



Autism in Females: Is it Different?

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Learning Objectives



Identify characteristics of autistic females



Discuss the topics of masking/camouflaging in ASD



Examine the stigma experienced by autistic teens and adults



Review recommendations of how best to support autistic individuals



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Current Views of ASD

Medical Model

Focus on deficits

Meeting criteria
based on DSM-V-TR

Social Model/Neurodiversity Movement

- Celebrates ASD as an identity
- Rejects the idea of a cure
- Difference in language (Autism Spectrum Condition)

Autism in Females and Those Who Identify as Female

Autism in Females

Studies show male-to-female ratio of ASD is closer to 3:1 (Loomes, Hull, & Mandy, 2017)

Females are often diagnosed later in life unless presenting with other developmental milestone delays

Often misdiagnosed with other mental health conditions (e.g., bipolar disorder, borderline personality disorder, social anxiety, etc.)

Many of our assessment tools are based on observations of behaviors in males

Social Communication Behaviors



Social Communication Behaviors

Trouble identifying and understanding social hierarchies and interests among peers

Rigid/bossy in play vs. naïve/easily taken advantage of

Better understanding of and/or relating to males because of the more direct communication style compared to female peers

Social Communication Behaviors

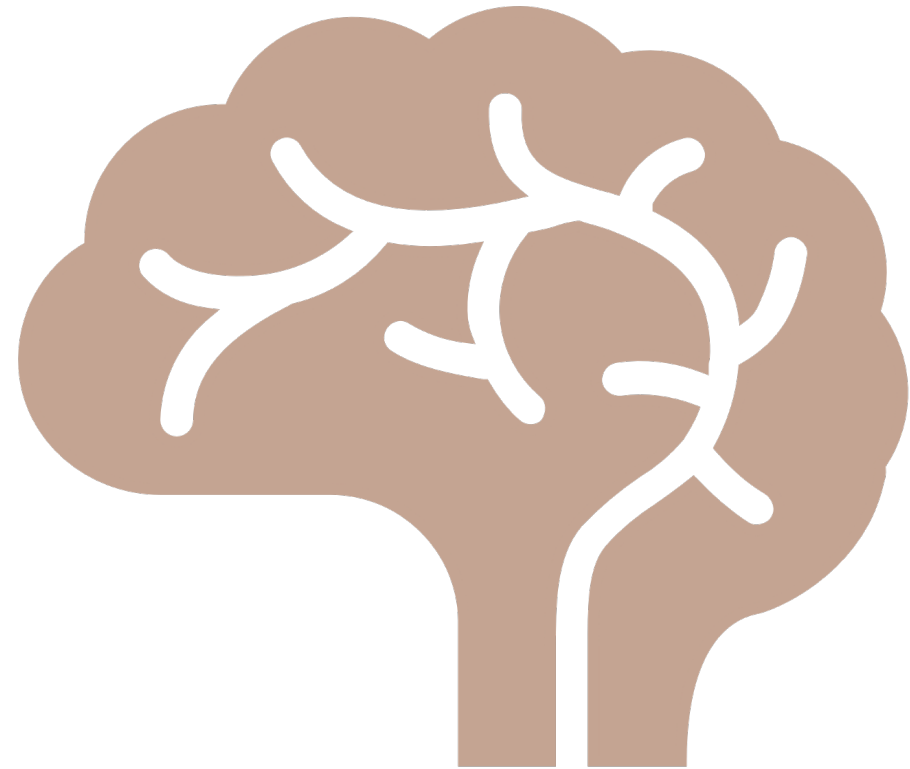
Prefer one or two close relationships compared to several friendships at one time

Difficulty keeping in touch with friends consistently

History of bullying/trauma

Sensory Experiences & Repetitive Interests and Behaviors

- Sensory sensitivities and overstimulation
 - Noises
 - Touch from others
 - Lights
 - Smells
 - Foods
 - Clothing
 - Hygiene



Sensory Experiences & Repetitive Interests and Behaviors

- Sensory-Seeking Behaviors
 - Rubbing of fabrics, stuffed animal, pet
 - Use of a weighted blanket
 - Sitting in dark/enclosed spaces
 - Putting inedible objects in mouth



Sensory Experiences & Repetitive Interests and Behaviors

- Repetitive Motor Movements
 - Tend to present with less overt behaviors than males
 - Brain studies show gender differences in the primary motor cortex in autistic individuals (Supekar & Menon, 2022)
 - Examples - finger tapping, rocking, pacing, hand flapping, etc.

Sensory Experiences & Repetitive Interests and Behaviors

- Restricted and repetitive interests
 - Art
 - Animals
 - Reading
 - Creative Play
 - Specific shows/celebrities



Executive Functioning Challenges



Inattention/distractibility



Time management



Planning and organization



Starting and completing tasks



Set shifting

Mental Health

Studies show poor connection between the frontal cortex (our “thinking brain”) and the amygdala (emotion center of our brain) - (Richney, Damiano, Sabatino, Rittenberg, Petty, Bizzell, et. Al., 2015)

Need for rules/routine

Anxiety

Depression/Negative self-talk/Poor self-esteem

Meltdowns/Emotion Dysregulation

MASKING/CAMOUFLAGING IN INDIVIDUALS WITH ASD

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What are Masking/Camouflaging Behaviors?

Impression management strategies including hiding or camouflaging autism-specific traits in order to appear more neurotypical (Troxell-Whitman, 2019; Hull, Lai, et al., 2019; Hull, Mandy, et al., 2019; Pearson & Rose, 2021).

The more autistic traits the person has, the more likely they are to hide those traits (Hull, Lai, et al., 2019)

This experience can be conscious or unconscious

3 Distinct Strategy Categories

Compensation

Masking

Assimilation

Compensation Strategies

Focus on compensating for certain social differences compared to the majority group conventions



Examples:

Copying and practicing others' body language/facial expressions

Learning social cues and skills from television, films, or books

Repeating others' phrasing and tone

Masking Strategies

Hiding autism-specific behaviors and behaving in a way one believes is expected in the situation



Examples:

Feeling pressured to make eye contact

Not engaging in repetitive motor mannerisms or sensory-seeking behaviors

Thinking about the impression made on others

Assimilation Strategies

Trying to blend into social situations that one considers uncomfortable while trying to hide that discomfort from others



Examples:

Feeling the need to put on an act while socializing

Avoiding interacting with others in social situations

Needing others' support to socialize

Why Do Individuals with ASD Mask?

To fit in

Increase connections with others

Avoid being teased and/or bullied

Avoid someone finding out about their ASD diagnosis

To obtain a job

Impact of Masking/
Camouflaging on
Assessment/
Diagnosis of ASD

Needs to be assessed when evaluating teens and adults

Importance of differentiating authentic behaviors vs. masked behaviors

Asking about these behaviors while interacting in person during an assessment

Use of CAT-Q (<https://embrace-autism.com/cat-q/>)

Negative Consequences of Masking

Mentally,
emotionally, and
physically exhausted
after – time needed
to recover

Mental Health
Challenges

Difficulty getting
close to others/not
showing their real
identity

Losing their true
identity/Who am I?

Others denying their
challenges

Impact on emotion
regulation skills

Impact of Stigma and Misinformation about ASD for Teens and Adults



SOCIETY'S VIEW OF ASD

Negative Impact/Harm for Autistic Individuals

Delay in diagnosis/misdiagnosis

Invalidation

Reinforces masking/camouflaging behaviors

Distrust in mental health and medical providers

Increase in mental health difficulties

How
Mental
Health &
Medical
Providers
Can Help
Reduce
Stigma?

EDUCATION & TRAINING!

Ask questions

Validate their experience

Treat them as an expert in their experiences

Refer them to the appropriate provider



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