

Treating
Intellectually
Disabled Adolescents
with Sexual Behavior
Problems

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Defining the problem

- ID, LD, and DD populations are a widely diverse group of individuals
- DSM-5: "Intellectual Disability" ICD-10 "Intellectual Developmental Disorder"

Criterion A: "deficits in intellectual functions"

- reasoning
- problem solving
- planning
- abstract thinking
- judgment
- academic learning
- learning from experience

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Defining the problem

Criterion B: "deficits in adaptive functioning"

Limited functioning in one or more activities of daily life:

- communication
- social participation
- independent living, across multiple environments (home, school, work, community)

Criterion C: "onset of intellectual and adaptive deficits during the developmental period"

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Sexual Behavior Problems and Youth with ID

Gewirtz-Mayden & Finkelhor (2020) found that 76% of males and 71% of female victims of sexual abuse were abused by other juveniles.

Estimates of how many of these children have intellectual disabilities is unknown with research studies varying from 4-40%.

Hackett, et al (2013) found that 38% of his sample of 700 children exhibiting Harmful Sexual Behaviors had intellectual disabilities

Thom, et al (2017) found the incidence of sexually inappropriate behavior among intellectually disabled adults to range from 15-33%

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Difficulty with research

Different settings in which behavior occurs

Definition of harmful or problematic sexual behavior

Reporting and responses

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Adverse experiences

Individuals with ID are at greater risk for experiencing sexual abuse and other types of maltreatment than non-disabled youth (Blasingame, 2005; Horner-Johnson & Drum, 2006)

Incidence of sexual victimization for individuals with ID may be as high as 80% for women and 50% for men

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Maltreatment and Neurodevelopment

Increased limbic irritability

Decrease left hemisphere development

Decrease left/right hemisphere integration

Limited activation of cerebellar vermis in self-regulation

Teicher & Samson, 2016

Brain Lateralization

Left

- Analytical thought
- Detail Oriented Perception
- Ordered Sequencing
- Rational Thought
- Verbal
- Cautious
- Planning
- Math/Science
- Logic
- Right Field Vision
- Right Side Motor Skills

Right

- Intuitive Thought
- Holistic perception
- Random Sequencing
- Emotional Thought
- Non-verbal
- Adventurous
- Impulse
- Creative Writing/Art
- Imagination
- Left Field Vision
- Left Side Motor Skills

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Triune Brain Organization (Dr. Paul MacLean)

New Brain (Neo-Cortex)

- Reasoning
- Analysis
- Mathematical Calculations
- Language
- Abstract Thought
- Consciousness

Middle Brain (Limbic Complex)

- Emotions (Love, Fear)
- Feelings (Trust, Loyalty)
- Subjective Senses (Purpose, Duty)
- Relationships
- Value Judgements
- Decision Making

Old Brain (R-Complex)

- Breathing
- Circulation
- Digestion
- Movement
- Reproduction
- Instinct

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Families and ID Adolescents

- roughly 40% of parents with ID children identify them as a significant challenge or "burden"
- between 14% and 39% of children with ID also have diagnosed emotional difficulties
- any family emotional problem increases the risk for inconsistent, coercive, or harsh parenting
- the dynamics between the individual, family, and social context either supports or undermines positive outcomes

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Assessment Issues

- Individuals with ID still require a comprehensive assessment
- Obstacles:
 1. Language processing difficulties
 2. Reading difficulties
 3. Attention and focus
 4. Frustration tolerance

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Assessment Issues

Responses

- Need for shorter sessions
- Non-language-based assessment tools
- Need to read instrument questions or explain language
- Need to structure sessions to switch up demands

Consider neuropsychological assessment

Need for adaptive behavior assessment (e.g., Vineland, ABS)

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Assessment

Adaptations to current assessment tools are warranted

Our Assessment

- Personality assessment (MACI)
- trauma inventories (TSCC; TSI-2)
- executive functioning (Wisconsin Card Sort-64; Tower of London)
- projectives (Incomplete Sentence, Robert's Apperception)
- Sexual Knowledge and Attitudes (ASK)
- PROFESOR (Worling, 2017)
- Vineland
- Childhood Autism Rating Scale (CARS-2)
- Quality of Life Survey

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Considerations

- Deficits that are specific rather than global
- Narrow social engagement and more limited social understanding
- Assessment of sexual knowledge and constraints for "healthy" sexual expression

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Considerations

- Use of social media, internet, and pornography use
 - Parent/child education
 - Parameters for use
 - Balance between internet social interactions and "real life" activities and interactions
- Resource: Good, B. and Fang, L. (2015) *Promoting Smart and Safe Internet Use Among Children with Neurodevelopmental Disorders and Their Parents*, *Clinical Social Work Journal*, DOI 10.1007/s10615-015-0519-4.

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Assessment for Sexual Knowledge and Interests

- Life Facts Sexuality Education: Stanfield, (2021)
- Socio-Sexual Knowledge and Attitudes Assessment Tool (SSKAAT-R) : Lunskey, et al (2007)
- General Sexual Knowledge Questionnaire (GSKQ): Talbot and Langdon (2006)
- Assessment of Sexual Knowledge (ASK): Galea, et al., (2004)



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What about ASD kids

Question

- Do treatment approaches with ID youth apply to youth with Autism Spectrum Disorder



Answer

- It depends

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Defining Characteristics of ASD

Difficulties in:

- "Serve and return" social interaction
- Language and communication
- Lack of flexibility: restricted interests, behaviors

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Distinctions for ASD Youth

- Some research points to differences between ASD youth who are verbally and physically aggressive; just physically aggressive; and non-aggressive
- Those that are V & P aggressive tend to experience higher levels of bullying from peers and other types of victimization
- ASD youth with only physically aggressive behaviors show higher degrees of frustration with inability to manage social interactions
- Non-aggressive ASD youth may have greater social skills or are using avoidance and isolation to manage difficulties

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ASD Variables

- Low functioning or high functioning ASD
- Level of verbal skills
- Areas of competency
- Support and education for parents
- Access to peer social groups

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ASD enhanced risk for HSB

- Difficulties in “serve and return” (reciprocal) interactions leads to impairment in self-regulation capacities
- Peer relations difficulties lead to social isolation or relationships with younger peers
- Difficulties with accurately reading non-verbal cues creates problems with issues involving consent

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ASD enhanced risk factors for HSB

- Tendency towards fixed interests and repetitive behavior can make youth more prone to compulsive sexual behaviors such as masturbation and pornography use
- Not being able to read non-verbal cues makes it difficult to understand the impact of their behavior on others
- Difficulty developing empathy

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Treatment Foundation

- Increase capacity for interoception: getting back in touch with your body
- Expand the adolescent's emotional vocabulary
- Enhance "attunement"

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Treatment Goals

- Self-Regulation
- Enhanced capacity for accurately recognize other's emotions, intentions
- Adaptive Problem Solving and Social Decision Making
- Personal Agency

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Treatment Goals

- challenging cognitive assumptions
 - about themselves
 - about relationships
 - about gender roles
- sex education
- sexual behavior and the law

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Treatment

- Considerations
 - organize treatment into brief (10-15 minute) segments
 - **repeat, repeat, repeat**
 - vision is our most dominant sensory area
 - experience creates emotion and emotion creates meaning
 - movement and action enhance learning and memory

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Basic concepts with providing interventions

- ❑ Avoid complex instructions
- ❑ Develop visual and easy to recognize progress indicators
- ❑ Adjust your pace
- ❑ Create opportunities for "positive failure"
- ❑ One question or idea at a time
- ❑ Give examples and stories to generalize learning
- ❑ Set achievable goals
- ❑ Give opportunities for practice

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Basic concepts cont'd

- ❑ Give **more** opportunities for practice
- ❑ Test for comprehension
- ❑ Test for retention
- ❑ Use simple visual cues and descriptions
- ❑ Use visual cues and colors to identify progress and success

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Treatment

- Break down information into smaller "bytes"
- Promote personal agency and decision-making
- Use repetition and review
- Use rhyme and raps as a means for enhancing memory



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Treatment

- Use stories and metaphors to promote key concepts
 - Carol Gray: *Social Stories* (2015) stories written specifically for ASD youth
 - The *Social Stories* concept has now been expanded to include video

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Bottom-Up

- Sensory Interventions
 - Body based:
 - deep pressure (weighted blankets, use of touch)
 - movement (rocking, spinning, walking, Brain Gym)
 - proprioception: ("power sitting", exercise bands)

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Right-hemisphere activated

use of rhyme, rhythm, music, in conveying information

use of movement, art, music to identify and convey emotions (teach an affective language)

using role-play and psycho-drama for education, examining cognitive assumptions, exploring trauma, developing new narrative

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Anger Happiness
Hatred Goodness
Love Evilness

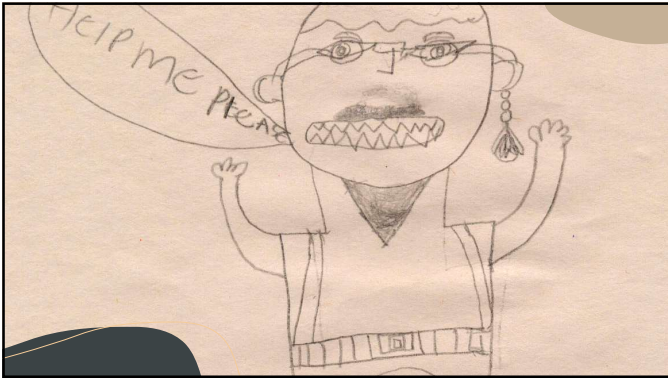
Jeremy B.

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gay Silly
Depressed

Dylan

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Good Way Model (Ayland & West, 2016): New Zealand

Keep Safe (Malovic, Rossiter, & Murphy, 2018): UK

Some Specific Treatment Groups for ID Adolescents with Sexual Behavior Problems

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Structure

- CBT in overall treatment approach
- Group treatment model with a parallel group for parents/care-givers
- Periodic joint meetings with parents and youth
- Manualized

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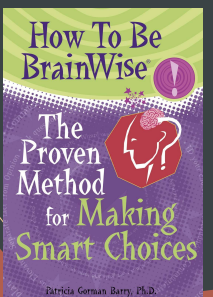
Resource

- *Emotion Regulation Skills System for the Cognitively Challenged Client: A DBT-Informed Approach* (Brown, 2016)



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Barry, P. (2008). *BrainWise: A Guide for Building Thinking Skills in Young People*. www.brainwise-plc.org.



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ASD Treatment options

- Use of individual treatment and then dyads before moving into group treatment modalities
- Neuro-feedback has been found useful to treat more repetitive and compulsive behaviors with ASD populations
- *Skillstreaming the Adolescent* (Goldstein & McGinnis, 2000)



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Teaching skills to youth with ASD

- Important to recognize the specific aspects of the youth's processing: what is their preferred way to get information
- Important to recognize the role that ASD clients' sensory processing play
- Solomon, Pantalone, & Faja (2019): Information-Motivation-Behavior model (I-M-B).
- Dekker, et al. (2014). Tackling Teenage Training evaluated Dutch sexuality training program for ASD youth

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Teaching skills to ASD adolescents

- Adding the voice of older ASD clients can be highly effective in conveying practical information and increasing motivation
- Group treatment that focuses on managing personal space, developing social scripts, recognizing and accurately reading social cues and allows for active practice of these skills

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Trauma Narrative and Transformation

- This key element of trauma informed treatment is often an obstacle for ID and ASD clients
- Make "narrative" available in many modalities: music; collages; video; raps/poems
- Build narrative over the course of treatment

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The Batman Group

Young Bruce Wayne: Why do we fall...to pick ourselves up, Flashbacks, and life changing events (death of parents) leads to feelings/thoughts, decisions and behaviors
<https://www.youtube.com/watch?v=suwR35mwhpl>

Will to act: Bruce Wayne goes to train with league of shadows, his anger makes him strong, but also makes him vulnerable
<https://www.youtube.com/watch?v=uaRYQlsiy4>

Prison Escape: Bruce Wayne is in prison. The prison has an opening in the top that allows them to see freedom, but never reach it. He tries climbing with the rope, but it prevents him from making the jump and getting out. He is only able to make the jump after he lets go of the thing he thinks will keep him safe.
<https://www.youtube.com/watch?v=s2mv05Qe9Rs>

Joker's social experiment: Joker places bombs on two ferry's and falsely provides them with two choices...blow up the other boat or you will be blown up.
https://www.youtube.com/watch?v=K4GA0tGtd_0

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What is Sexual health

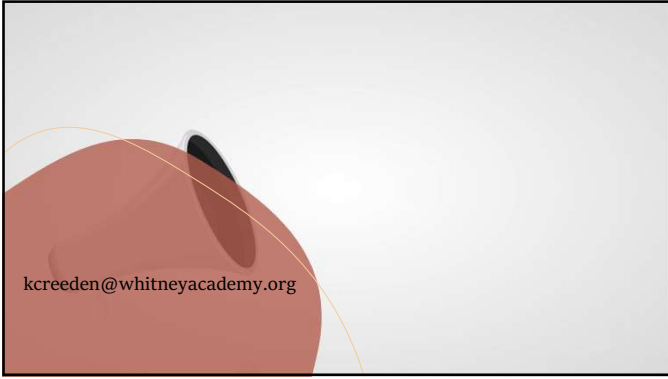
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Treatment Elements

Discuss realistic means for sexual expression for parents and youth

Regularly set up times to answer "unanswered" questions

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