Another Kind of Spectrum: An Introduction to Behavior Analysis and Sexuality

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Objectives

• Participants will be able to...
  • Identify common challenges within the realm of sexuality
  • Conceptualize sexual health in a behavior analytic framework
  • Determine next steps for working in this area of practice
Warning

- My primary experience is working with challenges related to sex offenders, home and community services, and adults
- The content of this presentation includes discussions about:
  - Sex
  - LBGT+
  - Religion
- But remember: **WAP**
  - We Are Professionals
    - That’s what Cardi B and Megan Thee Stallion are saying, right?
To start...

- Sexuality is not about the act alone
  - And even that is fairly complex
- It includes social skills, biology, verbal behavior, legal ramifications, contextual variables, education, and more
- If social skills are complex, then behavior related to sexual health are like quantum physics
- Challenges in the LGBT+ community
Cases on Teaching Sexuality Education to Individuals with Autism (Whitby, 2019)

- Topics include
  - Reproductive health
  - Pro-Social behavior
  - Sex education
  - Gender Identity
  - Sex Offenses
  - Ethics

- And this is just one resource
So where do we start?
Conceptualizing sex

• Sex as behavior? Sex as contingency? Sex in context?
• First, we need to know:
  • What’s the problem?
• Second, we need to know:
  • Whose problem is it?
• What skills are in the learner’s repertoires?
• What is the context in which the behavior is occurring or would occur?
Some examples...

- The right to purchase pornography
- The challenge with bestiality
- The transition
- The problem with not being able to do it
- The engagement in public masturbation
Sex as a target behavior

- Inappropriate Sexual Behavior as a target
  - Inappropriate touch
  - Public masturbation
  - SIB
  - Dating skill deficiency
  - Internet safety
  - Homophobic remarks
Masturbation

• Issues with masturbation
  • Skill deficit: Can they do it at all?
  • Discrimination: Are they doing it in the appropriate place?
  • Behavioral Excess: Are they doing it too much?
  • Harm or Injury: Are they hurting themselves?
  • Hygiene: Are they engaging in a safe way?
  • Inappropriate Social: Are they asking people to do it for them?
Common Behavioral Problems

• Displays of problem behavior can vary
• Results from these behaviors can be catastrophic:
  • Social isolation
  • Arrest
  • Finance issues
  • Safety concerns
Common Behavioral Problems

- Sexual behavior has special considerations as results of problem behavior have specific victimization characteristics
- Deficits in discrimination
  - Lack of identifying appropriate locations for behavior
  - Lack of identifying appropriate partners
- Behavioral excess can result in several different issues
  - Consider motivations behind addiction
  - Health concerns
Common Behavioral Problems

- Social awareness deficits
  - Deficits in identifying social cues or responding to “no”
  - Excess in contact with significant others
- Health and safety
  - STD’s, pregnancy, infection
  - Inappropriate partners
  - Deficits in safety surrounding particular sex acts
- More aggressive sexual behavior is incredibly traumatic
  - And careful considerations should be considered for past, recent, and future victims
What's the Problem?

- Typically, there is a major MO behind sexual behavior
  - Which is incredibly difficult to replace
- “It only takes one time”
  - One incident of inappropriate sexual behavior can have major backlash
- Sexual behavior is dangerous when inappropriate for both the behaver, behave, and members of the community
- Sexual behavior is typically nuanced
  - Personal preferences can vary wildly
  - No two sex offenders are truly alike
Sociosexual Basic Realities

• The same bodily changes that characterize puberty are experienced by those with developmental disabilities
• The language and social skill difficulties that often are an aspect of many disabilities make this an even more difficult transition than for other, non-disabled individuals
• This area is fraught with difficulties for everyone
• The issues surrounding the development and maintenance of intimate relationships are difficult for everyone
• As we will see, we can’t afford to not discuss this
Why Sociosexual Education is Necessary?

- The need to educate individuals with ASD about sociosexual issues is widely acknowledged (Koller, 2000; Ousley & Mesibov, 1991)
- Sexual issues for individuals with ASD can include inappropriate sexual behaviors (Ruble & Dalrymple, 1993; Stokes & Kaur, 2005)
- Sexual abuse (Ruble & Dalrymple, 1993)
- Unwanted pregnancy (Melberg-Schwier & Hingsburger, 2000)
- Display of sexual behavior in inappropriate times/places (Koller, 2000)
Do and Don’t Strategies

**DO:**
- Teach with ample time!
  - Aim and start teaching what skills the individual will need to perform within the next few years
  - Remember that there may be many steps of prerequisites or desensitization necessary

**DON'T:**
- Wait to include families
Do and Don’t Strategies

**DO:**
- Appreciate how important the topic is

**DON’T:**
- Think that abuse of children with disabilities does not occur (Westcott & Cross, 1996) and that abuse of children with disabilities is less harmful (Kelly Kennedy, 1992, Kelly, 1992, Ridgeway, 1993).
Do and Don’t Strategies

**DO:**
- Have a good curriculum to work with
  - "Cases on Teaching Sexuality Education to Individuals with Autism"
  - “Sexuality across the Lifespan”
  - “What’s happening to Ellie?”
  - “It’s Perfectly Normal: Changing Bodies, Growing Up Sex, and Sexual Health”

**DON’T:**
- Assume people with autism or developmental disabilities are not sexual
Do and Don’t Strategies

**DO:**
- Use real words
- Establish physical limits
- Be concrete
- Use images and dolls that are anatomically correct

**DON'T:**
- Be vague
- Use colloquial expressions (friends with benefits)
- Assume learner understands the rules
Do and Don’t Strategies

**DO:**
- Provide many learning opportunities
- Obtain consent from the caregivers or client
  - Assent for underage clients
- Provide models when necessary

**DON'T:**
- Forget about safety concerns
- ...touch the clients during teaching/training
Assessment and Treatment
Assessment

Be mindful of how intrusive the assessment is

- CAN you even observe the behavior? Should you?
- What about your line of questioning to assess the problem?

Some thoughts:

- Who should be able to ask the questions?
- Who is allowed to know the information that might come up?
Intervention

Again, how intrusive is too intrusive?

- What CAN you teach?
- WHO can teach it?

If you can’t teach it, what pre-requisite skills CAN you teach to get there?

- Imitation repertoires?
What does behavior analysis say?

There’s little research IN behavior analysis alone

Interdisciplinary work is often is necessary

We know about MOs, training/teaching, video modeling, assessment, environmental manipulations, etc.

• In other words, we know quite a bit
Some things to consider

• Do not assume the function is automatic
• Brush up on legal rights
• Identify what KIND of problem behavior we are talking about
Environmental Manipulations

- **Supervision and supports**
  - Helpful to prevent opportunistic behavior

- **Environmental restrictions**
  - Not ideal, but may be necessary

- **Time-based strategies**
Management Strategies

- **Psychopharmacological - Reduces libido, makes arousal more difficult**
  - Chemical castration is different

- **Discrimination training**
  - Differential reinforcement is CRITICAL

- **Competing contingencies**
  - Question: How do you compete with such a powerful UMO

- **Ultimately, management will depend on the behavior of concern**
  - Some responses can have errors, others can't
Crisis Management and Special Considerations

Consider current legal statutes related to individual, therapy received, competency, consent, and court orders/requirements

It is ESSENTIAL to know what supports are currently in place and what you are legally allowed to implement
Video Modeling

- Determine the skill/behavior to target
- Write the script
- Prepare the video
- Watch the video
- Imitate and practice the behavior in the video

Applications/Examples:
- Taking birth control pills
- Talking to the opposite sex
- Expressing sexual feelings
- Using condoms
- Using menstrual pads
Task Analysis

- Identify a target behavior
- Break the bx/task into manageable parts
- List the steps
- Practice
- Determine whether learner has prerequisite skills
- Use chaining procedure

- Applications/Examples:
  - Steps for using a pregnancy test
  - Steps for wiping genital areas
  - Steps involved in prepping for a gyno exam
Task analysis for changing a menstrual pad

- Remove necessary clothing
- Pull down underwear
- Sit on toilet
- Remove small sandwich bag from bag
- Remove soiled pad
- Place in sandwich bag
- Get a new pad
Behavior Skills Training

- Instruction
- Modeling
- Rehearsal
- Feedback

Applications/Examples:
- Preventing sexual abuse
- Changing sanitary pad
- Using condoms
- Applying makeup
In Situ Training

- To promote generalization...
- In Situ Assessment (only valid assessment)
- 4 lures:
  - Simple
  - Authority
  - Incentive
  - Assistance lures
- In Situ Training (when people failed to perform the skills correctly during the onsite assessments)

- Applications/Examples:
  - Preventing sexual abuse
  - Preventing abduction
Caregiver Roles

• Parents or caregivers are the first and main educators of children's sexual health

• What parents say and do can have a powerful influence on the development of healthy sexuality in children

• As a caregiver, you have the responsibility to teach your family member how to grow and become a sexual being

• It is important that sexuality is presented to children in a positive and gradual way
Barriers to Treatment

• Lack of caregiver sexual education
• Spiritual/religious preferences
• Rights violations
• Awareness of legal repercussions
• Scope of Competence
• Lack of resources
Parent Training

• Good touch versus bad touch
• Public versus Private
• Use the television and movies as learning opportunities
• Use every day real-life examples to teach
• Use real language
The Ethics of Sex (Stein & Dillenburger, 2016)

- Abuse is way too common, unfortunately
- Know the line so you don’t accidentally cross it
- CONSENT IS KEY
- Ongoing training in sexuality is necessary
Scope of Competence

• This is CRITICAL: DO NOT start teaching sexuality without additional training, mentoring, etc.
  • This can cost you your certification due to legal issues

• Seek out mentorship from qualified behavior analysts or an ASSECT therapist/educator
Take Home Points

• Sex and sexuality are similar to social skills in their scope and breadth
• The research is limited in behavior analysis, but there is quite a bit of behavioral research in other areas
• Be cautious about working in this realm: Better safe than sorry
Questions?
Thank you!

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References


References


References

- Licensure of Residential Facilities, 65-G-2, F.A.C., specifically 65-G-2.009 Resident Care and Supervision Standards, section (9) SEXUAL ACTIVITY
Additional Resources

• Resources:

  • **FINGER TIPS: TEACHING WOMEN WITH DISABILITIES ABOUT MASTURBATION THROUGH UNDERSTANDING AND VIDEO BY DAVID HINGSBURGER AND SANDRA HAAR**
    • A video and teaching program for adult females with developmental disabilities that models safe and appropriate masturbation.

  • **HAND MADE LOVE: A GUIDE FOR TEACHING ABOUT MALE MASTURBATION THROUGH UNDERSTANDING AND VIDEO BY DAVID HINGSBURGER**
    • A video and teaching program for adult males with developmental disabilities that models safe and appropriate masturbation.

• [https://www.respectability.org/resources/sexual-education-resources/](https://www.respectability.org/resources/sexual-education-resources/)