

# EVIDENCE-BASED STRATEGIES FOR TREATING INDIVIDUALS WITH AUTISM SPECTRUM DISORDER WHO SEXUALLY HARM

SAFER SOCIETY – SEPTEMBER 13, 2024



KIM SPENCE, PH.D.  
SPECIALIZED TREATMENT & ASSESSMENT RESOURCES, PA



KIM SPENCE, PH.D.  
SPECIALIZED TREATMENT & ASSESSMENT RESOURCES  
OFFICE (321) 338-7555

[drkimspence@gmail.com](mailto:drkimspence@gmail.com)

# DISCLOSURE

- I have no financial relationships with the manufacturer(s) of any of the commercial product(s) and/or provider(s) of commercial services discussed in this presentation.
- I do not intend to discuss unsanctioned or unapproved treatments for individuals with ASD. I intend to review best practices as defined in peer-reviewed scientific literature.
- I have permission from my clients to share information about their assessments, profiles, and pertinent information for the purpose of education.



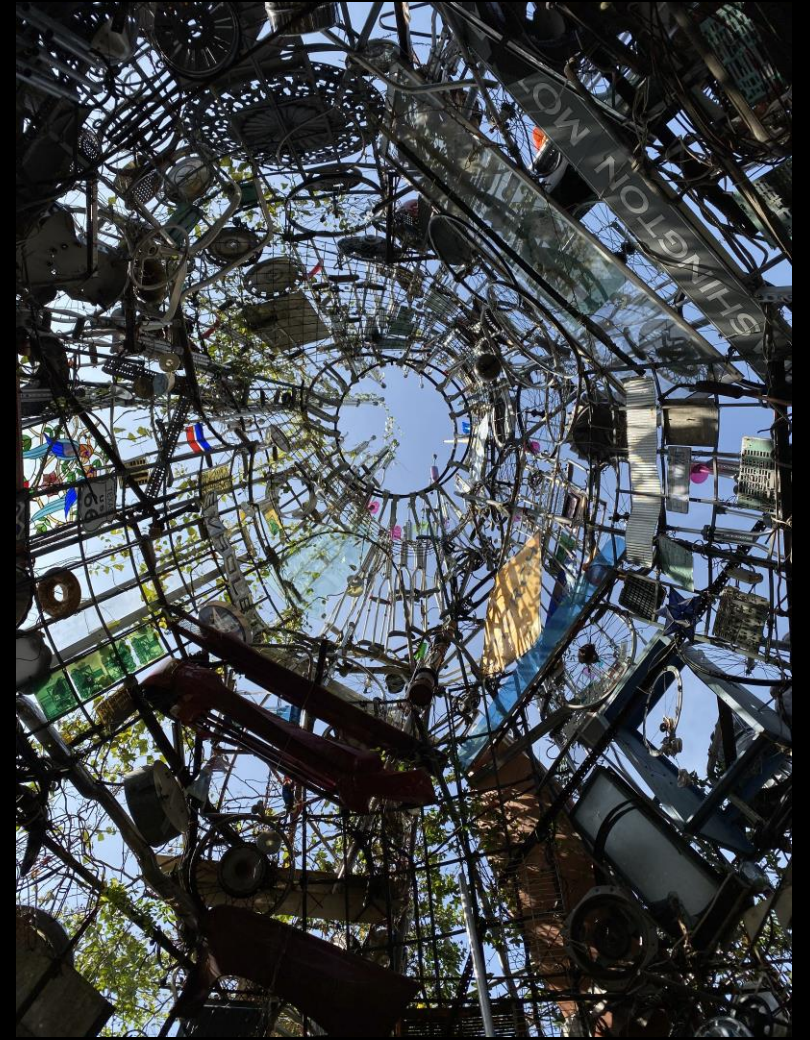
- “The autistic offenders interviewed within the current research reported social skills difficulties that largely revolved around difficulties and uncertainties with handling social situations. These included not knowing how to communicate with others, uncertainty over how to interact face-to-face, uncertainty of social boundaries, and how to approach others to initiate friendships or romantic relationships.”

-Payne et al. 2020 (Self-Reported Motivations for Offending by Autistic Sexual Offenders)

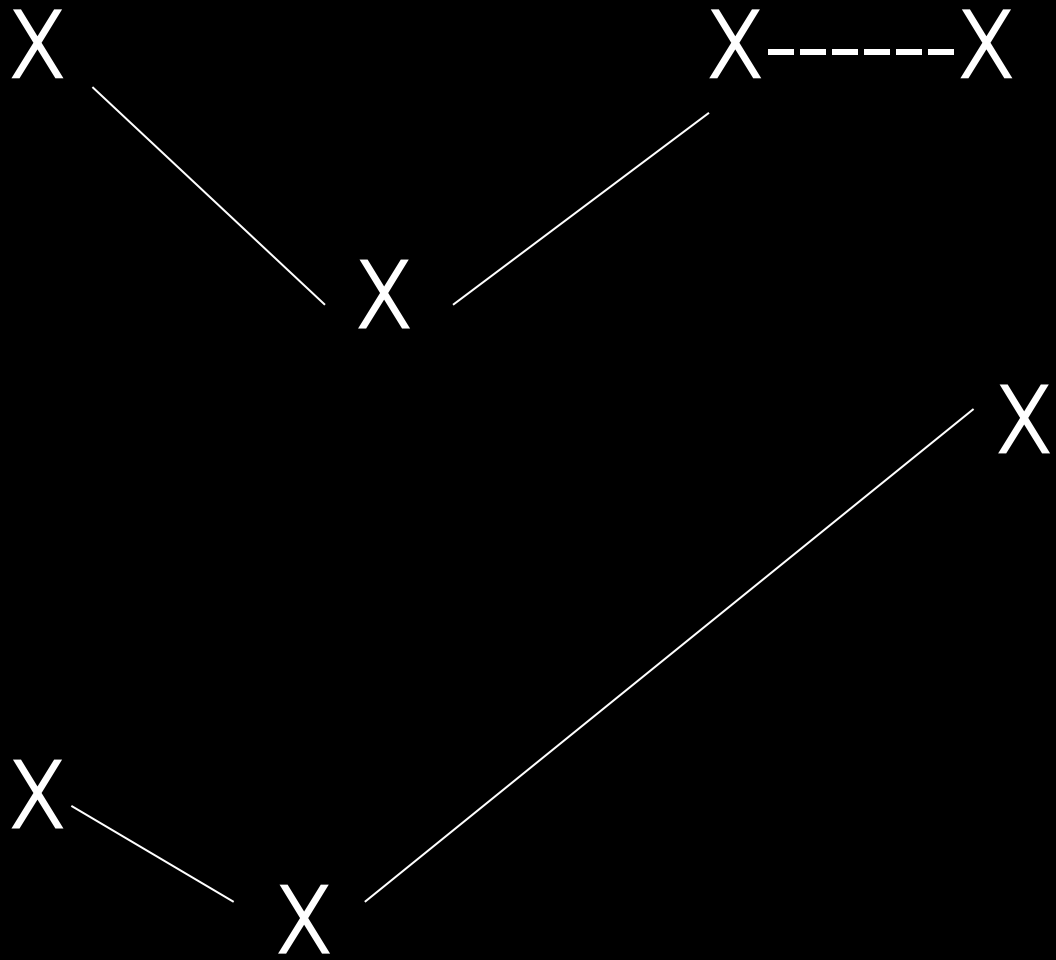


“... research into effective treatments for adolescent sex offenders with ASC {Autism Spectrum Conditions} is in its infancy.”

-Schnitzer, Terry, & Joselyne (2020)  
***Adolescent Sex Offenders with Autism Spectrum Conditions: Currently Used Treatment Approaches and Their Impact***



# A FEW THOUGHTS ABOUT EXPECTATIONS...



# Treatment Considerations When Supporting Clients with Autism Who Cause Sexual Harm



# Treatment Considerations When Supporting Clients with Autism Who Cause Sexual Harm

- Know your client's "isms"





If you have met one person with autism, you have met one person with autism.







RESTROOM



Search

[Advanced Search](#)

# Autism Spectrum Disorder (ASD)

[ASD Homepage](#) > [Research](#)



[ASD Homepage](#)

[FY23 Funding Opportunity](#)

[What is ASD?](#)

[Signs and Symptoms](#)

## Study to Explore Early Development (SEED)

The Study to Explore Early Development (SEED) is a multi-year study funded by CDC. It is currently the largest study in the United States to help identify factors that may put children at risk for autism spectrum disorder (ASD) and other developmental disabilities. Understanding the risk factors that make a person more likely to develop an ASD will help us learn more about the causes.

# KEY FINDINGS IN OUTCOME DATA FROM SEED



- “Toileting Resistance” is more common among children with ASD (Leader, et al., 2018; Wiggens, L.D., et al., 2022)

# 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





# Rules in the Men's Restroom

- I will keep my eyes level
- I will only talk to someone if they speak to me
- I will keep my pants over my butt
- Sometimes men who appear to be women will use the men's room
- I will put my clothes back on correctly before I leave the bathroom



# I will follow the rules in the bathroom

- I will not touch other people's stalls or lean on the crevices between the stalls
- I will remind other people about the rules in the bathroom
- I will not comment on the appearance of other men in the restroom
- I will not help other men adjust or fix their clothes in the restroom





# Treatment Considerations When Supporting Clients with Autism Who Cause Sexual Harm

- Know your client's "isms"
- Comorbid conditions





Vulnerabilities Frequently Present  
with ASD

# 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

- 50 – 80% of children with autism experience sleep disturbances
- Most common types of ASD-related sleep problems reported: onset & maintenance of sleep
- Several factors contribute to sleep problems in those with ASD: biological, environmental, and behavioral variables

-McLay et al., 2022

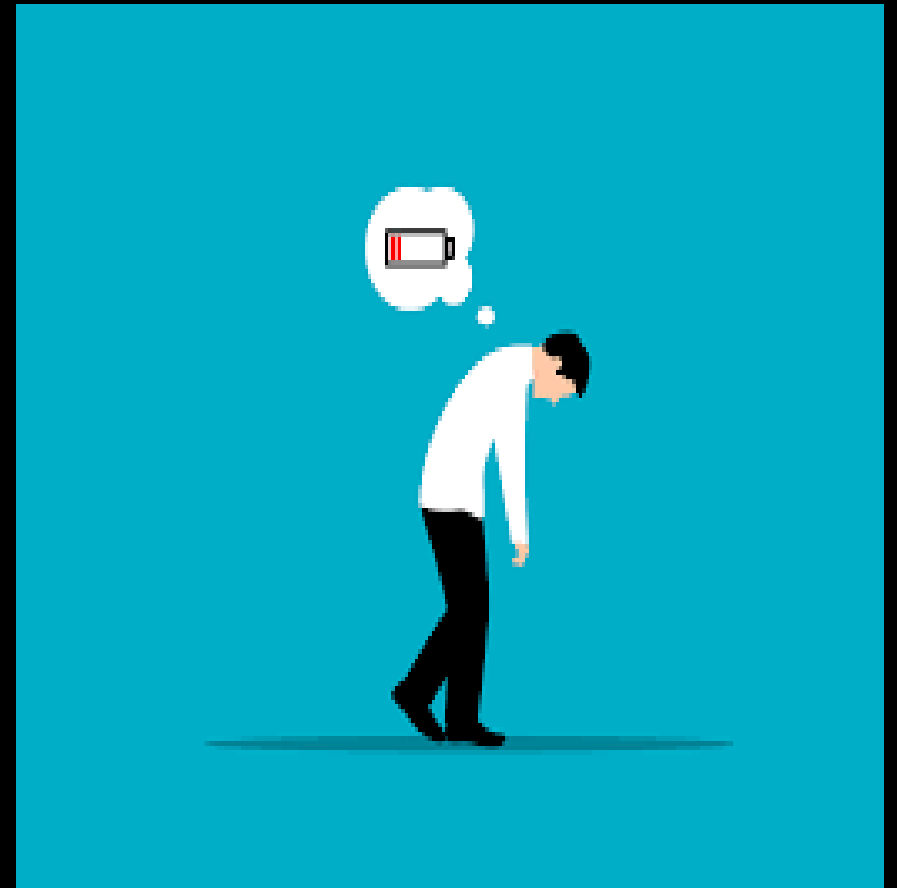


# DEPRESSION AND SLEEP DISORDERS WITH AUTISM

- 304 legally independent adults (age 18-35 years old) with a childhood diagnosis of autism spectrum disorder self-reported on their average sleep behaviors
  - 86% of the sample experienced primary sleep disturbances (short total sleep time = 39%, poor sleep efficiency = 60%, and delayed sleep phase = 36%)
  - Lower sleep efficiency and delayed sleep phase were both associated with higher depressive symptoms
- Lampinen, et al., 2022

# TRACKING SLEEP (OR LACK THEREOF)

- <https://www.sleepfoundation.org/sleep-diary>
- [Sleep Diary: How and Why You Should Keep One | Sleep Foundation](#)



5:42

fitbit

TODAY EDIT

69 Mins

10,432 Steps 8 Floors 4.95 Miles 1,880 Cals

Habits for Restful Sleep  
Waiting to start

2 of 7 days of mindfulness this week

5 hr 32 min 56 Sleep Score

11:27 PM 6:13 AM

Today Discover Community Premium

5:42

fitbit

TODAY EDIT

5 hr 32 min 56 Sleep Score

11:27 PM Bedtime 6:13 AM Wake Up

18% 1h 14min Awake  
11% 43min REM  
59% 3h 59min Light  
12% 50min Deep

2 of 5 days of exercise this week

Run 7:07 AM  
21 min 201 calories  
161 avg bpm  
95% PEAK

82 bpm  
68 bpm resting heart rate

Today Discover Community Premium

5:41

Sleep

Sleep Score

Day	Sleep Score
T	56
F	56
S	69
S	70
M	69
T	56
W	56

This Week 65 Sleep Score 5 hr 40 min

Today 11:27 PM - 6:13 AM 56 Poor

Tue 10:43 PM - 5:56 AM 70 Fair

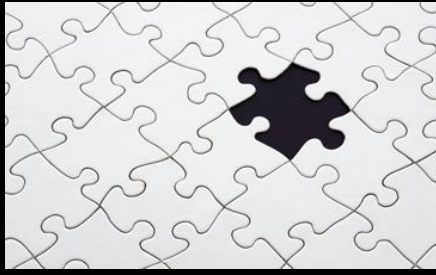
Mon 11:01 PM - 5:21 AM 69 Fair

Last Week 56 Sleep Score 6 hr 53 min

Fri 10:53 PM - 7:29 AM 56 Poor

Oct 17 - 23, 2021 63 Sleep Score 5 hr 23 min

Today Discover Community Premium



## SUICIDE RISK WITH ASD

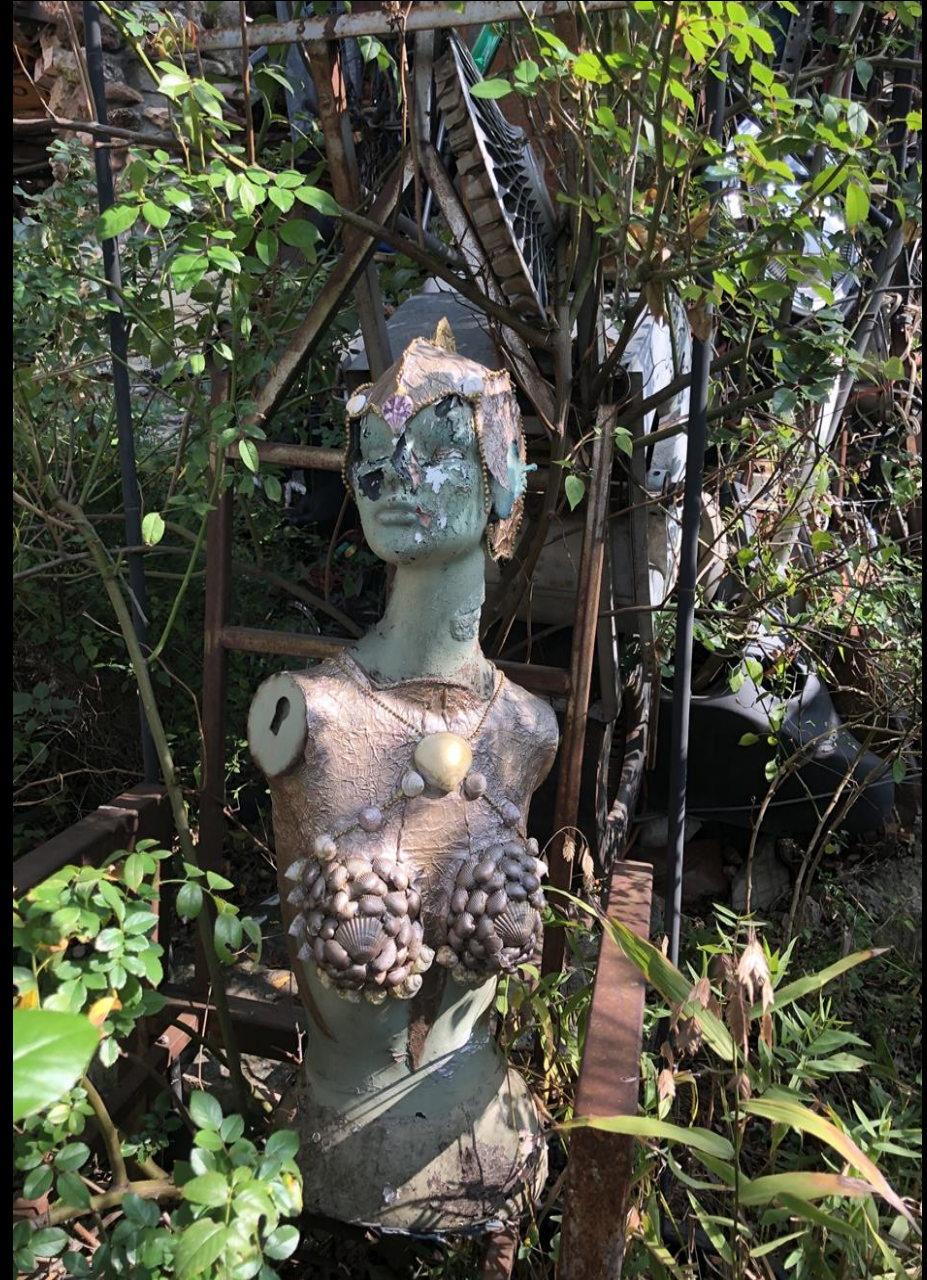
- Higher rates of suicide attempts and suicide among persons with ASD
- The rate of suicide attempts increases with age
- Suicidality is more common among those with HFA
- Protective factors (e.g. relationship, employment, and education) in the neurotypical population do not appear to offer the same 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
- Hirvikoski et al., 2019 – the combination of ASD (with no ID) and ADHD appears most lethal



# SUBSTANCE ABUSE DISORDERS (SUD)

“**about half** of sex offenders had a **history of alcohol misuse** or alcohol related disorders, and that about one fifth to a quarter of the sex offenders had a history of drug misuse or drug related disorders.”

-Kraanen & Emmelkamp, 2011 - “Substance Misuse and Substance Use Disorders in Sex Offenders: A Review”

“A recent review found that screening for SUD {Substance Use Disorder} among individuals with ASD **is not part of routine clinical assessments in psychiatry...**”

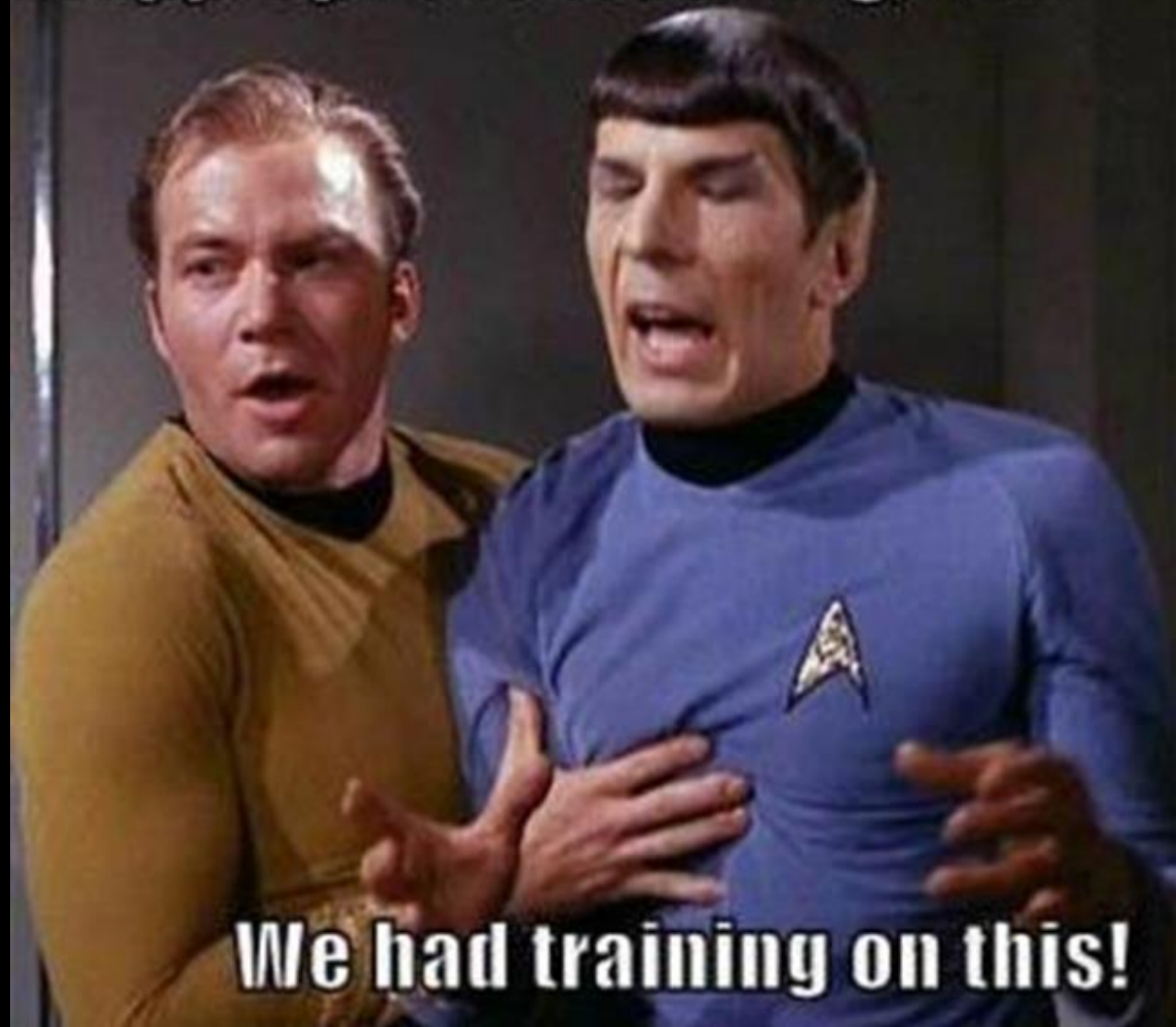
-Arnevik & Helverschou, 2016 – “Autism Spectrum Disorder and Co-occurring Substance Use Disorder – A Systematic Review”

# Treatment Considerations When Supporting Clients with Autism Who Cause Sexual Harm

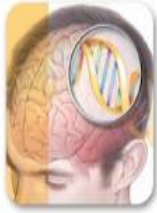
- Know your client's "isms"
- Comorbid conditions
- Social deficits will ALWAYS need to be addressed in some form or fashion



**Inappropriate touching, Jim!**



**We had training on this!**



Review

Open Access

# The Ingredients of Effective Social Skills Programming for Children and Adolescents on the Autism Spectrum: A Synthesis of Meta-Analytical Research

Scott Bellini<sup>1\*</sup> and Olivia Heck<sup>2</sup>

\*Correspondence: [sbellini@indiana.edu](mailto:sbellini@indiana.edu)



**CrossMark**

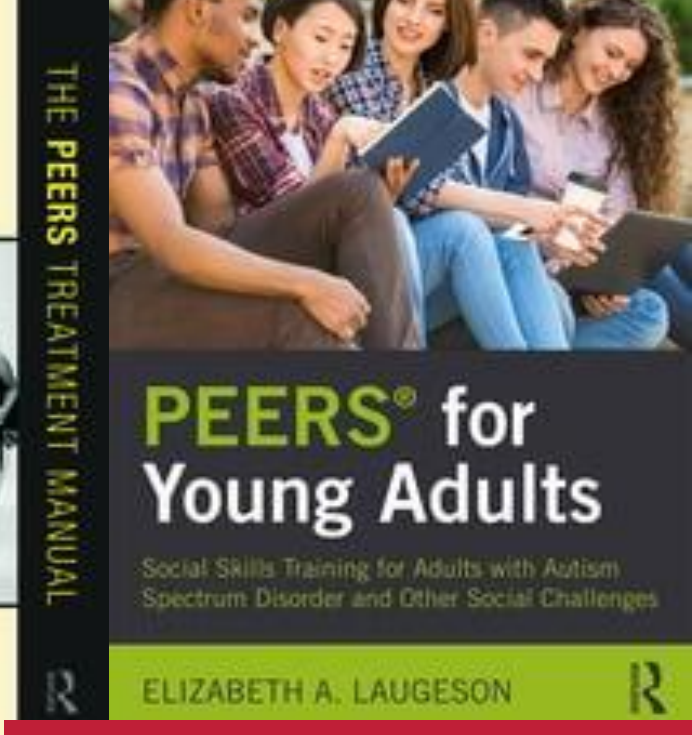
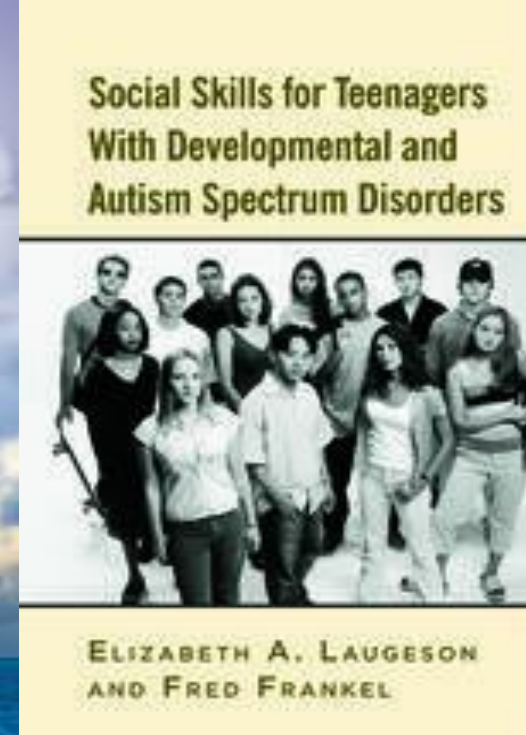
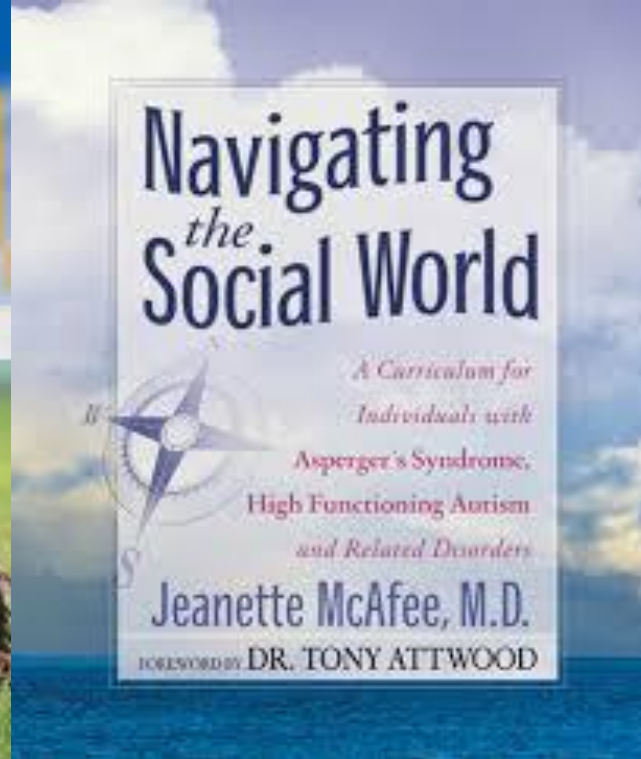
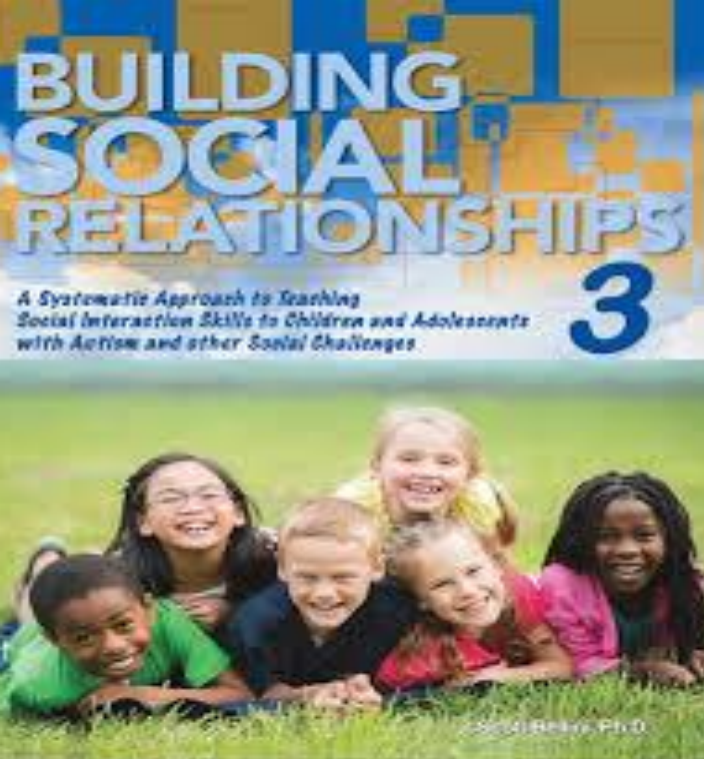
← Click for updates

<sup>1</sup>Associate Professor, School Psychology, Indiana University, Bloomington, 201 N. Rose Ave. Bloomington, IN 47405, USA.

<sup>2</sup>Graduate Student, School Psychology, Indiana University, Bloomington, 201 N. Rose Ave. Bloomington, IN 47405, USA.

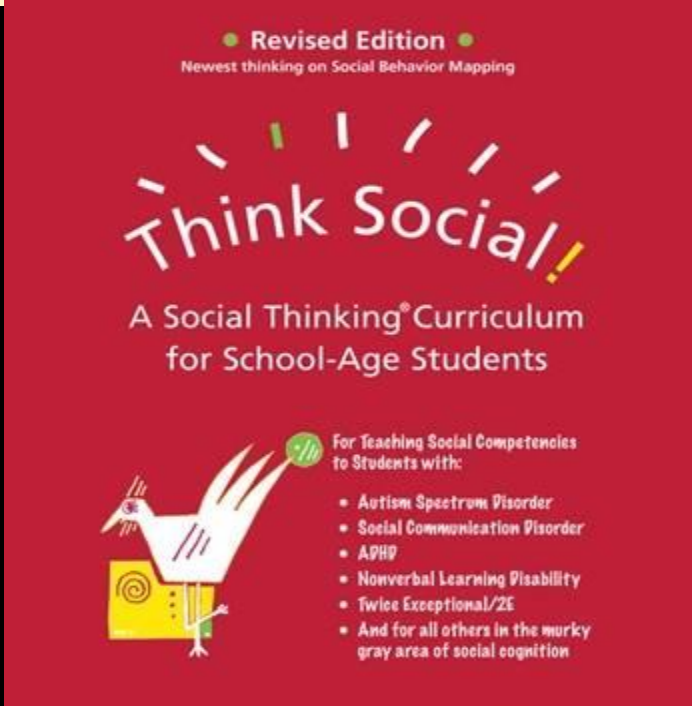
## Abstract

Difficulties with social skills and developing social relationships is a key diagnostic characteristic of



Social Skills Curriculum for Individuals on the Autism Spectrum – Updated by Amy Moore Gaffney, M.A., CCC-SLP – January 2022

<https://www.iidc.indiana.edu/doc/resources/social-skills-curriculum.pdf>



Rating	Looks like	Feels like	Sounds like
<b>5</b> <i>This can make me explode!</i>		Horrible Rage, warm, hot horrific, strong	Boom, loud, hating, disengaged, disconnected anatomical
<b>4</b> <i>He can really upset me!</i>		Mad, upsetting, knows he's going to explode	Growling, yelling, screaming
<b>3</b> <i>This can make me nervous!</i>		Low level boom Not able to make good decisions	May say stop, leave me alone.
<b>2</b> <i>Not a biggie!</i>		Annoyed, irritated, distracted, ruding, making mistakes	Cussing, shouting, name calling.
<b>1</b> <i>This is how I feel every day!</i>		Cool headed, calm, happy, smiley, fine/ok Pretty great	Quiet, even tone, no complaining, laughing, breathing steadily, joking, fun



FEEL CD WITH BLANK SCALES

## The Incredible 5-Point Scale:

The Significantly Improved and Expanded Second Edition

*Assisting students in understanding social interactions and controlling their emotional responses*

Karl Dunn Buron and Mitzi Curtis



### CHECK IN

<b>5</b>	THIS CAN MAKE ME LOSE CONTROL!!!	
<b>4</b>	THIS CAN MAKE ME MAD!	
<b>3</b>	THIS CAN MAKE ME FEEL NERVOUS.	
<b>2</b>	THIS SOMETIMES BOTHERS ME.	
<b>1</b>	I CAN HANDLE THIS.	

# Treatment Considerations When Supporting Clients with Autism Who Cause Sexual Harm

- Know your client's "isms"
- Comorbid conditions
- Social deficits will ALWAYS need to be addressed in some form or fashion
- Speech and Language deficits or disorders





# What is a Speech- Language Pathologist?

- Responsible for the diagnosis and treatment of individuals with a variety of speech, language and swallowing disorders
- Work with clients across the lifespan in a variety of settings (early intervention, schools, hospitals, clinics, skilled nursing facilities, home-based health agencies, etc.)
- Must have at least a master's degree to work as a licensed provider (some states allow bachelor's level speech-language therapy assistants to practice under SLP supervision)

# Communication Disorders are Often Undetected in Clients who Cause Sexual Harm

- Expressive Communication
- Receptive Communication
- Pragmatic Language Disorder



# Frequently Occurring Communication Issues in Clients Who Are Justice Involved

## Mixed Expressive/Receptive Language Disorder

- Difficulty with content (semantics/words) and form (syntax/grammar)
- Trouble sending a message verbally in a way that effectively communicates meaning and/or difficulty understanding the verbal messages of others



# Mixed Expressive/Receptive Language Disorders

- May be present at birth or acquired due to injury or disease
- May cooccur with other conditions including cognitive disabilities and neurological impairments or be a stand-alone diagnosis (Specific Language Impairment)
- May negatively impact the client's ability to participate in evaluations or their own defense
- Most often also impacts written expression and reading
- These Speech-Language impairments are the most common eligibility category in the public schools

# Frequently Occurring Communication Issues in Clients Who Are Justice Involved



## Social Pragmatic Communication Disorder

- Difficulty with the use (social intent) of language
- Challenges in understanding and using nonverbal communication (e.g. gestures, expressions), conversational rules/routines, and information exchange

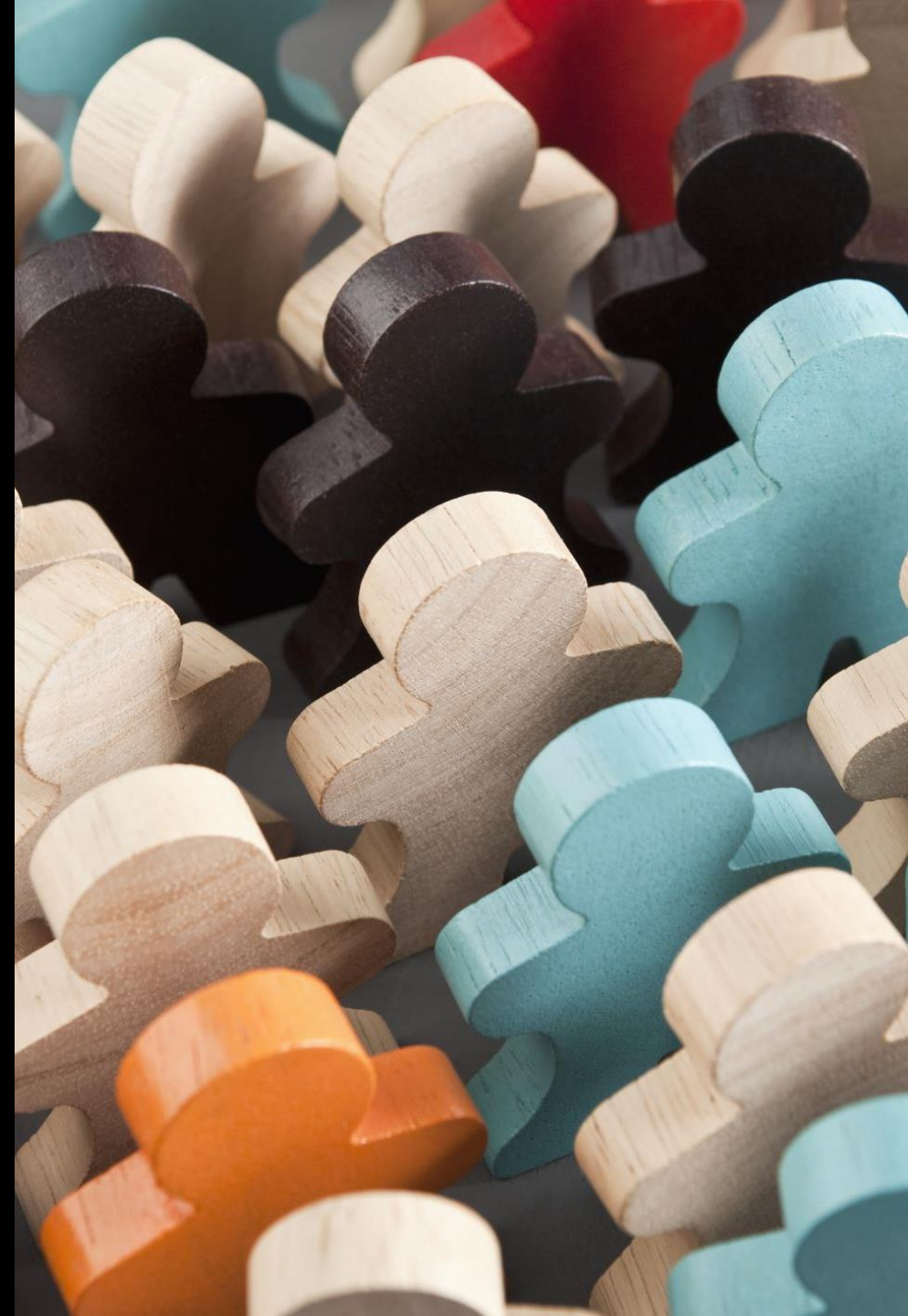
# Social Pragmatic Communication Disorder

May stand-alone as a diagnosis, but will always be present in individuals meeting criteria for Autism Spectrum Disorder (ASD)

May negatively impact their understanding of the social world and/or cause individuals to appear strange, belligerent, or arrogant

# Socialization and Societal Norms

- Many language impaired clients have difficulty understanding societal norms or what is often referred to as the "hidden curriculum"



# The Hidden Curriculum



- “Rules” we are all supposed to know
- Specific rules dictated by context and social group
- Things that are not explicitly “taught”



# Treatment Considerations When Supporting Clients with Autism Who Cause Sexual Harm

- Know your client's "isms"
- Comorbid conditions
- Social deficits will ALWAYS need to be addressed in some form or fashion
- Speech and Language deficits or disorders
- Sensory Challenges



# SUPPORTING CLIENTS WITH SENSORY ISSUES

- FBA 101 – is the behavior related to a sensory difficulty or aversion?
- Add sensory questions to your forensic interview (e.g., tactile, auditory, scent sensitivities)
- Does the client need sensory input to remain seated for a long period of time, participate in group, calm themselves in the presence of challenging behavior by others, etc.

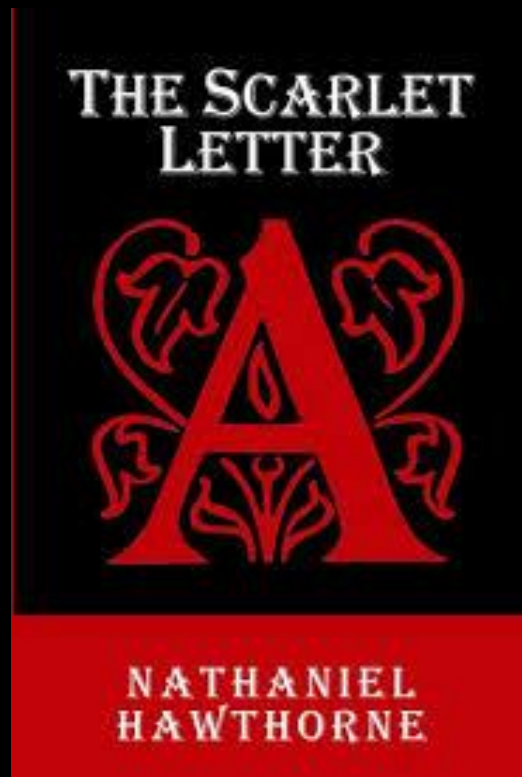


# Treatment Considerations When Supporting Clients with Autism Who Cause Sexual Harm

- Know your client's "isms"
- Comorbid conditions
- Social deficits will ALWAYS need to be addressed in some form or fashion
- Speech and Language deficits or disorders
- Sensory Challenges
- Autism-Specific trauma or abuse



-Trauma related to having autism or the treatment of autism





ABUSE UNDER THE NAME OF APPLIED BEHAVIOR  
ANALYSIS (ABA)

- Offense behavior
- Additional offense behavior reported in Tx
- Impact to family unit
- Media coverage
- Outed sexual preference
- Diagnosis(es)
- Sex Offender Registry



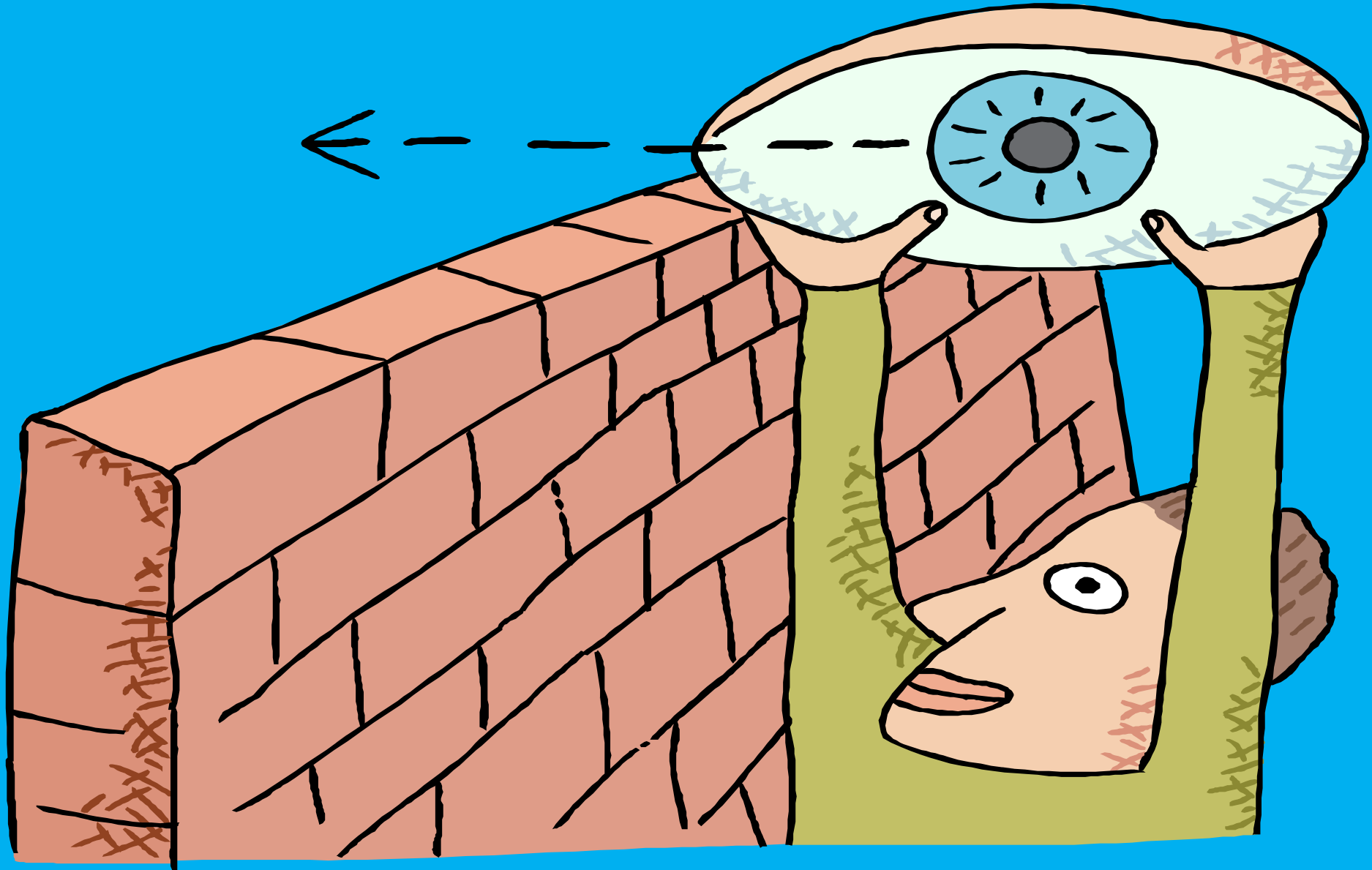
SHAME

# VIOLENCE & SHAME

- “Because pursuing these remedies (sanctioned means of resolving grievances) would not assuage intolerable, simmering feelings of humiliation, **and powerful but often unrecognized feelings of shame.**”



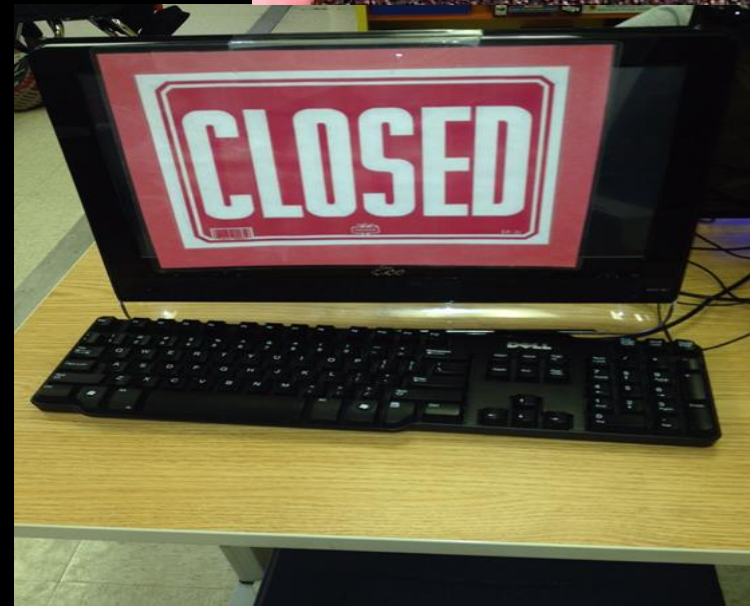
-White & Meloy, 2016 in ***The WAVR-21 Workplace Assessment of Violence Risk A Structured Professional Judgement Guide, Third Edition***





# EVIDENCE-BASED ASD INTERVENTIONS

- Visual Supports
- Applied Behavioral Analysis (ABA)
- Video Modeling (self, model, or POV)
- Social Stories
- Targeted Scripts
- Role Playing
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)



# CASE EXAMPLE #1

- 16 year old charged with breaking and entering and attempted rape
- Adopted at 8 months of age
- Identified and diagnosed early (e.g., ASD, LI, ESE, IEP)
- Supportive family and two close friends
- Worked part-time at a grocery store
- No history of behavioral challenges or law enforcement involvement





# CALMING TECHNIQUES

- Identifying strategies for calming from caregivers that work **AND** those that don't
- Specific items or routines that assist the individual in combating anxiety or "triggers"
- Importantly – when a person with ASD becomes agitated, anxious, nervous, or stressed out we need to use less language
- Some may need sensory input to calm down (e.g., stem or fidget toys, compression, ears covered)

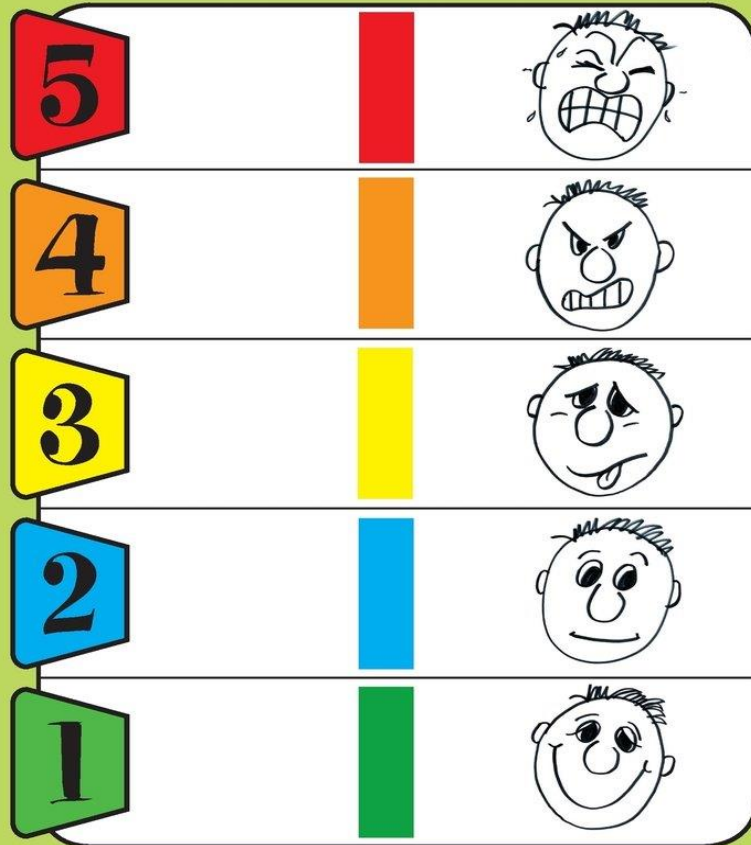
FREE DOWNLOADABLE BLANK SCALES

# The Incredible 5-Point Scale:

The Significantly Improved and Expanded Second Edition

*Assisting students in understanding social interactions  
and controlling their emotional responses*

Kari Dunn Buron and Mitzi Curtis



5



**Angry**

I've lost control. I'm not listening anymore. I could hit, kick or bite. I need a quiet place to calm down.

4



**Overwhelmed**

Everything is too hard. I'm losing control and need to leave the environment I'm in. Give me space

3



**Frustrated**

I'm not getting it, I'm showing signs of stress. I should take a break now.

2



**Anxious**

Trying to stay focused, but having a hard time staying on task. Use calming strategies now

1



**Happy**

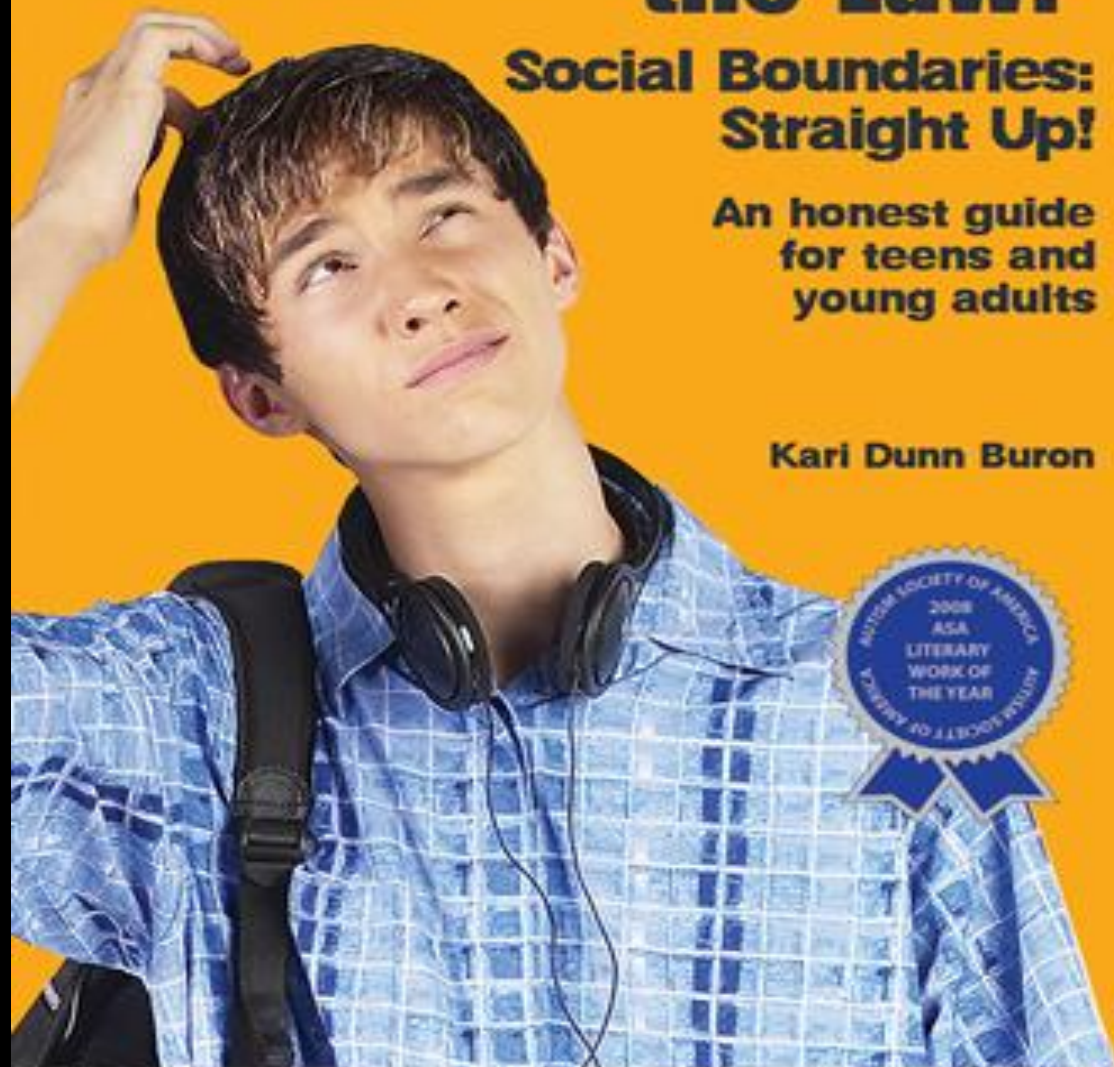
Ready and willing to Work

# A 5 Is Against the Law!

**Social Boundaries:  
Straight Up!**

**An honest guide  
for teens and  
young adults**

**Kari Dunn Buron**





Who is concerned about their  
client's ability to demonstrate  
empathy for their victim(s)?

# THE JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY

*Journal of Child Psychology and Psychiatry* 51:11 (2010), pp 1188–1197

doi:10.1111/j.1469-7610.2010.0

## Feeling, caring, knowing: different types of empathy deficit in boys with psychopathic tendencies and autism spectrum disorder

**Alice P. Jones,<sup>1,2</sup> Francesca G.E. Happé,<sup>3</sup> Francesca Gilbert,<sup>2</sup> Stephanie Burnett,<sup>4</sup> and Essi Viding<sup>2</sup>**

<sup>1</sup>Department of Psychology, Goldsmiths College, University of London, UK; <sup>2</sup>Division of Psychology and Language Sciences, University College London, UK; <sup>3</sup>MRC Social Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, Kings College London, UK; <sup>4</sup>Institute of Cognitive Neuroscience, University College London, UK

Vertical sidebar with navigation icons: home, chat, search, zoom, etc.



# EMPATHY 101



- Cognitive (recognition of the feelings of others)
- Affective (ability to feel the same feelings as others)

## In order to engage in Empathy, one must be able to:

- 1) recognize someone is/was feeling something
- 2) correctly identify the feeling being experienced by the other person
- 3) be able to feel those feelings themselves, and respond in a socially appropriate manner

# CHALLENGES ADDRESSING VICTIM EMPATHY WITH INDIVIDUALS WITH ASD WHO HAVE CAUSED SEXUAL HARM

- Describe exactly what each of the victims said or did while you were acting out sexually
- Describe how their faces looked and how they held their bodies
- How did the victim feel while you acted out (before, during, and after)?



# Parts of the Brain Affected by Autism

## Cerebral Cortex:

A thin layer of gray matter on the surface of the cerebral hemispheres. Two thirds of this area is deep in the tissues and folds. This area of the brain is responsible for higher mental functions, general movement, perception and behavior reactions.

## Basal Ganglia:

This is gray masses deep within the cerebral hemisphere that connects the cerebrum and the cerebellum. It helps regulate automatic movement.

## Corpus Callosum:

This consists of closely packed bundles of fibers that connect the right and left hemispheres of the brain and allows them to communicate with one another.

## Cerebellum:

This is located at the back of the brain. It fine tunes motor activity, regulates balance, body movements, coordination and the muscles used for speaking

## Brain Stem:

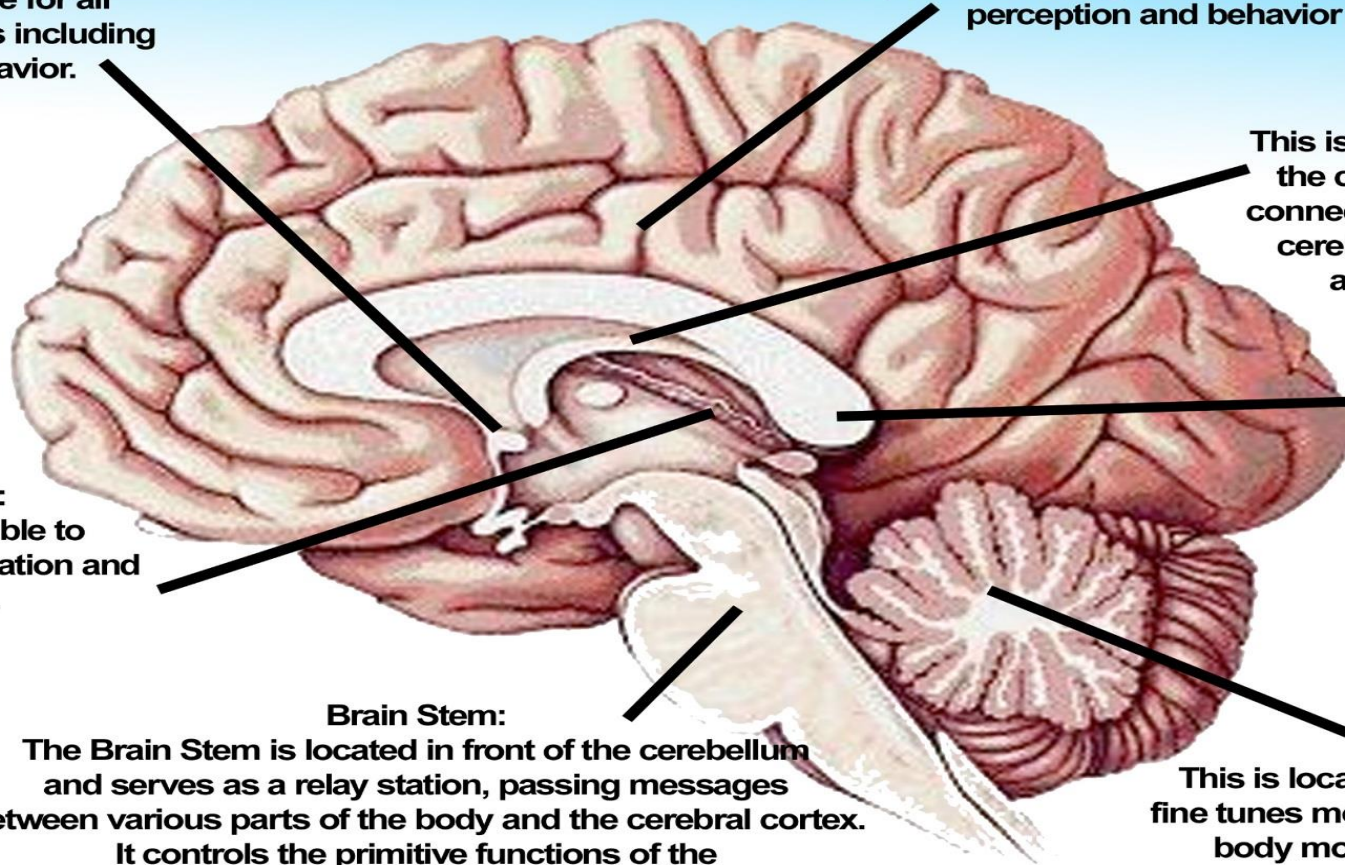
The Brain Stem is located in front of the cerebellum and serves as a relay station, passing messages between various parts of the body and the cerebral cortex. It controls the primitive functions of the body essential to survival including breathing and heart rate.

## Amygdala:

This is responsible for all emotional responses including aggressive behavior.

## Hippocampus:

This makes it possible to remember new information and recent events.



# EMPATHY & AUTISM

- We need to help clients with ASD who cause sexual harm understand exactly what we mean by “empathy” (e.g., which specific construct)
- Understanding of performance deficits versus skill deficits is critical (language disorders and processing issues need careful attention)
- Consider the possibility your client with ASD may feel emotions more intensely than their peers



**EMPATHY**

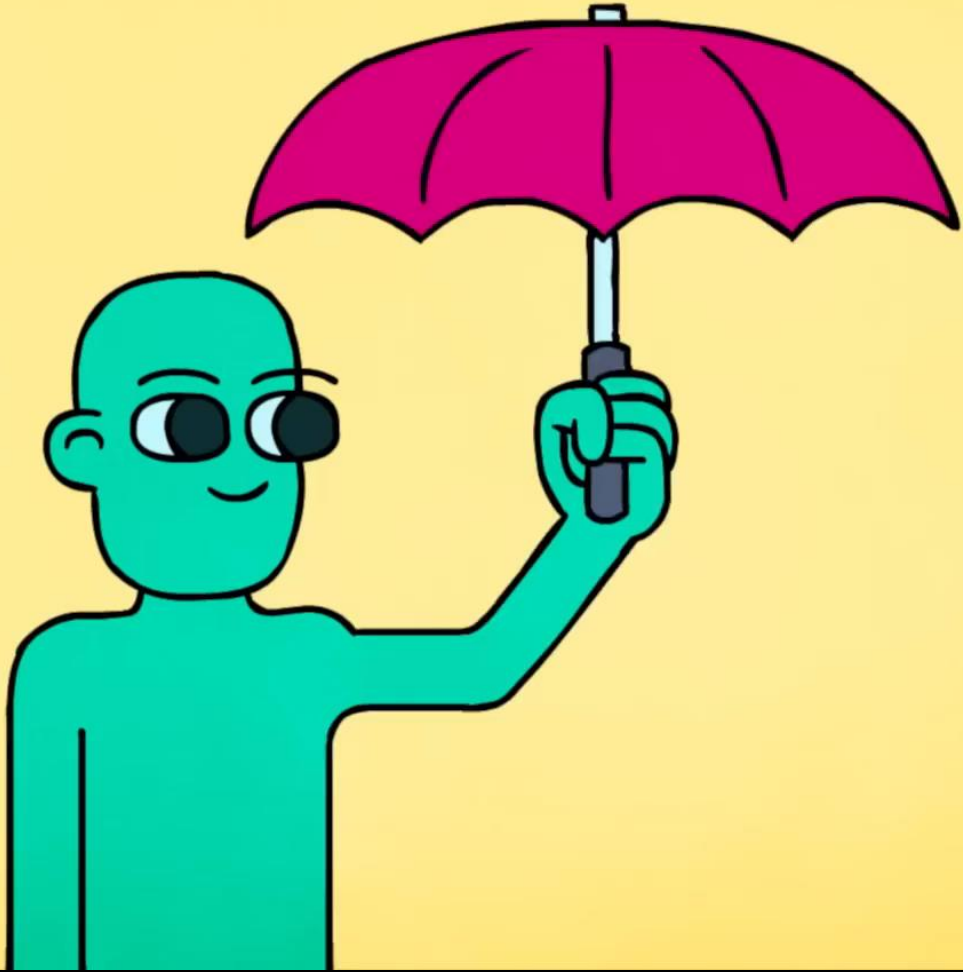


# Why is it important to demonstrate empathy?

---

- You want others to know that you are friendly
- You want others to believe that you care and are sensitive to their needs
- You would want others to be empathetic toward you if you were hurting
- Being empathetic is a social expectation = there is a hidden rule that dictates that we are supposed to show concern for others to fit in (Empathy = Social Currency)

lh



# 4 STEPS TO PRACTICING EMPATHY:

- 1) Notice** how the person you are interacting with is feeling
- 2) Correctly identify** the feeling being experienced by the other person
- 3) Feel those feelings** (or think of an example of when you may have felt those feelings)
- 4) Make an **appropriate response**



# IT'S NOT ALWAYS EASY



Sometimes we can all miss social cues.

It can be easier to say “No one likes me” or “I am never going to figure this out” instead of seeking assistance and acknowledging that relationships take work and can sometimes be difficult.





# THEORY OF MIND (TOM)

- Often defined as the ability to infer and understand another person's mental state (e.g., their beliefs, thoughts, intentions and feelings)
- This inferred information is then used to explain and predict human behavior in social situations
- Often defined as the ability to put oneself into someone else's shoes or to imagine their thoughts and feelings
- refers to the capacity to understand others by ascribing mental states to them

# USING YOUR **BEST** GUESS TO KNOW HOW PEOPLE ARE THINKING AND FEELING

- **B = Body Language Clues**: What is the person doing with their body?
- **E = Expression Clues**: Look at what the person is doing with their eyes, mouth, and eyebrows
- **S = Setting**: Think about the time and place
- **T = Things**: Is there an object near the person that may give a clue about how they are feeling?

THINK  
ABOUT  
THINGS  
DIFFERENTLY








**I fart  
like a  
500 lb !!  
man!!**





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

-Dr. Jill Levenson

- “Over the last decade, the definition of healthy sexuality has remained elusive while the boundary delineating unhealthy sexuality has radically changed. These changes are not reflected in current approaches to sex offender treatment which continue to focus on the suppression of offenders’ sexuality.”



-D. Watter & K. Hall, 2020

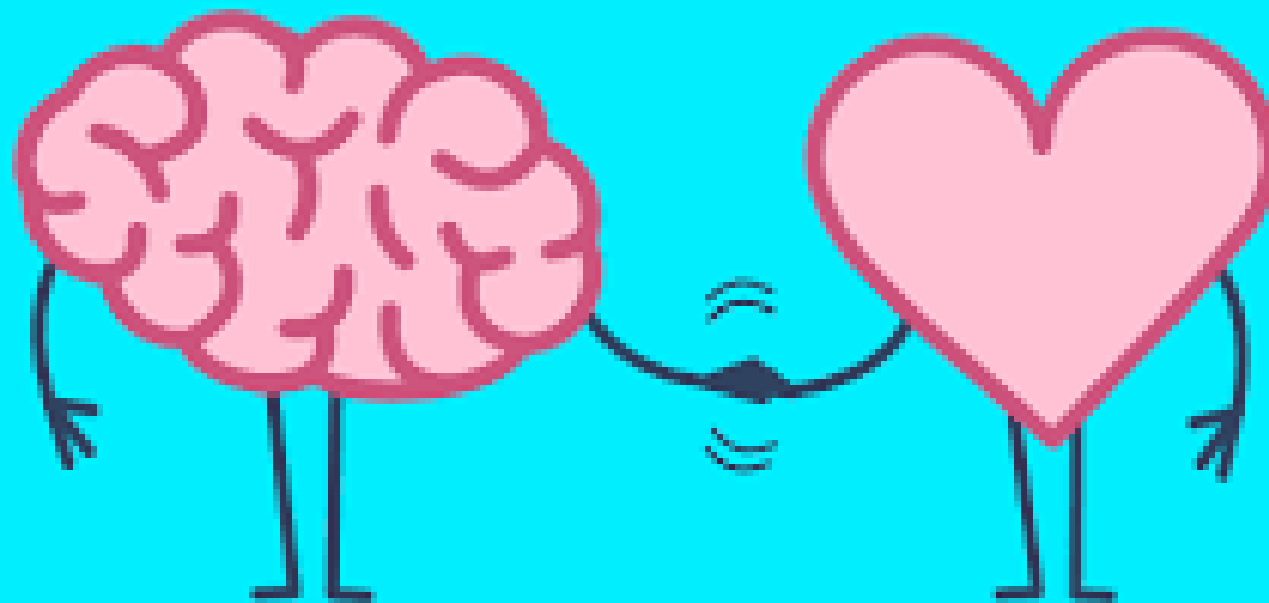


# Sexuality Education and ASD

- Controversy over curriculum
- Limited research in the area of efficacy
- Lack of consensus over: sessions, language used, teaching methods, content, goals, and parent education
- Clients with ASD generally know less about sexuality than their neurotypical peers



# Sexuality Education





**CHARTING**  
the **COURSE**

A Family Toolkit to Help  
Youth with Autism Navigate  
Sexuality and Relationships



## CHARTING the COURSE

Cynthia D. Baker, Ph.D.  
Principal Investigator  
Danya International, Inc.

Amanda Ziegert  
Content Writer  
Danya International, Inc.

Amanda Bowen, M.A.  
Project Director  
Danya International, Inc.

Jeffrey Owczarzak  
Graphic Designer  
Danya International, Inc.

Suzanne Willis  
Director, Editorial Services  
and Production  
Danya International, Inc.



8737 Colesville Road, Suite 1100  
Silver Spring, MD 20910  
(301) 565-2142  
[www.danya.com](http://www.danya.com)

© 2014 Danya International, Inc. All rights reserved.

## AUTHORS and ACKNOWLEDGMENTS

*Charting the Course: A Family Toolkit to Help Youth with Autism Navigate Sexuality and Relationships* was made possible with the assistance of many people. We would like to thank the following members of our Advisory Panel for their feedback and expertise:

- ▶ Laura Anthony, Ph.D., Licensed Clinical Psychologist at CASD, Assistant Professor George Washington University
- ▶ Melissa Dubie, M.S., Educational Consultant at Indiana Institute on Disability and Community's International Resource Center for Autism
- ▶ Peter Gerhardt, Ph.D., Educational Consultant to Adolescents with ASD, President of Organization for Autism Research
- ▶ Debra Roffman, M.A., Sexuality Education Expert, Consultant and Author
- ▶ Chantal Sicile-Kira, Director of Communications and Public Relations for Autism One, Host of Autism One Radio
- ▶ Brenda Smith Myles, Ph.D., Chief of Programs and Development of the Ohio Center for Autism and Low Incidence, Associate Professor at the University of Kansas Department of Special Education

We would also like to thank the Center for Autism Spectrum Disorders at Children's National Medical Center for assistance with the evaluation of our program and helping us ensure that *Charting the Course* is a valuable and useful product for families with adolescents on the Autism Spectrum.

Several adolescents with Autism Spectrum Disorder (ASD) and their parents had a central role developing and evaluating *Charting the Course: A Family Toolkit to Help Youth with Autism Navigate Sexuality and Relationships*. We deeply appreciate their insights and contributions.

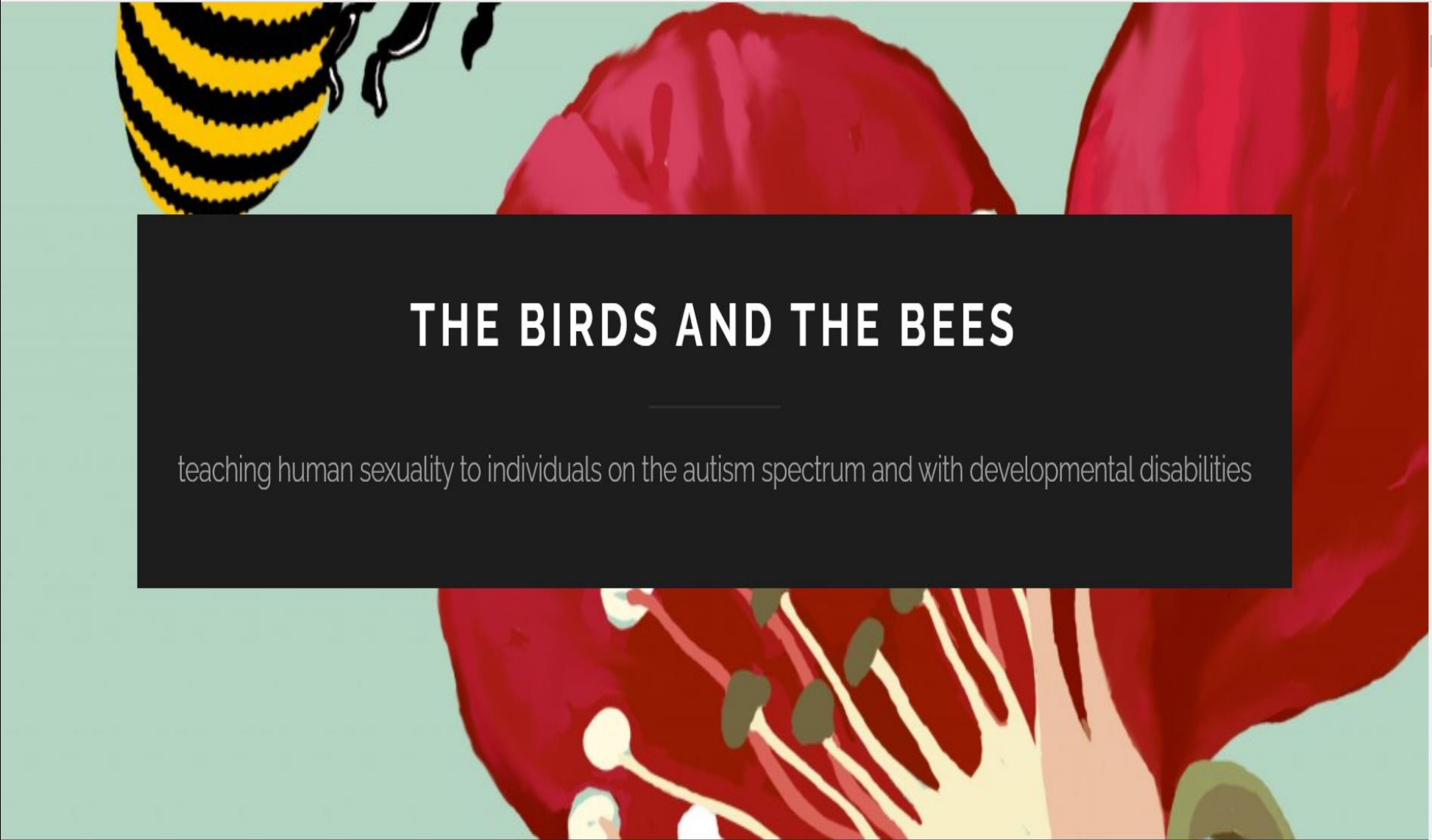
This project was supported by Award Number 2R44MH078462 from the National Institute of Mental Health. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute of Mental Health or the National Institutes of Health.

## 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

# HEALTHY OR UNHEALTHY???

Relationship Scenario:	Healthy or Unhealthy?
Lisa and Tim want to be in romantic relationship	
Sara uses mean words when speaking to her boyfriend	
Shelia tries to convince her boyfriend Eric to stop hanging out with his friends	
Jamal and Josie are happy when they are together	
Anthony sometimes makes Jessica feel pressured to do things she does not want to	
Tim knows his girlfriend has some faults, but accepts them and does not try to change her	
Joseph feels that his partner Lily teases him too much in front of his friends, and it is not funny	
Tammy always feels safe with her boyfriend	
Dominique's girlfriend posts negative comments on her social media accounts	



# THE BIRDS AND THE BEES

teaching human sexuality to individuals on the autism spectrum and with developmental disabilities

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





# MORE INFO. LESS WEIRD.

AMAZE takes the awkward out of sex ed. Real info in fun, animated videos that give you all the answers you actually want to know about sex, your body and relationships.



Check us out on YouTube

DESCRIPTIONS

FEATURED

PUBERTY

SEXUAL ORIENTATION

GENDER IDENTITY

PERSON

- 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/>

# Case Study #2



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

# Identified Treatment Barriers:

- Client's persistent perseveration on the victim
- Significant mental health problems within his family
- Unwillingness to accept his autism diagnosis
- Significant deficits in recognizing his own internal state & feelings

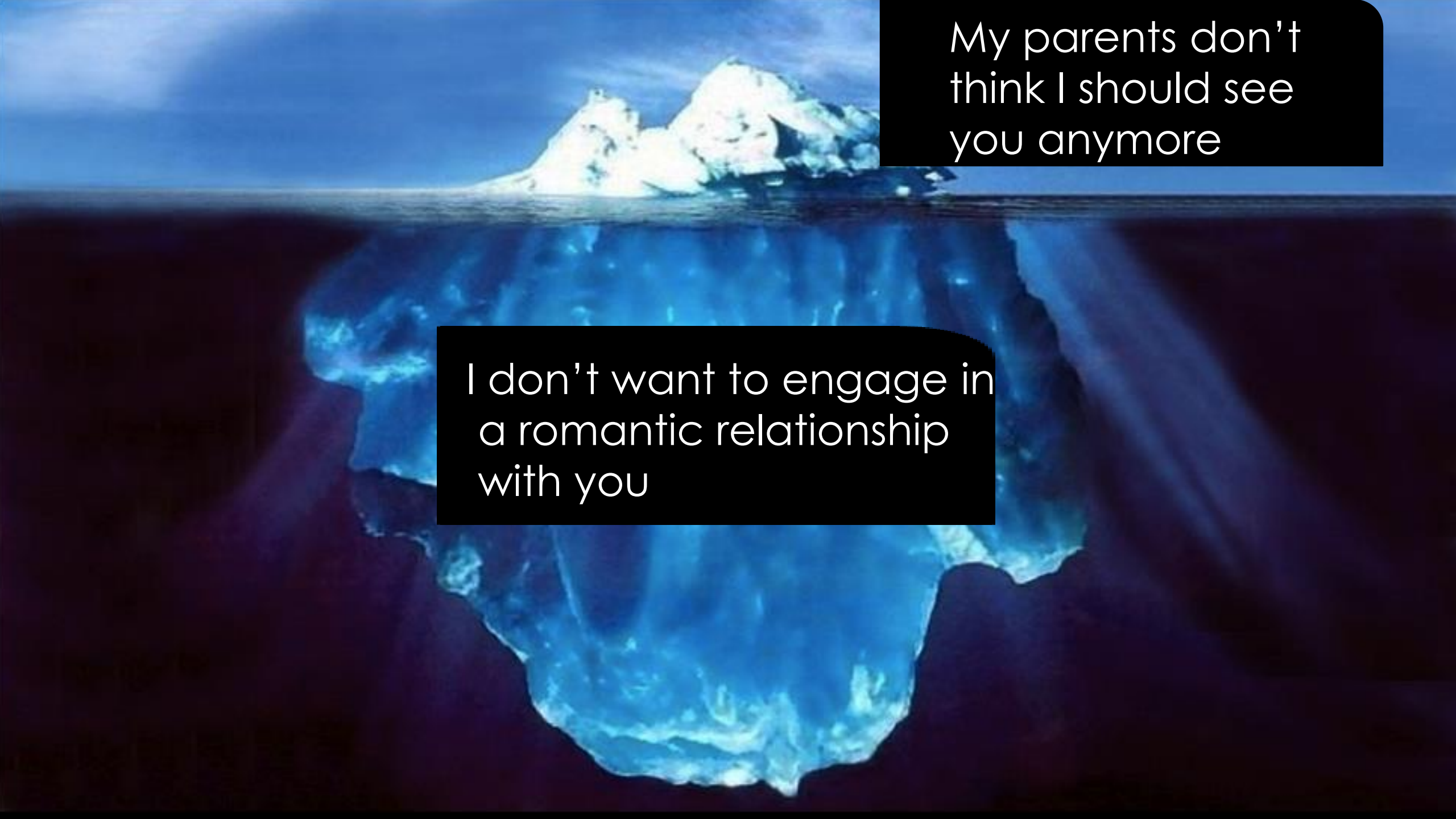


Cyborg Client Name



# “Cracking the Code” or “Legal Life Hacks”



An iceberg floating in the ocean. The tip of the iceberg is visible above the water line, while the much larger, submerged part is visible below. The water is a deep blue, and the sky is a lighter blue. The iceberg is white and jagged.

My parents don't  
think I should see  
you anymore

I don't want to engage in  
a romantic relationship  
with you

What do they  
feel about what  
you are saying?

What are they  
interested in?

What are you  
doing to show  
you're interested  
in what they are  
saying?

Thinking  
about  
people and  
what they  
think and feel



# 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)



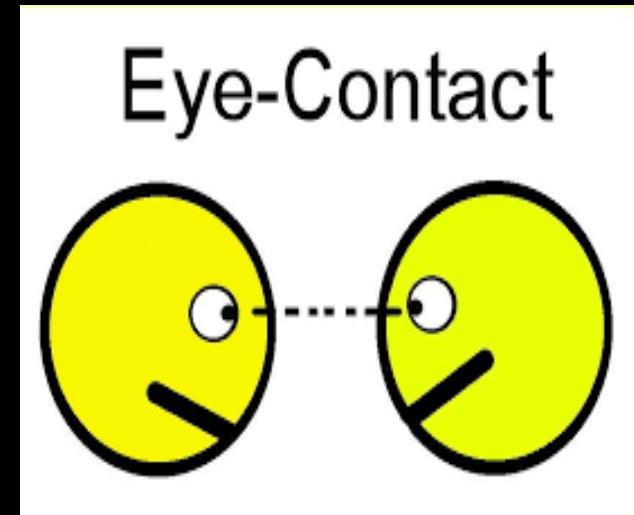
# ATTRACTION & INTEREST IN OTHERS

- **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



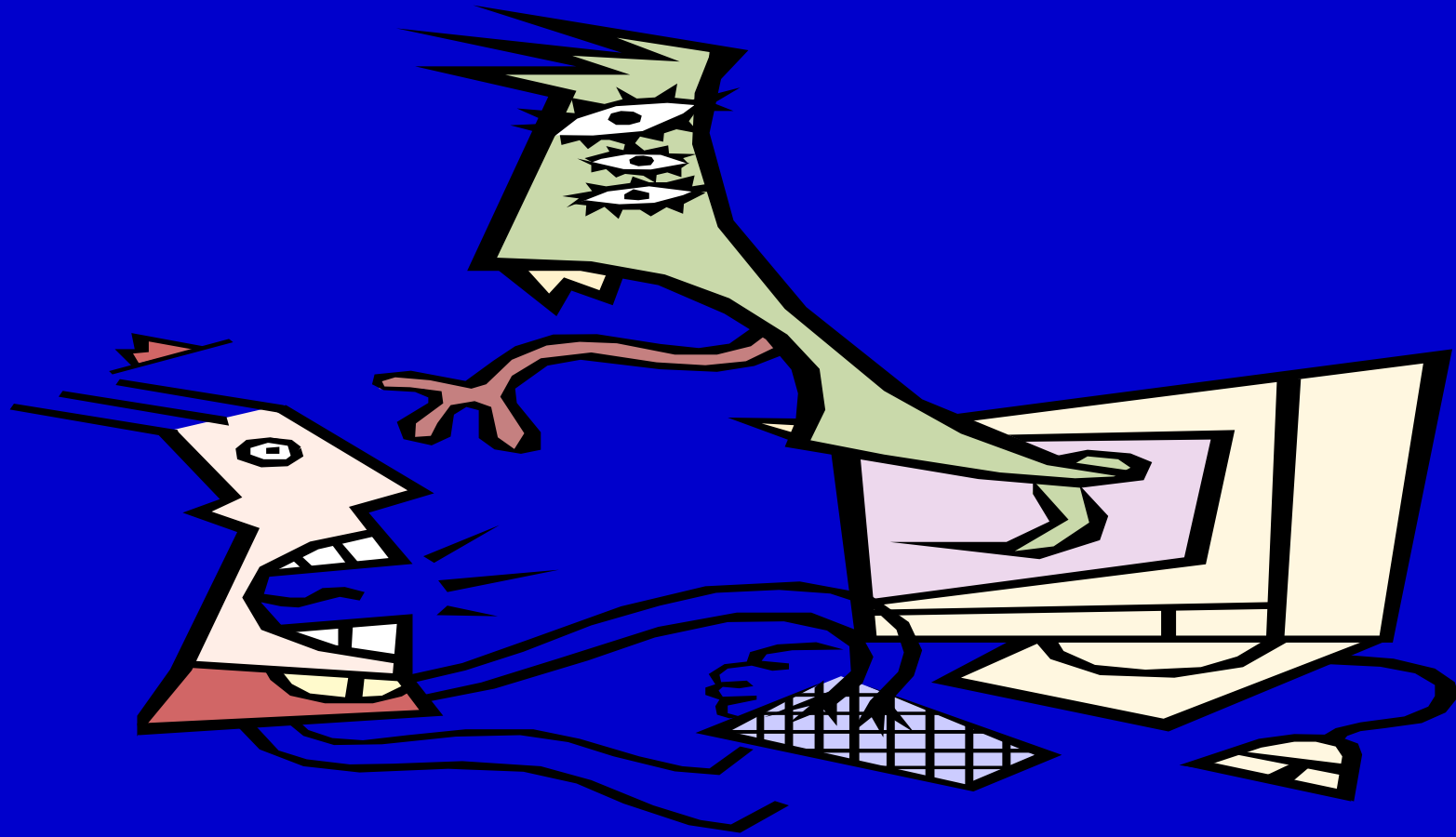
# ROMANCE SHOULD LOOK LIKE:

- 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



Navigating Challenging  
Personal Interactions

# 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

- VERY little research ASD & stalking
- 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; Mercer & Allely, 2020)





## RECOMMENDATIONS FOR INDIVIDUALS WITH ASD WHO ARE STALKING:

- Social skill groups
  - Video Modeling
  - Self-management strategies
  - Self-management combined with video feedback
  - Scripts, social stories and visual supports
  - Increasing areas of interest beyond obsessions
  - Anger management & counseling
  - Medication management
- Mercer & Allely, 2020

# 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?



# ***Practice for the Epic Fail***



# ***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)





# Case Study

- 48-year-old male charged with CP production, possession and transmission (massive number of chat logs in discovery)
- Undiagnosed with no history of mental health issues
- No previous arrests, detected offenses, or behavioral issues
- Previously married and had adopted 3 children
- Gainfully employed



# Forensic Assessment:

- **Assessments**: ADI-R, Forensic interview, ADOS-2, SRS-2, ABAS-3, TSI-2, MMPI-3, PCL-R 2<sup>nd</sup> Edition, AASI-3, Static-99-R, and the STABLE-2007
- **Language Evaluation**: Conversational Effectiveness Profile-Revised
- Non-deceptive Polygraph (Hooray!)
- **Dx**: ASD, Level 1, Major Depressive Disorder, Generalized Anxiety Disorder with panic attacks, Social Pragmatic Language Impairment, and deemed a low risk

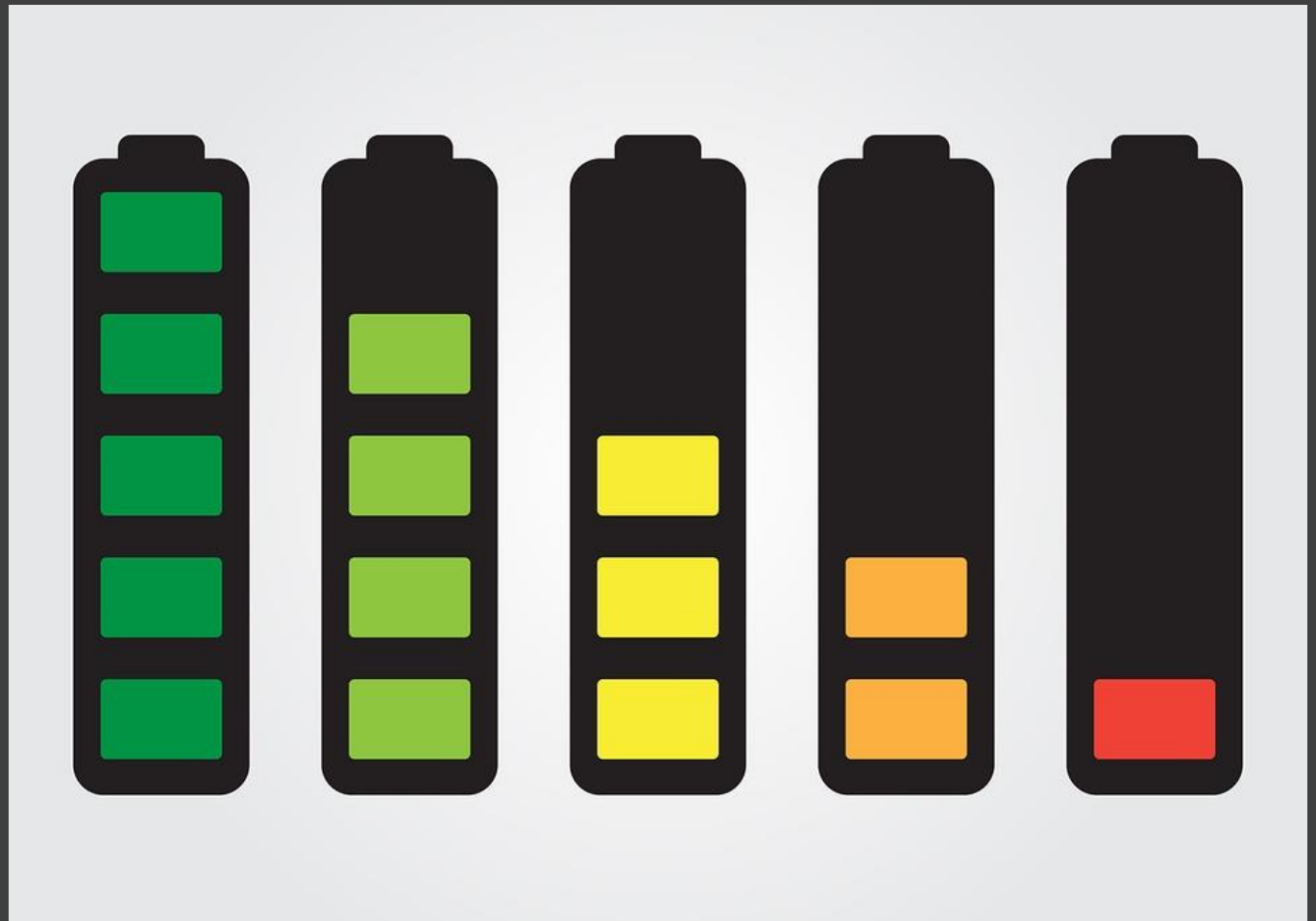
# TREATMENT RECOMMENDATIONS:



- Individual counseling to address depression, trauma, & lack of healthy coping skills
- psycho-educational support: healthy relationships, appropriate boundaries, rules for engagement, etc.
- targeted social and executive skills
- no SO Tx recommended – treatment recommended by an SO therapist familiar with ASD to address factors contributing to offense, identification of cognitive distortions, decision making, etc.

# We All Have a Social Battery

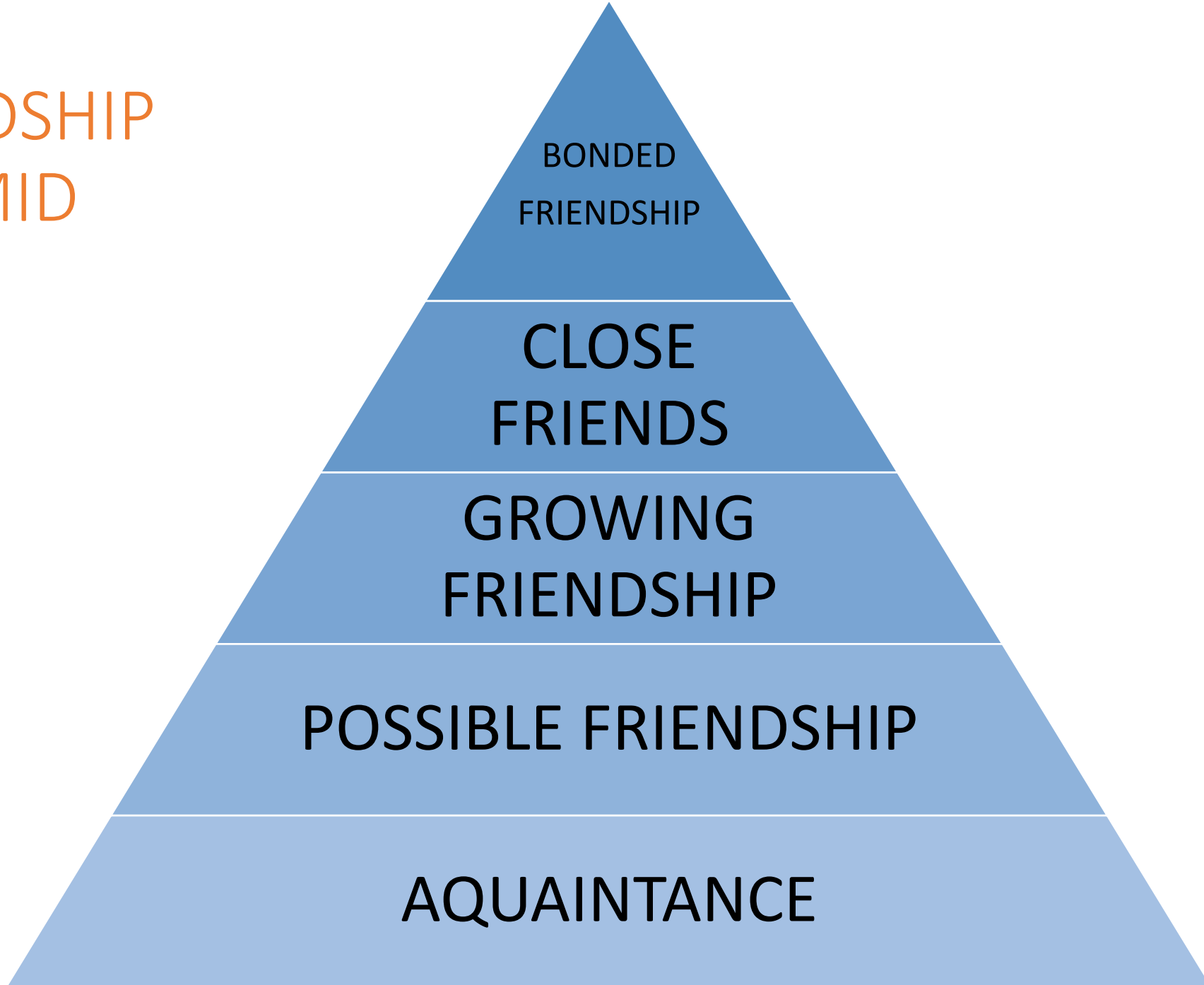
It's important to recognize the type of activities that keep you charged longer than others, when you need to recharge, and how you can do that.



## Subtle signs that your listener has lost interest

- Saying, “Uh huh” and nodding their head
- Discontinuing their use of questions
- No longer nodding along with your thoughts
- Letting their eyebrows fall or their eyes disengage
- Saying comments that don't quite match (e.g. “That's interesting” when you just said, “And a bomb fell on a small village and hurt hundreds of innocent people”)
- Beginning to fidget with their body
- Looking or turning away
- Looking for another conversation to join

FRIENDSHIP  
PYRAMID



# Three strikes and you're out

---

In order for a friendship or other relationship to work, there should be balance between the number of times you and the other person are initiating get togethers. If you suggest getting together three times and they have not reciprocated, they are likely not that interested in you



kachow





“Each of us is more than  
the worst thing we've  
ever done.”

-Bryan Stevenson



This word cloud features the word "autism" repeated numerous times in white text against a black background. The words are arranged in a semi-circular arc, with the largest and most prominent words in the center and smaller words towards the edges. The text is oriented horizontally, following the curve of the arc.

This word cloud features the word "autism" repeated in white text against a black background. The words are arranged in a circular pattern, with the largest words in the center and smaller words towards the perimeter. The text is oriented horizontally, following the curve of the circle.

**Kim Spence, Ph.D.**  
**Clinical Director of Autism Support Services**  
**Specialized Treatment & Assessment Resources, PA**  
**317 River Edge Blvd, Suite 202**  
**Cocoa, FL 32922**  
**(321)338-7555**  
**[drkimspence@gmail.com](mailto:drkimspence@gmail.com)**



This presentation is protected by United States copyright laws. Reproduction and distribution of this presentation without written permission from Kimberly G. Spence or Specialized Treatment and Assessment Resources, PA is strictly prohibited. This presentation is licensed for educational use only and any other use of the whole or any part of the material, including: adapting, copying, issuing copies, unauthorized lending, or making the same available to or via the internet or wireless technology or authorizing any of the foregoing is strictly prohibited.