



Richard Woods @Richard_Autism

Jan 30 · 16 tweets · [Richard_Autism/status/1487750050604331014](https://twitter.com/Richard_Autism/status/1487750050604331014)

I accidentally got my hands on full NICE guidance of CG128 for diagnosing autistic CYP. Makes some bold claims about what PDA is. Also takes a transactional stress approach to autistic responses to demands & acknowledges autism/ ADOS assessment can be "very demanding" on CYP.

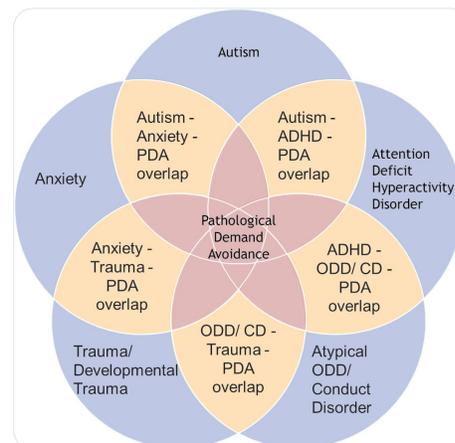
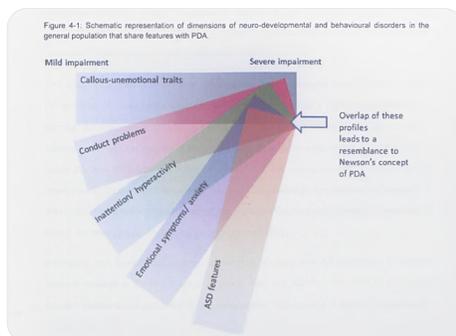
Supports my views:

Its demand-avoidance is not caused by deficits located within person.

Transactional stress approach to PDA is the best way to view demand-avoidance.

PDA is obviously not autism.

Green et al (2018) approach to PDA mirrors [@NICEComms](https://twitter.com/NICEComms) outlook.



If CYP expresses avoidance features as part of autism/ ADOS assessment, then it is because someone-situation is placing demands onto said CYP.

Some of the bold claims of PDA include it is part of ASD. Its demands are excessive of those with autism. Which begs the question, how can PDA both be an ASD and different to autism? Sigh, typical "PDA Profile of ASD" logic at play.

States PDA has superficial social skills and intact Theory of Mind. Latter is useful, supports my point that this is a point of difference between PDA & autism (from perspective that autism meant to have ToM deficits).

Image is from p238 and gives a brief description of PDA.

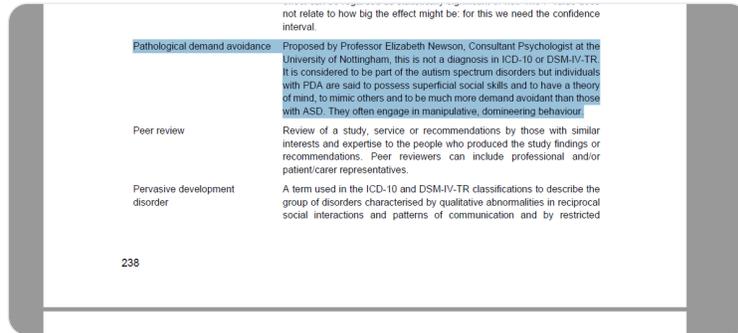


Image is from pp.288-289. Gives a listing of PDA in the guidance under Oppositional Defiant Disorder.

Oppositional defiant disorder (ODD)			
Oppositional behaviour is common in children with ASD. Children with ODD may have impaired or limited peer relationships Children with ODD may show limited empathy or concern for others including lack of remorse	In ODD: <ul style="list-style-type: none"> The child usually understands that their behaviour is undesirable, even unacceptable but they persist with it. The behaviour often has a deliberate quality The behaviour may have clear benefits for the child When children are motivated to alter their behaviour they may do so Should be able to show evidence of social-communicative 	Assessment of the quality of communication and social interaction in situations when the child is enjoying him/herself and not trying to avoid demands	Oppositional behaviours are developmentally normal at times. ODD may coexist in autism as a separate disorder. The oppositional outburst behaviours in autism are likely to be due to a liking for sameness, sensory sensitivities and anxiety, in ODD, such behaviour is likely to be due to a feeling of being overwhelmed with angry upset feeling and feeling thwarted. Pathological demand avoidance (PDA) has been described as a particular subgroup of autism with passive early onset, obsessive behaviours which are
Appendix K – Differential diagnosis advice for healthcare professionals			
Key presenting features that may overlap with autism	Main features to differentiate from autism	Assessments or investigations to differentiate from autism	Special notes / diagnostic pitfalls
	<ul style="list-style-type: none"> understanding/ competence so that he/she will have some awareness of the impact of their behaviour. Does not usually show stereotyped or repetitive behaviour <p>The child with autism:</p> <ul style="list-style-type: none"> May have little if any awareness of 		often person focussed with superficial social skills in whom the most striking feature is refusal to comply (excessive demand avoidance) even to events which the child enjoys. This oppositional behaviour can also be described as ODD.

"Pathological demand avoidance (PDA) has been described as a particular subgroup of autism with passive early onset, obsessive behaviours which are...

... often person focussed with superficial social skills in whom the most striking feature is refusal to comply (excessive demand avoidance) even to events which the child enjoys. This oppositional behaviour can also be described as ODD." NICE p288-289.

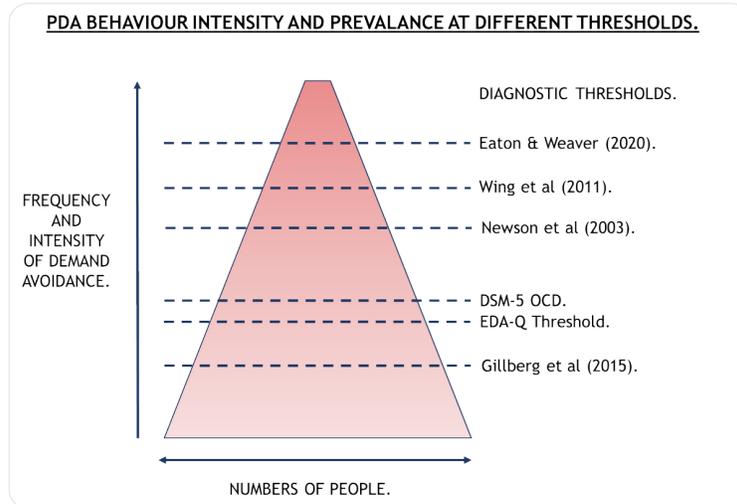
These accounts seem based on Newson's descriptions. Despite this, it is rather bold to claim PDA is an ASD considering the severely contested nature of PDA.

"However, the features of autism may be manifest in different ways at different ages and in any individual they can change over time and vary with maturity, the demand of the environment and any coexisting conditions, even if the core impairments remain." p33.

"Core autistic behaviours are typically present in early childhood, although features may not always be manifest until the situational demand changes, for example when starting nursery or school or at transition to secondary school." P33.

"The clinical assessment will include all or some of the following: an observation of the child using ADOS; a cognitive assessment; and a speech and language assessment. This can be very demanding on the child,.." p206.

It is interesting that NICE guidelines list its features as being described as Oppositional Defiant Disorder. Which suggests a suitable level of which demand-avoidant features should be diagnosed as PDA. Worth comparing that to PDA diagnostic threshold.



It does raise questions about if a certain PDA research definitions & approach to PDA diagnosis conform to NICE guidelines.

On that note. [@threadreaderapp](#) please can you unroll?

Thank you in advance.

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