



Richard Woods @Richard_Autism

Jul 24, 2021 · 27 tweets · [Richard_Autism/status/1418892634509221898](#)



[@KatyBenson20](#) [@PughJoanne](#) ADHD does have social communication issues, often receiving social communication interventions. Also strong case ADHD should be moved into disruptive, impulse-control, & conduct disorders. It was not due to some research (I am unaware of exact details).

[@KatyBenson20](#) [@PughJoanne](#) Persons most likely to have ODD & Conduct Disorder are those with ADHD (From my understanding).

[@KatyBenson20](#) [@PughJoanne](#) Also ODD & Conduct Disorder also often have social communication issues & receive interventions for that. PDA maybe social communication issues really is no excuse for it to remain in autism.

[@KatyBenson20](#) [@PughJoanne](#) I suspect there is a good case for PDA to go into disruptive, impulse-control, & conduct disorders.

[@KatyBenson20](#) [@PughJoanne](#) Then again due to PDA's spiky characteristics profile, & different outlooks on it, one could probably produce good argues for PDA to go into several different diagnostic groupings.

[@KatyBenson20](#) [@PughJoanne](#) I am currently advocating PDA best fits into OCD & Related Disorders, even only temporarily.

[@KatyBenson20](#) [@PughJoanne](#) Yes, PDA is arbitrary considering there are so many different outlooks on PDA. Several different behaviours & diagnostic thresholds. So many divergent opinions away direct empirical testing.

[@KatyBenson20](#) [@PughJoanne](#) My own PhD is arguably researching arguably its most important fundamental question, which should have been already investigated before anyone even assumed PDA was autism.

[@KatyBenson20](#) [@PughJoanne](#) Bear in mind, that "PDA is an ASD" supporters require divergent outlooks to be falsified for them to have evidence to say their opinions on are the only ones valid on PDA. Considering much critical & divergent opinion are valid...

[@KatyBenson20](#) [@PughJoanne](#) ... It is highly unlikely that divergent PDA outlooks are ALL going to be falsified.

Example, a feature becomes pathologised at a rather low threshold, it does not need to be "pervasive" or be an issue in multiple functionings/ situations.

[@KatyBenson20](#) [@PughJoanne](#) I do not strongly identify with PDA, as it has small, poor quality evidence base, with generic features and substantial disagreement over what PDA looks like. It likely that divergent opinions to "PDA is an ASD" narrative are valid.

[@KatyBenson20](#) [@PughJoanne](#) In short it is far too easy that any "identity" of PDA is outside of my control and it could radically change. Which seems unwise to me become emotionally attached to PDA as an identity; it seems like a good way to get hurt.

[@KatyBenson20](#) [@PughJoanne](#) Yes, PDA does have blurred boundaries, due to reasons set out above.

Yes, it does seem to be highly stigmatising due to its atrocious language.

[@KatyBenson20](#) [@PughJoanne](#) "Demand-Avoidance" itself is a process, not a thing, demands and avoidance are interactive, transactional constructs. How many neurodivergent identities are a process? Autism is not, ADHD is not. I am unsure if PDA is a neurodivergent way of being.

[@KatyBenson20](#) [@PughJoanne](#) PDA does not need to be from early infancy. Literature indicates persons can transition into PDA. That PDA features often reduce as a CYP matures into adulthood. These aspects are different to autism.

[@KatyBenson20](#) [@PughJoanne](#) I should point out that processes can be things. I do not think PDA has to be inherently pervasive.

[@KatyBenson20](#) [@PughJoanne](#) Inherently autistic, with anxiety, depression, demand-avoidance features (as seen in Newson's profile), probable dyspraxia traits, ADHD and OCD. It took me some time to process what features should be attributed to which construct...

[@KatyBenson20](#) [@PughJoanne](#) ... Ultimately it is an arbitrary decision in some of my characteristics.

I can see why diagnostic labels can be useful and also unhelpful. I think there is strong case that diagnostic labels are not needed, as set out by [@peterkinderman](#)

[@KatyBenson20](#) [@PughJoanne](#) [@peterkinderman](#) A diagnosis of autism, ADHD etc, is done as part of the clinical formulation, where clinicians should be building up a picture of strengths & weaknesses. Strategies & "treatments" are issues/ symptoms specific.

[@KatyBenson20](#) [@PughJoanne](#) [@peterkinderman](#) Furthermore, one can use ICD social determinant or phenomenological codes to help design services & decide on appropriate support packages.



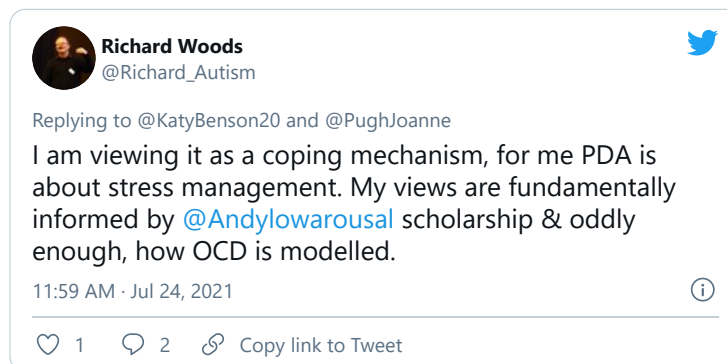
One could reasonably argue, do we even need formal diagnoses?

[@KatyBenson20](#) [@PughJoanne](#) [@peterkinderman](#) I accept the current CAMHS/ SEND system needs often needs diagnoses, even though it is meant to be needs based. I do think we should striving to abandon the use of diagnostic labels over the next few decades.


[@KatyBenson20](#) [@PughJoanne](#) [@peterkinderman](#) One of the advantages of viewing PDA as a process, is that it does not route any of its issues within the person, so it allows PDA to be de-pathologised. That is exactly what I am doing with my PDA as part of my PhD.

[@KatyBenson20](#) [@PughJoanne](#) [@peterkinderman](#) So it should intrinsically reduce any stigma attached to PDA.

[@KatyBenson20](#) [@PughJoanne](#) [@peterkinderman](#)



[@KatyBenson20](#) [@PughJoanne](#) [@peterkinderman](#)

 **Richard Woods**
@Richard_Autism


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How I conceptualise PDA, it is something that is seen throughout the human population, but there is a threshold in which it becomes "pathological demand avoidance" (taken from the DSM-5).

12:00 PM · Jul 24, 2021

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[@KatyBenson20](#) [@PughJoanne](#) [@peterkinderman](#)

 **Richard Woods**
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Replying to @Richard_Autism @KatyBenson20 and 2 others

I have discussed recently here:
[youtube.com/watch?v=22ESXs...](https://www.youtube.com/watch?v=22ESXs...)

and here:



(PDF) Demand Avoidance Phenomena ("Pathological...
PDF | These are slides of my 15 minute talk on why
PDA can be viewed as a discrete Disorder at a lower ...
researchgate.net

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[@KatyBenson20](#) [@PughJoanne](#) [@peterkinderman](#) [@threadreaderapp](#) Please could you unroll?

Thank you in advance.

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