

# *Autism Initiative: Training Series*

## **Module 6: Issues in Relationships and Sexuality Chapter 6.1: Conceptual Introduction**

### **Summary**

One particularly neglected area of skill instruction for adolescents and adults with autism is sex and sexuality education. This chapter covers the issues and potential risks of neglecting this critical area of knowledge immediately related to an individual's quality of life. Particular topics covered include how to define sexuality, the importance of sex education, the relation of sexual knowledge to social problems, and the history of sexuality for adolescents and adults with autism.

### **Learning Objectives**

1. Define sexuality.
2. Identify the number one cause of arrest for individuals with autism.
3. Identify 2 main components of eugenic movement.
4. Identify 2 reasons for eugenics movement.
5. Identify 3 myths about sexuality and autism.

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## Module 6: Issues in Relationships and Sexuality Chapter 6.1: Conceptual Introduction

### Slides

Bridges to Adulthood for Learners With Autism Spectrum Disorders: Targeting Skills for the Next Environment

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Transition Planning for Competent Adulthood: Overview & Issues

**TV MA** This presentation contains language and imagery of a sexual nature and may be considered inappropriate for younger listeners.

Sadly...

- Sex and sexuality, as serious topics for discussion, are ones that many of us would rather avoid than address. This may be even more true when the issue is sexuality and learners with ASD.

Sexuality Defined

- "Sexuality is an integral part of the personality of everyone: man, woman, and child. It is a basic need and an aspect of being human that cannot be separated from other aspects of human life. Sexuality is not synonymous with sexual intercourse [and it] influences thoughts, feelings, actions, and interactions and thereby our mental and physical health" (WHO, 1975)

Historical Considerations (Sobsey, 1994)

- Eugenics Movement
  - Starting in the late 1800's laws were passed banning marriage or sexual intercourse involving women with a developmental disability or epilepsy (Sobsey, 1994).
  - Between 1907 & 1957 (and later in some cases), some 60,000 individuals with a developmental disability were sterilized without their consent or, at times, knowledge.

Historical Considerations (Sobsey, 1994)

- Both programs were designed to 1) protect learners with a developmental disability from sexual abuse and 2) eliminate developmental disabilities by restricting reproduction.
- Until the mid-1960s such actions remained relatively commonplace with displays of sexuality by learners with developmental disabilities punished as inappropriate or deviant.

Myths about Sexuality

- In the community at large, there continue to exist a number of myths regarding sexuality and learners with ASD including:
  - Persons with ASD and other developmental disabilities have little or no interest in sexuality.
  - Persons with ASDs and other developmental disabilities are hypersexual.
  - Persons with ASD are solely heterosexual.

But the Truth Is...

- Persons with ASD are sexual beings. However, individual interest in sex or in developing an intimate sexual relationship with another person varies widely across individuals at all ability levels. As such, there is a significant need for individualized, effective instruction for persons with ASD across the ability spectrum.

However...

- In two (somewhat) recent studies, (McCabe & Cummins, 1996; Szollos & McCabe, 1995), researchers concluded that individuals who have an intellectual disability have lower levels of sexual knowledge and experience in all areas except menstruation and body part identification when compared to a typical student population.

McCabe, Gertie, Richards, & Decker, 2002, Sex Education for Girls, Richards, Frederic, & Wazman, Eds.) Ethical Dilemmas: Sexuality and Developmental Disability, pp. 17-225; Kingston, NY: NADD Press

And for the Learner with ASD...

- sexuality education is complicated by language and communication problems and social deficits. Unfortunately, while sexual feelings and interest may be high, a primary information source available to neurotypical teens, (i.e., other teens), is generally not available. (Volkmar & Wiesner, 2003)

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### Slide Summary

#### *Slide One:*

Often we focus on what individuals with autism can't do, when we should be focusing on what they can do. When given the opportunity individuals with autism are capable of doing many things and this is what the focus should be.

#### *Slide Two:*

Transition planning for competent adulthood: Overview and Issues.

#### *Slide Three:*

This presentation will focus on one topic in particular that there is very little relevant research and this is a problem because we don't attend to it at all. This is an area we shy away from. We are going to talk about sexuality and human sexual behavior.

#### *Slide Four:*

Sex and sexuality are serious topics for discussion, but they are typically topics many of us would rather avoid than address. There is a significant downside to not talking about sexuality: most criminal cases for individuals with an autism spectrum disorder are for sexual abuse and not for the individuals with autism being assaulted, but for them committing the abuse. The reason these cases are occurring is because we are not providing instruction.

#### *Slide Five:*

This is the World Health Organization's definition of sexuality from 1975. It is all about who we are, independent of having autism you are a sexual human being.

#### *Slide Six:*

The eugenics movement at the time was thought to "protect" women with developmental disabilities from abuse because men needed sex and women just endured sex. But who were the people making these laws? Men. Sterilization was just done to "do it" because we did not want to deal. That's a pretty intrusive intervention.

#### *Slide Seven:*

Independent of the moral and ethical dilemmas with the eugenics movement, logically it was wrong. To whom are individuals with developmental disabilities born, parents with disabilities, or parents without disabilities? Parents without disabilities. This was the wrong way to go about restricting reproduction morally, ethically and logically. As a community in terms of sexuality we are not that open.

#### *Slide Eight:*

This slide shows the three big myths about sexuality and Autism Spectrum Disorders. We need to understand that the continued review of human sexuality exists, but unless we provide individuals with

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instruction, they will continue to make mistakes and get into trouble. We need to address this in a much more proactive fashion.

## *Slide Nine:*

The truth is that individuals with autism spectrum disorder are sexual beings. Just as neuro-typical children discover their penis at a young age, so do individuals with autism. This is why instruction in human sexuality is so important.

## *Slide Ten:*

There is currently ZERO research in the field of human sexuality for individuals with autism. There are descriptive articles and surveys, but there is not a single study on how to teach individuals with autism to be sexually safe. This is a real problem. If you teach body part identification, use the real term, no matter what the age is. We teach private parts generally as areas of the body that are covered by your bathing suit. The problem is that if these are private parts, what are your other parts? Public parts. If we teach that no one can touch your private parts what are we teaching on the flip side? Anyone can touch your public parts. We need to start teaching that the body is private and that there are specific parts that should remain covered and that no one can touch you without your permission. Otherwise we are not teaching the right skills.

## *Slide Eleven:*

Sexual education is so full of jargon. We have to be concrete so that what we teach is understood. Do not talk about the birds and the bees, this is not concrete.

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### References

1. McCabe, M. P., & Cummins, R. A. (1996). The sexual knowledge, experience, feelings and needs of people with mild intellectual disability. *Education & Training in Mental Retardation & Developmental Disabilities, 31*(1), 13-21.
2. Sobsey, R. (1994). *Violence and abuse in the lives of people with disabilities: The end of silent acceptance?* Baltimore, MD, US: Paul H Brookes Publishing.
3. Szollos, A. A., & McCabe, M. P. (1995). The sexuality of people with mild intellectual disability: Perceptions of clients and caregivers. *Australia & New Zealand Journal of Developmental Disabilities, 20*(3), 205-222.
4. Volkmar, F. R., & Wiesner, L. A. (2004). *Healthcare for children on the autism spectrum: A guide to medical, nutritional, and behavioral issues.* Bethesda, MD, US: Woodbine House.
5. Watson, S. L., Griffiths, D., Richards, D., & Dykstra, L. (2002). Sex Education. In D. Griffiths, D. Richards, P. Federoff, & S. L. Watson (Eds.). *Ethical Dilemmas: Sexuality and Developmental Disability.* (pp 175-225). Kingston, NY: NADD Press.
6. World Health Organization. (1975). Education and treatment in human sexuality: The training of health professionals. *Technical Report Series No. 572.* Geneva: WHO.

# *Autism Initiative: Training Series*

## **Module 6: Issues in Relationships and Sexuality Chapter 6.2: Strategies for Intervention**

### **Part 1: Skill Building**

#### **Summary**

As typical adults, there is an understanding of what needs to be done in order to be independent in an interdependent world. Due to limitations in social skills, this basic understanding is missing for adolescents and adults with autism. Therefore, certain skills must be taught in order to promote competence during transitions to adulthood. This includes attending to safety skills and the potential need for adaptation of these skills depending on the setting. However, not all of these skills are easy to teach. In order to be most effective, it is helpful to follow a four-step method to help with decision-making for skill instruction. If you can teach the skill, teach it. If you can't teach the skill, adapt it. If you can't adapt it, find a way around it. If you can't find a way around it, then train the community to work with an individual's skill limitations.

#### **Learning Objectives**

1. Learn the importance of assessing current and potential future environments to prioritize skills.
2. Learn how safety skills apply to competence in adults.
3. Explain why over use of prompting can increase dependence in the learner.
4. List the 4-step method to help with decision-making for skill instruction.

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## Module 6: Issues in Relationships and Sexuality Chapter 6.2: Strategies for Intervention

### Part 1: Skill Building

#### Slides

Transition Planning  
for Competent  
Adulthood:  
Intervention  
60 minutes

Priorities of Instruction in  
Transition Programming

- Solicit student and family input as to where they want to be in 1 year, 5 years, 10 years, etc.
- Survey current and potential future environments.
- Assess skill needs across environments in terms of work, social and navigation skills.

Adapted from: Williams, P. (1992). Let's Assess the Classroom: Strategies for Improving Instruction. Baltimore: Paul H. Broome.

And ...

- Prioritize skills that occur across multiple environments
- Attend to safety skills
- Attend to skills that reduce dependence
- Attend to skills you will need to provide the NT cohort

The Ultimate Transition  
Strategy

- When speaking about skill development always remember that for a specific skill

*If you can teach the skill, teach it*  
*If you can't teach the skill, adapt it*  
*If you can't adapt it, figure out some way around it*  
*If you can't figure out some way around it, teach the NT's to deal*

# Autism Initiative: Training Series

## Module 6: Issues in Relationships and Sexuality Chapter 6.2: Strategies for Intervention

### Part 1: Skill Building

#### Slide Summary

*Slide One:*

We should be focusing on competency rather than independence.

*Slide Two:*

Transitions occur across the time span and across multiple environments. You should always be able to explain the rationale behind teaching a certain skill. Always keep in mind the functionality of the goal we are teaching. There is a tendency to get hung up on academic goals, we need to look beyond the skills that we think are important to the skills that are actually important and teach these skills. For example, there are many social skills involved in teaching an individual with autism how to ride the elevator, but often we do not think about these skills. For example when you get in an elevator, you turn around and look at the doors. This is a skill that might be left out when teaching someone to ride an elevator, because what are individuals with autism taught to do? Look at people!

*Slide Three:*

Prioritize skills across multiple environments. This will almost always be related to social navigation skills. Most importantly attend to safety skills because there is almost always a lack of awareness of dangerous situations. We can teach safety skills, it is difficult, but it can be done. Attend to skills that reduce dependence. Many of the people in the community often want to help, but they do not know about autism. Give the community skills on how to interact with an individual with autism. Don't put all the pressure on the individual with autism.

*Slide Four:*

When speaking about any skill set you want to teach, teach it. The ultimate transition strategy is to teach. We need to realize that everyone can learn skills, but the only thing we have control over is the way we teach. Don't think in terms of the individual not being able to learn the skill, think about it in terms of teaching ability. For example, we have not yet found a way to teach the individual a skill set instead of the individual is unable to learn. If you are unable to teach a skill, adapt it, for example when teaching money skills, if the individual is unable to use dollars and coins teach them how to use a visa check card instead. If you are unable to adapt a skill, find a way around it. For example if you want to teach an individual to cook, but you cannot figure out a way to adapt that skill, teach the individual how to use the microwave. If you cannot find out some way to get around the skill, teach the neuro-typicals to deal. Think in terms of teaching the skills that the individual will get the most out of, and then figure out how you are going to teach the skill.

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## **Module 6: Issues in Relationships and Sexuality Chapter 6.2: Strategies for Intervention**

### **Part 1: Skill Building**

#### **References**

1. Wehman, P (1992). *Life Beyond the Classroom: Transition Strategies for Young People with Disabilities*. Baltimore: Paul H. Brooks.

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## **Module 6: Issues in Relationships and Sexuality Chapter 6.2: Strategies for Intervention**

### **Part 2: Functional Transition Programming**

#### **Summary**

In order for skill training to be effective, it is important to think of skills as functional. Therefore, functional transition programming can be defined as the way we create skill development sequences for adolescents and adults with autism to transition into the community. There are many ways to teach skills to learners with autism, but the importance lies in the individual's ability to use those skills to seek help, navigate their work environment, monitor their own behavior, and so on. Understanding that these skills need to be taught for effective self-advocacy means that other less adaptive behaviors currently used by the individual will decrease.

#### **Learning Objectives**

1. Define functional transition programming.
2. Name at least 3 components of useful transition skills in the community.
3. Name at least 3 of the poorly understood forms of self-advocacy.

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## Module 6: Issues in Relationships and Sexuality Chapter 6.2: Strategies for Intervention

### Part 2: Functional Transition Programming

#### Slides

So, In Brief, We Can Then Define Functional Transition Programming As:

- Relevant across multiple environments (contextual)
- A continual programmatic focus through the functional use of skills (socially valid)
- Aware of individual and family preferences, as well as community demands (contextual)
- Focused on the pragmatic use of communication (socially valid)
- Including attention to the social skill dimension of most activities (contextual)
- In general, extremely hard work (i.e. requires significant response effort)

*Some Useful Transition to Community Skills*

Personal Mobility	Safety Skills
Seeking Assistance	Endurance
Quality Control/ Self Checking	Functional Communication
Self Monitoring of Behavior	Age Referenced Clothing & Hygiene

So Why These Skills?

*Because they are all skills that are useful across multiple environments.*

Four Basic Transition Skills Relevant to All Students

The ability to assess themselves including skills and abilities and the needs associated with their disability

Awareness of the accommodations they might need

Knowledge of their rights to these accommodations, and

The advocacy skills necessary to express their needs across multiple environments.

This, in other terms, is self advocacy. Self advocacy is global term for an individual's ability to effectively and appropriately argue on their own behalf for change that is directly relevant to their own lives. Given that, perhaps the more correct term for this ability is simply, advocacy.

Specific Areas of Advocacy Instruction

- Legal and civil rights
- Service acquisition and choice
- Personal safety
- Social relationships
- Sexual relationships
- Choice and control

Some Poorly Understood Forms of Advocacy

- Aggression
- Self injury
- Disruption
- Elopement
- "Non-compliance"
- "Obsessing"
- Nagging or badgering

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## **Module 6: Issues in Relationships and Sexuality Chapter 6.2: Strategies for Intervention**

### **Part 2: Functional Transition Programming**

#### **Slide Summary**

##### *Slide One:*

Functional transition planning is relevant across multiple environments. Make sure to teach skills that are functional and relevant. Be aware of the individual and family preferences, as well as what is expected from the community. Focus on the use of communication and pay attention to the social skill component of each activity taught. It is hard work to teach functional skills, but we need to make an effort to teach the right stuff.

##### *Slide Two:*

Some examples of functional skills: Teaching personal mobility (how to get from point A to point B independently). Vocational training as a way of teaching an individual to seek assistance, for example, by setting them up to run out of materials needed to complete the task. Endurance (being able to do something for a long period of time) is the functional skill. For example an individual can watch TV for hours at a time, the mere fact that he can do this shows that he is able to do something for four hours at a time. Our job becomes finding something that is as interesting as TV. This brings us to age referenced clothing and hygiene. We want to create a picture of competence, because if we don't, there is a perception of incompetence.

##### *Slide Three:*

These skills work everywhere you go. These are not just specific to one place.

##### *Slide Four:*

There are four basic transition skills relevant to all students, which are most important for the individuals to advocate for themselves.

##### *Slide Five:*

All specific forms of advocacy are important to learn.

##### *Slide Six:*

Legal and civil rights, service acquisition and choice, personal safety, social relationships, sexual relationships and choice and control are all critically important areas of advocacy instruction.

##### *Slide Seven:*

Some examples of poorly understood forms of advocacy: aggression, self-injury, disruption, elopement, non-compliance, obsessing, and nagging. These are all self-advocacy skills. If you want someone to change their behavior, nag them! This is critically important to understand. Look at “challenging behavior” from a different perspective.

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### **Part 2: Functional Transition Programming**

#### **References**

1. Wehman, P (1992). *Life Beyond the Classroom: Transition Strategies for Young People with Disabilities*. Baltimore: Paul H. Brooks.

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## **Module 6: in Relationships and Sexuality Chapter 6.3: Programmatic Issues**

### **Part 1: Social Skills Deficits and Sexuality**

#### **Summary**

When talking about sexuality instruction and understanding, it is very important to consider social skills. With increasing mobility in the community, social demands increase as well. For example, there are different rules about social expectations in your home, your place of work, and your community. This means that adults know when to change their behavior based on context, but this is not an automatic skill for adolescents and adults with autism. Even more importantly, many of these contextual cues are very subtle. As neuro-typical adults, we make these changes almost automatically, but managing these cues is another part of social awareness that is limited for those with autism. There are a variety of ways to teach social skills that will serve functional purposes in different environments. In this portion of chapter 6.3, Dr. Gerhardt outlines the issues that arise when teaching social skills and sexuality and provides examples of techniques to assist with instruction on these critical areas for adolescents and adults with autism.

#### **Learning Objectives**

1. List the order of the 4 levels of the social world.
2. Identify the reasons for teaching social skills for appropriate bathroom behaviors.
3. Differentiate between necessary, preferred, and marginal skills.
4. Name 4 methods for teaching social skills and sexuality to adolescents and adults with autism.

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## Module 6: in Relationships and Sexuality Chapter 6.3: Programmatic Issues

### Part 1: Social Skills Deficits and Sexuality

#### Slides

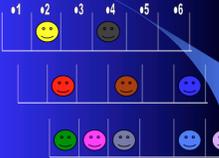
#### The Increasing Demands of the Social World

- Your social demands are often lowest within your home. Why? Because you set the rules of acceptable behavior.
- Your social demands at work are higher. However, work is a somewhat scripted social environment and one with a secondary measure of competence (i.e., production).

#### The Increasing Demands of the Social World

- Nest comes the community at large. Why? Because in the community you have less control over events and actions that impact you.
- Lastly comes the world beyond your community. Whether a different social circle or different country, chances are your social skill repertoire may be less than adequate.

#### The Urinal Game: Which to Choose?



#### Necessary, Preferred and Marginal Skills

Task	Necessary: Skills upon which independence may depend (social survival)	Preferred: Skills that support independence but may not be critical	Marginal: Skills that, while valuable, may be negotiable
Being Mean/ Pleasant	Will you and others get off before you get on	Whenever possible, choose a seat where you are not sitting next to someone	Being friendly, get a good bathroom you and other people
Worked with co-workers	Get Neatly	Respond to interaction from co-workers	Initiate interaction with co-workers
Maths/ Grocery	Respond to the greeting with acknowledgment (hand held)	Orient briefly toward the person and offer acknowledgment	Direct, acknowledge and answer greeting including use of personal history

#### Strategies to Promote Social Competence

Demand Assessment	Role Play	Social Stories or Scripts
Power Cards, etc.	"Fluency" Training	Self-monitoring
Direct Instruction - Video Modeling	Generalization Training	Meta-cognitive Strategies
Provide opportunities to use the skills taught	Naturalistic Strategies and Support	Train the NTs!

#### Demand Assessment

- Demand assessment requires that instruction mirrors the actual environmental demands of a particular situation or situations so that those social skills with the greatest functional relevance are those that are taught first.

#### Role Play

- Role play involves the repeated rehearsal of a particular social situation or situations. If role play is to be effective, it must:
  - Reflect the real environmental demands
  - Be practiced under a variety of conditions
  - Be practiced to a fluency level
  - Low frequency skills may need to be revisited on occasion

#### Social Stories or Scripts

- Popularized by Carol Gray, social stories or scripts provide a written "lesson plan" for particular social situations from the learner's perspective. Often times, social stories are focused on skill development for identified, challenging situations (e.g., haircuts).

#### Power Cards

- Power cards (Gagnon, 2001), involve the development of social stories or scripts that directly involve the individual learner's personal interests in an attempt to increase the "power" of the intervention. For example, if a learner with an ASD was a fan of a particular movie, reference to a preferred character in that movie might be included in the script.

#### Social Fluency

- Instruction in social fluency requires attention to not just the particular skill, but also to the timing with which the skill is most optimally utilized.

#### Direct Instruction/Video Modeling

- Myles & Southwick (1999) discuss direct instruction as a viable method of social skill instruction and support. DI instructional sequence includes:
  - Rationale: How and why
  - Presentation: Active and multimodal
  - Modeling: Show what to do (videotape)
  - Verification: Does the learner understand the skill (video modeling)
  - Evaluation: Does the learner use the skill during DI
  - Generalization: Does the learner use the skill outside DI

#### Self Monitoring

- Self monitoring involves providing individual learners with specific strategies for monitoring their own social interactions. This may involve counters, check sheets, palm pilots or timers and may be used in conjunction with other strategies.

#### Meta-Cognitive Strategies

- Sometimes referred to as "learning to learn" strategies, meta-cognitive strategies, focus more on teaching social problem solving than on direct skill instruction
  - SOCCSs - Situation, Options, Consequences, Choices, Strategies, <simulations> (Rosa, 1995)
  - STOP - Stop, Think, Options, Pick

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### **Part 1: Social Skills Deficits and Sexuality**

#### **Slide Summary**

##### *Slide One:*

The social world is a central feature of autism, this lack of understanding of social behavior. We tend to think of social skills as linear and they are not. Social skills are logarithmic. The further you get away from your house the more complex the social world gets. Why is this? Because in your home you set the social rules. Social demands at work are higher and this is because work is a somewhat scripted environment.

##### *Slide Two:*

The further you get from your own environment the more complex the social skills get because you have less control over events and actions that occur.

##### *Slide Three:*

The urinal game. You have three sets of urinals all with six urinals in it and a bunch of people occupying the urinal. In the first set of urinals, which stall do you take? The sixth urinal because you are not standing directly next to anyone. In the second set of urinals, which stall do you take? The first urinal because you are only standing next to one other person. In the last set of urinals, which stall do you take? A couple of other things about men's rooms, we don't talk. We do not consider urinating a social event. When standing at a urinal you look straight ahead, you don't look left or right, and if you look down you look straight down. This is not a homophobia thing it is a personal space thing. Now cross the hall and go to the women's room and it is a completely different story. Women go to the bathroom and talk it is a social event. Each restroom is the same size with the exact same purpose, but have completely different social demands. If you do not go out and assess the social demands you are not going to teach the right behavior, you will teach the wrong behavior. This is why we see adult men with autism standing at the urinals standing their pants around their ankles, these individuals were not taught the right behavior.

##### *Slide Four:*

There are a lot of complex skills that we teach and unfortunately we teach the most complex skills and forget to teach the simpler skills. For example what do you do when saying hi to someone in the hallway? This is a very complex skill and you have a very limited amount of time to process what someone said to you and respond to what they said. As complex as social skills are, we can always dissect them to look at what the base minimum social skill necessary is.

##### *Slide Five:*

Some strategies used to promote social competence.

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*Slide Six:*

Demand assessment is figuring out what skills should be taught by going out into the environment.

*Slide Seven:*

You can practice role-play, but they must reflect the real world standards. Role-play should not be done slowly because this is not the way it happens in the real world.

*Slide Eight:*

Social stories and scripts are very popular in the autism community, but there are very mixed research records in terms of their effectiveness.

*Slide Nine:*

Power cards can involve people that the individual looks up to or likes. For example using pictures of a role model completing the activity the individual is required to engage in. The idea is for the individual to engage in the task to be more like their role model.

*Slide Ten:*

Social fluency involves trying to teach social skills in an easier simpler way.

*Slide Eleven:*

Direct Instruction and video modeling involve showing the individual what they are supposed to do. There is a lot of research on video modeling and it can now be considered an evidenced based practice. Video modeling can show you what to do, but it can also show you what not to do. It can also show the individual themselves engaging in the behavior and receiving highly motivating reinforcers for engaging in the appropriate behavior.

*Slide Twelve:*

Self-monitoring involves individuals learning strategies to monitor their own behavior. For example individuals using a watch as a visual and audio cue to remind the learner to engage in a particular behavior when the alarm goes off.

*Slide Thirteen:*

Meta-cognitive or cognitive behavior strategies are decision-making strategies. These are the social strategies that neuro-typicals tend to use. When approaching a social situation we assess the situations and based on the assessment we consider what our options are. Then based on the options we ask what are the consequences of engaging in a particular behavior, based on the consequences what are our best choices and what are the best strategies to get to that choice (SOCCS). This decision-making tool has been modified for individuals with autism to (STOP) Stop, Think, Options and Pick. When you approach a situation stop and think about what you see. Based on what you see, decide what can you do, then pick an option based on what you see. This will give the individual options for each situation they approach.

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## **Module 6: in Relationships and Sexuality Chapter 6.3: Programmatic Issues**

### **Part 1: Social Skills Deficits and Sexuality**

#### **References**

1. Gagnon, E. (2001) *Power cards: Using special interests to motivate children and youth with asperger syndrome and autism*. Shawnee Mission, KS: Autism Asperger Publishing Company.
2. Myles, B. S., & Southwick, J. (1999). *Asperger syndrome and difficult moments: Practical solutions for tantrums, rage, and meltdowns*. Shawnee Mission, KA: Autism Asperger Publishing Co.
3. Roosa, J.B. (1995). *Men on the Move: Competence and Cooperation: Conflict Resolution and Beyond*. Kansas City, MO: Author.

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## **Module 6: Issues in Relationships and Sexuality Chapter 6.3: Programmatic Issues**

### **Part 2: Generalizing Skills Across Settings**

#### **Summary**

The biggest challenge after teaching skills is to make sure that the individuals who learned them are using them in the real world. In this final portion of the chapter module, Dr. Gerhardt emphasizes the need for direct care staff to look for naturalistic situations to promote skill use. This also involves making sure the community members who do not have autism are able to understand the needs of adolescents and adults with autism. He also presents an example of some of the pitfalls in attempting to create a picture discrimination program for training an individual with autism to identify who was safe to help her with her menstrual care. Also, this presentation provides a final review of the issues in social skill and sexuality education for learners with autism that should be considered when developing programs.

#### **Learning Objectives**

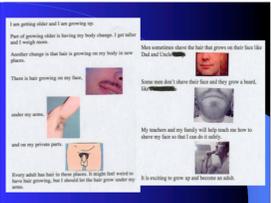
1. Identify the 2 important components of social skill instruction.
2. Define naturalistic strategies in the context of social competence.
3. Identify at least 3 of the challenges to social skill instruction and support.
4. Identify the 5 challenges to sexuality education for learners with autism.

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## Module 6: Issues in Relationships and Sexuality Chapter 6.3: Programmatic Issues

### Part 2: Generalizing Skills Across Settings

#### Slides

<p><b>Use the Skills</b></p> <ul style="list-style-type: none"> <li>In social skill instruction, try to focus primarily on those skills used 1) most often and 2) generate the biggest individual payback. Instruction in social skills that are infrequently used or for which the payback is less obvious (or less desirable) may be particularly challenging for both the learner and the instructor.</li> </ul>	<p><b>Naturalistic Strategies</b></p> <ul style="list-style-type: none"> <li>Effective social skill instruction (and goal development) needs to take place across the day and, in particular, outside the context of the instructional settings. Look for opportunities throughout the day to promote and reinforce social competence (and approximations) and develop new, functionally relevant goals.</li> </ul>	<p><b>Train the NTs</b></p> <ul style="list-style-type: none"> <li>Remember, social skills are bi-directional. Attention may need to be paid to both ends of the interaction.</li> </ul>	<p><b>Sexuality and Social Skills</b></p> <ul style="list-style-type: none"> <li>All sexual behavior can be considered extremely complex social behavior. However, this set of social skills is highly individualized, extraordinarily context specific, and with a significant downside to its inappropriate application.</li> </ul>
<p><b>This is Allison</b></p> 	<p><b>Which one is Allison?</b></p> 	<p><b>This is Claire</b></p> 	<p><b>Which one is Claire?</b></p> 
<p><b>This is Nancy</b></p> 	<p><b>Which one is Nancy?</b></p> 	<p><b>Which is Nancy?</b></p> 	 <p>I am getting older and I am growing hair. Part of getting older is having my body change. I can talk and I can grow hair. Another change is that hair is growing on my body in new places. There is hair growing on my feet. Under my arms. And on my private parts. Some girls have hair on their faces. It might not matter if you have hair on your face or if you don't. It is exciting to grow up and become an adult.</p>
<p><b>Challenges to Adequate Social Skill Instruction or Support</b></p> <ul style="list-style-type: none"> <li>The nature of ASD</li> <li>Social skills, by their very nature, are variable across environment, times, tasks, and people</li> <li>Social skills have diverse criteria of competence</li> <li>Social skill instruction involves both when and when not to use the skill as a function of multiple cues</li> <li>Failure, on the part of the instructor, to adequately assess social demands</li> <li>Failure, on the part of the instructor, to adequately prioritize social skill instruction</li> <li>Failure, on the part of the instructor, to provide sufficient examples and opportunities to use the taught skills</li> <li>Failure, on the part of the instructor, to consider providing social skill support and instruction to the NT cohort</li> <li>But there are some things that can be done...</li> </ul>	<p><b>Challenges to Sexuality Education for Learners with ASD.</b></p> <ul style="list-style-type: none"> <li>The social dimension of sexual behavior</li> <li>Differentiation between public and private behavior and reality v. fantasy</li> <li>Ensuring the maintenance of learned skills, particularly those associated with sexual safety</li> <li>Balancing individual safety with personal respect and individual rights</li> <li>Issues related to law enforcement</li> </ul>	<p><b>Challenges to Supporting Adults</b></p> <ul style="list-style-type: none"> <li>Discontinuous services</li> <li>Death of services</li> <li>Limited interest</li> <li>Staffing concerns</li> <li>Access to adequate medical services</li> <li>Issues with the criminal justice system</li> <li>Substance abuse issues</li> </ul>	<p><b>Issues in Behavioral Intervention With Adolescents &amp; Adults With ASD</b></p> <ul style="list-style-type: none"> <li>The importance of the appropriate use of positive reinforcement remains significant.</li> <li>Function, function, function</li> <li>Why do I think I have to intervene?</li> <li>To what extent does the display of the behavior limit his or her life?</li> <li>When is a "behavior" an "idiosyncrasy"?</li> </ul>

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### What does QOL mean? (R. Schalock, 2001)

- Quality of life is a term used to describe a temporal condition of **personal satisfaction** with such core life conditions as physical well-being, emotional well-being, interpersonal relations, social inclusion, personal growth, material well being, self-determination, and individual rights.



### What variables are most likely to enhance the QOL of different individuals at different times in their lives?

	Choice	Control	Competence
<b>Transition</b>	Single "vertical" choice	Linear	Access to supports
<b>ADULT</b>	Development of choice-making skills & experience	Access	Ability to integrate and coordinate A & B
<b>TEEN</b>	"Rights of Patient" Access	Substantial power	Ability to integrate and coordinate A & B
<b>CHILD</b>	Parental choice, not child's choice	Highly structured settings & routines	Ability to integrate and coordinate A & B
<b>INFANT</b>	Parental choice, not child's choice	Highly structured	A/B

### And in summary...

- Interventions based on the principles of ABA are applicable across skill domains and across the lifespan.
- It is easy to be successful when you set the bar low so think big and have high expectations.
- Start planning early and, certainly, no later than age 14 years.
- To the maximum extent possible, work cooperatively with all involved in the process to the benefit of the team's young adult with ASD.
- Remember that transition planning is a process and first drafts of ITPs are rarely the final draft.

- Keep your eyes on the prize of your long term transition goals for employment, living or postsecondary education. Frame all your discussions with reference to those desired outcomes. Involve extended family and friends in the process, particularly in the area of employment as they may have contacts and resources you do not.
- Remember, you are a critical part of this process no matter what title you have (parent, speech pathologist, transition specialist, etc.).
- With reference to community skills, remember to teach where the skills are most likely to be used. It is more effective to teach grocery shopping at an actual supermarket than it is to teach it in the classroom.

- Identify the level of "risk" with which you are comfortable and then work to maximize independence within that framework. (For example, while you may be uncomfortable with him or her crossing the parking lot of supermarket without close supervision, he or she may not need the same intensity of supervision in the supermarket.) As the teen/young adult gains greater independence across tasks and environments, reduce your acceptable level of risk.
- Good, effective transition planning is effortful and time consuming. There are, sadly, no known shortcuts but when it is done well, the outcomes are well worth the effort.

**Thank you!**

# *Autism Initiative: Training Series*

## **Module 6: Issues in Relationships and Sexuality Chapter 6.3: Programmatic Issues**

### **Part 2: Generalizing Skills Across Settings**

#### **Slide Summary**

*Slide One:*

The biggest challenge is to use the skill. We are all social for a reason. Stop teaching skills that are not going to work.

*Slide Two:*

Social skills instruction is a 24-hour a day, seven days a week skill set. It needs to occur across all relevant skill settings.

*Slide Three:*

Train the neuro-typicals because social skills are bi-directional.

*Slide Four:*

All sexual behavior can be considered complex social behavior that is highly individualized.

*Slide Five:*

Colleagues wanted to teach a woman with autism what individuals could help them with their menstrual care and who cannot. This program started with picture identification.

*Slide Six:*

One thing we do know about individuals with autism is that they do not tend to identify people by their face, but by other features. One girl has long hair, the other girl has short hair and the other one has her hair pulled back. One has blue on while the other two are wearing white.

*Slide Seven:*

This is Claire, we got three other women who have shoulder length blonde hair.

*Slide Eight:*

Then what did we do? We took a picture of the three other women in front of a white wall and the picture of Claire in front of the stock room!!

*Slide Nine:*

This is Nancy.

*Slide Ten:*

This time we got it as close to right as we possibly could. Which one is Nancy?

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## *Slide Eleven:*

Do you want to see what you have to be able to get to? Now which one is Nancy? They all are! Nancy with hair pulled back, Nancy with a closed smile and Nancy with an open smile. Unless you want to tell your staff that they have to dress the exact way and wear their hair the exact same way you have to get to this level, they are all Nancy.

## *Slide Twelve:*

An example of a script used to teach an individual how their body is going to change as they approach puberty.

## *Slide Thirteen:*

By definition social skills are going to be one of the hardest things we can teach. We have to teach when and when not to use the skills because it is not always the same. We need to take responsibility as the instructor, if we do not adequately assess and prioritize the social skill.

## *Slide Fourteen:*

Overall challenges to sexuality education is the social dimension. There is a difficulty distinguishing between reality and fantasy. For example, an individual who wants to become a pizza deliverer because he saw one on the television have sex with three women.

## *Slide Fifteen:*

List of challenges to supporting adults.

## *Slide Sixteen:*

Priorities need to change; we do not need to change every behavior. Consider the fact that if we were constantly observed the way individuals with autism are observed, we would each have at least three behavior plans.

## *Slide Seventeen:*

Quality of life is the bottom line. Enhancing quality of life is tough, but it is what we have to do. If quality of life was easy, everyone would be doing it.

## *Slide Eighteen:*

Quality of life is a constant interaction of all eight variables.

## *Slide Nineteen:*

Choice is a key component of quality of life. If you have significant control of your life your competence gives you a life. This is the goal of everything we do.

## *Slide Twenty:*

It is really easy to be successful when you set the bar low. We need to set the bar high, I would rather fail when I have high expectations then succeed when I have low expectations. We need to think big.



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## *Slide Twenty-one:*

We need to involve everyone in order to have the most effective use of skills. We want to teach the skills that are most likely to be used.

## *Slide Twenty-two:*

Good effective transition planning is effortful and time consuming and there are no known shortcuts, but when the planning is done well, the outcomes are worth the effort.

# *Autism Initiative: Training Series*

## **Module 6: Issues in Relationships and Sexuality Chapter 6.3: Programmatic Issues**

### **Part 2: Generalizing Skills Across Settings**

#### **References**

1. Schalock, R. L. (2001). *Outcome-based evaluation (2nd ed.)*. Dordrecht, Netherlands: Kluwer Academic Publishers.