


Psychological Assessment of Girls on the Spectrum

Part 1: Foundations

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Presentation Overview

1. Terminology & background
2. Female phenotype
3. Checkpoint 1: Referral
4. Checkpoint 2: Assessment
5. Checkpoint 3: Identification



Terminology & Background

NEURODIVERSITY



Neurological differences are valuable variations to celebrate, not to cure

All people are unique and cannot be fully described by a diagnosis

We must shift our focus to individuals' strengths, not struggles

Potentially*
Non-
Preferred
Terminology

**always ask!*

Autism Spectrum Disorder

Co-morbidity

Cure, treatment

Restricted interests

Stereotypical/repetitive behaviors

High/low functioning

Non-verbal/non-speaking

Potentially* Preferred Terminology

**always ask!*

Autism/Autistic

Co-occurring conditions

Support/service

Special interests

Stimming

High/moderate/low support needs

[Describe communication style]

Current Trends in Identification

Boys are 4 times more likely to be diagnosed with Autism.

For children with a co-occurring Intellectual Disability, boys are 2 times more likely to be diagnosed.

For children with average or above IQ, boys are somewhere between 6 and 16 times more likely to be diagnosed.

Boys are more likely to be referred, even when the symptom severity is the same.

Girls receive help 3.5 years later than boys.

Girls are diagnosed 5 years later than boys.

Causes of Under-Identification

Lack of representation in research:

Boys outnumber girls 8:1 in research participant samples.

Many studies include no girls.

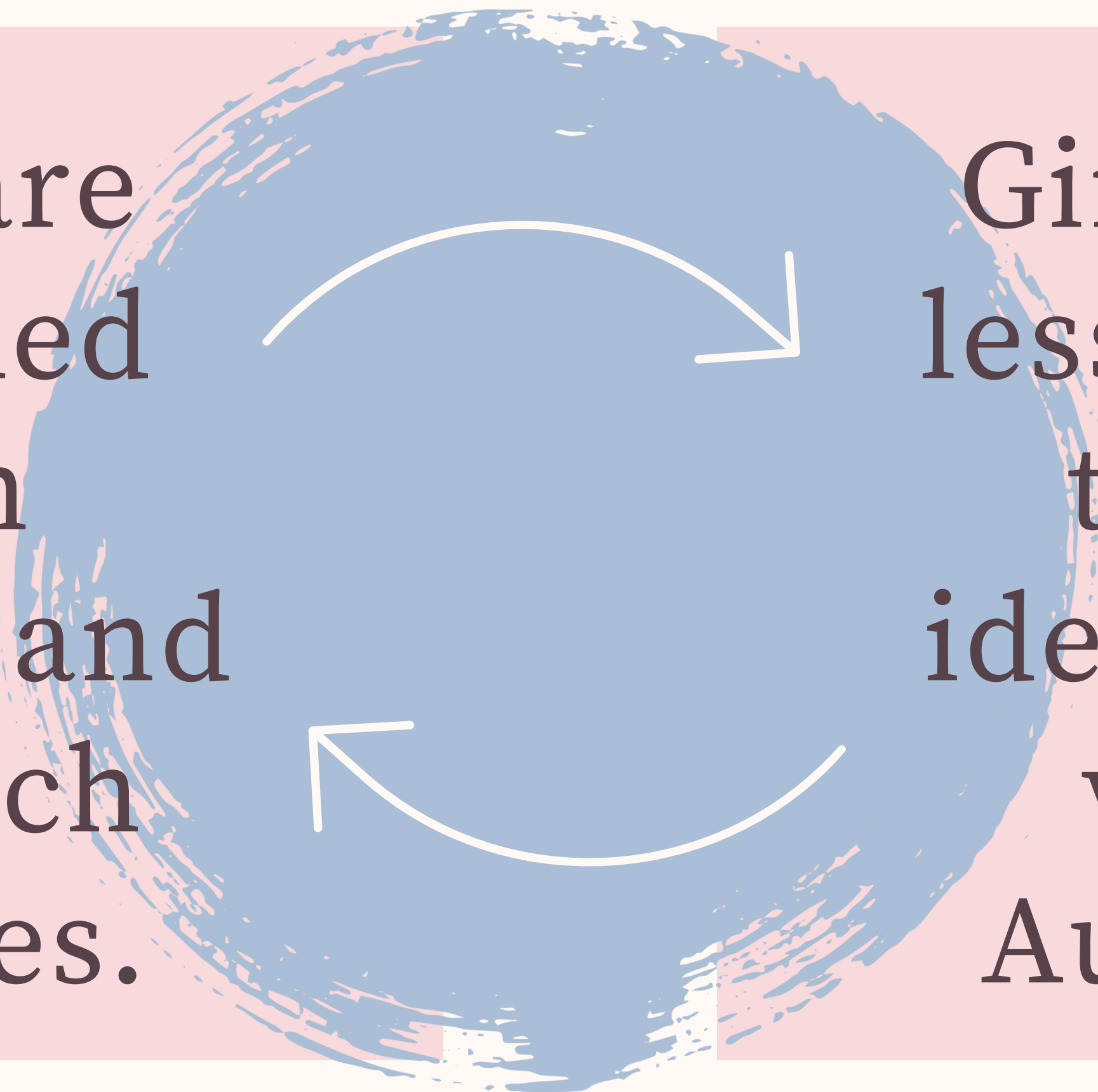
Lack of representation in normative assessment samples:

Boys outnumber girls 9:1 in ADOS-2 sample and 4-7:1 in ADI-R sample.

Limitations of the DSM-5?

Girls are
excluded
from
clinical and
research
samples.

Girls are
less likely
to be
identified
with
Autism.



Consequences of Missed Diagnoses

Social isolation

Peer rejection

Lower self-esteem

Lack of services and supports

Loss of community

Significant mental health problems





Female Phenotype

**Stronger social communication with
more subtle challenges**

Better overall language abilities

May have a small group of like-minded
friends

Intact superficial social skills

Able to make positive first impressions

More likely to camouflage/pass as
neurotypical

Social Communication

What is camouflaging/passing as neurotypical?

Suppressing Autistic behaviors and using compensatory strategies to avoid rejection or stigmatization and to fit in with neurotypical individuals

Camouflage = Survival



Costs of camouflaging/passing as neurotypical:

Suppression of personality/interests

Inability to meet later social demands

Disconnect from community

Greater rates of anxiety, depression, self-harm, and suicidal thoughts

Fewer and/or more subtle manifestations

Language closer to typical - less scripting,
echolalia


Stimming may be more socially acceptable

Special interests may seem typical

Sensory differences may be less obvious

Rigidity may be less noticeable due to fewer
externalizing behaviors

**Restricted,
Repetitive
Behaviors**



Checkpoint 1: Referral

Obsessive Compulsive
Disorder

**Generalized
Anxiety Disorder**

Depression

Giftedness

ADHD

**Misdiagnoses &
Co-Occurring Conditions**

Anorexia

Suicidal Thoughts

Selective Mutism

Orthorexia

Bipolar Disorder



Referral Clues

Social/friendship difficulties

Immaturity

Anxiety

Emotional dysregulation

Rigidity

Communication differences

Executive functioning difficulties

trouble making friends

aloof or distant

strange child

other kids think she is

has to be in charge

NOT flexible

weird

immature

rule follower

little things ruin her
day

LOVES Disney
princesses

only friends with
siblings or younger
peers

loves her routine

frustrated when
things don't go
her way

obsessed with her
baby sister

doesn't realize that
other kids are not
interested in her pet
rats

needs reminders to
"read the room"

only writes about cats

Examples of Referral Questions

How does she play with friends? Can she follow their lead or does she want to control the play?

Does she rely too much on one friend? How does she navigate conflicts with peers?

How well can she identify and talk about her emotions?

How does she handle unexpected events/changes?

Does she have anything that she really loves and tends to obsess over?

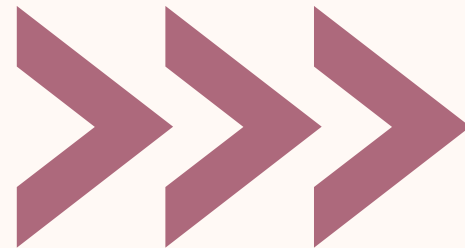
To what extent does she repeat the same scenarios in her pretend play?

Does she have any unique mannerisms or things she does with her body?

Does she over/under-react to sounds? Is she a picky eater? Does she have strong clothing preferences?

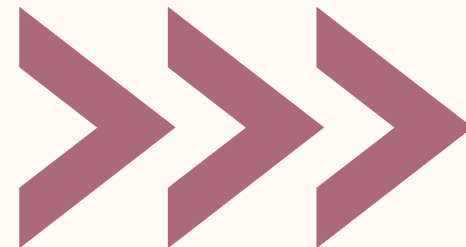
Challenges in the Referral Stage

Parent resistance



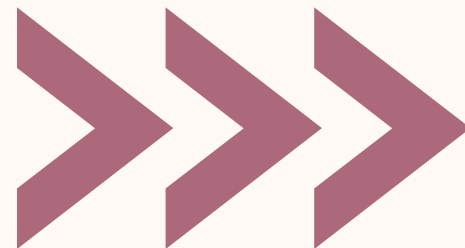
Stigma surrounding Autism

Team skepticism



Lack of knowledge of Autism in girls

Explaining away child's difficulties



Consider the setting in which the individual interacts with the child

Remember that the burden of Child Find is on the school team, not the parents

Checkpoint 2: Assessment

General Assessment Guidelines

Gather data from multiple sources

Gather data using multiple methods

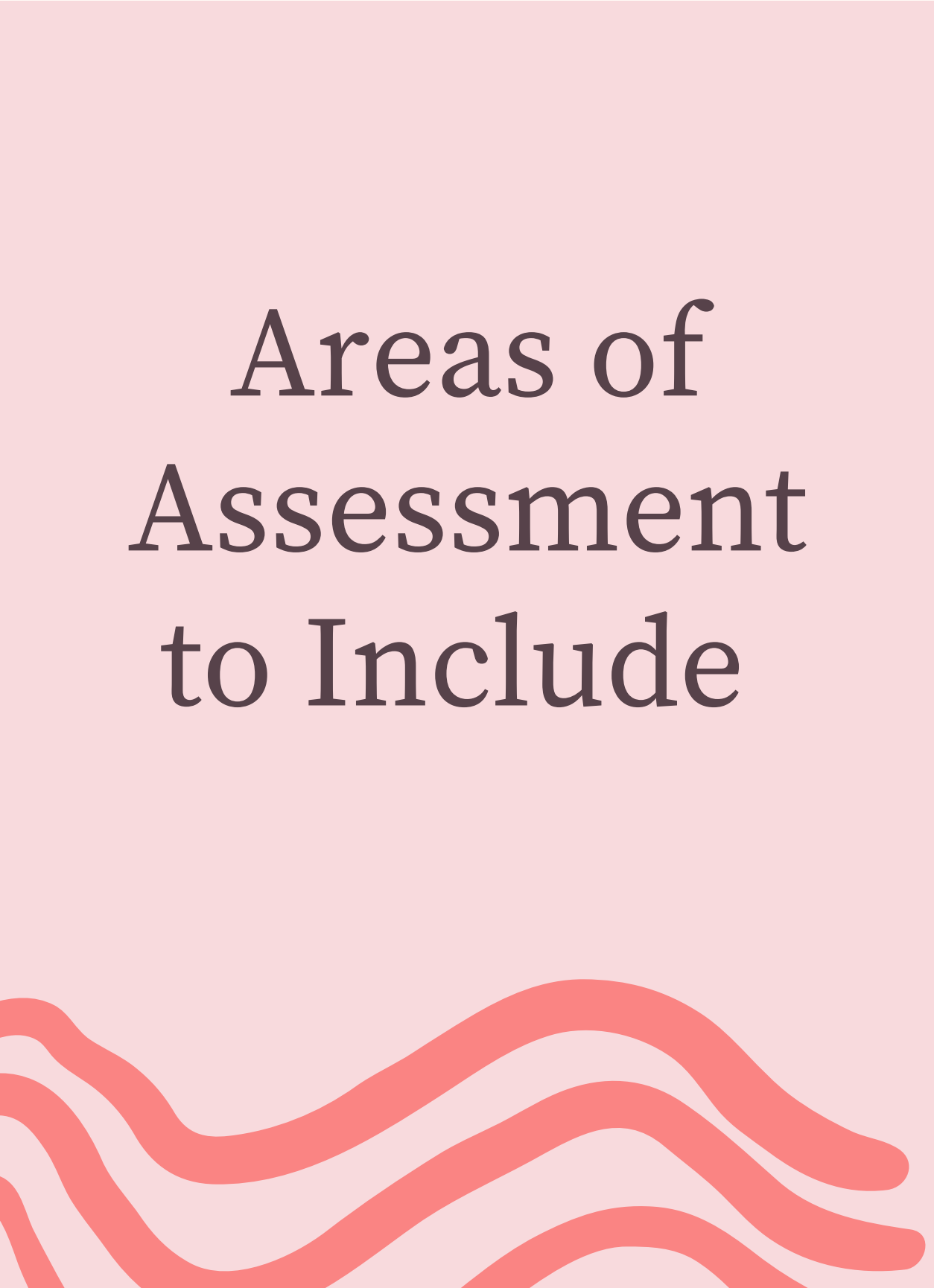
Average does not mean *absence* of symptoms

Look beyond the scores

Remember the big picture

Use a team approach





Areas of Assessment to Include

Broad social-emotional skills

Autism-specific behaviors

Adaptive skills

Executive functioning skills

Social pragmatic language skills

Sensory processing

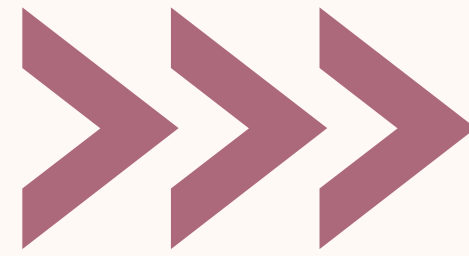
Naturalistic social skills

Academic skills

Cognitive abilities?

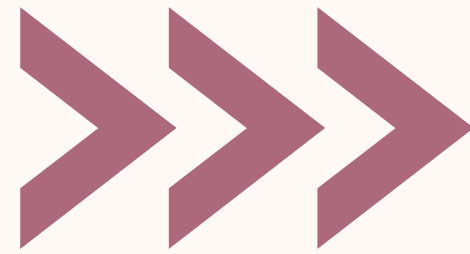
Challenges in the Assessment Stage

Disagreement between assessments



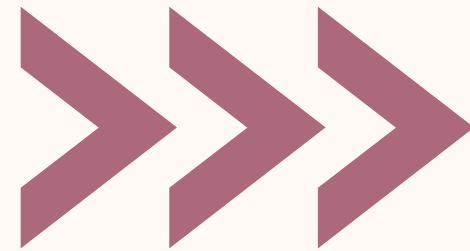
Consider norm groups

Standard scores appear average



Examine item-level responses and entire data set


Child doesn't "seem" Autistic



Rely on typical female peers as a point of comparison

Look for explanations for consistencies and discrepancies in your data

Checkpoint 3: Identification



Consultation & Collaboration

Be an archipelago, not an island

Compare/contrast data from all team members

Consult with other school psychologists

Seek supervision and/or professional development

Use NASP or state association resources

Educate your team

Educational Criteria

"A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that *adversely affects a child's educational performance*. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance."



Educational Impact

Educational impact is more than academics

Social engagement with peers

Social participation in the classroom

Verbal communication

Written communication

Executive functioning

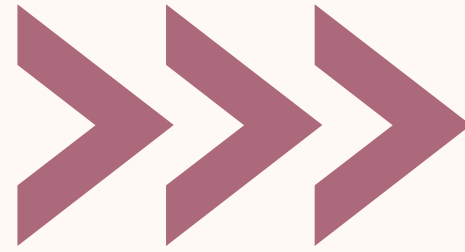
Behavior

Emotion regulation

Adaptive/daily living/employment skills

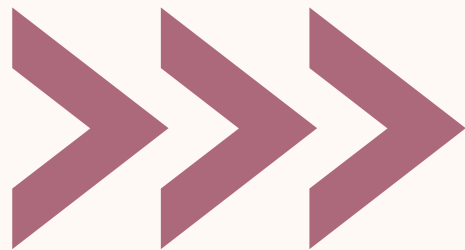
Challenges in the Identification Stage

Disagreement with private providers



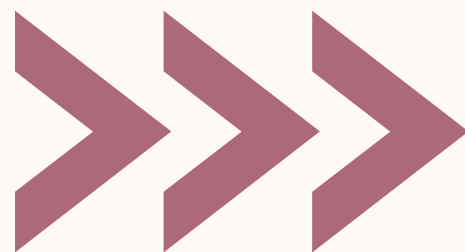
Maintain an open mind
Be confident in your results

Disagreement between team members



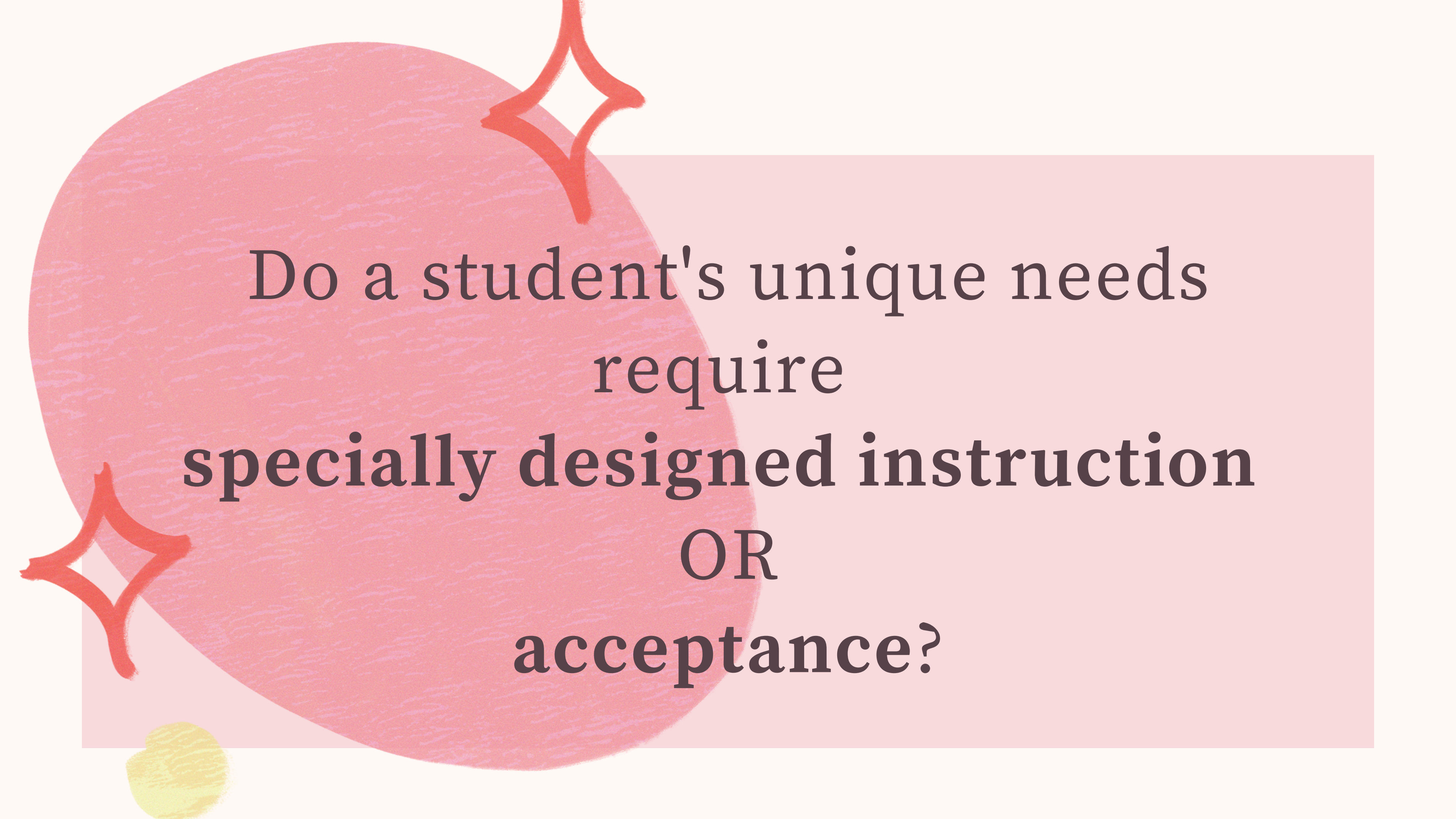
Educate your team members
Focus on the data

Overly focused on "fixing" a child



Recognize neurodiversity and change the systems

Advocate for the best interests of the child



Do a student's unique needs
require
specially designed instruction
OR
acceptance?

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Cultivate Psychology Group

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www.cultivatepsychgroup.com

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