



**Richard Woods** @Richard\_Autism

Oct 2, 2021 · 6 tweets · [Richard\\_Autism/status/1444312260042706946](#)



Thought experiment to the floor.

Suppose I designed & conducted a PDA research.

I created PDA definitions based on my experience.

Ignore how PDA can be diagnosed at lower diagnosed thresholds.

Ignore how PDA can be diagnosed in non-autistic persons.

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Ignore DSM-5 threshold for when something becomes "pathological", i.e., threshold for PDA.

Ignore accepted understandings anxiety is not a feature autism.

Used ADOS which is not design to assess for PDA features.

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Only diagnosed PDA in persons I thought were autistic.

Only diagnosed PDA in a dual ASD + PDA traits diagnosis.

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... Would anyone be surprised if the research results, showed qualitative & quantitative differences in my three groups:

- autistic with PDA.
- autistic without PDA.
- non-autistic trauma based group.

Seriously wondering this?

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Could one reasonably describe such research as "more authoritative clinically-based research" (assuming I was a clinician and research was conducted in a clinical setting)?

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

Thank you in advance.

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