

GENDER DIFFERENCES IN

How girls fly under the radar and are often misdiagnosed.

KNOW HOW TO ADVOCATE!

BY VALERIE APRAHAMIAN

There are many reasons why girls with autism may go undiagnosed. Doctors, teachers, service providers and parents often think of autism as primarily affecting boys because the testing criteria were essentially developed as a male model. Researchers believe there may be a distinct female-typical presentation of autism that the current diagnostic criteria and diagnostic tests miss because autism criteria are based on data derived almost entirely from studies of boys. As a result, higher functioning girls with autism spectrum disorders (ASD) are often overlooked or diagnosed late because they don't fit the stereotypes, or their behaviors are misdiagnosed as something other than autism.

Girls also tend to get by in school because they imitate what they see, so their presentation is diminished, and their need for support is overlooked. In education, this can cause a delay in terms of the development of the Independent Educational Plan (IEP) because the deficits appear to be functional, and supports and services are denied.

Research shows that girls may have fewer restricted interests and repetitive behaviors than boys do, and girls are more able to mask their autistic-like behaviors because they are more socially appropriate when interacting with their neurotypical peers. Girls are better able to share interests, engage in reciprocal conversations and use nonverbal gestures. Girls might show an excessive interest in Barbie's, unicorns, horses or dogs which is not unexpected or not quite as obvious to detect and identify as an autistic-like criterion.

Evaluations

Because girls typically have fewer restricted interests and repetitive behaviors than boys and may have more socially acceptable types of interests, they score lower than boys with the condition when using the Autism Diagnostic Observation Schedule (ADOS), an assessment of communication, social interaction and play for individuals suspected of having autism or other pervasive developmental disorders. The ADOS is the most commonly used assessment tool. However, there are others, such as the Social Communication Questionnaire, Autism Spectrum Rating Scales, Social Responsiveness Scale and the Gilliam Autism Rating Scale.

Because autism manifests differently in girls, they tend to be diagnosed late or they receive an incomplete and inaccurate overlapping diagnosis, such as Obsessive-Compulsive Disorder (OCD), Speech and Language Impairment (SLI) or Attention Deficit Hyperactivity Disorder (ADHD).

In a medical or educational evaluation, it is not uncommon to miss the subtle differences in an observation or questionnaire. A medical diagnosis or educational assessment to determine eligibility for an Independent Educational Plan (IEP) requires going much deeper than external behavior to reveal how they are internalizing their experiences rather than just how they present themselves in everyday life.

In terms of school intervention, if a student is misdiagnosed, the IEP will be incomplete or inaccurate because accommodations,

supports and services for a student with ADHD or SLI look quite different than a student with the eligibility of autism. An educational evaluation conducted by a school district psychologist who is not trained to identify the subtle differences of the female presentation of autism may cause a delay in services by misdiagnosing the student.

Even when girls with autism are identified, they often receive their diagnosis later than boys which requires girls to compensate for deficits, and therefore, their symptoms are masked and harder to identify. When girls are identified late, they've missed out on social interventions and won't get the proper support in school. Academically, it is harder for them to focus on non-preferred topics which can put them at risk to fall below grade level and fail to provide the behavioral interventions they need.

Speech & Language

In terms of speech and language, we still lack a clear clinical measure for assessing pragmatic language impairments. As an educational advocate, I see this problem over and over again with girls on the spectrum. Girls can score well on these tests and tap into the meta-pragmatic knowledge (they know the right answer in the test situation), but they lack the ability to demonstrate generalized communication skills (are not able to apply their knowledge in a real life situation). As a result, the student does not qualify for pragmatic speech services and is denied the support they truly need in school. Conversely, many of these students clearly have quite serious problems communicating in everyday life which can impede their access to academic curriculum.

The newest edition of the Diagnostic and Statistical Manual of Mental Disorders, DSM-5, acknowledges that females with autism may have features that differ from those of males with the disorder; however, it's *not consistently* recognized or applied in all school districts speech and language assessment or psycho-educational evaluations...Yet.

To address this problem at the educational level, an Independent Education Evaluation (IEE) should be requested in order to have a highly trained speech and language pathologist and/or psychologist conduct an assessment. If a parent does their homework to ensure they chose an unbiased IEE provider who is knowledgeable in the area of autism, they should receive a diagnostic evaluation that identifies areas of deficit to meet the needs of the child. As a result, the parent will have the evidence they need to cause the school district to provide the supports, services and proper placement to meet the needs of the child in an effort to receive an appropriate education.

Social

Girls can often obsess about rules and regularities in social life and persevere on whether they have friends or not. Girls have similar interests and preferences to neurotypical peers compared to stereotypical autistic boys who don't care if they have friends or not. Also, unlike boys, the difference between typical and autistic girls is the intensity of the level of their preferred interest rather than the nature of the interest.

AUTISM DIAGNOSIS



Again, these behaviors are underneath the surface and are not easily identified even though they can greatly impact mental health and social skills which may ultimately impede academic progress.

Sensory

Girls may struggle with sensory differences and be overwhelmed in crowds or may be bothered by loud noises and specific textures which can cause elevated anxiety and feelings of social awkwardness. This creates a two-fold problem in education. Occupational therapy in terms of sensory integration is routinely denied as an educational model, and anxiety and self-esteem are rarely addressed in the school setting. Yet, sensory deficits and mental health issues can severely impact academic performance and impede educational benefit.

Body Image

It is not uncommon for girls on the spectrum to be vulnerable to a hyper-focus on dieting and body image and a propensity for perfectionism. A female diagnosed with anorexia has many similarities to that of a female diagnosed with autism. These similarities can be an adversity to certain tastes and food textures, rigidity and a propensity to be detail-oriented and distressed by change. That being said, researchers are not suggesting that the majority of females with anorexia also have autism, but they do suggest that some of the "missing girls" are "hiding in plain sight" on the spectrum and may be getting an eating disorder diagnosis instead of ASD.

Social

Because many autistic girls are acutely aware of their social isolation, they can fall prey to an abusive relationship. Autistic girls may be bullied simply because they are different. For those girls who want to connect and cannot, they are at risk for someone trying to take advantage of them, whether it is a bully or a sexual predator. Many neurodiverse girls can miss complex social cues, yet they want to be accepted, hence autism can be quite painful, and females with Asperger's (or high functioning) can be at risk of suicidal thoughts.

Training and ongoing support to be able to maintain safety is the best remedy to avoid having them follow their hormones without an understanding of what the dangers are.

It is important to address the milder presentations of girls on the spectrum with the awareness that girls are better at imitating socially appropriate behaviors in comparison to boys. Medical and educational evaluators need to consider the gender differences and the masking of autism symptoms for girls that help them get by without being referred for services. Unless this thinking is corrected, girls will continue to be denied proper diagnosis and eligibility for school services, thus, missing the early intervention window that provides the help and support they need to be successful in school.

Strive for Better Quality of Life

While researchers continue to gather information about how ASD manifests in girls, doctors and service providers need to be very diligent to ensure they thoroughly assess the girls on their case-loads. Many parents and professionals do not realize the gravity of the findings and recommendations cited in an assessment report and the impact it will have on the student's ability to leave high school with the skills necessary to live an independent, productive and purposeful life.

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