AUTISTIC WOMEN EVALUATE THEIR THERAPIES RECEIVED

M.L. Bezemer[1] & E.M.A. Blijd-Hoogewys[1,2]
[1] Autism Team, INTER-PSY, NL; [2] Developmental Psychology, University of Groningen, NL

FANN.netwerk@gmail.com

Introduction

Autism has for long be missed in many women (Hiller et al., 2014). The diagnostic of more camouflaged autism requires additional expertise of professionals.

Female autism phenotype has been characterized as having higher social motivation, better nonverbal communication, more gender-stereotypical interests, more sensory problems, higher vulnerability to emotional problems and social camouflage (Bargiela et al., 2016).

These are **crucial elements to consider** not only during diagnostics but also **in therapy**. Do we therapists do that? Are autistic women receiving the help needed?

Aim: Gaining insight into what kind of therapy is being offered to autistic women and what they claim to have benefitted from.

Sem, photographed by Miranda Stevens, for FANN Insta photo project

Methods

Female Autism Network of the Netherlands (FANN) recruited Dutch autistic women via social media advertisement and asked them to fill-in a **survey on their therapies received**, focusing on the form of therapies, therapy satisfaction, and recommendations for adjustments.

All participants (N = 150) reported being diagnosed in adulthood ($M_{age\ of\ diagnose}$ = 35.82, SD = 10.51). Some were autistic mental health care professionals themselves (n = 8).

Table 1 Evaluation of therapy received

Therapy focus	Number of participants that received this therapy (% of *n* =150)	Number of positive evaluations (% of received)
Psychoeducation	117 (78%)	76 (65%)
Energy management	77 (51%)	56 (73%)
Medication	66 (44%)	41 (62%)
Support in daily life (planning & organizing)	65 (43%)	40 (62%)
Emotion regulation	53 (35%)	29 (55%)
Sensory processing	52 (35%)	41 (79%)
Mindfulness	47 (31%)	27 (57%)
Depression	45 (30%)	26 (58%)
Peer support	41 (27%)	30 (73%)
Anxiety	33 (22%)	21 (64%)
Trauma	31 (21%)	18 (58%)
Social skills	27 (18%)	11 (41%)
Daytime activities	25 (17%)	12 (48%)
Improving social network & social activities	21 (14%)	14 (67%)
Relaxation skills	13 (9%)	9 (69%)
Sexuality & intimacy	5 (3%)	2 (40%)

Note. Therapy focus is sorted by percentage received, in descending order. Green rows represent the top-5 most positively evaluated therapies, orange rows represent the top-5 lowest evaluated therapies.

Table 2 Evaluation of the therapy form

Therapy form	Number of participants that received this therapy (% of *n* =150)	Number of positive evaluations (% of received)
Individual therapy	139 (93%)	124 (89%)
Group therapy	46 (31%)	27 (59%)
Involving parents/partner/friends	31 (21%)	14 (45%)
eHealth	25 (17%)	5 (20%)

Note. The number of therapy forms add up to more than 100%, since women could receive multiple therapy forms.

Results (see Table 1 & 2)

Therapy after ASD diagnosis: 60%; 35% not directly due to no suitable therapy offer, therapy waiting lists, professionals lacking female autism expertise, professionals who regarded problems as too mild or expected a more well-defined therapy request from the patient.

Ill-matching therapy: 47%, due to lack of expertise in autistic women.

Autistic women want: more elaborate and in-depth psychoeducation (not too simplistic or "that classic ASD story"). They learn a lot from reading books, articles and peer support.

Camouflaging: many stated that a therapist needs to be aware of camouflaging behavior, also in therapy, and should make camouflaging a therapy focus, in combination with attention to self-esteem and identity.

Caution: some therapies (e.g., mindfulness & psychotherapy) were too abstract. They stressed the need for more concrete language, in-depth questioning and more practical support. They cautioned for overestimation of their abilities and not to be taken seriously.

Conclusions

Except for energy management, the top-5 of therapies received was not equal to the ones being most valued by autistic women.
We advise therapists to pay more attention to sensory management, relaxation strategies, improving social network and peer support.

Psychoeducation fell outside top-5 of most valued therapies; autistic women urge psychoeducation to be implemented more individualized.

Autistic women did not profit from emotion-regulation therapies. Possibly, these therapies were not well fitted to them, focusing mainly on behaviour strategies and less on recognizing and understanding emotions.

Autistic women urge therapist to get more training in the female autism phenotype, matching their communication style and looking further than the camouflaging mask.

There is no one-size-fits-all conclusion for individual therapies. We had no insight into the quality and content of the therapies supplied.

References
Bargiela, S., Steward, R., & Mandy, W. (2016). The experiences of late-diagnosed women with autism spectrum conditions: An investigation of the female autism phenotype. Journal of Autism and Developmental Disorders, 46(10), 3281-3294.
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