



**Richard Woods** @Richard\_Autism

26 Mar · 22 tweets · [Richard\\_Autism/status/1375502951452712962](https://twitter.com/Richard_Autism/status/1375502951452712962)



You know sometimes my arguments about PDA being valid/ supported by literature can be rather disconcerting due to the questions it raises.

So O'Nions & Neons discuss how PDA behaviours, can be seen outside of autism & have similar triggers to autism.

<https://acamh.onlinelibrary.wiley.com/doi/abs/10.1111/camh.12287>

behaviour, harm to self and others; Newson et al., 2003; O'Nions et al., 2018). This is in line with other work with children with developmental disabilities, which describes distress, arousal and attempts to physically escape from demand contexts (Lucyshyn et al., 2004).

Attempts to foster cooperation by offering contingent rewards may not help the child to regulate the distress associated with the aversive demand itself, once this has been triggered (Brewer et al., 2014), and could instead increase frustration. Punishment-based approaches (e.g. time-out) may increase distress by blocking the child's means of physically escaping aversive demand contexts (e.g. see Agazzi, Tan, & Tan, 2013). Although avoidance presents considerable difficulties for caregivers, from the child's point of view, these behaviours allow them to escape aversive events and thus regulate their affect. Attempts to disincentivize avoidance without addressing anxiety risk leaving the child without a functional response in a situation that they experience as highly aversive (Brewer et al., 2014).

We agree with Malik & Baird's suggestion that it is key

They go on argue that using reinforcement based approaches can be detrimental to a person, as it leaves them without a functioning way of escaping aversive experiences.

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We agree with Malik & Baird's suggestion that it is key not only to describe extreme demand avoidance, but also

Also go onto argue PDA is needed to protect persons from receiving commonly practiced reinforcement-based approaches.

children with ASD (e.g. Lucyshyn et al., 2015).  
However, we have concerns that describing extreme/ 'pathological' demand avoidance (PDA) as a set of comorbidities including oppositional defiant disorder (ODD) could have negative impacts (O'Nions, Happé, Viding, Gould, & Noens, in press). Using the label 'defiant' might imply that avoidance and demand-related problem behaviour are a result of the child's wilfulness, which primes caregivers to respond reactively to assert their authority. The ODD label may also encourage automatic use of reinforcement-based approaches, which are the mainstay of parenting interventions for disruptive behaviour disorders in general.  
As we have described, and as Malik and Baird (2018) also note, the mechanisms underpinning and maintaining

I have argued that logically, PDA should also be diagnosed in non-autistic persons to also protect them from receiving commonly practiced reinforcement-based approaches.

Here slide 30.

**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.

Aut|medes DAP Ethics. 7

<https://www.youtube.com/embed/EflegxPSO08>

Likewise, one could also argue PDA is needed to for better understanding such persons in non-autistic persons, using O'Nions & Neons arguments.

So what is exactly new information here?

Well, Brewer et al (2014), which is cited by O'Nions & Neons, does make certain points, as cited.

So this highlighted text, is important, in that it appears to explain a similar reinforcement process O'Nions proposes underpins development & maintenance of PDA behaviour.



Advance Notice for Transition-Related Problem Behavior: Practice Gui...

Transitions between daily activities can occasion or elicit problem behavior in individuals with intellectual and developmental disabilities (IDD). Provide

<https://link.springer.com/article/10.1007/s40617-014-0014-3>

... enhance predictability in the environment and produce concomitant reductions in transition-related problem behaviors. This study is often cited in support of the "uncertainty" reduction hypothesis.

Conceptually, unpredictability is an environmental variable that can render transitions aversive. As such, uncertainty provides a source of motivation (i.e., makes the stimuli associated with the transition aversive) for escaping the transition through noncompliance, stereotypy, self-injury, or aggression. If these responses are followed by the caregiver canceling or postponing the transition (i.e., remaining in the current activity), then a negative reinforcement contingency has been arranged. This contingency reinforces a response by removing the stimuli associated with transition, which can maintain problem behaviors. Advance notice may work because it removes the uncertainty of the timing and nature of the transition and renders the transition no longer aversive. This removes the motivation, or establishing operation, for escape.

The presentation of an aversive stimulus can have behavioral effects other than motivating escape and avoidance behaviors. Presentation of aversive stimuli can elicit emotional responses that may engender aggression and disrupt adaptive operant behaviors in animals (e.g., Pitts and Malagodi 1996)

I.e. Person is stressed by demand of a aversive situation. Person displays avoidance behaviours, such as tantrums/ violence/ self-harm. Such behaviours force adult/ teacher to pause transition. Aversive demand is removed. Person gets negative reinforcement.

Brewer et al (2014) include stereotypy, like rocking and hand flapping in the problem behaviour. It serves a similar purpose in stress reduction to a aversive demand. Makes sense, autistic persons RRBIs increase, more we are stressed.

Why Brewer et al (2014) validates my logic PDA is needed to be diagnosed at lower thresholds & in non-autistic persons, is this bit.

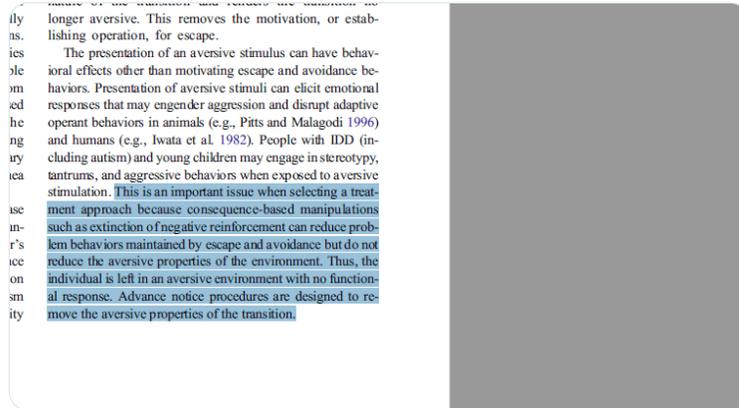
Demand avoidance behaviours are seen outside of autism, including typically developing children. With similar/ same triggers.

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because it removes the uncertainty of the timing and nature of the transition and renders the transition no longer aversive. This removes the motivation, or establishing operation, for escape.

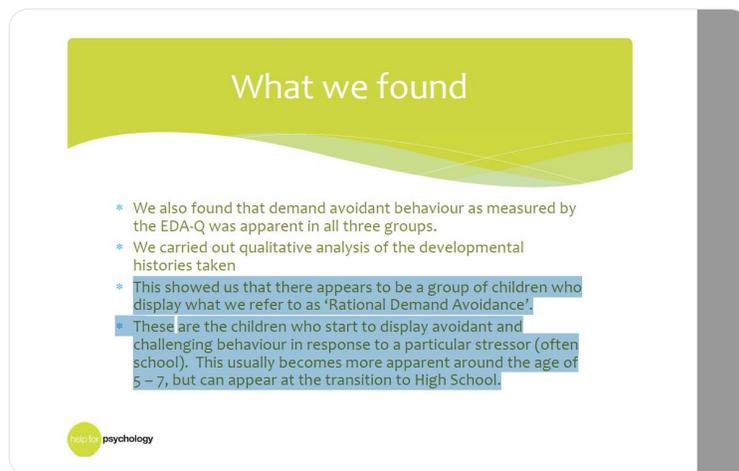
The presentation of an aversive stimulus can have behavioral effects other than motivating escape and avoidance behaviors. Presentation of aversive stimuli can elicit emotional responses that may engender aggression and disrupt adaptive operant behaviors in animals (e.g., Pitts and Malagodi 1996) and humans (e.g., Iwata et al. 1982). People with IDD (including autism) and young children may engage in stereotypy, tantrums, and aggressive behaviors when exposed to aversive stimulation. This is an important issue when selecting a treatment approach because consequence-based manipulations such as extinction of negative reinforcement can reduce problem behaviors maintained by escape and avoidance but do not reduce the aversive properties of the environment. Thus, the individual is left in an aversive environment with no functional response. Advance notice procedures are designed to remove the aversive properties of the transition.

Brewer et al, make this point directly before discussing the negative impacts of using reinforcement based approaches to remove avoidance behaviours in such situations, i.e. removing a person's coping mechanisms when distressed.



Which seems to support my point that non-autistic persons with PDA would also need protecting from automatic reinforcement based approaches.

It would also support PDA being used at lower diagnostic thresholds, such as those meeting threshold on the EDA-Q, so with non-pervasive demand avoidance, like Help4Psychology's "Rational Demand Avoidance" group.



Brewer et al (2014) are indirectly recognising that a person is stressed when displaying PDA behaviours. So if a CYP is meeting threshold for EDA-Q, or school refusing, they are also likewise going to be negatively impacted by reinforcement-based approaches.

Brewer et al, comments about universality of people/ CYP displaying demand avoidance behaviours due to stress, supports my point that [@Allison66746425](#) work is applicable to O'Nions work. They are describing same/ similar processes.

The point of [@Allison66746425](#) work I am referring too, is the part discussing the types of behaviours CYP express to display their self-agency in hard times (stressed). The work of Waskler.



### Pathological demand avoidance: What and who are being pathologise...

The term 'pathological demand avoidance' was first coined in 1983. In recent years, diagnostic tools have emerged to enable practitioners to identify, name and ...

<https://journals.sagepub.com/doi/full/10.1177/2043610619890070>

It raises more questions though. Like why have O'Nions & other not made the same logical conclusions I have? Why have O'Nions & others also arguing for PDA to be diagnosed & research outside of autism etc etc?

It seems absurd and unethical to me to only diagnose at higher threshold's when the arguments around its clinical use & researching PDA are applicable to lower diagnostic thresholds.

What do I know (rhetorical)?

I need to continue the thread a bit more.

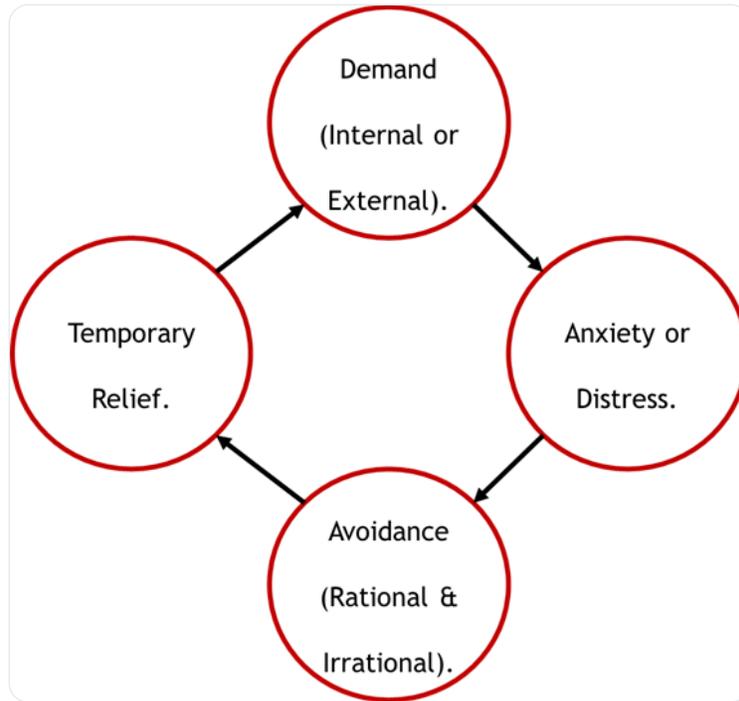
So the fact that Brewer et al (2014) were describing processes about how avoidance behaviours are maintained & developed is similar/ same as O'Nions proposes for PDA.

enhance predictability in the environment and produce concomitant reductions in transition-related problem behaviors. This study is often cited in support of the "uncertainty" reduction hypothesis.

Conceptually, unpredictability is an environmental variable that can render transitions aversive. As such, uncertainty provides a source of motivation (i.e., makes the stimuli associated with the transition aversive) for escaping the transition through noncompliance, stereotypy, self-injury, or aggression. If these responses are followed by the caregiver canceling or postponing the transition (i.e., remaining in the current activity), then a negative reinforcement contingency has been arranged. This contingency reinforces a response by removing the stimuli associated with transition, which can maintain problem behaviors. Advance notice may work because it removes the uncertainty of the timing and nature of the transition and renders the transition no longer aversive. This removes the motivation, or establishing operation, for escape.

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Supports the case for my Demand Management Cycle in PDA, and also for the adoption of the DSM-5 OCD diagnostic threshold for PDA. As it suggests it can be generalised onto non-autistic persons.



Seems I know something that appears to be valid.

Who would have thought that (rhetorical)?

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

(Again).

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