



Richard Woods @Richard_Autism

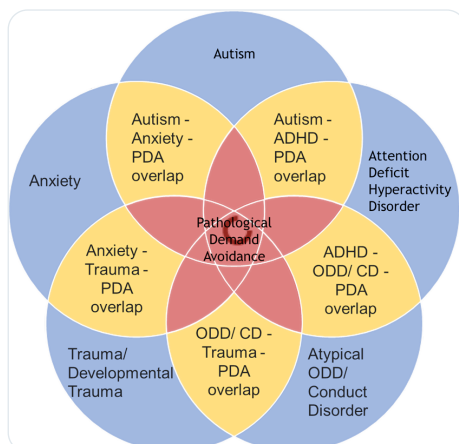
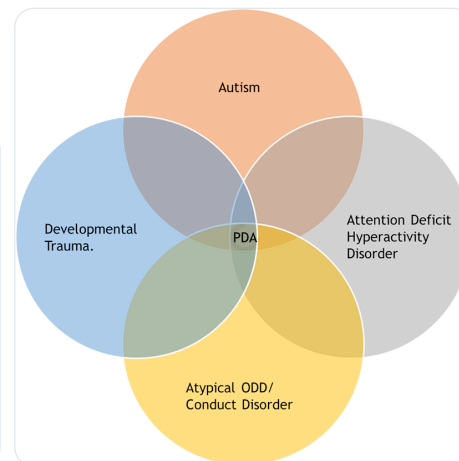
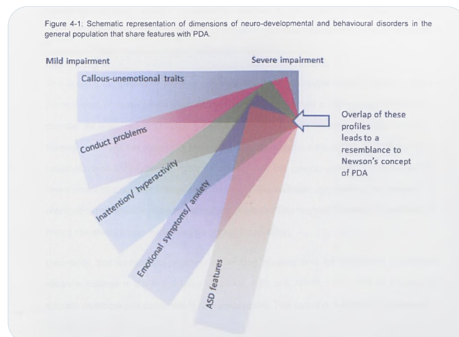
Mar 27 · 9 tweets · [Richard_Autism/status/1508045529602740230](https://twitter.com/Richard_Autism/status/1508045529602740230)

Why is it when I am doing nothing, I get moments of insight (rhetorical)?

Reflecting upon how co-occurring difficulties can interact in unpredictable ways, & sometimes produce novel categories. Such a process can explain HOW PDA is produced.

So PDA is often conceptualised as representing features from many different categories.

1 image is from O'Nions (2013), another by Soppitt (2021). Third is my own.



Some of those suggested categories which contribute to PDA include trauma, ADHD, Oppositional Defiant Disorder & Conduct Disorder. ALL four of these categories are associated with social communication issues.

There are many good reasons to be skeptical PDA intrinsically has social communications. PDA can interact atypically with autism/ autistic traits tools. I have questioned if PDA's social communication issues are due to autism (not PDA)/ or does autism play a role?

PDA's "Surface Sociability" can be explained by unpredictable interactions between features of ADHD/ trauma/ ODD/ Conduct Disorder, in ANY combination of those four difficulties. It is another possible explanation for PDA's supposed social communication issues, INSTEAD of autism.

If one's invested in medical model of disability & believe autistic persons come with deficits in ToM etc. Why would PDA "Surface Sociability" make PDA a "Profile of ASD"? No, it does not, it differentiates PDA from autism. "Surface Sociability" must be caused by something else.

It highlights how arbitrary & premature it is assume PDA is a "Profile of ASD".

It also show's the importance of questioning one's assumptions & how one's values can reify a construct.

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

Thank you in advance.

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