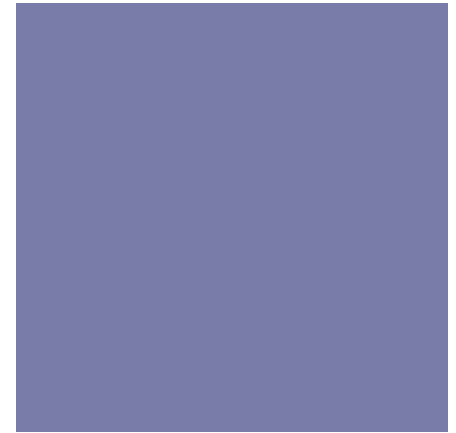




Pigtails and Drama: Girls with Autism



Presented By:
Kim Busse M.Ed, MA
Amy M Reid M.Ed, MA



Objectives



- ASD criteria specific to girls...DSM IV vs. 5
- Common diagnostic errors
- Dual Diagnoses
- Therapeutic Interventions



+ Diagnostic Criteria



■ DSM IV

Autism Disorder 299.00

- Impairment in social interactions (must have two characteristics)
- Impairment in communication
- Restrictive interests, activities, and behaviors

Asperger's Disorder 299.80

- Same as above but no delay in language or cognitive development

■ DSM 5

Autism Spectrum Disorder 299.00

- Persistent deficits in social across multiple contexts – includes sensory challenges
- Restrictive, repetitive patterns in interests or activities (current or by history)
- Severity levels of support



Rosie Video



- [Rosie Video](#)



Social Communication and Social Interactions

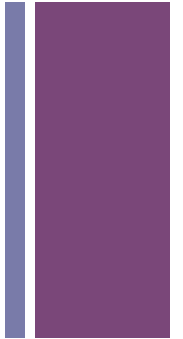


- Limited joint attention and limited use of facial expressions directed towards others
- Demonstrates difficulty relating to people, objects and events
- Inability to make and keep friends
- Significant vulnerability and safety issues due to social naiveté
- Prefer isolated or solitary activities
- Has no or limited social smile



Restricted, repetitive patterns of behavior, interests or activities

- Insistence on following routines or rituals
- Demonstrating distress or resistance to changes in activities/schedule
- Repetitive hand or finger mannerism
- Lack of true imaginative play versus reenactment
- Rigid or rule-bound thinking
- An intense, focused preoccupation with a limited range of play, interests, or conversation topics
- Hyper or hypo activity to sensory input



+ Special Interest Video

- Special Interest Video





Theory of Mind



- **Core** impairment for autism is processing social information.
- The capacity to understand the thoughts and feelings of others is known as “Theory of Mind.”
- This capacity enables a person to make inferences regarding others’ behavior.
- To analyze a person’s behavior one must be able to think abstractly.
- Individuals with ASD usually think in concrete terms



Specific Characteristics of Girls



■ Social

- Can hide social oddity in early years and therefore are not noticed.
- When older, girls become more behind peers in social maturity
- Sensory sensitivity
- Minor social error results in extreme reactions and comments
 - Example: “I’m going to kill myself or cut myself”
- May be desperate for friends
- Sensitive to emotional environment around them and react strongly
- Selective mutism
- Relationships – very vulnerable, especially to relationship predators and sexual abuse
- Low self-esteem



Specific Characteristics of Girls



- Lack character judgment and have no group of friends to check in with
- Intoxicated with attention
- Social chameleons- mimic others because they don't have their own social language
- Escape into imaginary play (imaginary friends, fantasy play)
- Writer, artists and actors
- Often Relate to animals
- Can be very caring (nurses and childcare providers)
- Moms with ASD lack intuitiveness and need reassurance



Ballet Girl Video



- [Ballet Girl Video](#)



Male/Female Differences



- Females can be more expressive in the face and with gestures than males
- Females may be better at “mirroring” or imitating many different types of personalities.
- Females will have obsessions but they are not as unusual as males. For example: pop culture
- Females may be more open to talking about feelings and emotions.
- Females are less likely to receive an early, correct diagnosis due to criteria based on Male behaviors/traits.
- Females are more likely to be diagnosed as having bipolar disorder or manic depressive disorder.
- Physical gestures/behaviors when happy- hand flapping, clapping, singing, jumping, running around, dancing, bouncing.



Male/Female Differences -continued



- Adult females are prone to both temper and crying meltdowns.
- Meltdowns may occur in public over seemingly small things.
- Hunger/food issues seem to trigger meltdowns.
- Tends to receive less tolerance and more expectations from others, because she appears more capable.
- Males are often not prone to crying.
- Less likely to stutter than males.
- Females are generally better at socializing in small doses.
- More likely to keep pets for emotional support- due to sensory issues.
- Rudy Simone (2009) <http://www.help4aspergers.com>



Research



- Hans Asperger
 - He attempted to look at girls but limited due to lack of participants
- Catherine Lord (1993)
 - At 3-5 yrs. old girls imitated peers and would seek social contacts
 - By age 10 none of the girls had reciprocal friendships
 - By middle school ages an increase in anxiety and unexpected behaviors
 - Typical girls network are demanding and big on feelings and communication
- Katherine Loveland (U of Texas)
 - Greater difficulty with communication and language results in increased difficulty with social networks



Research



- Tony Atwood
 - Same profile of abilities as boys but less severe characteristics
 - “mothered” by other girls
 - More motivated to learn and quicker to understand social skills
- Simon Baron-Cohon
 - Relate more to boys
- National Autistic Society in London, England reports the following: “Various studies together with anecdotal evidence, have come up with male/female ratios ranging from 2:1 to 16:1.”
- The National Autistic Society has see a steady increase in the numbers of girls and women referred.
- A study in 2012 found that girls are less likely than boys to meet the diagnostic criteria for ASD



Many girls receive a variety of diagnosis before finally receiving an ASD diagnosis.



- ADD/ADHD
- anxiety
- depression
- mood disorders
- obsessive compulsive disorder
- language disorder
- eating disorder
- Personality Disorders
- PTSD
- Schizophrenia
- Bipolar/manic depressive
- Multiple personality disorder
- Tourette's
- Mentally challenges



Dual Diagnosis



- ADD/ADHD
- anxiety
- depression
- mood disorders
- obsessive compulsive disorder
- language disorder
- eating disorder
- personality disorders



ASD vs. Borderline Personality Disorder



ASD

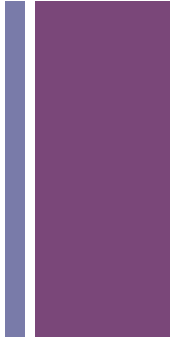
- Difficulty with change
- Inflexible/rigid thinking
- Perfectionist
- Difficulty with social relationships
- Organizational issues
- Unpredictable behavior (drama)
- Learning difficulties in isolated areas and gifted in others

Borderline Personality Disorder

- Difficulty with interpersonal relationships
- Difficulty with self image
- Difficulty with impulsivity
- Avoidance behaviors
- Suicidal behaviors or threats
- Difficulty controlling anger and emotions



Similarities between ASD and BPD



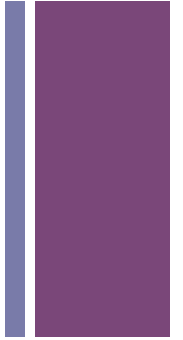
- Severe executive functioning skill impairments
- Social and occupational impairments
- Interpersonal relationship problems
- Acting out rather than verbalizing emotions



Research for ASD and BPD



- In 2007, Ryden, Ryden and Hetta looked at whether ASD co-occurs with BPD in females.
- Female patients were referred who had a previous BPD diagnosis and were then assessed for ASD characteristics
- Results: 6 of 41 patients were found to have ASD
- ASD patients had more frequent suicide attempts and significantly lower global functioning scores (GAF)
- Patients with ASD had a more negative self image
- Conclusions: Co-morbid ASD and BPD is a group at risk for suicide, lower occurrence of substance abuse, but a more pronounced negative self image.

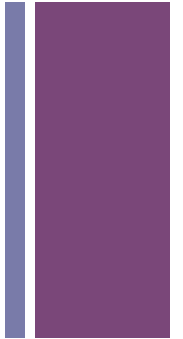


“Girls with Asperger’s have the same profile of abilities as boys but subtler or less severe expression of the characteristics.”
Tony Attwood (2006)



Therapeutic Approaches:

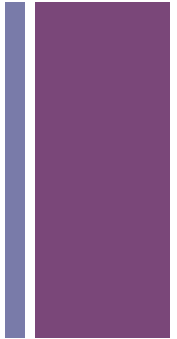
- Alfred Adler was a physician who took an interest in psychotherapy and the belief that individuals have control of their lives to make changes for the better.
- Took a positive view of human nature.
- He felt we are all goal orientated striving for social connectedness.
- We are in control of our own destiny.
- Difficulties stem from inferiorities and he coined the “Inferiority Complex”.





An Adlerian Approach...

- Identify, challenge and explore a clients current beliefs about their life goals.
- Gather family history and early recollections to look at behavior patterns and mistaken beliefs and set new goals.
- Focus on spotting concerns or issues involved around unrealistic ambitions or lack of confidence.
- Discover success and failures of client.
- Provide encouragement to identify new goals.
- Stimulate cognitive, affective and behavior change.
- Want to strengthen social interest.
- Techniques are action oriented including role play, empty chair, task setting, creating images (a picture is worth a thousand words).





Other Therapeutic Approaches



■ CBT

- Teaches people to monitor their own thoughts and perceptions
- Becoming more aware of themselves

■ Play Therapy

- Use doll play to replay events of day and decode social situations that have occurred. It is about exploring social play. The doll play is not just about being age appropriate but more about the need to understand social situations
- Girls will pretend to be normal (having a tea party) but they are more interested in the organization of play than actually playing. They are directors and great at reenacting movies or social play.



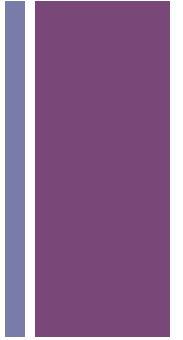
Common issues girls/women face



- As girls get older it is very common to have a long list of diagnosis.
- Women who are diagnosed at late age report previous diagnosis of schizophrenia or psychotic disorder.
- Often older girls and young women receive an *ASD* diagnosis as a result of another family member receiving the *ASD* diagnosis.
- The diagnosis of the other family member often causes the family to question the diagnosis or non-diagnosis of the daughter.



Strategies for increasing success in therapy



Increase awareness of perspectives of others

Use visual aides when presenting new information

- Comic strip conversations
- Social stories

Teach about social norms and rules (hidden curriculum/unwritten rules)

- Idioms
- Metaphors
- Social expectations



Environmental Considerations



- Lighting
- Sounds
- Smells
- Temperature
- Appropriate seating
- Visuals



Tips for Therapists and Educators



- Establish a rapport with the client
- Avoid verbal overload. Be Clear and Concrete
- Use **VISUAL SUPPORTS!!!!**
- Exercise caution when using idioms, sarcasm, multiple meaning words, etc.
- Be consistent
- Use positive and age appropriate behavior procedures
- Group work may be difficult.

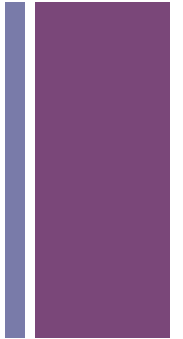


Tips for Therapists and Educators



- Remember facial expressions and social cues are difficult to understand
- Don't take behaviors personally (misbehavior usually indicates confusion, disorientation or fear)
- An increase in difficult behaviors usually indicates an increase in stress. Allow the client to remove him/herself from the situation causing stress and go to a “safe place” or “safe person” to calm down.
- Pre-warn client of any changes
- Use interests to catch the clients attention

+ Rudy Simone Videos



- [Rudy Simone Video #1](#)

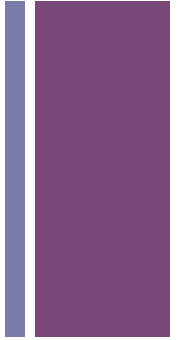
+ Rudy Simone Videos

- [Rudy Simone Video #2](#)





Strengths of Clients with ASD



- The ability to take in chunks of information quickly-as a whole
- The ability to remember information for a long time
- The ability to use visual information meaningfully
- The ability to learn and repeat long routines
- The ability to understand and use concrete, context-free information and rules
- The ability to concentrate on narrow topics of specific interest



Challenges of Clients with ASD



- Attention Difficulties
- Difficulty with processing auditory information
- Difficulty with generalization
- Difficulty with learning by observation and imitation
- Trouble with task/event sequencing
- Problems with organization and planning
- Difficulty with time concepts
- Difficulty with transitions
- Difficulties with processing sensory input
- Difficulty with motor planning
- Difficulty with understanding social relationships



Resources

Attwood *et al.* (2006) *Asperger's and Girls*. Arlington, TX: Future Horizons Inc.

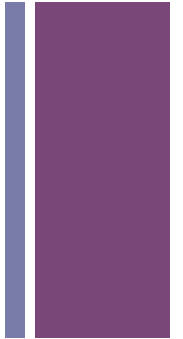
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- <http://www.thegraycenter.org/social-stories>
- <http://www.education.com/reference/article/hidden-curriculum-school-asperger/>

