Managing Sexual Behavior Problems in Youth with Autism Spectrum Disorders

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Goals of this presentation

- Participants will be able to identify ASD qualities in their residential youth with sexual problems.
- Participants will identify social skills deficits in sexually abusive patterns of behavior.
- Participants will practice more effective intervention techniques with ASD youth with sexual behavior problems.
Overview Issues

- ASD diagnoses occur regardless of SES, geographic location, or racial characteristics.
- More common in boys than girls (4:1)
- More frequent in residential care
- Viewed as a Spectrum disorder, a continuum of difficulties along independent dimensions.
Autism is increasing.

**WHY?**

- Diagnosing earlier (18 months – 3 years).
- Diagnosing later (adults with job problems).
- Diagnosing milder versions of autism.
- Diagnosing liberally to leverage special educational services.
- Diagnosing more carefully; e.g. subset of children previously seen as neurologically involved or mentally retarded.
Getting to the Diagnosis of Autism Spectrum Disorder

Triad of Difficulties:

- Qualitative impairment in social interaction
- Qualitative impairments of communication
- Restricted, repetitive and stereotyped patterns of behavior, interests and activities
Communication Difficulties

Less skilled

- Nonverbal
- Concrete language
- Echolalia
- Idiosyncratic meaning
- Problems in nonverbal gestures

More skilled

- Compromised prosody
- Difficulty with metaphorical, abstract language
- Poor fluidity of conversation
- Repetitive or boring conversation
- Difficulty reading faces
Communication Difficulties

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Tracey boys, decided to
be a kid.

Some people are so
bauthful.

The movie theater is
caligested.

That's it, keep it durable.

Hey! Frugad those
left overs.

Please be gentle to
the baby.

To get past those guilts
you have to be imogilts.

I need to invalidate
their weapon.

That is just legendary!

Let's minimize this paper.
Social Impairments

Less skilled
- Gaze Aversion
- Preference for solitude
- Interest in objects
- Few peer relationships
- Boundary issues—people as tools

More skilled
- Inflexible eye contact
- Avoidance of groups
- Little sharing of pleasure
- Socially awkward
- Space invading and touching
Restricted and Repetitive Behaviors

Less skilled
- Repetitive motor acts
- Hypo or Hyper reactions
- Preference for sameness
- Likes unusual objects
- Interest in parts of things
- Strong sensory likes

More skilled
- Subtle self stimulation
- Difficulties managing excitement
- Wants routines and schedules
- Preoccupations-favorite topics
- Collectors extraordinaire
- Overfocused on technology
The Beatles
peace
you need is love
summer '67
groovy
give peace a chance
funk
A-H A-H A-H
sgt pepper's
Go grease lightning!
magical mystery tour
Autism Spectrum Disorder is diagnosed by:

- Comparison of child’s behavior to age-normed peers
- Parental report of early developmental difficulties
- Clinical observation of relatedness
- Distinctive language and cognitive profiles, sometimes subtle
- Rating on standardized questionnaires
- Observations of play and social interactions with peers
Children with Autism Spectrum Disorders have some distinctive skills.

- They are repetitive specialists.
- They will remember some things in great detail forever.
- Whatever they choose to do, they do it intensely, with all their heart.
- They can attach to caregivers and be loyal to the people they care about.
- They can be walking encyclopedias about obscure topics.
- They are scrupulous about issues of fairness, honesty and truth telling.
- They have a quirky sense of humor.
Heterogeneity is the key word

- There is:
  - No biochemical test for autism.
  - No genetic test for autism.
  - No one psychological test for autism.
  - No predictable medication intervention.
  - No single treatment of choice for all ASD youth.

Each ASD child is unique and each requires a distinctive intervention plan.
A word about.....

- **Comorbidity...psychiatric problems**
  - Most typically in the affective range
  - Psychotic NOS, OCD, Conduct Disorder unlikely

- **Medications**
  - No predictable response
  - Psychostimulants problematic

- Explain the diagnosis to ASD youth and help them find a peer group.
Meltdowns occur when the child is overwhelmed.

- Triggered by:
  - Internal states of discomfort
  - Unexpected changes
  - Difficulty communicating
  - Sensory intrusions
  - Presentation of new tasks
  - Feeling criticized, misjudged, or blamed unfairly
Typical Sexual Behavior Problems in ASD Youth

- Poor reading of social cues
  - Misreading clues about affection within close relationships.
  - No understanding of reciprocity in relationships or how to build mutuality.
  - Breaking of space, gaze and touch boundaries.
  - Connections to others on same immature developmental level.
  - Tendency to mimic social behaviors without understanding context.
Typical Sexual Behavior Problems in ASD Youth

- **Confusion about sexual information**
  - Lack of clarity about sexual differences and consequent role issues
  - Preoccupations related to curiosity about sexual functioning
  - Inappropriate sexual joking
  - Closeness to empathic females and identification with feminine characteristics
Typical Sexual Behavior Problems in ASD Youth

- Sensory self stimulation and paraphilias
  - Drawn toward ritualized sexual behaviors
  - Sexual activity and masturbation used in self soothing
  - Tendency to engage in staring, hyperfocus, or unusual sensory stimulation.
  - Exposure to and preoccupation with computer pornography
  - Tendency to rely on sensory motor exploration rather than fantasy and thought.
Provide sexuality education

- Explain private parts and functions
- Explain sexual arousal
- Explain males and females
- Explain pregnancy and STD risks
- Explain how to make sexual decisions
Basic Outline of Treatment for Sexual Behavior Problems

- Tell the story
- Figure out why it happened
- Judge it
- Avoid repeating the same sexual mistake
- Develop healthy relationship skills
Autobiography

- Highlights social issues, trauma, difficult parts
- Get the story through the back door
- Worry that talking could lead to getting triggered, then getting stuck
- Denial is a way to avoid shame
- Avoid power struggles - just keep coming back to it
- Use white board, parallel storytelling, scripting
ASD youth can become sexual offenders

- Same mechanisms as typical offenders, usually with younger children.
- My needs are more important than the rights of my victim.
- Cognitive distortions (She loves me.)
- Refusal to establish consent.
- I want what I want right now.
Why It Happened

- Developmental changes
- Curiosity
- Affection/Comfort
- Perseveration
- Self esteem
- Rigid thinking
- Peer issues
- Social image
- Pornography exposure
- Power
- Empathy challenged
Judge It

Use their Logic/Undo their Logic

- RULES - consent, public/private
- LAWS - age, illegal
- DEFINITIONS - coercion
- DISTANCE AND BOUNDARIES
  - PHYSICAL AND VERBAL

THE SIMPLER THE BETTER
USE AS MANY EXAMPLES AS POSSIBLE
VISUALS, CONTEXTUAL, PRACTICAL SCENARIOS
Confusion about closeness and affection
I could go out with her, but she would lose her job, so I will wait for her.
Avoid Repeating the Same Sexual Mistake

**Chutes**
- Poor social confidence
- Preoccupations
- Perseverations
- Assault Cycle for ASD
- Protective Caregivers
- High Anxiety Level

**Ladders**
- Social skills/competence
- Thought Switching
- Learning perspective taking
- Practicing Empathy
- Family Therapy
- Self-soothing strategies
Getting “Unstuck”

Treatment Interventions

- Replacement
- Thought switching
- Anxiety reduction
- Knowing the Rules
- Ability to talk about it with minimal judging

TRIGGER
- Sexual Arousal
- Anger

Thinking Errors
- Abusive Behavior
  “Quick Fix”

Isolation Withdrawal
- Rejection From Peers

Poor Self Concept
- Poor Social Skills

Sadness
- Isolation Withdrawal

Anxiety reduction
- Isolation Withdrawal

Assessment of Social Skills
- Isolation Withdrawal

Abusive Behavior
- Isolation Withdrawal

Anger
- Isolation Withdrawal

Masturbation Issues

- The most common sexual action (63%-97%)
- Problem: masturbate incessantly
- Problem: masturbate publicly
- Problem: masturbate w/o ejaculation
- Problem: masturbate to point of injury
- Problem: masturbate with guilt or fear
Rules about Masturbation

Definition: Masturbation is when you put your own hands on your own private parts when you have sexual feelings. Moving your hands around may increase arousal to the point of orgasm.

- Masturbate ONLY in private.
  (That means that no one can see you on purpose or by accident.)
- Masturbate ONLY by yourself.
  (If someone else touches your private parts it is a sexual action.)
- Masturbate ONLY when it does not get in the way of school or home responsibilities.
- Masturbate ONLY when social interaction is not occurring.
- Masturbate ONLY in ways that make you feel comfortable; never hurt yourself when you masturbate.
- Masturbate ONLY when you think about a good sexual thing in your mind.
  (Do not think about sexual fantasies that are hurtful, abusive or illegal.)
Controlling Sexual Responses

Social Scripting Approach

“All teenagers’ young body gets sexually aroused at unexpected times…”
Develop Healthy Sexual Relationships

Sexual Diversity Issues

- Higher numbers of lesbian, gay, bisexual, and transgendered individuals.
- ASD often experience and practice ambisexuality (preference free co-existence of homosexual and heterosexual behaviors).
- Why? Gender roles are social constructs.
- They are attracted to a PERSON, often regardless of gender.
Navigating the “Teen Scene”

- Friends vs. Dates
- Communication
- Emotional overlay
- Sensitivities
- Fitting In or Not?
- Reading cues
- Desire for affection
How to meet a girl

There is a new girl in school. I like her curly hair.

I want her to be my girlfriend.

I will talk to her nicely about what she likes and what we both like.

If I stare at her, whistle at her, talk sexual to her, bump into her, or touch her without her permission, she will be scared of me and will not like me.

So I will look at her and say hello and ask her about herself from an arm's length away.

I can ask about school, movies, music, favorite activities, where she came from, her siblings and other non-personal stuff.

If she likes me, I will know it because she will look at me, smile at me, and talk to me.

We will joke around together. We will laugh together. We will become friends.

And then maybe I can ask her to go out with me.
Self-care

- Clean and smelling nice
- Clothes
- Pre-plan
- Scripts for chit chat
- Embrace your uniqueness
Healthy Sex ASD Style

- Meeting potential partners
- Moving from friendship to sexual partners
- Making love versus having sex
- Adjusting to sensory sensitivities
- Maintaining long term relationships
- ASD/ASD versus ASD/non-ASD marriages
Critical Treatment Priorities in work with ASD Youth

- **Provide predictability to increase calmness.**
  - Clarify routines, rules, schedules and staff decisions.
  - Maintain consistency in all parts of the program whenever possible.
  - Pre-teach to transitions, changes, decisions and anything that is new or different.
  - Focus on environmental structuring, supervision and accountability.
Critical Treatment Priorities in work with ASD Youth

- Choose power struggles carefully.
  - Acknowledge their persistent, single-mindedness on some issues.
  - Give students control over non-essentials.
  - Identify negotiables from non-negotiables.
  - Work around sensory issues and self stimulation needs, giving satisfying alternatives.
  - When they ask for space, give it or create a reasonable alternative.
Critical Treatment Priorities in work with ASD Youth

Provide social skills teaching and relationship building opportunities in the milieu.

- Facial Expression and body language
- Taking the perspective of the other person
- Verbal Confusion
- Teach the student how to have reciprocal conversations and use humor appropriately.
- Social Scripting, Role Playing
Critical Treatment Priorities in work with ASD Youth

- Adjust your reward system to accommodate their preferences.
  - Use their preoccupations, special activities and obsessions as motivators.
  - Individualize their behavior motivation system or positive reinforcement plan.
  - Do not assume that typical consequences will have the desired effect.
  - Do not underestimate their strong attachments to particular staff.
Critical Treatment Priorities in work with ASD Youth

- Understand that they constantly feel on the edge of being overwhelmed.
  - Repetitively give them safety cues and validation of mastery.
  - ASD youth process visually and contextually better than through the auditory mode.
  - Teach sensory, body-focused, non-sexual self soothing techniques.
  - Help them identify their strengths, competencies and positive individuality.