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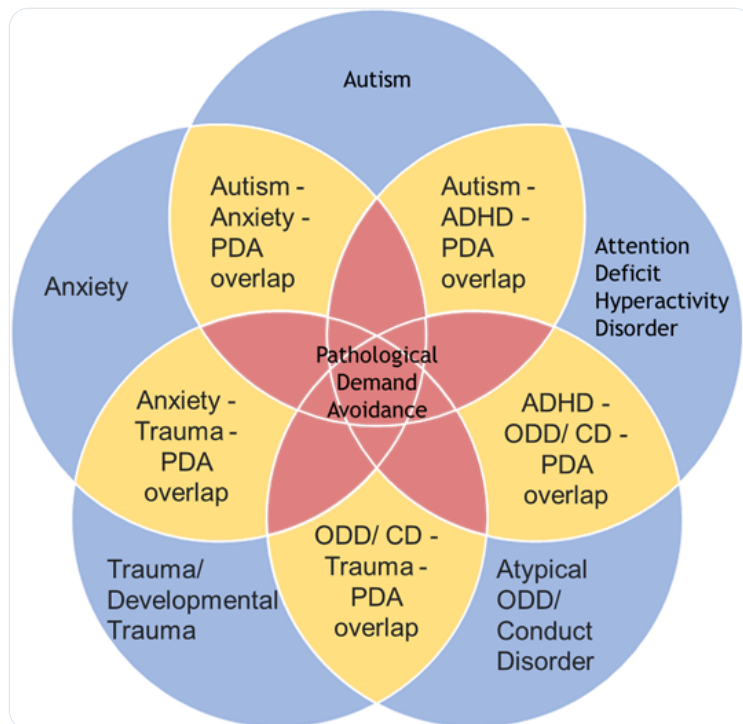
Reflecting upon Jonathan Green's talk yesterday about Demand-Avoidance is relational to each other. My thinking has been to separate demands & avoidance to make it reflect transactional understandings of PDA; which we all should be working with.

I am making a subtle but important change to "Demand Avoidance Phenomena", to "Demand-Avoidance Phenomena". I think I will add the hyphen whenever using a "full name" for PDA.

One thing that I recalled is how in Newson's first publication on PDA in 1983, she calls "Pathological demand-avoidance syndrome". There are signs of a transactional perspective being taken, like how roleplay/ fantasy seems to be a coping mechanism.

If you check Newson's next publication in 1989 there is no hyphen. Probably similarly named in later Newson's PDA scholarship. I just think it is ironic how using the hyphen in PDA's full names, is going full circle.

Also upon reflecting on it. One can argue it is a better way to formulate PDA, is to break it up into its constituent features, than treating it is whole entity.



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The reason for this is that strategies, "treatment" are issues/ symptom specific, not diagnoses specific. So by breaking PDA into individual features, clinicians can create bespoke strategies "treatment" plans for those with PDA.

So trauma present gets it's own strategies/ "treatment".

ADHD -hyperactivity features, get it's own strategies/ "treatment".

Anxiety features get it's own strategies/ "treatment".

And so on.

Which is more person centered than going here are the PDA strategies

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Thank you in advance.