Sociosexuality Education for Persons With Autism Spectrum Disorders Using Principles of Applied Behavior Analysis

Applied behavior analysis (ABA) has emerged as one of the most effective empirically based strategies for instructing individuals with autism spectrum disorders (ASD). Four ABA-based strategies that have been found effective are video modeling, visual strategies, social script fading, and task analysis. Individuals with ASD often struggle with issues of sociosexuality. How can ABA principles be applied to sociosexual education for individuals with ASD? What content areas should such instruction comprise? What are the best practices for teaching?

The term autism spectrum disorders (ASD) refers to a diagnosis of impairment in one or more core deficit areas of communication, social skills, or behavior (American Psychiatric Association, APA, 2000). As the term implies, individuals with ASD can fall along a spectrum of impairments ranging from mild to severe characteristics.
Table 1. Sociosexual Education Content Areas

| Biological and Reproductive                  | Anatomy and physiology |
|                                           | Gender differences     |
|                                           | Pregnancy              |
|                                           | Birth control          |
| Health and Hygiene                         | Hygiene                |
|                                           | Health and wellness    |
|                                           | Alcohol and drug use   |
|                                           | STD/HIV prevention     |
|                                           | STD epidemiology       |
|                                           | Body and disease       |
| Relationships                              | Relationships/Social skills |
|                                           | Responsibility to peers |
|                                           | Family types and roles |
|                                           | Dating and marriage    |
|                                           | Parenting              |
|                                           | Sexual orientation     |
| Self Protection/Self Advocacy              | Protection against abuse |
|                                           | Sexual feelings        |
|                                           | Sexuality as positive aspect of self |
|                                           | Sexual behavior other than intercourse |
|                                           | Appropriate and inappropriate touching |
|                                           | Decision making        |
|                                           | Use of condoms         |
|                                           | Reduction of fear and myths |
|                                           | Personal rights        |
|                                           | Sexual discrimination  |
|                                           | Saying “no” to sex     |
|                                           | Saying “no” to drugs   |
|                                           | Saying “no” to alcohol |
|                                           | Saying “no” to tobacco |

Note. STD = sexually transmitted diseases; HIV = human immunodeficiency virus.


of autism disorders (APA). Characteristics of individuals having ASD, particularly impairments related to social skills, often make it difficult for them to navigate the sometimes subtle and complex issues related to social and/or sexual situations. The need to educate individuals with ASD about sociosexual issues is widely acknowledged (Koller, 2000; Ousley & Mesibov, 1991). Sexual issues for individuals with ASD can include inappropriate sexual behaviors (Ruble & Dalrymple, 1993; Stokes & Kaur, 2005); sexual abuse (Ruble & Dalrymple); unwanted pregnancy (Melberg-Schwier & Hingsburger, 2000); or display of sexual behaviors in inappropriate times/places (Koller).

The issue of what to teach in sexuality education often is debated. Blanchett and Wolfe (2002) conducted a review of 12 sociosexual curricula for persons with disabilities and found that curricular content could be grouped into four areas: (a) biological and reproductive; (b) health and hygiene; (c) relationships; and (d) self-protection/self advocacy (see Table 1). However, few if any curricula are specifically designed for individuals with autism (Gerhardt, 2006).
Table 2. ABA-Based Strategies: Video Modeling


The student watches a videotape of a person performing a target behavior and tries to imitate the behavior. Video self-modeling differs from video modeling in that the target individual also performs the behavior in the video. Prompting and feedback are essential to changing behavior. Models are more effective when they have similar characteristics to the student. Can be used across a variety of behaviors. Learner must be able to attend to the video. Observation/assessment/interview information. Pencil/pen and paper or computer and printer. Video camera. Blank videotape.

1. **Determine skill or behavior to target**
   - Observe, assess, and interview the learner and caretakers to determine what behaviors or skills the individual needs to develop.

2. **Write the script**
   - Write a script that addresses the target behavior or skill. The length and level of detail should be tailored for the individual learner.

3. **Prepare the video**
   - Adults, peers and siblings, or the learners themselves can serve as models in the video. If an adult, peer, or sibling is the model, teach the script, practice the script, and videotape them performing the target behavior or skill. If the learner is the model, videotape the individual performing the behavior or skill with prompts several times and edit the tape for prompts and best performance.

4. **Watch the video**
   - Show the videotape to the learner several times immediately before attempting to perform the target behavior or skill.

5. **Imitate and practice the behavior viewed in the video**
   - Continue to view the video until the student can perform the behavior or skill independently. Provide corrective feedback or positive reinforcement after each attempt at the behavior or skill.

- Taking birth control pills
- Brushing teeth
- Washing hands
- Using menstrual pads
- Talking to the opposite sex
- Expressing sexual feelings
- Using condoms
- Saying "no" to drugs

ABA-Based Teaching Strategies

More is known about how to teach individuals with ASD. Applied behavior analysis (ABA) has emerged as one of the most effective empirically based strategies for the instruction of persons with ASD (Gulick & Kitchen, 2007; Simpson, 2001). ABA examines behavior as a science and relies on objective, observable behaviors (Cooper, Heron, & Heward, 2007). Basic principles associated with ABA include the use of modeling, prompts, or cues to teach skills/behavior; chaining or sequencing steps of instruction; and fading of prompts/cues once the individual has acquired the skills/behaviors (Cooper et al.).

Five ABA-based instructional strategies that have proven effective for individuals with ASD are video modeling, visual strategies, social stories, social script fading, and task analysis; Tables 2 to 6 present the characteristics of each of these along with intervention processes, examples of application, and references.
### Table 3. ABA-Based Strategies: Visual Strategies

<table>
<thead>
<tr>
<th>Description</th>
<th>A visual cue or stimulus that reminds or prompts an individual to engage in a behavior. Visual processing is a relative strength for many individuals with ASD.</th>
</tr>
</thead>
</table>
| Characteristics | Aids the maintenance of attention  
Primary expressive communication system  
Helps student understand spoken language  
Used to sequence and organize the environment (e.g., schedules, organization of thoughts, visual work systems, choice making, changes in routine, etc.)  
Prompt correct response |
| Materials | Objects  
Black and white photographs  
Colored photographs  
Symbolic representations (icons)  
Line drawings  
Written words |
| Implementation Procedure | **General**  
Determine the type of symbol or combination of symbols (see Materials) the individual understands.  
Use the selected materials to create a visual cue, large enough for the individual to see.  
Place visual cues where they will be used (e.g., a schedule reminder on a student’s desk).  
Draw attention to the visual cue.  
Provide an oral cue while simultaneously pointing, touching, or showing the visual cue to the individual.  
 **Schedule**  
Once you have determined the type of symbol or combination of symbols (see Materials) the individual understands, select an event or time of day to create a schedule (e.g., “Going to the bathroom,” “Getting dressed,” “Calling 911”).  
Determine the steps or events to include in the schedule.  
Represent each step with a visual cue (e.g., symbol, line drawing, photograph).  
Select the location for display of the schedule.  
Model the schedule for the individual.  
(The schedule can require the individual to remove the symbol from the display and carry it to the next activity/step or can be a visual reminder of all steps within a given task.) |
| Applications/Examples | Using colored photographs to show appropriate places to undress (e.g., photograph of the individual’s bedroom, photograph of the individual’s bathroom, doctor’s office).  
Outline the steps of getting dressed in the morning.  
Written cue cards to prompt an individual during a social interaction.  
Use objects during the discussion of contraceptives (e.g., condoms).  
Photographs of human anatomy. |

**Video modeling** (Table 2) involves observing a videotape of a model performing a target behavior and then imitating that behavior. Charlop-Christy, Le, and Freeman (2000) used video modeling (in comparison to vivo modeling) to teach functional skills—including labeling emotions, independent play, spontaneous greetings, conversational speech, self-help skills, and social skills—to 5 children with autism.

**Visual strategies** (Table 3) use two- or three-dimensional representations of a concept to teach a skill. Visual strategies have been widely used with persons with autism, for teaching such concepts as transitions from setting to setting (Dettmer, Simpson, Myles, & Ganz, 2000); the sequence of daily activities (Gulick & Kitchen, 2007); and

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*References:* Bondy & Frost, 2002; Bryan & Gast, 2000; Dettmer, Simpson, Myles, & Ganz, 2000; Hodgden, 2000; Sussman, 1999.
Applying ABA Strategies to Sociosexual Education

The principles of ABA can be applied to any skill or behavior; its empirical basis makes it appropriate for the sociosexual education of persons with ASD. Empirically based instructional methods can promote greater skill acquisition and reduction of unwanted behavior related to sexuality. Table 8 illustrates the application of some of the ABA-based strategies discussed previously in the sociosexual curricular content areas identified by Blanchett and Wolfe (2002): biology and reproduction, health and hygiene, relationships, and self-protection/self-advocacy.

Hypothetical case studies of students with ASD will help illustrate the application of the ABA-based strategies of video modeling, visual strategies, social script fading, and task analysis. Each case study serves to illustrate components of the sociosexual curriculum and describes how the ABA-based strategy could be implemented. As with all educational programs, instructional goals and strategies should be individualized to match the learner with the targeted behavior. For example, strategies may need to be modified based on the student’s abilities such as differing communication or behavioral issues. Parents should be involved in planning and implementing sociosexual curricula. Some strategies, such as video modeling, may not be appropriate for all target behaviors—and all strategies should have the approval of parents and administrators.

The principles of ABA can be applied to any skill or behavior; its empirical basis makes it appropriate for the sociosexual education of persons with ASD.
### Table 4. ABA-Based Strategies: Social Stories

<table>
<thead>
<tr>
<th>Description</th>
<th>A specially developed, individual short story that focuses on specific characteristics of a difficult social skill or situation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics</td>
<td>Can be used for a variety of topics. Provides individuals with autism social information they may lack. Can be written by any person who lives and works with an individual with autism.</td>
</tr>
<tr>
<td><strong>Types of sentences</strong></td>
<td></td>
</tr>
<tr>
<td>Descriptive sentences</td>
<td>are statements of fact (e.g., “I am attending a conference.”).</td>
</tr>
<tr>
<td>Directive sentences</td>
<td>are positive statements that describe a desired response (e.g., “I will wash my hands after I use the toilet.”).</td>
</tr>
<tr>
<td>Perspective sentences</td>
<td>provide a description of another person’s thoughts, feelings, or reactions (e.g., “My mom thinks I like boys.”).</td>
</tr>
<tr>
<td>Affirmative sentences</td>
<td>describe an opinion that is commonly shared by more than one person (e.g., “People wear deodorant to cover up underarm smells.”).</td>
</tr>
<tr>
<td>Control sentences, written by the individual with autism</td>
<td>support recollection of a story (e.g., “When someone says ‘no’ after I ask them out on a date, I can think of the time I had to walk away after my neighbor did not want to buy candy from me.”).</td>
</tr>
<tr>
<td>Cooperative sentences, written by the individual with autism</td>
<td>describe how others might help the individual during the social situation (e.g., “My boss will ask me to return to the bathroom if I forget to zip up my pants.”).</td>
</tr>
</tbody>
</table>
| Materials | Paper  
Computer or pen/pencil  
Optional materials:  
Visual supports (photographs, drawings, symbols) |
| Implementation Procedure | Prior to implementing a social story for a difficult problem, write a story for an issue with which the individual is successful. The individual will learn to identify to the story format.  
Identify a situation or social skill that is difficult for the individual.  
Observe the individual in the situation and collect information about the environment, people, expectations, and so forth.  
Write the story from a first- or third-person perspective, using age-appropriate, easy-to-understand text.  
Stories should use 0–1 appropriate directive or control sentences and 2–5 appropriate descriptive, perspective, affirmative, or cooperative sentences  
Use literal accuracy and allow for possible changes during the routine or situation. Use words such as “usually” and “sometimes” (e.g., “I usually have Health class at 12:45.”).  
Provide visual supports to accompany the story (e.g., photograph of a toilet).  
Select a title that focuses on the goal of the story (e.g., “Where can I take my clothes off?”).  
Read the story (rough draft) to the individual with autism.  
Have the student help write a control sentence or sentences.  
Have the student help write a cooperative sentence or sentences. |
| Applications/Examples | **Sexual awareness (boy)**  
My name is James. Sometimes I think about sex and private areas. It’s okay to think about sex and private areas. I will try to keep my thoughts to myself. This is very important. I may ask mom or dad a question if I’m confused.  
**Puberty (girl)**  
My name is Amanda. I am 13. My body is growing and changing. My mom knows about growing up. Sometimes, girls get breasts when they are 13. Soon, I will have breasts too. Most women wear bras to hold and cover their breasts. This is a good thing to do. I will wear a bra. If I forget to wear a bra, my mom may remind me before I go to school. Wearing a bra is part of growing up. |

<table>
<thead>
<tr>
<th>Description</th>
<th>Strategy used to improve social and communication skills by implementing scripts that tell individuals what to say in certain situations. The scripts are gradually removed or faded. Social scripts are primarily used with verbal individuals with autism who may or may not have literacy skills.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics</td>
<td>Types of scripts include text (phrases and sentences), line drawings and pictures, and audiotape/videotape.</td>
</tr>
<tr>
<td>Materials</td>
<td>Observation/assessment/interview information, Pencil/pen and paper or computer and printer, Note cards (optional), Scissors (optional), Key ring (optional)</td>
</tr>
</tbody>
</table>
| Implementation Procedure | 1. **Choose the social or communication skills to target**  
Observe, assess, and interview the learner and caretakers to determine what skills and in what situations the individual needs to develop.  
2. **Write the script**  
Provide the learner with a script to use in a given situation. The script can contain line drawings, phrases, or many sentences, depending on the skills of the learner.  
3. **Teach the script**  
Ask the learner to read each phrase, sentence, or line drawing in the script once or twice a day until they have reached a level of mastery. If the learner has difficulty, the script should be reread and reviewed more frequently or modified as appropriate.  
4. **Implement the script during a chosen situation**  
Scripts can be presented in the situation in a variety of ways, for example:  
- Type each phrase, sentence, or line drawing on a note card. During the chosen situation, a card is held up approximately every 30 seconds (when no one else is talking) to prompt the learner to say what is on the card. Cards should not be repeated within a given situation.  
- Place a checklist of each phrase, sentence, or line drawing in front of the learner and have him or her mark off as they use each one.  
- Place script note cards on a key ring.  
(Learners can be taught to set timers to help with spacing out responses depending on their unique needs.)  
5. **Fade the script**  
Fade the script as quickly as possible after the learner uses the script consistently. Fading should be done systematically using several steps; the amount of steps and time needed to effectively fade the script will be different for each learner.  
One common method is to cut off the last part of each phrase, sentence, or piece of line drawing on the note card, and prompt using only the first part. More can gradually be cut off the card until the individual no longer has the script. |
| Applications/Examples | **Asking a girl out on a date**  
Hi, ________ (girl’s name).  
You look really nice today!  
Do you have any plans for _________ (tonight/tomorrow/this weekend, etc.)?  
Would you like to _________ (have dinner, see a movie, etc.) with me?  
That’s okay, I understand maybe another time.  
or  
Great! What is your phone number so I can call you to make plans?  
I’ll talk to you later.  
Bye.  

**Script-fading procedure**  
I’ll talk to you later.  
I’ll talk to you  
I’ll talk  
I  
(no prompt) |


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### Table 6. ABA-Based Strategies: Task Analysis

<table>
<thead>
<tr>
<th>Description</th>
<th>Breaking a complex task into smaller component parts.</th>
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</thead>
</table>
| Characteristics | Useful for multistep instructional programs.  
The number of steps in a task analysis varies for each individual.  
Components form a behavior chain, wherein behaviors are linked together to form complex behaviors.  
Each component is listed in the order of occurrence.  
Teaches the individual to perform the steps in sequential order and in close temporal succession. |
| Materials | Data collection sheet  
Pencil/Pen  
Specific materials needed to perform the task analysis (e.g., for teaching face washing: sink, soap, washcloth, etc.) |
| Implementation Procedure | Identify a target behavior (complex task).  
Break the behavior/task into manageable parts; the number of parts varies for each individual.  
Create a data collection form that includes at least two columns (i.e., steps and the evaluation of steps).  
List the steps in the order in which they must be performed on the task analysis data collection form.  
Practice the task analysis with a number of individuals to determine the most efficient chain.  
Determine whether or not the individual has the prerequisite skills to perform each step in the task analysis; revise as necessary.  
Teach the individual to perform the steps using chaining procedures:  
*Forward chaining:* Each step is taught in order. The individual receives reinforcement after the first behavior (step) is performed successfully, then receives reinforcement after the first two behaviors (steps) are performed successfully and so forth, until the entire chain is mastered.  
*Backward chaining:* Steps are taught in reverse order. The instructor performs all steps in the task analysis except the last step. When the individual performs the last step correctly, he/she receives reinforcement. The instructor then performs all the steps in the TA except the last two, providing reinforcement when the individual performs the last two steps correctly. This process is continued until the entire chain is mastered.  
Total task presentation: Train each step every session. The individual performs all of the steps each time until the chain is mastered. The instructor provides assistance on steps not mastered. |
| Applications/Examples | Task analysis for changing a menstrual pad  
1. Identify need for menstrual bag.  
2. Take bag to bathroom.  
3. Remove necessary clothing.  
4. Pull down underwear.  
5. Sit on toilet.  
6. Remove small sandwich bag from menstrual bag.  
7. Remove soiled pad.  
8. Place in sandwich bag.  
9. Fold over bag two times.  
10. Determine if underwear is soiled.  
11. If soiled, take plastic bag from menstrual bag.  
12. Remove soiled underwear.  
13. Place soiled underwear in plastic bag.  
14. Take clean underwear from menstrual bag.  
15. Get a new pad.  
(Task analysis form would include space for indicating that individual has mastered individual steps.) |

<table>
<thead>
<tr>
<th>Description</th>
<th>A strategy in which socially competent peers help other peers learn by using effective teaching techniques and positive reinforcement.</th>
</tr>
</thead>
</table>
| Characteristics                                                           | Can be used to teach a variety of skills  
Uses peer social modeling techniques  
Changes behavior through feedback and practice  
Peers without disabilities can be instructed on how to initiate or lengthen social interactions |
| Materials                                                                 | Age-appropriate learning materials  
Behavioral checklist  
Data recording form  
List of criteria |
| Implementation Procedure                                                  | **Pretutoring Session**  
Informal interaction periods between tutor and tutee.  
Tutors can be  
   - Same age, socially competent peer  
   - Older peer tutoring younger peer  
   - Sibling  
Provide tutor with instruction, practice, and feedback prior to implementation:  
   - Tasks or skills to teach  
   - Materials and activities needed  
   - Clear directions or cues  
   - Modeling and prompting correct responses  
   - Frequent positive reinforcement and corrective feedback  
   - Data collection and criteria for mastery  
   - Behavior and time management |
|                                                                          | **Tutoring Session**  
3 days per week, approximately 30-minute sessions  
Structured for both instruction and free-time activity (free-time activity follows instruction)  
Monitor tutor and tutee throughout session, providing positive reinforcement for desired behaviors and assistance as needed. |
| Applications/Examples                                                      | 1. Peer tutor and tutee meet at the scheduled time.  
2. Peer tutor collects materials needed for session.  
3. Tutor and tutee sit at desk and begin instruction. Depending on the task or skill being taught and the target student's level of functioning, the tutor . . .  
   - Gives an initial cue or directions  
   - Models the correct response  
   - Prompts the tutee to emit the correct response  
   - Provides feedback in the form of positive reinforcement or corrective feedback  
   - Records data on the data collection form  
4. Tutor and tutee are monitored and provided with feedback or assistance.  
5. After approximately 20 minutes of tutoring, tutors and tutees are instructed to switch to a free-time activity.  
6. Tutors return materials needed for the session.  
7. Tutors and tutees jointly select a free-time activity.  
8. After approximately 10 minutes, tutors and tutees are instructed to finish their free-time activity and conclude the session.  
9. Tutors and tutees say good-bye. |

Table 8. ABA Instructional Strategies Applied to Sociosexual Curricula Areas

<table>
<thead>
<tr>
<th>ABA Strategy</th>
<th>Biological and Reproductive</th>
<th>Health and Hygiene</th>
<th>Relationships</th>
<th>Self-Protection/ Self-Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video</td>
<td>Daily dosage and maintenance of oral contraceptives</td>
<td>Applying makeup (self-model)</td>
<td>Body gestures and facial expressions (opposite sex)</td>
<td>How to say “no” to peers when offered alcohol</td>
</tr>
<tr>
<td>Modeling</td>
<td>Breathing techniques during pregnancy</td>
<td>Morning hygiene (e.g., putting on deodorant, combing hair, brushing teeth)</td>
<td>Appropriate behavior when angry with another person</td>
<td>Appropriate/inappropriate touching</td>
</tr>
<tr>
<td></td>
<td>Coping with changes during puberty</td>
<td>How to safely lift weights</td>
<td>Common behaviors while in a romantic relationship (e.g., holding hands, slow dancing, kissing)</td>
<td>Examples of sexual discrimination in the workplace</td>
</tr>
<tr>
<td>Visual</td>
<td>Diagram of human body to teach male and female anatomy</td>
<td>Photographs of common skin conditions (e.g., razor burn, hives, etc.)</td>
<td>Written conversation topics to refer to when on a first date</td>
<td>Picture communication symbols used to report sexual abuse</td>
</tr>
<tr>
<td>Strategies</td>
<td>Flow chart describing the 3 trimesters of a pregnancy</td>
<td>Line drawings depicting monthly breast self-examination</td>
<td>Photographs of various facial expressions</td>
<td>Graphic organizer on facts and myths about smoking cigarettes</td>
</tr>
<tr>
<td></td>
<td>Calendar to record the days of a menstrual cycle</td>
<td>Diagram of a food pyramid to promote healthy eating</td>
<td>Line drawings of people with speech bubbles to illustrate a family argument</td>
<td>Photographs of individuals who have been physically abused (e.g., bruises around neck, cigarette burns on arms)</td>
</tr>
<tr>
<td>Social Script</td>
<td>Script of appropriate menstrual conversation (i.e., appropriate terms regarding onset of menstrual cycle and with whom)</td>
<td>How to inquire about potential partner’s sexual history</td>
<td>How to terminate a interpersonal relationship</td>
<td>How to say “no” to having sexual intercourse</td>
</tr>
<tr>
<td>Fading</td>
<td>How to discuss use of contraceptives with gynecologist</td>
<td>What to say regarding one’s own sexually transmitted disease</td>
<td>How to discuss the use of protection with one’s partner</td>
<td>How to express one’s sexual feelings towards person of interest</td>
</tr>
<tr>
<td></td>
<td>How to tell one’s parents about being pregnant</td>
<td>What to say when sharing symptoms of a disease with one’s physician</td>
<td>How to share one’s sexual orientation with others</td>
<td>How to decline an invitation to ride in the car with an individual under the influence</td>
</tr>
<tr>
<td>Task Analysis</td>
<td>Steps for proper condom application</td>
<td>Steps for changing a menstrual pad</td>
<td>Steps for asking an individual to accompany them on a social outing</td>
<td>Steps for reporting a rape (e.g., call police, refrain from showering, etc.)</td>
</tr>
<tr>
<td></td>
<td>Steps involved in preparing for a gynecological exam</td>
<td>Steps for wiping genital areas</td>
<td>Steps for general parenting tasks (e.g., changing a diaper, feeding and bathing an infant)</td>
<td>Steps for purchasing condoms</td>
</tr>
<tr>
<td></td>
<td>Steps for using a pregnancy test</td>
<td>Steps for proper hand washing</td>
<td>Steps for giving a hug to a member of one’s family</td>
<td>Steps for male masturbation</td>
</tr>
</tbody>
</table>

Staff member, Tina expresses feelings for a new roommate who has just moved into the apartment. After discussing the situation with the staff member and her family, she decides to end her relationship with Dave. However, she is uncertain of how to appropriately approach the situation. The staff member decides to use social script fading. First, she identifies the target behavior as “terminating an interpersonal relationship.” Then, with Tina’s help, she writes a conversation-al script for Tina to use in an appropriate environment (for example, a private place). The staff member and Tina practice the script; after repeated practice, the staff member gradually fades the script by removing portions of the text. Fading continues until the script is no longer needed. Once Tina is confident in her message, she approaches Dave and successfully ends their interpersonal relationship.

**Health and Hygiene Content Using Task Analysis**

Jerome, a middle school student in an autistic support classroom, is working on grooming and hygiene skills. His personal aide, Ms. Davis, is concerned with his performance of washing his hands after using the restroom. After
consulting with the autistic support teacher, she decides to task analyze the behavior of hand washing. After identifying the target behavior as "wet, lather, rinse, and dry hands," Ms. Davis further breaks the target behavior into sequential component parts (e.g., Step 1: Locate the sink after flushing the toilet; Step 2: Grasp faucet handle with one hand and pull up; Step 3: Put both hands under the water, etc.). Ms. Davis begins instruction after Jerome uses the restroom and within natural contexts (e.g., before lunch, after art, etc.). She provides instruction on the first step of the task analysis and continues until all of the steps of the task analysis are mastered.

**Final Thoughts**

Students with ASD need sociosexual education. ABA-based strategies have empirical evidence to support their use for teaching students with ASD, and these strategies can be applied to all content areas including sociosexual education. Given appropriate knowledge taught through empirically based strategies, students with ASD can engage in safe and fulfilling social relationships.

**ABA-based strategies have empirical evidence to support their use for teaching students with ASD, and these strategies can be applied to all content areas including sociosexual education.**

**References**


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• Marilyn Friend

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