



Richard Woods @Richard_Autism

23 Feb · 13 tweets · [Richard_Autism/status/1364295732820385799](#)



[@tinkerbellbites](#) [@milton_damian](#) [@Allison66746425](#)

Apparently, it happens. I have been such things happen with at least one clinician in the UK. Told by a respected clinician/ academic. Maybe to not that extreme.

Yet, it is the extreme end of argument that mental disorders are needed as they help persons.

[@tinkerbellbites](#) [@milton_damian](#) [@Allison66746425](#) It can be considered the logical extent of using mental disorders, to assist persons (& it does not even need to help those diagnosed with them).

[@tinkerbellbites](#) [@milton_damian](#) [@Allison66746425](#) The other end of debate around using mental disorders is that they need standardised behaviour profiles & validated tools.

[@tinkerbellbites](#) [@milton_damian](#) [@Allison66746425](#) PDA tends to be at the "it helps people" end of the debate. One of the reasons PDA is controversial is that it lacks a standardised behaviour profile & validated tools. Some like [@Allison66746425](#) contest PDA technically cannot be diagnosed due that.

[@tinkerbellbites](#) [@milton_damian](#) [@Allison66746425](#) If you want proof PDA is at the "non-scientific" end of this debate & practice. Quote by Christie. From slide 19, here :

<https://www.dp.dk/decentrale-enheder/dansk-psykolog-forenings-selskab-for-borneneuropsykologi/wp-content/uploads/sites/29/2016/04/Towards-an-Understanding...Denmark-Nov-2016.pdf>

That quote is often used in Christie's conference talks.

Goldberg (2013)

... both ICD and DSM focus more on the *reliability* than the *validity* of the disorders they describe...no iteration of either DSM or ICD has acknowledged the fundamental distinction between researchers and practioners...*who* uses diagnostic classifications and for *what* purpose?

[@tinkerbellbites](#) [@milton_damian](#) [@Allison66746425](#) Goldberg (2013)

"... both ICD and DSM focus more on the reliability than the validity of the disorders they describe..."

[@tinkerbellbites](#) [@milton_damian](#) [@Allison66746425](#) no iteration of either DSM or ICD has acknowledged the fundamental distinction between researchers and practioners...who uses diagnostic classifications and for what purpose?"

[@tinkerbellbites](#) [@milton_damian](#) [@Allison66746425](#) What that quote means is that a mental disorder (social construct)/ dx category can be used on any population group/ demographic, if a particular stakeholder group thinks said dx entity benefits someone.

[@tinkerbellbites](#) [@milton_damian](#) [@Allison66746425](#) From what I can tell that is why Christie mentions it in his talks, as it is justification for using PDA in clinical practice despite it lacking relevant evidence, agreed behavioural profile & validated tools.

[@tinkerbellbites](#) [@milton_damian](#) [@Allison66746425](#) As I point out here:

LET'S TALK.

Main DAP Discourse.

- 1) Called Pathological Demand Avoidance or Extreme Demand Avoidance.
- 2) A distinct syndrome.
- 3) An autism subtype/ Pervasive Developmental Disorder.
- 4) Has different strategies to "more straightforward" autism.

Said quote by Christie is also applicable to using PDA on non-autistic persons...
Which he I doubt he has even considered as he views PDA to be a rare autism subtype
(from 2019 NAS PDA conference).

[@tinkerbites](#) [@milton_damian](#) [@Allison66746425](#) *rare autism subtype*

How PDA helps people in under Christie's talks/ scholarship is that PDA has specific
strategies which are different to autism one's & provides a better understanding for
person's behaviours/ features than other dx categories.

[@tinkerbites](#) [@milton_damian](#) [@Allison66746425](#) I discuss such things (nature
& purpose of mental disorders) in a submitted essay on PDA being a mental disorder.
The feedback will be interesting.

[@tinkerbites](#) [@milton_damian](#) [@Allison66746425](#) [@threadreaderapp](#) please
could you unroll?

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