



Richard Woods @Richard_Autism

Mar 1 · 16 tweets · [Richard_Autism/status/1498570443120381952](https://twitter.com/Richard_Autism/status/1498570443120381952)

The more I think about the PDA Society's recent research report pretending to be clinical guidelines, the more problematic I think it is. So, if PDA has been over diagnosed, then much PDA research would also contain those who have been over diagnosed....

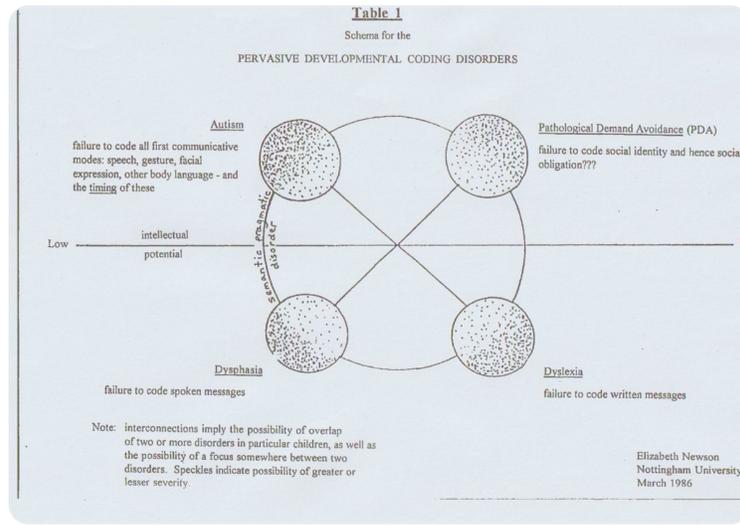
... Then if you believe the PDA Society, the likes of Christie, Eaton & others who stuck their name to the research report, then you should ignore much PDA research as it is not based on "their" PDA...

... It just shows you how much of their scholarship, research, & campaigning is just self-validating, unethical, & unscientific. E.g, they cannot be sure others views on PDA are mistaken, the research has often not been conducted...

... Even then with huge diversity of clinical practice & research practice on PDA, studies like Being Misunderstood Report would be contain significant amounts "over diagnosed" PDA cases., research used to justify PDA clinical need would be applicable to lower dx thresholds...

... Additionally, taking a high dx threshold to PDA while discriminating against non-autistic persons with PDA, breaching their universal rights to PDA research, support, & diagnoses...

... Ignores how Newson often did things to help people, including creating PDA's behaviour profile, as PDA is meant to better describe some features, & to supposedly inform different strategies used. She also created her own created diagnostic grouping from 1986 -1996...



... Newson did NOT care if a person in her cohort was autistic or not, as she deliberately removed cases who showed signs of autism from her database...

Viewing PDA as a form of ASD & taking a high dx threshold disrespects Newson's views on PDA!...

... Background to PDA Society & these 12 clinicians arbitrarily deciding what PDA is, is the systemic poor standards in practice, research, & ethics with autism...

... @FiGullonScott We should not be tolerating or accepting such unethical & unscientific by those behind:

<https://www.pdasociety.org.uk/wp-content/uploads/2022/01/Identifying-Assessing-a-PDA-profile-Practice-Guidance.pdf>

What is the point listening to/ engaging with a bunch of highly biased parties, choose not to care about PDA research & diagnoses which does not conform to "their" highly narrow version of PDA/ or expectations on PDA?

How seriously would I be taken by other autism stakeholders, if I only accepted autism diagnoses representative of Kanner's descriptions & research which supported that view? Not much, by far too many persons, due to legal, ethical & scientific reasons.

If you follow the approach taken by PDA Society research report in PDA literature, only accept PDA diagnoses by those parties/ definitions of PDA (which are not the same as Newson's). Exactly how much studies/ PDA diagnoses should I ignore as part of my systematic?

Ignore 10%/ 20%/ 30% etc of candidate studies on opinion of highly biased parties, with conflict of interests?

Lit review: [@NICEComms](#) [@BPSOfficial](#) [@repsych](#) [@ArvidNK](#) all recently reviewed literature & equally respected divergent opinions on PDA

Reviewer: why are you ignoring those studies?

Me: PDA Society with 12 highly biased clinicians, with COIs say so.

Reviewer: Include all studies...

Ludicrous, that anyone should be expected to ignore PDA diagnoses, or PDA research due to the opinions those behind this research report.

<https://www.pdasociety.org.uk/wp-content/uploads/2022/01/Identifying-Assessing-a-PDA-profile-Practice-Guidance.pdf>

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

Thank you in advance.

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