

SUPPORTING YOUTH WITH AUTISM SPECTRUM DISORDERS WHO ENGAGE IN DANGEROUS SEXUAL BEHAVIOR: APPLYING EVIDENCE-BASED PRACTICES TO INTERVENTION AND COMMUNITY-BASED SUPPORTS

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 **Contingency Analysis** 

Behavior should always be interpreted in terms of two other variables-- those that happen immediately before the behavior-- and those that happen immediately after.

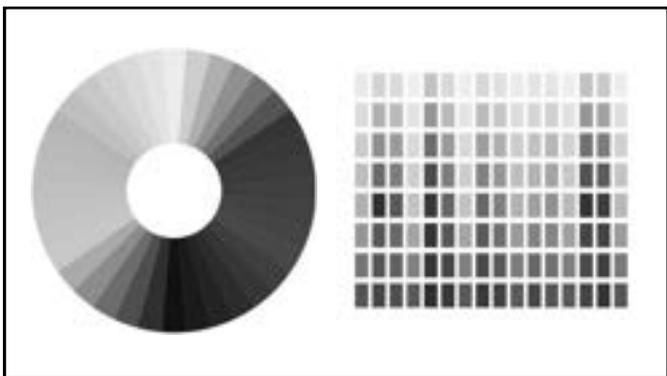
A	B	C
cue	response	result
antecedent	behavior	consequence

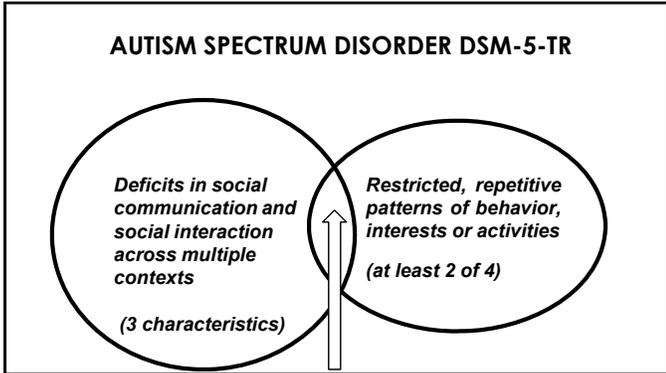
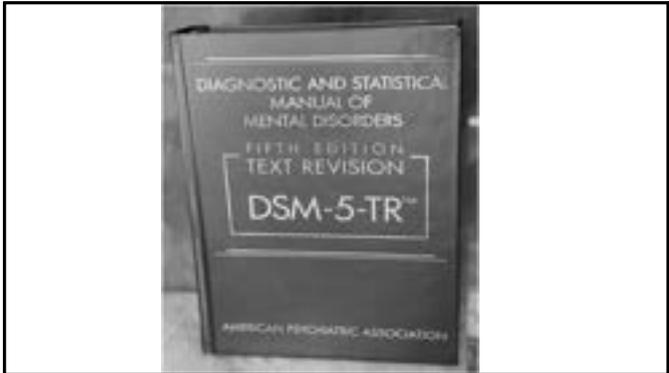
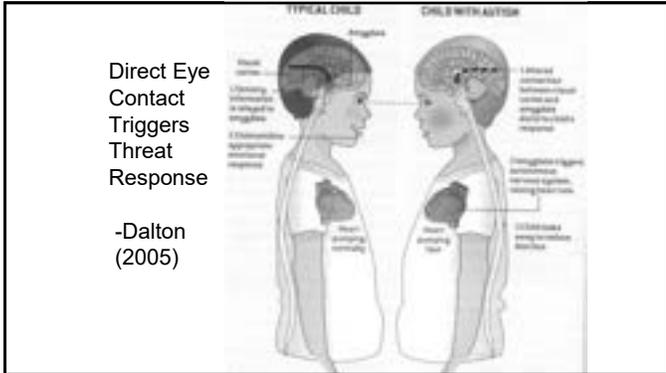
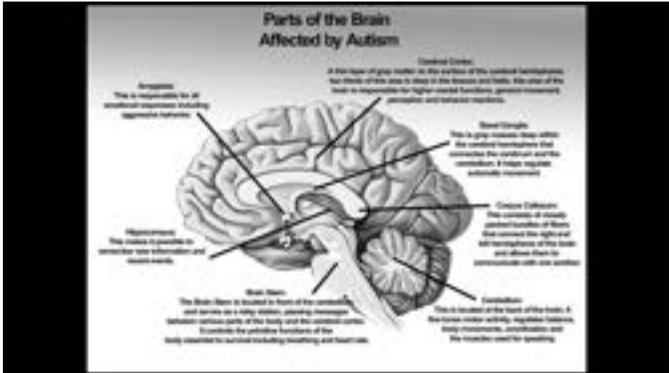
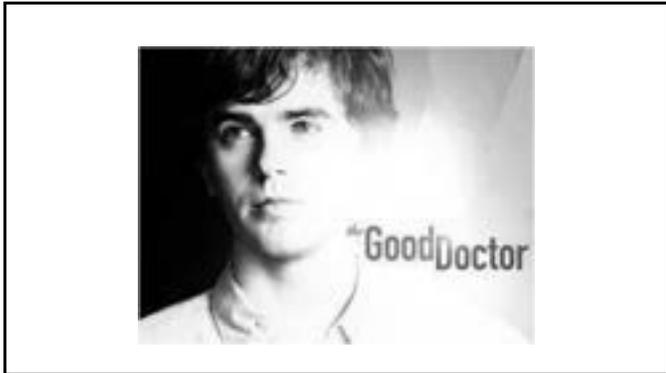
SEXUALITY EDUCATION FOR STUDENTS WITH AUTISM SPECTRUM DISORDERS (ASD)



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Center for Autism & Related Disabilities
University of Central Florida







Severity Level for ASD	Social Communication	Restricted interests & repetitive behaviours
Level 3 - Requiring very substantial support	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning; very limited initiation of social interactions and minimal response to social overtures from others.	Preoccupations, focused interests and/or repetitive behaviours markedly interfere with functioning in all contexts. Stereotyped patterns when rituals or routines are interrupted; very difficult to redirect from focused interests or returns to it quickly.
Level 2 - Requiring substantial support	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions and reduced or abnormal responses to social overtures from others.	RRBs and/or preoccupations or focused interests appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress or frustration is apparent when RRBs are interrupted; difficult to redirect from focused interest.
Level 1 - Requiring support	Without supports in place, deficits in social communication cause noticeable impairments. May exhibit limited social interactions and demonstrates clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions.	Rituals and repetitive behaviours (RRBs) cause significant interference with functioning in one or more contexts. RRBs are often by others to interrupt RRBs or to be redirected from focused interest.



Surveillance Year	Birth Year	# of ADDM Sites Reporting	Combined Prevalence per 1,000 Children	This is 1 in X Children
2000	1992	6	6.7	1 in 150
2002	1994	14	6.6	1 in 150
2004	1996	8	8.0	1 in 125
2006	1998	11	9.0	1 in 110
2008	2000	14	11.3	1 in 88
2010	2002	11	14.7	1 in 68
2012	2004	11	14.5	1 in 69
2014	2006	11	16.8	1 in 59
2016	2008	11	18.5	1 in 54
2018	2010	11	23.0	1 in 43

Centers for Disease Control & Prevention C, December 3, 2021



- KEY FINDINGS IN OUTCOME DATA FROM SEED
- There is no one cause of autism
 - Children with autism experience delays in receiving specialized health services
 - Maternal psychiatric conditions were associated with increased risk of neurodevelopmental disorders in their offspring – including autism and I/DD
 - Data support a link between maternal and child immune conditions and ASD & DD
 - “Toileting Resistance” is more common among children with ASD
- Please see “Presentation Citations” for articles related to each bullet point

SNAPSHOT OF ASD IN AMERICA

- 1 in 44 children have an autism spectrum disorder (ASD) in the United States
- 1 in 45 adults have an ASD in the United States

SNAPSHOT OF ASD IN AMERICA

- 4:1 ratio of boys versus girls
- An estimated 30% of those diagnosed with ASD also have an intellectual impairment



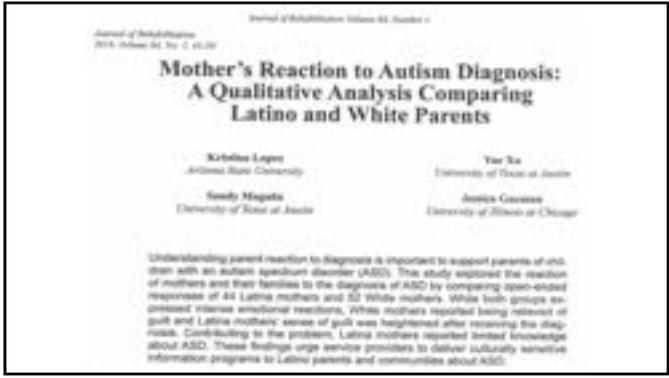
DIAGNOSING ASD: CHILDREN WHO ARE BLACK VERSUS CHILDREN WHO ARE WHITE

- Historically diagnosed at lower rates
- Diagnosed later (on average a year later)
- Are more likely to be misdiagnosed
- Are less likely to receive a developmental evaluation prior to the age of 3
- Who are eligible for Part C (IDEA) services (early intervention) were FIVE times less likely to receive such services (Dababnah, et al 2018)



TIMING OF THE DIAGNOSIS IN AFRICAN AMERICAN CHILDREN; DR. JOHN CONSTANTINO, MD ET AL (8/24/2020)

- In a sample of comprised of 584 children and their families:
 - Parents of the children recognized delays and signs of ASD up to 3 years prior to their diagnosis
 - 98.2% of the families reported having some type of insurance coverage at the time of the first concerns
 - delay most commonly reported was "delay in walking"



- Latino children with ASD have documented difficulty accessing appropriate primary health care (routine health, behavioral, speech, language, occupational, physical therapies, dental care, and mental health services)
- Latino children have lower rates of receiving various specialty services (behavioral interventions, occupational therapy, toilet training, sleeping problems, eating problems, and social skills training) compared to their white non-Latino peers
- As compared to their non-Latino, white peers, Latino children with severe limitations received fewer specialty services

-Son, Magana, Pedraza, & Parish "Providers' Guidance to Parents and Service Use for Latino Children with Developmental Disabilities" *American Journal on Intellectual & Developmental Disabilities* (125), 1, 64-75

Comorbid Conditions Associated with ASD



AMERICAN JOURNAL ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
©AAIDD 2020, Vol. 125, No. 1, 49-63
DOI: 10.1352/1944-7558.125.1.49

Associated Risk Factors for Depression and Anxiety in Adults With Intellectual and Developmental Disabilities: Five-Year Follow Up

Kelly Hsieh, Haleigh M. Scott, and Sumithra Murthy

Abstract

A better understanding of the factors associated with depression and anxiety in people with intellectual and developmental disabilities (IDD) is needed to provide guidelines for service providers, clinicians, and researchers as well as to improve the diagnostic process. The current study used a longitudinal dataset to explore demographic, health, and psychosocial risk factors of anxiety and depression in adults with IDD. Women were more likely to have depression while older adults, people with autism, and people with hearing impairments, were more likely to have anxiety. Chronic health conditions were associated with both anxiety and depression, while changes in stressful life events were associated with an increased risk of anxiety. Clinical and research contributions are discussed.

Challenges with Sleep Disorders

- Difficulty falling asleep and staying asleep
- Significantly affected by anxiety – which frequently impacts sleep
- Mornings are particularly challenging for a variety of reasons



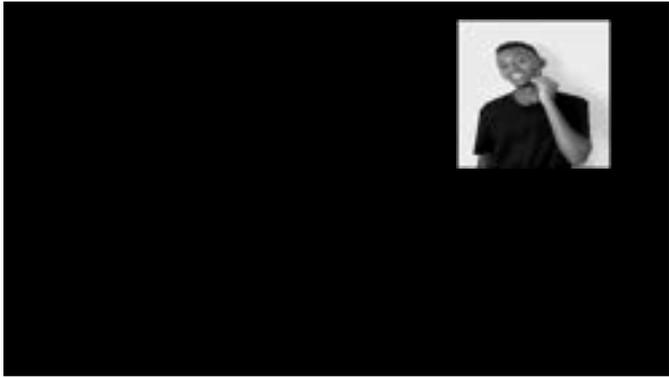
 **SUICIDE RISK WITH ASD**

- Higher rates of suicide attempts and suicide among persons with ASD
- The rate of suicide attempts increases with age
- Suicidality is more common among those with HFA
- Protective factors (e.g. relationship, employment, and education) in neurotypical population do not appear to offer the same protection for those with ASD

-Kolves et al., 2021 & Pelton, et al., 2020

- **A 20-year Study of Suicide Death in a Statewide Autism Population (A. Kirby, et al. January 2019)**
- Surveillance data analysis in UT between 2013-2017 reveal suicide by those with ASD is significantly higher than the non-ASD population
- 3X higher for females with ASD



DISABILITY & RISK OF SEXUAL VIOLENCE

- Women & Men with disabilities are at greater risk for sexual violence victimization
- Having a disability is often associated with an increased risk of sexual coercion and noncontact unwanted sexual experiences

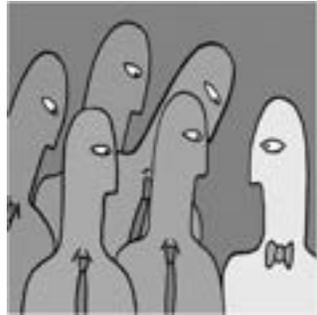


- Basile, Breiding, & Smith, 2016; Weiss & Fardella, 2018; Fardella, Riosa, & Weiss, 2018; Gibbs et al. 2021

THE PARENT FACTOR



- The gospel according to Mom
- Many individuals with ASD only have one perspective about sexuality and in many cases this information is: not sufficient, erroneous, or misaligned with the individual's personal orientation and/or desires
- **Prevailing myths:** he isn't interested in sex, he is functioning like a 5 year old in a 15 year old body, and people with autism are more likely to develop deviant arousal if we teach them about sexuality



- Mehzabin & Stokes (2011) found that in comparison with typically developing individuals, youth (18 – 30 year olds) with ASD engage in fewer social behaviors, have fewer sexual experiences, are more sexually frustrated, depressed and concerned with finding a partner
- Research suggests that individuals with ASD who engage in inappropriate sexual behaviors do so because of punitive attitudes of caregivers, lack of education, or limited opportunities for privacy (Fernandes et al. 2016)



Tips for a 5 year old who is getting vaccines in a couple of weeks? He's always been terrified and screams bloody murder. What's the best approach here? We always need to restrain and I absolutely hate the entire process.



I recommend having them lie down on their back and then you lie on top of them on the exam table. The pressure helps calm them....



Intimate Partner Violence (IPV)

• 1 in 5 women and 1 in 7 men report having experienced severe physical violence from an intimate partner in their lifetime



• 1 in 5 women and 1 in 12 men have experienced contact sexual violence by an intimate partner



WHAT WE KNOW ABOUT STALKING

- Typologies exist including "Rejected", "Intimacy Seekers", and "Resentful" (McEwan et al. 2009; Meloy, 2021)
- According to most literature – "Intimate Type" stalking is the most dangerous (Mohandie et al. 2006; McEwan et al. 2009; Meloy 2021)
- In McEwan et al. 2006 - 90.3% of those stalking were in the category of "rejected ex-intimate" (Meloy, 2021)



AUTISM SPECIFIC VULNERABILITY

- Difficulty in correctly interpreting interpersonal cues
- Perseverative focus on desired people
- Inability to deal with/manage rejection
- ToM (difficulty understanding how others perceive their behavior) -Post, et al. 2012



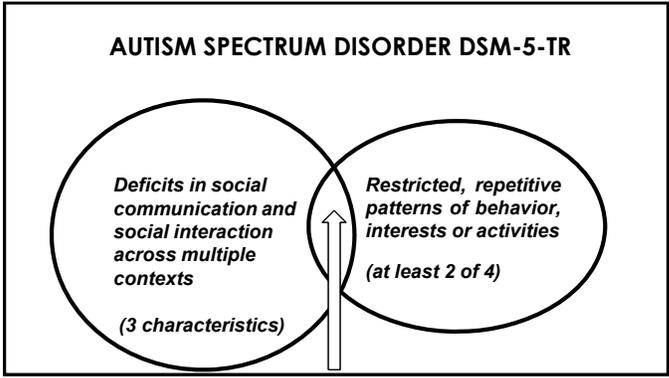


“Though now equipped with a full-grown sexual drive, many ASD males are stuck emotionally at a prepubescent age. They look like grown men, but inside they’re only 10 years old. They don’t want adults to show them how sex is done; they want 10-year-olds to show them.”

“Back in school, when they were little and the other kids played “you show me yours and I’ll show you mine,” ASDs were left out. Now at last they’ve found a way to join the old childhood game and it’s with their trusty friend, the computer.”

Eustacia Cutler, August 2013, The Daily Beast

- “He is completely socially inept....because of these deficits he would NEVER touch anyone (reference to contact offending)”
- “He has severe sensory issues and specifically has tactile defensiveness...therefore, he presents no risk for re-offending or committing a contact offense”
- “He is very rigid and rule-bound...because of his autism he follows all directions and rules...”
- “He only looks at children because he sees himself as a child...”



DSM-5-TR: Social Communication and Social Interaction

1. *Deficits in social-emotional reciprocity*
2. *Deficits in nonverbal communicative behaviors used for social interaction*
3. *Deficits in developing, maintaining, and understanding relationships*

Deficits in social-emotional reciprocity:

- Abnormal social approach
- Abnormal reciprocity
- Reduced sharing of interests, emotions, or affect
- Failure to initiate or respond to social interactions

Deficits in nonverbal communicative behaviors used for social interaction:

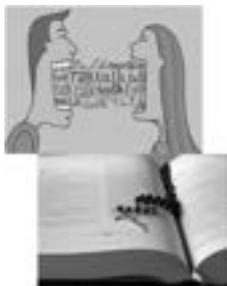
- Poorly integrated verbal and nonverbal communication
- Usual eye contact or "body language"
- Inability to recognize fear, discomfort, disdain, or other clear signs of emotional output in a communicative partner
- Total lack of facial expressions and nonverbal communication

Deficits in developing, maintaining, and understanding relationships:

- Difficulty adjusting behavior to suit various social contexts (e.g., Hidden Curriculum)
- Difficulty in making friends
- Absence of interest in peers (e.g., often manifested as clear preferences for topics or activities same-aged peers may not be interested in)

ADDITIONAL COMMUNICATION DIFFICULTIES

- Overly formal use of language (pedantic speech)
- Frequent interruptions or talking over their communicative partner (or excessive talking)
- Inappropriate comments or "violations" of "social etiquette"



FIGURATIVE LANGUAGE CHALLENGES

- Metaphors – literally don't make sense
- Life is not going to be a bed of roses
- You're a couch potato
- Once you are done with probation, the world will be your oyster



FIGURATIVE LANGUAGE CHALLENGES

- Hyperbole – outrageous exaggerations
- You could knock me over with a feather
- I have told you one million times to plug your GPS unit into the wall



FIGURATIVE LANGUAGE CHALLENGES

- Simile – comparing two things with the words "like" or "as"
- Busy as a bee
- Clean as a whistle
- They fight like cats and dogs



FIGURATIVE LANGUAGE CHALLENGES

- Idioms – things people say that literally don't make sense
- You have a chip on your shoulder
- You want me to cut you some slack?
- You need to bite the bullet and get to group on time
- You are beating a dead horse
- You need to hold your tongue



CHALLENGES WITH UNDERSTANDING SOCIAL LANGUAGE



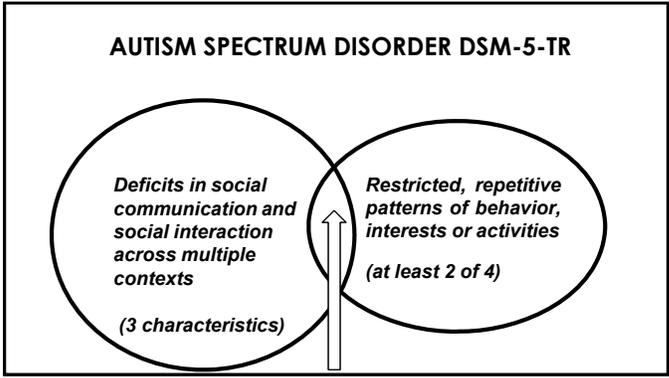
- Chill/Chill out
- Hang tight
- Cut the crap
- Don't play games with me

**Please keep in mind individuals with ASD are VERY literal and often do not understand the way language is being used in a social context

SOCIAL FATIGUE



- Extreme exhaustion as the result of “being present” for an interview, conversation, etc.
- Many with ASD experience difficulty in social settings where they are unable to “read the room”
- Challenges with managing stimulus in the environment (e.g. prison doors shutting, people talking or laughing)



RESTRICTED, REPETITIVE PATTERNS OF BEHAVIOR, INTERESTS, OR ACTIVITIES



- Repetitive motor movements (e.g. rubbing of face, twisting of hair, rubbing legs, rocking, etc.)
- Unusual use of objects or speech (e.g., motor stereotypies (repetitive movement or sounds), echolalia (repeating), or idiosyncratic phrases)

RESTRICTED, REPETITIVE PATTERNS OF BEHAVIOR, INTERESTS, OR ACTIVITIES

- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
- Difficulty with transition
- Unusual greeting or parting rituals
- Wearing the same clothes everyday or eating the same food with little variation



RESTRICTED, REPETITIVE PATTERNS OF BEHAVIOR, INTERESTS, OR ACTIVITIES

- Highly restricted, fixated interests that are abnormal in intensity or focus
- Strong attachments to or preoccupation with unusual objects, images, or sounds

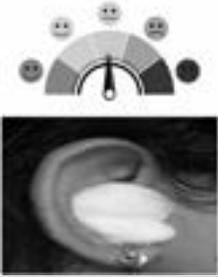


"I AM A NAUSEATING EXPERT IN SOME AREAS"



RESTRICTED, REPETITIVE PATTERNS OF BEHAVIOR, INTERESTS, OR ACTIVITIES

- Hyper- or hypo-reactivity to sensory input
- Apparent indifference to pain/temperature
- Adverse response to sounds or textures
- Excessive smelling or touching of objects
- Including difficulty with: clothing, food over selectivity, cleansing, brushing teeth, bug bites, and intensive colors or patterns




COMMON SENSORY TRIGGERS

- Loud or unexpected noises
- Repetitive noise (e.g. prison doors opening and closing)
- Physical contact
- Forced eye contact



Safe Hair Removal



GASTROINTESTINAL ISSUES

- Many individuals with autism report significant concerns related to using the bathroom including:
 - Anxiety with using public restrooms
 - Frequent constipation or diarrhea
 - Concerns about toilet paper



My client is diagnosed with ASD or I strongly suspect he or she has ASD – what is the best intervention?



Suggested Supports



EVIDENCE-BASED ASD INTERVENTIONS



- Visual Supports
- Applied Behavioral Analysis (ABA)
- Video Modeling (self, model, or POV)
- Social Stories
- Role playing

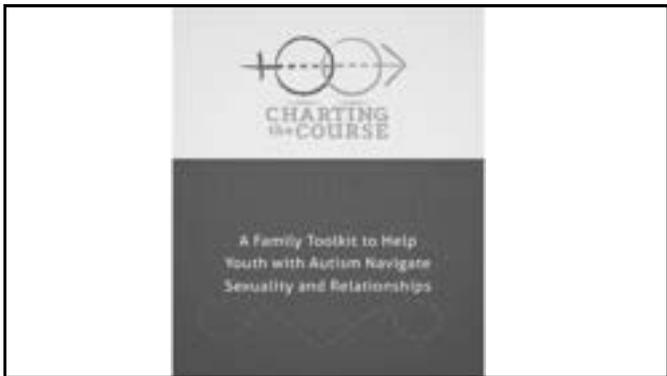
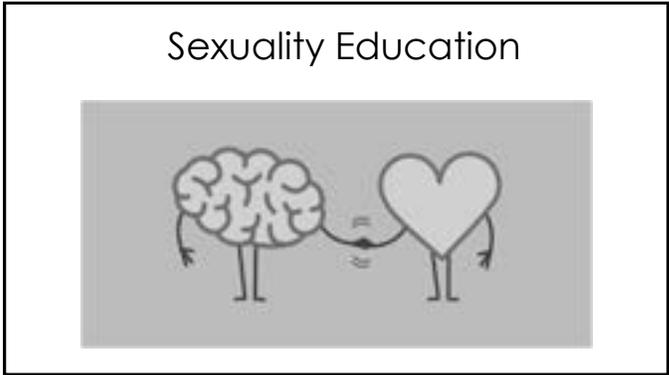
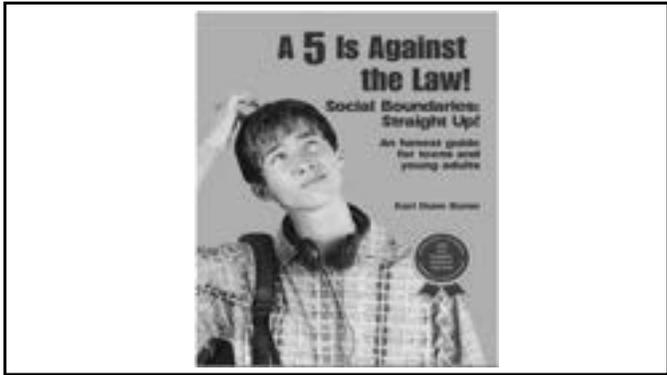
Safety & Social Appropriateness

- Pursue 504 or IDEA/IEP to address maladaptive behavior and for accountability



- In some cases, an additional safety plan is necessary in a school setting
- We need to make sure our students have the basic skills needed to stay safe and have a meaningful life
- SAFETY should always be a priority in an educational setting

5	Having embarrassing thoughts or feelings such as trying to or adjust my private parts.	This is normal, everyone feels aroused sometimes. When this happens to me I can focus on something like sports, music, or another topic.
4	Putting my hands in my pants to touch or adjust any of my private parts in class or in a public place where other people can see me.	These actions make other people very uncomfortable and could lead to my suspension, expulsion, or being arrested.
3	Adjusting my private parts in any way by touching the outside of my pants or putting my hands inside my pockets.	I should not do these things in public because they are illegal. If I feel the need to do this I can put my hands on my desk and think about other topics.
2	Getting an erection while in a public place like class or anywhere else where people can see me.	This is normal. When this happens to me I can tell my hands in front of my erection to hide it and think about something else.
1	Having arousing thoughts or feelings such as trying to or adjust my private parts.	This is normal, everyone feels aroused sometimes. When this happens to me I can focus on something like sports, music, or another topic.



Charting the Course: A Family Toolkit to Help Youth with Autism Navigate Sexuality and Relationships

- Pugliese, C.E., Ratto, A.B., Granader, Y., Dudley, K.M., Bowen, A., Baker, C., & Anthony, L.G. (2021). **Feasibility and Preliminary Efficacy of a Parent-Mediated Sexual Education Curriculum for Youth with Autism Spectrum Disorders.** *Autism: the International Journal of Research & Practice*, 24(1), 64 – 79.
- Baker, C.D., Ziegert, A., Bowen, A., Owczarzak, J., & Willis, S. (2013). **Charting the Course.** Silver Spring: Danya International, Inc. file:///C:/Users/drkim/Downloads/Charting%20the%20Course.pdf



- The Birds and The Bees: Teaching Human Sexuality to Individuals on the Autism Spectrum and with Developmental Disabilities (asdsexed.org)

- Curtiss, S.L., & Ebata, A.T. (2016). Building Capacity to Deliver Sex Education to Individuals with Autism. *Sexuality and Disability* (34), 27-47.



- AMAZE strives to assist adults (parents, guardians, educators and health care providers) around the globe to communicate effectively and honestly about sex and sexuality with the children and adolescents in their lives.
- Engaging, educational, age-appropriate, often humorous sex education videos for young adults.
- Educational resources, including short videos, to build the skills of parents and guardians to better communicate with their children about sex and sexuality.
- Toolkits, lesson plans, promotional materials and other resources to help educators and health care providers refer students and young patients to AMAZE as an available, free and fun resource to learn about sex and sexuality.
- Link for educators: <https://amaze.org/educators/>



Sex Education by Tik Tok?

- TikTok had 1.2 billion monthly active users in the final 3 months of 2021 and is expected to reach 1.5 billion by the end of 2022
- Porn Hub has videos mimicking one of the apps popular trends or challenges
- "pornified duet"
- "performers" able to drive pornography distribution with relative ease (only fans sites)
- Impacts of pornography on youth – "The predominant harm caused by exposure to pornography is the desensitization and normalization of the attitudes and behavior depicted in the pornographic material" (Campbell 2019)

Apps Can Be Dangerous



- Snap chat – 1 in 6 users have received inappropriate photos
- Most have little to no control over content featured or who is using the app
- Nudity, pornography, and other disturbing content is easily accessible
- "Stranger-based" interactions are featured, encouraged and often paired with location tracking
- Research suggests vulnerable youth are equally at risk on-line

IS IT NORMAL TO WATCH PORN?



Significant Concerns with Youth Pornography Exposure



- Strong correlation between poor mental health and frequent pornography viewing
- Growing body of research suggests individuals with ASD who view pornography at an early age are significantly more likely to engage in sexually maladaptive behavior
- Repeated exposure to pornography contributes to distorted views of normative, acceptable, or desired sexual behaviors

– (Davis et al. 2020, Lim et al. 2017, and Pratt, 2015)

Looking at pornography and having sexual feelings is completely normal, especially at my age.

It is completely natural to be curious and interested in sex, and enjoy watching pornography when you are an adult.



Sometimes I will use my parents' computer without their permission to view pornography. Other times, I will go around the firewall and safety settings my parents put on the computer, so that I can see whatever I want.



It is dangerous to look at pornography without my parents' permission. There are some types of porn that are legal and there are other kinds that could get me in a lot of trouble or sent to jail.

For example, pornography with anyone under 18 years old is illegal, and I can get in a lot of trouble with the law if I am found watching it.



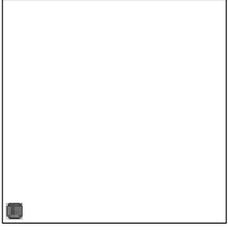
I also know it is not safe or appropriate to chat with any strangers on the internet, or to give any personal information to websites where I view pornography.





My parents are here to help me know what I can and can't watch, and they help keep me out of trouble. When I watch pornography without their permission, I might make a mistake and get in a lot of trouble for watching something illegal.

New Zealand Safe Porn Campaign



Digital Birds & BEES – Alex Rodrigues, Psy.D.

[Homepage - Digital Birds and Bees](https://digitalbirdsandbees.com/)

<https://digitalbirdsandbees.com/>

Pornography Questions for Youth

- What type of content have you viewed?
- Was the sex you viewed consensual? How did you know?
- Can pornography influence the way someone engages in physical sex?
- Are men and women treated (depicted) as equals?
- Is intimacy different from sex?



-Alex Rodrigues, Psy.D. – Digital Birds & Bees: Talking Tech, Teens, & Sex, February 4, 2022

CATFISHING

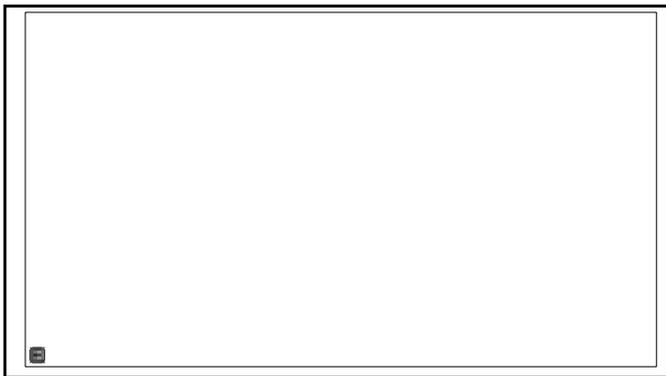


- Do your research: Google, social media, known friends or organizations (Catfish prevention)
- Use an alternative phone number (Google, Skype, app, etc.) to communicate at first
- Video chat before meeting in person
- Tell your friend(s) or family about people of interest (secret = dangerous)

Sextortion



- Sextortion is a serious crime that occurs when someone threatens to distribute your private and sensitive material if you don't provide them images of a sexual nature, sexual favors, or money
- The perpetrator may also threaten to harm friends or relatives by using information they have obtained from electronic devices unless
- Perpetrators of sextortion rely upon shame




Romance
/ro'mans, 'rō, mans/

“How can I help you experience your sexuality without harming yourself or others?”

-Dr. Jill Levenson



Pre-Assessment

- Have you had training or received information about sexuality? If so, please describe.
- Have you had training or received information about dating? If so, please describe.
- What are “romantic” relationships?
- How old should you be when you start to have a “romantic relationship”?



Pre-Assessment

- Do you have any fears about entering into a “romantic relationship”?
- What would you like to know about “romantic relationships”?
- What does “dating” mean to you?
- How old should you be when you start dating?
- What kinds of things would you do on a date?



Pre-Assessment

- Do you have any fears about going on a date/dating?
- What would you like to know about dating?
- What things “physically” attract you to another person?
- What things “emotionally” attract you to another person?
- Please list at least 2 specific behaviors a person will show or do when they are **physically** attracted to you and want to engage in/have a romantic relationship?



Pre-Assessment

- Please list at least 2 specific behaviors a person will show or do when they are **emotionally** attracted to you and want to engage in/have a romantic relationship?
- Please list at least 2 specific behaviors a person will show or do when they are NOT attracted to you emotionally or physically and DO NOT want to have a relationship with you?
- Please list at least 2 specific behaviors a person will show or do when YOU are making them uncomfortable?

Keep in mind – people have different interests and different ideas about what “fun” and “romance” mean



ROMANCE SHOULD LOOK LIKE:

- Person is happy to see you
- Person smiles when they are around you
- Person looks at you when they are talking to you
- Person listens to you
- Person shares some of your interests
- Person is comfortable with you, and you should be comfortable with him/her
- Person enjoys spending time with you



HOW WILL YOU KNOW WHEN SOMEONE IS NOT INTERESTED IN YOU?

- They may cross their arms when they see you or during conversation
- They may look away from you while you are talking to them
- They may speak in an angry or harsh tone to you
- They might be scanning the room to look for another person to engage
- They abruptly start talking to another person
- They repeatedly look at their phone
- They put their hands up or move away from you

SOMEONE WHO DOES NOT CARE ABOUT YOU:



- Expects a bribe or gifts to be friends
- Teases you every time they see you or are around you
- Posts negative things on social media or tells other people untrue or unkind things about you
- Only does what he/she wants to do (activities)
- Makes you feel uncomfortable

IDENTIFYING “ROMANCE” THAT WORKS FOR YOU



- Regarding touch and physical intimacy – what are you comfortable with? (Sensory needs)
- What types of behavior from your romantic partner make you feel cared for and connected?
- How can you communicate with your romantic partner about what you need to feel healthy and “loved”?



IDENTIFYING "ROMANCE" THAT WORKS FOR YOU

- Where can you get help if you are in a romantic relationship and need help understanding your partner's behavior?
- Who can you ask for help if you are having difficulty in your romantic relationship?
- If things are not going well in your relationship, who are "safe" people to seek advice from?



CASE EXAMPLES



Case Study #1

- 15 year old male charged with Sexual Battery, False Imprisonment, and Aggravated Stalking
- Well documented history of Special Education supports
- Significant social immaturity & anxiety
- No previous arrests or offenses
- Received sexuality education within the public school system

Treatment Challenges:



- **Treatment Challenges:**
 - Client's learning challenges (processing difficulty)
 - Complex and pervasive issues with mental health in immediate family
 - Located in a rural area
 - Entrenched behavior that had been reinforced by family and school personnel

Treatment Recommendations:

- **Client** = blended social skills training with specialized sex offender treatment; ASD specific social and executive functioning skills training, adapted Cognitive Behavioral Treatment (CBT), and self-determination training.
- **Client's parent** = Training on ASD, social skills intervention, and behavioral interventions.
- **Providers & Probation** = ASD overview training and coordinated treatment team planning
- ****Adapted CBT** = included: social communication and self regulation training with an emphasis on perspective-taking

INAPPROPRIATE EXPRESSIONS OF ATTRACTION

- Following someone
- Touching someone without permission or forcefully
- Pushing or hitting a person
- Saying things like "I love you" or "I will die without you"



ROMANCE SHOULD LOOK LIKE:

- **Person is:** happy to see you
- smiles when they are around you
- looks at you when they are talking to you
- listens to you
- shares some of your interests
- comfortable with you, and you should be comfortable with him/her
- enjoys spending time with you



HOW WILL YOU KNOW WHEN SOMEONE IS **NOT** INTERESTED IN YOU?

- They may cross their arms when they see you or during conversation
- They may look away from you while you are talking to them
- They may speak in an angry or harsh tone to you
- They might be scanning the room to look for another person to engage
- They abruptly start talking to another person
- They repeatedly look at their phone
- They put their hands up or move away from you

PROGRAM FOR THE EDUCATION AND ENRICHMENT OF RELATIONAL SKILLS (PEERS)

- It is recommended that XXXX and his family participate in a Program for the Education and Enrichment of Relational Skills (PEERS) social skills intervention program. PEERS is an evidence-based social skills training program developed at UCLA by Elizabeth Laugeson to support individuals diagnosed with autism spectrum disorder (ASD) or other social disorders who have difficulty with peer interactions and relationships. PEERS is specifically designed to assist motivated teenagers who are interested in learning ways to develop and maintain healthy friendships and relationships. During group sessions, participants are taught important social skills and are given the opportunity to practice these skills with guided practice via skilled facilitators. Parents attend separate sessions at the same time and are taught how to assist their teen in making and keeping friends by helping to expand their social network and providing feedback through coaching during weekly socialization homework assignments. PEERS groups typically consist of 8 – 10 participants and last anywhere from 12 – 16 weeks. PEERS groups are currently being offered by...

COPING WITH REJECTION

• **Types of Rejection:**

- Being Ignored - Unspoken Rejection
- Terse - Flat-Out 'No' Rejection
- "We Regret To Inform You..." - Nicely-Worded 'No' Rejection
- Excuse related - When you hear 'No' with reasons or a rational



COPING SKILLS FOR REJECTION

- Acknowledge your emotions & "download" them with appropriate and supportive people
- Understand everyone gets rejected and this is a normal part of life in all types of relationships – this doesn't mean you are "fatally flawed"
- Develop a list of positive traits about yourself to review when you feel sad, heartbroken, etc.
- Identify people in your "safety net" – ideally you should have at least 5
- What can I learn from this particular rejection?



TARGETED SCRIPTS



What to do when someone isn't receptive:

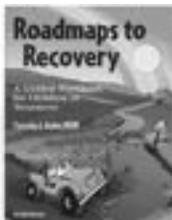
After asking someone to talk or have a conversation or for their phone number and they respond negatively...

"Ok, thanks anyway. It was nice talking with you." (Do not send any more messages unless the person contacts you)

"Ok, thanks anyway. It was nice talking with you! If you change your mind please let me know." (Do not send any more messages unless the person contacts you)

SHAME & SAFETY PLANNING

- We need to do a better job helping our client's deal with shame
- Many of our clients have experienced shame in various forms and have NO way to process this in a meaningful or healthy way



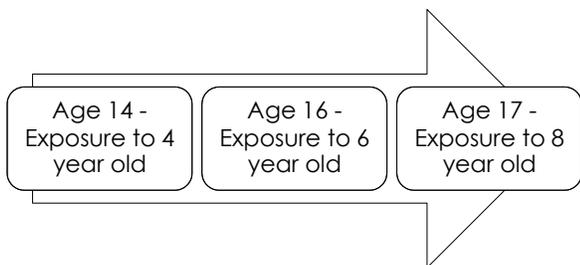
CASE STUDY #2

Referral: 18-year-old male with possible ASD charged with indecent exposure. Request for psychosexual evaluation, assessment for ASD, risk assessment, and treatment recommendations.

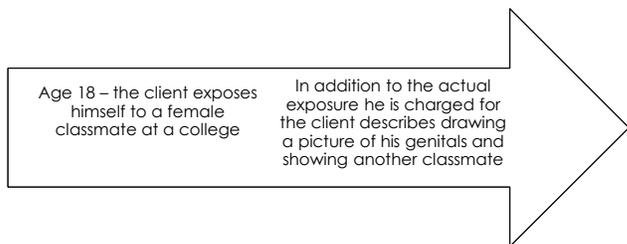
Brief History:

- At age 11 client was exposed to pornography by friends
- At age 12 client was discovered viewing adult pornography on-line including Anime and Henti (admitted interest in Ecchi, Lollicon, & Furaffinity)
- Family removed his computer access as a consequence
- Psychologist evaluated him and determined treatment WAS NOT indicated.

PROGRESSION OF DANGEROUS BEHAVIOR:



MULTIPLE OCCURRENCES OF INAPPROPRIATE BEHAVIOR



Forensic Questions:

- Does the client have ASD?
- Is the client sexually attracted to children?
- What is the client's risk level?
- Appropriate treatment interventions



ASD Questions:

- Does the client have ASD?
- Does he have a history of any ASD-related behavior?
- Was he supported in school for special education services?
- What is his level of functioning?



ASSESSMENT & INTERVENTION



- **Comprehensive Evaluation:** assessments via home visit, phone and interview of client by ASD expert and forensic expert. ASD assessments: ADOS-2, ADI-R, ABAS-3. Psychosexual/Risk assessment included AASI-3, PCL-R, MMPI-2-RF, and Static-99R
- Dx with Autism Spectrum Disorder, Pedophilic Disorder, Exhibitionistic Disorder, Persistent Depressive Disorder and deemed a Moderate Risk
- Intensive treatment program developed to include: local mental health provider, SO treatment, ASD expert, and forensic expert in conjunction with referrals to local providers for on-going support

Case Study #3

- 13 year old (almost 14 year old) charged with video voyeurism, CP production, possession and transmission
- Well documented history of Special Education supports and gifted placement
- No previous arrests, detected offenses or behavioral issues
- Facing legal and school sanctions




INTERVENTION RECOMMENDATIONS:

- Team meeting (family, school, victim's advocate, SRO) to discuss behavior and safety concerns
- Increased supervision with specific times/locations identified (e.g., restrooms, locker room, etc.)
- Routine examination of all electronics and monitoring applications on all devices
- Discussion of acceptable, age-appropriate images/video
- Targeted intervention to include specialized treatment and sexuality education



INTERVENTION RECOMMENDATIONS:

- Healthy (and safe!) masturbation images
- Education about the legal ramifications of behavior
- Targeted intervention to help client understand how his behavior hurt his victims
- Safety Plan identifying clear timeframes for the restoration of privileges based upon safe behavior and progress in therapy
- Review negative impacts of consuming illegal and "inappropriate" images (e.g., anxiety, depression, loneliness, self-esteem issues, etc.)



ATTRACTION & INTEREST IN OTHERS



ATTRACTION & INTEREST IN OTHERS

- **Attraction** refers to being physically and emotionally drawn to someone
- **Physical Feelings of Attraction** may feel like:
 - Heart beating fast
 - Breathing faster
 - Palms &/or underarms sweating
 - Dry mouth
 - Flushed face (face tingling)
 - Feeling excited all over your body
 - Stomach feels fluttery (butterflies)



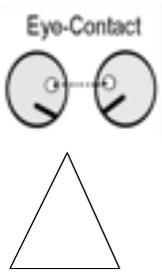
ATTRACTION & INTEREST IN OTHERS

- **Emotional feelings of attraction may feel like:**
 - Wanting to be near a specific person
 - Thinking about that person frequently
 - Feeling like you like him or her a lot
 - Feeling nervous around them (not knowing what to do or say around this person)



HOW CAN I EXPRESS MY ATTRACTION?

- Spend time together in an activity that you both enjoy
- Communicate about interests (text, talk face to face, email, etc.)
- Smile at that person
- Make eye contact during conversation
- Show interest in what they like (even if you do not like it!)
- Compliment him or her



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PRESENTATION CITATIONS

- Howlin, P., Goode, S., Hutton, J., & Rutter, M. (2004). Adult outcomes for children with autism. *Journal of Child Psychology and Psychiatry*, 45, 212-229. doi:10.1111/j.1469-7610.2004.00215.x.
- Jennes-Coussens, M., Magill-Evans, J., & Koning, C. (2006). The quality of life of young men with Asperger syndrome: A brief report. *Autism*, 10(4), 403-414. <https://doi.org/10.1177/1362361306064432>
- Koroukian, S. M., Schiltz, N. K., Warner, D. F., Sun, J., Stange, K. C., Given, C. W., & Dor, A. (2017). Multimorbidity: constellations of conditions across subgroups of midlife and older individuals, and related Medicare expenditures. *Journal of comorbidity*, 7(1), 33-43. doi:10.15256/joc.2017.7.91
- Laugeson, E.A., Frankel, F., Mogil, C. et al. *J Autism Dev Disord* (2009) 39: 596. <https://doi.org/10.1007/s10803-008-0664-5>

PRESENTATION CITATIONS

- Laugeson, E. A., & Frankel, F. (2010). Social skills for teenagers with developmental and autism spectrum disorders: The PEERS Treatment Manual. New York: Routledge.
- Laugeson, E. A., Gantman, A., Kapp, S. K., Orenski, K., & Ellingsen, R. (2015). A randomized controlled trial to improve social skills in young adults with autism spectrum disorder: The UCLA PEERS program. *Journal of Autism and Developmental Disorders*. Doi: 10.1007/s10803-015-2504-8
- Miller, P.M. & Ingham, J.G. *Soc Psychiatry* (1976) 11: 51. <https://doi.org/10.1007/BF00578738>
- Reichow, B., & Volkmar, F. R. (2010). Social Skills Interventions for Individuals with Autism: Evaluation for Evidence-Based Practices within a Best Evidence Synthesis Framework. *Journal of Autism and Developmental Disorders*, 40(2), 149-166.

PRESENTATION CITATIONS

- Howlin, P. (2000). Outcome in adult life for more able individuals with autism or Asperger syndrome. *Autism*, 4, 63-83.
- Robinson, E.B. and Lichtenstein, P. and Anckarsäter, H. and Happé, F. and Ronald, Angelica (2013) Examining and interpreting the female protective effect against autistic behavior. *Proceedings of the National Academy of Sciences of the United States of America* 110 (13), pp. 5258-5262. ISSN 0027-8424.
- Shtayerman, O. (2007). Peer victimization in adolescents and young adults diagnosed with Asperger's syndrome: A link to depressive symptomatology, anxiety symptomatology and suicidal ideation. *Issues in Comprehensive Pediatric Nursing*, 30, 87-107.

PRESENTATION CITATIONS

- St. John, L., Borschneck, G., & Cairney, J. (2020). A Systematic Review and Meta-Analysis Examining the Effect of Exercise on Individuals with Intellectual Impairments. *American Journal of Intellectual and Developmental Disabilities*, Vol. 125, No. 4, 274-286.
- Bridge, J. A., Greenhouse, J. B., Ruch, D., Stevens, J., Ackerman, J., Sheftall, A. H., Horowitz, L. M., Kelleher, K. J., & Campo, J. V. (2019). Association between the release of Netflix's *13 Reasons Why* and suicide rates in the United States: An interrupted times series analysis. *Journal of the American Academy of Child and Adolescent Psychiatry*.

PRESENTATION CITATIONS

- Baron-Cohen, S. (2002). *Trends in Cognitive Sciences*, Vol. 6 Issue 6. DOI: 10.1016/S1364-6613(02)01904-6.
- Buhrmester, D. (1990), Intimacy of Friendship, Interpersonal Competence, and Adjustment during Preadolescence and Adolescence. *Child Development*, 61: 1101-1111. doi:10.1111/j.1467-8624.1990.tb02844.x
- The Centers for Disease Control and Prevention (CDC) (<https://www.cdc.gov/>)
- *Understanding Aggressive Behavior in Autism* (October 29, 2020) Simons Powering Autism Research (SPARK)

PRESENTATION CITATIONS

- Lopez, K., Magana, S., Xu, Y., & Guzman, J. (2018) Mother's Reaction to Autism Diagnosis: A Qualitative Analysis Comparing Latino and White Parents. *Journal of Rehabilitation, 84(1)*, 41-50.
- Dababnah, S., Shaia, W.E., Campion, K., & Nichols, H.M. (2018) "We Had to Keep Pushing": Caregivers' Perspectives on Autism Screening and Referral Practices of Black Children in Primary Care. *Intellectual and Developmental Disabilities, 56(3)*, 321-336.
- National Alliance on Mental Illness (NAMI) (<https://www.nami.org/>).
- Alison Bourdeau (2019) NAMI presentation, "Autism Spectrum Disorder and Mental Health" PowerPoint Presentation with accompanying citations, May 2019.

PRESENTATION CITATIONS

- Riva, A.R., et al. (2011) The Ritvo Autism Asperger Diagnostic Scale-Revised (RAADS-R): A Scale to Assist the Diagnosis of Autism Spectrum Disorder in Adults: An International Validation Study. *Journal for Autism & Developmental Disorders, 41*, 1076-1089
- Belardinelli, C., Raza, M., & Maneli, T. (2016). Comorbid Behavioral Problems and Psychiatric Disorders in Autism Spectrum Disorders. *Journal of Child Developmental Disorders*
- Miller, C. (2013). Dan Aykroyd Says Being on the Spectrum Helping Him Make Ghostbusters. *Brainstorm Blog*, Child Mind Institute, December 12, 2013

PRESENTATION CITATIONS

- Constantino, J.N., Abbacchi, A.M., Saulnier, C., Klaiman, C., Mandell, D.S., Zhang, Y., Bates, J., Klin, A., Shattuck, P., Molholm, S., Fitzgerald, R., Roux, A., Lowe, J.K., & Geschwind, D.H. (2020). Timing of the Diagnosis of Autism in African American Children. *Developmental Behavioral Pediatrics, 146(3)*, 1-9, originally published online August 24, 2020.
- McCauley, J.B., Pickles, A., Huerta, M., & Lord, C. (2020). *Defining Positive Outcomes in More and Less Cognitively Able Autistic Adults. Autism Research, 13(9)*, 1548-1560.

PRESENTATION CITATIONS

- McEwan, T.E., Mullen, P.E., MacKenzie, R.D., & Ogloff, J.R.P. (2009) Violence in Stalking Situations. *Psychological Medicine, 39*, 1469-1478.
- Mohandie, K., Meloy, J.R., McGowan, M.G., & Williams, J. (2006). The RECON Typology of Stalking: Reliability and Validity Based Upon a Large Sample of North American Stalkers. *Journal of Forensic Science, 51(1)*, 147-155.
- Meloy, J.R. (2021) *Presentation Advanced Threat Assessment and Management: Frontline Defense for Evolving Threats* (March 2-4, 2021).

-Briere, J.N. (2011). *Trauma Symptom Inventory, Second Edition (TSI-2)*. Professional Manual

-Constantino, J.N. (2012). *Social Responsiveness Scale, Second Edition (SRS-2)*

-Gilliam, J. (2013). *Gilliam Autism Rating Scale, Third Edition (GARS-3)*. Manual. Torrance, CA: Western Psychological Services

-Harrison, P. & Oakland, T. (2015). *Adaptive Behavior Assessment System, Third Edition (ABAS-3)*

--Lord, C., Rutter, M., DiLavore, P.C., Risi, S., Gotham, K., & Bishop, S.L. *Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)*. Manual. Torrance, CA: Western Psychological Services

--Ritvo, R.A., Ritvo, E.R., Guthrie, D., Ritvo, M.J., Hufnagel, D.H., McMahon, W., Tonge, B., Mataix-Cols, D., Jassi, A., Attwood, T., & Eloff, J. (2010). The Ritvo Autism Asperger Diagnostic Scale-Revised (RAADS-R): A Scale to Assist the Diagnosis of Autism Spectrum Disorder in Adults: An International Validation Study. *Journal for Autism & Developmental Disorders, 41*, 1076-1089

--Rutter M., Le Couteur A., & Lord C. (2003). *ADI-R. Autism Diagnostic Interview Revised*. Manual. Los Angeles: Western Psychological Services; 2003

-Gibbs, V., Hudson, J., Hwang, Y.I., Arnold, S., Trollor, J., & Pellicano, E. (2021). Experiences of Physical and Sexual Violence as Reported by Autistic Adults without Intellectual Disability: Rate, Gender Patterns and Critical Correlates. *Research in Autism Spectrum Disorders*, 89, 1-11.

-Weiss, J.A. & Fardella, M.A. (2018). Victimization and Perpetration Experiences of Adults with Autism. *Frontiers in Psychiatry*, 9, Article 203, 1-10, www.frontiersin.org

-Fardella, M.A., Riosa, P.B., & Weiss, J.A. (2018). A Qualitative Investigation of Risk and Protective Factors for Interpersonal Violence in Adults on the Autism Spectrum. *Disability & Society*, 33(9), 1460-1481.

-Basile, K., Breiding, M.J., & Smith, S. G. (2016). Disability and Risk of Recent Sexual Violence in the United States. *American Journal of Public Health; Washington*, 106(5), 928-933.

•Ames, J.L. et al. (2021). Maternal Psychiatric Conditions, Treatment With Selective Serotonin Reuptake Inhibitors, and Neurodevelopmental Disorders. *Biological Psychiatry*, 90(4), 253-262.

•Croen, L.A. et al. (2019). Family History of Immune Conditions and Autism Spectrum and Developmental Disorders: Findings from the Study to Explore Early Development. *Autism Research*, 12(1), 123-135.

•Wiggins, L.D. et al. (2022). Toileting Resistance Among Preschool-Age Children With and Without Autism Spectrum Disorder. *Journal of Developmental and Behavioral Pediatrics*, 43(4), 216-223.

•Leader, G., Franci, K., Mannion, A., & Chen, J. (2018). Toileting Problems in Children and Adolescents with Parent-Reported Diagnoses of Autism Spectrum Disorder. *Journal of Physical Disabilities*, 30, 307-327.

The Ritvo Autism Asperger Diagnostic Scale-Revised (RAADS-R): A Scale to Assist the Diagnosis of Autism Spectrum Disorder in Adults: An International Validation Study
Riva Ariella Ritvo, et al. (2011)

• Abstract: The Ritvo Autism Asperger Diagnostic Scale-Revised (RAADS-R) is a valid and reliable instrument to **assist the diagnosis of adults with Autism Spectrum Disorders (ASD)**. The 80-question scale was administered to 779 subjects (201 ASD and 578 comparisons). All ASD subjects met inclusion criteria: DSM-IV-TR, ADI/ADOS diagnoses and standardized IQ testing.



Read the experiences and generalizations that may apply to you	Check only one column			
	True and often occurring	True only sometimes	True only when I am stressed or tired	Never true
27 I am a sympathetic person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I often see words and phrases from movies and television in conversations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I can often recognize when others tell me I have been rude.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Sometimes I talk too freely or too easily, and I am not aware of it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I often don't know how to act in social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48 I can "blend myself" to other people's values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>