



Richard Woods @Richard_Autism

Nov 18, 2021 · 30 tweets · [Richard_Autism/status/1461276975427997696](https://twitter.com/Richard_Autism/status/1461276975427997696)

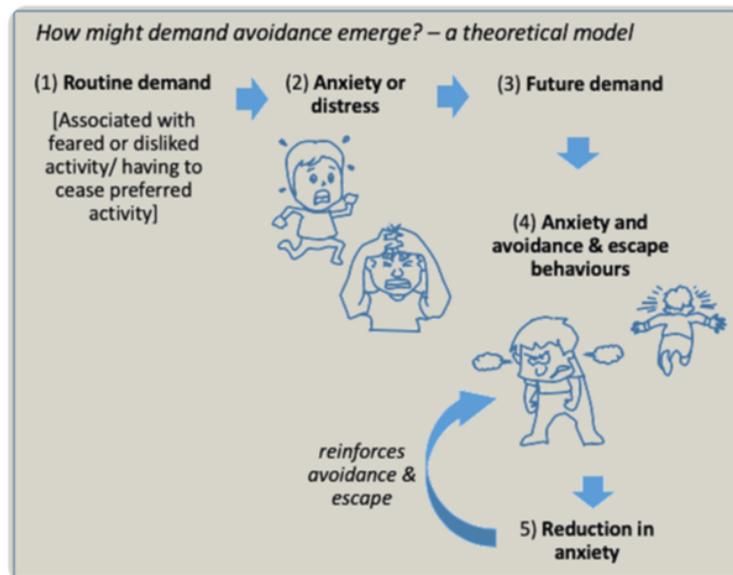
For the record these are questions I am awaiting a response from Development Group members from.

It is widely acknowledged in the PDA literature that it is not in the main two diagnosed manuals. I have email confirmation that It PDA was excluded from the DSM-5, by the Neurodevelopmental Disorders Workgroup...

... It is widely recognised, including in the DSM-5 anxiety is not a feature of autism. It is argued PDA's demand-avoidance is driven by anxiety, and it is developed and maintained in a negative reinforcement cycle...

... such as argued in O'Nions & Eaton (2021, p414).

...



... Furthermore, NICE guidelines recognise that anxiety based disorders are not part of the autism spectrum.

- 1) How can PDA be diagnosed as an ASD under NICE guidelines?
- 2) How can PDA be diagnosed as part of Code 299(the code for autism) in the DSM-5?
- 3) How can PDA be a “Profile of ASD” when it is recognised there are non-autistic persons in PDA research samples, including Newson et al (2003)?

... Why were the members of the PDA Development Group not public knowledge (this matters as its members have a conflict of interest being on the PDA Development Group,...

... and it undermines the integrity of PDA research as no-one can investigate if this COI is biasing PDA research. Moreover, ethically and professionally many of its members must be disclosing their conflict of interests)?...

4) Moreover, who was in the PDA Development Group?

... I am particularly keen to know how PDA (as is often conceptualised as an anxiety-based disorder) conforms to the DSM-5 autism criteria and to the NICE guidelines for autism....

5) Will this new group be mirroring the approach taken by NICE, in equally treating divergent opinions on PDA, i.e., not assuming PDA is a Profile of autism?

... I must also ask, in line with how NICE equally respected divergent opinions on:...

Easier for me to re-use this tweet.

Richard Woods @Richard_Autism
Replying to @Richard_Autism and @PDASociety

Richard Woods @Richard_Autism
Replying to @Richard_Autism

12:52 PM · Nov 17, 2021

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The screenshot shows a document with the following sections:

- Other sources of information:** We considered an enquiry about pathological demand avoidance (PDA) that suggested PDA is not adequately addressed by the guidelines and that there is a failure to distinguish between PDA and oppositional defiance disorder. Experts in this area advised us that PDA is not a recognised diagnosis in ICD-11 or DSM-5 but its characteristics are considered to be part of the autistic spectrum disorder of children. There was no new evidence identified about PDA and clinical concern to vary mental health status as a distinct developmental condition. We therefore assessed this enquiry as having no impact on recommendations.
- Equities:** Topic experts and patient organisations indicated that transgender people and women may have a higher risk of autism. Additionally, the need to further engage hard to reach groups was highlighted, as well as concerns that uptake
- Surveillance proposal:** We propose to update the sections of the NICE autism guidelines covering existing conditions. Surveillance contribution report October 2020 – Autism theme NICE guidelines (ICD10, ICD11 and DSM5)
- Psychological demand avoidance:** Topic experts, patient groups, and other stakeholders reviewed since the NICE guideline was published has suggested that the guideline should consider psychological demand avoidance as a specific profile for people with autism. The term is used to describe complex behavioural problems that mainly manifest as extreme avoidance of everyday requests and expected behaviours. Disruptive episodes about whether psychological demand avoidance should be recognised as a distinct diagnosis. Some topic experts considered that appropriate recognition of existing conditions and individualised management strategies are sufficient. Because we did not identify any new evidence in this area, psychological demand avoidance is not being proposed as an area for update.
- Surveillance proposal:** We propose not to update the sections of the NICE autism guidelines covering existing conditions. Surveillance contribution report October 2020 – Autism theme NICE guidelines (ICD10, ICD11 and DSM5)

Richard Woods
@Richard_Autism

Replying to @Richard_Autism

Links to NICE's document.
nice.org.uk/guidance/cg128...

BPS's document.
bps.org.uk/sites/www.bps...

8:02 AM · Sep 5, 2021

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Richard Woods
@Richard_Autism

Replying to @Richard_Autism

8:01 AM · Sep 5, 2021

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I have two further follow up questions.

6) As a recognised leading expert on PDA myself, will I be invited to join the replacement group for the PDA Development Group?

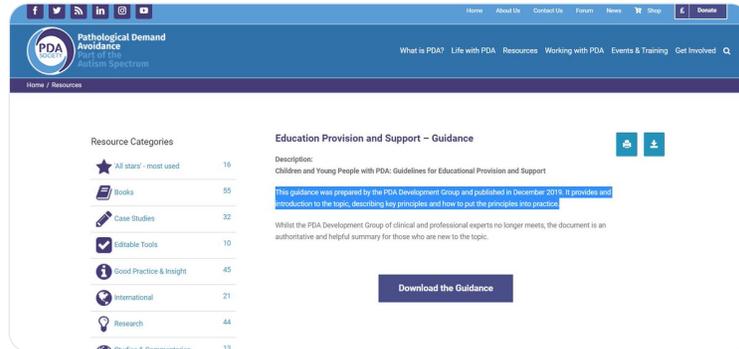
7) Would other topic experts also be invited, I am referring to the likes of Professor Jonathan Green, Dr Damian Milton, and Dr Allison Moore?

Now one should be able to see these are reasonable questions to ask those who are/ have been on the PDA Development Group, including those who have been certain in "PDA Profile of ASD".

These questions are pertinent to present PDA debate, & my research. Any person who is concerned about PDA, can reasonably these questions of those on the PDA Development Group.

Especially, when said persons have been producing documents which view PDA as a "Profile of ASD", like this:

<https://www.pdasociety.org.uk/wp-content/uploads/2020/02/PDA-DEVELOPMENT-GROUP-Education.pdf>



Added with how severely controversial & contested PDA. Considering recent ongoing attempts to raise standards of autism studies & practice.

I am struggling to see how members of PDA Development Group not responding to these questions is a good look? If anyone can explain why it is a good look for [@PDASociety](#) [@Autism](#) & others not to respond to these reasonable questions?

The questions around how does "PDA Profile of ASD" conform to DSM-5 autism criteria & NICE guidelines are pertinent. At present I do not see how it is valid to view PDA as a "Profile of ASD", so I cannot advise researchers to conceptualise PDA as such.

Which matters because at 12pm I am delivering a conference talk on how one might conceptualise PDA, which will include it might a autism Profile etc. I cannot support such an outlook without further clarification on the topic.

Link to still embargoed slides of conference talk.
openresearch.lsbu.ac.uk/item/8y9w9

The point is the [@PDASociety](#), [@Autism](#) & others should be able to respond to these reasonable questions & add clarity to these topics.

The other persons asked were the other two publicly known members of PDA Development Group. Phil Christie & Judy Eaton.

I do need to absolutely clear on this, the PDA Development Group did contain practitioners, whose professional regulator policies required disclosure of conflicts of interest, like these by [@The_HCPC](#)
<https://www.hcpc-uk.org/globalassets/meetings-attachments3/council-meeting/2019/02.-20.03.2019/cnc-16---partner-conflict-of-interest-policy.pdf>

From a research perspective under guidance from COPE they should also be disclosing their conflicts of interests.



So it really is not a good look that PDA Development Group members are choosing not to disclose whose they were.

I am open to anyone explaining how it is a good look for PDA Development Group's members to not to respond to these reasonable questions?

Likewise, how it is reasonable for them not to respond to these reasonable questions by my?

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

Thank you in advance.

...