Twitter Thread by Richard Woods



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@Richard_Autism

So I have been briefly looking into how OCD is assessed. I came across this image. Crikey, it just makes me think even more that PDA should be viewed as an OCD & related disorder.

I do not have time to explicitly how PDA matches up this, but if one looks at the work of Liz O'Nions here.
https://t.co/T9BG28iGrA

One should see that the model she is describing matches up to the OCD cycle.

So demand = obsessive thought.
anxiety = anxiety.
Demand avoidance behaviour = compulsion.
Temporary relief = temporary relief.

It is acknowledged that demand avoidance behaviours have a loose hierarchy, so the more anxious (distressed) the PDAer is, more extreme behaviour they display to assert the self-agency. This is covered in the work of @Allison66746425
https://t.co/Tp7qqjNBJD

So for PDA a person might get temporary relief, until they exert extreme behaviour, often shocking or violent behaviour. Which then causes other person to withdraw demand, giving relief.

Obviously, the world is full demands and perceived pressures. So a person with PDA would naturally have obsessive demand avoidance, as described by Newson et al.

When looking at the affects of OCD and how it presents, it is familiar to PDA. In relation to the amount of time and effort lost to the demand avoidance (compulsive) behaviours.

How a person with PDA would often develop unhelpful strategies to manage their demand avoidance is similar to unhelpful strategies developed by those with OCD.

Another feature of OCD is how their compulsions can interfere with social interactions and relationships. Which is exactly the situation described by @DrJudes03 in her ADOS data, the anxiety driven demand avoidance impacts their interaction with clinician.

Which is why the ADOS is incorrectly interpreting these behaviours as social communication issues. ADOS is NOT designed to assess for PDA features. It is to be expected that it will mis identify anxiety based RRBISa s social communication issues.

A core feature of OCD is how the obsessive thought causes anxiety or distress. Which is how demands are envisioned in PDA.

An important point here is, that in the DSM-5 autism criteria, is that if a feature can be better explained by another disorder, then it cannot be diagnosed as autism.

Obviously implication is that if PDA is better explained as an OCD & Related Disorder, it cannot be diagnosed as a form of autism:
Autism subtype.
Autism subgroup.
Autism profile.
Etc etc.

Reference.
https://t.co/YlocqHIX6c

@threadreaderapp please can you unroll?