

Working with Issues Related to Relationship, Gender Identity, and Sexuality in Individuals with Autism Spectrum Disorders

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MACMH Presentation, April 25th, 2017

Caveat

- You've probably heard, "If you've met one person with Autism, you've met one person with Autism."
- Key for me here is the word: Person

Caveat #2

- As the name ASD implies, Autism exists along a spectrum. This spectrum means that each **individual** has a unique neuroanatomy, experiences, and identity that need to be understood and honored.

Learning Objectives

- Following this presentation, attendees will be able to:
 - Identify differences that individuals with ASD experience with relationship, gender identity, and sexuality development

Learning Objectives

- Identify environmental factors which influence the Individual with ASD's relationship, gender identity, and sexuality development

Learning Objectives

- Identify evidence-based practices in working with Individuals with ASD that may be used during interventions for relationship, gender identity, and sexuality development

Learning Objectives

- Identify interventions and resources for working with Individuals with ASD that may be used during interventions for relationship, gender identity, and sexuality development

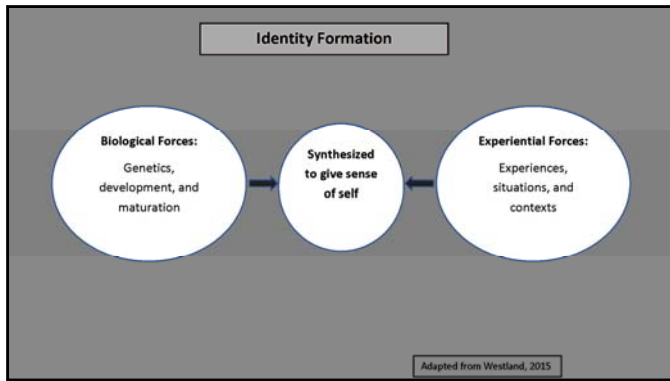
How do discussions of sexuality, gender identity, and relationships, make you feel?

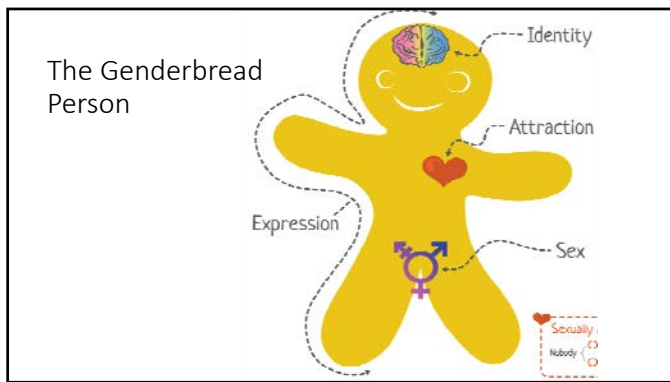
- With other adults
- With students/clients/children
- With Individuals with Autism Spectrum Disorders

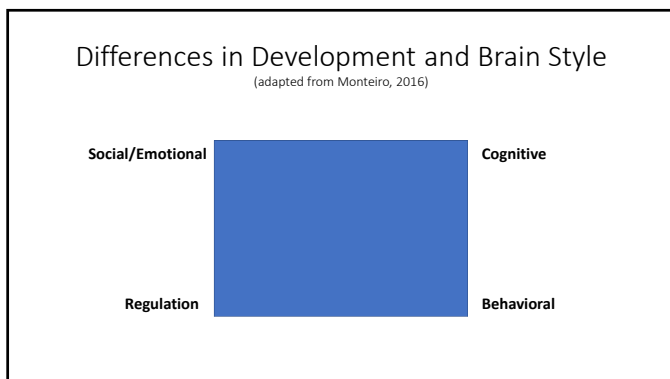
***how prepared do you feel to address sexuality education and/or problematic sexual behaviors with Individuals with Autism Spectrum Disorders?

Neurotypical Development of Sexuality, Relationships, and Gender Identity

- Develop through complex interactions between biology and the outside world
- Knowledge and behavior dependent on:
 - Age
 - Changes experienced in the body
 - What is observed
 - What is taught







Factors Related to ASD Influencing Development

- Common co-occurring disorders
 - Anxiety
 - Depression
 - OCD
 - ADHD
 - Bipolar Disorder
 - ODD

Environmental Factors Influencing Development

- Social isolation/social rejection
- Ableism/"infantilization"
- Lack of sex education training
- Lack of training for caregivers and other professionals

General Principles for Intervention (Blasingame, 2011)

- Early, and ongoing, intervention
- Be specific, clear, and explicit
- Be consistent about relationship and sexual health and safety
- Address social aspects of relationships and sexual health
- Teach in real-life contexts

Evidence-Based Practices for Use in Sexuality Education

- Direct Teaching/Training
- National Standards Project, Phase 2
 - Behavioral Interventions
 - Cognitive Behavioral Interventions
 - Modeling
 - Scripting
 - Self-Management
 - Social Skills Package
 - Story-based Interventions
- National Professional Development Center on Autism Spectrum Disorders
 - Visual Supports

Interventions

- Assessing Individual's, Parents', and Other Professionals' readiness to intervene with differences and difficulties

The Universal Level of Intervention would be for all individuals with ASD and would include comprehensive sexuality education

- May use FoSE or SIECUS guidelines to get started
- ASD-Related Resources
 - (see attached resource list)
 - Will need to address core features of ASD as a part of comprehensive sexuality education

The Secondary Level of Intervention would be for individuals with ASD who demonstrate significant risk for victimization, exploitation, or exhibiting problematic sexual behaviors.

Tools That May Be Used to Determine Risk

- Exploring Sexual and Social Understanding (BILD)
- Sexual Behavior Screening Questionnaire For Parents of Children or Adolescents with ASD Conditions—Blasingame, 2011
- General Sexual Knowledge Questionnaire
- ASD Checklist—Falkner, 2017

Tools That May Be Used to Determine Risk

- Life Facts Sexuality Education (Stanfield, 1992)
- Socio-Sexual Knowledge and Attitudes Assessment Test-Revised
- Eyberg Child Behavior Inventory
- ABAS

Evidence-Based Practices for Use in Sexuality Education

- Direct Teaching/Training
- National Standards Project, Phase 2
 - Behavioral Interventions
 - Cognitive Behavioral Interventions
 - Modeling
 - Scripting
 - Self-Management
 - Social Skills Package
 - Story-based Interventions
- National Professional Development Center on Autism Spectrum Disorders
 - Visual Supports

The Tertiary Level of Intervention would be for individuals with ASD who have been victimized, exploited, or are exhibiting problematic sexual behaviors.

Interventions for Problematic Sexual Behaviors

- Skills Training
- Safe Sexual Behaviors
- Cognitive Behavioral Interventions

Evidence-Based Practices for Use in Sexuality Education

- Direct Teaching/Training
- National Standards Project, Phase 2
 - Behavioral Interventions
 - Cognitive Behavioral Interventions
 - Modeling
 - Scripting
 - Self-Management
 - Social Skills Package
 - Story-based Interventions
- National Professional Development Center on Autism Spectrum Disorders
 - Visual Supports

Exploitation and Victimization

- Understand the unique risk factors that the individual with ASD may experience
- Understand the Signs and Symptoms that abuse may have taken place

Exploitation and Victimization

- Training of systems about the unique experience and needs of individuals with ASD
 - Including police, courts, crisis responders, therapists
- Counseling and adapting counseling techniques

Additional Issues

- Pornography
 - Child Pornography
- Other internet related risks
- Consent

Summary and Questions

- Contact information
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 - flexiblemindtherapy.com

Typical Sexual Development

Age	Typical Behaviors
Birth to two years	<ul style="list-style-type: none"> • Touching genitals for pleasure-self-stimulation • Discovering body. • Physical closeness with primary caregivers, holding, clinging, cuddling, nursing, dressing, playing • Adjustment of self-stimulation to conform to external reactions from others • Initiating and responding to physical touch, including hugging and kissing.
2-5 years	<ul style="list-style-type: none"> • Continued exploration of body. • Increased curiosity about differences between boys/girls, men/women. Dressing up (including boys dressing up as girls). • Labeling/naming of body parts, sensual feelings, and body functions • Touching genitals in public. • May rub genitals for relaxation. • Some reflexive sexual response (erection or lubrication). • Curiosity about private parts. • Trying to view adult or peer nudity. • Enjoys touch and nudity. • Playing games such as 'doctors and nurses' and 'I'll show you mine ... ' i.e. showing genitals to peers and exploring peers' genitals. Consensual exploration of same age peers' bodies. • Questioning how babies are made and delivered. • Joking about genitalia and body functions • Fascination with "obscene" words • Modeling of parental interactions of expressing affection; continued responding to others with hugs, kisses, and cuddling • Possible jealousy of intimacy shared by parents • Opportunity for parent-child communication about sexuality development
5-10 years	<ul style="list-style-type: none"> • Interest in how babies are made. • Continued self-stimulation in private. Masturbation for pleasure. • Continued curiosity about bodies. (Can be same gender and is not indicative of future sexual preference.) <ul style="list-style-type: none"> • Peer discussion regarding sexual behavior • Beginning to adhere to peer group style and gender roles in clothing and play. • Increased need for personal privacy • Opportunity for parent-child communication about sexuality development

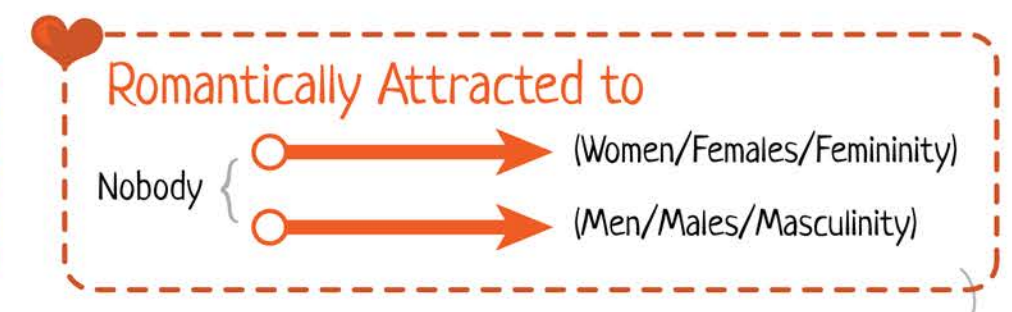
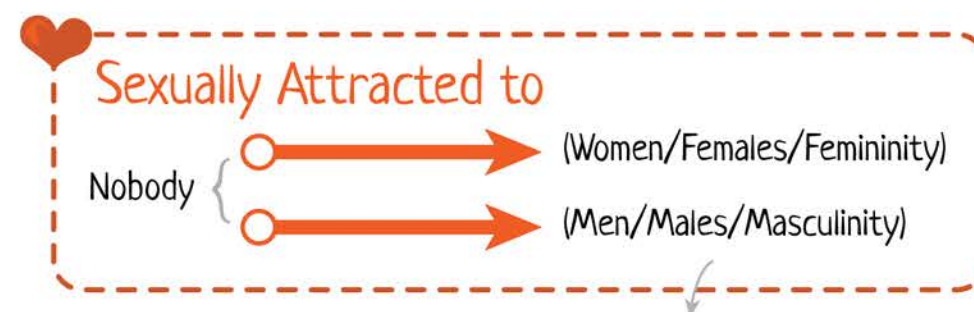
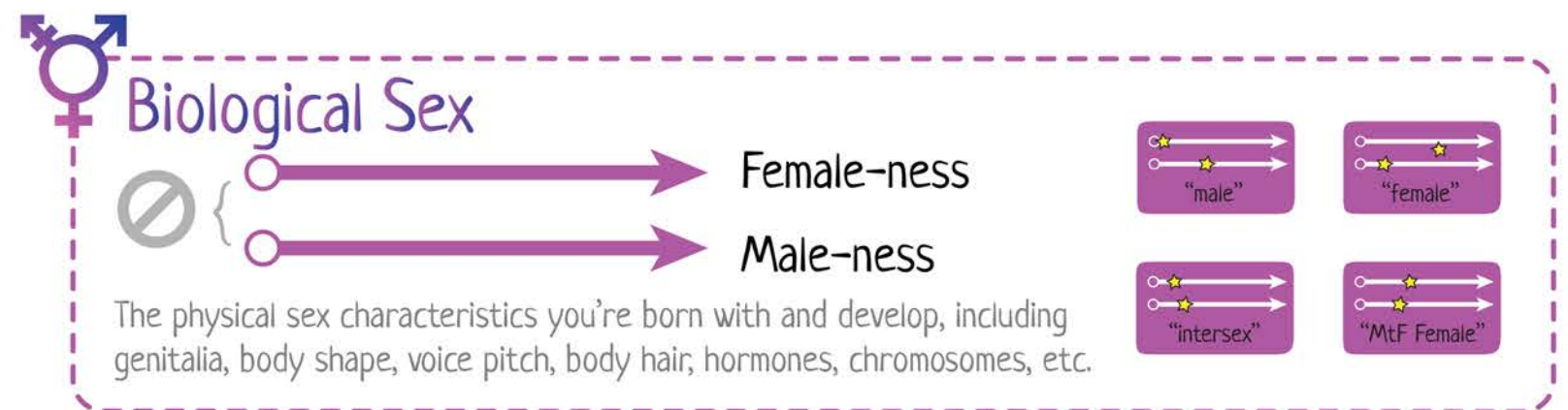
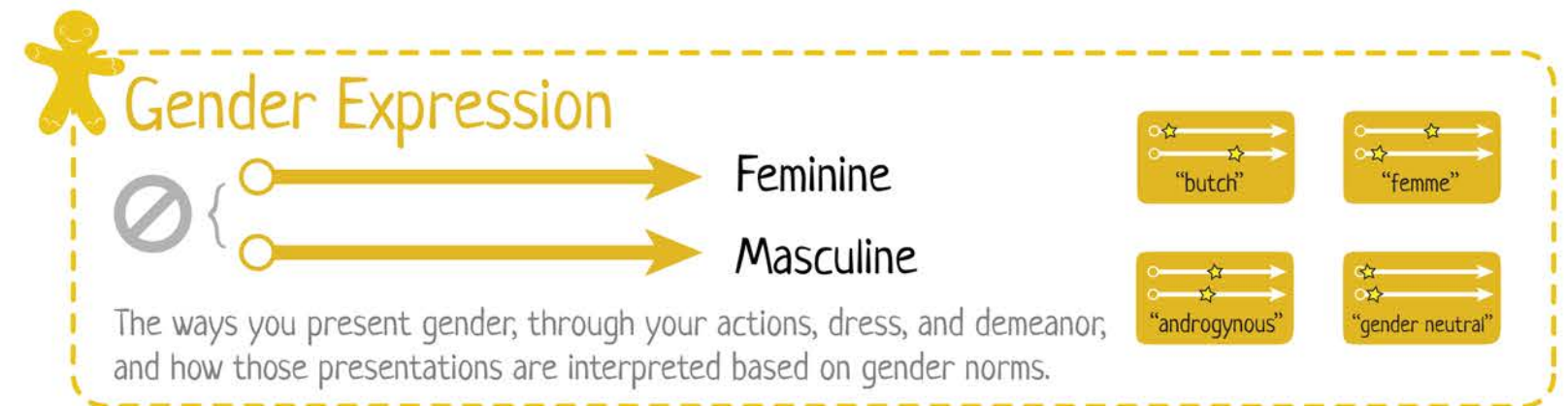
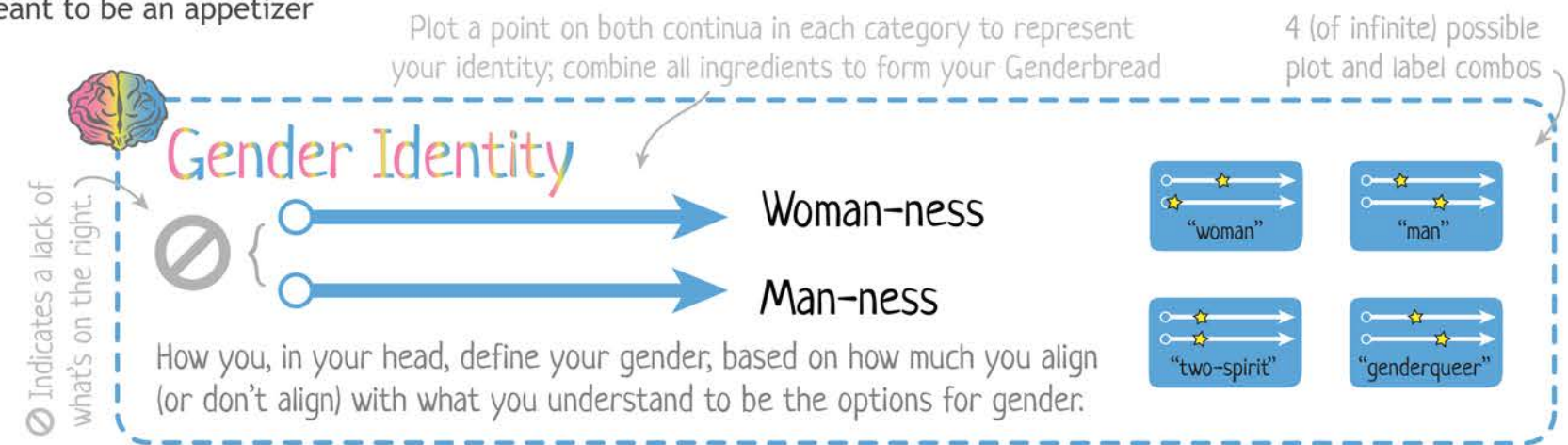
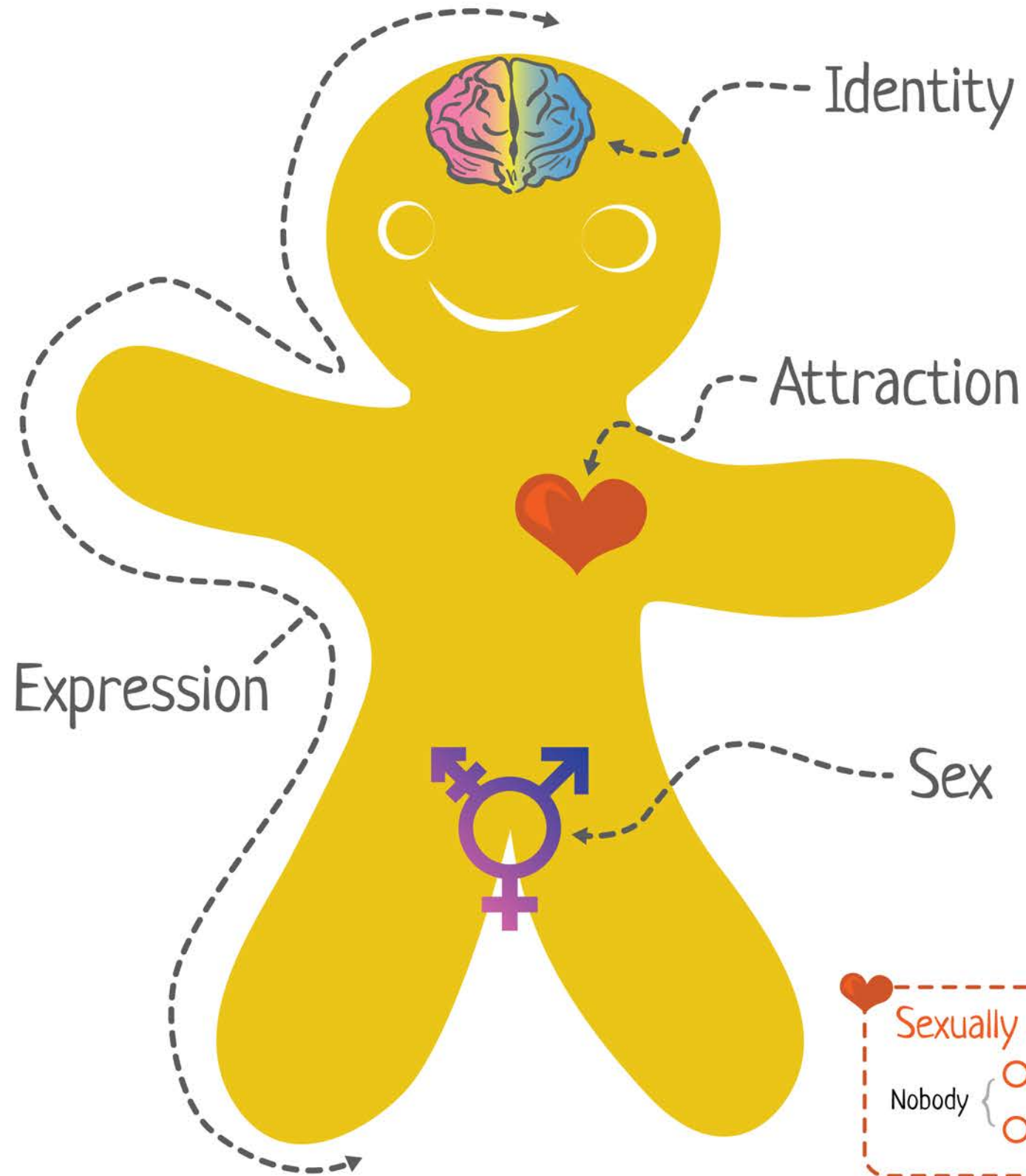
10-14 years	<ul style="list-style-type: none"> • Continued sexual play and exploration between same and opposite sex peers (secretive and hidden from adults). • Thinking, talking and dreaming about sex. • Watching sexually explicit material and masturbating to orgasm. • Interest in the opposite sex. Feelings of attraction may become sexual. Sexual fantasies. • Dating, kissing and 'petting'. • Interest in sex in the media. • Peer discussions about sexual behaviours. • 'Boyfriends' and 'girlfriends' often established. • Onset of puberty (late childhood); making the shift into adolescent sexuality development • Continued opportunity for parent-child communication about sexuality development
14-18 years	<ul style="list-style-type: none"> • Continued masturbation for pleasure. • Becoming self-conscious. Body-image and self-esteem issues may arise. Continuing to be influenced by peer group. • Fitting in is important. • May begin having sex. • Sexual wishes and fantasies. • Continued opportunity for parent-child communication about sexuality development

(from Hartman, 2014; and Realmuto & Ruble, 1999)

The Genderbread Person v3.3

by *it's pronounced* **METRO**sexual.com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

ASD-Related Factors Impacting Development of Relationships, Gender Identity, and Sexuality

Social/Emotional

- Social communication
- Taking others' perspectives
- Empathy
- Emotional control
- Connection/attachment
- Boundary awareness
- Reading social cues and contexts
- Understanding nonverbal cues

Cognitive

- Ability to adapt to change
- Literal thinking
- Understanding consequences of actions
- Perfectionistic
- Executive functions
- Logical/fact-oriented
- Abstract language
- Intellectual development
- Communication skills

Co-Morbid

- Anxiety
- Depression
- OCD
- ADHD
- Bipolar Disorder
- ODD

Regulation

- Sensory processing
- Ability to self-calm
- Sleep
- Food intolerance/aversion
- Fine motor skills
- Gross motor skills
- Interoception

Behavioral

- Restricted, repetitive patterns of behavior, interests, or activities
- Perseveration/getting stuck
- Frustration tolerance
- Need for consistency and control
- Internet use
- Discrepancy between physical and social/emotional development

Environmental

- Social rejection and isolation
- Ableism/"infantalization"
- Lack of Sex Education
- Lack of training for caregivers and other professionals



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



Pamela S. Wolfe
Bethany Condo
Emily Hardaway

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. From "Sex Education for Students With Disabilities: An Evaluation Guide," by P. S. Wolfe & W. J. Blanchett, 2003, *TEACHING Exceptional Children*, 36(1), pp. 46-51. Copyright 2003 the Council for Exceptional Children. Adapted with permission of the authors.

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-Schwieger & Hings-

burger, 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).

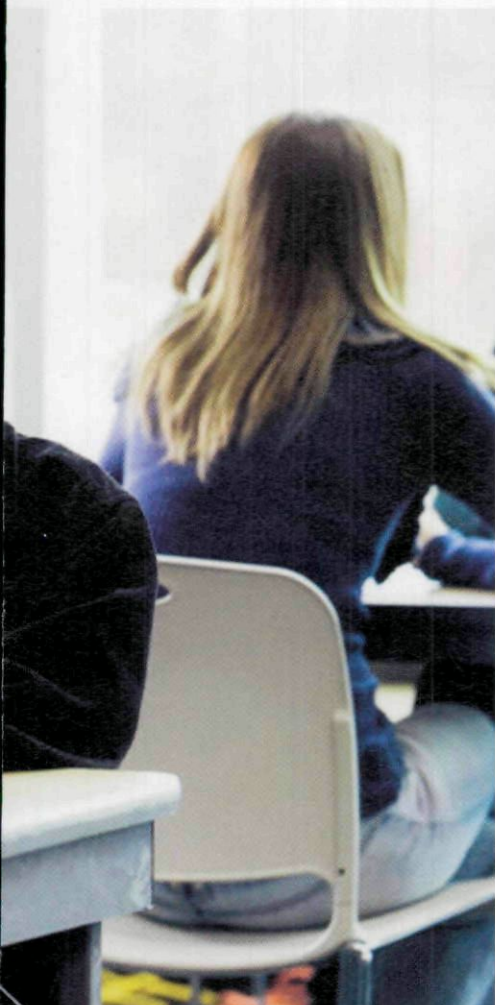


Table 2. ABA-Based Strategies: Video Modeling

Description	<p>The student watches a videotape of a person performing a target behavior and tries to imitate the behavior.</p> <p>Video self-modeling differs from video modeling in that the target individual also performs the behavior in the video.</p>
Characteristics	<p>Prompting and feedback are essential to changing behavior.</p> <p>Models are more effective when they have similar characteristics to the student.</p> <p>Can be used across a variety of behaviors.</p> <p>Learner must be able to attend to the video.</p>
Materials	<p>Observation/assessment/interview information</p> <p>Pencil/pen and paper or computer and printer</p> <p>Video camera</p> <p>Blank videotape</p>
Implementation Procedure	<ol style="list-style-type: none"> 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. 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. 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. Watch the video Show the videotape to the learner several times immediately before attempting to perform the target behavior or skill. 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.
Applications/ Examples	<p>Taking birth control pills</p> <p>Brushing teeth</p> <p>Washing hands</p> <p>Using menstrual pads</p> <p>Talking to the opposite sex</p> <p>Expressing sexual feelings</p> <p>Using condoms</p> <p>Saying "no" to drugs</p>

References: Buggey, 2005; Buggey, Toombs, Gardener, & Cervetti, 1999; Charlop-Christy, Le, & Freeman, 2000; Ganz, Cook, & Earles-Vollrath, 2006; Jones & Schwartz, 2004; Maione & Mirenda, 2006.

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-

ly defined, 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

Description	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.
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	<p>General</p> <p>Determine the type of symbol or combination of symbols (see Materials) the individual understands.</p> <p>Use the selected materials to create a visual cue, large enough for the individual to see.</p> <p>Place visual cues where they will be used (e.g., a schedule reminder on a student's desk).</p> <p>Draw attention to the visual cue.</p> <p>Provide an oral cue while simultaneously pointing, touching, or showing the visual cue to the individual.</p> <p>Schedule</p> <p>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").</p> <p>Determine the steps or events to include in the schedule.</p> <p>Represent each step with a visual cue (e.g., symbol, line drawing, photograph).</p> <p>Select the location for display of the schedule.</p> <p>Model the schedule for the individual.</p> <p>(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.)</p>
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.

References: Bondy & Frost, 2002; Bryan & Gast, 2000; Dettmer, Simpson, Myles, & Ganz, 2000; Hodgden, 2000; Sussman, 1999.

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

materials needed for activities (Gulick & Kitchen).

Individualized *social stories* (Table 4) focus on specific characteristics of a difficult social skill or situation (Gray, 2000). The stories primarily are used to instruct a student on how to handle a difficult social situation (e.g., what to say when I want to meet a boy; Tarnai & Wolfe, 2008). The story is short and may include visuals to enhance the text. Tarnai, Wolfe, and Rusch (in press) have researched elements of a social story in comparison to task analysis formats and found that social stories provide a needed context when learning new skills.

In *social script fading* (Table 5), the individual with ASD receives either an audiotaped or written script centering on social interaction. As the social skill outlined in the script is attained, the script is reduced or faded until the social skill is present without the script. Krantz & McClannahan (1993) used this strategy to teach peer initiations to 4 students with autism. Sarokoff, Taylor, & Poulson (2001) used social script fading to teach conversational skills.

Task analysis (Table 6)—the process of breaking down a complex behavior into smaller parts or steps—is another frequently used instructional strategy, and permits instruction of multiple-step procedures within natural routines. Task analysis has been used to teach appropriate personal hygiene (Stokes, Cameron, Dorsey & Fleming, 2004); table setting (Tarnai et al., in press); and recreation skills (Raschke, Dedrick, Heston, & Farris, 1996).

Peer tutoring (Table 7) is often used to teach children with autism a variety of academic skills (e.g., Kamps, Barbetta, Leonard, & Delquadri, 1994). The method has also been successfully used to enhance social interactions (Laushey & Heflin, 2000), and can be used to teach sociosexual content such as how to initiate a greeting or handle a rejection when turned down for a date. Peers are trained to model appropriate skills as well as how to engage students with autism in the task and give meaningful feedback.

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

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.

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.

Self-Protection/Advocacy Content Using Video Modeling

Jim, a 15-year-old boy with Asperger's syndrome, is a freshman in high school. He overhears his peers discussing a party where beer is being

served. Jim curiously asks his parents about drinking. Surprised by his curiosity, Jim's parents voice their concerns to his special education teacher, Mr. Redshire. Mr. Redshire feels this may be a problem for many of his legally underage students and decides to address the issue using video modeling. He first identifies the target behavior as "saying 'no' when offered alcohol from peers at a party." The script involves one peer offering another peer

alcohol; the target student declines the offer with an age-appropriate response. With the help of the high school drama department, Mr. Redshire films students performing the script and edits as necessary. The following day, he shows the video to Jim and others during a social skills group. Students in the group imitate and practice the scenario. Mr. Redshire prompts and provides feedback throughout the instruction and discussion.

Biological and Reproductive Content Using Visual Strategies

Mrs. Garcia is a 10th grade health teacher who provides instruction on the female anatomy of the human body to a group of female students (the class has been divided by sex). Two students with ASD are included in her class. When discussing menstruation, she teaches the class how to construct and complete a monthly calendar to track their periods. The students are taught to use the calendar to schedule medical exams as well.

Relationship Content Using Social Script Fading

Dave and Tina are 24 and 26 years old, respectively, and have been diagnosed as having mild ASD. Both are residents of a supervised apartment along with three other people. Tina and Dave have been in a 2-year relationship. During a conversation with a

Table 4. ABA-Based Strategies: Social Stories

Description	A specially developed, individual short story that focuses on specific characteristics of a difficult social skill or situation.	
Characteristics	<p>Can be used for a variety of topics.</p> <p>Provides individuals with autism social information they may lack.</p> <p>Can be written by any person who lives and works with an individual with autism.</p> <p>Types of sentences</p> <p><i>Descriptive sentences</i> are statements of fact (e.g., "I am attending a conference.").</p> <p><i>Directive sentences</i> are positive statements that describe a desired response (e.g., "I will wash my hands after I use the toilet.").</p> <p><i>Perspective sentences</i> provide a description of another person's thoughts, feelings, or reactions (e.g., "My mom thinks I like boys.").</p> <p><i>Affirmative sentences</i> describe an opinion that is commonly shared by more than one person (e.g., "People wear deodorant to cover up underarm smells.").</p> <p><i>Control sentences</i>, written by the individual with autism, 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.").</p> <p><i>Cooperative sentences</i>, written by the individual with autism, 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.").</p>	
Materials	<p>Paper</p> <p>Computer or pen/pencil</p> <p>Optional materials:</p> <p>Visual supports (photographs, drawings, symbols)</p>	
Implementation Procedure	<p><i>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.</i></p> <p>Identify a situation or social skill that is difficult for the individual.</p> <p>Observe the individual in the situation and collect information about the environment, people, expectations, and so forth.</p> <p>Write the story from a first- or third-person perspective, using age-appropriate, easy-to-understand text.</p> <p>Stories should use 0–1 appropriate directive or control sentences and 2–5 appropriate descriptive, perspective, affirmative, or cooperative sentences</p> <p>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.").</p> <p>Provide visual supports to accompany the story (e.g., photograph of a toilet).</p> <p>Select a title that focuses on the goal of the story (e.g., "Where can I take my clothes off?").</p> <p>Read the story (rough draft) to the individual with autism.</p> <p>Have the student help write a control sentence or sentences.</p> <p>Have the student help write a cooperative sentence or sentences.</p>	
Applications/ Examples	<p>Sexual awareness (boy)</p> <p>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.</p>	<p>Puberty (girl)</p> <p>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.</p>

References: Gray, 1996, 2000; Reynhout & Carter, 2006; Simpson, 2005; Wrobel, 2003.

Table 5. ABA-Based Strategies: Social Script Fading

Description	<p>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.</p> <p>Social scripts are primarily used with verbal individuals with autism who may or may not have literacy skills.</p>	
Characteristics	Types of scripts include text (phrases and sentences), line drawings and pictures, and audio-tape/videotape.	
Materials	<p>Observation/assessment/interview information</p> <p>Pencil/pen and paper or computer and printer</p> <p>Note cards (optional)</p> <p>Scissors (optional)</p> <p>Key ring (optional)</p>	
Implementation Procedure	<ol style="list-style-type: none"> 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: <p>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.</p> <p>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.</p> <p>Place script note cards on a key ring.</p> <p>(Learners can be taught to set timers to help with spacing out responses depending on their unique needs.)</p> 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. <p>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.</p> 	
Applications/ Examples	<p>Asking a girl out on a date</p> <p>Hi, _____ (girl's name).</p> <p>You look really nice today!</p> <p>Do you have any plans for _____ (tonight/tomorrow/this weekend, etc.)?</p> <p>Would you like to _____ (have dinner, see a movie, etc.) with me?</p> <p>That's okay, I understand maybe another time.</p> <p>or</p> <p>Great! What is your phone number so I can call you to make plans?</p> <p>I'll talk to you later.</p> <p>Bye.</p>	<p>Script-fading procedure</p> <p>I'll talk to you later.</p> <p>I'll talk to you</p> <p>I'll talk</p> <p>I'll</p> <p>I</p> <p>(no prompt)</p>

References: Ganz, Cook, & Earles-Vollrath, 2006; Krantz & McClannahan, 1993; Krantz & McClannahan, 1998; Stevenson, Krantz, & McClannahan, 2000.

Table 6. ABA-Based Strategies: Task Analysis

Description	Breaking a complex task into smaller component parts.
Characteristics	<p>Useful for multistep instructional programs.</p> <p>The number of steps in a task analysis varies for each individual.</p> <p>Components form a behavior chain, wherein behaviors are linked together to form complex behaviors.</p> <p>Each component is listed in the order of occurrence.</p> <p>Teaches the individual to perform the steps in sequential order and in close temporal succession.</p>
Materials	<p>Data collection sheet</p> <p>Pencil/Pen</p> <p>Specific materials needed to perform the task analysis (e.g., for teaching face washing: sink, soap, washcloth, etc.)</p>
Implementation Procedure	<p>Identify a target behavior (complex task).</p> <p>Break the behavior/task into manageable parts; the number of parts varies for each individual.</p> <p>Create a data collection form that includes at least two columns (i.e., steps and the evaluation of steps).</p> <p>List the steps in the order in which they must be performed on the task analysis data collection form.</p> <p>Practice the task analysis with a number of individuals to determine the most efficient chain.</p> <p>Determine whether or not the individual has the prerequisite skills to perform each step in the task analysis; revise as necessary.</p> <p>Teach the individual to perform the steps using chaining procedures:</p> <p><i>Forward chaining:</i> 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.</p> <p><i>Backward chaining:</i> 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.</p> <p>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.</p>
Applications/ Examples	<p>Task analysis for changing a menstrual pad</p> <ol style="list-style-type: none"> 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. <p>(Task analysis form would include space for indicating that individual has mastered individual steps.)</p>

References: Alberto & Troutman, 2006; Lowman, 2004; Stokes, Cameron, Dorsey, & Fleming, 2004.

Table 7. ABA-Based Strategies: Peer Tutoring

Description	A strategy in which socially competent peers help other peers learn by using effective teaching techniques and positive reinforcement.
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	<p>Pretutoring Session</p> <p>Informal interaction periods between tutor and tutee.</p> <p>Tutors can be</p> <ul style="list-style-type: none"> Same age, socially competent peer Older peer tutoring younger peer Sibling <p>Provide tutor with instruction, practice, and feedback prior to implementation:</p> <ul style="list-style-type: none"> 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 <p>Tutoring Session</p> <ul style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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 . . . <ul style="list-style-type: none"> 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.

References: Kamps, Barbetta, Leonard, & Delquadri, 1994; Laushey & Heflin, 2000; Simpson, Myles, Sasso, & Kamps, 1997; Topping, 2001.

Table 8. ABA Instructional Strategies Applied to Sociosexual Curricula Areas

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

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 conversational 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.

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ANNOUNCING THE 2010 CEC BOARD OF DIRECTORS SLATE

On behalf of the CEC Nominations Committee, CEC President Kathleen Puckett is pleased to announce the slate of candidates for the 2010 CEC Board of Directors:

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- Theresa Yestrau

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(1 position open)

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(1 position open)

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Table 3.1. Piaget's developmental stages of learning applied to sexuality education

Stage	Mental age	Learning characteristics	Teaching examples as applied to sexuality education for those with intellectual disabilities
Sensorimotor	0–2 years	<p>The person receives information about the world primarily through sensory and motor experiences.</p> <p>The person responds primarily to intonation, rhythm, and context of language experience, not the abstract concepts that words represent.</p> <p>The person is developmentally immature.</p>	<p>Behavioral orientation uses basic reinforcers to encourage particular responses, to discourage others, and to shape prosocial behavior.</p> <p>Basis for teaching adult self-care skills such as toilet training, showering, and tooth brushing (Foxy & Azrin, 1973)</p> <p>Uses menu of basic rewards, such as M&Ms, a cuddly toy, a whiff of a flower, a favorite musical tone or song, or a view of an attractive picture as reinforcers.</p> <p>Sexual self-stimulation (masturbation) is associated with pleasurable sensation but not erotic thoughts or fantasies (Planned Parenthood Federation of America & American Association of Sex Educators, Counselors, and Therapists, 2003).</p>
Preoperational	2–7 years	<p>The person begins to use symbols to represent objects and recognizes pictures as representing real-life objects.</p>	<p>Sexuality education relies on pictorial support for communicating information about sexual anatomy physiology.</p> <p>Teaching relies on concrete symbols and rules for specific behaviors, such as closing the door to the bathroom, labeling and expressing feelings, and discriminating private locations, private clothing, and private activities from public ones.</p> <p>Behavioral strategies such as task analysis are still important for learning support, especially when rehearsing new routines for modesty, using menstrual care equipment, expression of affection, anger management, sexual hygiene, and friendship skills.</p>

Stage	Mental age	Learning characteristics	Teaching examples as applied to sexuality education for those with intellectual disabilities
Concrete Operations	7 to 11 years	<p>The stage furthers the ability to order and classify objects and actions that are not abstract.</p> <p>The person categorizes objects and actions that can be seen or demonstrated.</p>	<p>Teaching relies even more heavily on rehearsal and role play as vehicles for social learning, with extra practice on safe settings.</p> <p>The earlier strategies continue to strengthen understanding, especially in less concrete areas of sexuality education such as deciding what is right or wrong, assessing risks, evaluating the qualities of friendship, and the rules for dating.</p> <p>Social problem solving that is oriented toward independence is critical for this group. Using "social stories" expressed in verbal, written, and pictorial formats aids in self-efficacy.</p> <p>Opportunities for social and romantic relationships and mobility in the community begin to increase dramatically.</p> <p>Opportunities for "testing the rules" that exist among typically developing adolescents is an ongoing risk for this group until later in life when emotional maturity is more likely.</p> <p>Transition to the next stage can be a very high-risk time and can last for a longer period of time than expected.</p>
Formal Thought	11 or 12 years and older	<p>The stage encompasses the ability to deal with abstract, hypothetical reasoning processes.</p>	<p>The greater ability to use abstract reasoning skills within this stage create many more social and sexual opportunities.</p>

(continued)

Table 3.1. *(continued)*

Stage	Mental age	Learning characteristics	Teaching examples as applied to sexuality education for those with intellectual disabilities
		The person develops the ability to predict consequences and to plan for various possible outcomes.	Complex social problem-solving techniques are needed because social and sexual situations may be more complicated and the associated risks may be greater.
		These skills continue to be refined throughout life.	Those with disabilities that affect social and sexual understanding may continue to need ongoing education, counseling, and/or support that is targeted toward specific situations that may develop.

Learning Techniques

Table 3.2. Summary of learning techniques

Name of learning strength	Definition of learning strength	Example(s) of using learning strength in social-sexual skill building
Memory	Ability to store and retrieve previously experienced information, perceptions, and sensations	Developing a sight vocabulary memory for signs and symbols indicating public bathrooms; using and remembering adult words to describe the experiences of puberty
Attention	Ability to orient to relevant stimuli and exclude irrelevant, competing stimuli in a specific environment	Using lighted visuals such as video to learn and practice selecting the essential elements of a social situation; actively engaging in social problem solving through role playing, artistic expression, or physical learning experiences
Motivation and positive behavior support	Ability to initiate and continue an action after the immediate stimuli is withdrawn	Having the opportunity to experience success at using a new social skill in a natural environment, such as the school cafeteria or gym class
Learning transfer: generalizing behavior	Transfer of learning is the influence of prior learning on performance in similar situations at future times	Learning to take turns when answering in class is generalized when the person chooses to take turns during a board game at home
Paired associate learning	Using information or skills that are already known to teach new information and skills by associating the new with the familiar	Using colored circles to represent social boundaries is a way to learn to discriminate different degrees of closeness in relationships (CIRCLES®)
Incidental learning and inclusive education	Absorbing information that is not specifically taught, but is present in a learning situation	Absorbing cultural traditions, recognizing the voice of a familiar person, developing personal mannerisms, interpreting facial expressions and using them
Imitation, scripting, rehearsal, and role playing	Learning by observing others and then practicing and repeating their behaviors and modeling their actions	Imitating the language of a parent, teacher, or pop culture icon can lead to social acceptance (or ridicule)
Positive behavior support	Using positive behavior modification techniques, such as tangible rewards, social praise, task analysis, shaping, and other strategies to reduce undesirable behaviors and maintain prosocial ones	A token economy that rewards appropriate classroom attire with privileges or objects of desire; offering increased independence at the mall can be used as a reward for compliance with appropriate in-store behavior

Examples of Evidence-Based Practices Applied to Menstruation in Women (Tincani & Bondy, 2014)

Setting Events	Antecedent	Teaching Menstrual Care	Consequence
<p>Premenstrual symptoms</p> <ul style="list-style-type: none"> • Taking over-the-counter medication • Communicating discomfort/pain • Purchasing feminine products 	<p>Preparing for menstruation</p> <ul style="list-style-type: none"> • Visual support—calendar • Social story—how to manage your period • Visual support—concept map of preparation • Checking every 2 hours 	<ul style="list-style-type: none"> • Task analysis • Visual support—steps for menstrual care with task analysis • Video modeling • Backwards chaining with prompts 	<p>Positive reinforcement</p> <ul style="list-style-type: none"> • Reinforce successive approximations • Reinforce behaviors that are part of the entire task

FIGURE 9.2. Four term contingency plan for premenstrual symptoms.

Once a month, women menstruate, or get their period.
 When you menstruate or get your period, blood comes out of your vagina.
 I am a young woman and get my period once a month.
 It is okay and normal to get my period.

When women get their periods, they wear pads in their underwear to stay clean.
 The pads in their underwear need to be changed every 2 hours.
 My mom, teacher, and friends are happy when I take care of myself and change my pad.
 I know I can change my pad every 2 hours.

I will tell my mom or teacher when I get my period.
 I will change my pad and wash up every 2 hours.
 I will not talk about my period to my friends in the classroom.

When I take care of myself by changing my pad, my parents and teacher will be proud of me.

FIGURE 9.3. Social script about getting one's period.

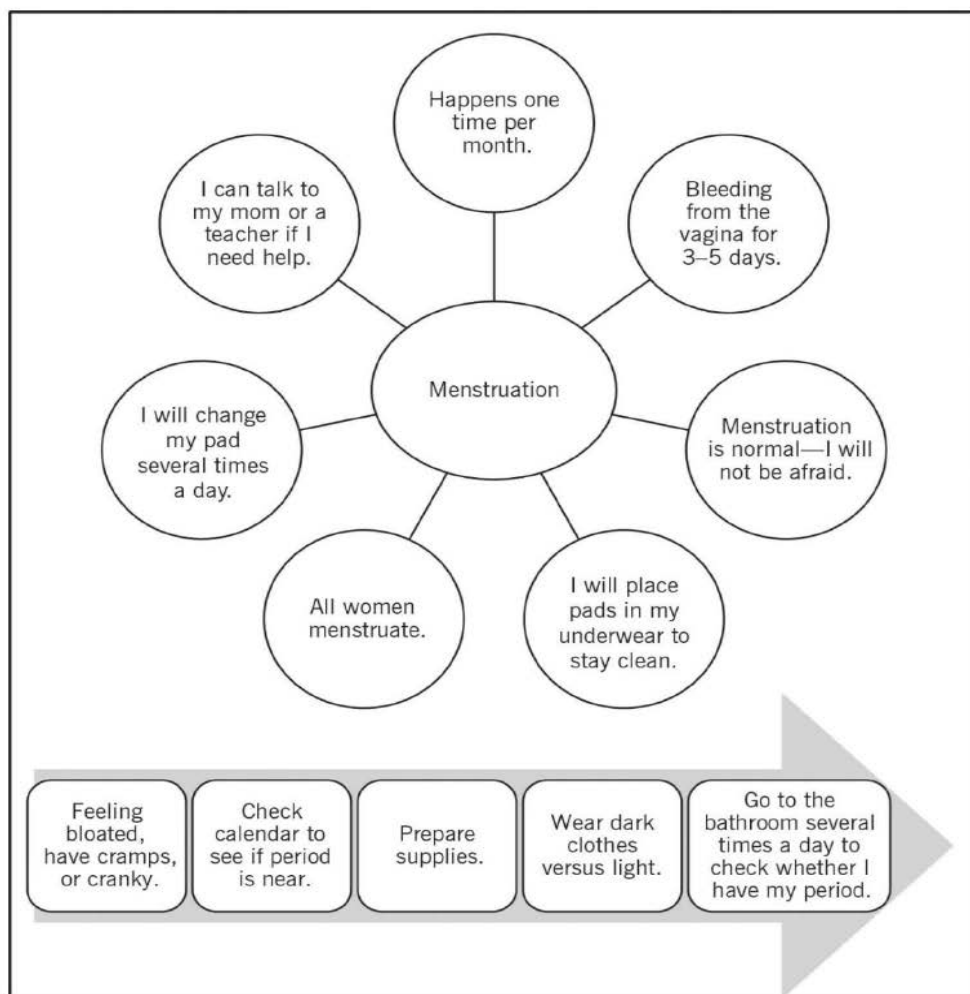


FIGURE 9.4. Concept maps about menstruation and preparing for your period.

1. Go get new pad from _____.
2. Put pad in your pocket or purse.
3. Go to the bathroom.
4. Go into bathroom stall.
5. Shut door.
6. Pull down pants.
7. If pad is red or brown, take pad off underwear.
8. Roll pad and wrap with toilet paper.
9. Put pad in trash can.
10. Take new pad out of your pocket or purse.
11. Take wrapper off new pad.
12. Unfold pad.
13. Pull paper strip off back of pad.
14. Place sticky side of pad on underwear.
15. Throw pad wrapper in trash can.
16. Pull up pants.
17. Leave bathroom stall.
18. Wash hands.

FIGURE 9.5. Sample task analysis for changing a sanitary pad.

Examples of Evidence-Based Practices Applied to Masturbation in Men

(Tincani & Bondy, 2014)

Setting Events	Antecedent	Behavior	Consequence
<p>Arousal</p> <ul style="list-style-type: none"> • Relatively long period since last masturbation • Limited or no access to sexual partners • Inability to achieve orgasm; sexual frustration 	<p>Has desire to masturbate; gets erection</p> <ul style="list-style-type: none"> • Visual support—picture of bedroom where masturbation is appropriate • Social script about appropriate masturbation • Reminder that vibrator or special toy can be used at home • Frequent checks to ensure hands are safe • Use planned distraction (e.g., give portable video game/device) 	<p>Teach appropriate masturbation</p> <ul style="list-style-type: none"> • Visual support—provide instructional or pornographic video • Assistive technology—give vibrating massager or other appropriate sex toy • Task analysis—review steps; teach some steps, if appropriate (e.g., turn on video; plug in vibrating massager, close and lock door) • Video modeling—how to clean up after masturbation 	<p>Positive reinforcement</p> <ul style="list-style-type: none"> • Access to vibrating massager or appropriate sex toy • Rewards and/or praise for safe and private masturbation <p>Negative reinforcement</p> <ul style="list-style-type: none"> • Escape/avoid hospitals and/or correctional facility

FIGURE 9.6. Four term contingency plan for appropriate masturbation.

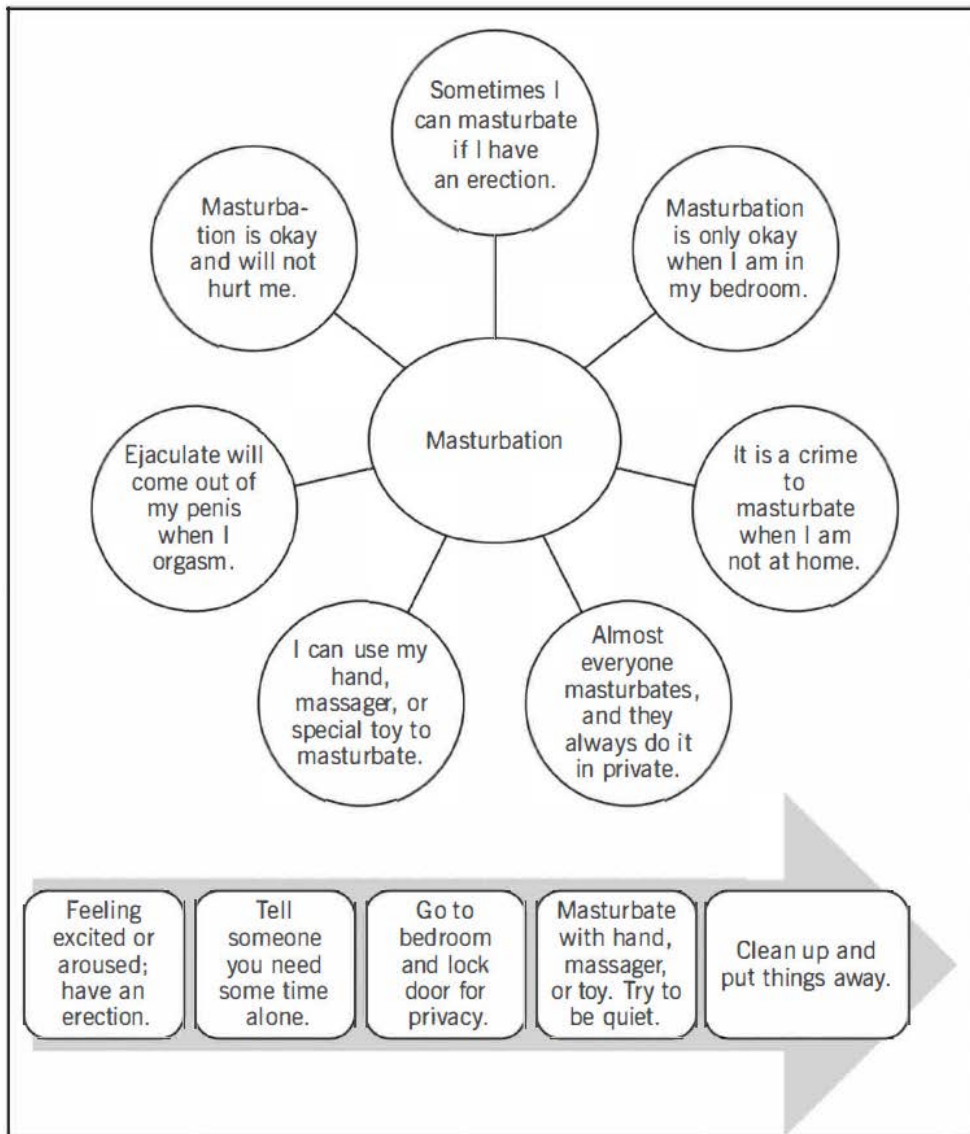
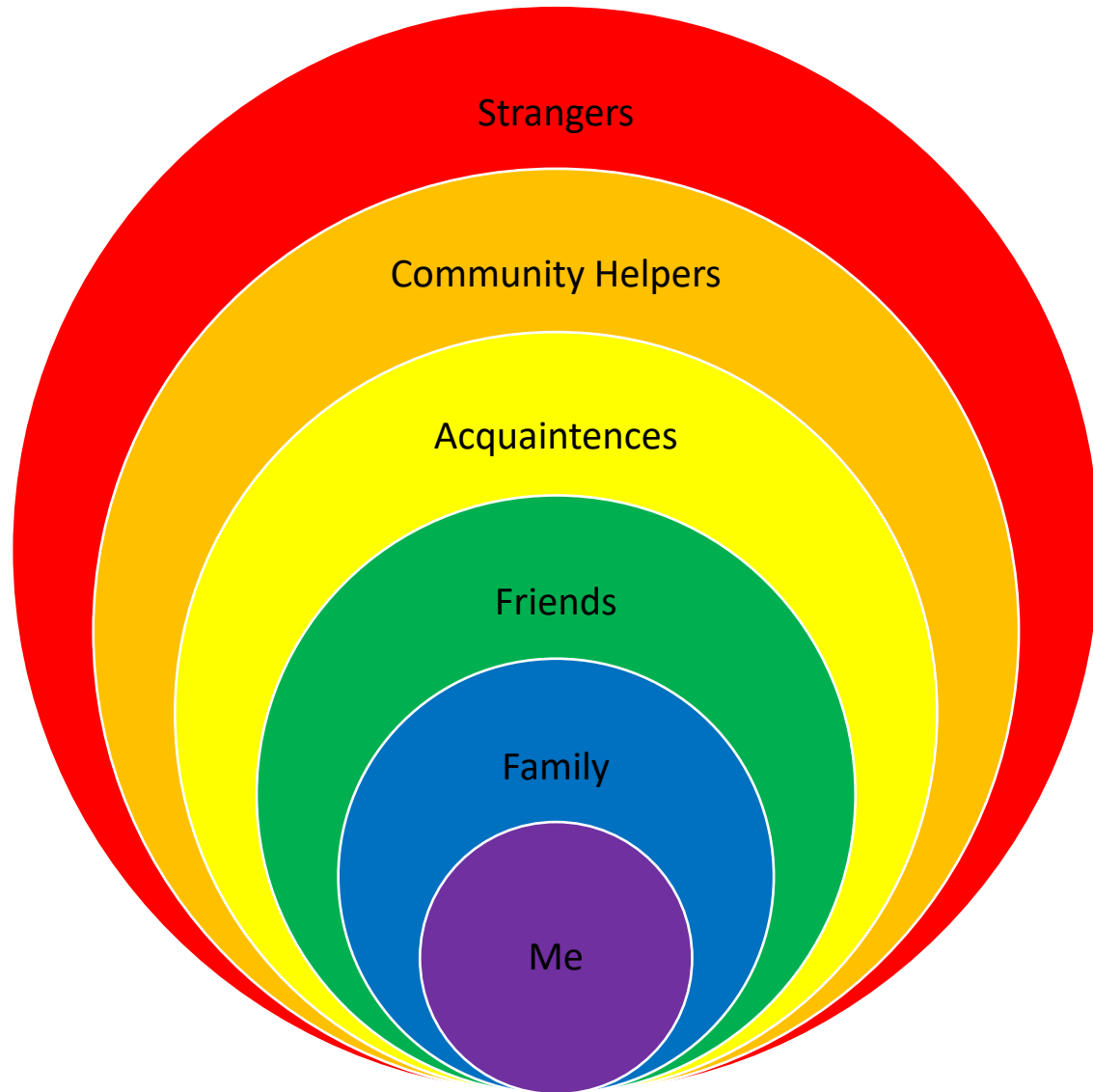


FIGURE 9.8. Concept maps about appropriate masturbation.

Boundary Circles



ASD Checklist

Please put a check mark by any area where the individual experiences difficulties: (put a star by any area that is a significant concern)

Thinking about others thinking

- ☐ Taking the perspective of others in a situation
- ☐ Awareness that others' thoughts, beliefs, etc. may differ from their own
- ☐ Taking into account others' thoughts/beliefs when acting
- ☐ Empathy
- ☐ Apologizing
- ☐ Compromising/Negotiating
- ☐ Offering or asking for help
- ☐ Understanding motive or intent of others
- ☐ Using mental state words (think, know, believe)
- ☐ Understanding author's point of view
- ☐ Understanding context
- ☐ Forming friendships/relationships
- ☐ Working in a group
- ☐ Being brutally honest

Emotional Control

- ☐ Identify feeling of self or others
- ☐ Expressing own feelings
- ☐ Emotional reciprocity
- ☐ Over/understated emotional reaction
- ☐ Gradients of emotion (i.e., agitated to furious)
- ☐ Understanding one person can have many feelings, same event
- ☐ Understanding two people can have different emotions, same event
- ☐ Expression doesn't match stated mood
- ☐ Taking into account others emotions when acting

Executive Functions

- ☐ Problem solving
- ☐ Initiation
- ☐ Planning
- ☐ Sequencing
- ☐ Organization
- ☐ Prioritization
- ☐ Task monitoring
- ☐ Goal-directed persistence
- ☐ Time management
- ☐ Ability to delay gratification
- ☐ Self-monitoring
- ☐ Sustained attention
- ☐ Metacognition
- ☐ Self-talk
- ☐ Working Memory
- ☐ Significant discrepancy between executive functions when calm vs when emotions are involved

Regulation

- ☐ Sensory/stimulation-seeking
- ☐ Sensory avoiding
- ☐ Sensory modulation
- ☐ Sensory Hypersensitivity
- ☐ Sensory Hypo-sensitivity
- ☐ Pain tolerance/sensitivity
- ☐ Extreme reactions to environmental sounds
- ☐ Appears inattentive at times to human speech
- ☐ Hygiene/clothing
- ☐ Ability to self-calm
- ☐ Use of adaptive coping responses
- ☐ Sleep
- ☐ Internet use
- ☐ Eating
- ☐ Voice volume
- ☐ Toileting
- ☐ Self-regulation for learning/work

Social Communication

- ☐ What to say/who to say it to
- ☐ Where, when, how to say it
- ☐ Initiate, maintain, end conversations
- ☐ Monitoring understanding, repair and adjust
- ☐ Limited conversational turns, monologue
- ☐ Reading or using social cues/context
- ☐ Understanding and using facial expressions and body language
- ☐ Explain, small talk
- ☐ Adjusting conversation to audience
- ☐ Questions (too many, too few, personal)
- ☐ Echolalia
- ☐ Scripting
- ☐ Using appropriate prosody while speaking

Mental Flexibility

- ☐ Ability to adapt to change
- ☐ Abstract vs. concrete concepts
- ☐ Ability to change behavior based on situation
- ☐ Focus on unimportant vs salient events/facts
- ☐ Ability to generalize or transfer skill
- ☐ Main idea and summaries
- ☐ Cause and effect
- ☐ Understanding consequences of actions
- ☐ Ability to shift sets/change gears
- ☐ Editing/redoing
- ☐ Correcting others
- ☐ Perfectionistic
- ☐ Logical/fact oriented

Impulsivity

- ☐ Blurting out
- ☐ Acting before thinking
- ☐ Rushing through
- ☐ Waiting
- ☐ Anticipation
- ☐ Stopping behaviors
- ☐ Excessive, exaggerated reactions
- ☐ Inappropriate comments
- ☐ Risk taking
- ☐ Talking nonstop
- ☐ Fidgeting
- ☐ Controlling thoughts/suppressing unwanted thoughts

Consistency/Control

- ☐ Transitioning between activities/classes
- ☐ Need to rely on rules and routines
- ☐ Need schedule for predictability
- ☐ Intense special interest
- ☐ Rigid, directive, or bossy
- ☐ Repetitive, stereotypic movements
- ☐ Intolerance of uncertainty
- ☐ Need to control situation
- ☐ Power struggle
- ☐ Noncompliance
- ☐ Pushing limits
- ☐ Refusal/resistance
- ☐ Appears manipulative
- ☐ Appears to frequently be dishonest
- ☐ Appears compulsive

Abstract Language

- ☐ Abstract thinking
- ☐ Figurative language, similes, metaphors
- ☐ Implied/inferential
- ☐ Rhetorical questions, sarcasm, jokes, humor
- ☐ Idioms/multiple meaning words
- ☐ Character development words (i.e., respect, honesty)

Boundary Awareness

- ☐ Body in space
- ☐ Touching
- ☐ Smelling
- ☐ Personal space
- ☐ Hugging
- ☐ Friendship/Dating/Relationships
- ☐ Sexual acting out
- ☐ Strangers
- ☐ Wandering/elopeing
- ☐ Overly friendly

Behaviors

- ☐ Rages/meltdowns
- ☐ Swearing
- ☐ Perseveration/getting stuck
- ☐ Teasing/bullying
- ☐ Frustration tolerance
- ☐ Stealing
- ☐ Withdrawal
- ☐ Smearing

Connection/Attachment

- ☐ Social motivation
- ☐ Attachment with parent
- ☐ Connection with friends/peers
- ☐ Connections to others (other than friends/peers)
- ☐ Safety-seeking
- ☐ Reassurance-seeking
- ☐ Attention seeking/avoiding

Other: _____

Adapted from Holzhauser-Peters, Leslie, and True, Leslie; 2008

Joseph Falkner, MST/CCC-SLP©

What is the hidden curriculum of:

Acquaintances

Community Helpers

Friends

Dating

Internet Dating

Getting Engaged

Marriage

Parenting

Divorce

Intimacy

Consent

Reproductive Health

Sex

Masturbation

Social Media and Texting

Internet Use

Pornography

Exploitation and Grooming

Social Behavior Map

Expected Behaviors

Situation: _____

Behavior that is Expected in the situation	Others' feelings about the behavior(s)	How others treat you based on how they feel about the behavior(s)	How you feel based on how you are treated in the situation

Social Behavior Map

Unexpected Behaviors

Situation: _____

Behavior that is Unexpected in the situation	Others’ feelings about the behavior(s)	How others treat you based on how they feel about the behavior(s)	How you feel based on how you are treated in the situation

Stages of Empathy and Perspective Taking Development

Hoffman's Stages of Empathy Development	Selman's Stages of Perspective Taking (Role Taking)
<u>Global empathy</u> -- In the first year, children may match the emotions they witness (e.g., by crying when another infant is crying, but the emotion is involuntary and undifferentiated).	<u>Undifferentiated or Egocentric (age 3-6)</u> : Children recognize that the self and others can have different thoughts and feelings, but they frequently confuse the two.
<u>Egocentric empathy</u> -- From the second year on children actively offer help. The kind of help offered is what they themselves would find comforting and is in that sense egocentric; nevertheless, the child at least responds with appropriate empathic efforts.	<u>Subjective or Social-informational (ages 5-9)</u> : Children understand that different perspectives may result because people have access to different information. Nevertheless, despite the realization that the perspectives can differ (based on say the different information that each may have) the preponderant tendency is to consider one's own perspective as valid. The child may believe that the sole reason for different perspectives is because of differences in information.
<u>Empathy for another's feelings</u> -- In the third year, with the emergence of role-taking skills, children become aware that other people's feelings can differ from their own. Their responses to distress may thus become more appropriate to the other person's needs.	<u>Self-reflective (ages 7-12)</u> : Children can "step in another person's shoes" and view their own thoughts, feelings, and behavior from the other person's perspective. They also recognize that others can do the same. This not just a logical realization that someone can have a different perspective but also a realization that either perspective can be equally valid given the other person's unique situation. Thus, one thinks and feels like the other person and can both suffer and enjoy the outcomes of situations as they unfold from the other person's perspective. What is lacking, however, is for the child to be able to consider both perspectives simultaneously.
<u>Empathy for another's life condition</u> -- By late childhood or early adolescence children become aware that others' feelings may not just be due to the immediate situation but stem from their more lasting life situation. Empathy may also be found with respect to entire groups of people (the poor, the oppressed, etc.) and thus transcend immediate experience.	<u>Third-party or 'Bystander' (ages 10-15)</u> : Children can step outside a two-person situation and imagine how the self and other are viewed from the point of view of a third, impartial party. This includes the ability to keep multiple perspectives in mind at the same time. One does not see from this perspective and then from the other – one looks at the entire big picture or view and understands that different people are having different perspectives.
	<u>Societal (Ages 14-adult)</u> : Individuals understand that third-party perspective-taking can be influenced by one or more systems of larger societal values. One realizes that one can have different neutral perspectives on a situation, each of which would be colored by the values that are dear to the social and cultural context in which the situation occurs and which dictate what a neutral perspective is. One may realize that some values are desirable and others are not and that the perspective that is informed by desirable values is preferable.

Sources:

Hoffman: Schaffer, H. R. (1996). Social development. Oxford, UK: Blackwell Publishers.

Selman: <http://the-mouse-trap.com/2006/08/22/development-of-perspective-taking-a-pre-requisite-for-different-stages-of-moral-development/>; <https://www.cheatography.com/davidpol/cheat-sheets/robert-selman-s-stages-of-perspective-taking/>; <https://everything2.com/title/Selman%2527s+Five+Stages+of+Perspective+Taking>

UPSR SRE INDIVIDUAL BEHAVIOUR PLAN FOR: _____

Understanding the Person	Preventing Issues	Supporting Sexuality and Intimate Relationships	Responding to 'inappropriate' behaviours

Date of plan _____ Date for review _____ Signed _____

Inappropriate vs Appropriate Behaviors

Category 1: Absolutely Not Allowed—You Will Go to Jail	Category 2: Very Bad—Society Does Not Like People Who Do These Things	Category 3: Disgusting—Others Will Think You are Gross	Category 4: Very Good—People Will Appreciate Your Behavior
<p>Rape/Date Rape: forcing someone to have sex when they have told you NO or STOP</p> <p>Forcing Touch: making someone kiss you, making someone hold your hand</p> <p>Abuse: hitting someone, calling someone bad names, throwing things at someone</p> <p>Stalking: following someone all the time, spying, constantly calling or emailing when the other person told you to stop</p> <p>Sexual Harassment: saying things about someone's body, making somebody kiss you or touch you for a favor</p> <p>Prostitution: paying somebody to have sex with you, or accepting money from someone in turn for sex</p> <p>Under-Age Sex: dating someone under 18 if you are over 18, emailing someone under 18 for romance</p>	<p>Cheating: dating more than one person at a time without letting your partners know the situation</p> <p>Lying: faking your age, faking your situation in life</p> <p>Discussing Your Private Life: telling others what you do in bed, telling your partner's secrets</p> <p>Telling Someone You Love Them When You Don't: also called "leading someone on"</p> <p>Betrayal/Violation of Trust: breaking your commitments and promises</p> <p>Controlling: refusing to let your partner see friends and family, dictating what your partner is allowed to do in life</p>	<p>Farting, Burping or Picking Your Nose: especially on purpose to annoy others</p> <p>No Attention to Personal Hygiene: smelling bad, wearing dirty clothes, never brushing your teeth</p> <p>Scratching or Grabbing Your Privates in Public</p> <p>Spitting or Salivating</p> <p>Pissing in Public: not only gross, in some cities also illegal</p> <p>Bad Manners: chewing like a cow, eating with your fingers, pulling gum out of your mouth, eating with your mouth open</p>	<p>Being honest: tell the truth nicely, even when it is hard</p> <p>Asking first: before touching, kissing, having sex</p> <p>Being Responsible: don't drive drunk, don't use drugs, protect your body from sexually transmitted diseases/unwanted pregnancy</p> <p>Taking Care of Your Body: use birth control, use condoms to prevent disease, take a shower, wear clean clothes</p> <p>Following Communication Rules: don't interrupt, take turns in conversations, talk at appropriate volumes, use nice language</p> <p>Being Polite: say 'excuse me', explain your sensory issues nicely, apologize when you make a mistake</p> <p>Being Kind: be kind even if you don't like someone any more, even if you have to break up</p>

Reaction Rules

Definition: rules that guide responses to a partner's feelings, actions, or particular situations.

How to Create Reaction Rules

Reaction Rules should be a cooperative effort between you and your non-spectrum partner or spouse. Sit down together and follow these basic how-to steps to come up with Reaction Rules you both agree to.

1. List your emotions. Make a list of emotions you experience frequently. Have your partner list the emotions she experiences frequently.
2. Describe what each emotion looks or sounds like. Be brief, but provide each other with one or two clues that indicate which emotion is being experienced.
3. Ask each other what you like or need for each feeling. For example, maybe your partner likes a hug when she is sad. Perhaps you prefer time alone when you are sad.
4. Discuss what an appropriate response to the emotion could be based on personal preferences and needs. Throw out any notions of what the response should be. Instead, think of a response that the receiver needs and would like and what the giver can give without distress.

Comic Strip Conversations



Create your own at Storyboard That

Adapted from Zaks, 2006

Name_____ My _____

Words Scale

Rating:

5	Threats or Racism: You will be _____ if you use these words. This level includes any words that threaten another person in any way, even if you don't mean it. This level includes any word or comment about a person's race, religion or sexual orientation. This is serious so be sure to ask your teacher if you are confused or need more information about this group of words.
4	Swear Words: This would include any word that is considered a swear word. Swearing at students or teachers is not allowed at school. You will be subject to _____ if you use a swear word at school. You can ask your teacher for a list of swear words that are not allowed at school. Even if you consider a person your friend, you cannot use a swear word when talking to them.
3	Hurtful Words: These are words that make other people feel bad or offended. They include telling people that they are fat or that they smell. These kinds of words make others feel uncomfortable. They can also be called put downs, because they make a person feel hurt, sad and bad about themselves. Students are not supposed to use these words.
2	Regular Words: These words feel just fine to people. These would be greetings, questions, comments, or discussions. These are words that people expect to hear.
1	Positive Words: These are words that make others feel good about themselves and about you. Positive words include compliments and words that show that you are interested in the other person's ideas, thoughts, experiences and feelings.

Resource List of Materials and Websites for Working with Individuals with ASD on Sexuality, Gender Identity, and Relationships

Sexuality Education Guidelines—Not ASD Specific

- Future of Sex Education Initiative National Sexuality Education Standards--
<http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf>
- Sexuality Information and Education Council of the United States Guidelines for Comprehensive Sexuality Education: 3rd Edition--
<http://www.siecus.org/index.cfm?pageId=516>

Women and Girls

- The Aspie Girl's Guide to Being Safe with Men-- (Brown D. , 2013)
- Aspergirls: Empowering Females with Asperger Syndrome—(Simone, 2010)
- Educating and Supporting Girls with Asperger's and Autism—(Honeybourne, 2016)
- The Independent Woman's Handbook for Super Safe Living on the Autistic Spectrum—(Steward, 2014)
- Life on the Spectrum: A Guide for Girls and Women—(McKibbin, 2016)
- Nerdy, Shy, and Socially Inappropriate: A User Guide to an Asperger Life—(Kim, 2015)
- Safety Skills for Asperger Women: How to Save a Perfectly Good Female Life-- (Willey, 2012)
- Sisterhood of the Spectrum: An Asperger Chick's Guide to Life—(O'Toole, 2015)
- Women and Girls with Autism Spectrum Disorder: Understanding Life Experiences from Early Childhood to Old Age—(Hendrickx, 2015)

Dating and Relationships

- The Asperger Couple's Workbook: Practical Advice and Activities for Couples and Counsellors—(Aston, 2009)
- Asperger Syndrome and Long-Term Relationships—(Stanford, 2015)
- Autistics' Guide to Dating: A Book by Autistics, for Autistics and Those Who Love Them or Who Are in Love with Them-- (Ramey & Ramey, 2008)
- Boyfriends & Girlfriends: A Guide to Dating for People with Disabilities—(Couwenhoven, 2015)
- Counseling for Asperger Couples—(Thompson, 2008)

- Decoding Dating: A Guide to the Unwritten Rules of Dating for Men with Asperger Syndrome-- (Miller, 2015)
- The Guide to Dating for Teenagers with Asperger Syndrome-- (Uhlenkamp, 2009)
- Healthy Relationships: Build relationships the right way so you can avoid all that drama and pain, not to mention the gossip! (Sondoozi, Loiewski, & Tompkins, 2013)
- Mike's Crush: Understanding High School Relationships for Youth with Autism and Learning Disabilities-- <http://www.dibbleinstitute.org/mikes-crush/>
- The Other Half of Asperger Syndrome (Autism Spectrum Disorder): A Guide to Living in an Intimate Relationship with a Partner Who is on the Spectrum—(Aston, 2014)
- Reading Body Language: Flirting Cards-- <https://www.teacherspayteachers.com/Product/Reading-Body-Language-Flirting-Cards-809195>
- Troubleshooting Relationships on the Autism Spectrum: A User's Guide to Resolving Relationship Problems-- (Stanford, 2013)
- What Men with Asperger Syndrome Want to Know About Women, Dating and Relationships-- (Aston, 2012)
- Healthy Relationships and Autism-- <http://healthyrelationshipscurriculum.org/>

Gender Identity

- Gender Identity and Autism Spectrum Disorders: journal article
- Gender Quest Workbook: A guide for Teens and Young Adults Exploring Gender Identity-- (Testa, Coolhart, & Peta, 2015)
- relationships & sexuality: A Handbook For and By Autistic People: <http://autismnow.org/wp-content/uploads/2013/02/Relationships-and-Sexuality-Tool.pdf>
- The Transgender Child: A Handbook for Families and Professionals—(Brill & Pepper, 2008)
- Transitioning Together: One Couple's Journey of Gender and Identity Discovery— (Lawson & Lawson, 2017)

Puberty

- Autism-Asperger's & Sexuality: Puberty and Beyond--(Newport & Newport, 2002)
- The Boy's Guide to Growing Up and Choices and Changes During Puberty— (Couwenhoven, 2012)

- Exploring Friendships, Puberty and Relationships: A Programme to Help Children and Young People on the Autism Spectrum to Cope with the Challenges of Adolescence-- (Ripley, 2014)
- The Girl's Guide to Growing Up and Choices & Changes in the Tween Years— (Couwenhoven, 2012)
- The Growing Up Book for Boys: What Boys on the Autism Spectrum Need to Know!—(Hartman, 2015)
- The Growing Up Guide for Girls: What Girls on the Autism Spectrum Need to Know!—(Hartman, 2015)
- Healthy Bodies Toolkit: A Parent's Guide on Puberty for Boys and Girls with Disabilities--<http://vkc.mc.vanderbilt.edu/healthybodies/>
- Puberty: A Guide for Teenagers with an Autism Spectrum Disorder and Their Parents--<http://autismsocietyoregon.org/files/9114/2230/9538/autism-spectrum-disorder.184122715.pdf>
- Taking Care of Myself: A Hygiene, Puberty and Personal Curriculum for Young People with Autism—(Wrobel, 2003)
- What's Happening to Ellie?: A book about puberty for girls and young women with autism and related conditions—(Reynolds, 2015)
- What's Happening to Tom?: A book about puberty for boys and young men with autism and related conditions—(Reynolds, 2015)
- When Young People with Intellectual Disabilities and Autism Hit Puberty: A Parents' Q&A Guide to Health, Sexuality and Relationships-- (Brown & Brown, 2016)

For Parents and Professionals

- asdexed.org: website with comprehensive list of free and paid resources for teaching socio-sexual education
- Asperger's Syndrome and Sexuality: From Adolescence Through Adulthood— (Henault, 2006)
- The Autism Spectrum, Sexuality and the Law: What every parent and professional needs to know-- (Attwood, Henault, & Dubin, The Autism Spectrum, Sexuality and the Law: What every parent and professional needs to know, 2014)
- Exploring Sexual and Social Understanding: an illustrated pack designed for working with people with learning disabilities-- <http://www.bild.org.uk/our-services/books/practical-support-for-better-lives/exploring-sexual-and-social-understanding/>

- The Facts of Life...and More: Sexuality and Intimacy for People with Developmental Disabilities—(Walker-Hirsch, 2007)
- Family Therapy and the Autism Spectrum: Autism Conversations in Narrative Practice—(Monteiro, 2016)
- <http://www.guidetogettingiton.com/sex-aspergers-autism/>--an extensive list of books, articles and websites compiled on sex, Asperger's and autism.
- How to Talk with Your Kids about Pornography—Educate and Empower Kids
- I Openers: parents ask questions about sexuality and children with developmental disabilities--(Hingsburger, 1993)
- Sexuality in Adolescent Boys with Autism Spectrum Disorder--
https://www.researchgate.net/publication/265642448_Sexuality_in_Adolescent_Boys_with_Autism_Spectrum_Disorder_Self-reported_Behaviours_and_Attitudes
- Sexuality and Severe Autism: A Practical Guide for Parents, Caregivers and Health Educators-- (Reynolds, 2014)
- Sexuality: Your Sons and Daughters with Intellectual Disabilities—(Schwier & Hingsburger, 2000)
- <http://www.steegepublications.com/>--website contains a number of different publications including: Sex Education for Parents of Children with Autism Spectrum Disorders, Social Skills & Sex Education, and A Training Manual for Direct Care Staff.
- The Ethics of Touch-- Establishing and maintaining appropriate boundaries with people with developmental disabilities. Two videos and manual. <http://diverse-city.com/product/the-ethics-of-touch/>

Touch/Boundaries

- All About Boundaries: Teaching Children about "Drawing the Line"-- (Caselman & Cohen, 2008)
- Autism and Appropriate Touch: A Photocopiable Resource for Helping Children and Teens on the Autism Spectrum Understand the Complexities of Physical Interaction-- (James, 2015)
- An Exceptional Children's Guide to Touch: Teaching Social and Physical Boundaries to Kids-- (Manasco, 2012)

Sexuality Curriculum and Materials

- The Autism Spectrum Guide to Sexuality and Relationships: Understand Yourself and Make Choices that are Right for You-- (Goodall, 2016)

- Circles Curriculum: <https://www.stanfield.com/product/circles-curriculum-bundle-w1037-3/>
 - Level 1: Intimacy and Relationships
 - Level 2: Intimacy and Relationships
 - Circles: Stop Abuse
- Differing Abilities Lesson Plans: <https://teachingsexualhealth.ca/>
- FLASH Lesson Plans for Special Education:
<http://www.kingcounty.gov/depts/health/locations/family-planning/education/FLASH/special-education.aspx>
- Freaks, Geeks, & Asperger Syndrome: a user guide to adolescence—(Jackson, 2002)
- Going Further: Sex and Relationships Education Course for Learners with Additional Needs at Colleges of Further Education--
http://www.imageinaction.org/pdf/GF_SREcourse-6.12.10-1.pdf
- Healthy Relationships Curriculum: A Guide into Adulthood--
<https://www.wesleyspectrum.org/autism/hrc/>
- Hygiene and Related Behaviors for Children and Adolescents with Autism Spectrum and Related Disorders: A Fun Curriculum with a Focus on Social Understanding—(Mahler, 2009)
- Intimate Relationships and Sexual Health: A Curriculum for Teaching Adolescents/Adults with High-Functioning Autism Spectrum Disorders and Other Social Challenge-- (Davies & Dubie, 2012)
- LifeFacts: Sexuality-- <https://www.stanfield.com/product/lifefacts-sexuality-w1070/>
- Making Sense of Sex: A Forthright Guide to Puberty, Sex and Relationships for people with Asperger's Syndrome-- (Attwood S. , 2008)
- Managing Menstruation: Queensland Centre for Intellectual and Developmental Disability
- Personal Hygiene? What's that Got to Do with Me?—(Crissey, 2004)
- relationships & sexuality: A Handbook For and By Autistic People--free online handbook-- (Ashkenazy & Yergeau, 2013)
- Relationship Building & Sexual Awareness for Kids with Autism: S.T.A.R.S 2-- (Heighway & Webster, 2015)
- Relationships, Sexual Health and Parenthood Resource for Young People with Autism Spectrum Disorder:
http://www.educationscotland.gov.uk/resources/r/genericresource_tcm4587661.aspx
- Rights, Respect, Responsibility: A K-12 Sexuality Education Curriculum:
<http://www.advocatesforyouth.org/3rs-curriculum>

- Sex. Drugs and Asperger's Syndrome: A User Guide to Adulthood—(Jackson, 2017)
- Sexuality and Relationship Education for Children and Adolescents with Autism Spectrum Disorders—(Hartman, 2013)
- Sexuality Education for People with Developmental Disabilities: sexuality curriculum offered by Sexuality and Developmental Disabilities Workshops--
<http://disabilityworkshops.com/>
- S.T.A.R.S.: Skills Training for Assertiveness, Relationship-Building, and Sexual Awareness-- (Heighway & Webster, 2008)
- Take Charge!: A Reproductive Health Guide for Women with Disabilities:
<https://www.accessliving.org/1410ga304>
- Taking Care of Myself for Teenagers & Adults with ASD, 2: (Wrobel, 2017)
- Things Ellie Likes: A book about sexuality and masturbation for girls and young women with autism and related conditions—(Reynolds, 2015)
- Things Tom Likes: A book about sexuality and masturbation for boys and young men with autism and related conditions—(Reynolds, 2015)

Resources for Individuals with Significant Cognitive Disabilities

- Communicating About Sexuality: <http://www.mayer-johnson.com/communicating-about-sexuality>
- SAFESECS Curriculum: <https://www.teacherspayteachers.com/Product/SAFE-SECS-Curriculum-2237249>
- Visual Aids for learning: <http://www.visualaidsforlearning.com/free-packs.html>

Related Resources

- A 5 Is Against the Law! Social Boundaries: Straight Up! An honest guide for teens and young adults—(Dunn-Buron, 2007)
- Books Beyond Words: materials created by professionals in the mental health field for individuals who find pictures easier to understand than words. Based in the UK, their books are innovative tools for addressing a number of areas related to relationships, sexual health, sexual assault, and relationship violence. <https://booksbeyondwords.co.uk/>
 - Falling in Love
 - Susan's Growing Up
 - Looking After My Breasts
 - Keeping Healthy 'Down Below'
 - Looking After My Balls
 - Making Friends

- Hug Me, Touch Me
 - Loving Each Other Safely
 - Bob Tells All
 - Jenny Speaks Out
 - I Can Get Through It
 - Finding a Safe Place From Abuse
- FBA to Z: Functional Behavior and Intervention Plans for Individuals with ASD—(Aspy, Grossman, Myles, & Henry; 2016)
- The Hidden Curriculum for Understanding Unstated Rules in Social Situations for Adolescents and Young Adults—(Myles, Trautman, Schelvan; 2013)
- Lights! Camera! Autism! 2: Using Video Technology to Support New Behavior; (McGinnity, Hammer, & Ladson, 2013)
- The New Social Story Book—(Gray, 2015)
- PEERS for Young Adults: Social Skills Training for Adults with Autism Spectrum Disorder and Other Social Challenges—(Laugeson, 2017)—sections on dating
- The Power Card Strategy 2.0: An Evidence Based Practice Using Special Interests to Motivate Children and Youth with Autism Spectrum Disorder—(Gagnon & Myles, 2016)
- Seeing is Believing: Video Self-Modeling for People with Autism and Other Developmental Disabilities—(Buggey, 2009)
- Social Behavior Mapping—(Winner, 2007)

Addressing Risks of Victimization

- Child Sexual Abuse Curriculum for the Developmentally Disabled—(Rappaport, Burkhardt, & Rotatori, 1997)
- Just Say Know! Understanding and Reducing the Risk of Sexual Victimization of People with Developmental Disabilities—(Hingsburger, 1995)
- Unmasking Sexual Con Games, 3rd Edition: Helping Teens Avoid Emotional Grooming and Dating Violence-- (McGee & Buddenberg, 2003)

Responding to Problematic Sexual Behaviors

- Assessment and Treatment of Adolescents with Intellectual Disabilities Who Exhibit Sexual Problems or Offending Behaviors: a resource for those working with individuals with Intellectual Disabilities who are at risk of, or are, exhibiting problematic sexual behaviors and/or sexual offending behaviors--
http://www.atsa.com/pdfs/ATSA_Adolescent_IDSPOB_packet.pdf
- The Autism Spectrum, Sexuality and the Law: What every parent and professional needs to know-- (Attwood, Henault, & Dubin, The Autism Spectrum, Sexuality and the Law: What every parent and professional needs to know, 2014)

- Avoiding and responding to sexualised behaviours of concern in young people with intellectual disability and autism spectrum disorder: A guide for disability service providers--http://www.dhs.vic.gov.au/__data/assets/pdf_file/0016/970000/SBoC-Practice-Guide-100616.pdf
- Blasingame: An Introduction to Autism Spectrum Disorders, Sexual Behaviors, & Therapeutic Interventions-- (Blasingame G. D., 2011)
- Footprints: Steps to a Healthy Life, Second Edition-- (Hansen & Kahn, 2012)
- Sexuality and Relationship Education for Children and Adolescents with Autism Spectrum Disorders--short book chapter on "Responding to 'Inappropriate' Behaviours in the Area of Sexuality and Relationships"
- Working with People with Challenging Behavior-- (Ory, 2007)

Links to each of these resources can be found on my website at: flexiblemindtherapy.com



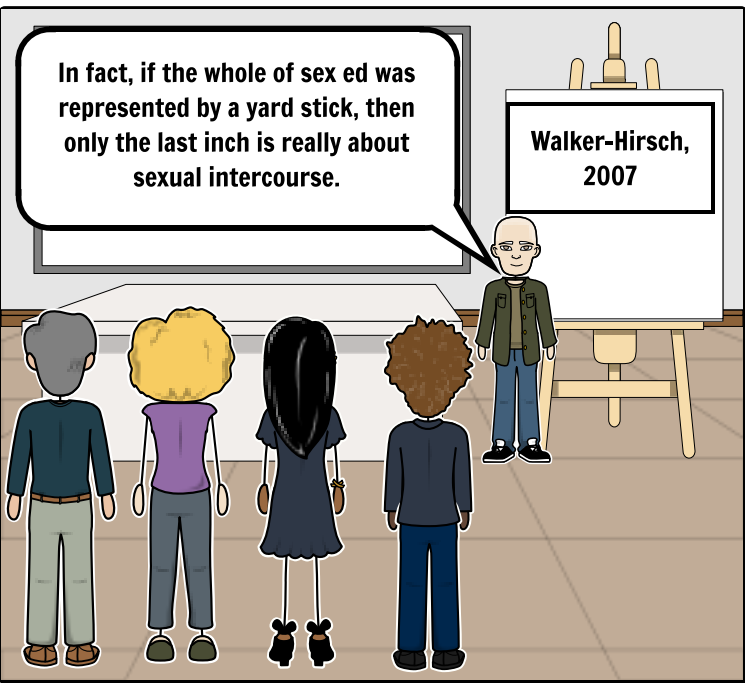
Hello and thank you for coming in today



I wanted to talk with you a bit about Sex Ed and Autism Spectrum Disorders

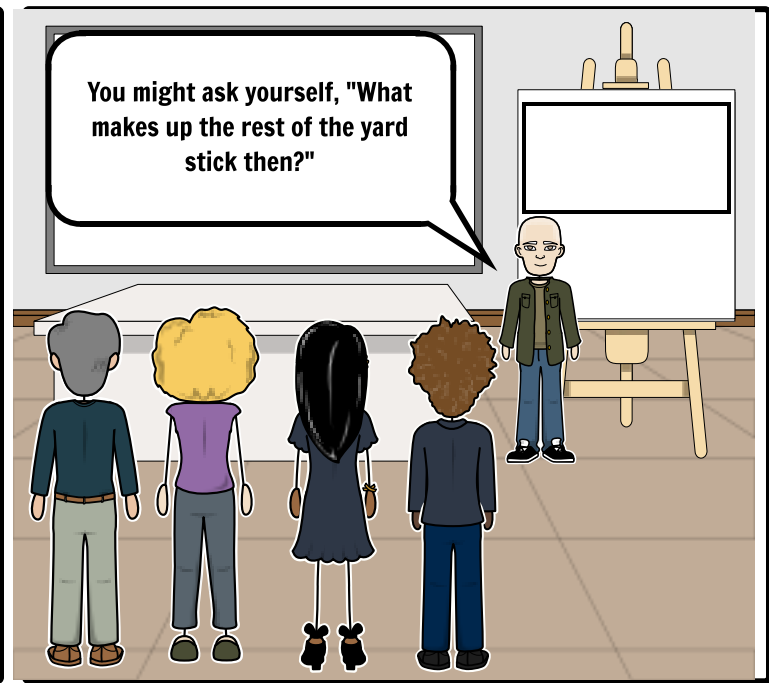


Now, Sex Ed is about more than just having sex.



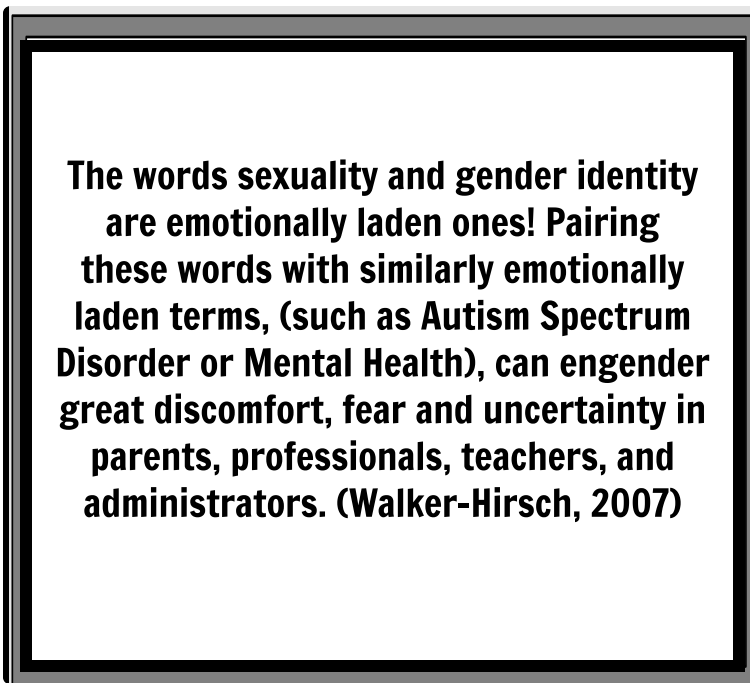
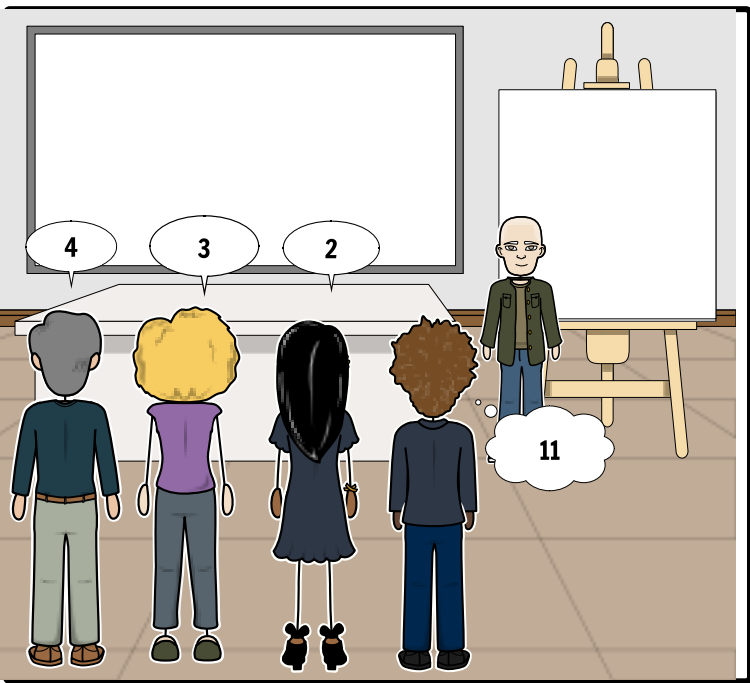
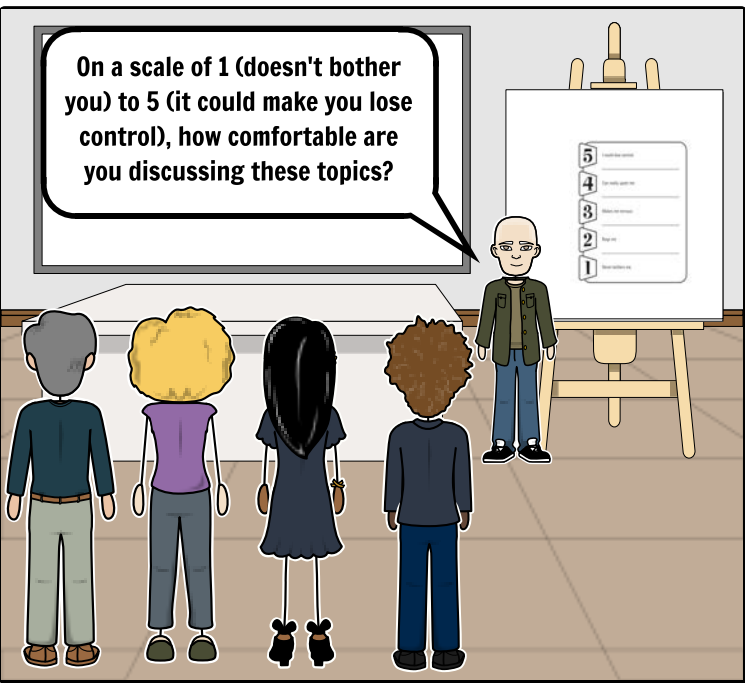
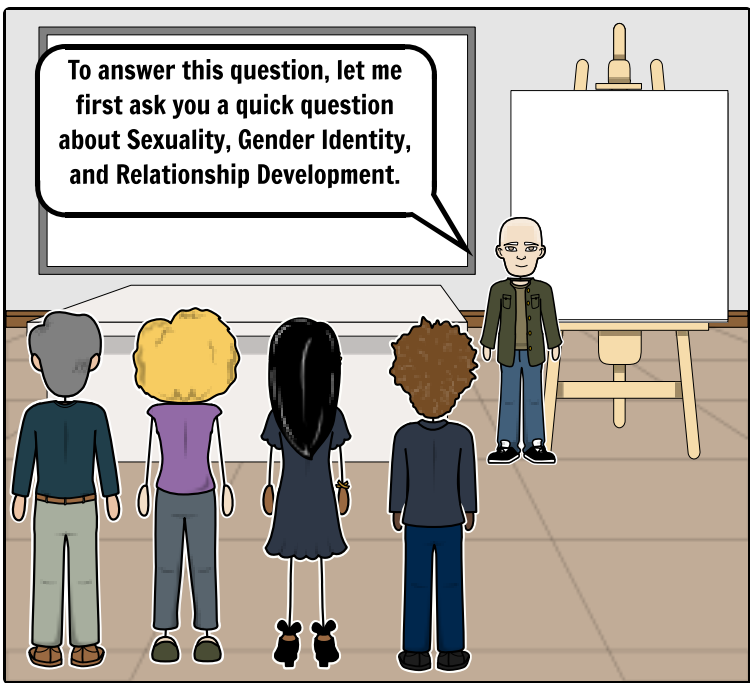
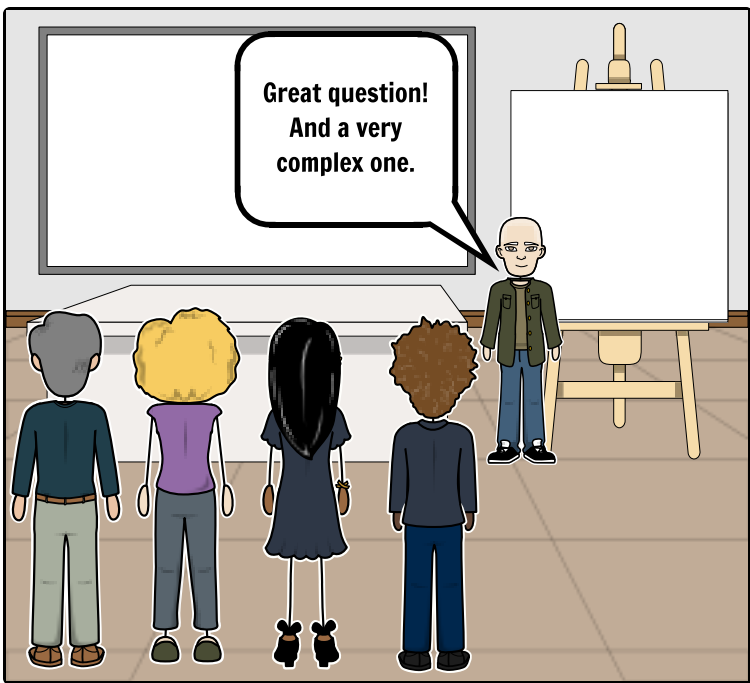
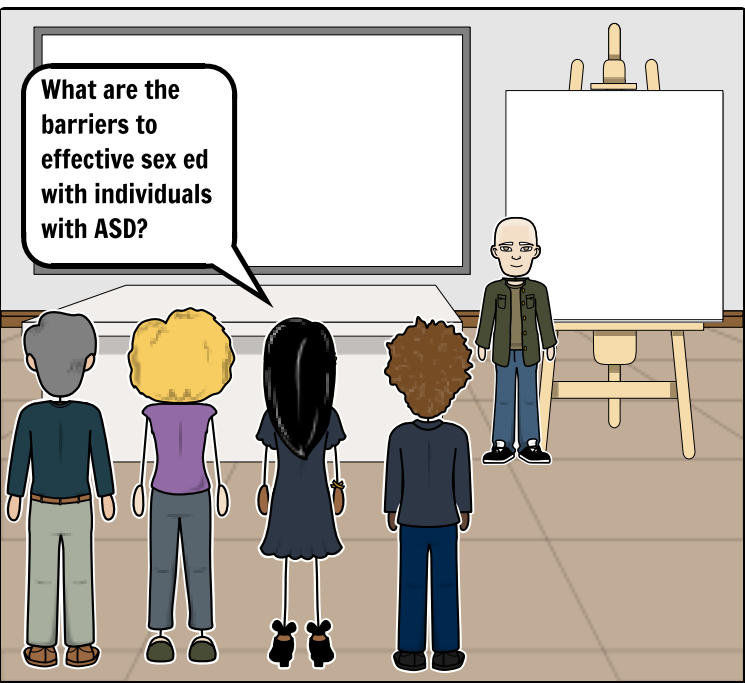
In fact, if the whole of sex ed was represented by a yard stick, then only the last inch is really about sexual intercourse.

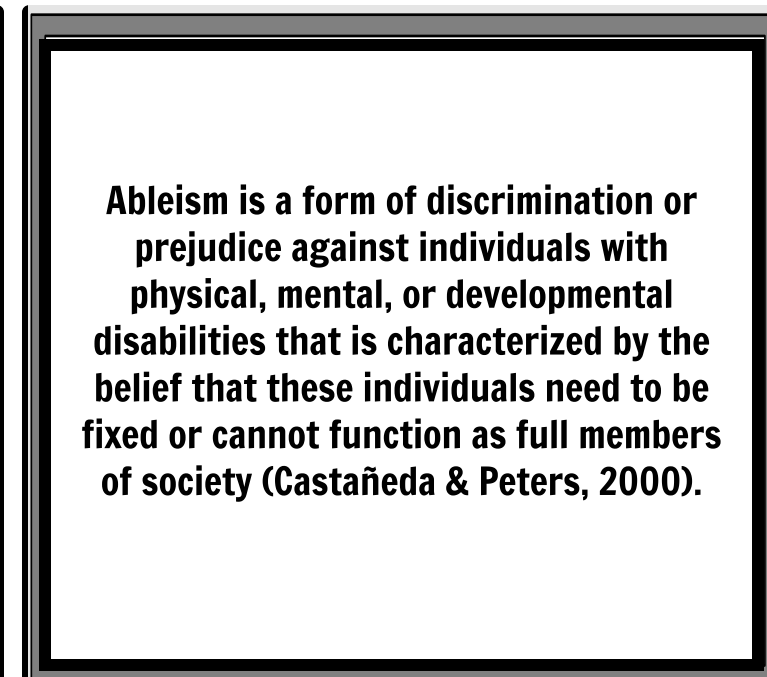
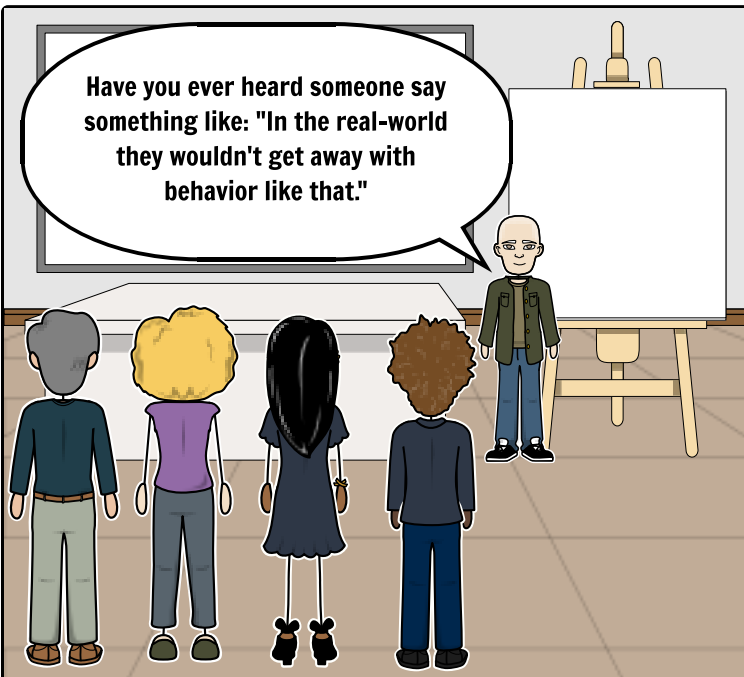
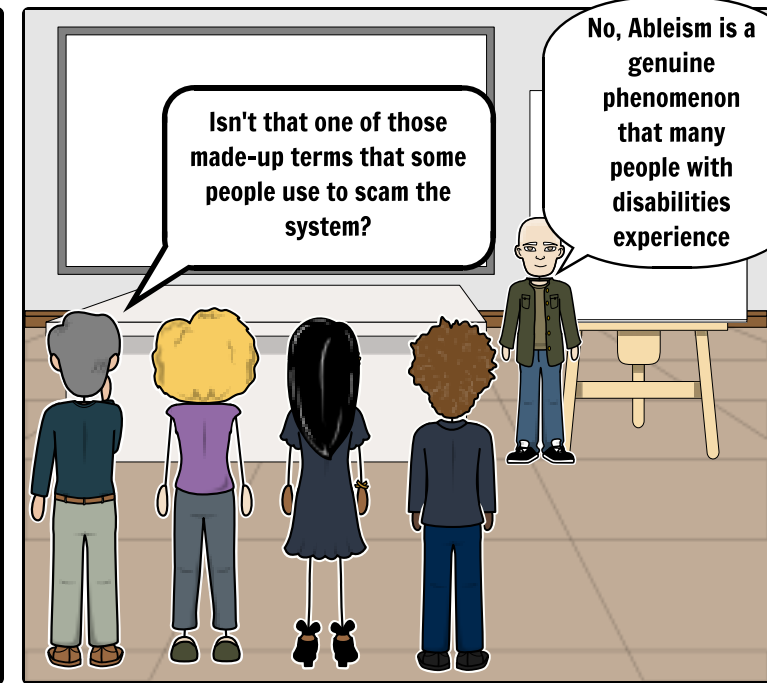
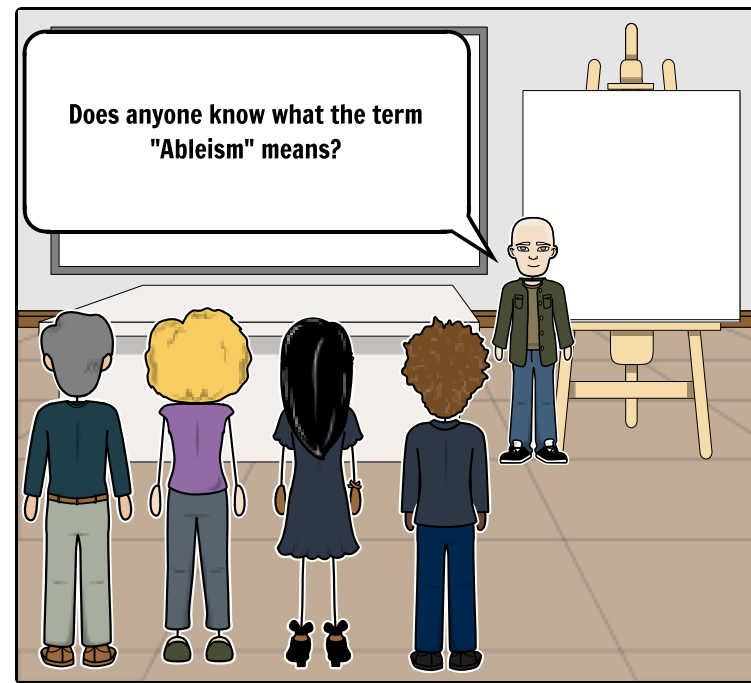
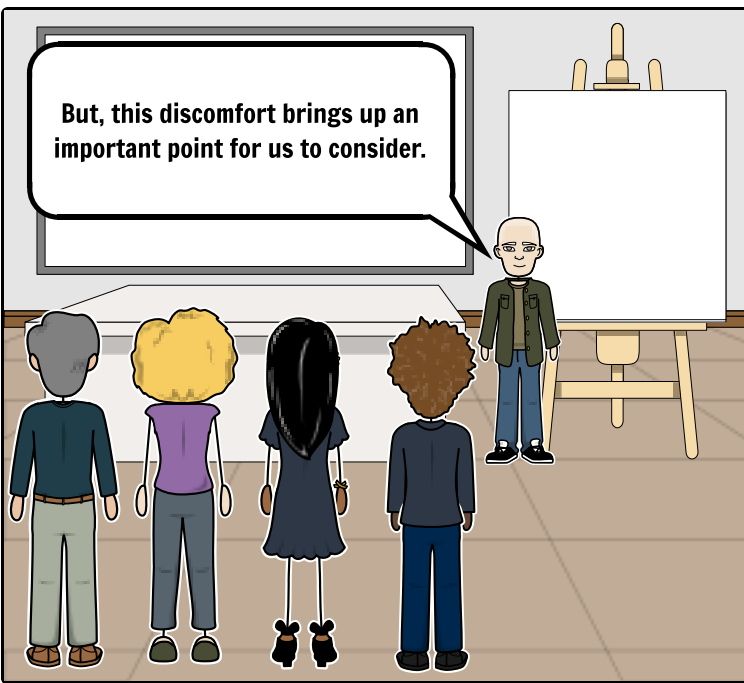
Walker-Hirsch, 2007



You might ask yourself, "What makes up the rest of the yard stick then?"

Sexuality encompasses more than just sexual behavior. It includes self-image, emotions, values, attitudes, beliefs, behaviors, relationships, etc. Our view of sexuality changes constantly in response to interactions, experiences, and formal and informal education. (Koller, 2000)





Abelism affects how neurotypical individuals perceive and understand the individual with ASD

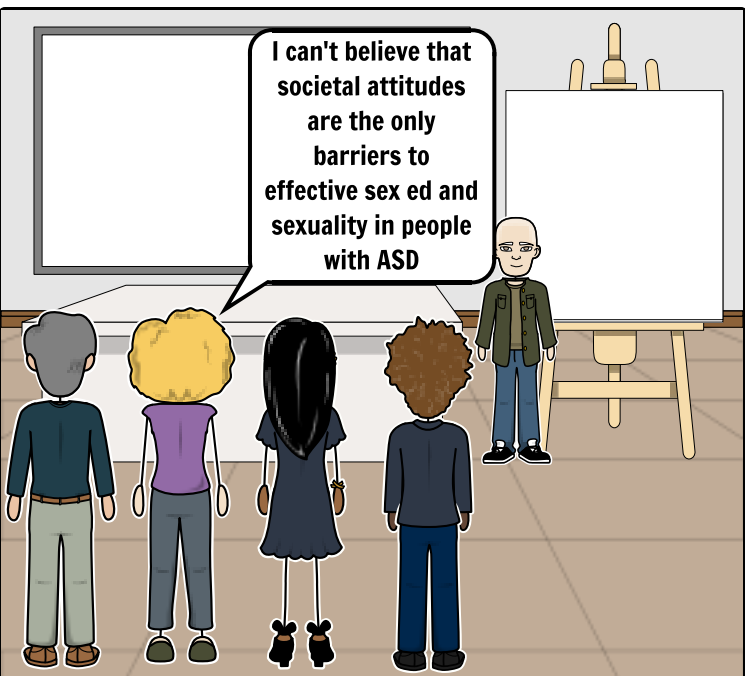
The Individual with ASD can be perceived as perpetually young, immature, or even innocent

This can lead to the withholding of Sex Ed information, either deliberately or unintentionally

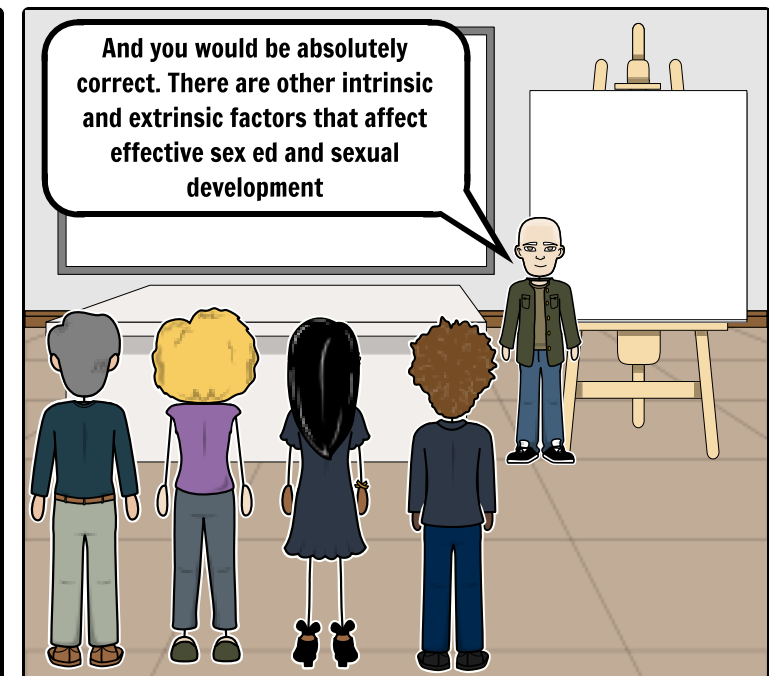
Research demonstrates that individuals with ASD have less access to appropriate, evidence-based sex ed

Although the intention can be to protect the person, what actually occurs is that the person is made more vulnerable

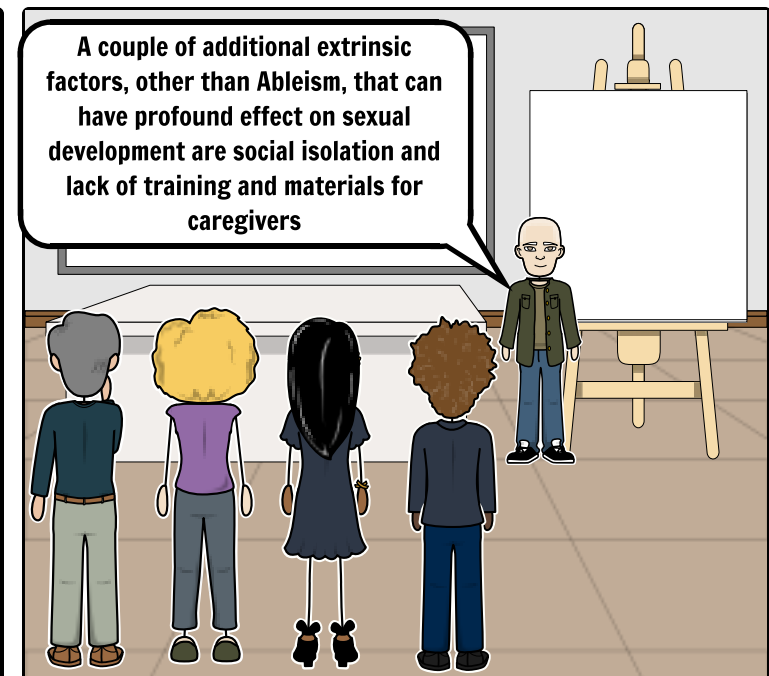
‘Societal attitudes may present more hindrances to an adolescent’s sexual development than the limitations resulting from the disability’ (Murphy and Young, 2005, p. 642).



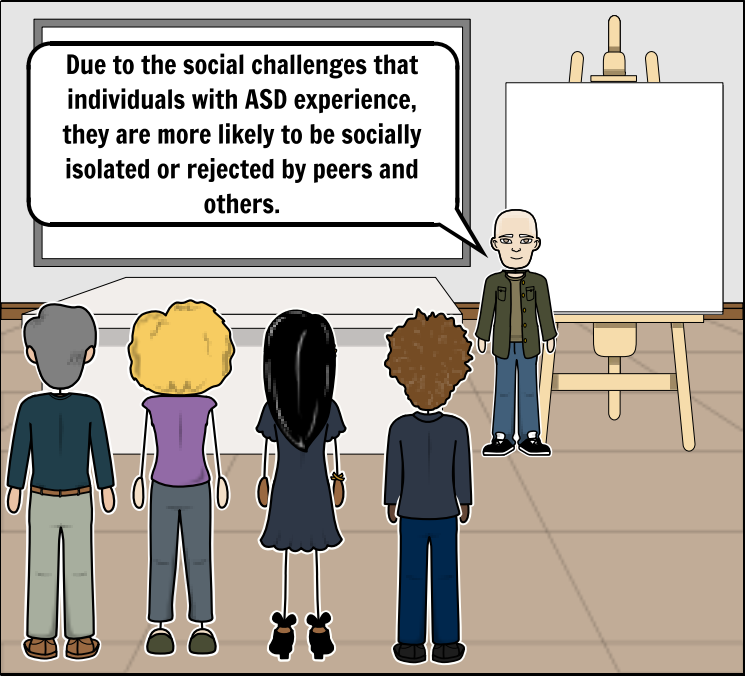
I can't believe that societal attitudes are the only barriers to effective sex ed and sexuality in people with ASD



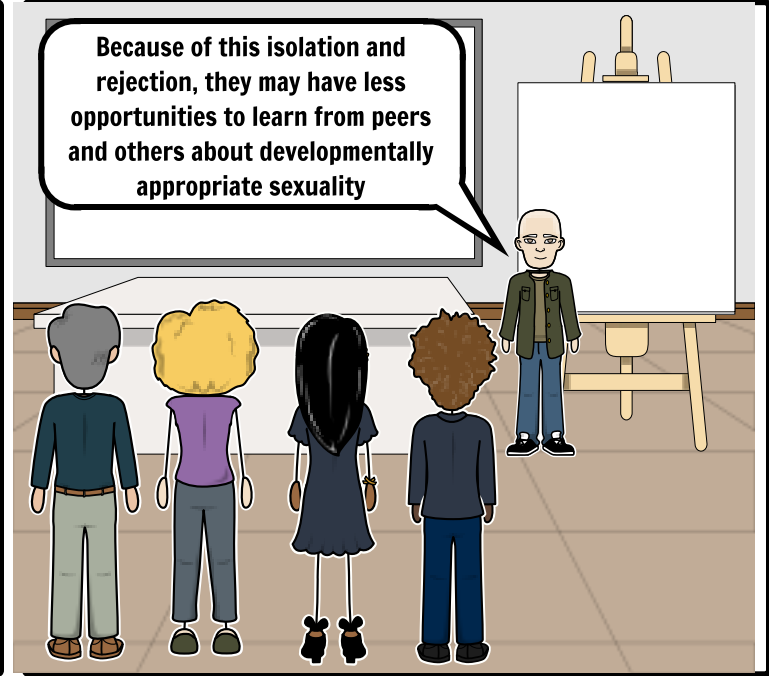
And you would be absolutely correct. There are other intrinsic and extrinsic factors that affect effective sex ed and sexual development



A couple of additional extrinsic factors, other than Ableism, that can have profound effect on sexual development are social isolation and lack of training and materials for caregivers

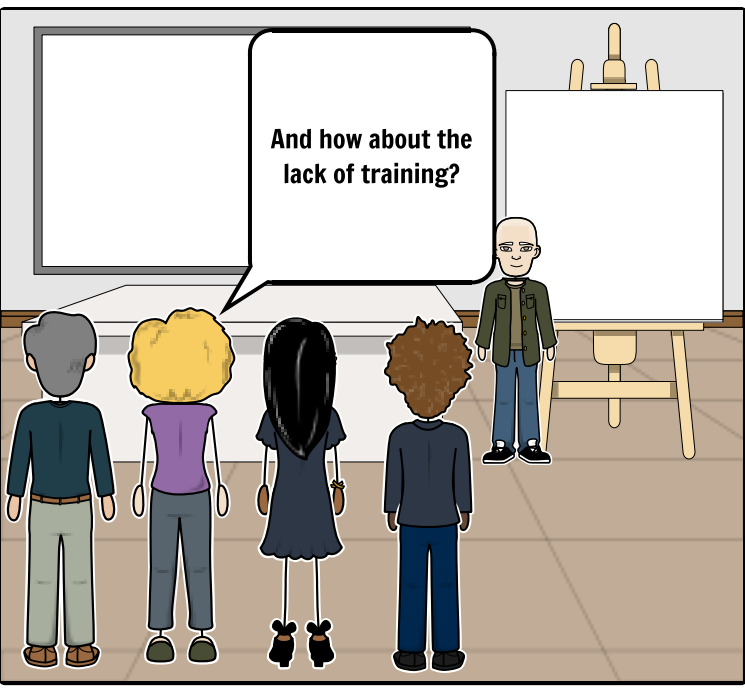


Due to the social challenges that individuals with ASD experience, they are more likely to be socially isolated or rejected by peers and others.

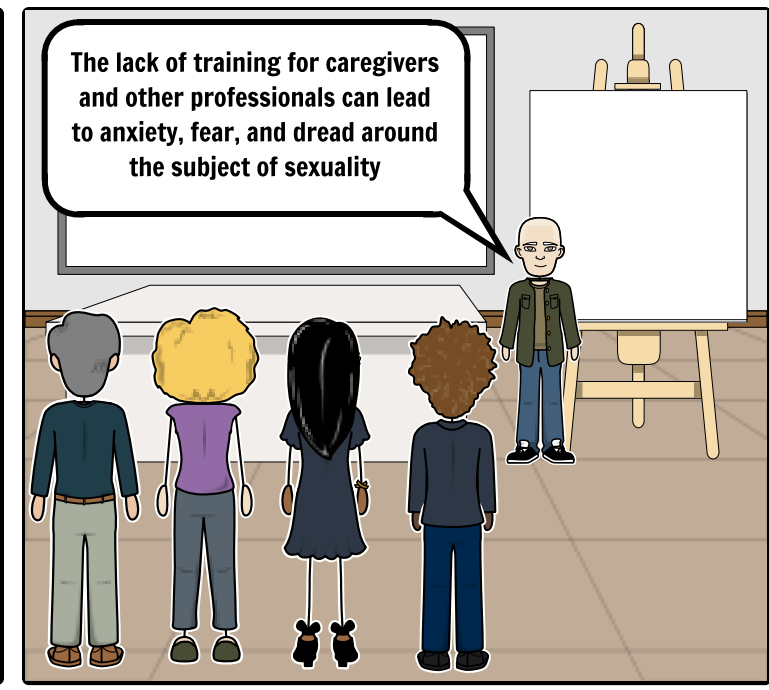


Because of this isolation and rejection, they may have less opportunities to learn from peers and others about developmentally appropriate sexuality

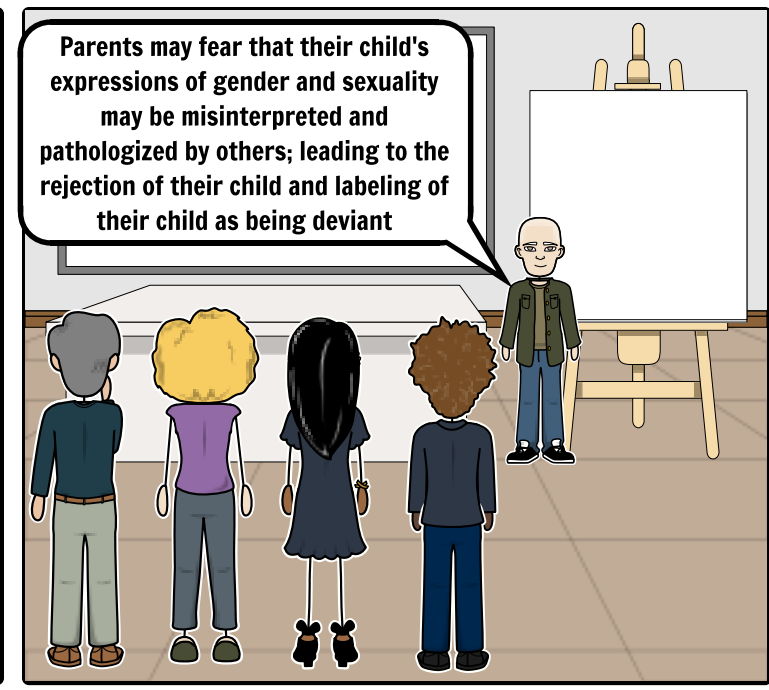
The lack of these social sources means that individuals with ASD are left to obtain the majority of their sexual knowledge from non-social and often unmonitored sources, and in the current study, were more likely than peers to obtain knowledge from television/radio, pornography, and the internet (depending on the type of sexual knowledge). Some of these non-social sources have been found to lead to inaccurate sexual knowledge (Berten and Van Rossem 2009).



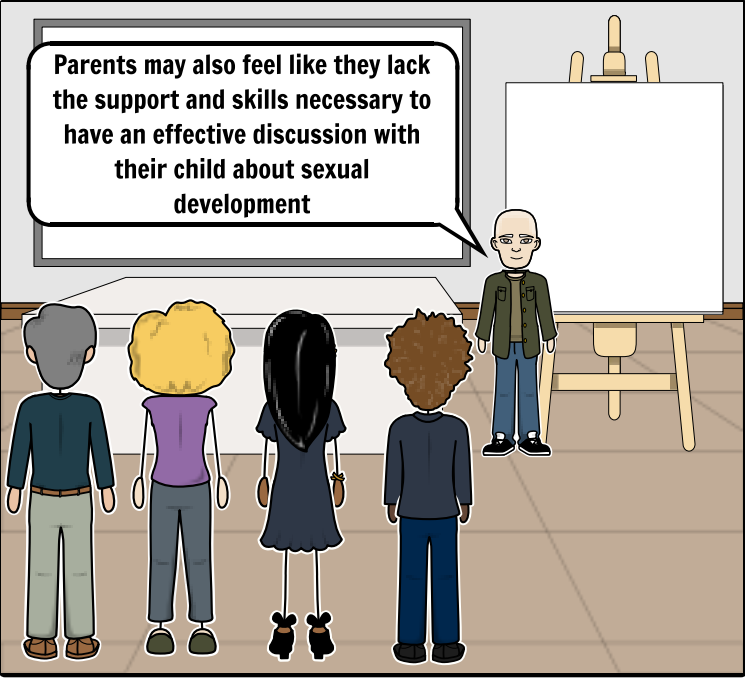
And how about the lack of training?



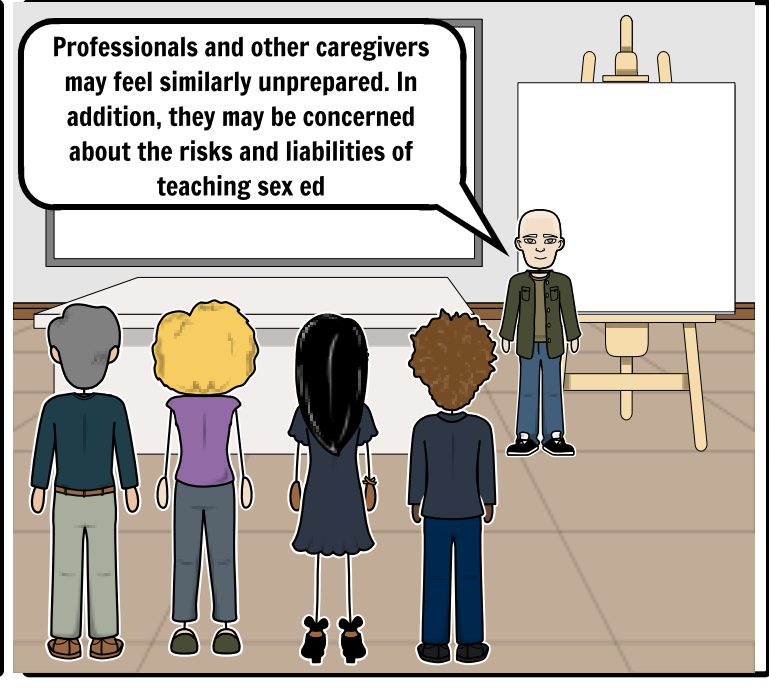
The lack of training for caregivers and other professionals can lead to anxiety, fear, and dread around the subject of sexuality



Parents may fear that their child's expressions of gender and sexuality may be misinterpreted and pathologized by others; leading to the rejection of their child and labeling of their child as being deviant



Parents may also feel like they lack the support and skills necessary to have an effective discussion with their child about sexual development



Professionals and other caregivers may feel similarly unprepared. In addition, they may be concerned about the risks and liabilities of teaching sex ed

Collaboration is the ideal context to provide sexuality education to individuals with ASD. Parents and professionals may find comfort in working together to provide quality sexuality education. Through collaboration parents can be designated as the responsible party for providing explicit sexuality education that is consistent with their family's culture, religion, and/or other beliefs, while professionals are responsible for teaching skills for social development in the school and community settings. In combining efforts, maintaining communication, and building relationships with the family, positive outcomes are more likely. (Travers & Tincani, 2010)



Can you tell us more about the intrinsic factors?

Certainly, the intrinsic factors really break down into four areas: Social, Cognition, Regulation, and Behavior

And, like the extrinsic factors, each impacts on, and is expressed by, the individual with ASD differently based on their own unique "self"

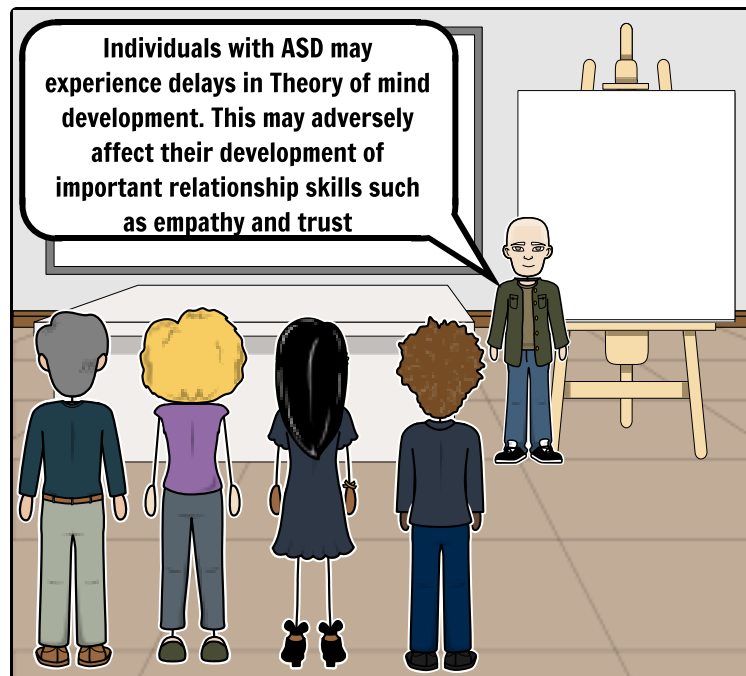
The "self" I'm referring to here is the person's essential being that distinguishes them from others. It relates to the qualities that make a person unique

It certainly relates to the presentation of the individual's ASD. But, it also relates to other factors like personality and identity


As the saying goes, "If you've met one person with Autism, you've met one person with Autism." The key for me here is person, or individual. Their ASD is only one part of what makes these individuals unique.



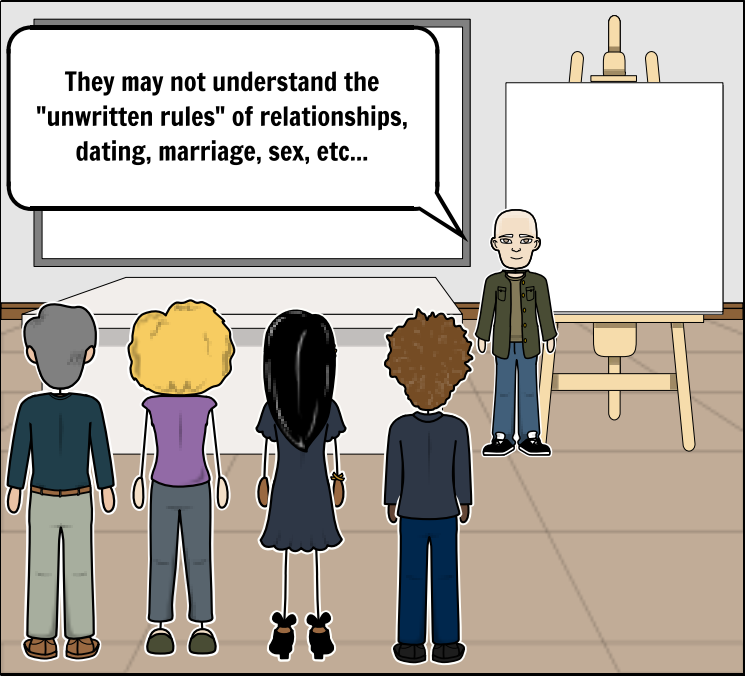
What are some of the social factors?



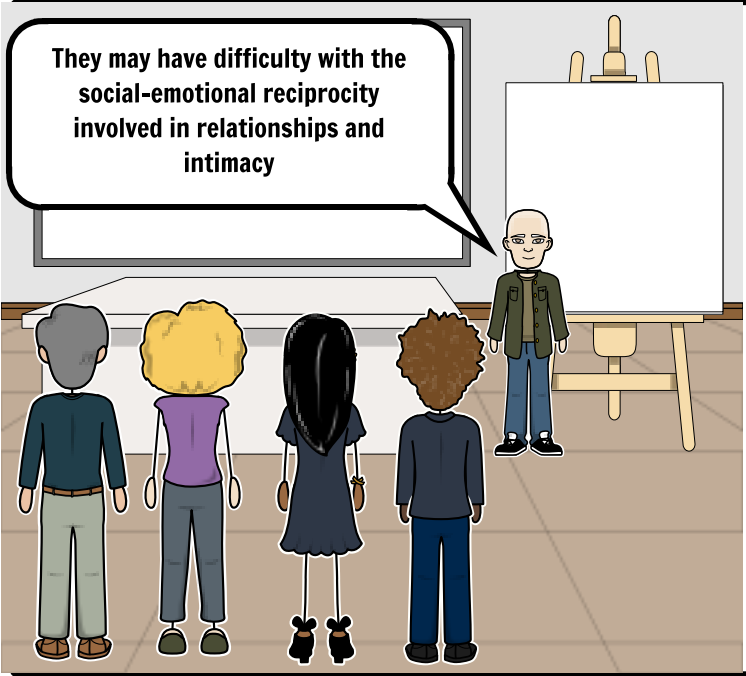
Individuals with ASD may experience delays in Theory of mind development. This may adversely affect their development of important relationship skills such as empathy and trust



Due to their social challenges, they may be gullible and vulnerable to misinformation on relationships from peers.



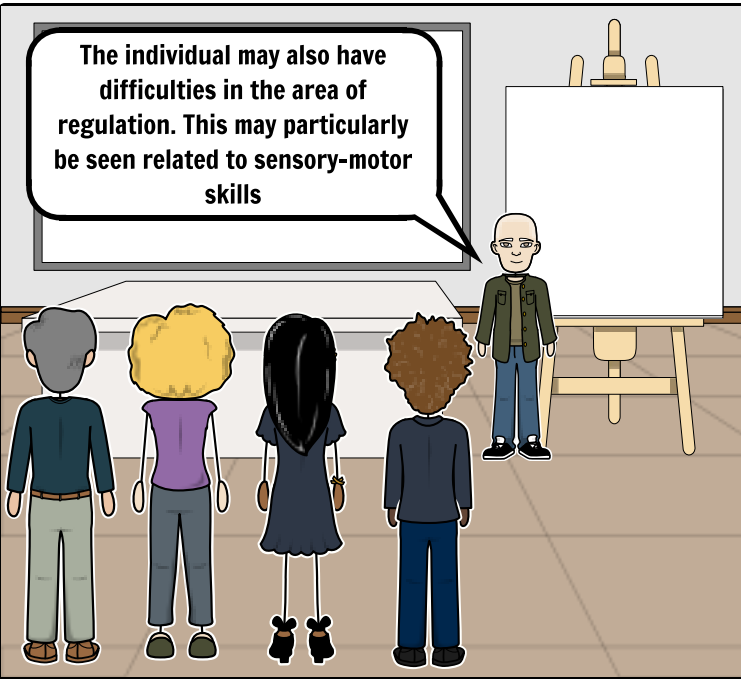
They may not understand the "unwritten rules" of relationships, dating, marriage, sex, etc...



They may have difficulty with the social-emotional reciprocity involved in relationships and intimacy

These, as well as other social challenges (e.g., difficulties with nonverbal cues, reading social contexts, and difficulty with emotional processing), may exacerbate the rejection, isolation, and loneliness that the individual experiences

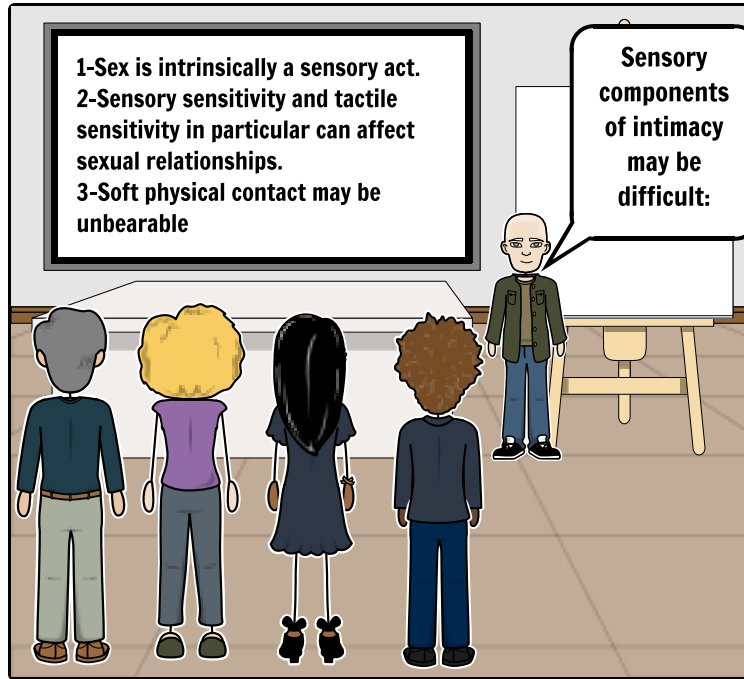
The individual may also have difficulties in the area of regulation. This may particularly be seen related to sensory-motor skills



A teacher with a bald head and a green jacket stands next to a whiteboard on an easel. Four students, two boys and two girls with different hairstyles and clothing, stand in a line facing the teacher and the whiteboard.

1-Sex is intrinsically a sensory act.
2-Sensory sensitivity and tactile sensitivity in particular can affect sexual relationships.
3-Soft physical contact may be unbearable

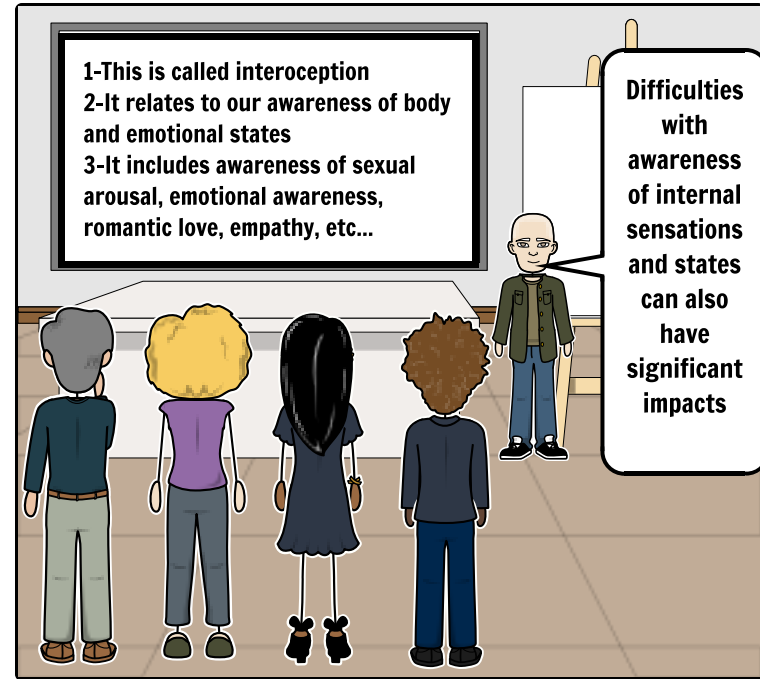
Sensory components of intimacy may be difficult:



A teacher with a bald head and a green jacket stands next to a whiteboard on an easel. Four students, two boys and two girls with different hairstyles and clothing, stand in a line facing the teacher and the whiteboard.

1-This is called interoception
2-It relates to our awareness of body and emotional states
3-It includes awareness of sexual arousal, emotional awareness, romantic love, empathy, etc...

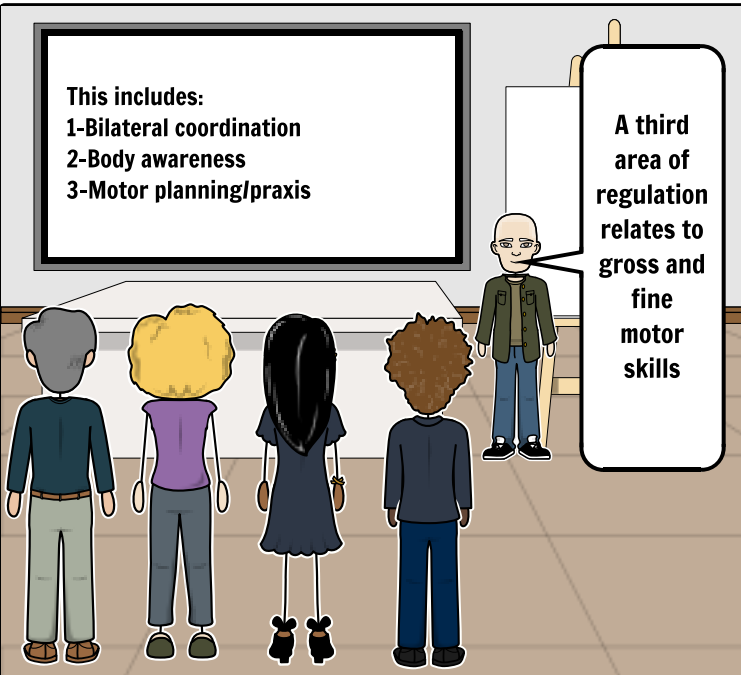
Difficulties with awareness of internal sensations and states can also have significant impacts



A teacher with a bald head and a green jacket stands next to a whiteboard on an easel. Four students, two boys and two girls with different hairstyles and clothing, stand in a line facing the teacher and the whiteboard.

This includes:
1-Bilateral coordination
2-Body awareness
3-Motor planning/praxis

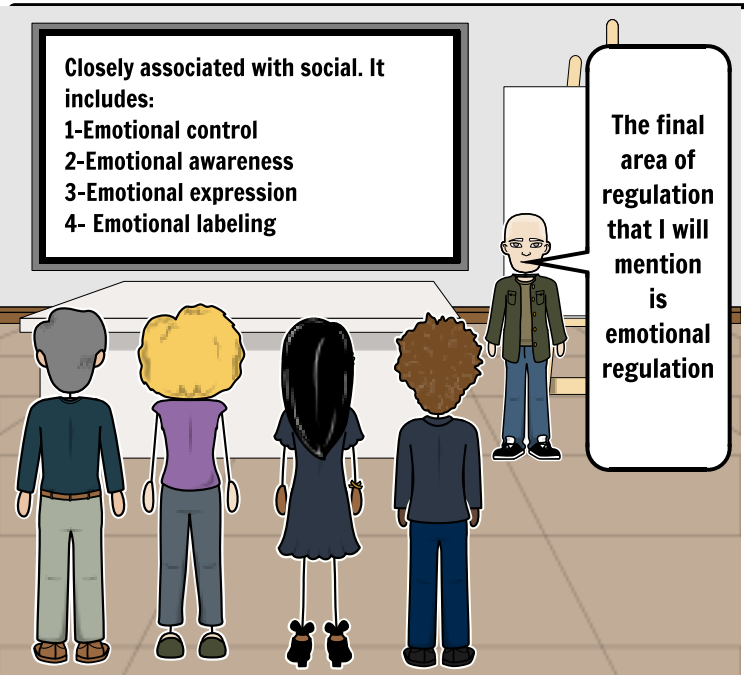
A third area of regulation relates to gross and fine motor skills



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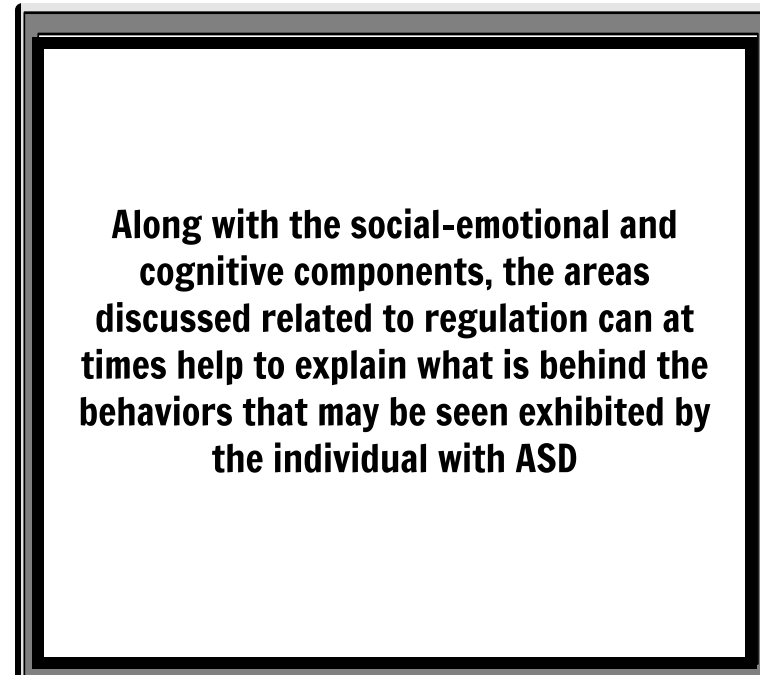
Closely associated with social. It includes:
1-Emotional control
2-Emotional awareness
3-Emotional expression
4- Emotional labeling

The final area of regulation that I will mention is emotional regulation



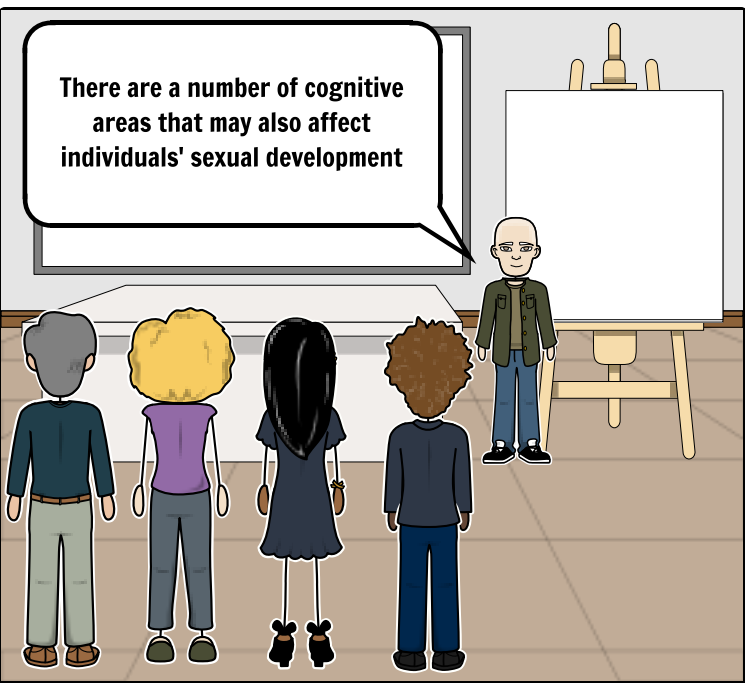
A teacher with a bald head and a green jacket stands next to a whiteboard on an easel. Four students, two boys and two girls with different hairstyles and clothing, stand in a line facing the teacher and the whiteboard.

Along with the social-emotional and cognitive components, the areas discussed related to regulation can at times help to explain what is behind the behaviors that may be seen exhibited by the individual with ASD



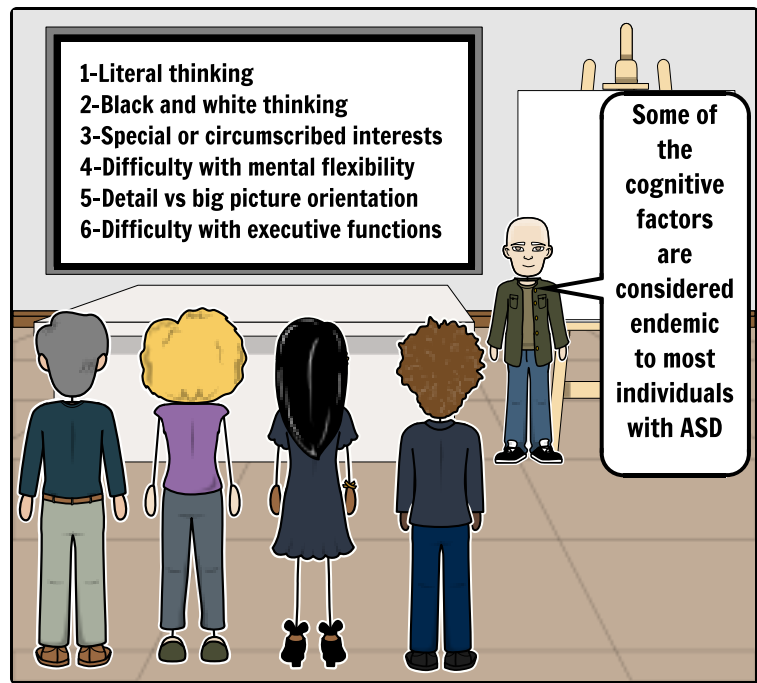
A large empty rectangular box with a thick black border, intended for a concluding statement or summary.

There are a number of cognitive areas that may also affect individuals' sexual development

A teacher with a bald head and a green jacket stands at a whiteboard. Four students, two boys and two girls, are standing in a line facing him. The students have different hairstyles and clothing: a boy with grey hair in a blue shirt, a girl with blonde hair in a purple shirt, a girl with long black hair in a blue dress, and a boy with curly brown hair in a blue shirt.

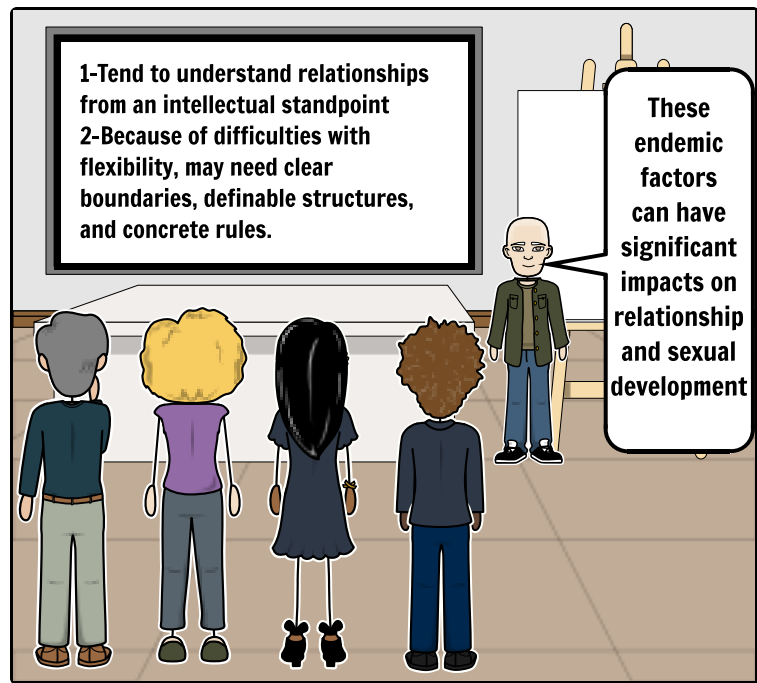
1-Literal thinking
2-Black and white thinking
3-Special or circumscribed interests
4-Difficulty with mental flexibility
5-Detail vs big picture orientation
6-Difficulty with executive functions

Some of the cognitive factors are considered endemic to most individuals with ASD

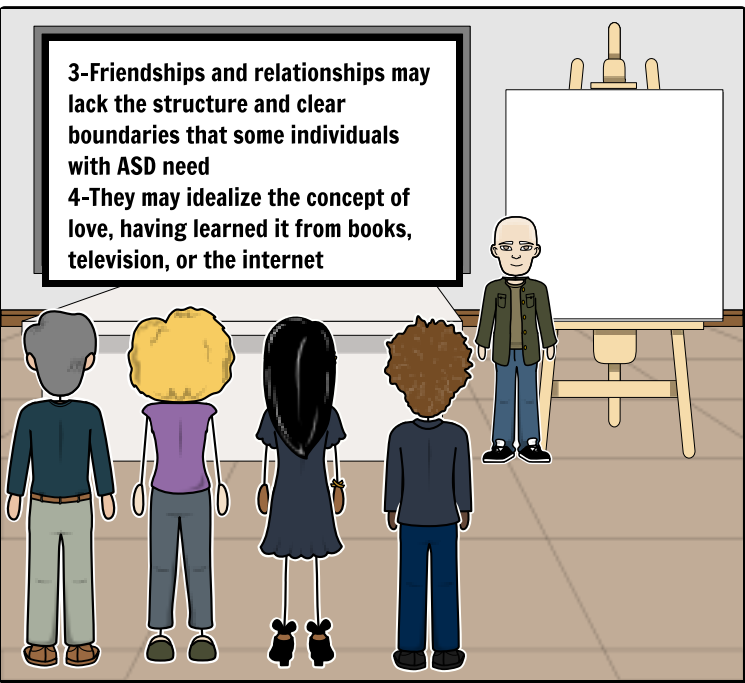
A teacher with a bald head and a green jacket stands at a whiteboard. Four students, two boys and two girls, are standing in a line facing him. The students have different hairstyles and clothing: a boy with grey hair in a blue shirt, a girl with blonde hair in a purple shirt, a girl with long black hair in a blue dress, and a boy with curly brown hair in a blue shirt.

1-Tend to understand relationships from an intellectual standpoint
2-Because of difficulties with flexibility, may need clear boundaries, definable structures, and concrete rules.

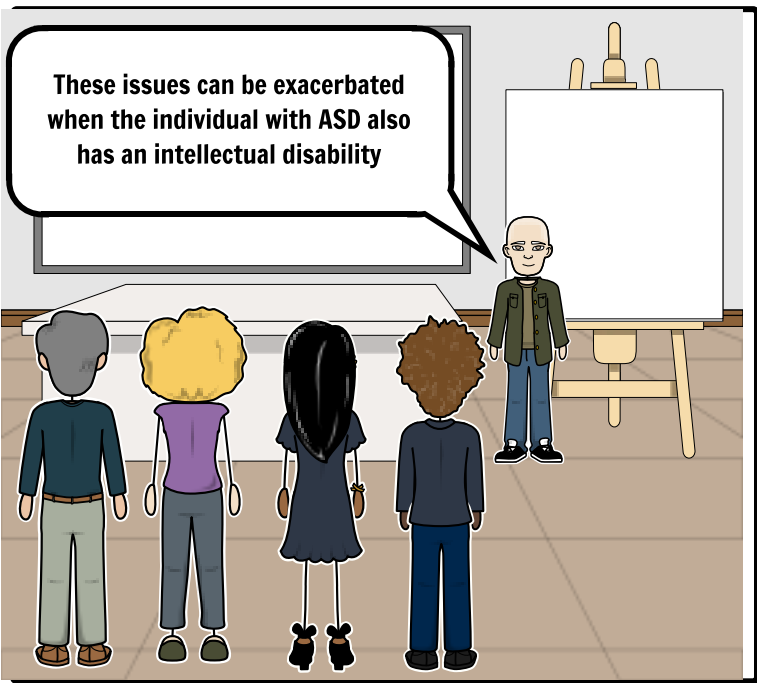
These endemic factors can have significant impacts on relationship and sexual development

A teacher with a bald head and a green jacket stands at a whiteboard. Four students, two boys and two girls, are standing in a line facing him. The students have different hairstyles and clothing: a boy with grey hair in a blue shirt, a girl with blonde hair in a purple shirt, a girl with long black hair in a blue dress, and a boy with curly brown hair in a blue shirt.

3-Friendships and relationships may lack the structure and clear boundaries that some individuals with ASD need
4-They may idealize the concept of love, having learned it from books, television, or the internet

A teacher with a bald head and a green jacket stands at a whiteboard. Four students, two boys and two girls, are standing in a line facing him. The students have different hairstyles and clothing: a boy with grey hair in a blue shirt, a girl with blonde hair in a purple shirt, a girl with long black hair in a blue dress, and a boy with curly brown hair in a blue shirt.

These issues can be exacerbated when the individual with ASD also has an intellectual disability

A teacher with a bald head and a green jacket stands at a whiteboard. Four students, two boys and two girls, are standing in a line facing him. The students have different hairstyles and clothing: a boy with grey hair in a blue shirt, a girl with blonde hair in a purple shirt, a girl with long black hair in a blue dress, and a boy with curly brown hair in a blue shirt.

In the past, there have been few materials addressing relationships and sexuality that have been specifically created to address the cognitive and learning styles of individuals with ASD. There has been a proliferation of materials, particularly in the area of puberty, over the last decade or so that have increasingly been designed with individuals with ASD in mind.

I get concerned that my son's attempts at sexual expression and relationships will be interpreted by others as somehow deviant

I can understand your concern. And, it is one that other parents of individuals with ASD share. It is important to know that not every person with ASD has behavioral challenges in this area

1-Public masturbation
2-Masturbation with unusual objects
3-Removing clothing in public
4-Touching others inappropriately/unwantedly
5-Indiscrete discussion of sexually inappropriate topics

For those individuals with ASD who do have behavioral difficulties that may be manifested by:

6-Peeking behaviors
7-Unwanted attention (perceived as stalking or harassment) toward others
8-Obsession with sexual topics
9-Obsession with a particular person

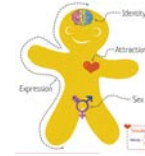
Blasingame, 2011

And, as I previously noted, often these behavioral difficulties are the result of difficulties in social-emotional, cognitive, and/or regulatory skills

Behavioral difficulties are best addressed through a thorough functional behavioral assessment that takes into account all of these skill areas, possible functions of behaviors, and any co-morbid conditions (e.g., anxiety) that may also be impacting the individual.

Earlier you mentioned gender identity, how is that affected

Excellent question. Gender identity (GI) can be seen as the way a person aligns (or doesn't align) in their head with their understanding of the options for gender



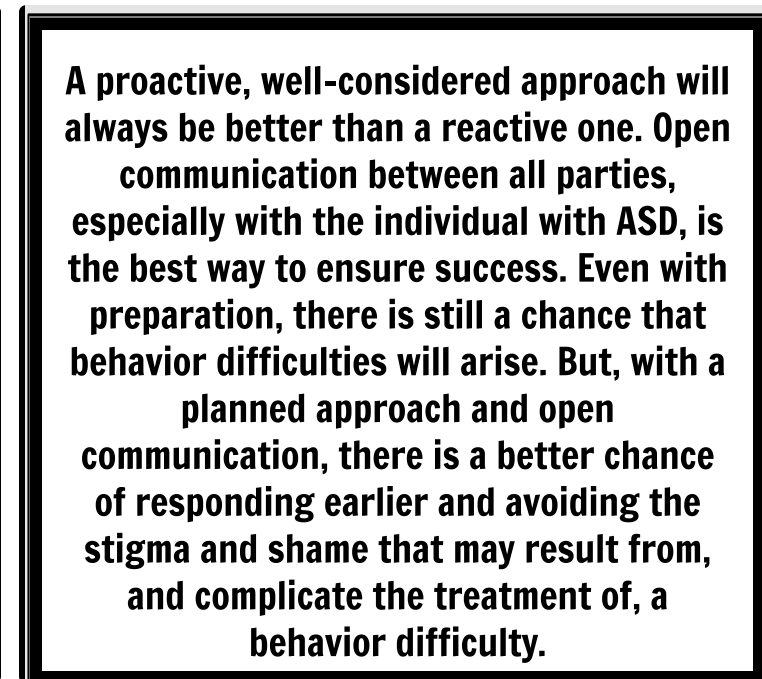
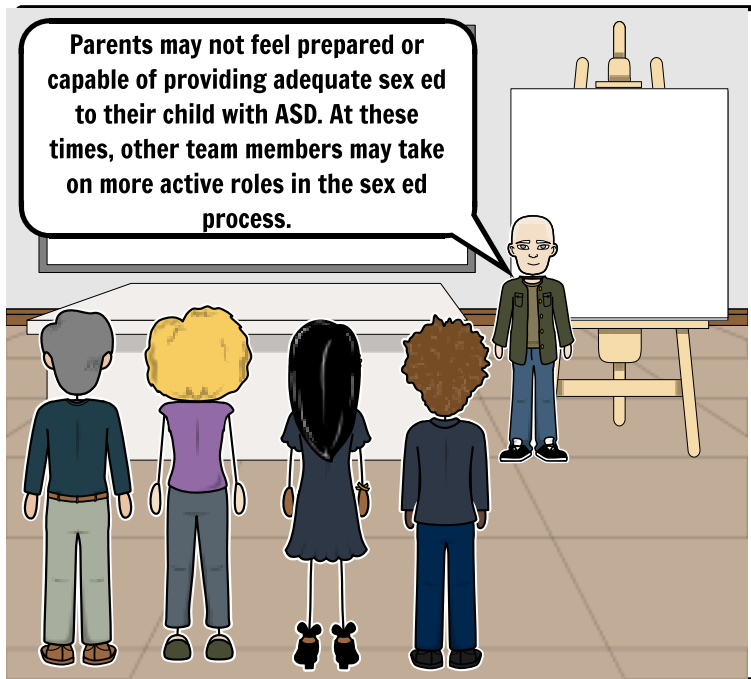
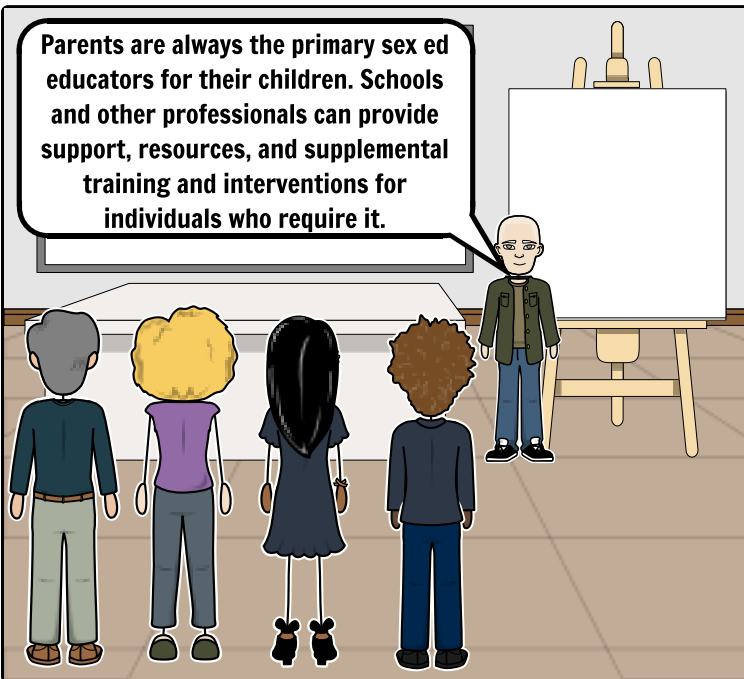
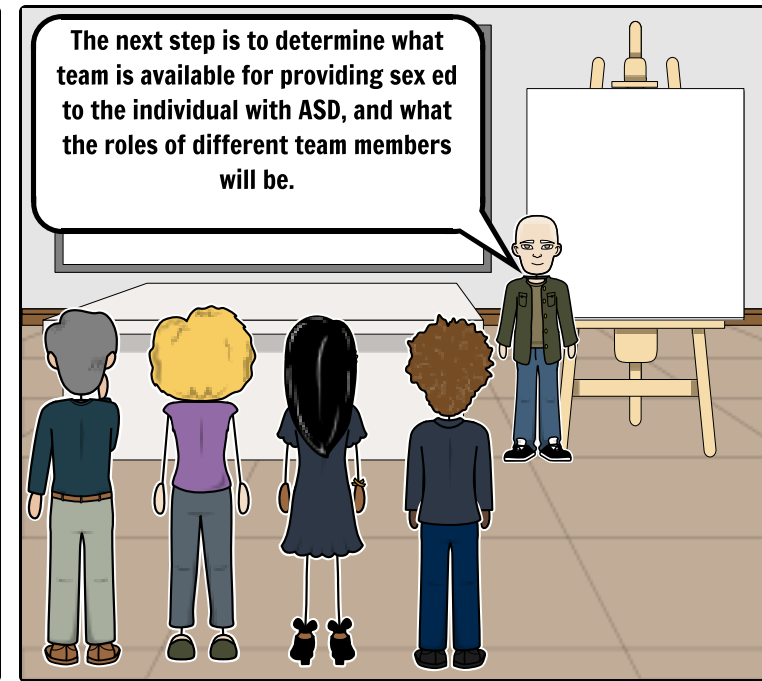
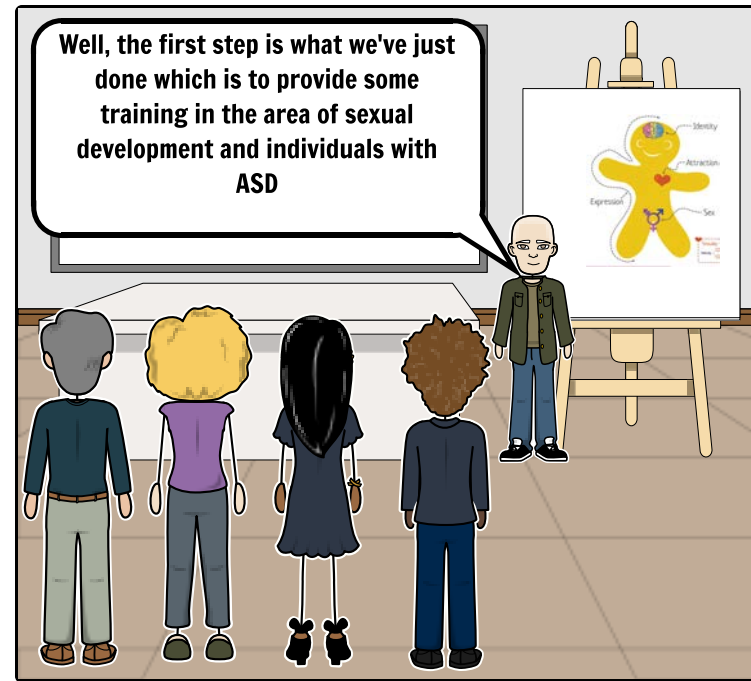
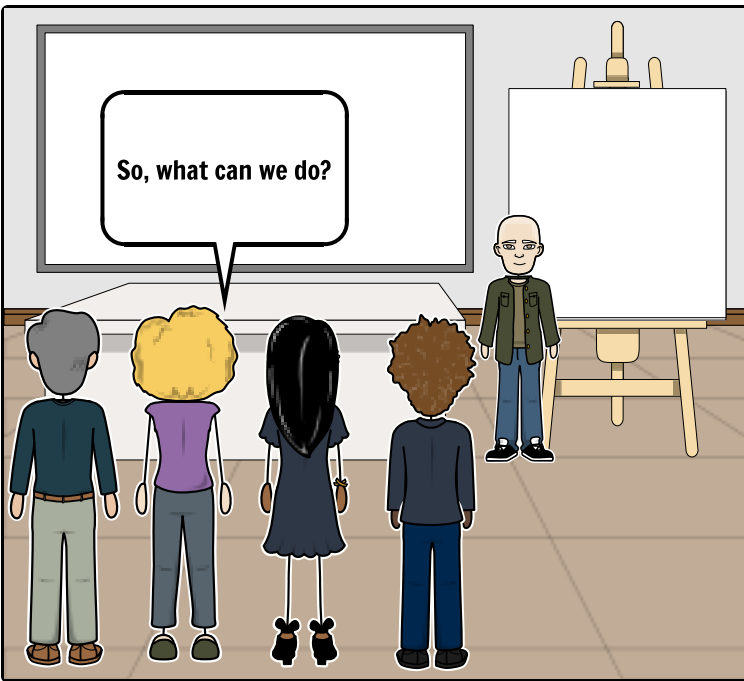
The gender identity of autistic adolescents can be a source of conflict. Some adolescents with AS do not have the natural tendency to question their identity.

(Henault, 2016)

1-Gender development is a complex process involving biological, psychological and cognitive elements influenced by social norms.
2-Social isolation and difficulty attending to social cues may impact awareness of gender cues

3-They may be more fluid in their GI
4-They may demonstrate variance in gender expression
5-They may struggle with self awareness
6-Rigid, inflexible thinking may drive their understanding of gender

In some individuals with ASD this may be experienced as Gender Dysphoria. The diagnosis is characterized by a strong and persistent cross-gender identification, which is often associated with distress of one's own biological sexual characteristics and assigned social gender role. Strang, et al, 2016, have proposed some of the first guidelines for the identification and treatment of individuals with co-occurring ASD and gender dysphoria.



It's important that evidence-based practices are used in the provision of sex ed to individuals with ASD

Practices that have been found to be beneficial include:
1-Behavioral interventions
2-Modeling (including video modeling)
3-Scripting

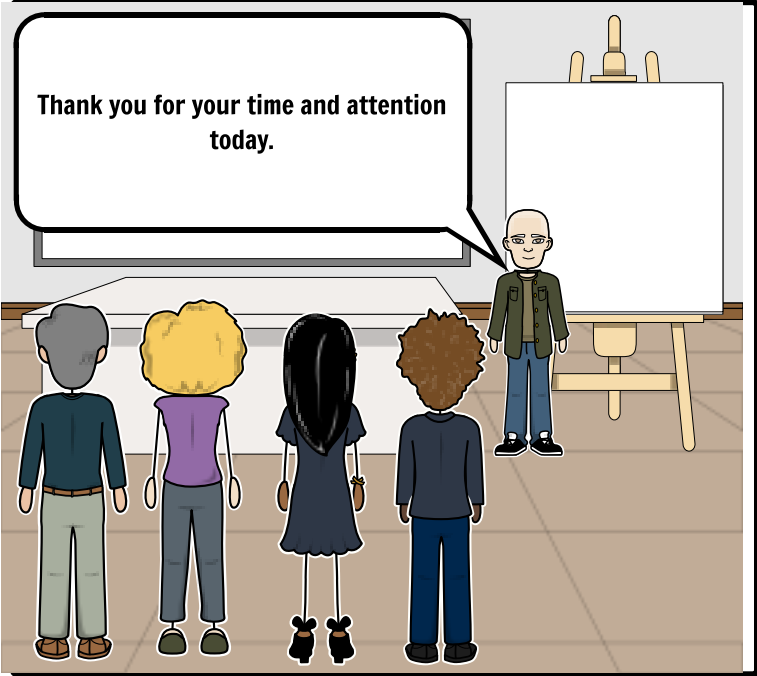
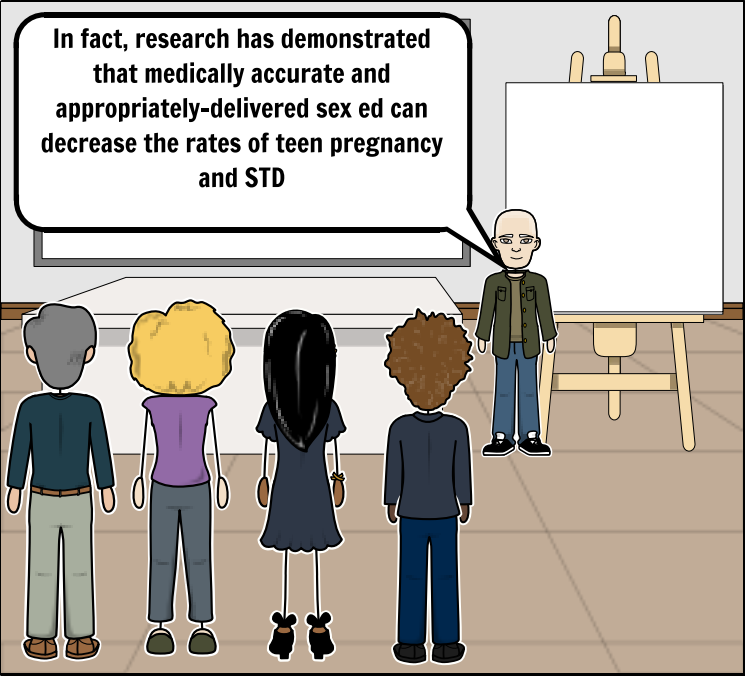
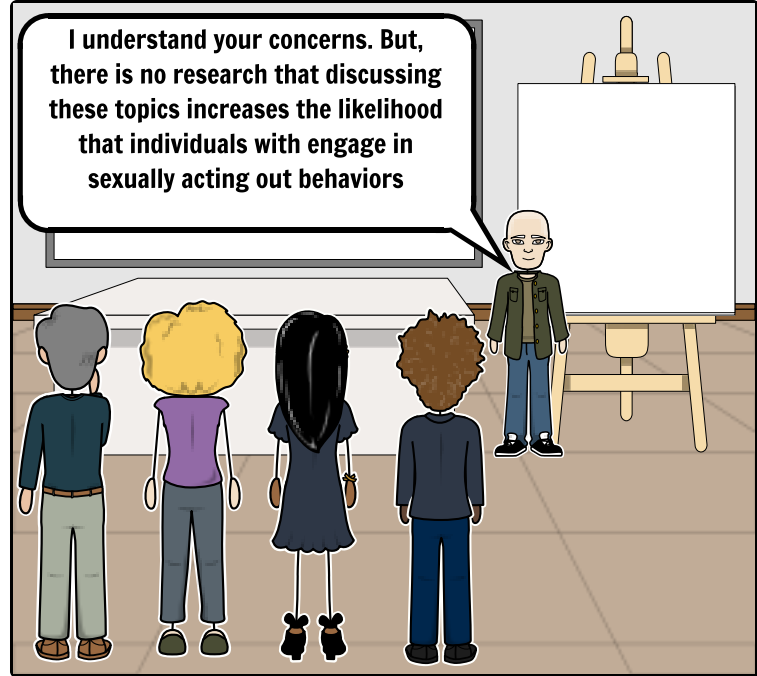
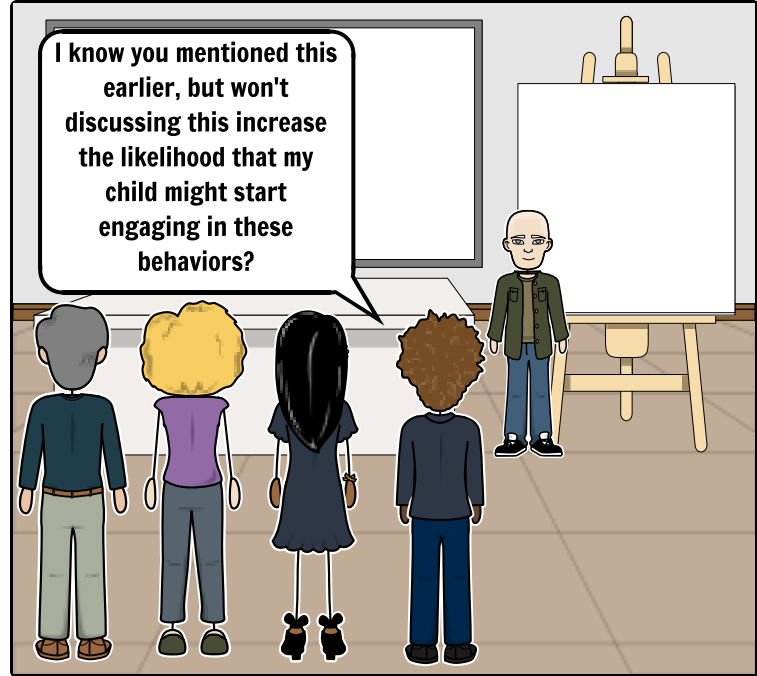
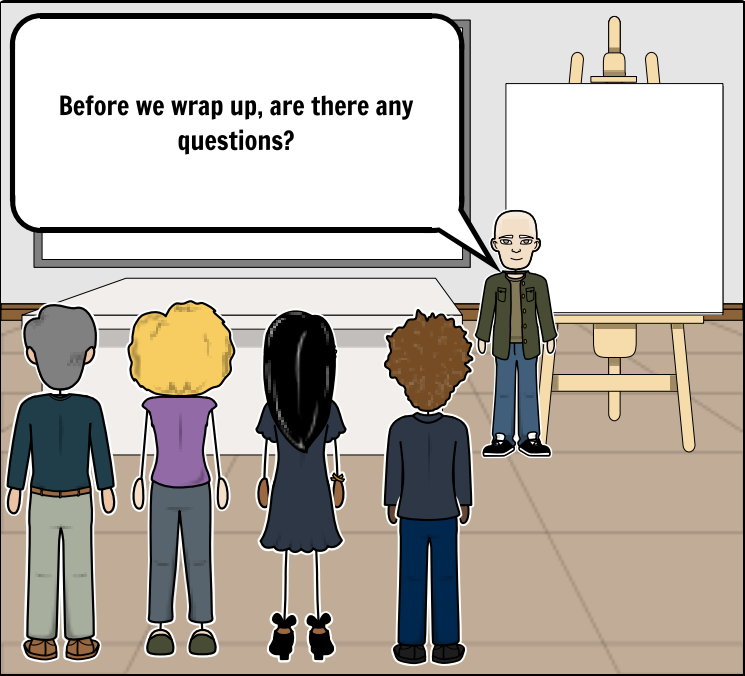
4-Social skills package
5-Story-based interventions
6-Visual supports

National Standards
Project &
NPDCASD

What has been focused on by many writers is the need for early, and on-going intervention; the need to be concrete and consistent; and the need to teach in real-life contexts

Programs like the Circles Curriculum and the Healthy Relationships Curriculum already incorporate some of these best practices in their design.

Unfortunately, budgetary constraints may prohibit the use of these more expensive programs. There are a number of low cost and free resources that may be used to develop comprehensive programs. The key is getting started. Guidelines from the Future of Sex Education and Sexuality Information and Education Council of the United States can be excellent places to start (particularly with school age individuals). These guidelines provide age/grade specific recommendations for skills to be worked on/developed.



If you would like to discuss more, or have any questions, please feel free to contact me at:

josephfalknerjr@gmail.com
flexiblemindtherapy.com

This content is not intended to be a substitute for professional and/or medical advice. Always seek the advice of a qualified professional with any questions you may have.