



**Richard Woods** @Richard\_Autism

Aug 22 · 21 tweets · [Richard\\_Autism/status/1561825728370544640](https://twitter.com/Richard_Autism/status/1561825728370544640)

[@autismcrisis](#) I suppose this supports my view that "PDA Profile of ASD" supporters are probably abusing the ADOS to use it to diagnose PDA in autistic persons. I say this as PDA is meant to have a more equal gender ratio. So what are they doing to get that under the ADOD?

Using the ADOS in a way it is not designed for. The ADOS is not designed to assess for PDA features...

Looking at it, I think article supports my view that the ADOS is being abused when used to assess for PDA. Several studies indicate ADOS & other autism struggle to identify autistic females.

Article supports my view ADOS mainly assesses social communication issues, which is probable factor in why ADOS & other tools struggle to detect autistic females. Article's discussion provides a good overview on these factors.

My point about how the ADOS is being abused when assessing for PDA, is that those who do not engage with ADOS assessment, often due avoiding the demands of the ADOS assessment itself, are to be scored highly on the ADOS, particularly a 3.

"individual is particularly avoidant, it may be difficult or even impossible to complete standardised assessment tools such as the ADOS, though the scoring algorithm does allow the examiner to score the interaction as a '3'"

p15 of PDA Society's highly partisan research report/

Link to document where above quote is from.

<https://www.pdasociety.org.uk/wp-content/uploads/2022/01/Identifying-Assessing-a-PDA-profile-Practice-Guidance.pdf>

Eaton & Weaver (2020, p37) Study 1 gender ratios indicate that my critique is valid.

Autism without PDA = 26 females: 45 males.

Autism with PDA = 31 females: 34 males.

Image of Table where above statistics are from in Eaton & Weaver (2020, p37).

An exploration of the Pathological (or Extreme) Demand Av

**Table 1: Age and gender of the participants for Study One by diagnostic classification (n=136)**

	ASD		ASD and PDA		TOTAL	
	n=71		n= 65		n=136	
Item	n	%*	n	%	n	%
<b>Age (y)</b>						
<5	1	1	4	3	5	4
6-10	49	36	52	38	101	74
11-16	20	15	8	6	28	21
17+	0	0	2	1	2	1
<b>Gender</b>						
Female	26	19	31	23	57	42
Male	45	33	34	25	79	58

\*Note: percentage figures rounded up

**Procedure**  
 Information from a number of screening documents was gathered in advance of the assessment. These included the Children's Communication Checklist Version 2 (CCC2) (Bishop, 1998, revised 2003), the Sensory Profile 2 (Dean, Dunn and Little, 2016) and the

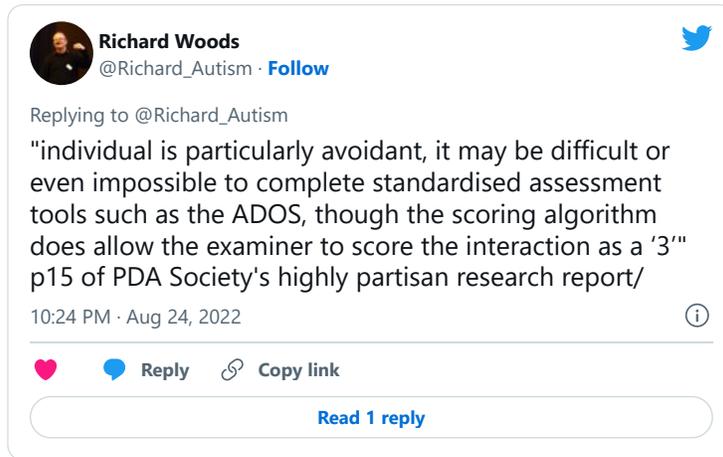
Eaton & Weaver (2020, p37) Study 1 gender ratios of  
 Autism without PDA = 1.00 female: 1.10 males.  
 Autism with PDA = 1.00 females: 1.73 males.

Reason for this, is that while I believe that autism's gender ratio should be close 1:1. Most gender ratios for autism are biased in favour in males to females, often being at least 2:1 males to females.

So presumably, in Eaton & Weaver, the autism without PDA gender ratio of 1.73:1.00 male:female is representative of clinicians using ADOS with broader clinical practice, as it seems not to be picking up autistic females as well.

Eaton & Weaver (2020) gender ratio for autism with PDA of 1.10:1.00 male:female is substantially lower than what one should be expecting, of about 2.1 males to females for autism. Worth noting O'Nions et al, 2016a (DISCO paper) PDA gender ratio is 2:1 males: female.

Why is this? Presumably it is because of how those clinicians are scoring the ADOS, & in a way ADOS is not designed for (we know ADOS is not designed to assess for PDA features).



ADOS itself is problematic as it places demands on a person being assessed, which the assessors (clinicians) are placing upon suspected autistic persons. Hence why those with high anxiety often struggle to complete the ADOS,

I find this use of the ADOS to be ethically problematic. Only reason to place a person through the ADOS, if one is assessing for autism. Likewise, only reason to arbitrarily rate non-compliance with the ADOS a Three is one views PDA as a form of autism.

Do those with suspected high anxiety levels need to be stressed by clinicians, into non-compliance using an ADOS assessment? NO. There are other diagnostic tools clinicians can use to assess for autism, &/ or PDA, including tools designed to assess for PDA.

It seems some clinicians are needlessly stressing those suspected with high anxiety into not completing the ADOS. Then interpreting this as social communication issues & scoring it a Three. Thus artificially inflating numbers of females being diagnosed with Autism & PDA.

[@milton\\_damian](#) does this make sense to you?

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

Thank you in advance.

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