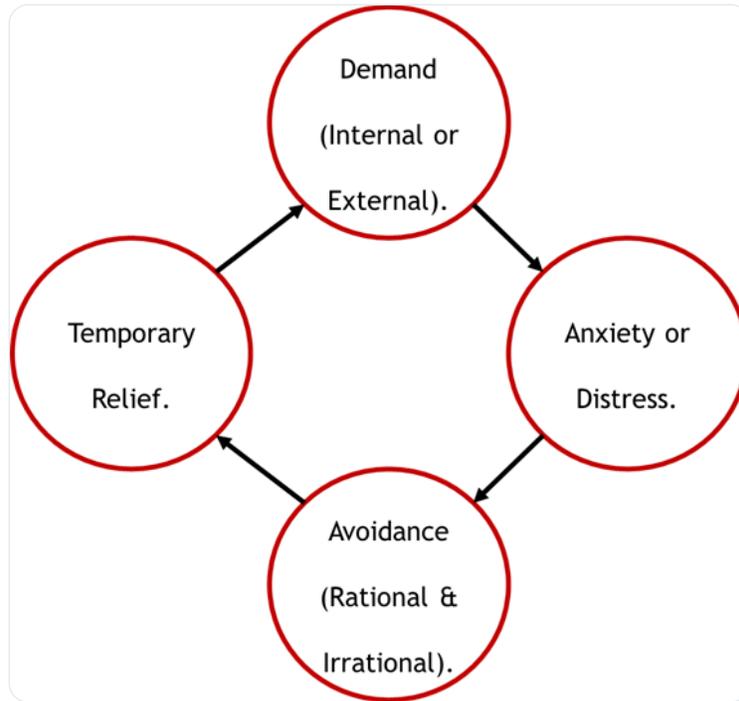
Literature cited by prominent PDA is an ASD supporters suggests non-autistic persons with PDA would have similar clinical course & treatment outcomes. Yes, this would be at lower PDA dx thresholds.

Wider literature suggests, that if coercive interactions are not disrupted, CYP would be on developmental pathway for anti-social behaviours in rest of childhood & adolescence.

Likewise, non-autistic persons with PDA would likewise loose their only coping mechanisms to aversive situations if exposed to reinforcement-based practices.

Likewise, benefit from PDA approaches/ similar to approaches.

That lower dx thresholds and non-autistic persons with PDA should follow same cycle for development and maintenances of behaviours.



I am upset by this, even if it does strengthen my case about "PDA is an ASD" position is unethical and discriminatory to non-autistic persons with PDA.

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

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