

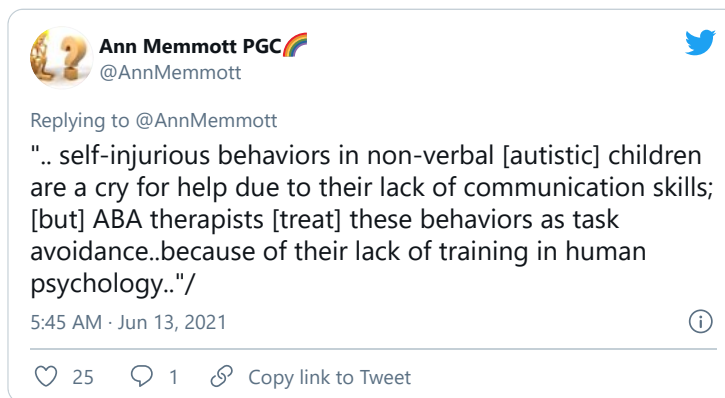


Richard Woods @Richard_Autism

13 Jun · 31 tweets · [Richard_Autism/status/1404005543535169536](#)



One that has struck me over the last couple of days is the of consideration over what demands cause PDA behaviour in Newson's original research. She just seems to assume that ALL demands trigger avoidance behaviour without collecting data to prove it.



There are just generic statements, like "obsessive" demand avoidance, & "ordinary" demands. Even looking at tools derived from Newson's research do not actually tell us what specific demands cause avoidance behaviours, just a few generic words.

There are plenty of descriptions of the avoidance behaviours, but very little on the actual demands. Even then items covering this in derived tools, indicate it is about non-compliance & other "problematic" behaviours person with PDA expresses.

"Obsessively resists and avoids ordinary demands and requests" Q1 EDA-Q, O'Nions et al 2014, p763.

"join in, learn new things, or to change behaviour" Sub-questions for "Lack of co-operation" Revised PDA DISCO questions, O'Nions et al 2016 supplementary notes

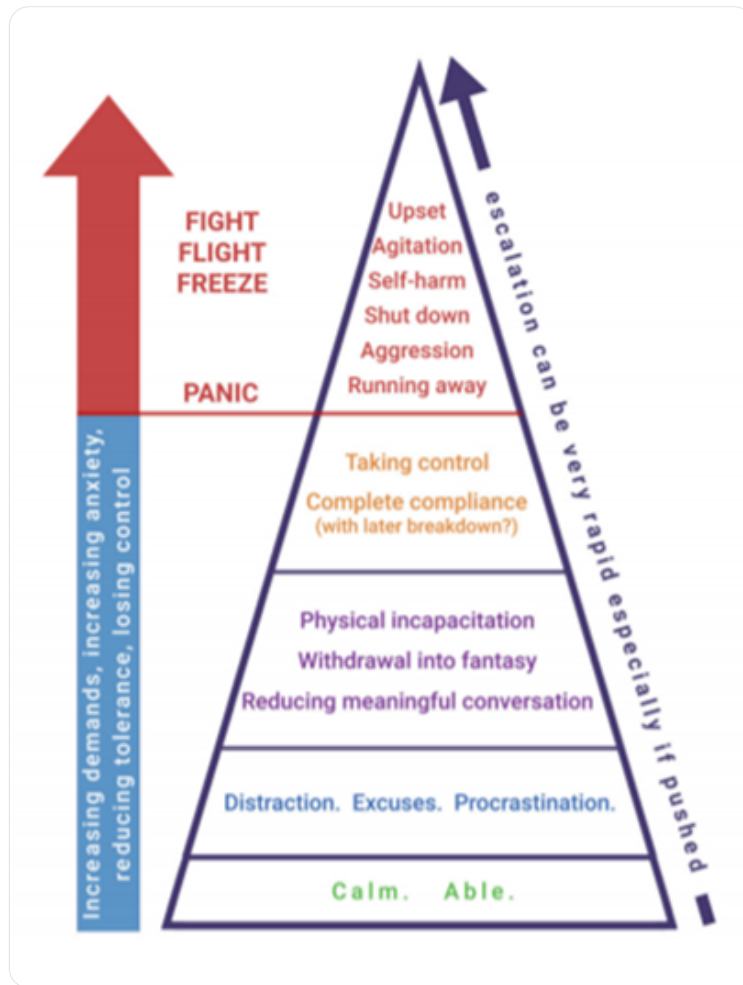
Looking at those two questions, one should see the word "resist", "lack of co-operation" "change behaviour"

I am also shocked by the lack of consideration for a person is likely to be highly aroused when expressing many behaviours associated with PDA. We know that about 60-66% of distress behaviour is triggered by requests/ demands.

https://www.researchgate.net/publication/337146735_Demand_avoidance_phenomena_circularity_integrity_and_validity_-_a_commentary_on_the_2018_National_Autistic_Society_PDA_Conference

Person expressing features are highly aroused, are likely processing information more slowly & more emotively. More likely to be operating under flight/ fight/ freeze

response. Trying to change their behaviour when highly aroused is placing another demand.



I.e., trying to change their behaviour in that situation is only likely to escalate the distress behaviours being seen in a person with PDA.



Want to know why offering choice & reducing demands, depersonalising requests etc work for reducing distress behaviours in PDA; because it is reducing requests &

demands, & it would naturally lower amount of distress behaviours expressed.

This is becoming tangential. I wish to point out other logical contradictions within PDA, but within Newson's observations.

"demand avoidance: as a result, most children show very low level achievement in school because motivation to avoid demands is so sustained, and because the child knows no boundaries to avoidance." (Newson et al 2003, p597).

This has no consideration that the child might be highly aroused/ traumatised/ in aversive situations, that can cause distress behaviour seen in PDA.

Importantly, Newson consistently viewed PDA to be 100% genetic/ biological in nature, from 1983 to 2003.

"None of these children chooses to be the way they are. These are biological, sometimes genetic, disorders. However difficult the behaviour arising from them, the child is not wilfully being naughty, and cannot easily behave differently;...

... though we may be able to help him or her to improve over time. None of these conditions has an emotional cause, although any might make the child behave emotionally, especially if misunderstood" (Newson et al 2003, p598).

Newson seems to assume that ALL demands trigger avoidance behaviours, because she (mistakenly) had an axiom (statement/ assumption treated as true) that PDA is entirely caused by biology/ genetic. I point out this is nonsense here:

https://www.researchgate.net/publication/337146735_Demand_avoidance_phenomena_circularity_integrity_and_validity_-_a_commentary_on_the_2018_National_Autistic_Society_PDA_Conference

[@OrmStian](#) & others have also pointed out this axiom of Newson's is nonsense, as no disorder is entirely caused by biology/ nature.

So the nonsense axiom that PDA is 100% genetically/ biologically caused, means can assume ALL demands trigger avoidance behaviours. Thusly, that one does not need to collect data on WHAT demands trigger avoidance distress behaviours associated with PDA.

Back to this quote"

"demand avoidance: as a result, most children show very low level achievement in school because motivation to avoid demands is so sustained, and because the child knows no boundaries to avoidance." Newson et al 2003, p597).

Logic: PDA has deficits in social identity/ pride/ shame. Deficits allow person to happily express

"distract, elaborate excuses, negotiation, or withdrawal, which could escalate into threats, aggression, destructive behavior, or self-harm" O'Nions et al 2021

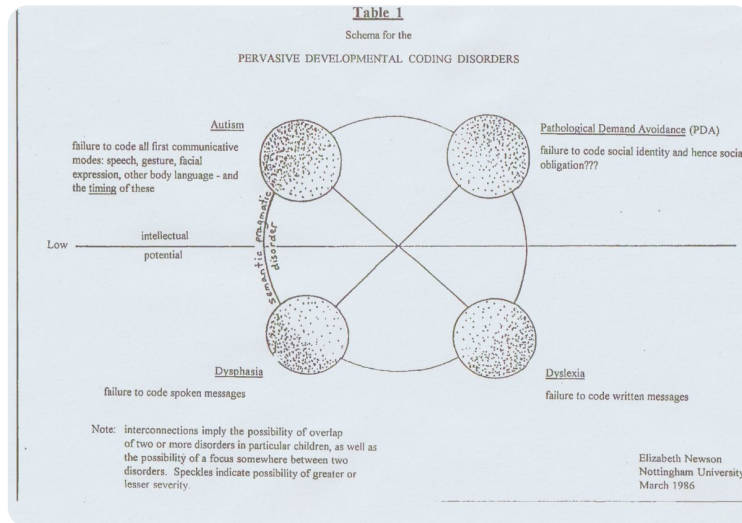
As a person can happily present non-compliant behaviours & "problematic" avoidance behaviours, because they do not know any better & it is by person with PDA's choice.

Which directly contradicts this:

"None of these children chooses to be the way they are. These are biological, sometimes genetic, disorders. However difficult the behaviour arising from them, the child is not wilfully being naughty," Newson et al 2003 p598.

It must be said that this contradiction is partly caused, because Newson decided to give PDA coding deficits in the first place. Newson needed PDA to have some issue in processing/ not understanding some aspect of communications.

This is because Newson PDA to have coding issues to fit into her original "Pervasive Developmental Coding Disorders" diagnostic grouping in 1986. We know she was unsure of what PDA's coding issues were, as she is seen questioning it.

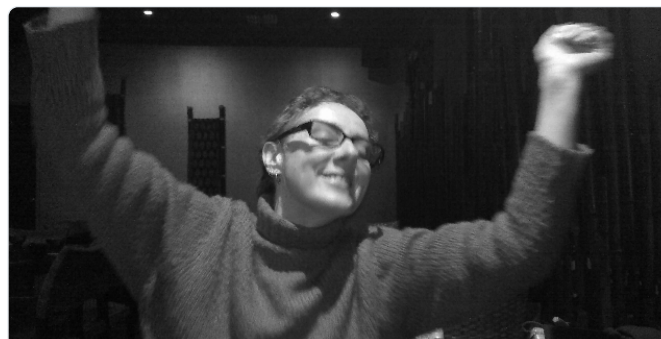


So this entire contradiction seems to be caused by two of Newson's axioms:

PDA is entirely genetic/ biological caused.

PDA has coding issues.

The quote about avoidance behaviours being by choice, supports Donna Williams' comments on how PDA is different to exposure anxiety. [@PaulIsaacs22](#)



Exposure Anxiety versus Pathological Demand Avoidance.

Someone wrote to me about the differences between Exposure Anxiety (EA, as written about in the book, Exposure Anxiety; The Invisible Cage) and Pathological Demand Avoidance (PDA). Here are my ref...

<https://blog.donnawilliams.net/2008/06/17/exposure-anxiety-versus-pathological-dema...>

This contradiction also supports my point that PDA's clinical descriptions are NOT

cogent (clear, logical, and convincing), despite what Phil Christie says. It is a damning statement it is taking a PhD student to highlight such issues with PDA.

The past 20 years or so... what has been achieved?

- Cogent accounts and descriptions from clinicians, teachers and parents
- Emerging insights from those with PDA
- Growing awareness, recognition and interest from practioners and researchers

I would point out if a person is expressing:
"distract, elaborate excuses, negotiation, or withdrawal, which could escalate into threats, aggression, destructive behavior, or self-harm"
It should be viewed as a distress behaviours & validated as such.

It should NOT matter if such distress behaviours are:

- by choice or not.
- rational or irrational.
- non-autistic or autistic.

What should matter is showing empathy towards a person & helping them. That should include avoiding using holds.

 **Richard Woods**
@Richard_Autism 

Sometimes I have to ask myself, do certain "PDA is an ASD" supporters really believe the hype surrounding PDA, because they seem so invested in the circularity of it, they seem to ignore valid critique on it.



I AM THE HYPE

10:12 PM · Jun 2, 2021 

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

Thank you in advance.

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