



**Richard Woods** @Richard\_Autism

Nov 16, 2021 · 24 tweets · [Richard\\_Autism/status/1460563531733086209](#)

I would suggest the same thing to those thinking an anxiety based disorder like PDA (supposedly is) is a Profile of ASD.

 **∞ Clear Autism ∞ \*on hiatus\***  
@ClearAutism 

If you really think that learning to tie shoelaces is a higher priority for an [#autistic](#) person than, say, learning consent, respect and acceptance of self and others, I suggest that you don't understand as much about [#autism](#) as you think you do.

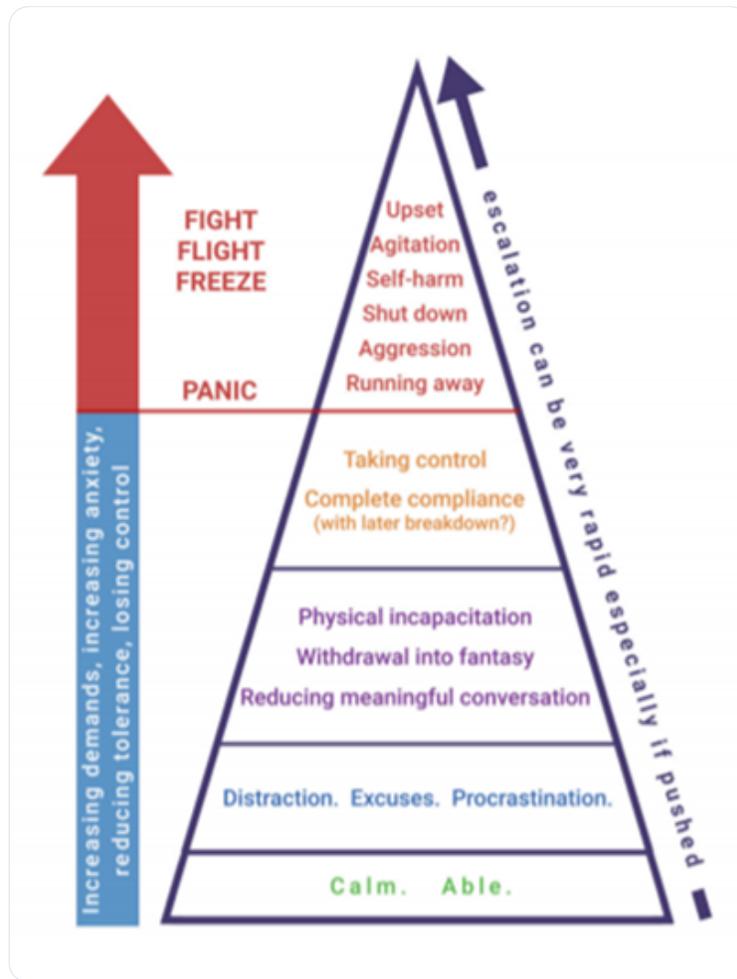
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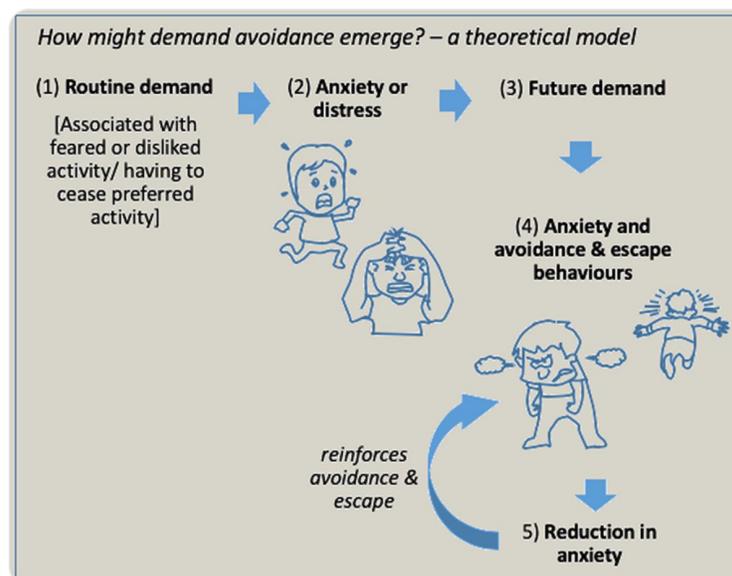
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PDA theory suggests more distressed a person is, more likely they are to escalate through these features.



The reason is, that these social avoidance features are anxiety based RRBIs, which are meant to be developed & maintained through a generic negative reinforcement cycle.



The entire function of social avoidance features in PDA is change the environment around the person with PDA to be less aversive, most of the time, this is about changing nature of social interaction, or to terminate (stop) it.

So for instance, if a person is sticking a CYP through an ADOS assessment (which is controlled form of social interaction used as part of assessing for autism), & CYP starts displaying increasing social avoidance features.

It is likely because the person doing the ADOS test is placing aversive demands on CYP with PDA, i.e., CYP must interact with ADOS assessor (irrespective of how they interact with CYP). This makes sense under a transactional view of demand-avoidance.

As the CYP displaying increasing rates of social avoidance features is trying to not engage/ reciprocate the controlled social interaction of the ADOS, they are likely to score badly on ADOS, as ADOS judges social interactions to non-autistic social norms.

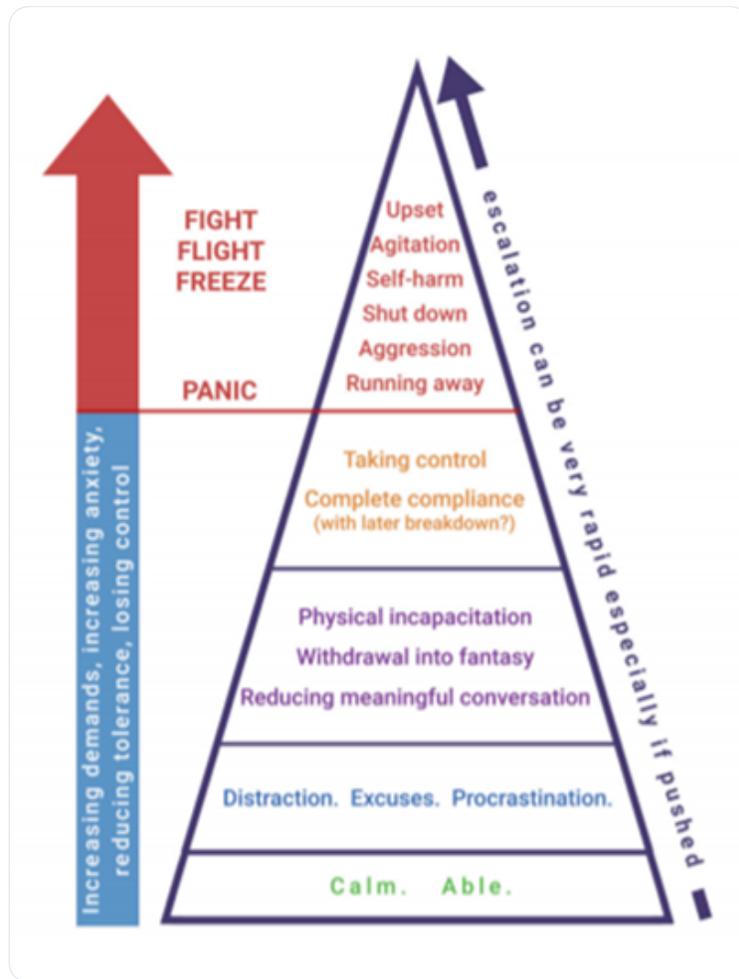
Not to mention the ADOS is not designed to assess for PDA features...

This is entirely predictable, for instance Newson's descriptions contains signs we should view PDA as being about stress management.

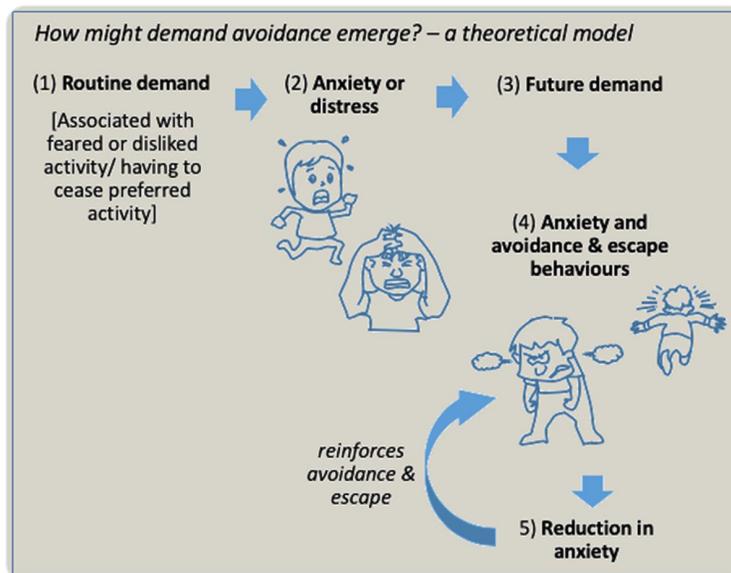
"...(or other noises, e.g. humming) to drown out demands; mimics purposefully; refuses to speak. \*(As last resort): outbursts, screaming, hitting, kicking; best construed as panic attack." Newson et al 2003, p597

"Comfortable in role play and pretending: Some appear to lose touch with reality. May take over second-hand roles as a convenient "way of being", i.e. coping strategy." Newson et al 2003, p597.

These descriptions would be inline with this suggested diagram, by the PDA Society, "What is PDA" book, p7.



This image is from O'Nions & Eaton 2021, p414.



One should expect those displaying PDA features to score atypically on ADOS. Its mainly due to nature of anxiety-based RRBI's being induced by assessors placing aversive demands on those being assessed. Does not mean those displaying PDA features are autistic.

Which I am struggling to see how that is ethical, considering it is predictable. There are other ways to assess for PDA features, such as through questions from DISCO.

I.e., it is a predictable risk that those believed to express PDA features will display such features if one places & maintains aversive demands upon them, such as having to complete an ADOS assessment. To a population believed to have high stress levels.

For what? Because some parties think PDA is a "Profile of ASD"? You know what, a clinician's ego, or reputation is not more important than the well-being of a highly stressed individual.

If a clinician can assess for PDA features without the ADOS, then they should be not be using the ADOS. As previously established there are other tools to assess for PDA, like this:

[http://www.pdaresource.com/files/PDA\\_Questionnaire.pdf](http://www.pdaresource.com/files/PDA_Questionnaire.pdf)

That semi-structured interview was created by O'Nions & Happe based on upon Newson's clinical descriptions & original PDA DISCO questions.

Heck, even the 11 revised PDA DISCO questions (which not all the 11 questions are the same as the original 15), is open access, see Resource 2.

[https://static-content.springer.com/esm/art%3A10.1007%2Fs00787-015-0740-2/MediaObjects/787\\_2015\\_740\\_MOESM1\\_ESM.pdf](https://static-content.springer.com/esm/art%3A10.1007%2Fs00787-015-0740-2/MediaObjects/787_2015_740_MOESM1_ESM.pdf)

Remember that anxiety based disorders are not recognised to be part of autism spectrum in DSM-5 or NICE autism guidelines. Anxiety is not an intrinsic feature of autism. If one of us is anxious, it is usually due to what is being done/ or has been done to us.

As something I point out here.

[https://www.researchgate.net/publication/338650142\\_Commentary\\_Demand\\_Avoidance\\_Phenomena\\_a\\_manifold\\_issue\\_Intolerance\\_of\\_uncertainty\\_and\\_anxiety\\_a\\_s\\_explanatory\\_frameworks\\_for\\_extreme\\_demand\\_avoidance\\_in\\_children\\_and\\_adolescents\\_-\\_a\\_commentary\\_on\\_Stuart](https://www.researchgate.net/publication/338650142_Commentary_Demand_Avoidance_Phenomena_a_manifold_issue_Intolerance_of_uncertainty_and_anxiety_a_s_explanatory_frameworks_for_extreme_demand_avoidance_in_children_and_adolescents_-_a_commentary_on_Stuart)

On that note, I will stop here, & restate the point, if one thinks an anxiety based disorder like PDA is a "Profile of ASD", I would suggest they probably do not understand as much about autism (& PDA), as they think they do.

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

Thank you in advance.

