Sexuality Education And Individuals with ASD: What Behavior Analysts Need to Know.

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Educational Partnership for Instructing Children

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Presentation Notes

As a general rule I try to avoid using the terms “high functioning” or “low functioning” to describe where someone falls on the autism spectrum. The reason is that these terms often just describe someone’s degree of vocal verbal behavior than any actual level of functioning. So instead I try to use “high verbal” or “low verbal” which I think is more accurate.

A primary challenge in preparing a presentation on the subject of sexuality is the complexity of the topic and the diversity of the autism spectrum. As such, biological development, and the resulting behavioral manifestations, are the only commonalities cross spectrum. As such, when working in this area the assessment of individual competencies, interests, deficits, excesses, etc. is essential.

“No group in this country faces the sort of sexual and reproductive restrictions disabled people do: we are frequently preventing them from marrying, bearing or rearing children, learning about sexuality, having sexual relationships and having access to sexual literature [ ] sexual confusion arises as a consequence of society forcing us to internalize the notion that we are sexually inferior.” (Waxman, 1994, p. 86-86).

The following presentation contains language and imagery of a sexual nature and may be considered inappropriate for younger listeners and viewers.
As a general rule of thumb about 60% of sexuality education should be at home, about 37% can be done in the context of the school and, when necessary, about 3% by specialists. But I sort of just made that up.
Let’s just quickly talk about risk.

Risk

Risk is impossible to avoid in this field. Risk threatens things that we value: our health, family, status, reputation, income etc. What we do about risk, however, depends on the options we have as a function of the outcomes (Fischhoff & Kadvany, 2011) While risk is unavoidable ignoring risk, under the guise of safety, only invites greater risk for the individual in question.

To Control for Risk

You need to know the limits of your expertise and the breadth of your behavior analytic competence before venturing deeply into this aspect of our field. As we will discuss, some areas of intervention are quite basic and straightforward while others are just the opposite. When in doubt, get assistance from someone more expert in this area.

You need a good understanding of typical sexual development in children to determine what is/is not an important target for intervention.
To Control the Degree of Risk

**You need** to understand the role that context plays in determining what is appropriate behavior and what is inappropriate behavior.

<table>
<thead>
<tr>
<th>Appropriate</th>
<th>Inappropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private masturbation</td>
<td>Pubic masturbation</td>
</tr>
<tr>
<td>For men, adjusting your genitalia out of view of others.</td>
<td>Standing up to openly adjust your genitalia at a meeting.</td>
</tr>
<tr>
<td>Private discussion of choices to grow, remove, or trim pubic hair</td>
<td>Public discussion of the same.</td>
</tr>
<tr>
<td>Talking to another woman in a the Women’s Room</td>
<td>Talking to another man in the Men’s Room</td>
</tr>
<tr>
<td>Watching porn out of public view</td>
<td>Watching porn on your laptop on a plane</td>
</tr>
</tbody>
</table>

But these boundaries are not always set in stone and tend to evolve over time.

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The EPIC School Policy on Instructional Risk

The EPIC School is dedicated to promoting the greatest possible level of student independence across multiple academic and social environments. To independence, however, comes with a degree of risk. The instructional program at EPIC is designed to recognize and, in the same position, control for this risk by assessing and identifying student and environmental characteristics associated with increased levels of risk. Examples of instructional programs requiring an assessment of risk include, but are not limited to:

- Independent planning and goal-setting
- Independent purchasing/shopping in the community
- Independent public transportation
- Independent navigation of EPIC school building
- Categorical maintenance support (e.g., augmentative communication systems) in the community without adult supervision
- Independent social skills
- Independent responding to the fire alarm
- Street crossing
- Independent employment

Students and environmental characteristics that may be assessed include, but are not limited to:

<table>
<thead>
<tr>
<th>Potential Student Characteristics</th>
<th>Potential Environmental Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of instruction</td>
<td>Presence of behaviors in physical danger (e.g., inclination to take risks)</td>
</tr>
<tr>
<td>Degree of physical danger</td>
<td>Incidents of environmental boundary crossing (e.g., student known to other adults)</td>
</tr>
<tr>
<td>Incidents of environmental boundary crossing</td>
<td>Presence of behaviors that may cause harm</td>
</tr>
<tr>
<td>Presence of behaviors in physical danger</td>
<td>Incidents of environmental boundary crossing</td>
</tr>
</tbody>
</table>
The EPIC School Policy on Sex Education

The EPIC School Policy on Sex Education provides guidelines for comprehensive health education. It emphasizes that the school offers a program that includes factual information about sex education. The policy states that sex education should be presented in a way that is appropriate for the age group. It also mentions that the school will provide counseling services to students who have questions or concerns about sex education. The policy is approved by the EPIC Board of Trustees and is effective from the date of approval.

References:

Endorsement of the Board of Trustees on ___

Director, Re: EPIC Board of Trustees on ___

Date: ___
Prudish Promiscuity?

Sex and sexuality, as serious topics for discussion, are ones that many of us would rather avoid than address. In fact, according to the CDC fewer than half of all high schools and only 20% of middle schools offer a comprehensive Sex Ed curriculum. **Further, only 23 states mandate Sex Ed at all and, of those, only 13 require it to be medically accurate. (Orenstein, 2016)**


Now add to that the personal and societal constraints that move sexual behavior out of the realm of simple behavior and we have a cohort of skills in which there is high interest but limited knowledge.
But let’s not forget there is, historically, more than a touch of misogyny in all this...

And when it came to individuals with DD

Richards, et al (2006) noted that, historically, individuals with DD been viewed as sexually deviant, prone to criminality, asexual, and problematic to society. Despite significant progress over the last 5 decades in many areas, the sexuality of individuals with DD is still grossly misunderstood by society. And although today the sexuality of individuals with DD is not entirely ignored, nor is sexual behavior universally punished, the perception that people with developmental disabilities as perpetual children, irrespective of their age, still lingers with significant, negative consequences.

But Let’s Backtrack a Bit Here

We are Sexual Beings

Typical children are taught many things about their own sexuality from the day they were born. For example, they learn:

- How they are touched by others;
- The way their bodies feel to them;
- What their family believes is okay and not okay to do;
- The words that family members use (and don’t use) to refer to parts of the body; and
- From watching the relationships around them.

- In addition, as they grow they acquire a great deal from outside sources including television, music, friends and their interactions with the world around them.
And, yes, we can just ignore this nonsense

<table>
<thead>
<tr>
<th>Oral</th>
<th>The mouth - sucking, swallowing etc.</th>
<th>EGO develops</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anal</td>
<td>The anus - withholding or expelling faeces</td>
<td>SUPEROEGO develops</td>
</tr>
<tr>
<td>Phallic</td>
<td>The penis or clitoris - masturbation</td>
<td></td>
</tr>
<tr>
<td>Latent</td>
<td>Little or no sexual motivation present</td>
<td></td>
</tr>
<tr>
<td>Genital</td>
<td>The penis or vagina - sexual intercourse</td>
<td></td>
</tr>
</tbody>
</table>

### Typical Sexual Development

| Preschool children (less than 4 years) | Exploring and touching private parts, in public and in private
|                                       | Rubbing private parts (with hand or against objects)
|                                       | Showing private parts to others
|                                       | Trying to touch mother’s or other women's breasts
|                                       | Removing clothes and wanting to be naked
|                                       | Attempting to see other people when they are naked, undressing, or in bathroom
|                                       | Talking to other children about bodily functions such as "poop" and "pee"

| Young Children (approximately 4-6 years) | Purposefully touching private parts (masturbation) in public and private
|                                       | Attempting to see other people when they are naked or undressing
|                                       | Mimicking dating behavior (such as kissing, or holding hands)
|                                       | Talking about private parts and using “naughty” words, in absence of meaning
|                                       | Exploring private parts with children their own age (such as “playing doctor”, “I’ll show you mine if you show me yours,” etc.)

| School-Aged Children (approximately 7-12 years) | Purposefully touching private parts in private
|                                               | Playing games with children that involve sexual behavior ("playing family")
|                                               | Attempting to see other people naked or undressing
|                                               | Looking at pictures of naked or partially naked people
|                                               | Viewing/listening to sexual content in media
|                                               | Wanting more privacy, e.g., not wanting to undress in front of other people; reluctant to talk to adults about sexual issues
|                                               | Beginnings of sexual attraction to/interest in peers

And What Information Typical Children Need

**Preschool Children (less than 4 years)**

- The difference between “okay” touch and “not okay” touches
- Your body belongs to you
- Everyone has the right to say “no” to being touched, even by grownups
- No one has the right to touch your genitals
- You can say “no” when grownups ask you to do things such as touching genitals
- Who to tell if people do “not okay” things to you, or ask you to do “not okay” things to them

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**Young Children Safety Information (4-6 years)**

- Sexual abuse = someone touches your body/genitals or asks you to touch theirs
- It is sexual abuse even if it is by someone you know
- Sexual abuse is NEVER the child’s fault
- If a stranger tries to get you to go with him or her, run and tell a parent, teacher, neighbor, police officer, or other trusted adult

**School-Aged Children (7-12 years)**

- Sexual abuse may or may not involve touch
- How to maintain safety and personal boundaries
- Technology risks including chatting or meeting people online
- How to recognize and avoid risky social situations
- Dating rules
Then There’s Puberty

The sequence of events by which a child becomes an adult

Characterized by the beginning secretion of gonadal hormones, development of secondary sexual characteristics, and reproductive functions.

In girls puberty normally beings after age 8 with the biological process largely completed by age 16.

In boys puberty normally begins at age 9 and is largely completed by age 18.
Onset of Puberty

Over the past 2-3 decades the age of puberty onset has decreased. For girls, breast development, typical of 11-year-olds a generation ago, is now occurring in more seven-year-olds. Research indicates that childhood obesity may be the primary causative factor. However, family stress and chemical exposures in the environment may also play a role, but the data are unclear as to degree of contribution. For boys, the data are murkier, but one study did suggest that they, too, may be starting puberty earlier than before—perhaps by as much as six months to two years. (Maron, 2015)

Puberty and ASD

- There is a tendency for parents and professionals to ignore or misinterpret:
  - The emotional impact of puberty/adolescence on individuals with ASD.
  - The function of reflex, or spontaneous, erections at the onset of puberty in males.
  - That genital stimulation is a universal phenomena that often begins in the womb.
  - The importance of anticipating puberty, adolescence, and sexual behavior and planning for such. Hence, my adherence to the 5-year rule
Griffiths, (1999) noted that most learners with a developmental disability receive sexuality education only after having engaged in sexual behavior that is considered inappropriate, offensive or potentially dangerous. This may be considered somewhat akin to closing the barn door after the horse has run.

**ASD, Puberty, and Behavior**

- There is an ongoing discussion regarding the relationship between puberty and the display of challenging behavior. What we lack, however, are actual data. What seems to be true, however, is:
  - For some individuals the onset of puberty may be associated with an increase in challenging behavior.
  - This increase, however, may then be reinforced as a result of their newly realized increase in size and strength (i.e., the behavior is now more effective).
  - We do tend to see behavior challenges associated with menstrual cycles and some research indicates that females with ASD present with more challenges than their peers with other disabilities.
  - A new class of behavior, sexual stimulation, may develop. But absent a functional assessment of sexual stimulation, it is generally assumed to be maintained by automatic reinforcement which is not always the case.
Puberty and ASD

During puberty we can expect a certain percentage of individuals with ASD to develop a seizure disorder. Estimates of seizure disorders among individuals with ASD range from 20 to 40 percent, with the highest rates among those most severely impaired by autism.

Mental Health Concerns in Adolescence

Children & adults who have a DD and a co-existing psychiatric disorder are one of the most underserved cohorts in the US. Beginning in adolescence, individuals with a developmental disability are two to four times more likely to have a psychiatric disorder than their Neurotypical peers. (Fletcher, et al., 2007)
Anxiety Disorders

Vasa, et al (2013) examined age-related differences in the prevalence and anxiety in a large sample of children & adolescents with ASD in the US and Canada. **Findings showed that the prevalence of anxiety in each age group exceeded the prevalence of anxiety in the general population. Adolescents and school age children had the highest prevalence of clinical (40%) and subclinical anxiety (26%), respectively.**


Psychotropic Medication Use in ASD

Spencer, et al., (2013) examined rates of psychotropic use and polypharmacy among insured children with (ASD from 2001 to 2009. **The results indicated that among children with ASD, 64% had a filled prescription for at least 1 psychotropic medication, 35% had evidence of psychotropic polypharmacy (≥2 classes), and 15% used medications from ≥3 classes concurrently. Median length of polypharmacy was 346 days.** The authors concluded that despite minimal evidence of the effectiveness [ ] of multidrug treatment of ASD, psychotropic medications are commonly used, singly and in combination, for ASD and its co-occurring conditions.

The topic of sexuality

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.

So really, how much research is there on impact of sexuality education and related interventions in ASD?
A few things we probably do know  
(Kellaher, D., 2015)

- At least some of our gap in understand sexuality and sexual behavior in ASD stems from an general lack of understanding about sexuality and sexual behavior.

- High verbal individuals appear similar to typical peers in terms of sexual interest.

- While high verbal adults may know the language of sexuality, this does not seem to equate to qualitative or quantitative knowledge or behavior.

- There appears to be a greater diversity of sexual expression with high verbal individuals with higher reported rates of asexuality, bisexuality, and homosexuality, particularly among women.
A few things we probably do know
(Kellaher, D., 2015)

- Although data are limited there are published reports of paraphilic behavior among HV males but none involving HV females. The gender difference is due, most likely, to multiple confounding variables but it does appear that every permutation of sexual behavior we see in the typical community exists in the HV/ASD community.

- In ASD, however, some paraphilic behavior represent “counterfeit deviance” (Hingsburger, Griffiths, & Quinsey, 1991) in that it originates from an absence of knowledge, experience, or specific social competencies.


Most Recently

McDaniels & Fleming (2016), in their review of 92 articles published on sexual education with individuals with ID concluded that:

- As a result inadequate sexual education Individuals with ID are placed at a greater risk for sexual abuse, STDs, and misinformation than warranted.

- Formal, individualized, and specific sexual education for learners with ID is lacking.

- There is a paucity of published data resulting in little information as to appropriate and empirically validated sexual education content and processes for learners with ID

A Couple of Good Reasons Why We Should Teach Human Sexuality Education To Individuals With Autism Spectrum Disorders

Number 6
They Have The Same Hormones & Urges & Need To Make The Same Choices As Their Peers
Number 5

All sexual behavior is social behavior and, as such, is particularly challenging for individuals with ASD.

Number 4

The Internet and other readily accessible media.
Just how accessible is pornography?

In a national survey of youth ages 10-17 years, Mitchell, et al (2003) reported that 25% of youth had unwanted exposure to sexual pictures on the Internet in the past year. The use of filtering and blocking software was associated with a modest reduction in unwanted exposure, suggesting that it may help but is far from fool proof. The authors urge that social scientific research be undertaken to inform this highly contentious public policy controversy.


For example, a search for “woman in kitchen” in Bing images with the safe filter off finds:
For typical kids...

According to Crabbe and Corlette (2010), porn has become a central mediator of young people’s sexual understanding and experience and a “go to” source for information of sex and sexuality in the absence of any formal sex education.


And then there is Rule 34: “If it exists, it exists as internet porn. No Exceptions.”
There is Lego Porn
There is Barbie Porn
There is Star Wars Porn
There is Looney Tunes Porn
There is Scooby Doo Porn
There is Super Hero Porn
There is Porn made from pretty much anything
But most problematic, at least in my opinion, is Hentai which is pornographic Anime that is often very misogynistic and violent.
From a new friend

- "Hey, I added you since you look familiar, but once I looked at your page I knew I was mistaken.. but hey, you seem like a good guy so i'll just introduce myself :) Im quirky, funny, and never afraid to have a good time.. I recently moved here about six months ago from a small town in Idaho for work and like it so far! Check out my profile.. if you want to I would love to meet sometime for lunch. Any way.. I wanted to attach more photos of me but its giving me some stupid error! If you give me your email addy I can send the pics to you that way. Hope to hear from you soon!"

From another new friend

How are you doing today?? you are a really cool and enchanting dude that's why i did opt for a message to you ok winks...Just want to know more about you with due respect that's if you don't mind. do take care and have a wonderful day feel free to reply ok.....with regards Fiona
A recent (2/2016) friend

Autism Specific Internet Dating
Number 3 – Sexual Abuse

- Brown-Lavoie, Viecili, & Weiss (2014) noted that individuals with ASD reported higher levels of sexual victimization that did typical controls.
- Mandell et al (2005) reported that 18.5% of their sample (156 children) had been physically abused while 16.6% had been sexually abused.
- Sevlever, Roth, & Gillis (2013) noted that more systematic research on the prevalence and risk factors of sexual abuse and offending is in great need if we are to adequately address this issue. The bottom line, this is an area where Behavior Analysis may have it’s greatest impact.


Target skills to reduce abuse

- Target discrimination between who can/cannot touch the individual and where on his or her body. This includes hugs, kisses, tickles, etc.
- Target independent toileting, showering, menstrual care, and dressing.
- Target closing and locking bathroom doors.
- Target independent public restroom use.
- Target functional noncompliance via the word “No”.
- Target the recall of temporally distant events and report where instances of physical contact.

(American Academy of Pediatrics, 1996; Nehring, 2005; Roth & Morse, 1994; Volkmar & Wiesner, 2004)
Individuals with intellectual and other developmental disabilities present unique characteristics that may contribute to the development of behavior considered offensive or criminal (Griffiths & Fedoroff, 2008).

Low levels of sexual knowledge coupled with high levels of interest/motivation and limited understanding of sexual rights and legalities (Pecora, Mesibov, & Stokes, 2016) are associated with higher rates of involvement in the criminal justice system than might otherwise expected (e.g., Loftin & Hartlage, 2015).


Number 1

Because They Are People & Like All People
Individuals with Autism Have The Right
To Learn All They Can To Enable Them To
Become Sexually Healthy Persons

Healthy Sexuality

Why ABA to teach this stuff?
First
Sex is just behavior. Whatever body part(s) is involved it is all just behavior.

-J. Bering, (2012)

Second
There continues to be “lack of evidence [supporting the] effectiveness of sex education and training for persons with DD” (Duval, 2002, p. 453) which Behavior Analysis is able to provide.
and Third

- Many of the basic instructional goals in sexuality education boil down to both simple and complex discrimination skills. For example:
  - Boy or Girl
  - Men's room or Lady's room (or Blokes v. Shielas; Senors v. Senoritas; M v. W; and so on...)
  - Where or with who you can/cannot:
    - Be naked
    - Masturbate
    - Curse
    - Help with toileting or menstrual care
    - Leave school with
    - Touch certain parts of your body

Public/Private Discriminations at Home

- From an early age families need to be clear and consistent with family rules about privacy
  - Restrict nudity in public parts of the house
  - Dress and undress in bedroom or bathroom
  - Close doors and window shades for private activities
  - Teach use of robe
  - Caregivers should model knocking on closed doors before going in

(American Academy of Pediatrics, 1996; NICHCY, 1992; SIECUS, 2001)
Working Definitions...

- *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)

- *Sex* can simply mean gender, whether you’re male or female. *Sex* can also mean the physical act of sexual intercourse.

- *Sexuality education* is a life-long process that encompasses many things: the biological, socio-cultural, psychological and spiritual dimensions of sexuality.

Further complicating things...

- There are different types of sexual language including:
  - Formal/polite – *Vagina*
  - Technical – *Labia, Cervix, Clitoris, Vulva*
  - Cute – *Va-jay-jay, Muffin, Little man in the boat, Punani, Lady parts, etc.*
  - Slang – *Snatch, Beaver, Twat, Pussy, etc.*
In addition...

- Individuals with autism can be concrete thinkers who interpret things literally, so...
- Be frank during instruction
- Provide clear visual and verbal examples
- Avoid euphemisms
- For example... (Rated R)

Some responses of adults with autism during an assessment* of sexual knowledge

Q: Tell me about this picture.

A: “[T]he people were sitting on the couch ‘being friends’.”

(Konstantareas & Lunsky, 1997, p. 411)
Guidelines for teaching

- Think ahead and be proactive
- Be concrete
- Serious, calm, supportive
- Break larger areas of information into smaller, more manageable blocks
- Be consistent, be repetitive
- What are the practical implications
- Teach all steps and in the correct order
- Consider using multiple instructional mediums
- Incorporate the social dimension of sexuality when and wherever appropriate

*Source: L. Mitchell, RCSW, The Cody Center

The 6 Rules of Presentation:

- Simple
- Visual
- Individualized
- Repetitive
- Fun
- Concrete
K.I.S.S.B.K.I.A.
(Keep It Simple Stupid But Keep It Accurate)

BAD VISUAL

K.I.S.S.B.K.I.A.
(Keep It Simple Stupid But Keep It Accurate)

The reproductive anatomy of the male

NOT MUCH BETTER
K.I.S.S.B.K.I.A.  
(Keep It Simple Stupid But Keep It Accurate)

PRETTY DECENT

How many here could complete this worksheet?
What we would actually use
Teaching materials

- Commercial products include:
  - Anatomically-correct dolls
  - Anatomical models of body parts
  - Written materials and pictures
  - Slide shows and videos
- Shop carefully-- most products were not created for people with ASD, and they are expensive
Teaching materials

- Creating your own is easy and less costly

- Resources include:
  - Medical and nursing textbooks
  - Patient education materials
  - Sexuality education books at the library
  - Google Image search
  - Planned Parenthood
  - Homemade digital photos & videos (NOT of nudity or private activities)

The 4 Basic Goals of Sex Ed

- Provide accurate Information
- Develop the necessary social competencies
- Develop personal values
- Promote individual safety
Information

Central Instructional Concepts

- Public versus private behavior
- Good touch versus bad touch
- Proper names of body parts
- “Improper” names of body parts
- Personal boundaries/personal spaces
- Masturbation
- Avoidance of danger/Abuse prevention
- Social skills and relationship building
- Dating skills
- Personal responsibility and values
What to teach and when... some general guidelines.*

- Preschool through Elementary
  - Boys v. girls
  - Public v. private
  - Basic facts inc. body parts
  - Introduction to puberty (your changing body)
  - Introduction to menstrual care
  - Appropriate v. inappropriate touching
  - Bathing, dressing, and privacy


Middle School & Beyond

- Puberty & Menstruation (if not yet addressed)
- Ejaculation and wet dreams (if not yet addressed)
- How to say “no” (if not yet addressed)
- Masturbation (if not yet addressed)
- Public v private behavior
- Public restroom use
- Attraction and sexual feelings
- Relationships and dating
- Personal responsibility and family values
- Sexual preference
- Laws regarding sexuality
- Pregnancy, safe sex, birth control
- Etc.
The same techniques we use to teach other behaviors can be used in this area too

- Activity Schedules
- Shaping
- Chaining
- Prompting
- Video-Modeling
- Discrete Trial Instruction
- Massed Practice
- Functional Assessment

Preventing Problems with Masturbation

- Early on designate where it is OK to masturbate
  - Individual’s bedroom
  - Avoid teaching use of bathroom
- Teach rules for appropriate time/place
- Teach sometimes it’s not an option
- Schedule private time

(Baxley & Zendell, 2005; Koller, 2000; NICHCY, 1992; Volkmar & Wiesner, 2004)
Intervention with Situationally Problematic Masturbation

- Interrupt the behavior as soon as possible but don’t punish or overreact
- Remind the individual of the rules for appropriate masturbation (referring to any visual supports necessary)
- Redirect the student to:
  - An activity that requires use of hands
  - A physical activity
  - An activity that requires intense focus
  - To his/her bedroom, if available
- Reinforce student when he/she is engaging in appropriate behavior

(Baxley & Zendell, 2005; Koller, 2000; NICHCY, 1992; Volkmar & Wiesner, 2004)

VALUES
(I am not going to talk about values)
SOCIAL COMPETENCE

UNspoken Communication
GUYS
One Thing Behavior Analysts Need to Understand about Social Skills
Social Skills are NOT Linear

But rather are logarithmic
### Functional Analysis of Social Responding

<table>
<thead>
<tr>
<th></th>
<th>Positive Reinforcement</th>
<th>Negative Reinforcement</th>
<th>Positive Punishment</th>
<th>Negative Punishment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Greeting</strong></td>
<td>Attention in the form of social greeting returned</td>
<td>Social isolation terminated?</td>
<td>Attention in the form of social greeting returned</td>
<td>Social isolation terminated</td>
</tr>
<tr>
<td><strong>Sharing Food</strong></td>
<td>Increased peer interactions (i.e., those reinforced by food)</td>
<td>Social isolation terminated?</td>
<td>Increased peer requests for food.</td>
<td>Removal of a quantity of food</td>
</tr>
</tbody>
</table>

### Challenges to Sexuality Education for Learners with ASD.

- The social dimension of sexual behavior
- Differentiation between public and private behavior and reality v. fantasy
- Ensuring the maintenance of learned skills, particularly those associated with sexual safety
- Balancing individual safety with personal respect and individual rights
- Issues related to law enforcement
Some Resources

[Images of book covers and titles]

Some Resources

[Another set of book covers and titles]
Some Resources

AND LASTLY
Don’t dream it. Be it!

A failure is not always a mistake, it may simply be the best one can do under the circumstances. The real mistake is to stop trying.

B.F. Skinner
1904 - 1990
Save the World with Behavior Analysis