

Developing a Better Understanding of  
Autism Spectrum Condition (ASC) in Girls & Women  
**Resources & References**

Elyssa Male, M.S. Speech-Language Pathology



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## Outline

- Symptoms in women & girls with ASC
- Neurodiversity Paradigm, strength-based approaches, and PFCC
- Goal writing from an autistic SLP
- Resources (Useful websites, infographics etc.)
- Autistic SLPs
- References

## Symptoms

### Pragmatics

- Abnormal back and forth conversations, reduced sharing of interest, emotions, or affect, deficits in understanding nonverbals and body language, abnormal eye contact, deficits in developing, understanding, and maintaining relationships, may have absence of interest in peers,
  - Ask about their subjective experience of eye contact. They may have lots to say about this (ie. They don't like it, they have to remind themselves to use it, may overuse it)
- Higher social motivation than males with autism
- Girls have better friendship quality than boys with ASC
- Better at initiating friendships than boys with ASC but not maintaining; Fine at making friends but struggle to keep
- More likely to form friendships than boys with ASC
- Appear more socially adapt
- Play **near** vs play **with** others; Observing how they should act
- May feel more at ease with male friendships because they tend to be more straightforward
  - “You can take them at face value and it's not that fear of them judging you or having alternative motives and thoughts and they kind of say things straight.”
- Exhaustion after social stimulation (school, playgrounds)
  - May be more misbehaved with parents
  - “I was unbearable with my mother, but at school I was perfect”
  - Present as an ideal student then coming home and being exhausted and potentially having tantrums

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- Fit in better at school vs boys because they have less behavior problems; They might not get attention from professionals until later
- Girls may begin to notice that they are different in their teens leading to depression and anxiety
- May appear as “lil adults”

**Intense Interests**

- Boys have more unusual interests; Girls’ are more socially acceptable
- Dolls, disney princesses, horses, reading (ie. excessive because they read at dinner, school etc.)
  - HOW they play is sign of ASC and is not “true pretend play” (ie. sorting dolls clothes by color, lining dolls up, doll’s having scripted language)
  - May maintain interest in dolls in later age where it's not as socially appropriate
  - May suppress desire to talk for 20 mins about my lil ponies
- May have high imagination
- Look for amount of details around their interests
- The transition out of this intense attention can sometimes lead to problems
- Include yourself in what interests them and make it better
- May have few interests in general
- “The child’s area of intense focus is the making of a true passion- something that perhaps could be turned into a career. Or not, but it still brings intense joy.”

**Repetitive & Restrictive Behaviors**

- Boys show these behaviors more obviously
- Females are least likely to have these kinds of diagnostic behaviors
- Includes motor movements, language, or use of objects
- Pacing, watching the same movie/show over and over again, eating same foods over and over, scripted language, skin picking
- “Pretend play” is repetitive and strict and may include echolalia (scripted lang) and sorting/lining up toys

**Sensory Challenges**

- Girls are internalizers, so parents may be unaware
- May include poor hygiene
- High pain tolerance (hyposensitivity) or hypersensitive

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- May struggle with interoception; inner senses (ie. knowing when they to pee or are hungry)

**Hyperfocusing**

- Intense attentional focus
- Cannot be “distracted” from what their attention is on

**Stimming**

- Girls have less obvious self-stimulation behaviors
- Might do in private

**Adjusting to change**

- May be misdiagnosed with ODD
- Less likely than boys to have behavior probs due to rigidity
- Girls are more likely to have perfectionism, rigid rule following, anxiety related to change

**Rigid rule-following**

- Black and white thinking and perfectionism

**Autistic Burnout**

- The intense physical, mental or emotional exhaustion, often accompanied by a loss of skills, that some adults with autism experience. Many autistic people say it results mainly from the cumulative effect of having to navigate a world that is designed for neurotypical people

**Autistic inertia**

- Difficulty stopping task once started and starting tasks once stopped (ie. Getting out of bed takes unbelievable amount of energy)

**Goal writing**

<https://dorseyslp.teachable.com/>

Email [eeelyss15@gmail.com](mailto:eeelyss15@gmail.com) for more info

Notes from this course:

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Neurodivergent-aligned goal writing . . .

- Is respectful, empathetic, and patient
- Does not teach masking or encourage them to appear “less autistic”
  - Masking goals may include social skill training, play skill training, decreasing harmless stimming behaviors, and/or increasing flexibility
- Looks at how the client views communicative and social success
- Teaches self-advocacy
  - Self-identification of regulatory needs (leads to less frustration and “behaviors”)
    - Am I hungry? Am I angry/happy/frustrated?
    - Interoception is key
- Presumes competence (belief that client has the ability to learn and grow)
- Values all communication modalities as equal in value
  - It’s not ethical to “wait and see” before trying AAC ... That’s gatekeeping communication
- Requires education from professionals beyond communication (ie. sensory & emotional regulation)
- Values voice of autistic community
- Leads to greater motivation in school, greater communication success, reduced frustration behaviors, and greater academic success... when you are treated with respect, empathy, and patience

**Autistic SLPs:** Rachel Dorsey & Kaylen Randall (see references)

**Resources**

- Autistic Black/Indigenous/People of Color & Latinx Advocates to follow: list on <https://www.facebook.com/AutisticTyping/posts/623733278227074>
- <https://therapistndc.org/education/> (Therapist Neurodivergent Collective)
- <https://therapistndc.org/wp-content/uploads/2020/08/THE-ULTIMATE-RESOURCE-FOR-PROFESSIONALS-AND-PARENTS-1.pdf> (Autism: The Ultimate Resource for Professionals & Parents)

**Helpful & easy to read infographics:**

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- <https://autloveaccept.files.wordpress.com/2015/08/finalneurodiversity.pdf> (Neurodiversity)
- <https://therapistndc.org/wp-content/uploads/2020/08/We-dont-train-Social-skills.pdf> (We don't train social skills)
- <https://therapistndc.org/wp-content/uploads/2020/09/We-dont-treat-Autism-1.pdf> (We don't treat autism)
- <https://therapistndc.org/wp-content/uploads/2020/09/IEP-Make-overs.pdf> (IEP makeovers for neurodivergent children)
- [https://therapistndc.org/wp-content/uploads/2021/01/A-Conceptual-Analysis-of-Autistic-Masking\\_-Understanding-the-Narrative-of-Stigma-and-the-Illusion-of-Choice.pdf](https://therapistndc.org/wp-content/uploads/2021/01/A-Conceptual-Analysis-of-Autistic-Masking_-Understanding-the-Narrative-of-Stigma-and-the-Illusion-of-Choice.pdf) (Masking)

### **Neurodiversity paradigm**

- Recognizing neurodiversity as a natural diversity of human existence ... Accepted as natural, healthy, and an important form of human biodiversity.
  - Autistic inertia: Difficulty stopping task once started and starting tasks once stopped (ie. getting out of bed takes unbelievable amount of energy)
  - Gestalt cognitive processing
- “Don't mourn for us” 1993 by Jim Sinclair ... This is not a new thing!
  - “Autism isn't something a person has, or a "shell" that a person is trapped inside. There's no normal child hidden behind the autism. Autism is a way of being. It is pervasive; it colors every experience, every sensation, perception, thought, emotion, and encounter, every aspect of existence. It is not possible to separate the autism from the person--and if it were possible, the person you'd have left would not be the same person you started with.”
- This is important, so take a moment to consider it: Autism is a way of being. It is not possible to separate the person from the autism.
- Goals should not teach masking; Goals should not try to teach autistic people to see the world in the same way neurotypicals do; Goals should not try to bring out the

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neurotypicality of the autistic student; Success is not measured by training the individual to appear less autistic

### **Medical vs social model of disability**

- Avoid the medical model
- Medical model: Something is wrong with the person and needs to be fixed (ie. deficits in functional play seen in repetitive actions)
- Social model: Difficulties are caused by an unaccommodating environment (including people)
  - What's the purpose of play? To explore the environment! Should be intrinsically motivating!

### **Strength-based approaches**

- “Many members of the autistic community have improved their quality of life by recognizing that there are strengths and value in all of the many different neurotypes. By embracing this concept of neurodiversity, SLPs are in the fortunate position to help autistic clients learn to do the same.” (Dorsey, et al., 2020).
- Helps build on best qualities, improve resilience and self-esteem, reduce stress
- How people deal with life’s challenges depends on whether they feel they are operating from a position of strength or a position of deficit
- “Obsessed” vs “Passion and maybe future career choice” language
  - Reframe your language & help parents develop positive self-concept in their children

### **Person and family-centered care (PFCC)**

- Collaboration between client, family, and team of professionals
- Each party is equally important in the relationship
- Each party respects the knowledge, skills, and experiences that others have to share
- Family: Two or more people who are related biologically, legally, or emotionally (ie. friends)
- Leads to better understanding of client and family’s strengths and needs
- Core concepts:

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- Respect and dignity: Providers listens to and honors perspectives and choices of client and family & incorporates the knowledge, values, beliefs, and cultural backgrounds of the person and family members when planning and implementing services
- Information sharing: Providers give complete and accurate info to client and family in ways that are useful and that allow the person and family members to fully participate in decision making
- Participation: The client and family are encouraged to participate in decision making at the level they choose
- Collaboration: The client and family are included on an institution-wide basis and collaborate in various ways and on various levels—for example, in policy and program development, implementation, and evaluation; professional education; and service delivery

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