


"ACCURATE,
COMPASSIONATE,
AND EFFECTIVE"
ESSENTIAL
ELEMENTS IN
ASSESSMENT,
TREATMENT, AND
PREVENTION
STRATEGIES FOR
AUTISTIC
INDIVIDUALS

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1

3 HOUR
PRESENTATION
FORMAT

- Talk for 1.25 hrs
- Take 15 min break
- Answer questions
- Repeat





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About Me...

1990s-1995: Diagnosed at The Center & Program Autism Center of understanding during undergraduate studies.

2000s: Worked with children with various behavioral and emotional issues for several years prior to graduate school.

2004: Masters in Education (MEd) Counseling Track.

2006: Became a Licensed Professional Counselor (LPC) and worked with clients who were on the Autism Spectrum and had various co-occurring conditions.

2007: First 10 years life: Reported chronic, persistent, impaired functioning. Diagnosed with Asperger's Syndrome.

2014: Opened Namasté Center For Healing. Begin evaluating adults on the Autism Spectrum for EMDR and CBT.

2016: Began an outpatient track for adults on the Autism Spectrum at Namasté Center For Healing.

2017: Received a grant to develop a program for adults on the Autism Spectrum with sensory issues.

In Process: Writing workbook for adults on the Autism Spectrum with sensory issues.

NAMASTÉ





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OBJECTIVES

1. Learn effective ways to accurately assess autistic individuals who have concerning sexual behavior.

2. Identify the specific characteristics inherent in autistic individuals that impact their ability to connect with others, experience vulnerability, and for some, engage in "healthy" sexual intimacy.

3. Prevention: Learn a compassionate, mindfulness based, cognitive behavioral "habilitative" approach as well as other therapies that can be taught to older autistic teens, adults who struggle with pornography or other risky, illegal sexual behavior.

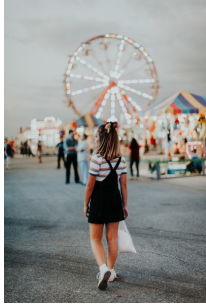



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THIS ICON SIGNALS A TIP TOOL, OR RESOURCE FOR YOU TO USE WITH YOUR AUTISTIC CLIENTS.




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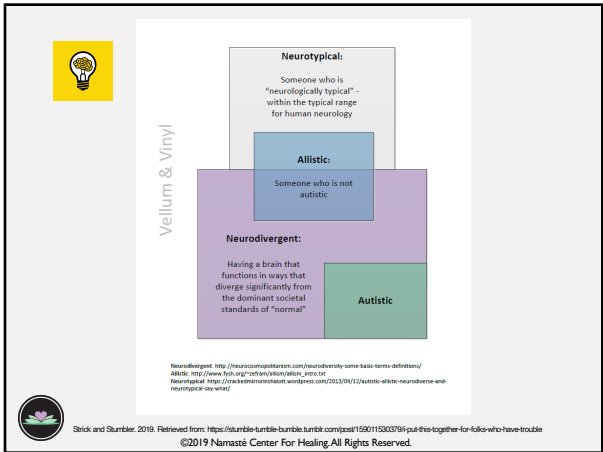
OBJECTIVE #1:

LEARN EFFECTIVE WAYS TO ACCURATELY ASSESS AUTISTIC INDIVIDUALS WHO HAVE CONCERNING SEXUAL BEHAVIOR



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Many professionals believe this Autism
MYTH:

*One feature ALONE can determine a
diagnosis or rule out a diagnosis of
Autism Spectrum.*

e.g., eye contact, being sociable,
talkative, friendly, or having a lot of
friends

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TRUTH:

"IF YOU'VE MET ONE
PERSON WITH AUTISM
YOU'VE MET ONE
PERSON WITH
AUTISM."

-DR. STEPHEN SHORE
AUTISM ADVOCATE

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“HE/SHE/ THEY CAN'T BE ON THE AUTISM SPECTRUM BECAUSE...”

MORE MYTHS...

- She wasn't diagnosed as a child.
- He's married.
- She enjoys relationships.
- They make eye contact.
- He is way too social.
- She doesn't *look* Autistic.
- He/She is too smart to be Autistic.
- He/She isn't smart enough to be Autistic.

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Misconceptions in the media have impacted our views of individuals on the Autism Spectrum.

They historically have focused on the most "extreme" cases of individuals on the Autism Spectrum and stereotype.

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TRUTH:

Someone on the Autism Spectrum might make eye contact, be emotional, physically feel empathy, be social and friendly, have relationships, and still have other characteristics of being on the Autism Spectrum (e.g., hyperfocused interests, brutally honest, executive function deficits, ToM Challenges, etc.)

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GENDER AND AUTISM

There is no real internal difference across gender. However, *how* it presents can be significantly different based on gender roles and stereotypes including how females have been raised.

We are learning now that a lot of females are also autistic. Their presentation is just different. They tend to camouflage more than males.



Rhiannon Crispe's Podcast, Home Base Hope: All About Autism
Episode 33: Autistic Females & A Late Diagnosis



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Crispe, R. 2019. Episode 33: Autistic Females and A Late Diagnostic Interview with Kristy Fortney. Homebase Hope: All About Autism with Rhiannon Crispe.

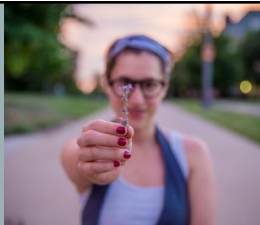
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BE AWARE OF YOUR OWN ASSUMPTIONS & BIASES....

Where do your beliefs, biases, and assumptions about autism spectrum come from?

REMEMBER:

Symptoms vary: one person's traits may be more obvious than others
Someone on the autism spectrum may "look or present normal" when in fact they are not
People on the autism spectrum are not psychopaths or sociopaths; they are often clueless, *not* malicious



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CHALLENGES IN ASSESSMENT OF AUTISM

- Broad range of symptom expression
- Varied levels of functioning
- Inconsistency in presentation and performance across settings, people, and depending on the degree of structure
- Changes in profiles of functioning over time



Schlinger, C.A., Venezia, P.E. 2012. Essentials of Autism Spectrum Disorders Evaluation and Assessment. John Wiley & Sons Inc. Hoboken, NJ.
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ANOTHER CHALLENGE... CHANGE IN DIAGNOSIS: DSM IV VS. DSM V

PERVASIVE DEVELOPMENTAL DISORDER

- Autism Disorder
- Asperger's Disorder
- Pervasive Developmental Disorder, NOS
- Rett's Disorder
- Childhood Disintegrative Disorder
- Impairments in Social Interaction
- Impairments in Communication
- Restricted, Repetitive, and Stereotyped Patterns of Behavior, Interests, Activities

AUTISM SPECTRUM DISORDER

- Deficits in Social Interaction
- Deficits in Communication
- Restricted, Repetitive Patterns of Behavior, Interests, or Activities

Suliner, C.A., Venzon, P.E. 2012. Essentials of Autism Spectrum Disorders Evaluation and Assessment. John Wiley & Sons Inc. Hoboken, NJ.

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ANOTHER CHALLENGE.... ASPERGERS? AUTISM? = AUTISM

ASPERGERS SYNDROME

- Early history marked by intact or precocious speech development
- Extreme verbosity and one-sided conversations
- Social motivation in the absence of ability to effectively navigate social interactions
- May have stronger rote verbal than nonverbal cognitive scores (this is not diagnostic)
- Circumscribed interests-all absorbing on a topic including collecting facts on the topic; this interest dominates conversations.

AUTISM SPECTRUM

- Early history marked by significant language delay/impairments
- Limited speech and/or stereotyped language (e.g., echolalia, scripting)
- Social passivity-more apt to monitor peers rather than initiate interaction
- Tend to have stronger rote nonverbal than verbal cognitive scores
- Perseverative interests- fixations on objects/movements/activities that become overly repetitive, and the individual has difficulty disengaging from their interest

Suliner, C.A., Venzon, P.E. 2012. Essentials of Autism Spectrum Disorders Evaluation and Assessment. John Wiley & Sons Inc. Hoboken, NJ.

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CHALLENGE IN ASSESSMENT ADAPTIVE SKILLS DEFICITS

Individuals with Aspergers had significantly higher Verbal IQ scores and less symptomatology than individuals with autism, **BUT** their Vineland scores were equally impaired, highlighting the adaptive deficits in ASD regardless of classification.

Furthermore, a negative relationship was found between age and Vineland scores, suggesting that **adaptive communication and socialization skills do not keep pace with chronological development**. Yet, ADOS scores remained stable with age, indicating stability in autism symptomatology over time.

Suliner, C.A., Klin, A. 2007. Brief Report: Social and Communication Abilities and Challenges in Higher-Functioning Individuals with Autism and Asperger Syndrome. Journal of Autism Developmental Disorder. (2007) 37:688-793 DOI 10.1007/s10803-006-0288-6.

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**COMMON THREAD
AMONG ALL...**

Despite the vast diversity observed between individuals across the autism spectrum, the common thread among the former Pervasive Developmental Disorders is that they are **all social disabilities.**

Solomon, C.A., Mervis, P.E. 2012. Essentials of Autism Spectrum Disorders: Evaluation and Assessment. John Wiley & Sons Inc. Hoboken, NJ.
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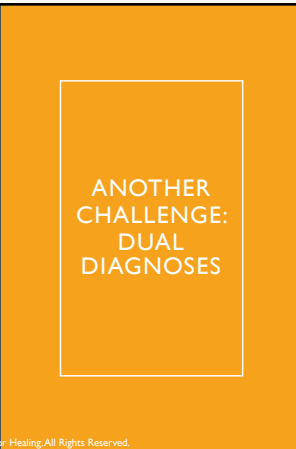


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**ANOTHER
CHALLENGE:
DUAL
DIAGNOSES**

- Autism
- ADHD
- OCD
- Depression
- Schizoid
- Anxiety
- All of the above...

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Challenge: Social Camouflaging

- Hiding one's traits; "pretending normal"
- Leads to the perception that an autistic person functions well and does not experience any noteworthy deficits, even though they still experience difficulties as a result of their symptoms of autism spectrum.
- At times, one will mimic other socially successful individuals to give the impression that they too are socially successful, but when placed in unknown environments they are *not* prepared for, they struggle to read social cues and socialize in appropriate ways.
- Extremely effortful, exhausting, and challenges one's identity.
- Can lead to misdiagnosis or not being accurately diagnosed.

Hull, L., Peabody, K.V., Allison, C., Smith, P., Baron-Cohen, S., Meng-Chen, L., Wilson, M. "Putting on My Best Normal" Social Camouflaging in Adults with Autism Spectrum Conditions. *Journal of Autism and Developmental Disorders*. Vol. 47, No. 8, August 2017.

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A KIND NOTE TO LAW ENFORCEMENT

- Autistic individuals may initially look "normal", however, sirens, shiny badges, loud voices, speakers, a lot of officers, flashing lights, getting too close to them, may and often do create sensory overload and overwhelm.
- This can cause a meltdown or shutdown, pacing, hitting themselves (stim), repeating words or stuttering, getting too close to people without realizing it, or rocking back and forth (stim).




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Risk and of Police Officer's Autistic, and Law Enforcement Professionals: Recognizing and Reducing Risk Situations for People with Autism Spectrum Disorders. Jessica Kingley, Philadelphia, PA.

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A KIND NOTE TO LAW ENFORCEMENT

Look for medical ID jewelry (in case they have various medical issues)

Ask if they have a parent or family member that you can contact to help you get to know them; contact the parent to assist you

- Use AUTISM MODEL-
 - Approach quietly/non-threatening manner
 - Understand (don't touch them)
 - Talk in a calm voice
 - Instructions should be simple and concrete-avoid slang
 - Speak to understand situation and be willing to adjust your actions
 - Maintain a safe distance until the autistic person calms down

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Debow, D Autism (2003). Autistic and Law Enforcement Professionals: Recognizing and Reducing Risk Situations for People with Autism Spectrum Disorders. Jessica Kingley Publishers, Philadelphia, PA.

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Evaluating an autistic person let alone one who has problematic sexual behavior is **NOT** just about administering tests, reviewing results and reporting on data- it entails so much more!




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Seiner, C.A, Versola, P.E. 2012. Essentials of Autism Spectrum Disorders Evaluation and Assessment. John Wiley & Sons Inc. Hoboken NJ

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ASSESSMENT OF ADULTS SUSPECTED OF BEING ON THE AUTISM SPECTRUM

-  **Qualitative Observations** (how do they self-regulate and self-advocate in face of a task)
-  **Clinical Interview**
-  **Assess based on overall level of functioning**: developmental cognitive (Wechsler Adult), neuropsychological (tests measuring: attention, memory, language, visual-spatial processing, executive functioning, and problem solving)
-  **Behavioral Assessments** (Vineland Adaptive Behavior Scales, 3rd edition; ADOS, SIB-R)
-  **Collateral Interview** with Parents, Siblings (if Adult), Spouse
-  **Review of evaluations** taken during client's childhood

 Sullivan, C.A., Vernola, P.E. 2012. *Essentials of Autism Spectrum Disorders: Evaluation and Assessment*. John Wiley & Sons Inc. Hoboken, NJ.

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QUALITATIVE/BEHAVIORAL OBSERVATIONS ARE JUST AS IMPORTANT AS QUALITATIVE SCORES!

 Sullivan, C.A., Vernola, P.E. 2012. *Essentials of Autism Spectrum Disorders: Evaluation and Assessment*. John Wiley & Sons Inc. Hoboken, NJ.

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RISK ASSESSMENTS

What risk assessments have been normed on autistic adults?

NONE

AASI-3™ (ABEL) Assessment can be useful because:

1. Interests in teens ages 14-17 are considered a "normal" as long as they are not acted on
2. It can be hard for autistic individuals to decipher a person's age from a photograph let alone their facial expressions related to emotion (alexithymia, face blindness)
3. "Impaired face identity and emotion expression recognition are some of the most widely cited deficits in autism."

 Mahoney, M. 2019. Email conversation. Shoff, S.C., Lane, B., Givels, R., Hershner, F.J., Berkman, M. 2008. Missing the Big Picture: Impaired Development of Global Shape Processing in Autism. *Autism Research*. April (2):114-129. doi: [10.1002/aur.122](https://doi.org/10.1002/aur.122)

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ASSESSMENT: CLINICAL INTERVIEW

- Provide Frequent Breaks
- Allow autistic individual to stand up, pace, and stim
- Talk at their level of functioning; slower and repetitive; involve their parents (if they are alive)
- Make sure they drink water and take bathroom breaks hourly
- Make sure questions are concrete and easy to understand
- Do not assume your autistic client understands you
- Alternate more easy and difficult questions if possible
- Be Patient and kind





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ASSESSMENT: LEARNING READINESS SKILLS

- **Sitting:** Ability to sit and tolerate adult-led activities
- **Attention:** Ability to focus on and tolerate adult led activities
- **Follow Instructions:** Ability to follow adult-led activities
- **Imitation:** Ability to model another person's behavior/speech

• If any of these are absent or impaired, it will have a significant impact on an autistic person's learning in group and individual therapy





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ASSESSMENT: QUALITATIVE OBSERVATIONS

"CLIENT AND PARENT NARRATIVE"

Make sure you involve parents if you are working with autistic teens or adults even if the autistic person presents as "high functioning":

- **Early Childhood:** Inconsolable baby, night terrors, bed wetting, sensory sensitivity, literal with rules, reliance on routines, episodes at day care, obsessions.
- **Grade School:** "Literal" and rigid way of thinking, sleep patterns (insomnia), continued obsessions, continued sensory sensitivities, academic issues, social issues, security objects, kindergarten nature, trying organized sports & other group activities, lack of spatial awareness, trouble learning, victim of bullying.
- **Junior High:** Each year is more challenging than the last, insomnia, with themes of obsessions, academic challenges, sensory sensitivities, social challenges, unfiltered speech gets them in trouble, too begin – they may have begun earlier, language or stuttering issues, another attempt at group activities to socialize with peers, fire setting (some cases), inability to express when hurt or in pain, gastrointestinal (stomach or allergy) issues. If this presented during other time periods, make sure to indicate.



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**ASSESSMENT:
QUALITATIVE
OBSERVATIONS**

**"CLIENT AND
PARENT
NARRATIVE"**

- **High School:** Obsessions, sensory sensitivities, academic and social challenges continue. *Social immaturity, gets in trouble or follows a crowd that isn't the healthiest, or may be a loner with few friends, insomnia, attempts at friends or have relationships, may be too shy to date, may get into using substances, drinking, video gaming, bullying, depression and anxiety increases.*
- **College:** "Literal" and rigid way of thinking, struggles with lack of routines/schedule (grades may drop even though smart), can't focus, continued obsessions, insomnia, security objects; kind/gentle nature, trying organized sports & other group activities, victim of bullying.

THEMES DURING DEVELOPMENT: OBSESSIONS, SENSORY SENSITIVITIES, ACADEMIC AND SOCIAL DIFFICULTIES

©2020 Namaste Center For Healing All Rights Reserved. Mahoney M 2018. Parent Narrative Developmental History Handout.

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**ASSESSMENT:
QUALITATIVE
OBSERVATIONS**

**EXECUTIVE
FUNCTION
CHALLENGES**

- Self regulation and frustration tolerance
- Self-evaluation (meta-cognition; "how did I do?")
- Self-monitoring ("I made a mistake")
- Self-advocacy ("I need a break")
- Level of attention to tasks (can focus/complete tasks; switch easily to other tasks)
- Ability to follow contingencies (first do this, then get this)
- Ability to plan ahead
- Problem solving (identifying there is a problem, unsure how to solve problems in environment)
- Flexibility in response (doesn't resist change)
- Response inhibition (lacking a filter to say/do things)
- Perseveration (getting stuck on a task objective)
- Inefficiency (taking more steps than necessary to complete task)

©2020 Namaste Center For Healing All Rights Reserved. Mahoney M 2018. Parent Narrative Developmental History Handout. Saulnier, C.A., Vanecko, P.E. 2012. Essentials of Autism Spectrum Disorders Evaluation and Assessment. John Wiley & Sons Inc. Hoboken, NJ.

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ASSESSMENT: RELATIONSHIPS

Shy, late bloomer, no dating, virgin, first date may not be until college, they learn about sex online, online chatting, porn use/abuse (common), compulsive masturbation (proprioception), kink/BDSM (proprioception/interoception), desire to be opposite sex (may be trauma based or based on beliefs), attracted to minors (common), "erotic" massage (transactional sex), first sexual experience at 18 or older, socially awkward, odd rules around sex and marriage, has to use substances to talk to people he/she's attracted to, challenges with communication, social and sexual cues.

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CASE: "JOHNNY"

- 30 year old male
- Parents brought to intake at our program theglobalpreventionproject.org
- Disheveled, quiet and slow to speak, perseverative when he spoke, fleeting eye contact
- Charged with downloading child sexual exploitation material (CP); facing 1-15 years
- Told police he felt "alive" when he looked at CSEM; later had no recall of this statement





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CASE: "JOHNNY"

- Parents were active part of intake/therapy process; provided history & past assessments
- Diagnosed Autistic as child
- Diagnosed as Schizoid as he got older
- Anxious, obsessive thoughts
- Level 3; Lower functioning (lived at home with parents, couldn't drive, on disability)
- Age dysphoric (wanted to be a female child, couldn't distinguish between adults and children even in pictures)
- Presented as childlike
- High perseveration and "looping"





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CASE: "JOHNNY"

- **HAD ZERO:**
 - Self regulation and frustration tolerance
 - Self-evaluation (meta-cognition; "how am I doing?")
 - Self-monitoring ("I made a mistake")
 - Self-advocacy ("I need a break")
- **STRUGGLED WITH:**
 - Level of attention to tasks
 - Ability to follow contingencies (first do this, then get this)
 - Flexibility in response (doesn't resist change)
 - Response inhibition (lacking a filter to say/do things)
 - Perseveration (getting stuck on a task objective)



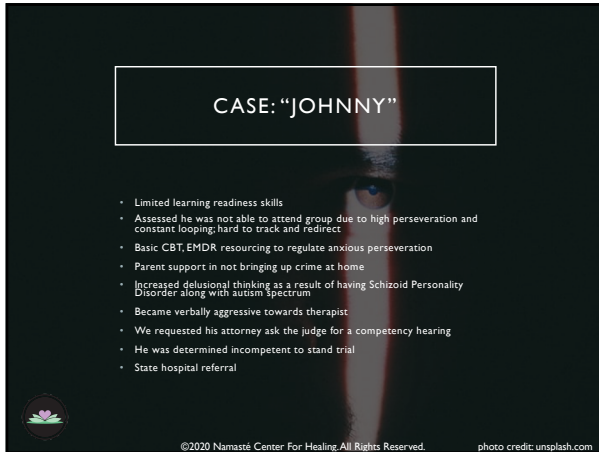


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CASE: "JOHNNY"


- Limited learning readiness skills
- Assessed he was not able to attend group due to high perseveration and constant looping, hard to track and redirect
- Basic CBT, EMDR resourcing to regulate anxious perseveration
- Parent support in not bringing up crime at home
- Increased delusional thinking as a result of having Schizoid Personality Disorder along with autism spectrum
- Became verbally aggressive towards therapist
- We requested his attorney ask the judge for a competency hearing
- He was determined incompetent to stand trial
- State hospital referral


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OBJECTIVE #2

- Identify the specific characteristics inherent in autistic individuals that impact:
- Their ability to connect with others
- Their ability to experience emotional vulnerability
- Problematic sexual behavior vs. engaging in "healthy" intimacy



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AUTISTIC TRAITS SENSORY PROCESSING CHALLENGES

Sensory Processing Dysfunction: Being over-reactive or under-reactive to sensory input.

Sensory processing dysfunction can look different across individuals and across 8 senses: *taste, smell, hearing, sight, touch, movement, proprioception, interoception.*



Regan, T.M. Understanding Autism in Adults and Aging Adults: Improving Diagnosis and Quality of Life. IndeGo Publishing, LLC. Daytona, FL.
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HYPERSENSITIVITY & HYPOSENSITIVITY

HYPERSENSITIVITY

- Difficulty filtering or modulating sensory input
- Makes certain types of sensory information intolerable
- Emotional and physical consequences
- Emotional: anxiety, helplessness, panic
- Physical: exhaustion, queasiness to unbearable pain
- Autistic burnout (brain fog, reactivity, exhaustion, autistic traits seem more intense)
- **EXAMPLES:** hearing someone chewing gum, fluorescent lighting, certain smells, tactile defensiveness-clothing, seams in socks; sensitive to touch



Kim, C. 2013. *I Think I Might Be Autistic: A Guide To Autism Spectrum Disorder Diagnosis and Self-Discovery For Adults*. Jessica Kingsley Publisher, Philadelphia, PA.


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HYPERSENSITIVITY & HYPOSENSITIVITY

HYPOSENSITIVITY


- Low sensitivity to stimuli
- Both Hypersensitivity and Hyposensitivity may result in **sensory seeking behavior**
- Vigorous run, scratching head vigorously, hot yoga, viewing porn excessively, playing video games excessively, masturbating, erotic massage, regular massage, weighted blanket, a tight wetsuit, lifting weights, rough sex, BDSM, needing more touch




Mendes, EA 2015 *Marriage and Loving Relationships with Asperger's Syndrome: Autism Spectrum Disorder*. Jessica Kingsley Philadelphia, PA.

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WHAT DOES THIS MEAN?




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This means that autistic individuals' environments are exhausting!

- We feel vulnerable in our environment **ALL THE TIME**
- We are vulnerable to bright lights, loud noises, smells, touch, crowds
- We are vulnerable to situations that don't coincide with our "plan", are not part of our routine, or our schedule
- We are vulnerable to all the social unknowns in our environment
- We are vulnerable to emotional encounters-many of us are very emotional and feel things strongly but we struggle with **alexithymia**



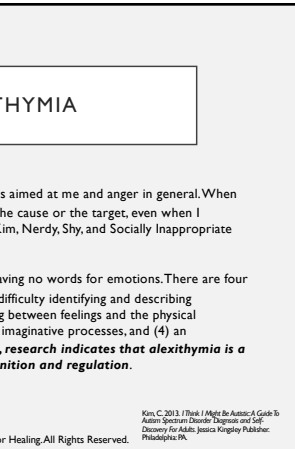
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ALEXITHYMIA

"...I don't discriminate between anger that is aimed at me and anger in general. When someone is angry, I invariably feel like I'm the cause or the target, even when I rationally know that I am not." ---Cynthia Kim, *Nerdy, Shy, and Socially Inappropriate* (2015, p. 141)

Alexithymia is the term used to describe having no words for emotions. There are four main features of alexithymia, including: (1) difficulty identifying and describing subjective feelings, (2) trouble differentiating between feelings and the physical sensations of emotional arousal, (3) limited imaginative processes, and (4) an externally-oriented cognitive style. **Overall, research indicates that alexithymia is a multi-dimensional deficit in affect recognition and regulation.**




Kim, C. 2013. *I Think I Might Be Autistic: A Guide To Autism Spectrum Disorder Diagnosis and Self-Discovery for Adults*. Jessica Kingsley Publisher, Philadelphia PA.

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Because we are vulnerable...


- We have to find ways to navigate around people, bright lights, loud noises, certain sensations
- We have to navigate subtle social and sexual cues in settings we don't understand
- We have to navigate our tactile sensitivity or tactile fascination
- We have to navigate communication challenges including people's facial expressions
- We have to navigate "typical" interactions & interactions with loved ones that non-spectrum folks don't think about



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MELTDOWNS &. SHUTDOWNS



Meltdowns/shutdowns can occur as a result of sudden sensory overload. Meltdowns can lead to explosive emotional outbursts that don't have anything to do with the actual issue (sensory overload).

During a shutdown, an autistic person may either partially or completely withdraw from the world around them. They may not respond to communication, retreat to their room, lie down on the floor, or completely ignore everyone around them.




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Kim, C. 2013. I Think I Might Be Autistic: A Guide To Autism Spectrum Disorder Diagnosis and Self-Discovery For Adults. Jessica Kingsley Publishers, Philadelphia PA.


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SENSORY PROCESSING

PROPRIOCEPTION:
This provides an autistic person with a feeling of being in their body; provides "weight" to feel grounded which can help with mental organization, focus, and concentration. Autistic individuals struggle with feeling grounded and in our bodies.

INTEROCEPTION:
Provides information to our bodies that there are imbalances that need to be corrected; cold/hot, hungry/full, in pain/not in pain, urge to urinate or have bowel movement. Autistic individuals struggle to identify when they have these sensations until it is extreme.





Kim, C. 2013. I Think I Might Be Autistic: A Guide To Autism Spectrum Disorder Diagnosis and Self-Discovery For Adults. Jessica Kingsley Publishers, Philadelphia PA.


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EXAMPLES OF WAYS SOME AUTISTIC INDIVIDUALS MAY ACHIEVE PROPRIOCEPTION AND INTEROCEPTION

- Compulsive Masturbation (sometimes can be until injury because of the pressure)
- "Erotic" massage or regular massage
- Enjoying rough or hard sex
- Holding urine until it leaks
- Touching others without permission (frotteurism)
- Holding bowels until they almost have an accident or do have an accident
- Burning self (unconscious) or opposite, not recognizing they're hot or cold
- Not recognizing thirst until "dying of thirst"



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SENSORY SEEKING BEHAVIOR

Tactile: Seeking touch from others, objects, textures, surfaces. Examples: Hugs, massage/bath, enjoying soft blankets, soft socks, eyelash twitches, and various textures of clothing. Problematic: touch mauls, touching someone without their knowing, discomfort or going to someone's space or touching them without their permission.

Visual: Seeking visual patterns, moving objects, specific colors, shapes. Examples may include: being captivated by neon games, finding lights, moving shapes that are seen on screens. Autistic people may be seeing things that others do not. Problematic: visual sensory seeking behavior may be seeing pornography, staring at screens, computer when gaming. This problematic may be staring at a person including their clothing or body parts, for instance.

Oral: Seeking food stimulants to taste, chew, or suck on as well as specific textures (e.g. crunchy, creamy). Examples: biting or chewing pens, paper, nails, hair, teeth, needles, candy, nuts, gum, cigarettes, tobacco, alcohol, coffee or any part of food that brings a sense of calm, comfort, ease or feeling in one's body.

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SENSORY SEEKING BEHAVIOR

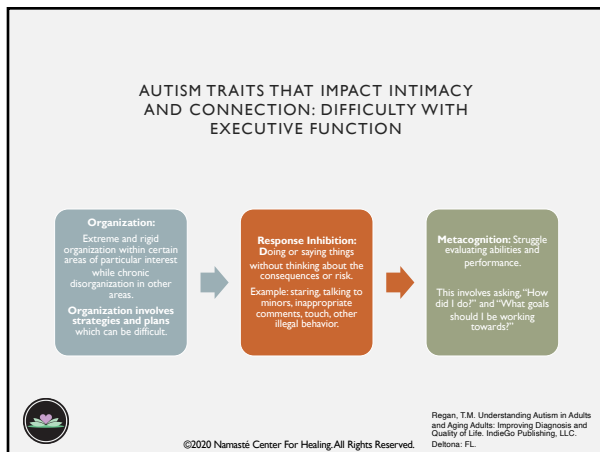
Olfactory: Seeking specific smells or smelling everything. Examples: Candles, incense, perfume, yummy smelling foods. May also be foul smells; have to smell armpits, shoes, vomit, feces.

Vestibular (e.g., stimming): Seeking specific body positions. Note: this is a common way autistic people self-stimulate when overwhelmed or underwhelmed. Examples: Spinning, rocking, being upside down, twirling, flapping or intense movement or speed, tapping foot. Problematic may be engaging in humping in public or rubbing one's genitals in public or similar behavior.

Auditory: Seeking loud, repetitive or specific noises, making noises or repeating songs or words because they are pleasing. Examples: listening to loud music in one's car or at home, making loud noises for no reason or repeating lyrics from songs. The latter two may be problematic in public (e.g., annoying).

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AUTISM TRAITS THAT IMPACT INTIMACY AND CONNECTION: DIFFICULTY WITH EXECUTIVE FUNCTION

- **Time Management:** Managing one's time can be exceptionally difficult for autistic individuals who tend to have goal directed persistence. Some may be chronically late and some may be chronically early.
- **Behavioral Initiation:** Starting a task can be difficult as it may feel overwhelming to an autistic individual; others may be difficult because they are boring.
- **Prioritization and Planning:** Individuals who are autistic often have a hard time conceptualizing, planning, and completing tasks because they don't know what steps to take to do so, including identifying the most important part of the task to focus on.

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photo credit: istock.com
Regan, T.M. Understanding Autism in Adults and Aging Adults: Improving Diagnosis and Quality of Life. Indigo Publishing, LLC, Deltona, FL.

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AUTISM TRAITS THAT IMPACT INTIMACY AND CONNECTION: DIFFICULTY WITH EXECUTIVE FUNCTION

- **Working Memory:** Attention, keeping things in mind, recalling previous task, issues, forgetting to take medication, losing track of deadlines, forgetting to lock their door.
- **Sustained Attention:** Ability to remain focused on a task even if it is boring. Sitting in meetings, groups, sessions is hard.
- **Goal Directed Persistence:** The ability to finish a task before moving onto another. Struggle stick to a task and complete it especially if boring.

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photo credit: ianphillips.com
Regan, T.M. Understanding Autism in Adults and Aging Adults: Improving Diagnosis and Quality of Life. Indigo Publishing, LLC, Deltona, FL.

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AUTISM TRAITS THAT IMPACT INTIMACY AND CONNECTION: DIFFICULTY WITH EXECUTIVE FUNCTION

Flexibility:
This refers to adapting to change. Generally, individuals on the autism spectrum prefer repetition and predictability in life (watching the same movies, being a know-it-all when facts show the contrary, watching the final episode to avoid the stress of unexpected outcomes).

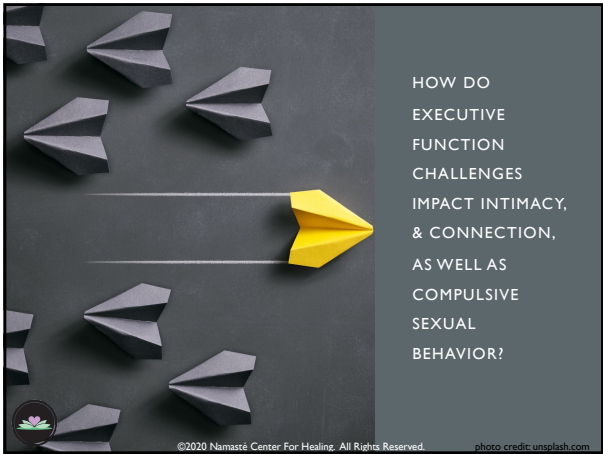
Emotional Self Control:
The ability to manage one's emotions. Individuals on the autism spectrum often struggle with emotional self-control. As a result, one of three things happen: they shut down, explode, or experience severe anxiety and rigidity.

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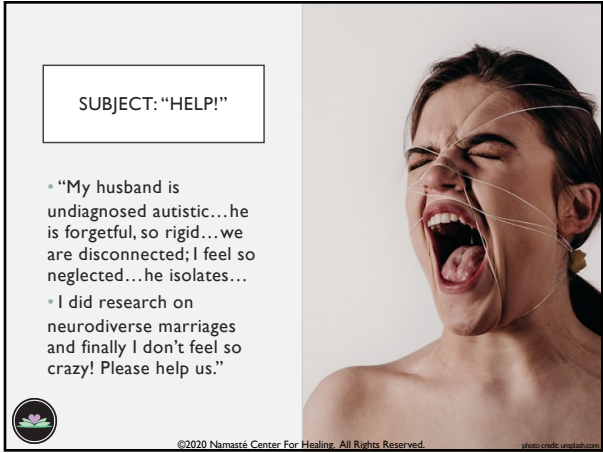


photo credit: ianphillips.com
Regan, T.M. Understanding Autism in Adults and Aging Adults: Improving Diagnosis and Quality of Life. Indigo Publishing, LLC, Deltona, FL.

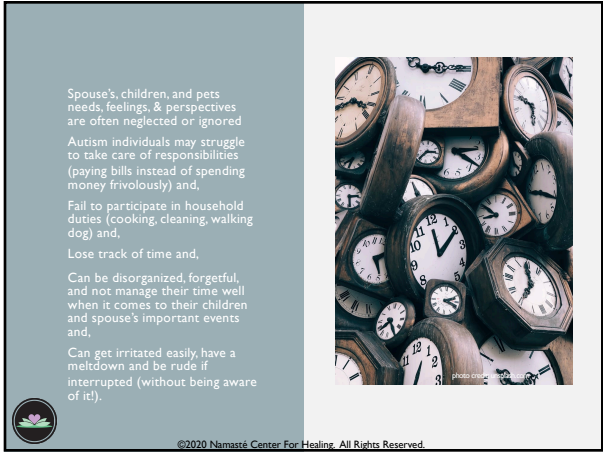
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EXECUTIVE FUNCTION CHALLENGES:

RESPONSE INHIBITION AND SEX CRIMES

Being literal, gullible, "clueless" (not malicious), too trusting, too honest, immature in thinking, theory of mind deficit, sensory seeking is also part of the problem...

Viewing, collecting child sexual exploitation material

Online solicitation of a minor

Holding a file of CP for a stranger

Allowing one's child to be around unsafe individuals

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"It's on the internet so it is legal ... the children look happy so they must like it." -32 year old autistic male

24 year old autistic male brought his toothbrush and overnight bag to meet his minor date

28 year old autistic male held a file for a stranger online. It ended up having CSEM on it. He was charged federally.

25 year old autistic female had son taken away for allowing him to be around unsafe individuals she met online. He ended up being molested.

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MORE AUTISM TRAITS:

"CRITERIA A" (FROM DSM)

The presence of deficits in:

- 1) Social-emotional reciprocity (difficult with back & forth conversation, approaching others socially, limited/lack of social interaction)
- 2) Nonverbal communication used for social interaction (atypical body language, eye contact, facial expression and/or gestures)
- 3) Developing and maintaining relationships (making age appropriate friends, showing interest in people)

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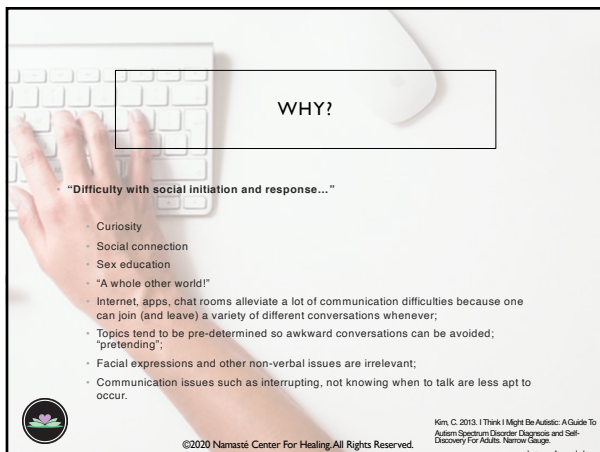
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WHY?

- It feels safer to "hide" behind a screen;
- A person's age often isn't considered especially because...
- Many autistic folks relate to either older or younger people online;
- However, many are too trusting, gullible and vulnerable online. EF challenges stand out (e.g., response inhibition)



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THE INTERNET...

WHAT DO SOME AUTISTIC PEOPLE DO TO ALLEVIATE SENSORY OVERLOAD & STRESS?




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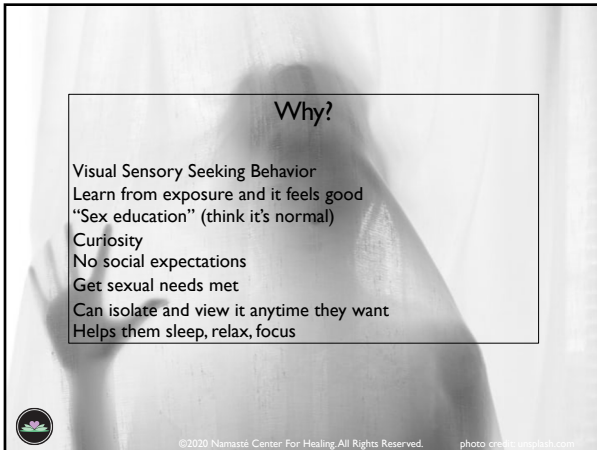


View Porn



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66

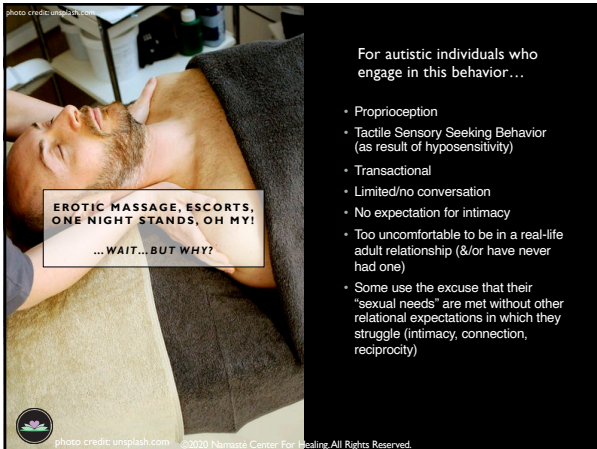


Why?

Visual Sensory Seeking Behavior
 Learn from exposure and it feels good
 "Sex education" (think it's normal)
 Curiosity
 No social expectations
 Get sexual needs met
 Can isolate and view it anytime they want
 Helps them sleep, relax, focus

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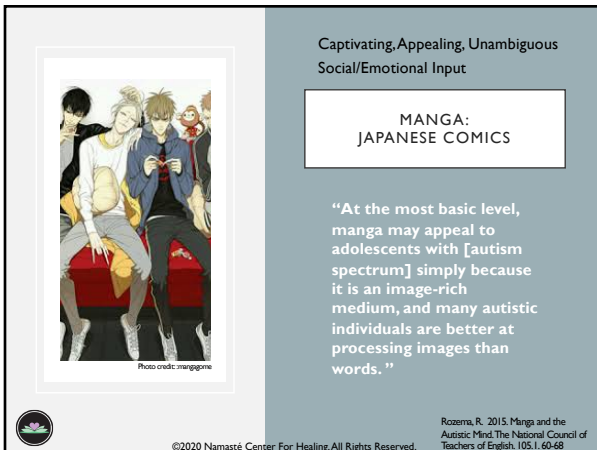
EROTIC MASSAGE, ESCORTS, ONE NIGHT STANDS, OH MY!
 ... WAIT... BUT WHY?

For autistic individuals who engage in this behavior...

- Proprioception
- Tactile Sensory Seeking Behavior (as result of hyposensitivity)
- Transactional
- Limited/no conversation
- No expectation for intimacy
- Too uncomfortable to be in a real-life adult relationship (&/or have never had one)
- Some use the excuse that their "sexual needs" are met without other relational expectations in which they struggle (intimacy, connection, reciprocity)

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Captivating, Appealing, Unambiguous Social/Emotional Input

**MANGA:
JAPANESE COMICS**

"At the most basic level, manga may appeal to adolescents with [autism spectrum] simply because it is an image-rich medium, and many autistic individuals are better at processing images than words."

Roasma, R. 2015. Manga and the Autistic Mind. The National Council of Teachers of English. 105.1. 60-68

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**MANGA:
JAPANESE
COMICS**

Stereotypical depiction of the human face

Social therapy can improve recognition of faces...

But so can Manga-it helps autistic youth and adults recognize and discriminate facial expressions

Captivating, Appealing, Unambiguous Social/Emotional Input





Photo credit: via.com



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Rozema, R. 2015. Manga and the Autistic Mind. The National Council of Teachers of English, 105.1, 60-68

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photo credit: IGN.com

Captivating, Appealing, Unambiguous Social/Emotional Input

**MANGA:
JAPANESE
COMICS**

"Many autistic individuals have impaired motion perception (Milne, Swettenham, and Campbell 19), and it may be that manga makes motion easier for adolescents with [autism] to detect by positioning them, the readers, at its center."

... manga offers a universe of information to be memorized, categorized, and likely recited at inopportune moments."



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Rozema, R. 2015. Manga and the Autistic Mind. The National Council of Teachers of English, 105.1, 60-68

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**DOWNFALL OF MANGA?
HENTAI (PORN), LOLI, SHOTA....**

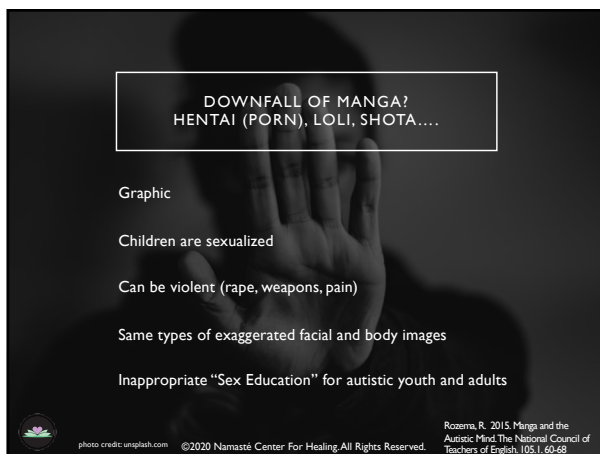
Graphic

Children are sexualized

Can be violent (rape, weapons, pain)

Same types of exaggerated facial and body images

Inappropriate "Sex Education" for autistic youth and adults






photo credit: unplash.com

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
Rozema, R. 2015. Manga and the Autistic Mind. The National Council of Teachers of English, 105.1, 60-68

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CHILD SEXUAL EXPLOITATION MATERIAL (CSEM/CP)

"John Robison, who is on the autism spectrum, has summarised the reasons that [autistic] males are at risk for being criminally charged with possession of child pornography on their computers:

1. Developmental delay may align young adults with children or adolescents
2. Weak theory of mind (ToM) can make it hard to know right from wrong
3. Autistic people can be easy marks for law enforcement
4. Autism can isolate us, and we may become desperate for human contact. Desperate people do things others would never consider
5. Neurological vulnerability (Robinson, 2013)."



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Alley, CS and Dubin, L. 2018. The corroborative role of autism symptomatology in child pornography offending - why there is an urgent need for empirical research in this area. Retrieved from: <http://dx.doi.org/10.1188/JCOB-06-2018-0006>

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THEORY OF MIND

This refers to being able to consider other's people's perspectives, thoughts and feelings; to understand that people have feelings different from our own; to understand that our actions affect others. This skill plays a major role in being able to interact with others and be social.

Also called "Mind Blindness"




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Paxton, K. Estay, I. A. Counselling People on the Autism Spectrum: A Practical Manual. Jessica Kingsley Publishers, Philadelphia, PA.

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THEORY OF MIND

- Making literal interpretations of comments
- Being considered disrespectful or rude
- Honest to a fault
- Strong sense of social justice
- Following the Rules (if an AS person understands the rules otherwise they may make up their own)
- A sense of paranoia; not recognizing the difference between a person's deliberate and accidental actions
- Lacking insight into the thoughts and abilities of other people (e.g., I can ask others for help)
- Managing Conflict (this requires considerable ToM skills); challenges in this area include:
 - Difficulty conceptualizing the other person's perspective and priorities
 - Limited skills in persuasion
 - A tendency to be confrontational and rigid
 - Reluctance to change a decision and admit making a mistake
 - An aversion to being interrupted
 - A tendency to punish rather than praise
 - A tendency to avoid demands
 - A Lack of knowledge of alternative strategies




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Paxton, K. Estay, I. A. Counselling People on the Autism Spectrum: A Practical Manual. Jessica Kingsley Publishers, Philadelphia, PA.

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CASE: "BRYAN"

- 24-year old autistic male
- Presented as a teenager; emotionally and socially awkward
- Loner; theme of paying for females who asked him for help
- Exposed to pornography as a teenager; began chatting with strangers to alleviate loneliness
- Had series of one-night stands from chats and apps; wanted relationship afterwards (was often ghosted)
- Misdiagnosed as depressed, anxious, OCD as a teenager
- History of suicidality



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photo credit: unsplash.com

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CASE: "BRYAN"

- Pornography and video gaming was done to alleviate his anxiety and sensory sensitivities
- Spent hours on screens (visual sensory seeking) to manage anxiety, loneliness and depression
- Held his urine until leakage when on screens
- Never felt safe so carried a gun with him (had a concealed carry permit)



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photo credit: unsplash.com

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CASE: "BRYAN"

- Had no sense of a "real" relationship or intimacy
- Would shutdown easily when stressed; went online to cope
- Would drink to fit in and be more talkative in college
- Had no structure or routine
- Met teenager online
- Had gun in car (always carried-didn't bring for any reason) as he went with his overnight bag, toothpaste to meet her; goal "sleep over"
- Arrested for online solicitation of a minor



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OBJECTIVE 3: PREVENTION

Learn a compassionate, mindfulness based, cognitive behavioral approach as well as other therapies that can be used with older autistic teens, adults who struggle with pornography or other risky, illegal sexual behavior.

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PREVENTION

"What autistic individuals lack, as a result of their social learning disability and naiveté, is knowledge about socially acceptable sexual behavior. A very important take-away from all this is the very stark divide between those on the autism spectrum and those who actually are at risk of offending against children. For the latter, no one would propose that either prevention or treatment could simply consist of providing them with explicit rules and socio-sexual information. And yet, for those on the autism spectrum, for prevention and treatment, there is consensus that this, primarily, is what is required."

---Report about 18 year old charged with possession and distribution of child pornography, 2020

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HABILITATIVE TREATMENT

Dr. Dorothy Griffiths, Ph.D. is an expert in the field of developmental disabilities and sexual abuse, has provided treatment for autistic individuals accused of sexual offenses. She has asserted,

"Individuals with autism... require "habilitation" rather than rehabilitation." Traditional sex offender treatment is generally rehabilitative, seeking to "return sexual expression to a state of dignity," which is often not appropriate for individuals with autism spectrum who may not "understand and experience their sexuality as normative." Alternatively, habilitation uses "active education and training" in a supportive environment.

Dr. Griffiths has also stated that autistic individuals need *education* about appropriate behaviors. Any treatment for an individual with autism must be adapted to take into account the learning of the individual and must include training on social norms using multiple exemplars that can help them generalize across situations.

PM, Saleh, A.J. Gruzinski, J.M., Bradford, & D.J. Brodsky (Eds.), (2009). *Sex Offenders: Identification, Risk Assessment, Treatment, and Legal Issues*. (pp. 352-374). New York: Oxford University Press.

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HABILITATIVE TREATMENT

In *Challenges to Treating Adolescents with Asperger's Syndrome Who are Sexually Abusive* (2010), Ray, Marks, and Bray-Garretson state that the National Task Force on Juvenile Sex Offending identified concepts and behaviors that adolescent who has sexually offended must integrate, such as understanding his offending pattern, learning about thinking errors, practicing empathic responses to victims, and stopping deviant thoughts and fantasies, among other criteria. **They noted that these criteria must be modified when treating adolescents with autism, finding ways to make them more concrete and tangible.**



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Ray, F. Marks, C., Bray-Garretson, H. (2010). *Challenges to Treating Adolescents with Asperger's Syndrome Who are Sexually Abusive: Sexual Addiction and Compulsivity*. Vol. 11:4. Pp. 265-285. Retrieved from: <https://www.ebscohost.com/doi/10.1080/10721630903090464>

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HABILITATIVE TREATMENT

- The authors also noted specific problems and poor outcomes with a rehabilitative approach when used to treat autistic individuals. These include aversive reactions when problematic behaviors and attitude distortions are directly identified, as individuals with autism may have a very difficult time accepting criticism.
- Some suggestions that have been offered for treating autistic individuals include providing the information piecemeal, "us[ing] an adapted style of communication (visual aids)," using concrete descriptions, "being mindful of the reality that talking about feelings too much and for too long may only make them more confused," making lists, and providing a clear overview of the overall treatment plan to create structure.



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Ray, F. Marks, C., Bray-Garretson, H. (2010). *Challenges to Treating Adolescents with Asperger's Syndrome Who are Sexually Abusive: Sexual Addiction and Compulsivity*. Vol. 11:4. Pp. 265-285. Retrieved from: <https://www.ebscohost.com/doi/10.1080/10721630903090464>

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TREATMENT: SEEING THE WHOLE PERSON

"By conceptualizing autism as a cultural identity, rather than a disability the discourse is changed to one of empowerment..."

--Wenn B. Lawson

autistic trans male



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Hendrix, E.A., Murray, M.R. 2019. *Gender Identity, Sexuality, and Autism: Voices Across the Spectrum*. Jessica Kingsley Publishers. Philadelphia, PA.

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YOUR OFFICE ATMOSPHERE IS PART OF THE THERAPEUTIC PROCESS AND POTENTIAL FOR SUCCESS WITH YOUR AUTISTIC CLIENTS!

Creating a **calming** space in your office is an important tool for your AS client...

- Soft, natural lighting (turn off your fluorescent lights!)
- Soft music in waiting room
- Be mindful of scents
- Water to drink (helps with interoception issues)
- Locate restroom
- Allow your client to stand, wiggle, fidget, stim, & take breaks
- Provide stim objects (squishies, pens, crystals, a coaster, stuffed animal)

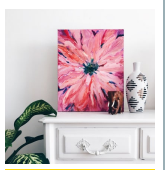
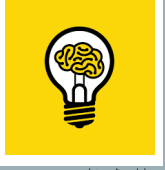



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"BEING IN YOUR WAITING ROOM MAKES ME FEEL LIKE I CAN BREATHE AGAIN."

--ADULT AUTISTIC MALE

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SELF STIMULATORY BEHAVIOR; "SELF-STIMMING" OR "STIM"

Stimming has been considered a hallmark sign of the autism spectrum.

Some stimming can help autistic individuals focus, concentrate, pay attention, and stay in our body.

Actions such as head banging, sitting on the ground, twirling, or hand-flapping are classic forms of stimming behavior found in autistic children but there are many expressions that are more subtle and often go unnoticed by others.

Stimming in adults may include: playing with pens, coasters, one's hair (twirling or combing with fingers), playing with keys, moving feet back/forth on ground, tapping foot).

Ask your autistic clients how they stim and encourage them to stim during their session so that they can focus, listen, and concentrate during the session, school.

EMDR tappers can also be a good stim tool; use it at the pace they can handle.




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"REAL TIME RISK MITIGATION IS WHY MY SHOES ARE OFF."

- "This simplifying system:
 - * mutes visual & auditory intensity
 - * reduces tactile complexity
 - * streamlines storage
 - * signals comfort"



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Self-Stimming and Sensory Seeking

- Find out what stimming your client engages in that is non-problematic and encourage them to do it in therapy, group, class. Ask them to share with you why they stim when they do it (e.g., they feel anxious, over-stimulated, under-stimulated, feels good).
- Explore what *stimming and sensory seeking behavior are problematic* (note: this may involve compulsive masturbation to porn or fantasy, rubbing genitals on things for stimulation, fidgeting to the point of distraction during meetings, touching other students without their permission, going into the public bathroom to watch others urinate).
- Have them keep track for a week of when they partake in problematic stimming/sensory seeking behavior then explore with them what they can replace it with.
- Explain in a way they can understand why problematic stimming, sensory seeking needs to change (it's the rule, law, socially not ok).
- If client/student is a youth or mentally younger, reward them when they have appropriate sensory seeking/stim behavior.

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MINDFULNESS

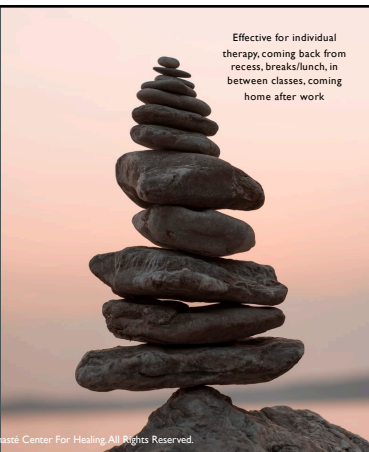
BREATHING

5-10 MINS TO "TRANSITION" FROM OUTSIDE PRESENT/ DECOMPRESS

DRINKING WATER

SITTING QUIETLY

HEALTHY STIM/SENSORY SEEKING(VISUAL/AUDITORY, TACTILE OR OLFACTORY STIM)

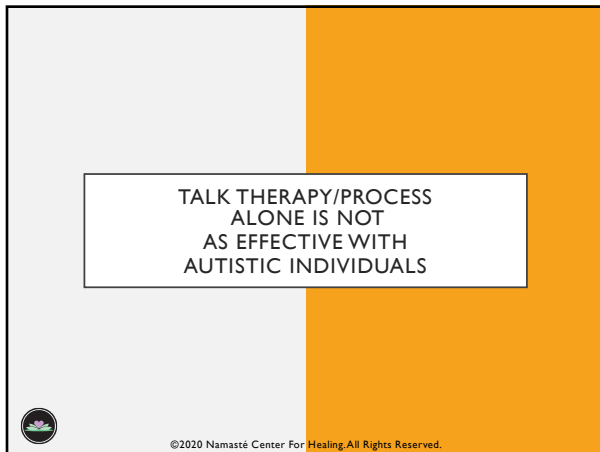


Effective for individual therapy, coming back from recess, breaks/lunch, in between classes, coming home after work

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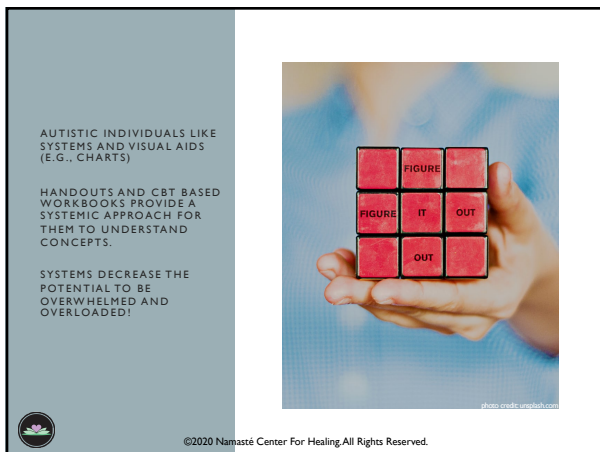
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92

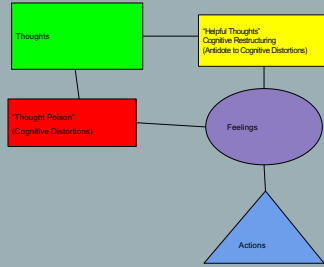


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What NOT to Do with Visual Aids...

Cognitive Distortions Vs. Cognitive Restructuring

- The visual in a book is likely different than what an autistic person imagines in their head.
- Do not expect your autistic client to understand this visual aid...many won't.



Instead...

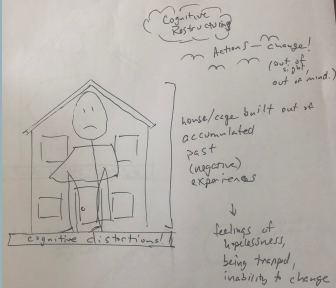


Paxton, K., Estay, J.A. 2007. *Counseling People on the Autism Spectrum: A Practical Manual*. Jessica Kingsley Publishers, Philadelphia, PA.
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Visual Aid for Cognitive Distortions

Drawing by 40 year old autistic adult attending Autism and Intimacy Skills Class



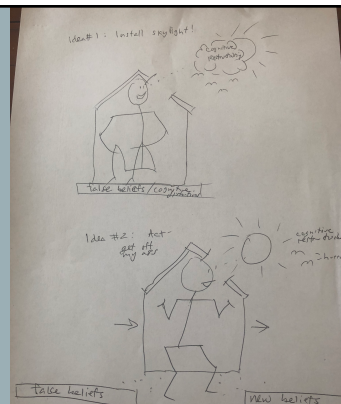
©2019 Namaste Center For Healing All Rights Reserved. Photo credit: Adult ASD male in ASD and Intimacy Group

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Visual Aid for Cognitive Restructuring

Recovery means:

"I CAN Change!"



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More Creative Exercises

- Show short video clips (YouTube has several great ones on various applicable topics)
- Ask your autistic client to **draw** their representation of their cycle of sexual acting out, or...
- As they talk, you can also draw on a white board or large piece of paper.


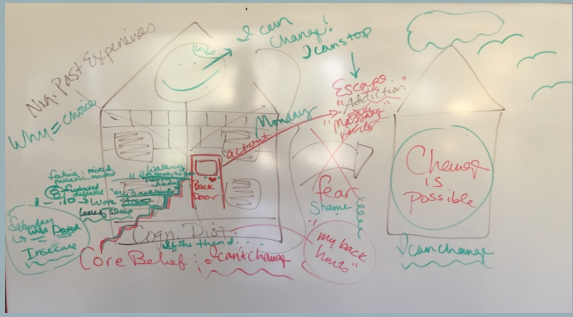


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Visual Representation via Therapist Drawing for Autistic Client

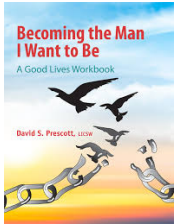


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Garner, P. (2015). Facing The Shadow: Shifting, Survival and Relationship Recovery 3rd Edition. Good Life, Deerfield, AZ.

98

CONCRETE WORKBOOKS



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Prescott, D.S. (2019). Becoming The Man I Want To Be: A Good Lives Workbook. Seller Society Press, Brandon, VT.

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**THIS IS YOUR
OPPORTUNITY
AS A THERAPIST
TO BE....**

- CREATIVE
- CURIOUS
- OPEN MINDED
- COMPASSIONATE
- PATIENT

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GROUP/SKILLS CLASS

Autistic individuals benefit from being in groups that are geared towards autistic individuals

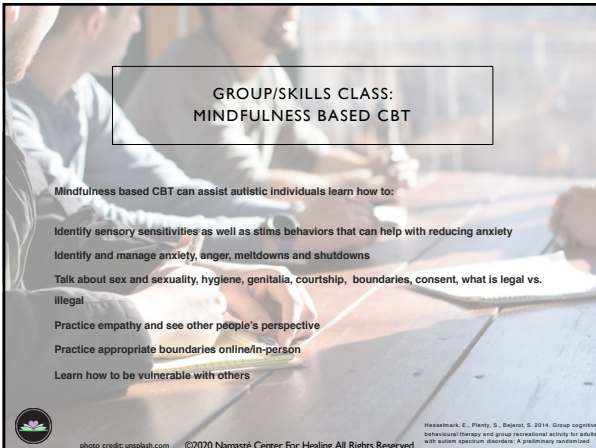
It is not best practice to place autistic individuals in a "regular" group with non-autistic individuals—UNLESS the clinician gears the group towards autistic individuals as well as non-autistic individuals

This is not discriminatory; this is about ensuring accurate treatment of this specialized population to help them learn in a way that benefits them

This is not about "adapting" to a norm—We have learned that does not work but adds to an autistic person's sensory overwhelm and in many cases, problematic behavior

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**GROUP/SKILLS CLASS:
MINDFULNESS BASED CBT**

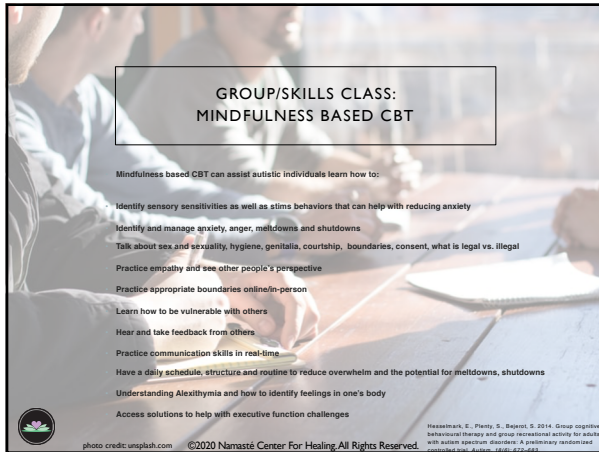
Mindfulness based CBT can assist autistic individuals learn how to:

- Identify sensory sensitivities as well as stims behaviors that can help with reducing anxiety
- Identify and manage anxiety, anger, meltdowns and shutdowns
- Talk about sex and sexuality, hygiene, genitalia, courtship, boundaries, consent, what is legal vs. illegal
- Practice empathy and see other people's perspective
- Practice appropriate boundaries online/in-person
- Learn how to be vulnerable with others

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HESSMANN, E., PERRY, S., RAPPEL, S. 2014. Group cognitive behavioral therapy and group interpersonal activity for adults with autism spectrum disorders: A preliminary randomized controlled trial. Autism, 18(3), 254-265.

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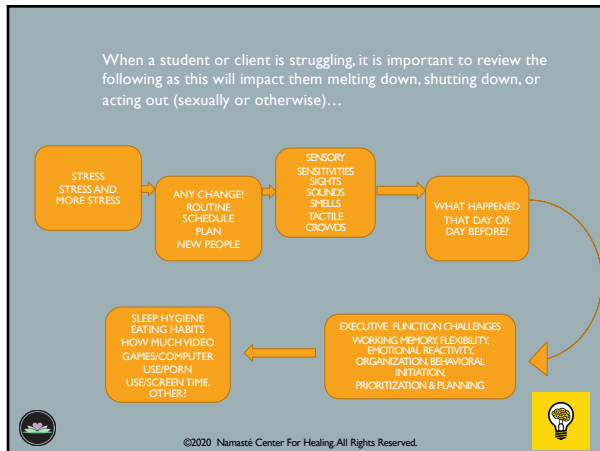
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Mindfulness based CBT can assist autistic individuals learn how to:

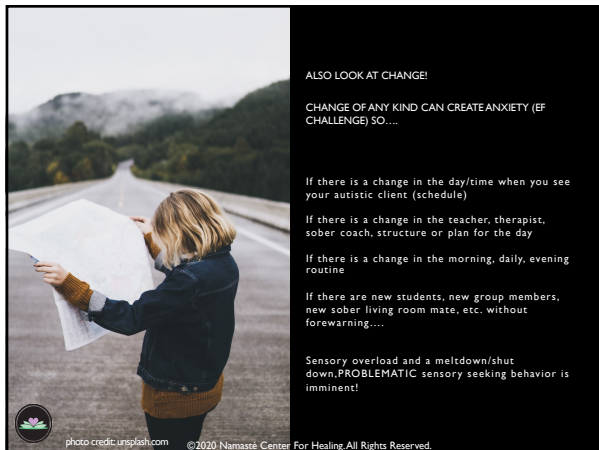
- Identify sensory sensitivities as well as stims behaviors that can help with reducing anxiety
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- Talk about sex and sexuality, hygiene, genitalia, courtship, boundaries, consent, what is legal vs. illegal
- Practice empathy and see other people's perspective
- Practice appropriate boundaries online/in-person
- Learn how to be vulnerable with others
- Hear and take feedback from others
- Practice communication skills in real-time
- Have a daily schedule, structure and routine to reduce overwhelm and the potential for meltdowns, shutdowns
- Understanding Alexithymia and how to identify feelings in one's body
- Access solutions to help with executive function challenges

photo credit: unsplash.com ©2020 Namaste Center For Healing All Rights Reserved. Hasekorn, E., Patten, S., Rajani, S. 2014. Group cognitive behavioral therapy and group-innovative activity for adults with autism spectrum disorders: A preliminary randomized controlled trial. Autism, 18(2), 201-215.

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ALSO LOOK AT CHANGE!


CHANGE OF ANY KIND CAN CREATE ANXIETY (IF CHALLENGE) SO....

- If there is a change in the day/time when you see your autistic client (schedule)
- If there is a change in the teacher, therapist, sober coach, structure or plan for the day
- If there is a change in the morning, daily, evening routine
- If there are new students, new group members, new sober living room mate, etc. without forewarning....

Sensory overload and a meltdown/shut down, PROBLEMATIC sensory seeking behavior is imminent!

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CONSISTENT DAILY SELF CARE RITUALS, ROUTINES, SCHEDULE

- Crucial for managing sensory overload
- Create list of self care options with your student or client as part of your work with them; put it in writing
- Review their self care rituals and routines frequently; what are they doing/not doing
- Hygiene schedule can be part of this
- Morning and bedtime schedule, rituals, routines are a must!

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HELPFUL APPS FOR AUTISTIC FOLKS

(AS RECOMMENDED BY AUTISTIC CLIENTS)

- [Habitica.com](#): similar to a video game but one scores points by completing tasks
- [Moodmeter.com](#): helps identify emotions, check in, notice subtle nuances with feelings

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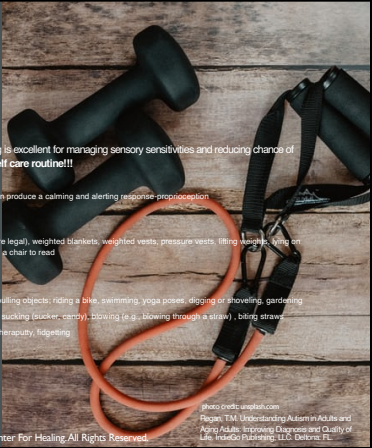
SELF CARE CONTINUED....

Exercise, meditation, deep breathing is excellent for managing sensory sensitivities and reducing chance of overload. **Make this part of their self care routine!!!**


Deep Pressure and Joint Input: Both can produce a calming and alerting response proprioception

- **Examples of Deep Pressure:**
 - Bear hugs, massage (ones that are legal), weighted blankets, weighted vests, pressure vests, hugging someone's stomach instead of sitting in a chair to read
- **Examples of Joint Input:**
 - Whole Body: Lifting, pushing or pulling objects; riding a bike, swimming, yoga poses, digging or shoveling, gardening
 - Mouth and Jaw: Chewing (gum), sucking (straw, candy), blowing (like blowing through a straw), biting straw
 - Hands: Squeezing a stress ball, fidgeting, fidgeting

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**EMDR: EFFECTIVE IN
REDUCING STRESS IN
AUTISTIC INDIVIDUALS**

“EMDR therapy [is] a feasible and potentially effective treatment for individuals with ASD who suffer from the consequences of exposure to distressing events.”

— Lobregt-van Buuren, E., Sizoo, B.,
Mevissen, L., de Jongh, A., 2019

Lobregt-van Buuren, E., Sizoo, B., Mevissen, L., de Jongh, A. 2019. Eye Movement Desensitization and Reprocessing (EMDR) Therapy as a Feasible and Potential Effective Treatment for Adults with Autism Spectrum Disorder (ASD) and a History of Adverse Events. Journal of Autism Developmental Disorders 2019 Jan 9(1):151-164. doi: 10.1007/s10803-018-3687-6.

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REMEMBER “BRYAN”?

His court case was in Provo, Utah

Faced 1-15 years in prison and life on SO registry

He had attended rehabilitative treatment including skills group and individual therapy at theglobalpreventionproject.org (TGPP) for 1 year; treatment included EMDR, mindfulness education

The judge sentenced him to 5 years on the SO registry

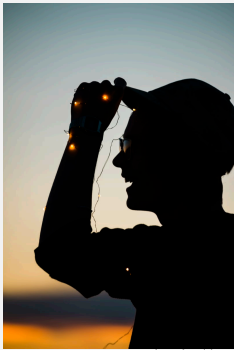
He was allowed to finish his Ph.D. in Metallurgy at the local university

He was not sent to prison

He was ordered to successfully complete our rehabilitative treatment program

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**IF YOU WORK WITH YOUTH
AND THEIR PARENTS**

PARENTS NEED TO BE AN ACTIVE MEMBER OF THE TREATMENT/SCHOOL TEAM.

IF YOU MAKE RECOMMENDATIONSTO THE PARENT AND THEY DO NOT FOLLOW THEM AT HOME, CHANGE WONT HAPPEN!

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SEX/HYGIENE EDUCATION BY PARENTS IS IMPERATIVE!

TEACH IT AT VARIOUS APPROPRIATE DEVELOPMENT STAGES


- MUST BE ON-GOING, NOT A "ONE AND DONE" BIRDS AND BEES TALK
- TALK ABOUT PERSONAL HYGIENE, BODY CHANGES, GENITALS, PERIODS, SEX, PROTECTION
- TALK ABOUT THE REALITY OF PORN AND HENTAI-IT IS NOT REAL CONNECTION OR INTIMACY
- HAVE RULES AROUND SCREENS FOR SAFETY; DISCUSS WHAT IS LEGAL/ILLEGAL
- DISCUSS APPROPRIATE TOUCH VS. INAPPROPRIATE (MUST BE ON-GOING)
- TALK ABOUT THE REALITY OF CHILD PORN; THERE ARE VICTIMS AND LEGAL RAMIFICATIONS

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HELPFUL GUIDES FOR SEXUAL DEVELOPMENT, HYGIENE, SEXUAL RELATIONSHIPS


The following are helpful guides for teaching sex education, sexual hygiene and healthy sexuality to your autistic clients (especially for those with learning disabilities).

- *Making Sense of Sex: A Forthright Guide to Puberty, Sex and Relationships for People with Asperger's Syndrome* by Sarah Alwood (©2008, Jessica Kingsley Publishers, Philadelphia, PA).
- *Sexuality and Relationship Education for Children and Adolescents with Autism Spectrum Disorders* by David Hartman (©2014 Jessica Kingsley Publishers, Philadelphia, PA).
- *Nerdy, Shy, and Socially Inappropriate: A User Guide To An Asperger Life* by Cynthia Kim (©2015, Jessica Kingsley Publishers, Philadelphia, PA).



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SUPPORT FOR AS PARTNERS, COUPLES

John and Julie Gottman Seven Principles Couples Set or workbook

FREE resources at NCH website:
namaste4advice.com

Book: *Marriage and Lasting Relationships with Aspergers Syndrome / Autism Spectrum Journey* by Eve A. Mandes (©2016, Jessica Kingsley Publishers, Philadelphia, PA).

Book: *Spectrum Women: Walking to the Beat of Autism* by Beth Cook and Dr. Michelle Gamett (©2016, Jessica Kingsley Publishers, Philadelphia, PA).

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THANK YOU!

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The Global Prevention Project
Theglobalpreventionproject.org

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