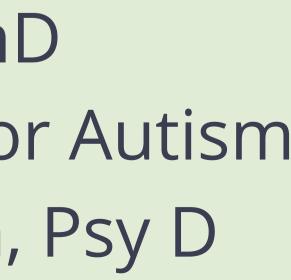
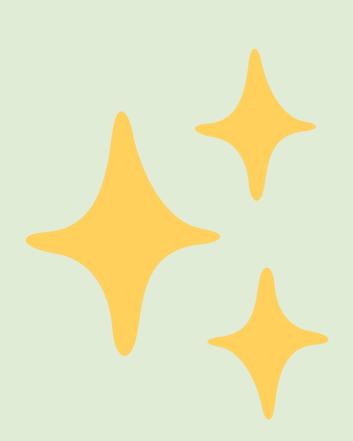
DIAGNOSIS AND TREATMENT FOR **GIRLS & WOMEN** WITH AUTISM

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What's the situation?

Historically, the data have shown a 1:4 ratio of girls vs. boys diagnosed with ASD

Recently, some specialists have started to question that.

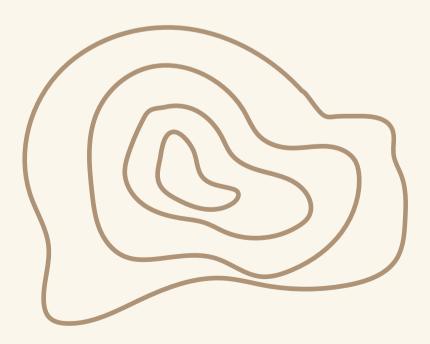
Some data shows a ratio of 1:3 may be more accurate

Some people believe things are such a mess we really have no idea



Where's the confusion? Is there a "female phenotype"?

If so, can diagnosing clinicians recognize it? Knowledge/skill • Appropriate tools



A case example...

*Details have been changed or omitted to protect confidentiality

- 20 year old woman self-referred for an ASD specific evaluation
- 14 prior diagnoses
- Years of therapy and medication

Bi

Depr Dis

Gene An

polar	Social Anxiety	Borderline
ressive order	ODD	Sensory Processing
eralized ixiety	Learning Disorder	Eating Disorder
DCD	ADHD	Etc.

On the other hand...

- This type of diagnostic confusion is not limited to female clients
- Certain presentations seem harder for clinicians, general practitioners, therapists to recognize
 - -Both ends of the severity spectrum -ASD with comorbid symptoms

What I know first hand...

Data from the Axis for Autism clinic shows:

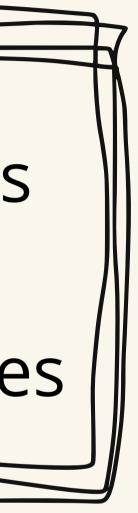
- More boys than girls are referred (70% boys)
- But no statistical difference in rates of diagnosis once they've been referred

Earlier diagnosis is associated with...

Toileting difficulties Eating difficulties **Behavioral difficulties**



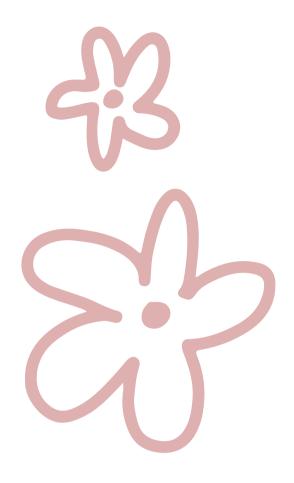




... in both sexes.

Barriers to diagnosis according to parents...

-Parent concerns -Others' perceptions -Lack of resources -Clinician bias -Compensatory behaviors



Gender gap narrows over time

It would seem that social difficulties became more pronounced in girls over time, or that compensatory mechanisms such as camouflaging are less successful, against the higher social demands of teenagers.

The most prominent research on prevalence of ASD (CDC) looks at diagnosis by 8 years old



WHAT'S THE SOLUTION?



Screening & Awareness

Appropriate care & & Acceptance



Awareness includes clinician continuing education and flexibility



There is no assumption of absolute boundaries dividing any diagnoses AND There is no assumption that all

individuals with a diagnosis are alike



Pg. 15 of DSM-5-TR

· Treatment

Physical Health

- Sleep
 - Nutrition
- Allergies, ailments, and
- illnesses



• Psychiatry



Behavioral & CAM

Counseling Speech/language

Occupational





Recommendations:

- Prioritize sleep hygeine
- Consult with physician about supplements and prescriptions

Getting age appropriate sleep? <u>www.sleepfoundation.org/how-sleep-</u> works/how-much-sleep-do-we-really-need

Insomnia or parasomnias?

- Nightmares
- Sleep walking

Nutrition

Work with physician or nutritionist to address nutritional deficiencies

- Problems with absorption
- Problems with diet

Work with feeding therapist to address restrictive eating



Allergies, ailments, illnesses Can be experienced differently, possibly due to sensory processing differences

Gastrointestinal

- Food allergies
- Stomachaches
- Constipation

Neurological • Sleep problems • Seizures • Headaches

Counseling

What should it involve?

- Coping skills: Mindfulness, distress tolerance (modalities such as ACT or **DBT**)
- Psychoeducation
- Supportive listening

What about social skills instruction? Depends on the individual's goals!

Lots of counseling involves some kind of "social skill" learning Couples counseling Counseling for depression, social anxiety, ADHD

What should I ask a potential counselor or therapist?

How did you learn about autism?



What issues can you be most helpful with?





Looing forward to having more conversations and hearing questions during this conference