It’s Different for Girls: Understanding and Supporting Females with ASD

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Autism Society Wisconsin

Clients and families who contributed material to this workshop

Liane Holliday Willey, Becca Lory, Brigid Rankowski, Chloe Rothschild Sharon da Vanport, Dena Gassner, Jennifer O’Toole and all women with ASD

Jessica Kingsley Publishers

disclosure - royalties

15+ years of Programming for Girls and Women

- Comprehensive diagnostic evaluations
  - Local, out of state, international
- Behavioral assessment/consultation
  - home, school, residential
- Individual CBT, ACT, Mindfulness
  - Mental health, suicidality
  - Disordered eating
  - Body focused repetitive behavior (hair pull; skin pick)
  - Social development, friendships and relationships
  - Abuse prevention; safety
- Family therapy

Girls Clinic contd...

- Groups:
  - Women’s, teen therapy groups
  - Girls friendship/social-coping groups
  - Girls craft groups
  - Community outings groups
    - Restaurants, health/fitness, mall, movies, bowling
  - “Girls Growing Up”, “Girl Talk” groups for teens
  - “Preparing for puberty” for parents
- Research – gender differences in adult sexuality
Today’s workshop...

- Part 1: Assessment and Diagnosis
- Part 2: Interventions and supports
  - Key topics (overview): deserve full day each!
    - Social - Self
    - Emotions / mental health
    - Growing up
    - Personal safety

Two “Keep-in-Mind” Therapeutic Themes for Today

1. Self-understanding and acceptance
   1. Who am I? I accept (and like) who I am
   2. Self awareness
   3. How does ASD fit in with who I am?

2. Socio-emotional well-being
   1. I understand and accept my emotions
   2. I can regulate my emotions
   3. I have social coping skills
   4. I feel supported, I belong, and know how to get help

Q: “Why focus on females?”

- Males and females are different from each other in important ways that are relevant for how we understand ASD

- Within last ~15 years...
  - Women themselves, parents, clinicians began to increasingly question late, missed, mis-diagnoses
  - Now, finally, research

Therefore, males and females with ASD may...

- have a different symptom presentation
- have different associated challenges
- be impacted differently by environment
- have different developmental courses
- require different treatment targets
- respond differently to intervention
- have different lifespan experiences
**General Themes: Research Findings on Sex and Gender Differences in ASD**

1. Complicated set of findings (Mandy & Lai, 2017)
2. Need to put sex/gender findings in environmental and developmental context:
   - Historical bias (unenlightened clinicians)
   - Gender expectations
   - Cultural definitions of “femaleness”
3. Core difficulties are the same, manifestations vary (Attwood, 2015, Gould, 2017)
4. Symptom expression across development differs (Cridland et al., 2014; Jamison et al., 2017)

**Clinically Observed Sex Differences**

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
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<tbody>
<tr>
<td>Higher activity level</td>
<td>Passive, less active</td>
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<tr>
<td>Greater aggressive behavior</td>
<td>Withdrawn, overly apologetic; attentional issues</td>
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<tr>
<td>More odd / unusual interests; fact-based; techie</td>
<td>Interests less atypical – quality and intensity</td>
</tr>
<tr>
<td>Less socially inclined and less aware of social world</td>
<td>More socially inclined and aware of social world - mimic</td>
</tr>
<tr>
<td>Solid linguistic abilities</td>
<td>Stronger linguistic abilities</td>
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<tr>
<td>Limited pretend and imagination abilities / interests</td>
<td>More pretend play and imagination; unique fantasy world/blend with reality</td>
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**Profiles of Girls/Females? S. Nichols, 2018**

**A. More ‘Classic’ Autism Presentation**
- Easiest to diagnose
- Symptoms tend to neatly map onto DSM criteria
- Presentation may be *more* similar to males with ASD
- Social, language, behavioral and cognitive challenges are *more* readily apparent
- Comorbid intellectual disability IQ <70 + <adaptive
- *Don’t see as often*
- *Most often identified by primary care physician, early intervention programs, younger age*

**Female ASD Profiles? (Nichols, 2018)**

**B. Subtype: Internalizing**
- Passive; shy; overcontrolled
- Perfectionistic; sorry
- Anxious; depressive; low self-esteem
- Rule followers
- Anxiety - shutdown
- Emotionally immature
- Slower processing speed

**C. Subtype: Externalizing**
- Regulatory difficulties
- Loud, impulsive, disruptive
- Perceived as rude, bossy, controlling
- Anxiety manifest in meltdowns
- Challenging to adults; other people’s fault

**D. Subtype: Mixed**
- Presentation highly dependent on context, environment, people they are with
- Inconsistent
- Confusing to others
First Step in Support: Pass through the ‘diagnosis door’

Feedback from Parents About Evals

- “Girls fly under the radar, I was told she was too affectionate”
- “I was told my daughter can’t have autism because she makes eye contact and wants to be social”
- “Girls are more internalized – less tantrums – they don’t stand out, not recognized”
- “It took forever to get an accurate diagnosis”
- “My daughter might not be like the other boys with autism in her group, but she sure isn’t like the neurotypical girls in her class!”

Sound familiar?

Boys with ASD  Neurotypical Girls

General Diagnostic Themes (now empirically validated):

1. Females are under-recognized
   - Misdiagnosed; Missed-diagnosis
2. Females need to present with more concurrent behavioral, developmental, mental health issues
3. Less likely to be given a diagnosis than ‘equivalent’ males

Diagnostic themes contd.

4. Receive diagnoses later than ‘equivalent’ males
5. Current diagnostic tools seem to work better for males
   - Sensitivity (thresholds); appropriateness (symptoms)
6. Sex differences can vary across development; impact when females are identified
   - Social impairments; associated difficulties (mental health)

Dworzynski et al., 2012; Giarelli et al., 2010; Gould, 2017; Loomes et al., 2017; Russell, Steer, & Golding, 2011 and others

Duvetak et al., 2017; Jamison et al., 2017; Kopp & Gillberg, 1992; Kopp et al., 2010; Lai et al., 2012; Pilowsky et al., 2008
A school-aged female with ASD may exhibit “mild” social communication difficulties compared to others with ASD (males); no difficulties noted until compared with NT females.

Considerations for Diagnostic Evaluations
(Head et al., 2014; Koenig & Tsatsanis, 2005; Nichols et al, 2008)

- No formal diagnostic guidelines at this time.
- Refer even if score close to but does not meet criteria on a screener.
- Girls demonstrate difficulties across the triad of impairments, yet those difficulties are not characterized well – may be phenotypically different than males
- Carefully document social/communicative difficulties
- Consider that standardized assessments developed with primarily male samples
- Scores are small part of evaluation

Diagnosis contd.
- Look for, ask about coping mechanisms, masking through early childhood/currently
  - Intellectualized, superficial; learned approaches to social situations (social echolalia, mirroring)
    - Older sister? Mother hen friend?
  - Ask girls themselves – level of insight may be higher than expected
    - If don’t ask the right questions, will miss it
    - Must go beneath the surface
- Consider age when evaluation is taking place
  - Are expectations not yet exceeding skills?
  - Be thoughtful, careful, thorough, best clinical judgment after integrating all data
  - More comprehensive clinical assessment may be required
Meet Taylor

- 16 yrs
- Diagnoses: misophonia (10), anxiety, depression
  - Cutting, mutism
- Medical issues
- Smart, talented, range interests
- Home-schooled 1.5 years
  - Rarely leaves the house
- Has seen 3-4 therapists; “useless”
- Taylor researched symptoms; ASD?
- Wants to get better; go back to school; get out

Taylor’s Diagnostic Battery

- Parent ‘early development until now’ interview
  - Based loosely on ADI-R; Social Communication Questionnaire
- ADOS-2, Module 4 with Taylor
  - Additional interviewing re sensory issues, social difficulties, mental health, life goals
- Social Language Development Test – Adolescent
  - Assesses social language competence
  - Perspective taking; inferences; social problem solving; interpreting social language, etc.

Diagnostic Battery contd.

- Wechsler Intelligence Scale for Children – V
  - Intellectual assessment; verbal and non-verbal; working memory and processing speed
- Pile of Questionnaires – Parent and Taylor
  - ASD focused; behavioral and mental health focused; self-concept; executive function; adaptive behavior; use of language

Eval Findings:

- Parent questionnaires
  - No autism elevations
  - Some mental health / behavioral concerns
- Taylor questionnaires
  - Many concerns – anxiety, depression, self-concept, attitude to school, executive function abilities
- Cognitive: Very bright; verbal stronger (SS = 128)
- SLDT: SSs 73-105
- ADOS: in ‘spectrum’ range; many ‘mild’ diffs; a few impaired
Eval Findings:
- Parent interview
  - Not striking early difficulties; sensory, resistance to change, social follower, intense interests, concrete play
  - When started part-time job – noticed social thinking deficits
- Taylor interview
  - Always felt different; no one understood
  - “I don’t know how to ‘people’; how do they do that?”
  - Take on characteristics of potential friends; watch
  - Sensory
  - Intensity of interests
  - Overwhelmingly hard work; shut down; recover time

Camouflage
- Masking/hiding symptoms or signs of ASD including stims
- “discrepancy between interpersonal behavioral presentation and self-reported autistic traits and objectively measured social cognitive abilities” (Lai et al. 2017)
  - Begins in childhood (Dean et al., 2017)
  - Engaged in by more women than men; Common in women
- Develops as strategy to navigate reality
  - Can be conscious or subconscious; survival technique
- Has costs

Pathway to Misunderstanding?
- More socially able (mask); more typical interests
  +
- Different developmental trajectory for social difficulties (later age)
  +
- Fewer disruptive behaviors, more anxious and depressed (don’t stand out)
  +
- Instruments that don’t capture phenotypic differences and girls’ difficulties
  +
  “Identification bias” = Misdiagnosis? Missed?
NAS Online Module: support diagnosticians to better understand autistic female characteristics; enhance confidence to diagnose those individuals successfully

INTERVENTIONS AND SUPPORTS

1A SOCIAL WORLD FOR FEMALES

- Friendships and social networks become increasingly complex
- Girls get dropped by old friends

Friendships based on talking versus doing may be easier to form friendships with boys

How girls fight – not straightforward or as easily observable
- Possessiveness
- Popularity

Telephone; texting; social media; fashion; pop culture
“Girl Bullying”

- **Relational Aggression** (Crick & Grotpeter, 1995)
  - Emerges during preschool period
  - Subtle and indirect
  - Based on complex social structure
    - Spread rumors
    - Telling secrets
    - Gossiping
    - Exclusion
    - “silent treatment”
    - Eye rolling
    - Being “set up”

- Misinterpret behaviors of “mean girls” as being nice
- Need to learn to recognize subtle, non-verbal behaviors

Social Interventions

- Girls pursue social interactions and friendships but are rejected/neglected... effort ≠ success
  - Impacts self-efficacy; confusion and frustration
- **Target goals different than for males?** (Green et al., 2019; Head et al, 2014)
  - Conversational abilities
  - Understanding of friendships
  - Development and maintenance
  - Handling instability
  - Emotionality and empathy
  - Non-verbal cues
  - Vulnerability; bullying

Importance of **Girls Only Groups**:

- Developing Peer Connections
  - Reduce feelings of isolation – not alone
  - Begin to see peers on a regular basis:
    - Safe, structured environment
    - Begin to support each other
    - Becomes routine, familiar, know what to expect
  - Experience success – self-efficacy
  - Focus on **female-specific issues**
  - Generalize – develop friendships

Social Interventions: Teens and Adult Women

- Complex social and cultural expectations for women
- Female gender norms
- Consciousness raising
  - Incorporate self-exploration, understanding of one’s experiences and beliefs into group work
  - Validation
  - Use of visuals – tv, magazines, commercials
Take advantage of female “watch and learn” abilities

- Modeling (formal, informal, incidental)
  - Parents, peers, siblings, strangers can all serve as models of behavior.
  - Specify what the person is doing that you want her to learn to do (and why).

- Video Modeling
  - Video models of the behavior/skill you want to teach (of others and of them).
  - Replay, rewind, pause, analyse: Have her practice!

Role play — many girls love to act!

- Practice what to do in role-play scenarios.
  - Encourage joining theatre at school
  - “trying on” different people — social anthropology

- Experiential learning of social problem-solving, coping and assertiveness skills

  - Examples:
    - telephone skills
    - ask a friend to the movies
    - Comforting a peer
    - saying “no”
    - calling for help
    - Handling conflict

Surrey, UK: residential/day school; girls 11 -16 yrs; communication, interaction difficulties; many students with associated anxiety

Felicity House
Manhattan, NY
Community support and recreation center for women with ASD

KU Medical Center
Social Program for Girls
Society and Gender Expectations

- Women with ASD have written about:
  - Not connecting with female roles
  - Facing expectations about how females are “supposed” to behave, think, feel
  - Issues with gender, body image
  - Feeling inadequate – “unfemale”

Basic Goals:
1. good hygiene and personal grooming
2. develop personal sense of style, neat and presentable
3. participating in physical activity

Therapy goals for all females to build a strong self:
1. Rapport
2. Skill building
   - Strengths-focus; talents; interests; competencies
3. Other awareness
   - Perspective taking, empathy, “like me” (self-social)
4. Self awareness, understanding, monitoring, efficacy
5. Emotional understanding
6. Self regulation, coping, life management

Topic 1b... Self
(so closely connected to social)
Developing a sense of self, self-confidence, self-efficacy

- Skill development and successful interactions with peers promote realistic self-confidence and feeling good about oneself; reduces vulnerability
- Self-awareness – who am I? what are my strengths?
- Self-confidence
- Self-esteem
- Self-efficacy
- Diagnosis??

Olivia “Liv” – 12th grade art show
Co-op placement: drug store with large cosmetics department

Flexi-girls!

Girls Growing Up on the Autism Spectrum shared A Mighty Girl
February 22

A Mighty Girl
11-year-old Rowan Hanssen's illustrations with the lack of female superheroes led her to write a letter to DC Comics, telling them: ‘I love your comics, but I would...”
**Strength In Numbers**

- **Benefits:**
  - Connect with friends
  - Meet a romantic partner
  - Facilitate success in employment
  - Self-protection; avoid punishment

- **Costs:**
  - Physical, mental, emotional exhaustion
  - No energy for life activities
  - Intense anxiety; dysregulated
  - Social relationships feel based on a lie; lonely
  - Disconnected from self
  - Invalidation of experiences/difficulties
  - Miss out on diagnosis/services

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**Adult Camouflage**

2016, 2017 research studies interviewing adult participants
Masking and Self-Identity
NAS training module 2018
Women and Girls Module

Masking and lack of self-identity

Masking can lead some autistic females to apologize and appear in order to try and fit in with others, which can lead to difficulties with self-identity.

<table>
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<tr>
<th>Over-apologetic</th>
<th>Often appease</th>
<th>= Lack of self-identity</th>
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<tr>
<td>This may allow a girl to continue co-identified as it allows her to diminish any social blame.</td>
<td>Not wanting to cause upset or drama.</td>
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Taylor “Who Am I?”

- Validation of personal experience
  - Yes, you/she are on the spectrum
- Making sense
  - ‘why processing’
- Becoming me / letting me emerge
  - Engage in behaviors in safe space/place/people
  - Personal-interest inventory
- Learning more / finding tribe
  - Reading autobiographies, novels
- A³
  - Autism vs Adolescence vs Anxiety

53 54 55 56
TOPIC 2...
MENTAL HEALTH AND EMOTIONAL WELLNESS

Mental health and being female
• Important for all females with ASD regardless of level of language or cognitive ability
• See National Association of the Dually Diagnosed (NADD)
• Self-esteem is central to mental health (self-acceptance)
• Drops more in typically developing girls than boys

Double Vulnerability??
• Anxiety Disorders Association of America - ADAA
  • Anxiety disorders occur twice as often in women
  • Anxiety disorders emerge earlier in women
  • Anxiety disorders more likely to co-occur with another condition in women (depression)
  • what about females with ASD? Same? More likely?
Sex Differences and Mental Health:

- Findings inconsistent
- Girls described as presenting with more internalizing difficulties
- Girls at risk or significant depression compared to boys and TYP girls; internalizing symptoms (social withdrawal, attention) (youth: Solomon et al., 2011; adolescents: Miller et al., 2010)
- Girls (11-18 yrs) with ASD self-reported more difficulties with anxiety/depression, social problems, withdrawal than TD girls; boys, only social problems (Pisula et al., 2017)

Personal Wellness Challenges “General Life Management”

- Difficulties present serious threats to functioning but do not warrant formal diagnosis
  - Self-criticism; perfectionism
  - Low frustration tolerance
  - Poor emotion understanding and regulation
  - Difficulties expressing oneself clearly
  - Problem-solving skill deficits
  - Impairments in executive function
  - Lack of effective coping skills

Mental Health Concerns

- Comorbid - very common across lifespan (Bradley et al., 2004; Gjevik et al., 2011)
- 6 +/- 3.4 disorders across lifetime (Joshi et al., 2013)
- Most common
  - Anxiety
  - Depression
  - ADHD
- In my work
  - Obsessive compulsive disorder (OCD)
  - Panic disorder
  - Trichotillomania
  - Eating disorders
  - Post Traumatic Stress Disorder
  - Selective mutism
  - Self-injury; suicidal ideation

Results: ASEBA Anxiety Scale

Risk of psychiatric hospitalizations

IMFAR 2014 study on anxiety
Reasons for therapy...

- Alice: meltdowns about homework; self-esteem
- Dana: teased relentlessly at school; refusing
- Lexie: can only manage one activity in her schedule
- Karen: post-trauma at mall sees a group of teens
- Ali: bright, but too anxious to go to college
- Natalie: has peer group but things have to go her way; melts
- Beth: wants a close friend; very lonely; dysthymic
- Jessica: cutting, scratching; maladaptive coping skills
- Rachel: wants to date; easily angered; strong opinions

Costs of Camouflage

- Educate and validate
- Use masking when making new connection
- Learn to take breaks when needed – balance
- End of day
- Increase self-awareness

Taylor: Mental Health

- Anxiety
  - Improving – doing more things, diagnosis
  - Generalized anxiety; sensory
  - Social anxiety – being able to communicate
  - May ‘escape’; shutdown
- Depression
  - Improving as she is doing more things, diagnosis
- General Life
  - Attention and organization; overwhelmed
  - Learning to self-regulate, monitor

An adult with an Autism Spectrum Disorder may “seem” to have no problems and you may just fine, but please adults appear this way work to develop “coping mechanisms”. These NOT NATURAL. They stress including fatigue, and surprises will interfere camouflaging their internal reactions. Simply put: it is EXHAUSTING! Please understand.

They have worked and still are working hard to fit into your world. Every. single. day.
**NAS Females and Autism Module**

“Energy Bank”

- Energy withdrawal
- Energy deposit

Drop here to add them to the energy bank.

Making a mistake

Sensitivity to people’s moods

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**“Fire Breather/Advocate/Troublemaker=Artist”**

Brigid Sinclair

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**Brigid on Stress (2013)**

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**Disordered Eating**

- Can start as selective eating related to sensory issues, picky, resistance to change etc.
- Can develop into disordered eating related to:
  - issues of control (feel little control over other areas of life)
  - feeling a sense of accomplishment
  - adolescence social comparison
  - Limited flexibility and coping skills

- *What is the function?*

- Behavioral and cognitive-behavioral therapy needed
- Therapist who understands ASD
Mental Health Interventions

- Positive behavioral supports
- Skill building
- Cognitive Behavioral Therapy (CBT)
  - Evidence of effectiveness for anxiety (Perihan et al., 2019)
- Mindfulness based therapy
  - Emerging research – depression; anxiety
- Acceptance and Commitment Therapy (ACT)
  - Emerging research – depression; anxiety
- Dialectical Behavior Therapy (DBT)
  - Anecdotal evidence – regulating emotions; self-injury

Females with ASD often have difficulties in the emotional domain...

- Emotional dysregulation is a hallmark symptom
- Experience emotions more intensely; highly sensitive
- Behavioral difficulties said to be in someone’s “control”, when in fact coping skills have not yet fully developed
- Can be misdiagnosed as having bipolar/mood disorder
- True mood disorder / depression can be missed
- We do not understand interplay between hormones and ASD
- We do not understand interplay between menstrual cycle, or medications and female ASD
Case Study: Emotions Assessment

- “Alana”
- 13 years old; diagnosed Aspergers at 12 years
- Average IQ
- Meltdowns at school; “no one is teaching me right”; “I’m bullied”; paranoid
- Her way or no way; her opinion is fact
- Few friends; very limited perspective taking
- Self-deprecating statements; I’m going to kill myself
- Had been in “talk” therapy for 3 years

Initial Skills Deficits:

- Could not identify her own feelings
  - Upset / happy
- Could not make emotions facial expressions
- Could not clearly identify situations that make her feel a certain way
- Could not tell you what she did when she felt ______
- “Emotions are bad”
  - Felt low self-esteem about meltdowns; self-control
- Did not understand thoughts

Emotional Skills Topics for Teaching:

- Emotion Identification – basics
  - Self and Other
- Emotions Vocabulary
- Range of Emotions
- Emotions in the Body – self-awareness
- Expressing Emotions – what do you do? awareness
- Emotions and Situations - why we feel certain ways
  - Self and Other
  - Introduction to Thoughts
- Emotional Regulation

Emotion Regulation Support

- External Supports
  - Visuals
  - Choice and control
  - Consistency in routine and schedule
  - Calm, neutral environment
  - Communicate in clear, concrete manner
  - Provide scheduled breaks
  - Positive support
  - Directed to engage in alternative behavior
- Internal Skills
  - Develop social understanding
  - Develop problem-solving skills
  - Relaxation abilities
  - Coping skills
  - Mindfulness
  - Able to engage in cognitive restructuring (thoughts)
  - Developing self-talk
  - Independently asking for breaks; asking for help
Grading Emotions

TOPIC 3. GROWING UP AND SEXUALITY

Puberty... are you ready?
- Body changes
- Bras
- Menstruation
- PMS
- Shaving
- Gyne exams

General Approaches to Teaching

CHRONOLOGICAL
WHAT
HOW
DEVELOPMENTAL
Case Studies – Getting Her Period

PREPARED – ‘JESSICA’
- 11 years old
- Tactile sensory issues
- Learning style – visual and practice; praise
- Created picture story of growing up and menstrual cycle
- Practiced with very thin pad for very short period of time – many steps
- Worked with school team
- When got period, told her aide, followed plan, praised

REACTIVE – ‘MOLLY’
- 13 years old
- Tactile sensory issues
- Got period at school and had meltdown
- Couldn’t wear pad
- Home instruction for 1 week / month until she could desensitize to wearing pad and engage in a menstrual hygiene routine at school
- Took 8 months

PMS and Autism (Obaydi & Puri, 2008)
- Matched IQ, behavioral difficulties, age
  - 92% of women with ASD met criteria for late luteal phase dysphoric disorder
  - 11% of women with DD met criteria
- Symptoms: mood lability; withdrawal; impaired performance; aggression; self-harm; sleep difficulties
- Higher hormonal fluctuations? Puberty? Menopause?
- Women with ASD – elevated rates of testosterone related disorders (e.g., dysmenorrhea, polycystic ovary syndrome; Ingudomnukul et al., 2007)

TOPIC 4. EXPLOITATION PREVENTION

Abuse: sexual, physical, verbal, emotional, psychological, domestic violence
Taken advantage of: financially, socially, tricked

Keeping Females Safe
- 39-83% of females with a DD will be sexually abused before they reach 18 years of age (Baladerian, 1991).
- 97-99% of abusers are known and trusted.
- 18.5% of children with ASD presenting at community mental health had been physically abused; 16.6% sexually abused (Mandell et al., 2005).
- Many women with ASD have written about their abuse experiences in autobiographies.
- Females with ASD vulnerable: difficulties recognizing “red flags”, interpreting thoughts, feelings, behaviors of others.
Abuse and Females with ASD

- 9/14 late-diagnosed women (ages 23-30) reported sexual abuse
- 8/14 reported being trapped in risky situations or abusive relationships (Bargiela et al., 2016)

Sarah’s story:
- Diagnosed at 24, now 33
- Has Master’s Degree
- Seen for teletherapy for 5 years
  - Anxiety, eating disorder, over-exercising, unhappy with job, friendships, dating skills, expanding interests
- Contacted again after 3 years
  - Devastated relationship breakup, suicidal
  - 1. relationship in college
  - 2. first real adult relationship
  - 3. Hot tub incident
  - 4. First ‘date’

What do girls with ASD need to achieve quality of life as women? (Gould & Ashton Smith, 2011)
- School: better able to detect subtle presentations
- School: “girl-friendly” – girl-oriented personal and social skills classes
- Focus on girl ‘hidden curriculum’
- Girl-oriented personal, social, health education part of curriculum
- Focus on teaching independence, assertiveness and strategies to reduce vulnerability
- Address self-image, self-esteem, confidence
- Gender identity, emotional well-being, mental health
- Societal expectations

Developmental Progression of Teaching

- Personal space; boundaries
- Privacy – body
- Good touch vs. Bad touch (ownership)
- Expected roles in relationships
- Appropriate people and places to talk about personal topics
- Assertiveness skills
- Online safety- sexting
- Emotional grooming
- Building a safety circle
- Dating safety
- Safe sex
- Safe reporting
Females with ASD feel good about themselves when:

1. They feel **competent**:
   - learn skills; self-efficacy; strengths-focus
2. They understand themselves:
   - awareness, self-monitoring, self-knowledge
3. They understand others:
   - Perspective taking, empathy, "like me", social thinking
4. They understand emotions and thoughts in self and others
5. They learn to **self regulate and cope; feel in control**
6. They receive positive and helpful messages – others understand *them* – **they are heard**

**Taylor: 8 months of therapy**

- A clear sense of her values; what is important to her, how she wants to be
- Accepting of difficult emotions – willing to try new things
  - Driving, concerts, making new friends, girlfriend
- Willing to try to go back to school next year
- More assertive – expressing her needs
- Integrating autism into her identity – reading
- Communicating more clearly; less shutting down
- Less anxious in situations
- Can see past high school again

For more information “Female ASD Clinic”
- Evaluations; telepsychology services: consultation, individual therapy, puberty/sexuality services
  [snichols@aspirecenterforlearning.com](mailto:snichols@aspirecenterforlearning.com)

Facebook: **Girls Growing Up on the Autism Spectrum**