



Richard Woods @Richard_Autism

Nov 9 · 18 tweets · [Richard_Autism/status/1590461994234437634](https://twitter.com/Richard_Autism/status/1590461994234437634)

So I am re-reading this article on PDA, which is a response to some critique of mine. Crikey, I am just thinking, does the author really believe their own hype that much?!?

<https://www.ingentaconnect.com/contentone/bild/gap/2020/0000021/00000001/art00009>

I do not want to rant, but an example:

"There is no doubt that debate about PDA, what it is, what it might be, and what it is not, is very useful." p72.

This is just nonsense, there has been substantial disagreement & controversies surrounding PDA, including, that it is not clinically needed, PDA as a form of autism risks the validity of clinical based language, risks causing confusion for caregivers, clinicians etc.

I think the author is damaging their own reputation the making such bold claims. Ridiculous, indicating a lack of respect for others perspectives.

Well, it is probably good thing I am due to present results of a thematic analysis of PDA articles in December, asking "exactly who has a "pathological" need to control whom?" Could be very interesting.

I have doubts about debating PDA. First thing, so does Christie & Fidler, as they have consistently argued against debating what PDA is.

Fundamentally, one of my issues with autism subgroups, is that I think they distract from more important issues. Yes, those with "complex needs" & their caregivers need adequate support. Then again, so does the entire autistic population & their caregivers.

This bold claim:

"There is no doubt that debate about PDA, what it is, what it might be, and what it is not, is very useful." p72.

It suggests a lack of critical engagement & self-reflection questioning one's assumptions. It is awful.

It is just anathema to me, as someone who is highly self-reflective. As part of PhD, I am expected to critical of myself, my assumptions & research in general. I have learnt to question claims surrounding "PDA Profile of ASD", as most of them seem to be problematic, or nonsense.

Catalyst for this is me considering if [@MxOolong](#) & [@SueReviews](#) are appropriate in asking to go back to item generation for the Monotropism Questionnaire.

That is something I am expected to do, to be open-minded, to critically engage with my own positions.

Richard Woods
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[@MxOolong](#) [@SueReviews](#) [@VSMGarau](#)
Those who took part in the Monotropism Questionnaire study a few months ago.

Do you recall any questions you thought were not representative of your lived experience?

Or any key part of your monotropic lived experience was missing from MQ?

Development and Validation of a Self-Report Measure of Monotropism in Autism
Valeria Garau, Sue Fletcher-Watson, Richard Woods
Treatment Psychology, University of Bath, Centre for Autism, Centre for Applied Health Research, University of Bath, Bath, England, United Kingdom

Project Aims
This study aims to develop and validate a novel self-report measure of monotropism in autism using questionnaire items crowdsourced by members of the autism community. We want to identify whether significant differences in monotropism scores can be observed between autistic and non-autistic people, how this questionnaire compares to other established autism measures, and whether sub-scores / factors can be identified within both measures.

Background & Rationale
Monotropism
• Intrinsic aspect of the mind
• Different strategies employed by autistic and non-autistic people to interact with their environment
• Tendency for autistic people to be more strongly emotionally by their interests
• It does not necessarily exist at any given time and can be more cognitive resources (attention)
• Difficultly managing with stimuli outside of / obligations to "attention tunnel"
• Explains diagnosed features and aspects of lived experience
Why should we research monotropism?
• No other theory of autism has been developed / led by autistic people
• Subject to validity of monotropism to autistic people
• May provide more comprehensive, unified theory of autism
• Scale to measure monotropism needed for further research

Results & Conclusions
Autistic vs. non-autistic monotropism scores
• Main findings listed
• Autistic participants scored significantly higher ($M = 4.15$, $SD = 3.87$) on the Monotropism Questionnaire compared to non-autistic participants ($M = 3.19$, $SD = 3.76$, $t(17,220) = 27.220$, $p < .001$)
Effect of ADHD on monotropism scores
• Multiple linear regression: $F(3, 1102) = 107$, $p < .001$, $\eta^2 = .514$
• Having ADHD significantly predicted higher (mean Monotropism scores of both autistic and non-autistic participants by 0.5 points ($p < .001$), with the highest scores being obtained in autistic participants with ADHD ($M = 4.21$)
Planned further analyses
• Identifying the causal relationship Factor Analysis
• Calculating internal reliability (McDonald's Omega)
• Comparing Monotropism scores to IQ and ADOS-2 scores for convergent validity (Pearson's correlation)

9:18 AM · Nov 6, 2022

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Tangent, but I am still awaiting a tangible reason to go back to item generation for the Monotropism Questionnaire.

I am just gob-smacked, at what could cause a person to making such bold claims about PDA!?!?



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Replying to @Richard_Autism and @Claire_R123

DSM-5 acknowledges one of categorical approach flaws is that it risks missing pertinent aspects of a person's spikey profile if such aspects are not covered by a particular dx criteria being assessed for. Seems more sensible to map out persons spikey profile as much as possible.

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Especially, as interventions/ approaches etc tend to be issues/ symptoms specific, NOT diagnoses specific. Most clinicians do not find diagnoses in DSM-5 useful for making a prognosis etc. A transdiagnostic approach just seems to better than a categorical approach.

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Which takes me back to my critique about suggesting debating what PDA is a good thing. No, it is not necessarily, debating "PDA Profile of ASD", in my view distracts from debating what seems to be better ways of approaching mental health features, covered in Disorders.

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Critique is also applicable to other proposed autism subgroups, in that they distract away from progressive moves to a transdiagnostic approach, e.g., see [@DuncanAstle](#) et al 2021.



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Which takes me back to my critique about suggesting debating what PDA is a good thing. No, it is not necessarily, debating "PDA Profile of ASD", in my view distracts from debating what seems to be better ways of approaching mental health features, covered in Disorders.

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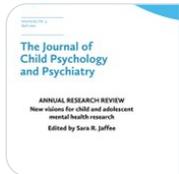


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