

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

© 2024 Specialized Treatment & Assessment Resources, PA – All Rights Reserved

1




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

drkimspence@gmail.com

2

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.



3

• "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."

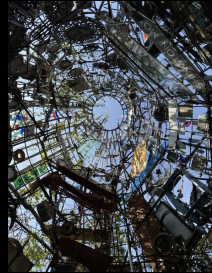
-Payne et al. 2020 (Self-Reported Motivations for Offending by Autistic Sexual Offenders)



4

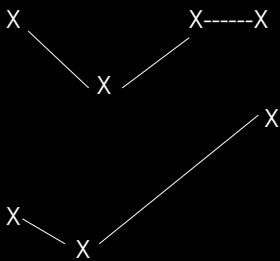
"... research into effective treatments for adolescent sex offenders with ASC {Autism Spectrum Conditions} is in its infancy."

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



5

A FEW THOUGHTS ABOUT EXPECTATIONS...



6

Treatment Considerations When Supporting Clients with Autism Who Cause Sexual Harm



7

Treatment Considerations When Supporting Clients with Autism Who Cause Sexual Harm

- Know your client's "isms"



8

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



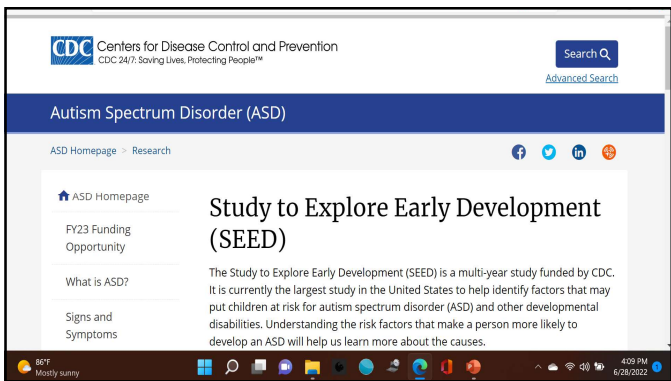
9



10



11



12

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)

13

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



14



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



15

I will follow the rules in the bathroom

- I will not touch other people's stalls or the area between the stalls
- I will not tell 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



16

Treatment Considerations When Supporting Clients with Autism Who Cause Sexual Harm

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



17



Vulnerabilities Frequently Present with ASD

18

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.

19

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



20

DEPRESSION **AND** SLEEP DISORDERS WITH AUTISM

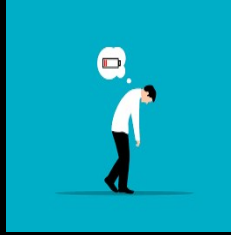
- 304 legally independent adults (age 18-35 years old) with a childhood diagnosis of autism spectrum disorder self-reported on their average sleep behaviors
 - 86% of the sample experienced primary sleep disturbances (short total sleep time = 39%, poor sleep efficiency = 60%, and delayed sleep phase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

21

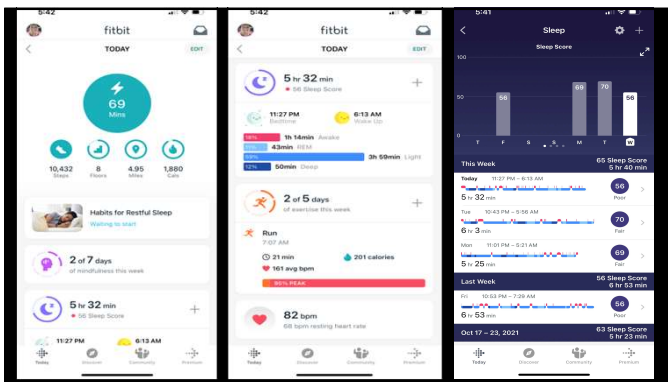
TRACKING SLEEP (OR LACK THEREOF)

• <https://www.sleepfoundation.org/sleep-diary>

• [Sleep Diary: How and Why You Should Keep One | Sleep Foundation](#)



22



23

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

24

• **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



25

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"

26

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



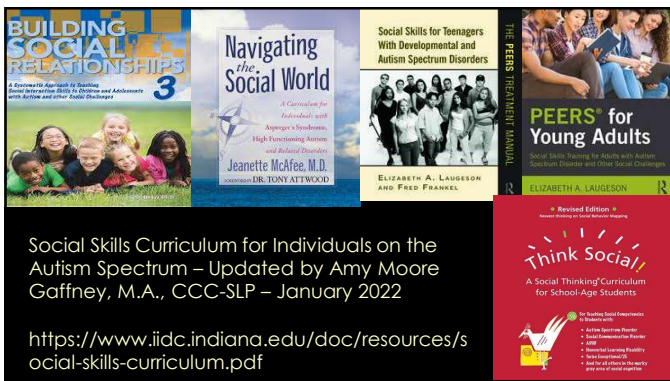
27



28



29



30



31

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

32

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)

33

Communication Disorders are Often Undetected in Clients who Cause Sexual Harm

- Expressive Communication
- Receptive Communication
- Pragmatic Language Disorder



34

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



35

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

36

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

37

Social Pragmatic Communication Disorder

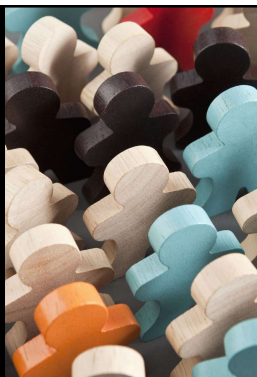
May stand-alone as a diagnosis, but will always be present in individuals meeting criteria for Autism Spectrum Disorder (ASD)

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

38

Socialization and Societal Norms

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



39

The Hidden Curriculum



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

40

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



41

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.



42

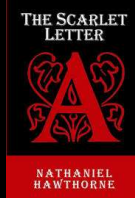
Treatment Considerations When Supporting Clients with Autism Who Cause Sexual Harm

- 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



43

-Trauma related to having autism or the treatment of autism




44



ABUSE UNDER THE NAME OF APPLIED BEHAVIOR ANALYSIS (ABA)

45

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




46

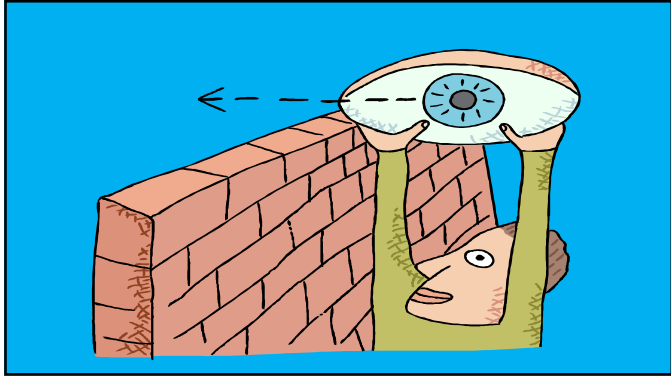
VIOLENCE & SHAME

- "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*



47



48

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)



49

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

50



51



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)

52

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. Any more, 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.

53

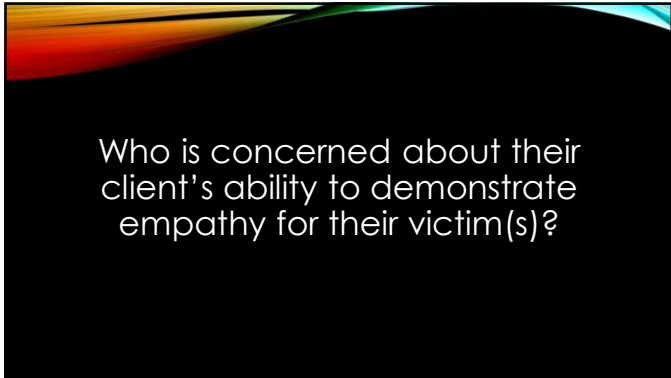
A 5 Is Against the Law!

Social Boundaries: Straight Up!

An honest guide for teens and young adults

Kari Dunn Buron

54



55



56



57

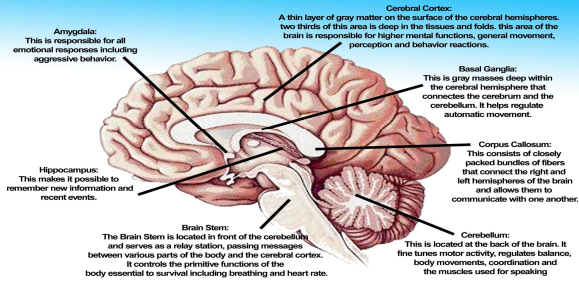
CHALLENGES ADDRESSING VICTIM EMPATHY WITH INDIVIDUALS WITH ASD WHO HAVE CAUSED SEXUAL HARM

- 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)?



58

Parts of the Brain Affected by Autism



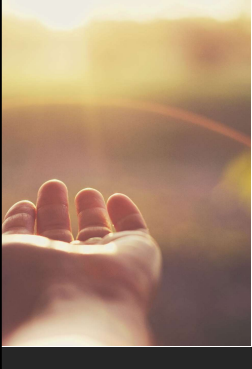
59

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



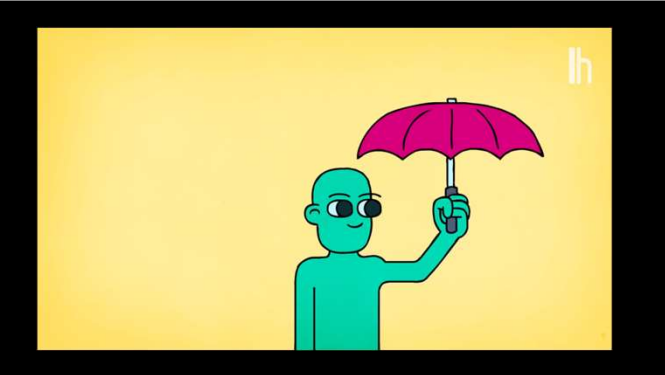
60



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)

61



62

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**



63

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.

64



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

65

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

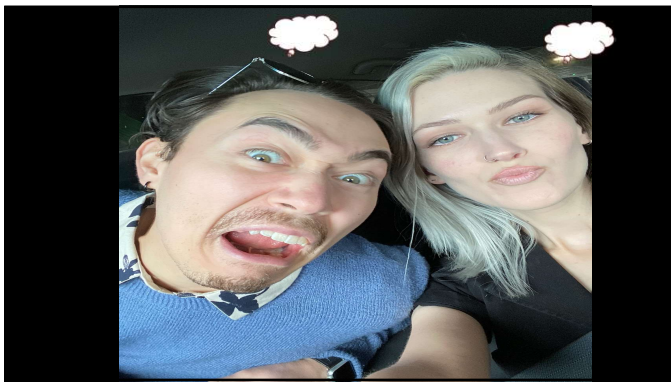
- **B = Body Language Clues:** What is the person doing with their body?
- **E = Expression Clues:** Look at what the person is doing with their eyes, mouth, and eyebrows
- **S = Setting:** Think about the time and place
- **T = Things:** Is there an object near the person that may give a clue about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

THINK
ABOUT
THINGS
DIFFERENTLY

66



67



68



69



70



71



72

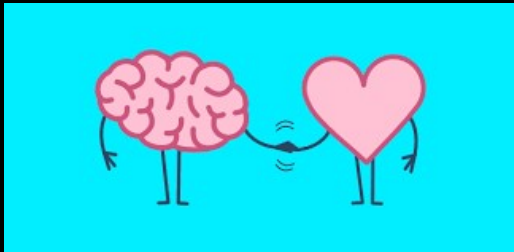
Sexuality Education and ASD

- 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



73

Sexuality Education

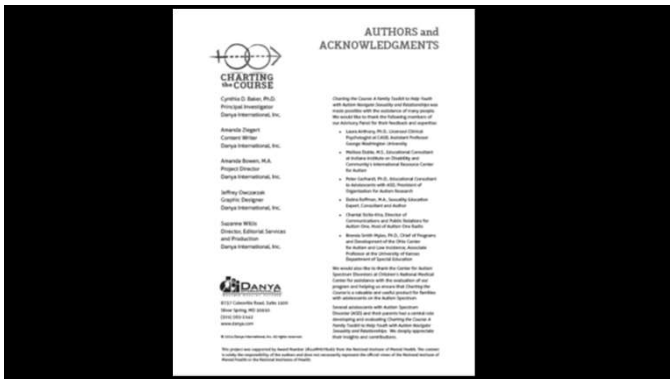


74



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

75



76

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

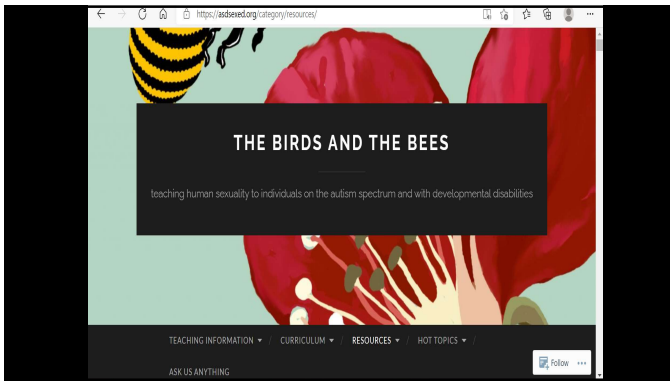
- Pugliese, C.E., Ratto, A.B., Granader, Y., Dudley, K.M., Bowen, A., Baker, C., & Anthony, L.G. (2021). **Feasibility and Preliminary Efficacy of a Parent-Mediated Sexual Education Curriculum for Youth with Autism Spectrum Disorders.** *Autism: the International Journal of Research & Practice*, 24(1), 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

77

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	

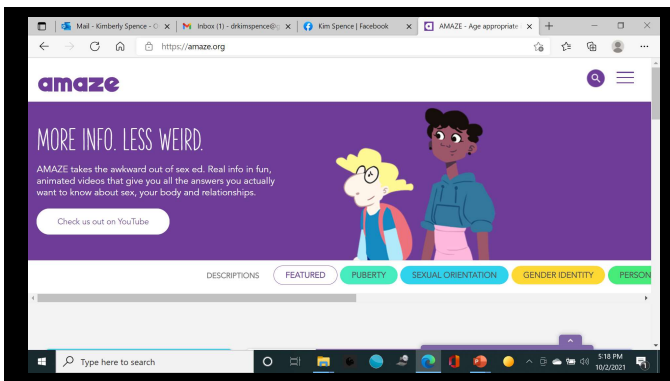
78



79

- 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.

80



81

- 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/>

82

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

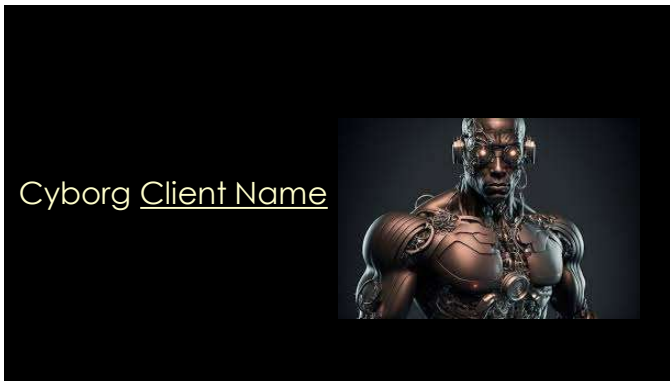
83

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



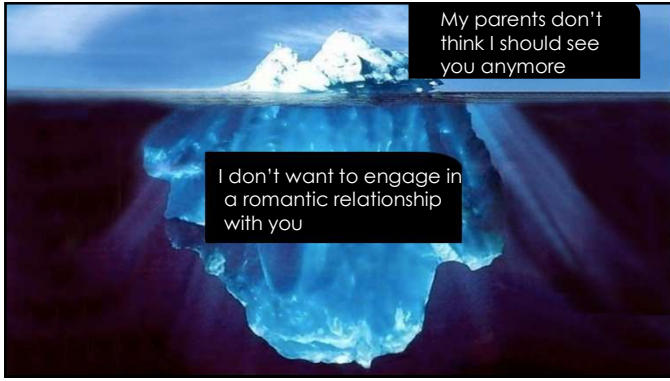
84



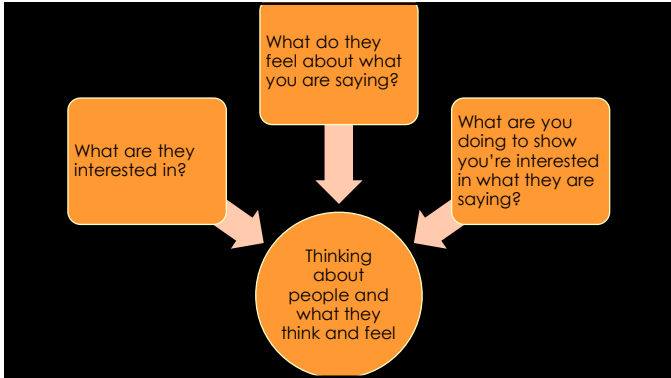
85



86



87




88



89

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)



90

ATTRACTION & INTEREST IN OTHERS

• **Emotional feelings of attraction may feel like:**

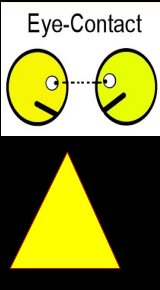
- Wanting to be near a specific person
- Thinking about that person frequently
- Feeling like you like him or her a lot
- Feeling nervous around them (not knowing what to do or say around this person)



91

HOW CAN I EXPRESS MY ATTRACTION?

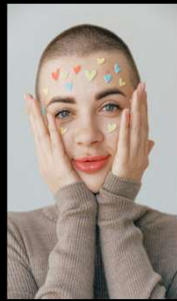
- Spend time together in an activity that you both enjoy
- Communicate about interests (text, talk face to face, email, etc.)
- Smile at that person
- Make eye contact during conversation
- Show interest in what they like (even if you do not like it!)
- Compliment him or her



92

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

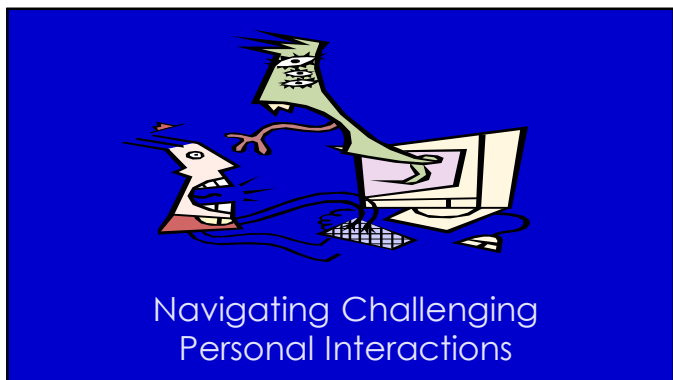


93

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

94



95

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)



96

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)



97

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

98

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



99

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?

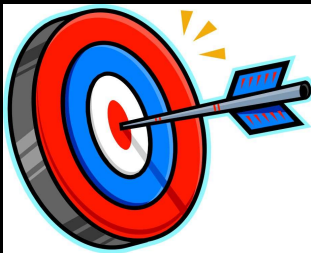
100

Practice for the Epic Fail



101

TARGETED SCRIPTS



102

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)

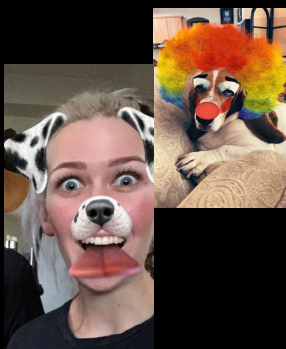
103



104

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



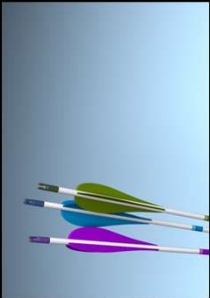
105

Forensic Assessment:

- **Assessments:** ADI-R, Forensic interview, ADOS-2, SRS-2, ABAS-3, TSI-2, MMPI-3, PCL-R 2nd 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

106

TREATMENT RECOMMENDATIONS:

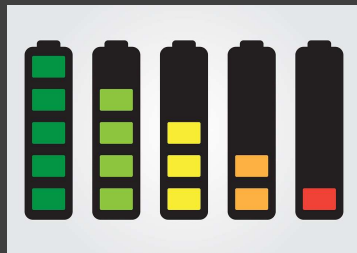


- Individual counseling to address depression, trauma, & lack of healthy coping skills
- psycho-educational support: healthy relationships, appropriate boundaries, rules for engagement, etc.
- targeted social and executive skills
- no SO Tx recommended – treatment recommended by an SO therapist familiar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

107

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.



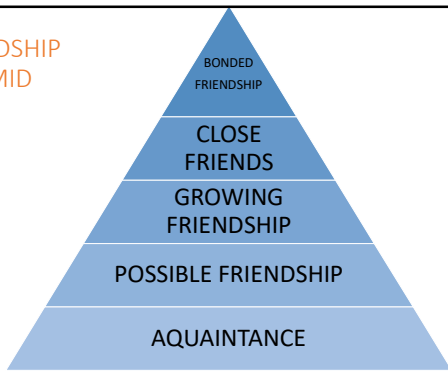
108

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

109

FRIENDSHIP PYRAMID



110

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 together. If you suggest getting together three times and they have not reciprocated, they are likely not that interested in you



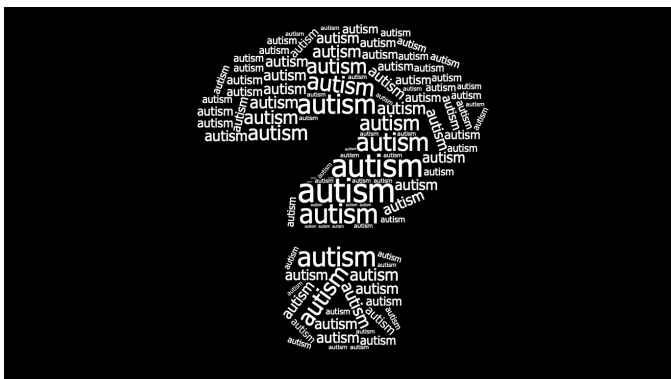
111



112



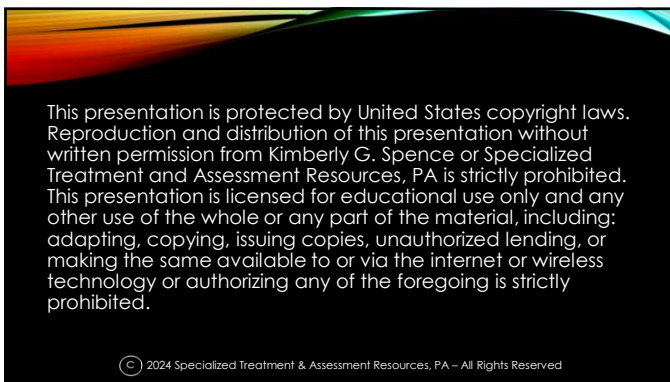
113



114



115



116
