



WOMEN ON THE “MENU”

Dr Jane Neil-MacLachlan

Menu of Interventions

- What is the “Menu of Interventions”?
- Scottish Govt doc identifies the 14 key areas of challenge for people with ASD and what helps.
- The menu has to be applied in an individual basis depending on the person concerned, their age, ability level and requirement for support (if any)
- Today I’ll be looking at **some** of the challenges and interventions as related to females
- Very wide age span!

Understanding the implications of an autism diagnosis

- Post diagnostic discussion (s) and individualised counselling
- *For females should be specially tailored to highlight that they may **not** fit the typical male stereotype that they may have read about.*
- The provision of good quality education and information packs for individuals, families/carers along with appropriate verbal discussion at time of need. Use of visual props if needed. Signposting to useful websites and forums.
- *These should contain female specific information as well as more general information. Signposting to eg SWAN website as well as Facebook female Aspie pages etc.*

Development of effective means of communication

- Individualised language therapy assessment. Updated as required. Alternative and augmentative communication systems introduced where required.
- Work to ensure language system (regardless of form) is used functionally and is therefore effective on an individual basis.
- *Females tend to have a greater facility for language and communication but this may **mask** underlying difficulties. Therapists working with females should be careful not to **overestimate** the person's ability to take in potentially new knowledge.*
- Teaching/learning on internet etiquette and supervision.
- *Vital to directly teach about internet etiquette but, more importantly, how to keep safe online*

Social communication

- Targeted social communication programmes delivered either individually or in a group setting as required and appropriate to the individual
- *Any form of social communication must be tailored to fit around the individual or individuals concerned. **It has to be relevant.** One size fits all “social group programmes” won’t do. Perhaps female only groups to begin with or permanently. Friend making skills , direct work on specific difficulties common to the group members etc. Focus on “keeping it real”. (More later)*
- to include internet etiquette and promotion of online safety.
- *Vital to directly teach about internet etiquette but, more importantly, how to keep safe online*

Developing and maintaining relationships

- Work to assess the understanding of relationships and promotion of skills to develop relationships including sexuality issues and intimate relationships.
- *Important to provide **clear and specific information**. Lot of abstract language, “coded” language and euphemisms typically used. Eg old fashioned “making love”, “heavy petting”, “making out”, one night stand, etc to “coffee and Netflix”*
- *Need to provide insights into what a good friendship or a good relationship should be like and what it shouldn't be.*
- *Some women feel to blame if relationships go wrong, feel they should be supportive/put up with partner's behaviour.*
- **Recognising abuse when it happens and knowing what to do about it**

- Access to social groups, friendship circles etc
- *More than that, access to trustworthy, reliable sources of advice on social situations is required. Individual or group peer mentoring can be really useful for the exchange of practical information and support through difficult times.*
- *Some examples: for young girls a sort of AS “Brownies” then a Secondary school “Guides”. University AS society. Peer mentoring in employment group. SWAN, No 6 Ladies group etc.*
- *Group attendance should be open ended.*
- *No reason why people shouldn't access mainstream groups too BUT AS specific groups can be extremely valuable. The value of “Another girl like me” can't be overstated.*

Social isolation for individual with autism

Note for parents/partners

- *Acceptance by families that people may enjoy or seek time on their own.*
- *Availability of social contact on their terms which might not be the same as for others*
- *Realisation by families that friendships might look a little different e.g. a much older female friend who provides support at work, enjoying the company of small children at eg Beavers or Rainbows. Internet friendships can be extremely close and as valid to an individual as any other friendship*

Predicting and managing change

Life is a series of challenging changes for females: Physical

- Bodies change at puberty, hormonal flood : some evidence of females as “tomboys”, increase in self harm, Anorexia?
- Relationships and sex : lead to physiological changes within their bodies.
- Pregnancy: change- change- change!
- Birth: huge physical challenge!
- Recovery from giving birth, hormonal issues, sleep deprivation etc etc etc
- Menopause!

Psychological

- *Care of a developing child who changes constantly baby-toddler-pre-schooler-nursery-primary –secondary etc etc etc*
- *Necessity to deal with increasing numbers of new people- health visitors, other parents, teachers, doctors etc*
- *Care of ageing parents. Suddenly the cared for becomes the carer. Necessity to deal with other agencies.*
- *Bereavement issues. Devastating sense of loss? Relief? Emptiness? Need for person/group for informed support*
- *Ageing and gradual loss of functioning themselves.....*

Behaviour and emotional regulation protecting wellbeing

Key point- address the autism: anyone providing this sort of input must be really well informed re ASD and all the additional aspects to the person in question

- *Access to a range of support tailored to an **individual**'s needs*
- *Specific programmes eg "Living Life to the Full."*
- *Booklets eg "Why does everything always go wrong?", "I'm too depressed." etc*
- *ASD CBT*
- *"Mindfulness"*

Daily living skills

- *Much more expectation for women to somehow just know about/be responsible for household tasks.*
- *Specific direct teaching in basic cleaning, cooking and care of clothes.*
- *Specific websites to help to make sense of overwhelming nature of what's required.- eg www.flylady.net (online website that coaches through household tasks and getting organised.)*
- *Driving: word of mouth re good driving instructors for women with AS*
- *Be practical, what's the bottom line? Ready meals can be delicious, cleaners can be paid for , help with decluttering is possible.*

Co existing conditions- examples

- Women often previously diagnosed as having “personality disorder.”
- **ANXIETY**
- Frequently depressive episodes
- Eating Disorders
- Self harm
- Sleep problems
- “women’s troubles”

A person centred approach is required. Address the AS. Management of anxiety can help most of all. Medication may have a part to play for some.

AS doesn’t confer immunity to any illness or condition. Don’t let a diagnosis of AS become a catch all excuse for overlooking physical symptoms.

- What do the forthcoming generations of females on the spectrum need to know?
- What can we learn from the women with AS among us?
- What do we need to do now that we don't already do?