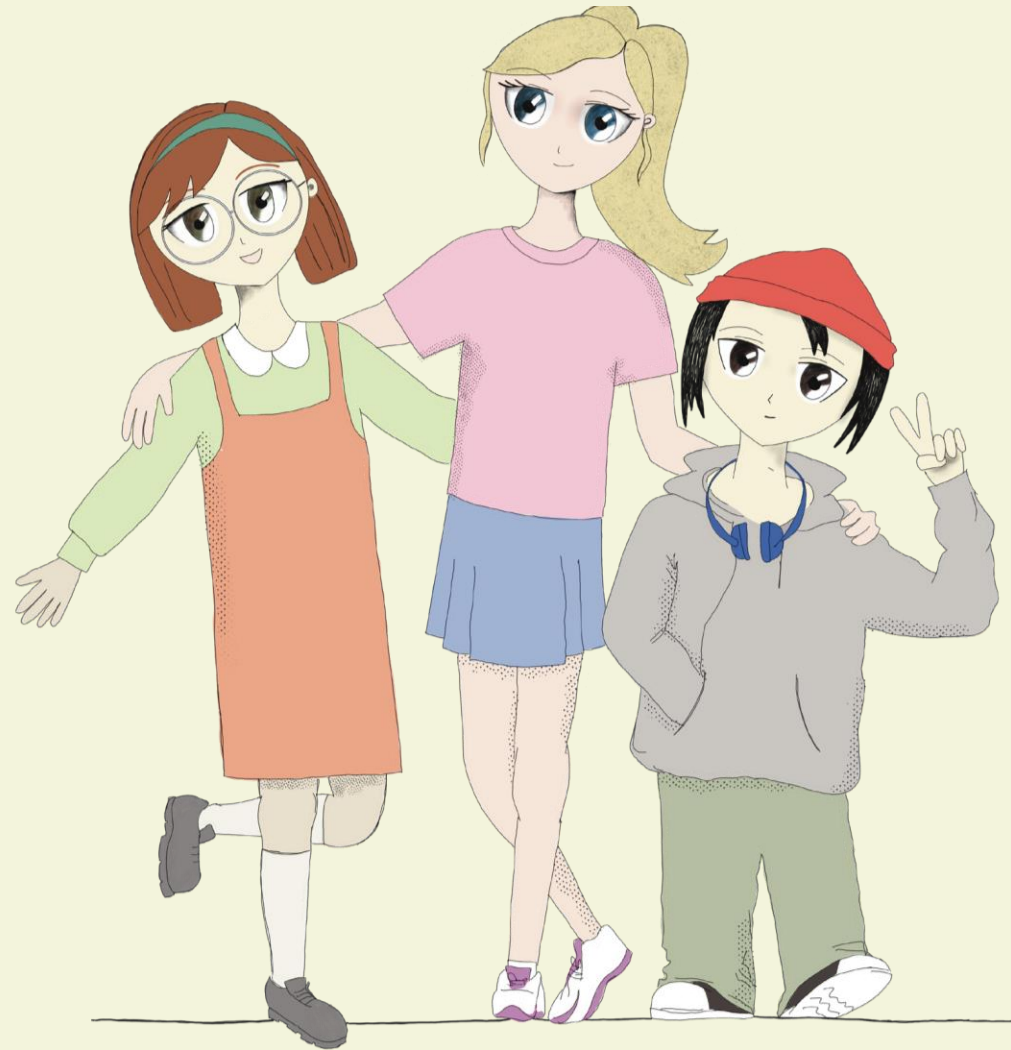


Autism in Girls “The Quirky Girls Club”

**Dr Chris Wever,
Child Psychiatrist
and Author-
Delphis Books**

Catholic Education
Conference 2023



Diagnosis, disorder, diversity

- Language is important and neurodiversity concept developed in 1990s
- ASD now seen more as different way of thinking and relating rather than disorder
- Yet need a diagnosis to get funding
- An autistic child versus a child with autism spectrum disorder



... the significance of the “Autistic Spectrum” lies in its call for and anticipation of a “Politics of Neurodiversity”.

The “Neurologically Different” represent a new addition to the familiar political categories of class/ gender/race and will augment the insights of the Social Model of Disability.

Judy Singer

University of Technology Sydney 1998

Early
treatment

Prevention
of
secondary
problems

Diagnosis- Why is this important?

Family
understand
problem
behaviour

Early
funding
easier to
access

Child
understand
themselves
better

School
understand
child



Now I can sort
this out!



I thought I
just didn't
like people

Maybe I'm
not such a
weirdo!

Diversity
Concept
Why is this
important?

Inclusion

School
looks for
strengths

Family
values
their
strengths

Child
values
themselves
better

ASD-core definition DSM V

Social Communication

- Poor social reciprocity
- Poor nonverbal communication
- Difficulties developing, maintaining and understanding relationships

Restrictive interests /repetitive behaviours

- Stereotypic/repetitive motor movement, object use, speech
- Insistence on sameness, adherence to routines, ritualized patterns of behaviour
- Sensory issues

ASD

Median age of diagnosis 4

Prevalence 1-2 %, yet increasing all the time

Heritability 0.8 (Sandin et al 2017), quiriness runs in families

Matilda

5-year-old

Starting school
in Prep

Delayed
speech

Lack of social
success and
floated in the
playground

Struggled with
transitions in
class, between
breaks and at
home

Meltdowns
frequent but
more at home
and sensory
issues

Sleep
disturbance

Stimming when
excited,
obsessive
interest in small
collectibles,
sensory issues

Early diagnosis of girls

They are like boys
in their
presentation

Girls who are
diagnosed early
usually have obvious
symptoms

Usual approach of
comprehensive assessment
and multimodal approach

Extra help and
support at
school

Social issues
supported,
but still
struggled



12-year-old referred for OCD symptoms, everything needed to be ordered and predictable

Yet no clear obsessions or compulsions

Bright, very well behaved at school

Anxiety high and mood became depressed

Had been on antidepressants which were helpful

Extremely hard working and avoided social contact

Clearly struggled with social cues but worked it out by observing others

Found it hard to think on her feet, needed time to work out social situations

Emma

Diagnosed in high school

- Coped when younger, but capacity stretched when demands increased
- Camouflaging well
- Social demands, academic demands, organizational demands all increase in high school
- Increasing development of other psychopathology such as depression and anxiety



Evie

14-year-old teenager referred for depression and eating disorder

Severe anorexia requiring several admissions due to low body weight

Cutting secondary to depression

Much conflict at home

On antidepressants

Disclosure of sexual abuse when younger

Only after all settled down, it became obvious she had ASD, but only diagnosed late adolescence

Missing ASD due to other problems

Comorbid conditions of eating disorders, depression, cutting or aggression hide ASD

Treat comorbidity and ASD becomes visible

ASD hidden by other disorders

- Comorbidity is high
- ASD girls are vulnerable to being bullied and increased risks of abuse
- ASD symptoms or trauma symptoms?
- Therapies often must be modified or tailored
- Insightful therapies are often more difficult



Amber age 44

"I think I have what my daughter has been diagnosed with"

Able to work, married and have 2 children

Noticed lack of comfort in social situations and great deal of misinterpreting of social cues

Treated for depression

Always felt different, cannot maintain friendships, works hard on fitting in, "I feel like I'm acting"

Many minor OCD behaviours, coped poorly with change, sensory issues to certain noise, heat and textures of fabrics

Understanding husband who has always understood she was quirky



Diagnosis in adults

- Often occurs after diagnosis in their child
- Seen as useful as it helps with self understanding
- Helps families understand quirky behaviours or avoidance



Autism male/female ratio (Poserud et al.,2021; Rutherford et al., 2016)

- Early school years M/F ratio 5:1
- Adolescence M/F ratio 2.3:1
- Adults M/F ratio 1.8-2.57:1
- More equal ratio as age increases, Why?



Flying under the radar



ic

It's better to fly under the radar,
than get noticed and shot down in
flames!



Flying under the radar

By observation others

By imitation

Adopting a mask

Lack of knowing what to do intuitively but *learn* what to do cognitively

Usually more motivated to conform than boys

Usually better behaved, so therefore less likely to be noticed

Often melts down after school, teachers do not see it

If not diagnosed early the girl thinks something is wrong with her, often leading to later problems of anxiety and depression

- Can more accurately interpret social issues than boys
- Yet slower processing speed for social information than neurotypical girls as rely on intellect not intuition
- Cannot easily keep up with groups and prefer one close friendship
- Often prefer male friendship
- Shyness and tendency to follow the rules often means they are not noticed
- Their obsessive interests often not that different but the intensity of interest is
- Need to follow play scripts means they are perceived as controlling

The Autistic Girl



They

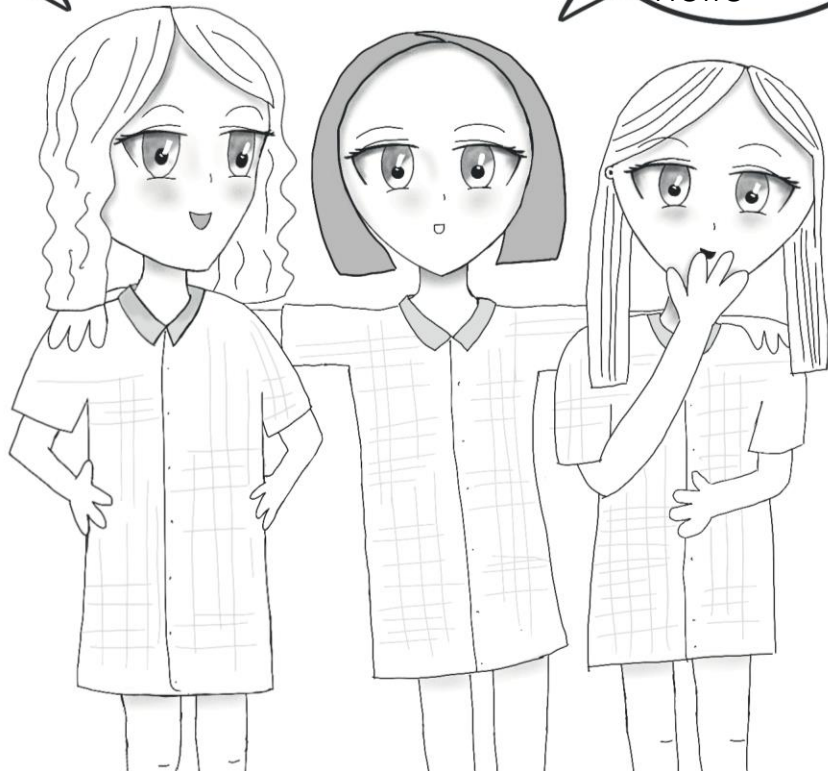
- Become overwhelmed in social situations
- Be reluctant to participate in classroom activities, often hate group work
- May be unable to verbalize in certain situations, selective mutism
- Feel negatively evaluated by their peers
- Withdraw from social interaction
- They get bullied



Bullying

- Very vulnerable population, up to 70% bullied in high school
- Different, poor communication, shy and do not report bullying
- May not be aware bullying occurring
- Self harm an issue

Let's have
some fun with
Anna



That boy
over there
really likes
you, go say
hello

Are you
sure?
Me?



Self harm and suicide

- Rates much higher, at least 3 times rate of neurotypicals
- Rates increase as they get older

Puberty

- Periods are often stressful, often have poor knowledge
- Very vulnerable to being poorly treated by boys, not street wise
- Dating, romance and sex very tricky

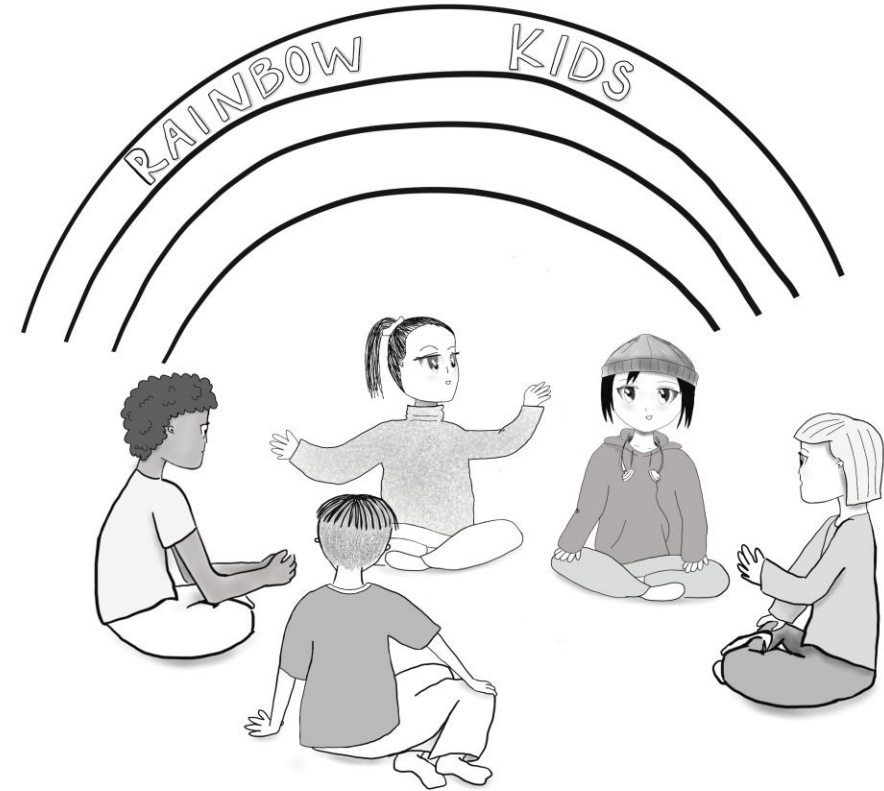


Sexual Abuse

- ASD females 3 times more likely to be sexually abused
- Often do not report abuse

Gender Issues

- Common, 3-6 times more than NT
- Gender diverse population more likely to show ASD traits
- ? Obsession or gender dysphoria



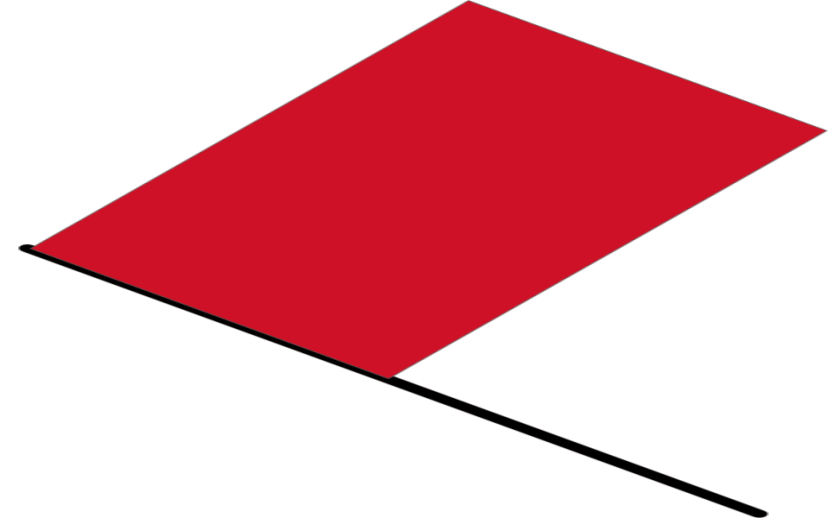


Red flags for recognizing autism in girls

- Slow at processing social information and takes longer to respond socially, avoids speaking in class and groups, hides in the group but on the periphery or selectively mute
- Watch out if “too good” or “too quiet”
- Struggles with nonverbal communication and react inappropriately as difficult to mask all the time
- Not able to describe her emotions

Red Flags (Cont)

- Cannot easily ask for her own needs and wants
- Difficulties in executive functioning
- Sensory issues
- Change causes stress
- Functions better in structured situations
- Parents are concerned but teachers not



Why more boys?

- Girls are better at masking
- Female protective effects, the stronger sex!



Behavioural differences of autistic boys and girls

- Current studies find no differences in IQ
- Boys have more restricted and repetitive behaviours
- Social communication- adolescent girls have more severe problems
- Symptoms improve in early childhood, but this reverses in adolescence
- Girls are diagnosed later than boys
- Girls have increased symptoms of psychopathology, increased symptoms of depression in adolescence



Are girls missed?

- Clinical experience tells us so
- More even sex ratio as girls get older
- Early diagnosis of girls is often flagged by other psychopathology e.g., developmental disability-
- Measures are male calibrated, yet some studies show it picks up both, yet Modified- Questionnaire for Autism Spectrum Conditions, by Attwood, Garnett Rynkiewicz has female specific ASD 1 level traits
- Yes, but probably the level 1, with less severe psychopathology



Camouflaging- Clinical observation-females show less social communication problems but report more than males (Lai et al 2011)

Compensation-
finding your way
around things that are
naturally difficult

Forcing yourself to make
eye contact



Masking-hiding parts
of your autism

Restricting talking about
your interest and trying to
listen to others



Assimilation-trying to fit in
with everyone else so
people do not notice you
are different

Observing and mimicking
behaviour of others



Dr Wever's Eyebrows ? Humour

I find it hard to look at people in the eye. So, I look at their eyebrows instead.



**That is
not so
hard with
you Dr
Wever!
LOL**

Social Coping Strategies a better term

- Adaptive but at a cost
- Higher rates of psychopathology associated with camouflaging
- Directly related factor for increased suicide risk
- “The thing about being autistic, is that you gradually become less and less autistic, because you keep learning, you keep learning how to behave. It’s like being in a play.”

Temple Grandin



Measuring camouflaging

- Score Internal (AQ)- external score (ADOS) (Lai et al.,2011)
- Observational studies of playground activity with 1. Games, 2. Solitary and 3. Joint activity which showed boys played games, ASD boys more solitary, girls and ASD girls were more joint, yet ASD girls flitted Joint to Solitary
- The observer will not pick the ASD girls, yet an interesting observation of this research was that peers did, ASD girls were often not seen as part of the group



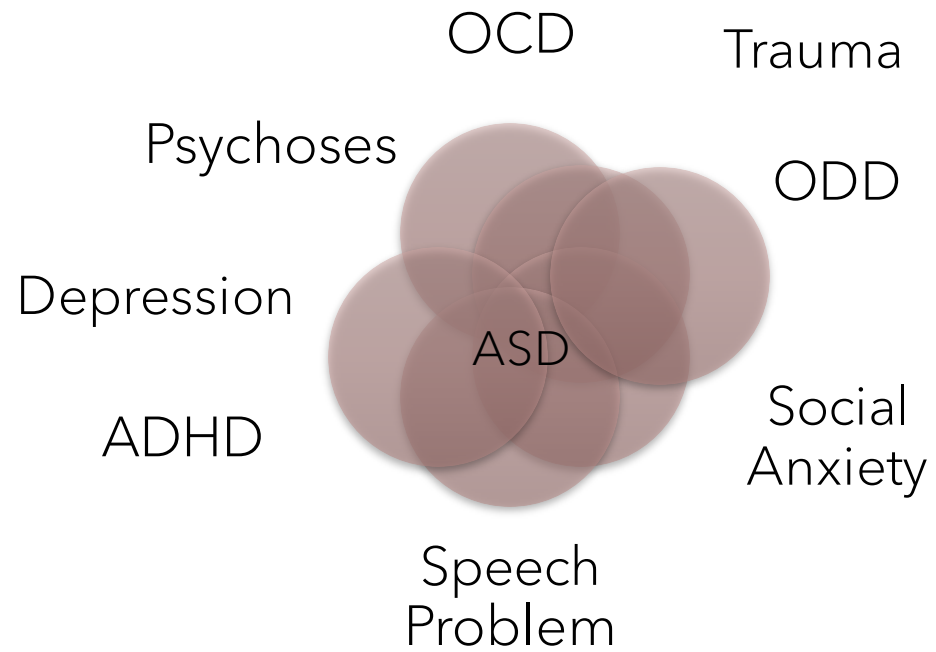
Some self reflection of one of my quirky girls.

After reflecting on all the literature on Asperger's girls; I have realised a few things 1) I was bullied at school, I just didn't realise it 2) My responses ARE based on observation; it isn't intrinsic 3) I have no idea why people feel the need to socialise; 4) I am both incredibly brilliant and a complete dunce at the same time; 5) I very often reveal WAY TOO MUCH information rather casually; 6) People with Asperger's tend to have a violent and aggressive nature (HELLO!); 7) I LOVE NATURE; 8) I really don't get verbal instructions; 9) I get overwhelmed and distracted very easily; 10) I feel next to no emotion; 11) I'm not entirely sure that I'm capable of romantic or sexual attraction. 12) The only reason I ~~that~~ seem to have a sense of humour is because a) I take things literally (dry), b) I gravitate towards more easily identifiable emotions (dark); which is precisely why I'm not entirely sure I want to deal with my depression - it's all that I've ever really felt; 13) I just don't get social interaction; 14) I may seem mature, but really I'm a child; 15) Shitty motor skills; 16) Dude, have you seen my school records? (I'm sure they wrote that shit down?); 17) I am fantastic at mimicking people (gait, accents, gestures, you name it); 18) DAMN NEUROTYPICALS!

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Anon

May look like many things



Comorbidity 85%

- ADHD 50%
- Depression 30%
- Anxiety 30%
- OCD ?
- Eating Disorders 75%
- Developmental Disability 50%
- Epilepsy 30%
- Tic 22%
- Gender Dysphoria



Treating ADHD

- ASD often becomes more apparent, or uncovered and diagnosed
- Treatment is often enhanced if ADHD symptoms prevent focus and learning of various allied health therapies
- Stimulants useful but reported as less effective than in ADHD only
- Tics may be an issue
- Sleep issues may be worsened
- Appetite suppression and fussy eating may be a problem



Treating Depression & Anxiety

- Cognitive behavioural therapy
- Family Therapy
- School intervention
- Medication usually a SSRI such as fluoxetine or sertraline



**Management/
Multi-
therapist**

Psychologist

Speech
therapist

Occupational
therapist

Paediatrician

Psychiatrist

Educational
specialist

Management

- Social skills training
- Speech and language
- Parent Training
- Routine
- De-escalation of anger and aggression
- Educational support



Management

- Diet
- Alternative therapies

Medication Targets

ADHD,
Anxiety,
Depression,
Dysregulation,
Sleep



Medication

- Stimulants or Atomoxetine/ Long Acting Guanfacine (Intuniv)
- SSRIs
- Risperidone
- Clonidine
- Mood Stabilizers- Valproate or Lithium
- Melatonin
- CBD oil



Not used alone

Good management means medication is used in conjunction with other therapies

Often means that other therapies can progress better

Outcome

- Depends on severity, social factors and supports given
- Intervention depends on recognition and early management
- Diagnosis does not lead to stigma and poorer outcomes
- Embracing their differences and recognizing and celebrating strengths
- I am always surprised by the good outcomes

