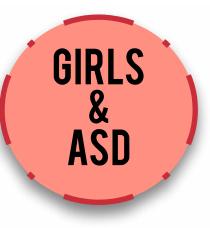


Autism Spectrum Disorder: NETWORK NEWS



ISSUE: 43



CONTENTS:

FEATURE ARTICLE: GIRLS & ASD

TRY THIS

TEACHER TIP BEHAVIOUR TIP READALL ABOUTIT

USEFUL WEBSITES

COMMUNICATION CORNER **REFERENCES**

The most recent evaluations estimate that ASD is diagnosed in roughly 1 in 59 children with a male to female ratio of 4:1 (CDC, 2016). This pronounced gender disparity has received much attention in recent years but researchers are only now starting to be able to account for it. Let's have a look at what research tells us.

Why are more boys being diagnosed with ASD than girls?

Research over the last decade is consistently finding that girls with ASD present differently than boys with ASD who have similar levels of intellectual functioning. This gender-specific profile combined with limited awareness of what ASD looks like in girls leads to biases in screenings and referrals. As a result, it is not uncommon for a diagnosis of ASD to be overlooked when comorbid conditions are present (e.g., anxiety) and for girls to receive a delayed diagnosis or misdiagnosis especially when their intellectual abilities are comparable to their same-aged peers.

The Relationship Between ASD, Gender, and IQ:

Although the boy to girl ratio has been estimated at 4:1, this is just an average figure - more precise estimates are revealed when intellectual ability is included in the equation. For individuals in the average-to-above average IQ range, there is a considerably bigger gap in the ratio of boys to girls diagnosed with ASD (10:1). However, when we look at individuals with lower cognitive profiles, the ratio of males to females diagnosed with ASD is much closer (2:1). In other words, females diagnosed with ASD are more likely to show accompanying intellectual disability relative to males diagnosed with ASD.

What else is different about girls with ASD?

Girls with ASD tend to show greater interest in socialization but don't always have the appropriate social skills to sustain peer play and friendships. Thus, it is common for girls with ASD to engage in solitary play with imaginary friends as a substitute for real peers. On a superficial level, this type of play may resemble that of the other girls in the class, but, in reality, it is highly controlled type of play and is often scripted like a scene from a TV show or a book. Though the topic of interest may appear age-appropriate, it is the pre-dominance and restricted nature of the interest that is developmentally atypical.

Girls with ASD have also been described as overly sociable but still lacking the intuitive socio-emotional awareness of their neurotypical peers. Girls who are struggling to conform are inclined to develop techniques such as imitating the behaviours of others, rote conversational phrases, and attempting to hide autistic characteristics with masking and compensation strategies. As a result of *falling under the radar* and being misunderstood in the early stages of life, girls and women with ASD are at greater risk for developing mental health issues such as symptoms of depression and anxiety compared to their typically developing peers.

SUPPORTING GIRLS WITH AUTISM IN SCHOOL

Periods such as free play in the classroom and recess are challenging for all children with ASD. In these types of situations, fantasy play can be a way of avoiding the demands of a complex social world. Try to provide structure

during these otherwise unstructured periods. For example, set-up a variety of different play stations that target important social skills such as sharing, turn-taking, parallel play and cooperative play.

For girls who have a tendency to mask their autistic traits when surrounded by others, be on the lookout for symptoms of nervousness, hypervigilance and frequent self-monitoring. It will be important to support these types of students in building a strong sense of self. Help them understand that each person has a unique set of strengths and struggles and capitalize on their strengths to foster the development of a positive self-image.

FINALLY

Remember that the absence of disruptive behaviours (e.g., aggression, oppositionality, disturbing

others, etc.) does not necessarily imply the absence of behaviours that challenge a student's availability to learn. Whereas boys with ASD engage in more externalizing behaviours, girls with ASD are more likely to show internalizing behaviours such as social withdrawal and poor self-advocacy. Though these types of behaviours are discreet and less disruptive in a classroom setting, they can be equally impairing to a child's development.



For many students with ASD, lacking independence in starting, maintaining and completing work is a common challenge, and can disrupt the student's functioning in class.

This is often a result of a limitation in executive functioning (EF) skills, which are critical to self-regulation and typically help us with time management, planning, organization and completion of sequential actions.

To help support our students with these EF difficulties, try implementing a checklist of "work to-do" in the classroom, as depicted below. Write a series of short tasks that the student has to complete in a given time. As they complete each task, they check off the box and move on to the next one. When they are finished, they receive a positive reinforcer (i.e. a reward) for their completed work. You can customize the checklist to fit the needs of each student and reduce or add to the number of tasks to be completed before they get their reward.

Checklists are a concrete and a visual way of teaching autonomous task management, as well as of developing the student's ability to organize themselves.

	Work To Do	
1.		
2.		
3.		
4.		
5.		
	= 🔀	

What time is recess?

When questions about the daily schedule arise often during the school day, despite having a clear visual

schedule in place, specific tricks can be utilized.

Students are often concerned about when recess, lunch or the end of the day will be. Although it might be on the visual schedule and those times rarely change, telling time might be the main issue. With a large analogue clock in every classroom, try putting smaller clocks beside it preset to recess, lunch and the end of the day and label them underneath so students can clearly see what recess time at 10:10 really looks like. The student can reference the smaller preset clocks and see when the larger classroom clock is getting near to desired break times.



AM recess



PM recess





Lunchtime End of the day



Thank you to Madame Marjolaine Hamelin for the great tip!

BEHAVIOUR TIP

The social world of girls tends to be more complex than that of boys, and there are often situations that involve relational bullying. Students with ASD are more prone to be the victim of bullying given that their ability to read and understand social situations is impaired. Girls with ASD commonly internalize their problems, while boys externalize them more, which makes these difficult social situations more challenging for girls, as they are less likely to seek help and more likely to become socially isolated. In contrast to boys with ASD, girls are better at social imitation. However they lack understanding of the underlying social implications behind the behavior they are imitating. Given this, a great behavioral tool to use with girls with ASD that plays on their strength of imitating, while promoting their understanding of social situations is Behavioral Skills Training (BST). BST is an evidence-based procedure to teach any skill that involves instruction, modeling, rehearsal and feedback. This approach can be used to teach social skills to girls with ASD. The instruction step of BST not only includes a description of the skill being taught, but also the purpose and how to apply the skill. This provides girls with ASD with didactic information on the underlying social concept that they often miss or misread. Furthermore, after modeling the skill and having them practice it, the critical feedback stage reinforces the components of the skill that they performed correctly, and provides corrective feedback on components of the skill for which they need to improve their performance. This type of feedback should also help improve their understanding of the skill/concept.

Asperger's and Girls is a compilation of articles written by women who have a diagnosis of Asperger's Syndrome along with researchers and clinicians specialized in the field of autism. Well-known names such as Tony Attwood, Temple Grandin, Catherine Faherty, Sheila Wagner and several others have contributed to this important resource. Topics covered include strategies for supporting students with ASD, who are dealing with issues tied to puberty, relationships, transitioning to adulthood and sexuality.

> If you are interested in borrowing this book, please contact Jade Lawsane at *ilawsane lbpsb.qc.*ca or by calling 514-422-3000, ext. 32409.

Our website also includes the titles of all of the books in the ASD Resource Library.

Attwood, T., Faherty, C., Wagner, S., Iland, L., Wrobel, M., Bolick, T., ... Grandin, T. (2006). Asperger's and Girls. Texas: Future Horizons Inc.



Thank you to Andrea Bertalan (Lester B. Pearson work skills consultant) and students from the LIFE program at Linsday Place High School for preparing this newsletter for distribution!

ASD TEAM MEMBERS

PATRICIA ASSOUAD
ASD Coordinator/Consultant

DR. ANDREW BENNETT Psychologist/Coordinator

DR. AMIRA RAHMAN
Psychologist

HELENE PACKMAN Speech & Language Pathologist

JOVETTE FRANCOEUR

Consultant for

Inclusive Education

JADE LAWSANE Consultant for Autism

KATIE COHENE
Consultant for Autism

SABRINA GABRIELEConsultant for Autism

PATTY CLORAN
Consultant for Autism

DATEVIG ETYEMEZIAN
Consultant for Autism

COMMUNICATION CORNER



The majority of our students with ASD have some level of difficulty reading nonverbal communication.

problem solving in real time, understanding the perspective of others, being flexible and regulating their emotions. We have the ability to build these skills with every single interaction. The power lies in our own speaking style.

We need to shift our speaking style from using *imperative* language to using *declarative* language. It is important to understand this distinction. *Imperative* language places demands on students and focuses too heavily on performance. It tells our students what to do or say and often implies there is a right or wrong answer.

Here are some examples of *imperative* language. "Change your shoes", "Say bye", "What colour is your

shirt?", "Get your pencil.", "Give Sam a turn."

Declarative language on the other hand, does not place demands. It helps students become problem solvers by pointing out important information. It helps students become independent and flexible thinkers because there are many possible responses.

Here are some examples of declarative language. "You are wearing your outdoor shoes." "Oh look, Bobby is leaving." "Your shirt is blue. I like blue too." "Your pencil is in your desk." "It looks like Sam is waiting for a turn." When making a declarative statement it is important to use a gesture to highlight salient information, slow down your rate of speech and WAIT for the student to respond but you are not demanding a response.

Changing your speaking style is difficult but it might be the most powerful strategy you use.

USEFUL WEBSITES

An interesting site to visit to verify your knowledge about girls and women with ASD is the National Autistic Society (UK). You can take a brief pre-assessment & then follow the FREE online training. То do SO. follow this www.autismonlinetraining.com and select the NEW Women and Girls Module. At this point you can use your existing account if you have one or create a free account by answering a few questions. The approximate duration of the training is 120 minutes and can be completed in several sessions as needed. Once completed, there will be a post-assessment and you will receive a certificate of completion.

To access previous issues of our Newsletter, please visit:

http://coeasd.lbpsb.gc.ca/newsletters.htm

REFERENCES

- n https://www.autism.org.uk/
- <u>www.autismonlinetraining.com</u>
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Solomon, M., Miller, M., Taylor, S. L., Hinshaw, S. P. & Carter, C. S. (2012). Autism symptoms and internalizing psychopathology in girls and boys with autism spectrum disorder. Journal of Autism and Developmental Disorders, 42, 48-59.
- Taylor Rivet, T. & Matson, J. L. (2011). Gender differences in core symptomatology in autism spectrum disorders across the lifespan. Journal of Developmental and Physical Disabilities, 23, 399-420.