Boys tend to be diagnosed more with ASD than girls, with recent studies finding a male-to-female ratio of 4:1 (Fombonne, 2009). Different reasons for the discrepancy are still under debate:

Girls with ASD tend to be diagnosed only after a secondary mental health condition is diagnosed (Wilkinson, 2008) or after violence in the classroom that prompts teachers to act (Kopp & Gilberg, 1992).

The profile of ASD has been argued to manifest differently in girls to boys, giving rise to a 'female autism phenotype' that leads many girls to be undiagnosed (Bargiela et al. 2016).

However, although girls with ASD struggle with similar aspects as boys with autism in the classroom, they just may be better than boys at camouflaging or masking their symptoms (Dean et al. 2017).

Girls with ASD may also have traits that are passed off as gender-typical behaviour such as perfectionism and a fear of failure (Gould & Ashton-Smith, 2011).
**DIAGNOSTIC LABELS**

Children will often be referred by their GP or Learning Disability Services for a formal assessment for ASD. Diagnosis will be based on observations of the child’s behaviour in several settings (Baird, 2003).

**DIFFICULTIES OF HAVING A DIAGNOSTIC LABEL IN SCHOOL**

**Low Self-Esteem and Mental Health**
Children diagnosed with ASD may be susceptible to doubting their abilities in school. Research has found children with ASD have a lower self-esteem than typically-developing children (McCauley et al. 2019), and are more susceptible to internalising disorders such as depression and anxiety (Stewart et al. 2006).

**Lower Expectations from Teachers**
Teachers may be prone to expecting the diagnosed child to have lower learning abilities, and not give the child the same attention as other children. This in turn could encourage the child to not try as hard in school, thus turning into a self-fulfilling prophecy for the teacher (Rosenthal & Jacobson, 1968).

**Generalisation of Issues**
Diagnosing a child with ASD may lead teachers to generalise the child’s difficulties as part of their diagnosis and treat all children with ASD the same way (Lauchlan & Boyle, 2007) even though ASD is notoriously child-specific (Anagnostou et al. 2014).

**SAVANT SKILLS’ OR SPECIAL TALENTS**
Special talents are more prevalent in children with ASD, such as in memory, calculation, drawing or music (Meilleur et al. 2015).

Teachers identifying and encouraging the development of these skills may help bolster the child’s self-esteem and opportunities for appreciation (Happé, 2018).

**STRENGTHS OF HAVING A DIAGNOSTIC LABEL IN SCHOOL**

**Relief and Validation**
Following their child’s diagnosis of ASD, many parents have described feelings of relief that their child’s behaviour is due to the characteristics of the condition and not to their parenting style (Mulligan et al. 2012).

**Adaptation of Teaching Methods**
An educational strategy that relies on predictable routines and visual communication has been found to be effective for children with ASD (Mesibov & Shea, 1996). Therefore, the child can be supported to meet their individual needs and thrive in school.

**Peer Awareness and Acceptance**
A focus on acceptance can be employed within the classroom to help foster friendships for children with ASD in the classroom. For example, through utilising picture books in the classroom illustrating ASD characteristics (Maich & Belcher, 2011).

**HOW CAN AN EDUCATIONAL PSYCHOLOGIST (EP) HELP?**

An EP will become involved with a child with ASD if/when complex problems arise that are affecting their learning and/or behaviour.

EPs work on four levels: the Individual, the Group, the System, and the Organisation (Boyle & Lauchlan, 2009), to help identify and understand problems in the classroom so all children can be accommodated.

EPs will follow a model that allows them to coordinate initial consultations with the parents and teachers involved with the child, and consequently form hypotheses that guide interventions (Sargeant, 2019).

A striving for interventions supported by psychological literature is often employed by EPs, otherwise known as Evidence Based Interventions (EBIs) (Goldacre, 2013).

For example, an EBI such as self-management interventions have been found to be effective in improving classroom behaviour (Wilkinson, 2005).

EPs can also be involved in the production of Education, Health and Care Plans (EHCPs). These plans can describe the support and educational outcomes for a child with ASD ("Education, Health and Care plans", 2019).

**SUPPORT FOR PARENTS**

Parents of children with autism have been found to report higher levels of stress than parents of typically-developing children (Blacher & McIntyre, 2006).

Parent—school support groups are effective in providing post-diagnosis support and acceptance for parents, as well as advice concerning future difficulties in school (Law et al. 2002).
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*Note. All images were retrieved from Google Images under “educational psychologist”, “child with tablet” and “girls school”.*