



**Richard Woods** @Richard\_Autism

Jan 17, 2022 · 25 tweets · [Richard\\_Autism/status/1483017172108652552](https://twitter.com/Richard_Autism/status/1483017172108652552)

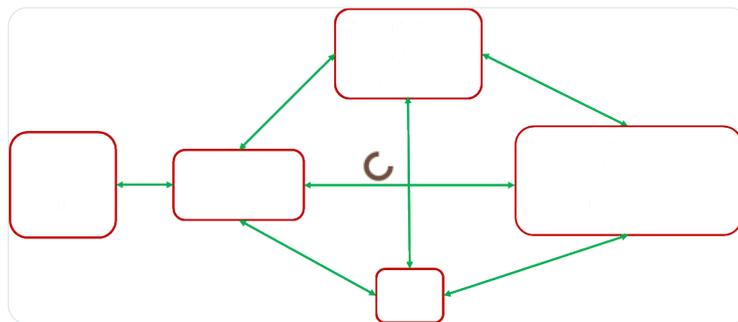
DSM-5 Autism criteria, trait C.

"C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life)."

The part I am interested in this thread is:

"(but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life)"

While I think PDA can be from early infancy, there are many good reasons to think PDA is not intrinsically from early infancy, for example see the image below:



Where am I going with this, well suppose one accepts the notion that PDA is due to a "need for control", but as everyone/ most people have a need for control, I am going say "heightened need for control", compared to rest of the population (as PDA is seen in non-autistics).

Also "heightened need for control", can also be caused by trauma... This should be obvious.

I am reflecting upon if PDA theory should consider an equivalent term to:

"but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life"

I need to consider if such a term is needed?

I think considering if it is needed is probably going off on a tangent into clinical need debates. I think it might be needed if someone adopts a narrow view to what PDA is.

Why am I considering if a term is needed? Its possible for someone with a "heightened need for control" & to experience minimal challenges to their control. Thus unlikely to often show demand-avoidance features, until the time in their life, they generally loose their "control".

Oh crap! [@milton\\_damian](#) First time I noticed DSM-5 Category C trait takes a transactional approach to demand-avoidance. This is wonderful! Also shows it is complete nonsense to view demand-avoidance being due to deficits located within individual.

"but may not become fully manifest until social demands exceed limited capacities" (APA 2013, p50).

This is fantastic it supports my opinion, viewing PDA to be a "Profile of ASD" does not conform to DSM-5 autism criteria!

I need to reflect more upon this.

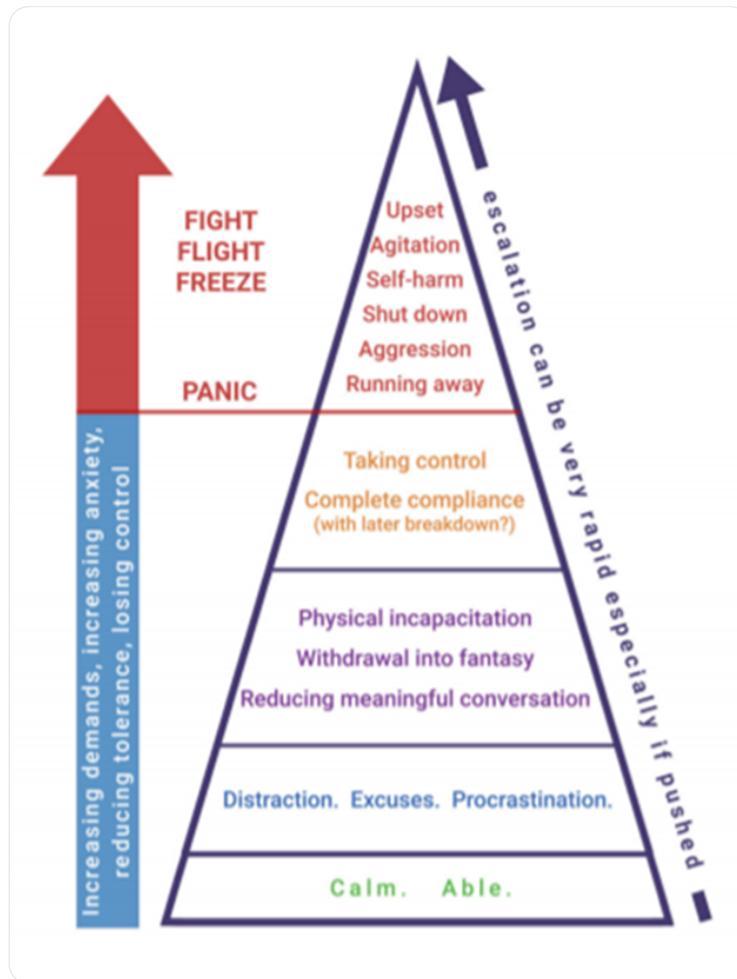
I think something along the lines of:

a "heightened need for control" should be present, but it may not be caused until later in life, and/ or demands of stressors exceed a person's coping mechanisms for sufficient time for social avoidance behaviours to manifest.

Thoughts?

First term is there as a "heightened need for control" can be caused at any time in life, such as from experiencing trauma. Also adopting a transactional stress view of PDA, so requires a person to be sufficiently distressed into showing PDA avoidance features.

For example, so that avoidance features shown in the below diagram by the PDA Society (the image is problematic).



Reminder again of what threshold a feature is "pathologised" at as part of a Disorder in the DSM-5.

"the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning." (APA 2013, p21).

This is a low threshold!

A transactional stress approach to PDA, is inline with modern understandings of PDA, & DSM-5 autism criteria, as shown previously.

"may not become fully manifest until social demands exceed limited capacities," APA 2013, p50.

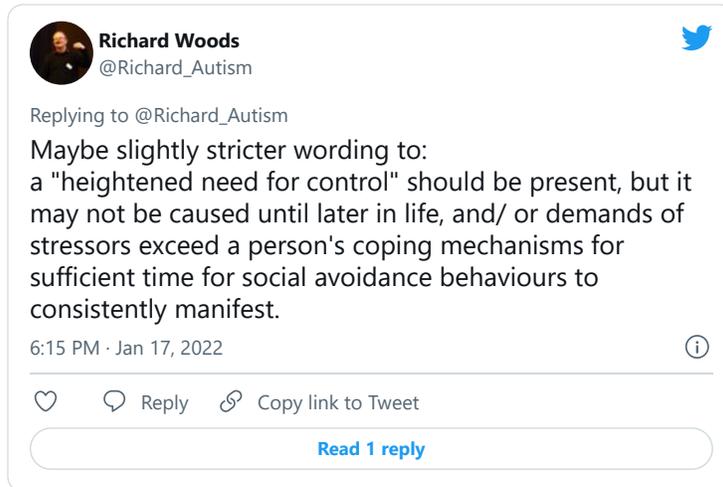
Transactional stress definition from [@studioIII](#) [@Andylowarousal](#)

"A person becomes stressed when a stressor exceeds our resources of our coping mechanisms. Person finds the situation taxing"

Maybe slightly stricter wording to:

a "heightened need for control" should be present, but it may not be caused until later in life, and/ or demands of stressors exceed a person's coping mechanisms for sufficient time for social avoidance behaviours to consistently manifest.

It is ironic, if one accepts a transactional stress approach to PDA as is done with autism in DSM-5, then PDA itself cannot be a "Profile of ASD".



One can view the above wording for PDA as being in line with PDA being derived from Childhood Schizophrenia, as demand-avoidance traits are linked together as RRBI's...

**Table 2: Childhood Schizophrenia 9 Points versus Newson's PDA Criteria.**

Number.	Childhood Schizophrenia 9 Points.	Newson's PDA Criteria & Descriptions.
1	Gross and sustained impairment of emotional relationships with people.	Lability of mood, impulsive,... Switches from cuddling to thumping for no obvious reason; or both at once.
2	Apparent unawareness of his own personal identity to a degree inappropriate to his age.	Surface sociability, but apparent lack of sense of social identity, pride, or shame. motivation to avoid demands is so sustained, and because the child knows no boundaries to avoidance. <i>Linked to illogical anxiety as in CS trait 6?</i>
3	Pathological preoccupation with particular objects or certain characteristics of them, without regard to their accepted functions.	Obsessive behaviour: Much or most of the behaviour described is carried out in an obsessive way
4	Sustained resistance to change in the environment and a striving to maintain or restore sameness.	Continues to resist and avoid ordinary demands of life. (WITH) strategies of avoidance are essentially socially manipulative.
5	Abnormal perceptual experience (in the absence of discernible organic abnormality).	Comfortable in role play and pretending.
6	Acute, excessive, and seemingly illogical anxiety as a frequent phenomenon.	led by need to control outbursts, screaming, hitting, kicking; best construed as panic attack. Repetitive questions used for distraction, but may signal panic. 60% have extreme outbursts or panic attacks goes "over the top" in protest or in fear reaction.
7	Speech either lost, or never acquired, or showing failure to develop beyond a level appropriate to an earlier age.	Language delay, seems result of passivity.
8	Distortion in motility patterns.	Neurological involvement: Soft neurological signs are seen in the form of clumsiness and physical awkwardness.

Reflecting on how PDA's demand-avoidance is anxiety based RRBI's supports my views placing those suspected of having PDA through autism assessments/ ADOS is unethical & explains certain PDA research results, as clinicians are placing demands on CYP to express avoidance features.

More frequently than sometimes, I am bloody good at what I do.



<https://www.youtube.com/embed/xFiUWN3y9ho>

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

Thank you in advance.

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