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Puberty, Sexuality and Adaptive Behavior with Learners with Autism Spectrum Disorders
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>> Hi. I'm Dr. Peter Gerhardt. Today we are going to talk about sex and sexuality education for individuals with autism spectrum disorder. Before we do, this is a little bit of quasi shameless self-promotion. This is a copy of a recent book that I edited, but all the proceeds go to the Organization for Autism Research, intervention research. Please check this out.

At the bottom of the whole sexuality issue is that there is sexuality components of adaptive behavior. It is part of who we are as human beings. But I do have to warn you that I'm going to talk about sex. Sex is sometimes a difficult subject. So if you are squeamish, if you are uncomfortable, this is your fair warning. But let's start actually at the beginning, which is puberty.

We all go through puberty, every one of us. People on the spectrum also go through puberty.

One of the things that we do know about puberty today is that the difficulties that people have going through puberty vary. Some individuals go through puberty relatively easily. Others have an incredibly difficult time. Some fall in the middle. We also know that puberty in boys has started earlier than it ever has before. We have known for a couple decades that girls are starting puberty earlier.

I don't think there is a connection, but research will bear this out. We all know what happens, the changes that occur during puberty in both boys and girls, but we also know that it's an emotional time. For girls their emotions may change especially around the time of her period. It is an emotional roller coaster. Hormones are flowing. There is a bunch of stuff going on. Oddly enough, with boys, you see the same thing.

It is often not described this way, but boys also experience mood swings. One minute they may be laughing. The next minute they may be angry. This again is associated not with a secondary psychiatric disorder but with being an adolescent. Now take those complications and add them to an ASD label.

You can see where we may have some challenges going forward.

A challenge that we know we have is that we have very little if any research on this topic. A quick check of the database from 1979 to 2012 using autism and puberty as a search terms shows a total of 18 articles. Most of those say people with autism go through puberty. It is not a complex database that we have here. There is a tendency for both parents and professionals to conflate autism and puberty and adolescence into one big ball, as opposed to looking at them as separate issues.

We do know that that's a problem.

We may see some increases in challenging behavior, but also may not. This is one of the things again that if we attribute it just to puberty, we are probably missing other cues, because this is also the time when curriculum may get harder, social challenges may get more difficult, individual preferences and likes and dislikes may change, just because he has puberty, more challenging behavior.

Another factor is that individuals who engaged in some level of challenging behavior before as they get older just get better at it. They are bigger, stronger, faster. They have learned how to do this over the years before. We change our behavior which may inadvertently reinforce this behavior, so it's all part of this big challenge that we face going forward.

Talking about sex though is something that we don't do. We joke about it. We laugh about it. We do like these quasi dirty nudge-nudge wink-wink kind of jokes. But to have a serious open conversation about sexuality -- we can't talk about that. I don't need to know that about you.

Add to that discussion any disability label and the neurotypical world gets squeamish. We think that it shouldn't even be discussed, when in fact it's critical for us to discuss it.

Add this personal reluctance with source of our societal norms, and this is a topic that rarely gets discussed, even with typical kids to some extent.

Recent research indicates that less than 33 percent of school districts in the United States offer sexuality education as part of their health curriculum.

So if you are not getting it in school, and if you are not getting it at home, and if kids with Asperger's Syndrome presentation were fully included, their peers tend not to talk to them about accurate sexuality information. So they are not getting it anywhere.

This presents a significant problem going forward. What research is there in autism spectrum disorder and sexuality education? Zero. We basically have zero research. There is research in sexuality education with individuals with an intellectual disability.

But that is a different group for the reason I stated before. All sexual behavior is social behavior. If I'm working with a individual who has a Down syndrome label and IQ under 70 and a guy who has a Asperger's Syndrome label and a IQ of 120, my friend who has a Down syndrome label is going to understand this social component of human sexuality far better than this guy is.

That is where the challenge will come in. What we do know, however, from the research and the intellectual disabilities field, there is controversy over domains, there is agreement that we do need to do something about this. We have very little consensus about how to go about this.

We acknowledge that there are different needs for males and females. What little research we have hasn't been extended to the community. We treat kids in session and then, the old phenomenon of train and hope. We need to do much better than that, because folks with autism have the same hormones and urges as everyone else. They will need to make the same choices as their peers. They will be exposed to the same phenomenon. They will have the same feelings. Everything we see in the typical world we see in the ASD world.

That becomes a challenge. I mentioned schools and family and peers. But we have a fourth source of information which is the Internet. The Internet in this particular area has become the bane of my professional existence, if only because of the easy access to Internet pornography.

I don't even have to get into a discussion of whether or not pornography is good or bad. It just paints a wholly unrealistic portrait of human sexuality. A client of mine when he was 14, he was a Asperger's Syndrome label, came to a session and said, over the summer I want to be a pizza delivery boy; which I pointed out, you are 14, you don't own a car.

I don't know how that is going to work for you. But why? You might have guessed, he

saw a video on-line where pizza delivery guys brought a pizza to a sorority house and had sex with three girls. We talked about it, explained those were actors. At first he didn't buy it. He said no, actors would act. I saw them do it. They did it. They weren't actors.

I was like, I'll give you that. Finally, I convinced him they were actors. There were credits at the end. It was blatant it was a made-up scene.

The problem is he is now 19. And if you ask him, he will say there are two types of women in the world, there are hot girls and there are good girls. Good girls you have to take out on dates, and you have to be nice to and be funny and charming, engaging. You have to go out and have dinner with them. You have to meet their families. He can't get a girl to talk to him in real life.

Hot girls, however, will sleep with you because you have a cool car, or you have something that they want, whether it's a pizza, or house on the beach, they will sleep with you because of that. He thinks he is only ever going to get a hot girl and this guy is going to end up in the criminal justice system at that point. I can't change the value system. That becomes a real problem.

For families of kids, professionals who work with kids, don't think you are immune. Rule 34, it exists as Internet porn. There is Barney porn. There is Lego porn. There is porn as a subset of anime', Japanese comic cartoon porn and it tends to be misogynistic and violent. I guarantee they can find some porn on the web. Even Facebook, many of you have Facebook pages. I have a Facebook page.

I got a contact request a few years ago from someone I didn't know, but I friended them. The next day I get this message. I added you, you look familiar. But once I looked at your page, I knew I was mistaken, but you seem like a good guy. I'll introduce myself. I'm funny, quirky, never afraid to have a good time. What does that mean? I recently moved here -- this is the Internet, so there is no "here" -- from a small town in Idaho, says I'd love to send you photos and meet you, please give me your E-mail address.

Let's go to my guy who says there are hot girls and good girls. He gets this and what do you think he thinks? Jackpot. Now I have a problem.

Number 2, we don't have good numbers on sexual abuse. We don't have good numbers on sexual abuse and difficult individuals, so it's underreported. We really don't have good numbers on sexual abuse and folks on the autism side, but the numbers don't matter, because one is too many, if it's your son, your daughter, your student, your client. But there are things we know we can do about, that we can teach, who can touch you and who can't touch you.

Little kids we try and pair hugs, kisses, social phrase, with primary reinforcings so social becomes reinforcing. But around 7, 8, 9 we need to fade away from that. That tickle reinforcer at 5 is different at 12. There should be boundaries about who can touch who and where on their body. There are things that we can do, teaching kids to say no to certain events or occurrences. We are very good at teaching compliance. We are not good at teaching noncompliance.

Noncompliance is a pretty important safety skill. We need to start addressing this deficit. The number one reason is that people with autism are people.

Like all people, they have a right to understand their body and to become sexually healthy adults.

This is my general rule of thumb. This is not research based. But I think about 60 percent of sex education is done in the home. About 30 percent can be done in the

school; when necessary, about 10 percent by licensed certified specialists. These are for individuals who are having difficulty masturbating, so maybe need instruction, maybe causing harm to themselves, so there are people who do that and are licensed in the area of sexuality intervention. That is not part of what this talk is, not part of what I do.

But there isn't an area of intervention that is more in need of collaboration with family. Collaboration with family on all areas is important, but this particular area it really is critical.

Why, I'm a behavior analyst, so why is AVA a good way to teach this stuff and why do we need to teach it? First of all, sex is just behavior, complex behavior, social behavior but just behavior.

That's all. Number 2, we have talked a lot about self-determination, which is critically important. But we have very little research supporting the efficacy, the ability to change somebody's life and the ability of it to actually, and not to change what the person finds valuable across the board. We need to look at more ways to give people more skills.

And lastly, a lot of the basic concepts, at least initially is the summation thing. Men's room versus women's room or blokes versus Sheilas. I was at a restaurant in New York City where it was nuts and no nuts for the men's room and women's room. I'm not going to be training that because it is only one rest room, but I'll look at the rest room where the person might go and come up with that.

But also, where and with whom you can be naked, where you can masturbate and our rule is in your room by yourself, with the door closed.

We really discourage bathrooms, because there are bathrooms everywhere.

Parents can help with menstrual care, who you can leave school with, who can touch certain parts of your body and so on.

Here is the working definition of sexuality from the World Health Organization, 1975. There is a 2002 definition, I tend not to use it. It is a great definition. But for our purpose today I think this is a good definition. Sexuality is an integral part of personality of everyone: Man, woman and child. It is a basic need, aspect of being human that cannot be separated from other aspects of human life. This is important. Sexuality is not synonymous with sexual intercourse. It is about who you are as a person, not who you sleep with.

It is your understanding of your body and your relationship to other people. That is sexuality. It influences our thoughts, feelings, actions, thereby mental and physical health. This is a critically important part of adolescent and adult understanding.

Other terms, there can be noun and verbs, sex can mean gender or also mean the act of sex. We do know that sex education is a lifelong process, encompassing many aspects of the person. But further complicating this linguistic aspect is that there are four different types of sexual language. Number one would be formal, say vagina. Technical, labia, cervix, clitoris, vulva. Any number of cute names, Jay-Jay muffin, little man in the boat, punani, lady parts.

One of my clients, one of my families taught the daughter to refer to her vagina as her basement. I'm like please don't do that. It is not a generalized term. So please. There is all these slang terms that you guys know. I'm not going to throw them out there right now, but you know what they are.

Here is the problem with this. In the next three seconds as you are watching this, give me another word for head. In the next three seconds as you are watching this, give me another word for arm. Give me another word for leg.

These are the only body parts that we have multiple words for. They change all the

time. We had to add junk to our list for male genitalia a couple years ago, because it became a popular term. When language becomes an issue, we need to understand all of the linguistic issues related to sexuality.

With regards to folks on the spectrum, there are three big myths held in the general community. Myth number one, folks on the spectrum have little or no interest in sex or sexuality. This is sometimes referred to as the Rain Man myth, because if your only understanding of autism is the movie, Rain Man, he presents as barely asexual. Temple Grandin has written about seeing herself as asexual, doesn't see herself as ever dating. But it continues along a continuum. There are plenty of asexual neurotypicals in the world.

Myth 2, because these individuals have a cognitive neurological challenge, that if they get excited, if they get aroused, they are going to run amuck, they are not going to control themselves and will go crazy.

You and I know this isn't true. This is something scary for the world, this little bit of misinformation. And one of the challenges that I faced is that I do a lot of work in the criminal justice system with individuals who have committed crimes, and it's very easy for our guys to get in trouble here. I'll give you a very quick example.

Young man, 15 years old, at his community pool over the summer, had a crush on the lifeguard, young, college student, female college student, would help her out with stuff. She knew he was a, quote-unquote, sexual needs learner. She was really nice. He was trying to be helpful. One day she bent over and the top of her bathing suit opened a little and he saw the tops of her nipples. He thought, I'm not supposed to see this; correct thought. But instead of turning away, what he did was reached his hand in and pulled up her bib. She of course freaked out. Police get involved. They ask him, did you put your hand in the bathing suit? He says yeah. Would you do it again? He says, yes.

It's only when we got involved, and we said why did you do it, that he explained why. Cops didn't have any reason to ask why. They thought they knew why a 16-year-old boy would do this. It's so easy to get in trouble if you don't understand.

The other big myth is myth number 3, folks on the spectrum are solely heterosexual. Five to ten to 15 percent of the neurotypical population is gay. Nothing that says five to ten to 15 percent of the population of folks on the spectrum wouldn't also be gay.

Okay? The diversity of sexual behavior that we see in the neurotypical world exists in the ASD world. But when we deign to talk about relationships, we talk about relationships that are heterosexual. The challenge is that there are curriculum issues that come with being a gay male or a gay female.

Heterosexual female friends can, women can walk together hand in hand and don't draw a lot of attention. Men, there are still parts of the country where if two men walk together hand in hand, they are going to draw unwanted attention.

There are a number of issues that, when people are gay, that we need to address for their own personal safety, healthy sexual life and just personal understanding.

Children on the spectrum are sexual beings. We know that. But we don't have a lot of knowledge here. Here are recent studies, '95 and '96, that is recent in this area.

Researchers looked at level of knowledge of individuals with an intellectual disability and found they had lower levels of sexual knowledge and experience in all areas except menstrual care and body part I.D.

We don't even teach the kids the right body parts. Use the right words, penis, breast, vagina, rectum, anus. Don't use fake words. Don't use the cute words. You want to

infantilize an adult male with autism, have him say pee-pee. Adults know the right terms. It's important if anything ever happens. One exception we make here is that we say it's okay to use the balls, instead of scrotum. No male says scrotum. The joke we make, if you want to get beat up more in middle school, say scrotum. That is the fastest way to have that happen.

That is a normative term that we use.

What we don't know can sometimes hurt us. In 2007, they looked at the functioning of a group of adults, adolescents and adults with Asperger syndrome presentation, and found they engaged in inappropriate courting behaviors at higher rates than typical peers. Why? Because all sexual behavior is social behavior. This girl is nice to me. She is nice to me, therefore she likes me. If she likes me, maybe she is my girlfriend.

She kissed me on the cheek once because I said something funny or I complimented her once, so she is my girlfriend. And it spirals. It's easy for individuals to get in trouble.

We need to be much more proactive about this stuff. Unfortunately, the majority of the work that I do is after somebody has already done something that is problematic, challenging or even illegal.

I do a lot of proactive work, teach kids how to be safe, teach them how to use public rest rooms, to pull curtains down at night, to bathe independently. All these things, but the vast majority occurs after somebody has done something. As Dorothy Griffiths notes, that is like closing the barn door after the horse has run.

Basic guidelines, my rule is the five year rule. Think five years down the road. If your daughter is 5, what do you think she needs to know when she is 10? If she is 10, what does she need to know when she is 15? Don't think this year, think farther down the road.

You have to be concrete. Euphemisms, birds and bees don't do that. They have a language based disorder. Euphemisms are not helpful. If you can't talk about this stuff without giggling, laughing or blushing, you are not the right person to teach this stuff.

We want to analyze everything, we want to be consistent in our presentation. In addition, we want to repeat our instruction on a regular basis. Why? We do know that if you don't use skills, you lose skills. Hopefully, the individuals with whom you work are not being exposed to sexually abusive, sexually inappropriate situations often, so they are not going to get a lot of experience using these safety skills that you have given them.

So you have to keep going back to the repertoire to make sure they are there for that one time that something does happen.

Think of the limitations. You have to coordinate with teachers, family, with everybody in order to do this right. Don't try and do it on your own. There are some guide books out there that you can pick up. There is a lot of stuff that is available for free on the Internet.

Don't think you know what you are doing in this particular area. You can use multiple instructional mediums. I use, if you want to talk about relationships and dating, use the Helen Hunt movie, *As Good As It Gets*. It's a nice tool for me to use.

Lastly, never forget that all sexual behavior is social behavior.

You can spend thousands of dollars buying materials to teach this. There are dolls like these. I'm not a huge fan. Some people find them useful. I don't. But that is going to be your call.

We tend to make our own material.

We use medical and nursing textbooks, we use patient education materials, we use sexual education books at the library. Google has fantastic resources. We do video modeling, but not with nudity or private acts. The video modeling may be we want to teach

young kids, after they take their tub, to put on their robe before they leave the bathroom to go to the bedroom.

Typical 5-year-olds don't do that. Naked 5-year-olds running around the house is cute, funny. But naked 15-year-olds running around your house is not.

Waiting until 15 to teach them this is really difficult, because now not only are we trying to teach new behavior, we are trying to unlearn old behavior.

We want to teach that early on. We may do a video model of him coming out of the bathroom with his robe on, going into the bedroom and his Xbox is set up where there is a plate of cookies for him, something like that, so he can see that there is a reason to put on his robe.

Remember that folks on the spectrum, okay, are literal thinkers. So you have to be frank. You have to be clear. I said don't use euphemisms. Here is why. You have to provide accurate information. If you don't, people are going to take it at face value and run with it.

Value is the second part of the sexuality education. But values are hard to teach. By the time I see kids, they have values set already. It may not be the parents' value. The guy I told you about who said there are two types of women in the world, hot girls and good girls, that is a value statement.

That is a problem. Lastly is the necessary social competence, by far the most difficult part for this particular set of skills.

Macro terms, in information, human growth, development, puberty, masturbation, sexual abuse, so on and so forth, but in really more micro terms, we want to look at things like public versus private. Masturbation only in your bedroom, door closed. Don't pull your pants down before you get to the bathroom. Being able to use public rest rooms in a certain amount of time, not pulling your pants down until you get to the urinal. Those are important. Good touch versus bad touch. We touch folks on the spectrum a lot. As kids get older I don't think it's appropriate anymore.

I don't like to be touched. They haven't given me their consent to be touched. We need to monitor our own behavior, and try to teach kids; who can hug them and kiss them, it's usually mom or dad, sibling or something, but it is not the teacher. We need to establish these boundaries. Proper names of body parts, I talked about those, penis, breasts, vagina. Improper names of body parts. This is how we do it. Other people do it differently.

If we are working with a family, with a child who has Asperger's Syndrome, included in middle school, in elementary school, before he transitions to middle school, we want to expose him to some of the vocabulary. I would say you can't use these words. These are words you don't use. The reason we do this, he is going to hear them. Otherwise I guarantee you he is going to hear them, and then he is probably going to incorporate those into his repertoire.

These are words that can get you in trouble. We work very hard to proactively avoid the consequences.

Personal boundaries, personal space, as kids get older, we develop larger circles of personal space. I don't sit next to you on a bench. Look at the behavior of people when they sit at a bar. They put one seat between themselves and other people, if they can.

With kids on the spectrum we sit next to somebody. Maybe that is not the right thing to do. Masturbation, not a good or bad thing, but where or when thing.

Most males that I've worked with do figure out how to masturbate. The genitalia are exposed. It is relatively easy to reach. It is easy to reach. The test analysis of masturbation

is simple, up, down, repeat. It is not a complex physiological process.

Female masturbation is different. The genitalia are more hidden. We see more behavior challenges associated with inappropriate attempts at female masturbation than we do with male, for that reason.

That is something to be aware of, avoidance of danger, social skills, dating, personal responsibility and so on.

But what do we teach? Real sex education starts when you are young. When you are doing, what is the boy doing, what is the girl doing, that is gender identification. When you are teaching to use the boys room or girls room, that is part of sexuality education.

When you are teaching correct touch, that is all part of sexuality education. Preschool to elementary, it's boys versus girls, public versus private, body parts, introduction to puberty, change in value, because remember, more kids are hitting puberty earlier on. Appropriate versus inappropriate touching, and then the introduction to menstrual care.

One of the things that we do is strongly advocate to provide menstrual care training before she gets her first period. Why? I know a lot about menstrual care, more than any adult male should, honestly, but I've never had a period.

But I do think that when you get your first one, even though I know it's not your heaviest and it's less of a flow, I told you I know a lot about this, it is probably not the most teachable moment.

This kid thinks she [inaudible] if you went to the classrooms where we consult, you might see a girl in elementary school with a sign on her desk [inaudible] (audio is very muffled).

Lot to get used to this process. We also, in this particular area, we teach schedules for changing your panty liner. The reason we do this is that, initially, my colleague who has since gone to other fields, we worked on developing protocols. We wanted to teach clean versus soiled. But the challenge is that as soon as you put a new panty liner in, within a couple minutes it gets a little soiled, so discrimination between soiled and not is a problem.

At first the student changed her panty liner 87 times in the first day. That is how we know, we do it on the schedule.

As kids get older, it gets complex. Think about the complexities in your life. Translate that into a person on the spectrum. We want to look at puberty, menstruation. We want to talk about ejaculation, how to say no. I'm going to keep coming back to this. This is a great skill that we need to teach. Masturbation -- I mentioned public rest room use a couple times. I'm a fan of teaching kids ability to use public rest rooms. Moms sometimes get freaky about this because they think of men's rooms as a hotbed of inappropriate sexual behavior. Not true. Are there bathrooms with some, where some gay men meet? Yes, but it's consensual. It is not predatory. Nobody solicits people, like it is not a thing.

But it's safe to teach use of a public rest room. We know perpetrators are more likely to be someone the person knows, so if we don't teach them to shower and bathe independently, don't teach them to use a men's room independently, if we don't teach them all these things, we are guaranteeing that a person has to be left home the rest of his life in these intimate situations; her too, whether male or female.

Please consider our rule. We get kids to go in and come out in two and a half minutes. Women we do four minutes because it is a more involved process, because you have to use a stall. But a guy should be able to do it in two and a half minutes. There are safeguards that we put in. Attraction, sexual feeling, relationships, responsibility level, it goes on and on.

Same things we use in other fields, we can use, picture schedules, shaping, cognitive

rehearsal, personalized stories, video modeling. We have a bunch of interventions that we can use well within our purview.

I mentioned private/public discrimination. We think this is important. To be clear about social and family rules, one of the real challenges in teaching this, this is one area of behavior that I cannot get the community to accept a lower standard. We have zero-tolerance policy for inappropriate sexual behavior in this country.

I cannot get the brass at a job to say, used to masturbate 7 times a day -- no, it's zero. I can't get accommodations in this area. I have to go with what the rules of society are. Teaching kids early on about where and when you can be naked in your house, teaching kids before they go to bed, close the blinds, pull the curtains. That is a good safety tip.

Address the bedroom and bathroom, closed doors. Tell kids you are going to knock on the door before you come in. Don't just walk in. I know it's your child, I know you have the right to just walk in, but do you want to teach them to be able to walk in? To professional staff it's even more work.

Yes, some people we have to monitor in the bathroom. I understand this. They may not have good toileting skills which is unfortunate. But we don't stand next to them in the bathroom. We stand outside. We monitor in a respectful way. Those are things we need to do.

We talked about some of these things, private activities. I'm not going to go over that again.

With regards to masturbation, please understand, it's normal and should not be condemned. When I got into the field in 1980, we were still having sessions as to whether or not masturbation was appropriate or it was a challenging behavior that maybe we have to conflagrate. I wouldn't be shocked by this if I were you, considering it was done in the late '70s, that we took homosexuality out of the psychiatric disorders. While we are a sexually specialized society, we are also a very prudish society. Again, sexual behavior is still sort of a taboo subject. Infants play with themselves, genital exploration. I already talked about most people with autism learn to do it on their own.

Of course, it's a valuable outlet. It is a good way for them to release tension, feel good, like it's a really beneficial skill.

But it is important to teach it early on. When he or she first starts to discover her sexuality, not the reflect directions but to start to rub themselves, play with themselves, rub up against stuff, because they have an erection, that is when we start teaching discrimination.

But if you do that, you should do it in your bedroom. Go to your bedroom, you have private time. We don't say go masturbate. We say it's private time. You can do whatever you want. But this is your opportunity. Early on, we want discrimination, so we are not trying to teach it much later on.

The challenge in many aspects is that when we do say the bedroom, your bedroom at home with the door locked is the only place, how do we know they delay that gratification to the point that he gets home or she gets home. This is a protocol that has been put out there. We use it. It hasn't been researched yet. We find it to be very effective. If someone begins to attempt to masturbate, verbal direction, John, do me a favor, put your hands back on the work. If that is not successful, which most times it is honestly, the person is redirected to something involving two hands. Take the chair to Miss Barbara's room, and if Barbara gives him something that requires two hands to take back, this should take three, five minutes max.

In that interval, levels of arousal have gone down. The last thing you have to do though

is figure out a really powerful reinforcer for that behavior, because you are competing with a powerful reinforcer. Orgasm is a popular reinforcer.

Giving a M&M isn't really going to cover it. You got to have something that you can hold in abeyance just for this particular thing, if you want him to be compliant to this redirection.

It is important that he is. The value stuff, this gets complicated. People come to me with their value statement. Much of the values work I do, I do on safety, how to be safe, how not to get in trouble, personal responsibility, self-esteem, right versus wrong. The list goes on and on.

An old client of mine, I asked one time if he had ever been in love. He said, yes, Peter Gerhardt, I was in love. I said how did you know you were in love? He said, I was with this girl, and he told me who, and she said if I loved her, I would take off my clothes and get into bed with her.

I said what did you do? He said I took off my clothes and I got in bed with her, so I must have been in love with her. I said what happened? He said nothing. Thankfully her mother came home before anything could happen, because it was really cold being naked.

Now, I tell you that anecdote because here is a guy who obviously -- he also drives a car, plays piano, really competent guy in many aspects, had no idea what he was getting into, had no sense. The outcome of a situation like that, chances are it is not going to be beneficial.

If we are not teaching kids, we are setting kids up for significant failure.

Values get real complicated, in almost everything we do. But then there is this social skills. Social skills are probably the most complex context-based set of skills that we can work with. Teaching social skills out of context is inefficient if not ineffective.

I can say things in this talk that I can't say in other talks, because we are talking about sexuality and I'm a professional so I get a certain respect. I can't go up to a woman and say some of the things I say. There are all these rules, about what do you say, when.

You have to remember again, I'm going to keep coming back to this, all sexual behavior is social behavior. We want to talk about decision-making skills, who, what, where, when, how. We want to talk about internal space, personal advocacy. I'm going to come back again to this, avoidance of situations, dating, pretty much everything else.

I'll give you another example. I travel a lot to do trainings like these, and consultations. I am somewhere in the United States, and I go to dinner with the people that have me out there. I get back to the hotel at 10:00 at night. I walk into the hotel, over to the elevator, and the door is open. And I walk in the elevator. And there is already a woman on the elevator with her luggage and she pressed floor 14. I don't press a button because I'm on floor 14. The door closes. I didn't press a button. What is she thinking? Why didn't he press a button. He doesn't have any luggage. She is starting to get nervous. Have I done anything wrong? Absolutely not. Now I get to floor 14. My mother always taught me, I say, after you. She goes and turns left to go to her room. I go out and I turn left because my room is down that hall too.

Now she probably has her cell phone out and has 911 dialed. Have I done anything wrong? No. But that is the level of intimacy that is inferred in sexual behavior.

She perceives that just as a threat, rightfully or wrongly. Our guys are going to talk to her. And that can escalate.

Social skills really are access skills. They are how you access everything you want in life and avoid stuff you don't want.

Your social demands at home are your lowest. Why? Because you set the rules. Next

comes school or work. This is a huge leap. The reason it's the next level is that it still has time constraints.

There is a culture in each of those environments, that tell you when to talk, or you can talk with like all those rules. The farther you get outside, the more complicated it gets. The context changes all the time. Social values change all the time. This gets really difficult.

A friend of mine on the spectrum, he had some criminal justice involvement. We would go out to eat to check if he was okay. We are leaving a crowded restaurant one time. There was a family outside waiting to get in. They had 3 little kids and they were running around. I had to dance around them to avoid the little kids.

The mother was like, I'm so sorry. I said don't worry about it, you have cute kids. My guy comes up by me and says, yeah, they are so cute, but if I was a kidnapper, you would have to worry.

Now, he is just modeling me. But he is modeling me really badly. You know that upset this woman. I had to go back and say, he doesn't have good social skills, yadda yadda.

Urinals are a great example. By the way, this photo would never happen because no guy puts the urinal there, the briefcase there, and we don't consider urinating a social task. Everybody knows this now. This is not a secret. But so in the first urinals, 1 through 6, someone in 2 and 4, you pick 6. Someone is in 2, 4 and 6, you pick 1 because you have a wall.

The last one, someone is in 1, 2, 3, 5 and 6, yeah, hesitate a bit. You check the stall. You could take that one but you don't want it. We like more personal space.

Some things you don't know, probably you don't if you are not a guy. We don't talk. We don't consider urinating a social event. Nobody ever gets up from a table at dinner at a restaurant and says to another guy, I have to go to the bathroom, do you want to join me. Not a social event. We don't make eye contact. There is no eye contact made.

When you are standing there at the urinal, you look straight ahead. You can look down if you want, but you can't swivel your head back. You can look down, can't look left or right. There are strict rules.

But go across the hall and go to the women's room.

I'm fascinated by the fact that they have little living rooms outside so they can be more comfortable. Women talk to one another, talk to strangers, which fascinates me.

Women do this thing that men will never do, because you pass stuff under the stall to other people back and forth; not a male behavior.

Why should you care about that? You should care because we have two rooms, each 800 square feet, 15 feet apart from one another, each of the exact same functions, are completely different social skills demands in these room. If you don't understand context, you can't understand social skills.

When we teach sexual safety, dating skills, we have to keep context in mind. Otherwise we are teaching the wrong skill.

These are some of the things we might do. These are what friends do, they may compromise. We also do what friends don't do, what acquaintances do, what bosses do. We don't fill these in. Our clients fill these in. We need them to understand this, not us.

There is the programs which you can buy. There are other ways to address this particular need though. My clients who have more of a autism presentation, we don't use four circles. We use two circles. So these people can help you, and the rest of the world can't. It is simple. We don't make the break points between four different levels of protective

intimacy.

In the end, this is difficult. Number one challenge is still to discuss this in a open, an honest and frank manner. That is a challenge. Second, social dimension of sexual behavior, a challenge for folks on the autism spectrum.

Third, differentiation between public and private behavior. My guys who watch Internet porn and think that is how relations are formed, have a real problem. Watch any action adventure movie made in the '80s and '90s, and at some point the hero kisses the female lead, and she pushes him away. And he pulls her tighter and kisses her again, and she melts in his arms.

No means yes, isn't that what I just learned there? No. No means no means no. We need to understand the conflicting messages that are out there. We want kids to maintain skills that they learn, particularly safety skills.

Lastly, there is this balancing individual safety and personal respect and individual rights. This is one of the areas that individuals really have a right to be themselves. And with my clients on the autism spectrum profile who are their own guardians, I can't tell them no. The best I can do is teach them how to be safe, how to not get in trouble.

But I have to rely on them to make certain decisions, good or bad. Then we go forward.

The last thing, be the change you wish to see in the world. This is a big change we need. Don't just talk about this stuff. It is important that we get out and teach this stuff and organize efforts. I always have to end with, save the world. Thank you for joining me today for the talk on sexuality and autism spectrum disorder. Thank you very much.

(end of webcast)