

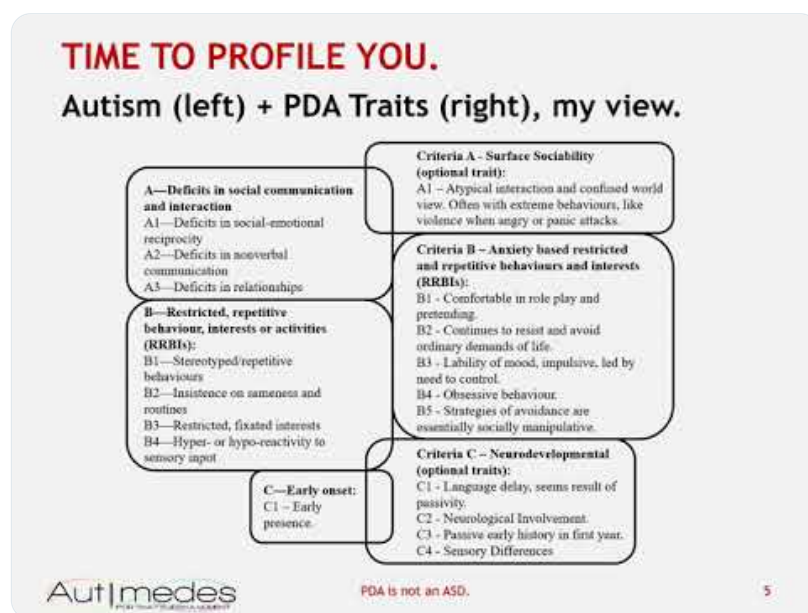


Richard Woods @Richard_Autism

Nov 11 · 14 tweets · [Richard_Autism/status/1591017276634894337](#)

[@ChrissaWadlow](#) [@janejl13](#) [@sunsupport_SEN](#) You do not have a choice, ethically you should be presenting a balanced perspective on PDA, especially when there are large power differentials at play with vulnerable persons. I do not take Christie seriously, he a key reason why I have learnt to question claims made about PDA.

[@ChrissaWadlow](#) [@janejl13](#) [@sunsupport_SEN](#) For example, problems with Christie's Pervasive & Developmental definitions, let me to start reading different parts of the DSM-5, to check his Disorder definition which is nonsense. His logic for "PDA Profile of ASD" is substantially flawed.



<https://www.youtube.com/embed/GSIdMzDMC-w>

[@ChrissaWadlow](#) [@janejl13](#) [@sunsupport_SEN](#) I think Christie probably means well, it does not mean his views on PDA are correct, appropriate, or ethical.

[@ChrissaWadlow](#) [@janejl13](#) [@sunsupport_SEN](#) This below says EVERYTHING YOU NEED TO KNOW THAT PHIL CHRISTIE IS AN INAPPROPRIATE SPEAKER.

"personally if it was me, I would want a balance to that in which case Richard!"

Because he is highly biased, advocating a non-representative outlook etc etc.

[@ChrissaWadlow](#) [@janejl13](#) [@sunsupport_SEN](#) The point about a highly biased person advocating a non-representative outlook, being an inappropriate speaker; is probably applicable to the other suggestions. E.g., Last time I checked Harry Thompson is comparably biased as Christie is.


[@ChrissaWadlow](#) [@janejl13](#) [@sunsupport_SEN](#) If you want an idea, of it is ethical to prioritise Christie's/ Thompson's or another "PDA Profile of ASD" advocate over other topic experts views on PDA.

Did [@NICEComms](#), [@BPSOfficial](#), [@rcpsych](#), [@ArvidNK](#) & others do so when examining PDA literature?

NO...

[@ChrissaWadlow](#) [@janejl13](#) [@sunsupport_SEN](#) [@NICEComms](#) [@BPSOfficial](#) [@rcpsych](#) [@ArvidNK](#) Why did these parties not prioritise "PDA Profile of ASD" advocates views over other topic experts views? Because it is unethical to do so.

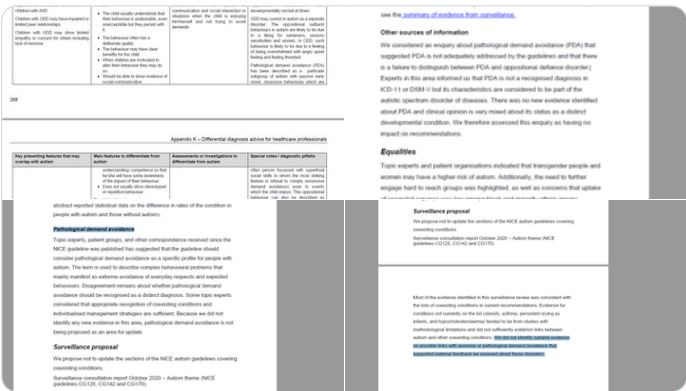
[@ChrissaWadlow](#) [@janejl13](#) [@sunsupport_SEN](#) [@NICEComms](#) [@BPSOfficial](#) [@rcpsych](#) [@ArvidNK](#)

 **Richard Woods**
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We know PDA is controversial & contested due to positions of [@NICEComms](#) & [@rcpsych](#) towards PDA.

Images show NICE's comments on PDA in recent review of evidence & consultation. Also NICE comments of PDA in its only guidelines for autism which mention PDA, which view PDA as ODD.



9:09 PM · Sep 17, 2022

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Images are from pages 10 + 47 of [@NICEComms](#) review of evidence for autism.

For further details and a summary of all evidence identified in surveillance, see the [summary of evidence from surveillance](#).

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 informed us that PDA is not a recognised diagnosis in ICD-11 or DSM-V but its characteristics are considered to be part of the autistic spectrum disorder of diagnoses. There was no new evidence identified about PDA and clinical opinion is very mixed about its status as a distinct developmental condition. We therefore assessed this enquiry as having no impact on recommendations.

Equalities

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 of specialist services was low among black and minority ethnic groups.

Surveillance consultation report October 2020 – Autism theme (NICE guidelines CG128, CG142 and CG170)

We also considered any new evidence identifying the inclusion criteria used by the abstract reported statistical data on the difference in rates of the condition in people with autism and those without autism).

Pathological demand avoidance

Topic experts, patient groups, and other correspondence received since the NICE guideline was published has suggested that the guideline should consider pathological 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. Disagreement remains about whether pathological demand avoidance should be recognised as a distinct diagnosis. Some topic experts considered that appropriate recognition of coexisting conditions and individualised management strategies are sufficient. Because we did not identify any new evidence in this area, pathological 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 coexisting conditions.

Surveillance consultation report October 2020 – Autism theme (NICE guidelines CG128, CG142 and CG170)

4:42 PM · Jul 26, 2022




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Image from pages 30-31 of [@rcpsych](#) guidance for autism, where it discusses PDA. Interestingly this describes PDA as not having social communication issues.

Extreme/pathological demand avoidance (PDA)

Although not recognised in the international classification systems (ICD and DSM), this controversial label has been adopted by some in the UK and mainland Europe. Confusion arises as demand avoidance itself is a common symptom.

PDA has been used mainly to describe children who present with a behaviour profile characterised by the very abnormal:




- avoidance of compliance with everyday demands (using a variety of social strategies, ranging from excuses and distraction),
- anxiety when demands cannot be avoided,
- attempts to control situations,
- impulsivity as well as sudden and extreme changes of mood.

Chapter 4: Recognition, diagnosis and assessment 30

There is debate as to whether this behavioural profile is a variant of autism (and specific to it), whether it might be seen in other conditions, or whether it is a condition in its own right (Green et al., 2018).

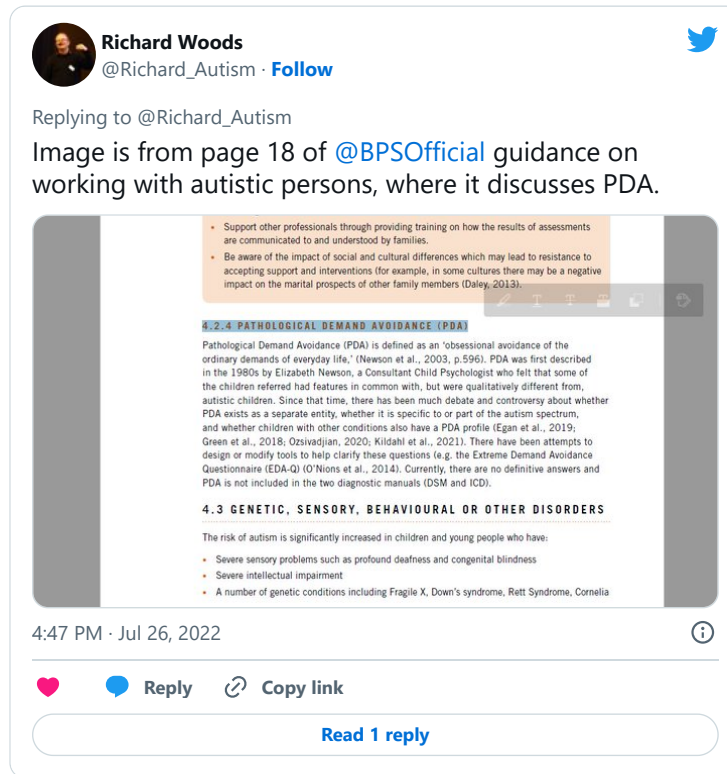
Individuals identifying with PDA, and their families, are likely to be under unusual levels of stress. They require a detailed assessment and formulation, aiming to help manage the presenting behaviour as well as the varied underlying factors such as severe anxiety, a lack of structure, a struggle that has become entrenched, or sensory sensitivities. In the short term there might need to be a greater emphasis on reducing confrontation until a wider range of management strategies is in place.

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[@ChrissaWadlow](#) [@janejl13](#) [@sunsupport_SEN](#) [@NICEComms](#) [@BPSOfficial](#) [@repsych](#)
[@ArvidNK](#) Considering the ethical standards of [@NICEComms](#), [@repsych](#), [@BPSOfficial](#) etc are there to help protect the public. One would expect there to be excellent reasons for displaying different ethical standards to them. Are there any excellent reasons for platforming Christie etc?

[@ChrissaWadlow](#) [@janejl13](#) [@sunsupport_SEN](#) [@NICEComms](#) [@BPSOfficial](#) [@repsych](#)
[@ArvidNK](#) I personally, do not know of any such excellent reasons to platform Christie, or any other "PDA Profile of ASD" advocate over other topic experts. I can give plenty good reasons NOT platform "PDA Profile of ASD" advocates over other topic experts, including the Equality Act.

[@ChrissaWadlow](#) [@janejl13](#) [@sunsupport_SEN](#) [@NICEComms](#) [@BPSOfficial](#) [@repsych](#)
[@ArvidNK](#) I think this needs to go into a thread.

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

Thank you in advance.

• • •