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# UNDERSTANDING AND TREATING PROBLEMATIC SEXUAL BEHAVIOR FOR YOUTH WITH INTELLECTUAL DEVELOPMENTAL DISORDER (IDD)

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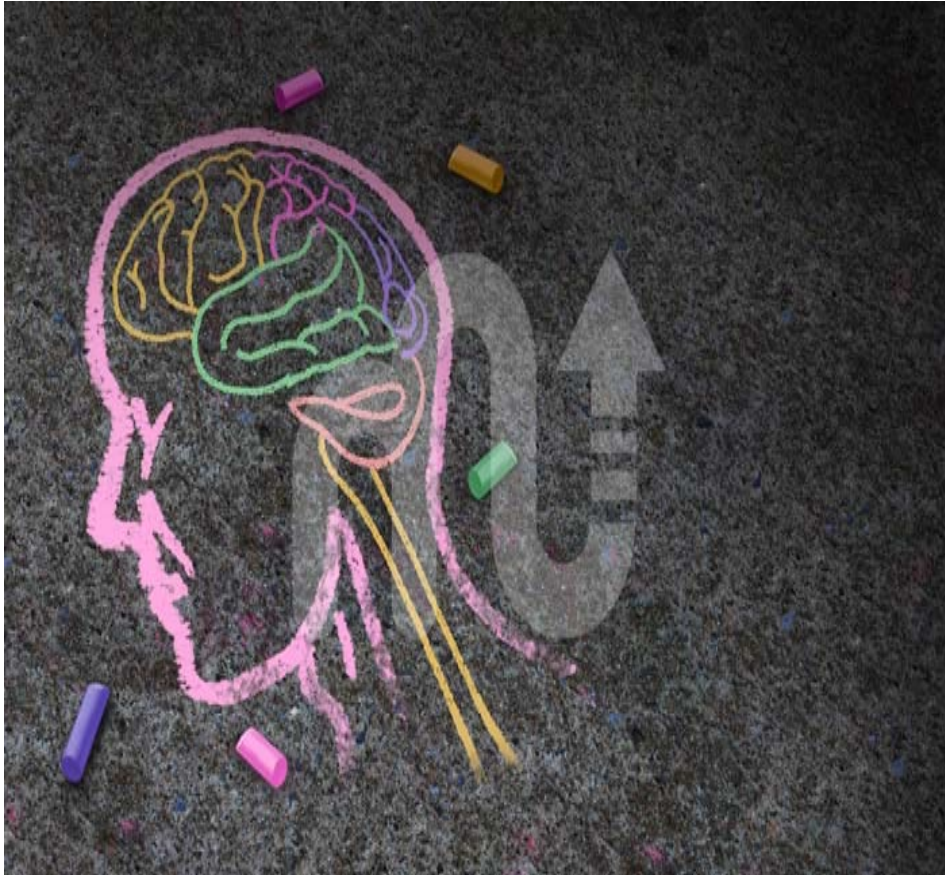
Bergen, May 2023

# Defining the Problem

**ID, LD, and DD populations are a widely diverse group of individuals**



# Elements of IDD



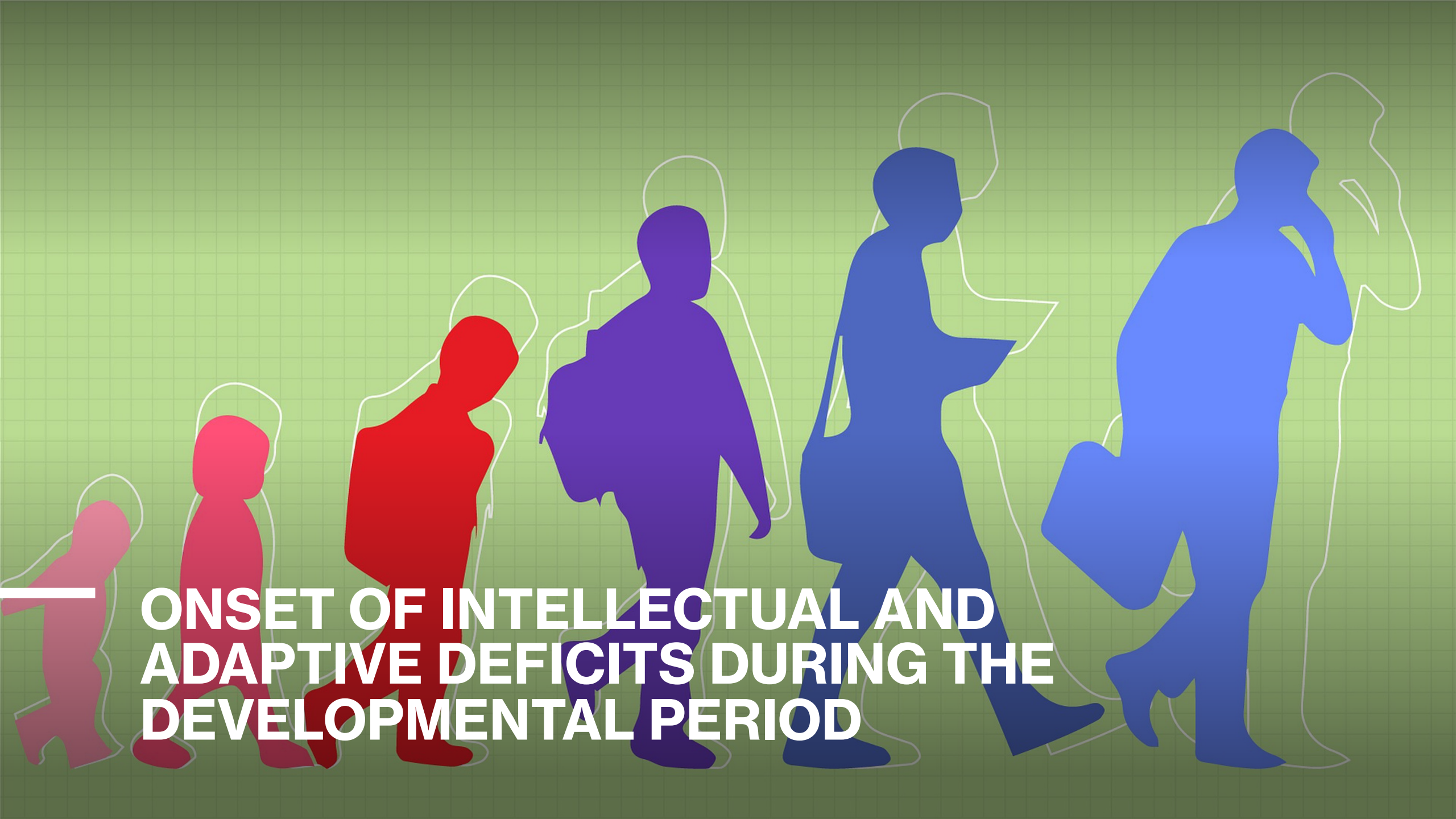
- **Deficits in intellectual functions**
  - reasoning
  - problem solving
  - planning
  - abstract thinking
  - judgment
  - academic learning
  - learning from experience

# Deficits in adaptive functioning



**Limited functioning in one or more areas of “daily life”**

- communication
- social participation
- independent living



**ONSET OF INTELLECTUAL AND  
ADAPTIVE DEFICITS DURING THE  
DEVELOPMENTAL PERIOD**

# Involvement of Youth in Harmful Sexual Behavior

- 76% of males and 71% of female victims of sexual abuse were abused by other juveniles.

(Gewirtz-Mayer & Finkelhor, 2020)

- Roughly 35% of reported sexual assaults of children committed by other youth



# Youth with IDD and Harmful Sexual Behavior (HSB)

- Hackett, et al (2013) found that 38% of his sample of 700 children exhibiting HSB had intellectual disabilities
- Estimates from research range from 4-40%



# Difficulties with Research

- Different settings in which behavior occurs
- Definition of harmful or problematic sexual behavior
- Reporting and responses





# Issues placing IDD youth at risk



- **Processing skills:**  
language, visual,  
organizational
- **Situational perception**
- **Adaptive problem-solving**
- **Higher impulsivity**
- **More easily exploitable**

# Risks

- More likely to experience all types of abuse (Byrne, 2017)
- LD children 2x more likely to experience sexual abuse (Helton, et al., 2018)
- Increased likelihood of out of home placement



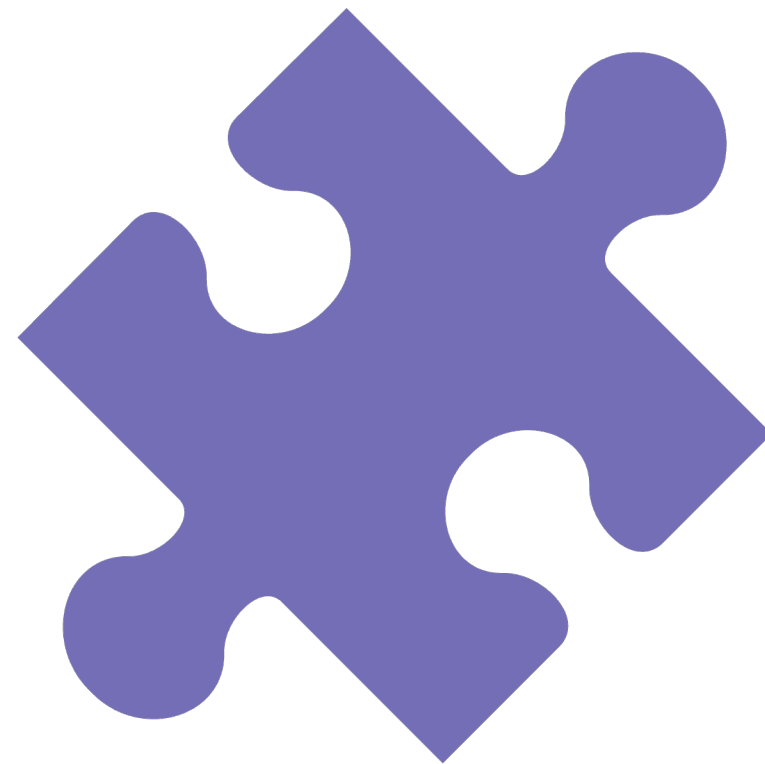
# Risks

- Lack of sexual knowledge and adequate sex education
- Limited access to pro-social peer activities
- Limited social skills and opportunities to develop dating and romantic relationships



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# WHAT ABOUT ASD KIDS



# Defining Characteristics of ASD

Difficulties in:

- “Serve and return” social interaction
- Language and communication
- Lack of flexibility: restricted interests, behaviors



# ASD enhanced risk factors for HSB

Tendency towards fixed interests and repetitive behavior can make youth more prone to compulsive sexual behaviors such as masturbation and pornography use

Not being able to read non-verbal cues makes it difficult to understand the impact of their behavior on others and develop empathy

Difficulty with non-verbal cues also makes it harder to negotiate consent

# Assessment

- Need for assessment that looks at the “whole child”



# Considerations

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Language processing problems

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Reading difficulties

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Attention and Focus

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Frustration tolerance



# Assessment Considerations

## Responses

- Need for shorter sessions
- Non-language-based assessment tools
- Need to read instrument questions or explain language
- Need to structure sessions to switch up demands

Consider neuropsychological assessment

Need for adaptive behavior assessment (e.g., Vineland, ABS)

# Adaptations to current assessment tools are warranted

## Our Assessment

- Personality assessment (MACI 2; MCMI-IV)
- trauma inventories (TSCC; TSI-2)
- executive functioning (Wisconsin Card Sort-64; Tower of London)
- projectives (Incomplete Sentence, Robert's Apperception)
- Sexual knowledge and consent (TALK-SC-R)
- PROFESOR (Worling, 2017)
- Vineland
- Childhood Autism Rating Scale (CARS-2)
- Quality of Life Survey

# Assessment for Sexual Knowledge and Interests

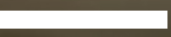
Life Facts Sexuality Education: Stanfield, (2021)

Socio-Sexual Knowledge and Attitudes Assessment Tool (SSKAAT-R) : Lunskey, et al (2007)

General Sexual Knowledge Questionnaire (GSKQ): Talbot and Langdon (2006)

Assessment of Sexual Knowledge (ASK): Galea, et al., (2004)





# TREATMENT



Trauma Informed Care:  
**Safety**

Attachment

Self-Regulation

trauma narrative

Structure

# Treatment Foundation

## Increase

Increase capacity for interoception: getting back in touch with your body

## Expand

Expand the adolescent's emotional vocabulary

## Enhance

Enhance "attunement"







# Treatment goals

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Self-regulation

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Adaptive problem-solving

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Challenging assumptions: about themselves, about relationships, about gender

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Sex education

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Sexual behavior and the law

# Structure



- Brief segments( 10-15 minutes)

- Multi-modal

- Repeat, repeat, repeat

## Treatment

Movement and action enhance learning and memory



Experience creates emotion and emotion creates meaning



Give examples and tell stories: find metaphors



Use stories and metaphors to promote key concepts

- Carol Gray: *Social Stories* (2015) stories written specifically for ASD youth
- The *Social Stories* concept has now been expanded to include video

## **Treatment**

# Treatment

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- Give opportunities for practice
- Anticipate and accept “positive failures”
- Give **more** opportunities for practice
- Track progress
- Test for retention
- Test for comprehension



# Resource

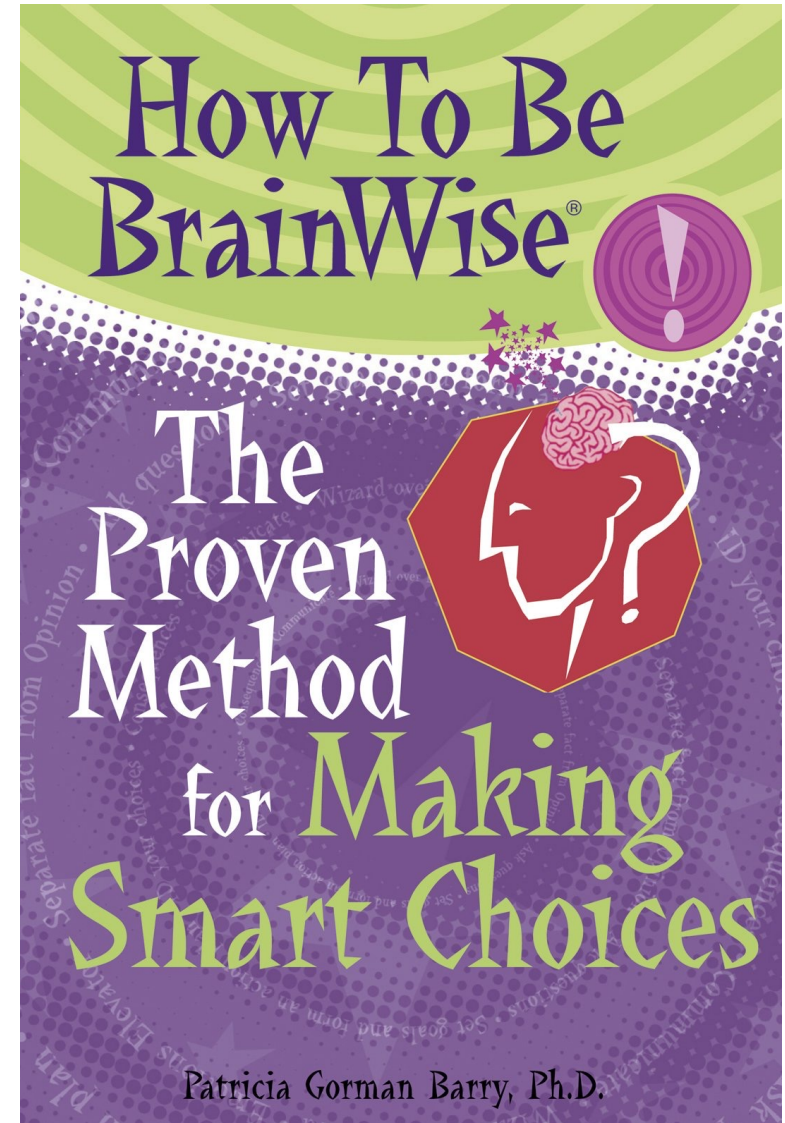
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- *Emotion Regulation Skills System for the Cognitively Challenged Client: A DBT-Informed Approach* (Brown, 2016)



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Barry, P. (2008).  
BrainWise: A Guide for  
Building Thinking Skills in  
Young People.  
[www.brainwise-plc.org](http://www.brainwise-plc.org).



# Teaching skills to youth with ASD

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- Important to recognize the specific aspects of the youth's processing: what is their preferred way to get information
- Important to recognize the role that ASD clients' sensory processing play

Dekker, et al. (2014). Tackling Teenage Training ( Dutch sexuality training program for ASD youth)



# Resources

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- Henault (2006) *ASD and Sexuality: from adolescence through adulthood*. London: Jessica Kingsley Publishers
- Laugeson (2014) *The PEERS Curriculum for School-based Professionals: Social skills Training for Adolescents with ASD*. New York: Routledge
- Wrobel (2003) *Taking Care of Myself*. Arlington, TX: Future Horizons.



Good Way Model  
(Ayland & West,  
2016):  
New Zealand

Keep Safe  
(Malovic,  
Rossiter, &  
Murphy, 2018):  
UK

## **Some Specific Treatment Groups for ID Adolescents with Sexual Behavior Problems**



CBT & Good Lives in overall treatment approach



Group treatment model with a parallel group for parents/care-givers

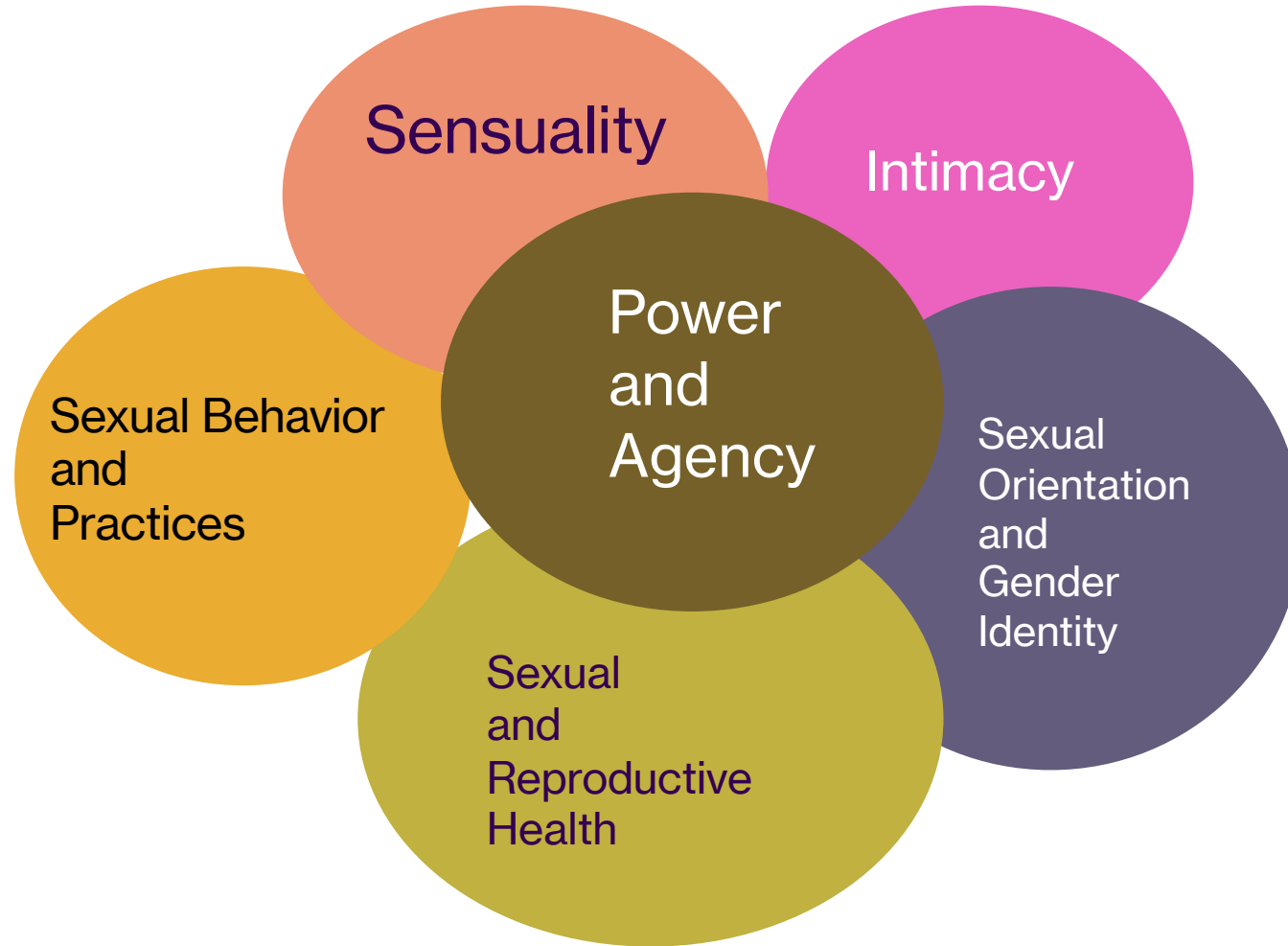


Periodic joint meetings with parents and youth



Manualized

# What is Sexual health



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Discuss realistic means for sexual expression for parents and youth

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Regularly set up times to answer “unanswered” questions



# Families and ID Adolescents

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- raising a child with IDD significantly raises the levels of stress, anxiety, and depression for parents (Cavonius-Rintahaka, et al., 2019; Feldman, et al., 2007)
- between 14% and 39% of children with ID also have diagnosed emotional difficulties
- any family emotional problem increases the risk for inconsistent, coercive, or harsh parenting
- the dynamics between the individual, family, and social context either supports or undermines positive outcomes

# Parent Needs

“someone to talk to”

**Information/education:** about trauma, sexual behavior, system management, etc.

**Behavior management training :** positive parenting techniques, natural consequences appear as most effective components ( Leijten, et al., 2018)

# Needs

**Activities**

**Respite care**

**Practical material help:** food, clothing, housing assistance, transportation

*Parental management skills*

*Parent-child relationship building*



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