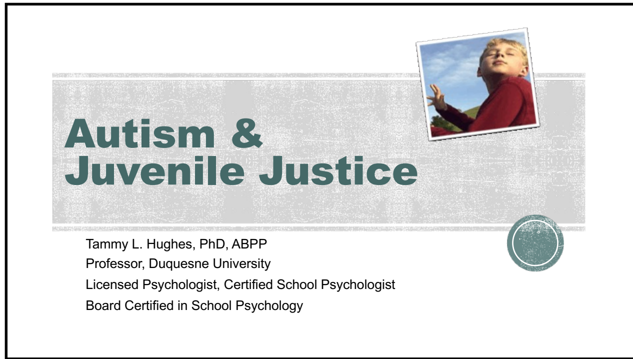


1

Today's Presentation

- ASD via DSM & ASD in Special Education
- ASD & illegal activity
- How to address the wide range of social needs for individuals with ASD

2

3

Autism in Review

- Restrictive, repetitive patterns of behavior
  (e.g., pacing, rocking, hand flapping, finger flicking, etc.)
- Restrictive, repetitive interests or activities
  (e.g., strong adherence to routines, agitated when routines are disrupted, preferred interest dominate conversations, etc.)

2 of 4

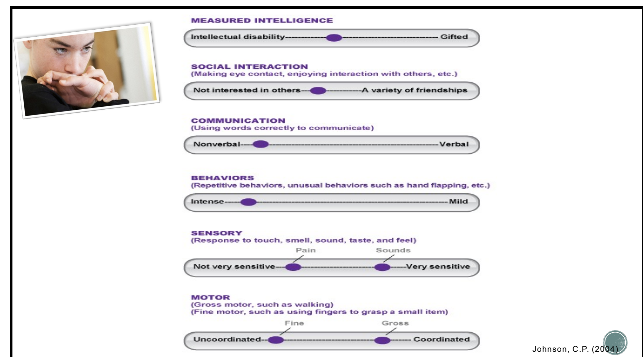
- Symptoms **must** be present in the early developmental period
- Symptoms **cause clinically significant impairment**

4

Autism Spectrum Disorders (ASD)

- Similar processing difficulties but their symptoms can look very different
- **Abilities** vary
  - nonverbal, low-functioning, and have intellectual deficits
  - higher levels of cognitive abilities and gifted academically or in other areas

5



6

ASD DSM-5 Updates

- Autistic Disorder, Asperger's Disorder, and PDD-NOS are replaced by one umbrella term "Autism Spectrum Disorder."
- Severity levels: based on the amount of support needed, due to challenges with social communication and restricted interests and repetitive behaviors.
  - **Level 1 requiring support** **inclusion without assistance of aide**
    - Problems with inflexibility, poor organization, planning, switching between activities, which impair independence. Poor social skills, difficulty in initiating interactions, attempts to make friends are odd and unsuccessful.
  - **Level 2 requiring substantial support** **shared classroom aide**
    - Marked difficulties in **verbal** and **nonverbal** social communication skills. Markedly odd, restricted **repetitive behaviors**, noticeable difficulties changing activities or focus.
  - **Level 3 requiring very substantial support** **paraprofessional**
    - Severe difficulties in **verbal** and **nonverbal** communication. Very limited speech, odd, **repetitive behavior**; many express their **basic needs** only.

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Autism: Special Education

(i) Autism means a developmental disability significantly affecting verbal and nonverbal **communication** and **social interaction**, generally evident before age three, that adversely **affects a child's educational performance.**

Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

8

Autism: Special Education

(ii) **Autism does not apply** if a child's educational performance is adversely affected primarily because the child has an **emotional disturbance,** as defined in paragraph (c)(4) of this section.

(iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied.

9

Why does this matter?

- The DSM and IDEA criteria are the same
  - Autism is not different – the approach is different
- The DSM provides a list of criteria to diagnosis a disorder.
  - A person has symptoms or not.
- School teams *decide* if a student has a disability and if they require specially designed instruction.
  - A team decision.

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Why does this matter?

- The DSM and IDEA criteria are the ***same***
- ***Really, it is the same***
- Concordance between a U.S. Educational Autism Classification and the Autism Diagnostic Observation Schedule (2020) https://doi.org/10.1080/15374416.2019.1567345

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Why does this matter?

- If a school team *erroneously* believes that ASD in school is different than ASD in community…
  - they may underappreciate all of the youth's ASD needs
    - What does social development mean across the prek-12 developmental period?
  - especially if those needs may result in illegal acts.
    - Smelling hair, sensitivity to clothes

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Why does this matter?

- Reality: many IEPs don't address the prevention of illegal acts.
- Schools often don't know what to do to help address legal issues or won't address it until you ask / are required.
  - Paradox:
    - Schools are less harsh in their punishments for youth with ASD and more harsh with youth with ED
    - Courts are less harsh in their punishments for ED (mental health) and (much) less equipped for ASD

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Why does this matter?

- Children with disabilities are:
  - 2x's more likely than their non-disabled peers **to be suspended (**US Department of Education, 2015),
  - this gap may be **increasing over time** (Krezmien et al. 2006 ; Losen and Gillespie 2012; Zhang et al. 2004).
- Even one **school suspension** is **school dropout** (Balfanz, 2014) an is related to Juvenile Justice Contact called **"school to prison pipeline"** (US Department of Education, 2014; Wald & Losen, 2003)

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ASD & Illegal Acts

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ASD Case Examples

- Breaking and Entering (neighbors)
- Assault (substitute / teachers)
- Elopement (Running Away) & Resisting Arrest
- Harassment (Stalking) *obsessional following
- Inappropriate / Unlawful (Sexual) Contact

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ASD and Criminality

- A complex and controversial topic
- Individuals with autism will have **up to seven times more contact** with law enforcement over the course of their lifetime than their peers
  - **Most are not offenders, most are victims**
  - 20% of youth with ASD have been stopped and questioned by police, and almost 5% arrested (Rava et al. 2017).
- Information regarding national prevalence is limited
  - There are **more** individuals with autism in secured facilities than expected
  - 2022 doi: 10.1177/13623613221081343.
- Diagnosis is **not always properly identified** at the time a criminal act is committed

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Consider

- There is **no specific way that disabilities** are linked to criminal activity
- The probability of individuals with autism committing a crime can be increased by:
  - Certain symptoms (obsessive interests)
  - Life experiences (abuse hx)
  - Co-occurring psychiatric symptoms
  - Other variables (e.g., social isolation, lack of appropriate feedback regarding behaviors)
- Males with Higher Functioning forms of ASD (e.g., previously Asperger's disorder)
  - More commonly associated with offending behaviors

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PA information

- From 1993-94 - 2011-12 the number of students receiving Individualized Education Programs (IEPs) under the definition of autism has increased **from 498 to 23,405 students** (Pennsylvania Department of Education, 2012)
  - 2 in 5 (39%) have ASD as a primary or secondary category

    Shea, L. (2014). *Pennsylvania Autism Census Update*. Study funded by the Bureau of Autism Services, Pennsylvania Department of Public Welfare. Retrieved from www.paautism.org/census.
- This trend **parallels national figures** reflecting the incidence of individuals with autism which is now stated to occur at a rate **of 1 in 36 live births** (CDC, 2023).
  - 4xs more common in boys

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PA information

PA ASD needs assessment estimates that 85% of individuals with ASD have a co-occurring disorder.

The most common in youth are:
- Attention-Deficit/Hyperactivity Disorder (37%)
- Developmental Delays (35%)
- Learning Disability (26%)
- Anxiety Disorder (20%)

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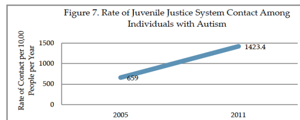
PA Autism Census 2014

- While rates of JJ contact has decreased overall, they have **increase for youth with ASD**
- **Property offenses** and **physical contact** crimes were the most common charge types.



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Why does this matter?

- Caregivers (n= 2525) of youth (elementary to high school) reported:
  - Youth with **ASD frequently experienced school disciplinary action** (15.0%), followed by **police contact** (7.9%) and **hospitalization** (7.8%).
  - Experiencing **any one** of the three events **increased risk of experiencing either of the other events**. (Turcotte, Shea & Mandell, 2017)

22

Why does this matter?

- Factors that lead to criminal activity are usually **distinctly different** for individuals with autism compared with other offenders
  - May not understand that a law has been violated
  - Behaviors may be **manifestations of common social deficits**
    - Physical outbursts,
    - Stalking (called obsessional following or determined pursuit in youth),
    - Inappropriate sexual advances,
    - Acting as an accomplice to crimes committed by false friends

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Why does this matter?

- ASD can look like the most severe types of criminal offenders especially to juvenile justice personnel
  - Callous and Unemotional (C/U) traits
    - the highest recidivism rates,
    - poor treatment prognosis – where typical conduct disorders fair much better
- Empathy Deficits
  - C/U emotional empathy
  - ASD cognitive empathy

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Empathy Deficits

ASD	Callous & Unemotional Traits
Empathy - **Cognitive (Theory of Mind deficits)** - Emotional/affective empathy intact	Empathy - Cognitive empathy intact - **Emotional/affective empathy deficits**
Restricted Interests - **Perseverate** on narrow range of interests May impact ability to maintain reciprocal relationships	Narcissism - **Self-centeredness**, sense of entitlement, increased inclination to act negatively toward others

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ASD Research

Sutton et al., (2013)

- 60% with ASD on the Sex Offender Unit

ASD	Non-ASD
WISC FSIQ average 86.06	WISC FSIQ average 87.53
Depression Y	Depression **N**
Anxiety Y	Anxiety **N**
Social Stress Y	Social Stress **N**
Emotional Abuse (Severe to Extreme)	Emotional Abuse (Low to Moderate)
Sexual Abuse (Severe to Extreme)	**Sexual Abuse** (Severe to Extreme)
Physical Neglect (Moderate to Severe)	Physical Neglect (Low to Moderate)

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ASD Research

- ASD is **NOT** more sexually aggressive
- Rather, these folks were accumulated from across the state for **failure to progress** (Failure to Adjust) in previous Sex Offender treatment

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Outcomes

- Modified (sex offender) staff interactions & delivery of the intervention program to address ASD
- Supported the development of prevention curriculum
  - Healthy Relationships
    - My role is to measure the effectiveness; more later…

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Juvenile Justice Personnel

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ASD Challenge	Potential Misinterpretation by Professional
talks in a monotone or sing-song voice	making fun of the question
Echolalia	failing to take the question seriously
Perseveration	failing to take the interaction seriously
giving unrelated answers to questions	not listening
mimicking others speech	back-talking

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ASD Challenge / Potential Misinterpretation by Professional

ASD Challenge	Potential Misinterpretation by Professional
incongruence between words and facial expressions	attempting to hide information
inability to understand jokes, sarcasm, teasing, or metaphors	Lying
inability to comprehend and respond to multiple prompts	being stubborn
	Noncompliance
poor eye contact	attempting to hide information

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ASD Challenge / Potential Misinterpretation by Professional

ASD Challenge	Potential Misinterpretation by Professional
inappropriate laughing	drug or alcohol use
flat or inappropriate facial expressions	uncaring or hostile demeanor
lack of fear to situations	planful, predatory actions
lack of empathy	callous and unemotional
inappropriate touching or sniffing	Aggressiveness

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ASD Challenge / Potential Misinterpretation by Professional

ASD Challenge	Potential Misinterpretation by Professional
unusual reactions to sounds, smells, tastes, or touch	drug or alcohol use
inability to tolerate environmental stimuli	non-compliance
self-stimulatory behaviors	drug or alcohol use

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Training Probation

- 49 probation officers; yrs of experience 1 and 35 years.
  - 71% (n=35) indicated that they have **worked with a child or adolescent with autism.**
  - 22% (n=11) indicated **that have received training about autism**.
  - 96% (n=47) indicated that they need more autism training.
- For probation officers *with* autism experience:
  - Pre-post comparisons showed a statistically significant ($p<.000$) increase in their knowledge.
  - The strength of the effect (es = 1.06) of this training is large for this group.
- For probation officers *without* autism experience
  - Pre-post comparisons showed a statistically significant ($p<.002$) increase in their knowledge.
  - The strength of the effect (es = 1.58) of this training is large for this group.

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Training Probation

- Similarly, for probation officers *with* previous autism training
  - Pre-post comparisons showed a statistically significant (p<.005) increase in their knowledge.
  - The strength of the effect (es = 1.45) of this training is large for this group.
- For probation officers *without* previous autism training
  - Pre-post comparisons showed a statistically significant (p<.000) increase in their knowledge.
  - The strength of the effect (es = 1.10) of this training is large for this group.

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Effective Communication

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Helpful Tips

- Plan communications
  - Face the person directly
  - Give single step instructions
  - Ask single answer questions
  - Use short sentences
  - Use concrete terms
  - Show pictures when possible
- Allow time for processing
  - Wait 10 seconds
  - Repeat questions

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Helpful Tips

- **Check for understanding**
  - What do I want to know?
- Avoid (if possible)
  - Chaotic, loud environments
  - Touching (positive/encouraging *and* negative/punishing)
  - Open-ended questions
  - Restriction of self-stimulating behaviors

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Remember

- How individuals with ASD can look non-compliant, but they're not:
  - **Run away** when they feel afraid, anxious, or confused
  - Without adequate time to respond they may **mix up details** and timelines when relaying a story
  - May **hear** what you are saying **without un**derstanding the meaning

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If ASD is suspected

- Conduct questioning in the presence of a **familiar individual**
- Provide **extra time** between questioning sessions
- Use a **visual presentation** of the timeline and procedure

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Informed Teams Matter

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ASD Essentials

- **Developmental**, not a psychiatric, Disability
  - Symptoms impair or disrupt development
    - lifelong challenge; difficulties do not dissipate
  - The **treatment for ASD is different** from
    - Traditional classroom instruction
    - Social and emotional skill instruction
    - Psychiatric treatments
    - Counseling / Psychotherapy services

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Diversion Programming & Schools

- School interventions are the effective at promoting **non-delinquency**
  - Academic and Social Success
- Help individuals with ASD learn how to get their needs & desires met in a manner that is not illegal.
  - Professionals trained to deliver content to youth with ASD
  - You can coordinate with parents
- Goal is to minimize exposure to "deviancy training"
  - Decrease contact with individuals with sophisticated criminal histories.

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Diversion Programming

Review of the literature addressing ASD and violence (Im, 2016) show:

(1) **co-occurring psychopathology**

(2) **deficits in social cognition**
(to include impairments in theory-of-mind abilities & empathy)

(3) **emotion-regulation problems**

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ASD Essentials for Treatment

ASD requires **teaching directly** how to problem solve.

- Applied Behavior Analysis (ABA)
  - Encourages positive behaviors and discourages negative behaviors in order to improve a variety of skills.
- Sensory Integration Therapy
  - Helps the person deal with sensory information, like sights, sounds, and smells.
- Picture Exchange Communication System (PECS)
  - PECS uses picture symbols to teach communication skills.

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Outcomes Needed

- Modified **staff interactions** & program to address ASD
- **Modified treatment** to address ASD
  - Rehab programs use:
    - Traditional lecture format
    - Traditional group methods (review of offenses, fantasy journals…)
    - "Clarification Letter" / victim impact statements
      - **((is this a problem?))**

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What about admissions?

- Individuals with ASD are more likely to:
  - Be caught for their illegal behavior,
  - Confess during police interviews,
  - To enter a guilty plea,
  - And have difficulty advocating for their rights in court.
    (Chester, Bunning, Tromans, Alexander, Langdon, 2022)
- Lying is a developmental task (13min)
  - Theory of Mind
- Reading the room

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Informed Teams Needed

- **More professional Development: New training requirement**
- Magisterial judges
  - *Section 3118 (A) of Title 42 of the Pennsylvania Judicial Code*
- How can you help? What can you bring?

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Healthy Relationships for Youth with Autism Spectrum Disorders

49

Introduction

- **What?**
  - Sexual education curriculum for adolescents with autism
- **Why?**
  - Children with ASD need individualized and differentiated instruction in order to have healthy development and relationships
  - Perseverations as young adolescents may turn into assaults and other inappropriate sexual acts as they get older
  - ***Help professionals become comfortable with uncomfortable topics!***

50

What this presentation is NOT about:

- Are they teaching kids with ASD to have sex?
  - NO!
- Are they trying to change personal beliefs regarding healthy sexual development?
  - NO!
- Are they advocating for adolescents with ASD to engage in sexual behaviors?
  - NO!

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What this IS about:

- A curriculum that was developed to help **facilitate healthy interpersonal relationships** by appropriately teaching **hygiene**, basic **biological sex education**, and **friend making** skills
- Understanding challenges faced by adolescents who are **physically maturing** and show social skills deficits.
- A way for **caregivers, teachers, and parents** to teach proper skills to prevent problems and facilitate future healthy, age appropriate relationships.
- We have to talk about sex, and it is uncomfortable sometimes.

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Healthy Sexual Development

- Sexual development is a dynamic process
  - Includes physiological functioning, knowledge, beliefs and attitudes surrounding sexuality
    - In schools this means: **socialization**, **physical development**, relationships, future **aspirations**
- Healthy Development of sexuality is essential for adolescents including those with developmental disabilities (Murphy & Elias, 2006)
  - Related to basic human needs of feeling **worth** and **acceptance**
  - Critical in **bonding** and developing relationships
  - **Quality** of life

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Physical Maturation and ASD

- Children and adolescents with an ASD experience **typical physical development** during puberty, but often experience **delayed emotional maturity** (Gabriels & Van Bourgondien, 2007; Sullivan & Caterino, 2008)
  - Includes **typical sexual urges which accompany adolescence** are also present in children with an ASD

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Navigating Maturational Changes

- Neurotypical adolescents learn to deal with maturational changes (physical and emotional) implicitly.
  - interactions with **family**, **peers**, **observations**, and **media**.
- Adolescents with ASD are disadvantaged as they are not able to benefit from the same social learning as their peers (both **positive** and **negative** interactions)

55

Social Deficits

- Social deficits are of particular importance to sexuality because they **negatively affect peer acceptance**, communication skills, psychosexual development, relationship building, and intimacy (Sullivan & Caterino, 2008).
- Social deficits also impede **judgment** to determine things such as **private versus public activities**, who is appropriate to speak with about sexuality, and how and why to manage personal hygiene (Gabriels & Van Bourgondien, 2007).

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Difficulties and Risk Factors

- Concerns may arise regarding inappropriate sexual behavior
- A combination of the lack of social understanding and the perseverative nature of behaviors may evolve into a **determined pursuit**, **harassment**, or **intimidation** (Stokes & Kaur, 2005).
- Sexual problem behaviors may include: lack of hygiene, talking too candidly about sexuality, masturbation in the presence of others, deviant or harmful masturbation, unwanted sexual touching, unwanted attempt to intercourse, pedophilia, fetishism, and anxiety with regard to sexuality (Hellemans, et al. 2007).

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Real Life Examples

- I don't need to wash my feet because the soap from the top drips down onto them." – **Boy, Age 15**
- "I'm not washing my face because I don't like how the washcloth feels." – **Boy, Age 13**
- "What is menstrual flow? Is it like water out of a bucket or syrup out of the bottle?"- **Boy, Age 12**
- "The family bathroom at the mall is where you have sex."- **Boy, Age 17**
- "Eating eggs makes you pregnant." **– Girl, Age 13**
- "Boys put stuff in your drink, and that's how you get pregnant." **– Girl, Age 13**
- "I can court my grandma." **– Boy, Age 14**
- "I have a boyfriend on Facebook who I've never met." **- Girl, Age 15**
- "Don't expect me to do that small talk. It is a waste of time." **– Boy, Age 15**

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Need for Intervention

- Sexuality education is important for the promoting **healthy hygiene**, **developing relationships**, **marriage**, **parenthood**, facilitation of **future goals**, and **preventing** challenging behavior.
- In order to promote independence and facilitate the acquisition of socially appropriate behaviors, teaching and reinforcing skills for children and adolescents with disabilities is necessary (Murphy & Elias, 2006).
- There is a need to understand and approach, in a developmentally appropriate way, sexuality education for these individuals and their families so that their needs can be met and deviant behaviors can be prevented and improved.

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Sex Education Standards

- The Sexuality Information and Education Council of the United States (SIECUS), has created National Sexuality Education Standards (2012).
- SIECUS outlines the following topics that should be included at minimum for an effective sexuality education curriculum:
  - Anatomy and Physiology
  - Puberty and Adolescent Development
  - Identity
  - Pregnancy and Reproduction
  - Sexually Transmitted Diseases and HIV
  - Healthy Relationships
  - Personal Safety

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General Sexuality Education v. Healthy Relationships

- General
  - Indirect, vague, relies on euphemisms (ex: birds and bees), takes subtleties and social boundaries for granted
- Healthy Relationships
  - Consistent and regular basis, individualized instruction
  - Focus on preventing possible victimization
  - Healthy behaviors are not assumed
  - Increase in self-esteem
  - Developmentally sequenced
  - Use of repetition, concrete examples, visuals, videos, and role playing

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Potential Barriers

- Content should be developmentally and age appropriate and should address the specific areas of need for each child
- Because sexuality can be perceived as a **sensitive** topic, personal bias and beliefs should be acknowledged and feelings of discomfort managed when working in the field
- School districts or unions may be concerned about the nature of the content. For example, pictures and videos have been shown to be useful for use with children with ASD; however, materials might be restricted or need approval before use

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History of Healthy Relationships

- Started in 2007
- How/why curriculum was started
  - Juvenile jail
  - Parent need/parents concern
  - Lack of skill and knowledge when puberty hits
- Wesley Spectrum Services
  - Nonprofit organization serving children and families throughout Western PA
- For children/adolescents with ASD
  - Modified for ID, anxiety, typical
  - Careful with groupings
- Data is currently being collected to evaluate effectiveness
  - Currently have over 200 participants

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Healthy Relationships Curriculum

- Developmentally sequenced
- Uses well researched, differentiated instructional strategies for ASD
  - Repetition
  - Simple, concrete statements (no euphemisms)
  - Visuals, video modeling, role playing
- Small group setting, 45 minute sessions
- Tailored for middle school through early adulthood
- Appropriate for children varying in functional level
- Utilizes both male and female facilitators, trained with weekly supervision
- Cohort model, all students in group move through the sequence together
  - Remediation is used as necessary
- Pre & post testing measures acquisition and retention of knowledge and skills
- Home supplements, fidelity checklist, participant tracking forms

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Example Videos

- \

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Materials

- A range of products including:
  - Shampoos, soaps, wash clothes, toothbrushes, toothpaste flavors, towels, toilet papers
- Straight-forward pictures and videos of the human development, human anatomy, sex, pregnancy, and childbirth
- Scripts and videos for role-playing social situations

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Module 1: Caring for Myself

1. Introduction
   - Rapport building, group cohesion, rule development
2. Hand Washing
3. Showering and Bathing
4. Dental Care
5. Toileting and Bathroom Etiquette
6. Bedroom/Sleeping Area Organization
7. Privacy

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Module 1 Lesson Example

- **Going to the Bathroom**
  - **Notes for the facilitator**
    - Materials: toilet paper
    - Consideration of cultural/family preferences
    - Social understanding of public bathrooms
  - *Lesson Format*
    - Overview of different types of toilets
    - Reviewing different names for moving bowels
    - Talking about use of toilet paper (demonstrate how roll is divided into sheets)
    - Discussion of when males/females use toilet paper
    - Demonstrate average use of toilet paper (pass around rolls to everyone)
    - Discussion of what to do after toileting (washing hands, drying hands)
    - When to talk to parents about bathroom problems
    - Discussion of bathroom etiquette and gender differences in bathrooms

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Module 1 Lesson Example

- After discussions of differences in bathrooms and covering how public restroom behavior is different, facilitators use role plays to demonstrate examples
  - *Role Play*
    - 2 strangers sitting on toilets in stalls next to each other (conversation about random topic)
    - 2 strangers sitting on toilets in stalls next to each other (asks for toilet paper under the stall)
    - 2 strangers at a urinal stand (one man initiates shaking hands with another)

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Module 2: Human Sexuality

1. Introduction to Puberty: Human Development
2. Puberty
3. Male Anatomy
4. Female Anatomy
5. Sex
6. Pregnancy and Childbirth

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Module 2: Lesson Example

- **Puberty**
  - Facilitator introduces topic of puberty and how it fits into human development
  - Ask group to list what changes happen during puberty (record on board/flip chart)
  - Provide group with summary of puberty by reviewing factual information
    - Differences in girls and boys
    - What both girls and boys experience
    - Age range (10-14 for girls; 12-16 for boys)
  - Highlight the following topics
    - Puberty can begin younger or older
    - Everyone grows at a different rates
    - Increase in height and weight
    - Voice deepens for boys; breast development for girls
  - Closing points, time for questions/discussion

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Module 3: Relationship Development

1. People I Encounter
2. Friends, Acquaintances, Strangers, and Bullies
3. Making Friends
4. Understanding Social Media and Safety
5. Small Talk, Private Talk, and Secrets
6. Personal Space
7. Voice Volume
8. Social Boundaries and likely consequences
9. Types of Physical Affection
10. Romantic Relationships
11. What is a date, how to prepare, what to do
12. Closing and Farewell

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Module 3: Lesson Example

- **What to Do on a Date**
  - Facilitators present Role Play/Video
  - Ask participants the following questions
    - What types of talk do they use? (small talk or private talk)
    - Who is talking?
    - Did they ask questions of each other?
    - Did they listen while the other was talking?
    - Was there a spark?
    - Do you think they will go on another date?
  - Discuss what to do on a date
    - Talk, ask about interests, ask about family and friends, ask about work or school

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Module 3: Lesson Example

- Why is it necessary to talk and listen on aw date?
  - Learn more about the person, find out if you have similar interests
  - To learn if the spark is there
  - It's rude to talk the whole time and not listen
- Describe what to do at the end of a date
  - Take your date home, thank them, walk them to their door
- Facilitators ask participants how to show affection and intimacy (refer back to romantic intimacy lesson)
  - How do you know if the other person feels the same about you?
    - Hold hands
    - Kiss on cheek, kiss on mouth
    - Hugs
- If participant answers with "having sex" the facilitator should review points:
  - Shouldn't happen on first several dates
  - Needs to be mutually agreed upon
  - Risk of sex (lead to pregnancy or STD)
  - Can be viewed as promiscuous is done too soon

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Efficacy

Pask, E., Hughes, T. L. & Sutton, L.W. (2016) Sexual Knowledge Acquisition and Retention for Individuals with Autism *International Journal of School and Educational Psychology,* DOI: 10.1080/21683603.2016.1130579

- Series of single subject studies to analyze the efficacy of the curriculum
- Data has shown that there is the most significant gain of knowledge in Module 2
  - Module 2 is based solely on a pre-post test format (because we aren't measuring skills from this module!)
  - All of our cohorts thus far have had a significant gain, and retention of sexual knowledge
    - This has led us to think that our participants are coming into Healthy Relationships with the **lowest base knowledge about sexual development**, which has led to the biggest significance in our stats
- We currently are working with our large scale data (n>200) to further analyze the impact *Healthy Relationships* has on knowledge and skill development in the ASD population
  - Using both pre-test and post-test and retention probes (for Modules 1 & 3)

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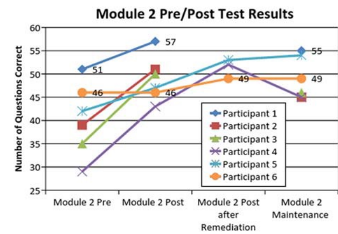

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The Goal

- The goal of the curriculum is to provide mental health professionals and educators with a **structured group** intervention that provides opportunities for students to learn relevant and necessary facts about **healthy, normal development** and the **pursuit and maintenance of appropriate relationships with others**.
- http://healthyrelationshipscurriculum.org/
- For information about program implementation:
  - Elizabeth Pask, Ph.D-- lizapask@gmail.com

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Takeaways

- Youth with ASD are **at-risk for Juvenile Justice contact**
- IEP programming needs to **decrease** risk for JJ involvement
  - Address co-occurring psychiatric symptoms
  - Social Skill programing should also include **empathy development**, **managing puberty,** & **social desires**
  - Emotion regulation needs to address identification, expression and regulation of emotions for better behavioral control

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