Sexuality Education in Autism Care: Assessment, Goals, and Teaching Strategies

A webinar presented by Dr. Jessica Cauchi on June 2, 2026.

Kimberly Ha

And now, I'm pleased to introduce today's speaker, Dr. Jessica Cauchi.

Dr. Jessica Cauchi is an assistant professor at Brock University and president of the Ontario Association for Behavior Analysis.

A doctor-level, board-certified behavior analyst, Jessica is passionate about applying behavioral science to improve quality of life.

Her work focuses on sexuality education for individuals with exceptional learning needs, teaching meaningful life skills, advancing progressive ABA practices, and using rapport building to enhance learning and development.

And with that, I'll turn it over to you, Jessica.

Jessica Cauchi

00:01:58

Thank you so much, Kimberly. I'm so happy to be here, and

I was just saying before we started, what a really cool collaboration this is between some of my favorite groups. So, I'm honored that you asked me to be a part of it and thank you to all of you that have given up an hour of your afternoon. This is, great to see so many people interested in this kind of a topic.

Before I start, I just want to give a couple of quick sort of disclaimers. The first one is I have worked in autism services and ABA for, like, a lot of years.

I used to try to tell people, like, so many years, and then it started to, like, border on, like, between me feeling really experienced and really old. So now I just sort of lay in, like, 25 years-ish, and I think that's... I'm gonna stay there, no matter how much time goes past from here to there.

But I'll just sort of say, you know, in this time period, that the vocabulary and the terminology that we use when we're talking about individuals on the autism spectrum has changed greatly. I recognize that for many individuals, there's some, you know, really strong intent and preference around terminology use.

Please just know that I just speak the way I speak, I interchange a lot of different types of terminology. I don't mean anything in particular by it. I just talk a lot, and I talk really fast, and so sometimes it all just kind of clicks together.

The other one is just a little bit of a disclaimer about sex education. I get that everybody is here, because this is something that you obviously think is important and want to learn about, and that's incredible for me.

I just want to, you know, highlight that sexuality is complex, right? It reflects a lot of individualization.

And people are coming at this from different levels of comfort, people are coming at this from different learning experiences, you know, everybody sort of has a different perspective, on some of sexuality education.

I tend to speak in a very direct sort of manner, and our webinar today will be focused in a very sex-positive, science-forward perspective.

I get that, however, sometimes this can be a bit direct and abrupt, and it sometimes makes people feel just, you know, a little bit uncomfortable, so by all means, you know, disengage if you need to, and, you know, come back when you're ready.

I'd like to start by talking a little bit about how I got here before we jump too far into sexuality skills.

I worked in ABA, I'm Canadian, I live just outside of Toronto, Ontario, and I worked in ABA as a clinician for many, many years.

And like most clinicians that I know that work in ABA, I started, you know, in this field working with teeny tiny kiddos on the autism spectrum.

We didn't teach anything at all about sexuality, it was great, you know, we taught board games and communication skills and social skills, and we didn't think about sex ed at all. Maybe we did some toileting, maybe we did some dressing, but that was sort of it.

And as funding parameters changed in Ontario a little bit, and our services changed a little bit here, and I started to get the opportunity to work with more adolescents and young adults, it just became so clear that missing some of these skills were impactful in all kinds of ways.

So, you know, we could have folks that we were teaching great job readiness skills to. They might be killing it in their job place, but if they touched that person with the beautiful hair every time they walked past them, they were going to be fired, even if they were great at their job, right?

If they stood too close to somebody in line in the grocery store, every time they went there, eventually they were going to be asked to not come back.

And so, it became this sort of piece that was just trickling into all of these other places.

And I bring it forward because, you know, sometimes I work with people and they say, well, there are just some people that are really good at this part, or like this part. And I think, you know, the reality is most of us that work in sex education and behavior analysis didn't really… start here.

There was nothing special about us that we're like, I really want a job where I get to say penis and vagina and masturbation to strangers every day. That wasn't it.

And so, when we think about, a little bit later, about sort of degrees of comfort and settling into some of this teaching, I start by sharing this just to sort of say, like, this doesn't always come naturally or easily to people, and a lot of it is working through some of this.

I also want to give a little bit of a quick shout out to, Dr. Peter Gerhardt. Dr. Gerhardt was my advisor at Endicott. I did my doctorate at Endicott a couple of years ago, and Peter was my advisor there and taught me so much about working in this area, and so...

If you've ever had the chance to hear Dr. Gerhardt speak about teaching sex ed, you'll hear a lot of what he talks about within the way that I speak about this as well. And if you haven't had the chance to hear him speak about it, I cannot over-recommend. Take the chance if you ever get it, because it's an incredible learning opportunity.

Okay, so let's dive into a couple of things.

When we're starting to think about sexuality skills, it's important that we start to, you know, like good behavior analysts, right, operationally define a little bit of what we're talking about when we're thinking about this area.

So, what are sexuality skills?

These are things like body parts. Do you know your own body parts? Do you know other people's body parts? Do you know correct terminology for body parts? Do you know slang for body parts? And, you know, family words for body parts and all of these sorts of things.

These are health and hygiene skills. Can you look after your own body? Can you shower and do self-care independently? Do you know when something is wrong, or something feels unhealthy or hurt?

Do you have skills around both gender identity and sexual orientation in terms of your own identity and your own preferences, in terms of how to understand and recognize other people's preferences and identity? What kind of language you can use to speak about gender and speak about sexual orientation? Again, in formal ways, in slang ways?

How to avoid, you know, being offensive or hurtful in your language.

What do you know about sexual acts? This is the part that we really tend to think about when we think about sex ed, right? And so, what do you know about sexual acts? And again, coming back to some of this language piece around, you know, do you know formal vocabulary around sexual acts?

Do you know, you know, when people at school are talking about, you know, some of these things using really, clear and sometimes, you know, a little uncomfortable slang.

Do you know what they're talking about? Would you recognize some of this stuff?

We need all kinds of skills about masturbation, safe masturbation, healthy masturbation, masturbation in effective ways, in private ways, and all of these sorts of pieces.

What is becoming probably our fastest emerging area of need is around internet safety, and we'll come back to some of this area of need as well. But if we're going to talk about a moving target, this is... this one is it.

We need all kinds of social skills to develop relationships and interpersonal relationships. We need safety skills in all of the above areas, as well as things like, you know, when I meet somebody new, where do I meet them, and how do I go forward in a safe way, and how do I make sure somebody knows where I am so that someone makes sure that I'm safe?

I mean, skills about puberty, and what we sort of know is happening to our body and happening to other people's body.

We need all kinds of skills around menstruation and independence in menstruation.

And, like, so many more. This is a, like, off-the-cuff kind of a list, and it's definitely not an exhaustive list.

So, starting, you know, starting to answer this question, are sexuality skills only about sex? The answer is no. Sexuality skills are related to so many parts of an individual's behavior and an individual's life.

And they're important for safety, both ensuring safety of self and safety of others. They're really important for understanding your own body, right? And what's normal and healthy for your body, what's pleasurable for your body, what's unhealthy for your body.

And generally, such an important component of an overall quality of life. And we'll come back to that again a little bit as well.

One of the things that I get asked about a lot is, you know, does this matter in particular only for individuals with disabilities?

And you know, obviously the answer is an overwhelming no.

I said at the beginning, I'm Canadian, and the way our sex ed teaching rolls out through schools here is a little bit different than it does across various states, and also across various parts of the world.

But no, I think we are probably not teaching sex ed perfectly overall in life.

But there are some components to a developmental diagnosis, in particular an autism diagnosis, that are really, really, inherently tied to a need for sex education.

Some of those are diagnosis sort of specific.

So, when we think about folks on the autism spectrum, you know, sometimes these are individuals that may have trouble with nonverbal communication.

So, we talk a lot, for example, about consent as being, you know, you walk through any, like, college or university campus, and you see signs that say, you know, consent is enthusiastic, and out loud, and clear, and sometimes it is.

But sometimes consent isn't, right? Sometimes consent is leaning into people, or smiling, or kind of giggling, or sometimes consent is sort of pulling away, or stiffening your body, or turning back, or stepping back.

And so, you know, all of that is nonverbal communication.

Several years ago, I was sitting, and I was working in a coffee shop. I was waiting for one of my kids somewhere, and I had headphones in, because I was trying to work. Not very well, probably.

And there was a couple that came in and sat down on the couches, sort of adjacent to me. Everything about their interaction looked like, hey, we're on a first date.

And I couldn't hear them, and so I was just sort of half-watching, probably not in a creepy way, I hope not in a creepy way, their non-verbal communication.

And you could see, over the course of the time that I was there, all of them becoming more interested in the other one, and relaxing, and looking more comfortable, and all of that I was getting without any verbal input at all, right?

And so, a lot of, you know, interpersonal and social sexual behavior relies on nonverbal communication.

We know folks with autism, often this is a really big, challenging area.

So, thinking about some of that.

I know that sometimes for individuals that we serve, there may be an insistence on sameness or routine.

So sometimes that may look like, you know, we had sex on a Thursday, so now we have sex every Thursday, or we only have sex on a Thursday. You know, this is the pattern of where we go when we go out on a date, and so this is what we do.

You know that sometimes, autism can lead to both hyper and hypo-sensory needs, sometimes in the same individual. It's really hard to prime for some of this within sexuality education.

I can't really give you anything that's gonna, you know, help you understand what it feels like to kiss somebody, or to touch somebody in those sorts of situations.

We sometimes have a hyper-fixation or a focused interest, right? I've worked with individuals whose, you know, focused interest is sex, or whose focused interest is an individual, right? And so it's easy to see how that slips into stalking behavior or perseverative behavior.

When you're really, really interested or sort of attached to this idea of a person.

And then restricted interests more broadly sometimes make it a little bit harder to connect with people, or harder to find people that, you know, have common interests that you can share to go out on dates with, or share experiences with.

We also know, though, that there are things about sexuality and autism spectrum disorder that are not related to the diagnosis in particular, but rather sort of, like, society at large. And not necessarily those of you that are here listening, but sort of more broadly.

We are sometimes infantilizing individuals with autism, which means we are doing things like, you know, allowing, some of the folks that we work with to do things that we wouldn't allow in other same-age peers, right?

You know, I go into classrooms, and I see, you know, 8- or 10-year-old kids, like, cuddled up on the couch in the library with their educational support.

Or kids that, you know, are really, really interested in, you know, they love Santa, and so, you know, these great 17, 18-year-old kids still go and see Santa, because that's what they love.

And this is a bit of a hard balance, because we want the individuals that we're working with to get to be, you know, authentically themselves, right? And genuine, and, you know, if you love Barney, I want you to get to love Barney.

And so, I don't want to take those things away from who you are as a person.

But also, you know, sometimes society doesn't respond to that in a way that we would like. And so while we're working on that piece, we have to be aware of this part.

Kind of adjacent, not exactly the same thing, but sort of similar, is attitudes of ableism.

So basically, sort of this perspective that individuals with autism or other intellectual and developmental disabilities are not going to be interested in or capable of romantic or sexual relationships. And so, if we think you're not going to be interested in this, we probably won't teach to it.

We know that many individuals with autism don't have the same access to peer groups, and so this sort of falls out in two ways.

One is, you know, we learn a lot of our sex ed from our peers. My kids are 17 and 19, and I would love to think that I am the main source of sex education for them, but I'm obviously not, right?

I don't dress like a teenager, I don't use social media like a teenager, I don't use slang like a teenager, and so when adults are the ones that are directing all of the sex education, we're teaching from an adult-centric perspective, and you're missing some of what's coming from working, you know, in those same peer environments.

The other piece of not having, you know, necessarily great access to peer groups is, if I don't have a lot of friends, then I may be more likely to turn to online, social communities, which, again, isn't inherently bad, but maybe a little bit more prone to online victimization.

Across North America, sex ed is taught in classrooms. This varies wildly, state by state, in terms of the content that is included in sex education. But also, we know that for many of our learners, you know, didactic group-style classroom teaching is not the easiest way to learn new information.

Which means that this often falls on parents, and so when this falls on parents, even the best-intentioned parents who want to teach these things and are comfortable teaching these things are usually a little bit too late, right? They're not... they're not a few steps ahead of what their kid needs, they're a couple of steps behind.

We know that in ABA, in particular, we tend to do a lot of recidivism-based work, so we're not doing a ton of this, to you know, more broadly in ABA, but the work that we are doing tends to be... we are waiting for somebody to do something that gets them in trouble, we are waiting for people to do something that gets them hurt or somebody else hurt. And then we're sweeping in and saying, let's fix this.

Problematic for a couple of reasons. One is sort of morally and ethically, right? I don't really want to be setting people up to get in trouble.

But also just purely behaviorally, you know, at that point, that behavior has contacted a really powerful reinforcer. Probably the most powerful reinforcer that our bodies can contact.

And so, if now I'm, you know, trying to sort of undo or reposition a behavior that has already contracted this really powerful reinforcer, this is significantly harder than trying to, you know, create a good path forward proactively for some behavior.

We know that there's still a fair amount of discomfort, with some of the subject matter, and so, you know, one of the things that happens then is if I'm a little bit uncomfortable with it, and I'm not really sure you're gonna need it anyway, then I don't really need to teach it, right?

Or, when we're uncomfortable, we tend to use more innuendo, and euphemisms, and metaphors, and for folks that have a, you know, inherently challenging time with communication, dancing around some of these topics makes it significantly harder to learn what they're supposed to learn here.

And this part that we, you know, don't always love to talk about, but in our field, and outside of our field too, to be honest, you know, there's a strong history for folks with autism of compliance-based teaching.

When I go in and I consult in group homes or residential settings as well, right? Like, it's, you know, just want people to do what they're supposed to do. And so this history of compliance-based teaching, you know, in ABA and outside of ABA has meant that individuals will just sort of do what they're told to do by another adult, which can, you know, set up for victimization in a huge way.

You know, that broadly there's huge challenges with, sexuality education. We talked about the subject matter piece, but also this idea of personal values.

We're all coming at this with our own feelings about all of these parts about sexuality. And, you know, in ABA, we're good at this part, right? We're good at thinking about, you know, what do we do with incorporating everybody's individualization and personal values? It's just that there is a lot of it in sex ed.

We don't have a lot of research, and we don't have a lot of great teaching material. We are, you know, creating clinical intervention based on evidence, right? That sort of makes this our evidence-based practice, and if we don't have enough research to support some of this, it's hard to do good evidence-based intervention.

Again, in ABA, we're pretty good at this individualized preferences thing, except that, this is just in every single part.

The example I gave in a talk last week was saying, you know, so if you're out with a friend, and your friend says, hey, check out that person across the room, aren't they hot? And you're like, really? Them? Are you sure?

We like different things. We're attracted to different types of people. We have different levels of individual comfort of what we like and don't like, and different senses of public and private and adventure and calm and all of these sorts of pieces.

This is a moving target, right? Which means we never get to sort of say, I taught this thing, great job, pat myself on the back, I'm done with it.

Some of our moving targets and the way that society is changing are great, right? Sometimes it means we get things like all-gender washrooms or restrooms. Amazing. I would love all of our restrooms to be all-gender, and I don't have to teach people the difference between, you know, men's and women's bathrooms anymore.

Sometimes our moving target is everybody has access to the internet on their phone in their pocket. Sometimes our moving target is you can have, you know, communication exchanges with an AI chatbot that will feed you all kinds of wildly inappropriate sexualized responses.

And so, it's really hard for us to keep up research and clinical practice-wise in this area.

We don't have a lot of opportunity for in-situ demonstration, right? So in most of the areas that we teach within, we can say: I taught you this skill, and now I can see if it shows up in real life.

And in some areas of this we can, right? I taught you, you know, you can't stand too close to that person in the grocery store. I can see if that shows up in real life.

I taught you, you know, to make sure that you were getting ongoing indicators of assent and consent from your partner in the middle of a sexual act.

I don't know whether that shows up, right?

I taught you, on a prop, how to put on a condom properly.

Did you actually do that in the moment when you were excited and just about to have sex? I don't know, right?

So, we don't have a lot of great ways to test some of these things.

And there's a lot of natural reinforcement built into sexual behavior.

And that's not necessarily inherently a problem, but it is if we're not accounting for that, right? And so when we think about, again, this recidivism-based component, if we're letting people make mistakes and contact these really, really powerful reinforcers, it's going to be really hard to offer you something that's competing with that.

We talked about the infantilization case, as well.

We also know that individuals, specifically with autism, even that are higher than other developmental disability groups, have significantly higher proportions of reported sexual assault and victimization.

We know that generally in the broad population, we are under-reporting victimization of sexual assault, and on top of that, you know, we are talking about individuals with a communication challenge, so probably this is severely underreported.

We also know that in comparison to other populations, individuals with autism are at a significantly higher risk of engaging in sexual misconduct. When we think about some of those diagnostic-specific things, it's easy to see how, you know, perseverative behavior turns into stalking behavior, right?

How not understanding nonverbal cues turns into not acknowledging consent.

And so, you know, for lots of reasons on both sides of this, we need to think about how do we keep people safe.

This is a quote from Michael John Carly. He is an autistic man who is a sexuality self-advocate and writes on and speaks a lot about sexuality for folks on the autism spectrum.

This is the part of my talk that I coined, like, the sex for fun part. We don't talk about this almost at all in disability populations, right? If we're teaching about sex ed, we're talking about things like safety, maybe, maybe some puberty skills.

But this component of this as being a part of adult quality of life is so incredibly important, and it is such a disservice to those that we are serving to not consider, you know, do you have the skills and ability to access this huge piece of, you know, what is an important part of life for many, many adults?

So, lots of things that we have to think about.

I hope at this point everybody is thinking, like, oh no, this is terribly important, and it's a very dismal, you know, show, and what are we gonna do about it? And so a couple of ideas on, sort of, how do we start?

We need to think about things like we do in other parts of ABA, right? Assessment, and goal setting, and teaching, and then maintenance of skills, and how do we account for that?

So, starting with, some pieces of assessment and how to assess.

The short answer is there is no, sort of, really great, standard, comprehensive assessment of sexuality skills.

When we think about things like the equivalent in other parts of what we do, you know, there's no ABLLS for sex ed, right? We have things that show up in bits and pieces of places, and, you know, this is a... this is a slide that I use in other talks, the OAR stuff isn't there just because this is an OAR talk, so, you know, take some validation there.

The OAR website piece is a Sex Ed for Self-Advocates, and this was a program put together by Amy Gravino and Peter Gerhardt a few years ago, and it's great.

But it's really a self-directed program for adolescents or adults with a certain level of, sort of, vocal-verbal functioning, around their own sex ed skills.

Things like peers and other programs have pieces of sex ed within them, but an insufficient amount.

The bottom, corner is a book that, was authored by myself, Dr. Gerhardt, Dr. Leaf, and Dr. Weiss a few years ago, again, which was intended to give some ideas of some sexuality skills to teach, but it's certainly not, you know, fully comprehensive in what we need.

And then, sort of what often gets commonly taught here, is circle-based programs, right? So this is me, this is what I can do, this is what people in the next circle can do, this is what people in the next circle can do, etc.

And we're gonna come back to sort of where this is a bit of a problem.

But at this point, it's mostly just to say our assessment piece, which is, like, the place that we start, we don't have great, full, complete assessments here.

This is the paper, it's actually published now, it's no longer under review, it's published in Sexuality and Disability this year. This is another very recent Endicott grad, Madara Deshpande, myself, and Peter Gerhardt.

And Madura did this great thing, and she created this tool, that is aimed at assessment of skills in sexuality education for those with really more profound autism, profound developmental disabilities.

And really, the... the piece that I'm including here is, what made it unique is Madura really looked at how do we assess some of these skills and folks that can't just talk about them?

And so she includes measures of assessment in here of, like, behavioral demonstration. Have I seen this individual engage in this skill? Or have I seen this individual engage in behavior that count, you know, is contraindicated of this skill, right? Can parents talk about this and say, you know, yeah, I do think they have this skill because of this and this and this?

And can the individual, sort of, answer questions or talk about the skill?

And so it's... it's a really great start, I think, in some of this area, thinking about how do we assess skills in some of this part.

Part of the problem with assessment and sexuality skills is this idea of say versus do.

We know in ADA, and we have known for a long time, that just because we say something doesn't mean that's what we actually do. You know, we have research from the 60s of preschoolers who would say one thing and end up engaging in behavior that is different than that.

Saying is just vocal-verbal behavior. And so a lot of the assessments that we use in some of these areas are, you know, knowledge-based, talk-about, tell-me-the-answer sorts of assessments. And we don't necessarily know that in real life do those skills actually show up in those settings.

Many, many skills in sex ed are contextually based, which, you know, that's our jam, right? We're behavior analysts, we think about the context in which this behavior is occurring.

But when we think about assessment, you know, most of the challenges that come with sexualized behavior is just a mismatch of context, right?

I use terminology like contextually inappropriate sexual behavior.

Other than, you know, doing something to or with somebody that does not want you to do that, most behavior is fine.

It's just where it's okay and where it's not okay. With whom it's okay, and with whom it's not okay. Under what conditions it's okay, and under what conditions it's not okay.

This is hard, right? If I'm teaching, you know, a 4-year-old to label colors, red is red. Red is red inside, outside, in your bedroom, on the couch, right? It's just red.

You know, masturbating in your bedroom, okay. Masturbating in the couch, no. In your bedroom, okay. Not okay if you share your bedroom, if the bedroom door is open, if you have a giant window that faces the front, if you left your computer on FaceTime.

And so all of these contextual cues makes this harder and harder to assess whether this is a skill the individual is likely to be able to demonstrate.

And we talked about this a little bit earlier, but this idea of private skills, and that so many of these skills are things that we just can't get at and figure out whether you're using.

So, what do we do?

Other than looking at sort of strict curriculum-type assessments, which is sort of our comfort zone, thinking about other ways that we can assess some things.

Can we look at proficient performers? If I am looking at what, you know, a dating relationship looks like in grade 8 kids, I need to look at grade 8 kids, right? I don't know what that looks like as a 45-year-old woman, but, you know, who does know that? Grade 8 kids know that.

They also... other people that know that are teachers of grading kids, right? And so, look at the people that are doing these skills at the sort of proficient level, and talk to them. Look at them.

Think ahead. These are complex skills, right? And so, thinking about what skills this individual is going to need in their next environment, in their next environment, in their next environment, will help us shape what we need to teach and how we need to teach.

And then thinking a little bit about this idea of component skills, and we'll come back to that again, but this idea of, you know, what do you do to start right now?

Overall, we are thinking about what are the conditions under which this behavior should and should not occur.

Where is this skill going to be used? Who is this skill going to be used with? Am I talking to my doctor, my mom, my friend, my partner?

And back to this, you know, what am I assessing? The say-do sort of piece of this.

And then finally, whose... whose goal is it?

I, you know, whenever I would work with adolescents on the autism spectrum, and, you know, their parents wanted them to work on goals like focusing on getting their homework done at night, and doing their chores around their house, and maybe getting a job.

And I would talk to these, you know, teens on their own, and I'm like, okay, look, your parents really want you to do this, maybe this is some wiggle room to get something that you want here. What do you want to work on? And 90% of the time, their answer was, I want a partner.

And so really thinking about, you know, what does that do for rapport, and what does that do for interest in the goal, if this is your goal? It doesn't mean we don't do anybody else's goals, right? But I think, you know, really thinking about for whom does this matter will go a long way.

We also need to think a little bit about this idea of independence, right? We tend to say you're independent or not independent in this skill.

And maybe this is, you know, not so much binary, but more of a spectrum.

When we think about things like, you know, would I love menstrual care to be, you can track your period, you know when it's coming, you can buy products that you like, you can store them, you can tell somebody when you're almost out of them, you can carry them around the school property, you can use, change, dispose of them properly. That would be great.

But if I'm gonna need an adult in the bathroom with you to help you do that one weekend of the month, I think I flip to period underwear, right?

I'm going to prioritize that use of independence over sort of perfect demonstration of skill. And if we start to think about independence in more of a broad way, I think that helps us get to there.

So, some ideas about, you know, what we should assess, and how do we get there, and now thinking about, okay, what do we teach?

This is my friend, Dr. Gerhardt.

And one of his, you know, many common phrases that comes out is, there is never enough time.

The learners that we are speaking about need a lot of teaching in a lot of different ways most of the time.

I have not once in my career consulted to a program that is like, we just have no idea. We have all this money, and all these resources, and all this staff, and we just can't think of anything to teach this person at all.

It's not how it goes, and so we need to really think about, you know, what are we setting you up for, and are we waiting too long to teach some of these skills?

This isn't even quite the same list as the other one. There's some things on this list that weren't on the previous list.

And so, really thinking about... there's a lot of sex ed skills that we need to teach.

And there's probably not enough time to teach all of them.

Sometimes I think what happens to us as behavior analysts is we get a little overwhelmed, which is fair.

And, as my 99-year-old nana, who's very fond of, you know, older sayings, would say, like, we can't see the forest for the trees, right?

We think about something like consent, and everywhere I've ever spoken, they say, yes, everybody thinks consent is an important skill. Everybody should be learning consent. We are going to teach consent.

And then you sort of stop, and you're like, okay, what is consent?

I'm not really sure what I teach right now. How do I teach this skill? What are the parts of consent? What does that really mean? I'm not really sure. I'll look into that, and we'll move it to the next goal-setting part.

And it just gets bumped along and bumped along and bumped along.

And so we sort of forget that a forest is just a bunch of trees put together, right?

We need to find those trees. And when we look at some of these big, overwhelming skills, we just need to find their components, and we know how to do this in behaviorism, right? We take a big skill, we break it down, break it down some more, until we find something that we can teach, and then we start there.

When we do this sort of component analysis of skills, what we find is that most of these scary, complex sexuality skills are just a bunch of small, not-so-scary skills, which helps us teach age-appropriate skills at the right time, but it also helps us have sex ed goals in plans. They may not be inherently sexuality-based goals, but they will help us get there.

So, a couple of quick examples.

We think about something like consent, right? Consent means we ask permission before we do things. It means we wait. Some of our learners ask and do at the same time, right? I ask, and I wait.

I can recognize nonverbal cues. A lot of the way that we respond to bids for consent are nonverbally, right? We shake our head, we sort of give a, hang on a second, or yeah, yeah, go ahead, right?

You have to be able to accept delay in consent. Maybe we can do this, but not right now.

We have to be able to accept denial. This is one of my current biggest soapboxes that I don't really have time to get into today, so I will leave that as just one of the things we have to work on.

And we have to understand that consent is transient, right? Just because I've given consent to this once doesn't mean I give consent to it forever and ever.

We also have to be able to give consent. And if I'm gonna give consent to somebody, I need to know what I like and what I don't like.

I need to be able to communicate that preference vocally, right? I need to be able to say, yes, go ahead, no, don't do that.

I also need to be able to communicate my preference non-vocally, and I need to be able to deliver a functional no, right? A no that is going to work in the setting that it is used in.

The great thing is none of these skills have anything inherently to do with sex. All of these are skills I can teach a 3-year-old, I can teach a 5-year-old, I can teach a 15-year-old at different levels. We can practice, you know, identifying likes and dislikes with toys.

We can practice sharing, you know, preferred flavors of chips with non-vocal and vocal indicators of yes and no to people.

And so once I put this sort of intentious sex part back in, at least you have this foundation.

Same sort of example. So, I have, you know, a 23-year-old that wants to learn to do some online dating. What do you need to be able to do?

You should know about photo posting, right? What kinds of pictures of yourself do you post? What kinds of pictures of others can you or can't you post with or without permission?

There's a whole other online vocabulary here, right? Of, you know, short terms and, like, you know, LOLs and little short vocabulary. There's also a whole vocabulary of emojis, and new stimulus equivalents of this emoji means this term, or this term means this thing.

There's logistics. Can you find an app, download an app, set up an account, create a username, store a good password, not lose your password?

Do you know what kind of personal information to share or not to share? If you're trying to date somebody, you know, you have to share some personal information, but not all personal information.

Most apps like this have some sort of payment attached to them. Can you protect your financial information? Can you unsubscribe when you don't want to be billed for something anymore?

Do you know how to initiate, maintain, get out of social interactions online?

What do you know about flirting and sexting and planning to meet somebody?

But again, up until flirting and sexting, none of these inherently have anything to do with sex, right? And all of these above skills are things that I can work on teaching a 10-year-old who's playing Roblox with his friends online. Or a 13-year-old is playing PlayStation online with friends.

And if I can build some of these foundational skills, at the point that I have to put these tricky, more sexually charged pieces back in, at least I'm not also teaching you about emojis, right? I'm not also teaching you how to set up a username.

So, we know how to do this stuff, right? This is sort of what behavior analysts can do. And we can start all of these things really, really early, earlier than we sort of expect, I think. And in many cases, we can put these goals in place with a mind to, this will help us get to a sexuality goal in the future, but right now, I don't have to worry about that part yet.

Couple of other considerations. So, thinking ahead. Think 3 years ahead, 5 years ahead, 10 years ahead. What is this skill going to look like at that part, in that context?

Am I thinking about safety to yourself? Am I thinking about safety to others? This is usually where we're starting with goal setting.

Am I considering independence? And in a functionally independent sort of way?

And am I thinking about quality of life and fun for this individual, right? We have this great technology and science to help people live their best lives. And sometimes we don't, you know, prioritize that in our goal setting, and I think we should be.

And then thinking about contact with maintaining contingencies, which I'm gonna get into now.

Okay, so let's get into teaching. How do we actually teach some of these things?

One of the biggest considerations is thinking about, are we actually going to let you do this skill?

So, if I'm going to teach you to set up an online dating account, and do all of this part, at some point, are your caregivers, your family supports, your decision makers going to allow you to do this?

Or is somebody always gonna think it's too risky?

Are there environmental supports that I can keep in place to help you prompt these things? When I think about independence, we think about, sort of, no prompts available, as opposed to, can you do this without an additional person helping you, and push some of that prompting onto environmental supports.

Did I teach you a contingency plan?

You know, if I think you're gonna have a way to get out of a difficult situation, I'm more likely to let you be in a potentially risky situation.

And did I teach you the whole skill to the whole level that's included? So, we'll come back to that, too.

And finally, did I teach you something that you don't need? This is my, sort of, grade 7 worksheet sex ed example, right? Where you're, you know, what you're teaching is a fill-in-the-blank worksheet to label all of the parts of the male and the reproductive, systems.

On a worksheet, and nobody really needs to be able to do that.

So, instead of wasting time teaching things that aren't going to be important to you, should I really focus on the things that are?

Basically, you're going to teach all of these skills the same way that you teach everything else to this learner.

I have about 15 saved menstrual care programs on my computer. Some of them use sorting tasks, some of them use a video model, some of them use a chaining task, some of them use a visual schedule.

Because that's what that learner that that program was written for learned other skills best using. So you're kind of just going to do the same things in many cases.

Look for prompts that can stay, as opposed to thinking about, do we have to fade everything? We need to teach a lot of stuff in this area, right? So it can't all be to this perfect, finite demand.

And make sure what you are teaching is the real behavior, and not just a vocal report of that behavior.

Think about competing contingencies. What gets in the way of this skill? And again, we'll come back to that in a little bit.

And then, what kind of independence do I have? Where am I going to be able to fade adult support out of this skill altogether?

Does this have to be perfect all the time? Some skills absolutely have to be perfect all the time, right?

Menstrual care, perfect all the time. You don't want learners to have errors in this area. Condom use, perfect all the time.

Flirting with somebody? No, not perfect all the time. Lots of people flirt with people, and it's not great. That's okay, right? So really thinking about, you know, where is this priority lying here?

And what's the sort of critical threshold for that?

There was a couple of years ago where I was going to the gym early in the morning.

And 3 times in one month, in the middle of a workout in the morning, I was like, well, I am wearing an article of my clothing inside out.

Twice, it was a pair of leggings, which wasn't really a huge deal because you couldn't really see. Once, it was a tank top with a built-in sports bra. And it wasn't until I looked down and I was like, what the heck shirt is this? And I was like, oh my god, it's all the way inside out.

Terrible. A little embarrassing, but... like, functionally fine. What's not functionally fine is not wearing an article of clothing, right? And so sometimes we have to think a little bit about, you know, what's an acceptable margin of error here? What's a realistic margin of error here? And where are the places where we absolutely can have no error?

Back to this say-do thing. What did I teach, right? Did I teach you to just report on this skill, or did I teach you the actual skill? Is there something related that I can teach you if I can't teach you the direct skill itself?

I'm thinking about this competing contingencies thing that I said I would come back to. So, this is AI Jess.

AI Jess wants to be a happy runner. I have tried to be a runner my whole life. I do it. I hate it. I still do it. I want to look like this, Jess.

This is what Happy Jess really looks like, right? Happy just really looks curled up on her couch with a blanket.

But I want to do this, I know it's important, I know I feel better, I know it's important for my health in the short term and the long term. I am committed, I understand why, I can tell you why. In fact, I can even do all these things, right? I can buy pretty workout clothes and lay them out the night before with every intention of getting up and going for a run.

I can set my alarm for 5 o'clock in the morning, so I know I can get up before my day sort of takes over everything else.

I can prep a nice, healthy breakfast, and have that ready to go, and everything is easy.

But maybe it's raining in the morning. Or maybe it might be gonna rain, or it sounds like it could rain, or I think they said maybe it's gonna rain tomorrow.

And maybe my bed is so cozy and so comfortable, and my blanket is so nice, right?

And so the problem is, even when we know the rule, even when we're motivated and committed and understand, sometimes we don't engage in that behavior because there's other competing things in our environment that just make it so much harder to.

And so, when we start to think about some of these social-sexual skills, it's hard.

We also know from both applied research and basic research that you know, long-term things… that longer, better, later reinforcer is hard. And that short-term thing? Sometimes gets punished, right?

So yeah, I can go to reach that long-term reinforcer of running and being in better health, but in the short term, it's gonna suck, right?

In the long term, if I don't touch that person with the beautiful hair, I might have a chance of actually getting to know them, and they might like me, and we might be able to be friends, or be involved in a relationship, but that reinforcer is so far away, and right now, that hair is right here, and it is punishing to not engage in that behavior, right?

And so, the best stuff that we know about habit formation is we need to put in some short-term reinforcers, right? We need to put in some little bridges to help you get to that long-term reinforcer, to help you stop behaving in a way that is impulsive, right? Or I can't help it, or I can't control it.

And so, I think it's mostly to say, just because we know what we're supposed to do, doesn't mean it's always what's gonna happen.

Couple of last things to consider. I'm really trying to motor through the end so that we have time for questions.

We have to really think about the law, right? The law, in terms of contextually inappropriate sexual behavior, is very unforgiving.

An autism diagnosis, especially one without an intellectual disability, may or may not help if your learner has done something wrong.

And so, this is… this is fair, right? We all want to live in a world that is safe for everybody to live within.

But you know, if I'm teaching a learner to play a board game with somebody, and they don't get it right, that's okay. I can practice and teach you, and we can work through this learning curve.

You know, you get caught cheating on a test in school, you know, in grade 8, okay, you're gonna get in trouble, but you're gonna get to do it again.

You get caught masturbating in a public park one time, and you can be charged, right? And so, the risk here is really high. And so, we really have to think about that part.

Part of what's sort of an adjacent consideration here is this idea of what do we want to happen versus what actually happens.

We approach this as caring adults most of the time, and that's lovely, and, you know, great.

But sometimes we don't really have a great pulse on what's actually happening, right?

I do a lot of consulting to programs where, you know, these are kids, these are 12-year-old kids, 13-year-old kids that have been, you know, creating AI porn and distributing it, or downloading different types of pornography and selling it to people.

I, you know, I have talked to people whose kids have got in trouble or have been bullied from sending, you know, topless pictures of themselves to people online, and they're, like, 11 years old.

And so, I think, you know, it's... the reality is we think that people can wait until they're older, and we think that we're not going to have to target some of these things until then.

And we think that maybe that's not what's actually going to happen, but we have to be careful here. We miss things sometimes if we put our own lens on it too much.

This is our last sort of pull-it-around piece as behavior analysts, right?

Thinking about what data collection in these sorts of systems looks like, because we still need to be making data-driven decisions in this area of clinical practice.

Really thinking strongly about what kind of information do I actually need to know here? What is the main part?

I consult to a program here, and this is a great, great behavior analyst, and him and I were working on a program to teach, you know, an adolescent learner that he had to put on a condom.

And he brought... he, the therapist, had bought a whole bunch of different props and sex toys, and a whole bunch of different types of condoms, and the learner was, you know, holding it sort of in his lap, and he was practicing all the steps, and this behavior analyst and I had created a great TA of, you know, you also have to be able to open the stupid little, you know, finicky foil package, and you have to be able to dispose of this properly, and you have to know what's inside out, and the right way out, and all of these pieces.

And the learner was doing great, and then, this behavior analyst called me, and he's like, so he can do it, and he's killing it, and he can do all the steps of it, and I'm like, that's great. He goes, it takes him two and a half minutes.

Right. You know what happens if it takes you two and a half minutes to put a condom on? You don't do it, right?

And so, you know, when we thought about all of the pieces of data that we were collecting, nowhere in there do we think about fluency of this skill. And it turns out that that's a really, really important component of this particular skill.

It doesn't mean it's necessarily the most component of... the most important component of other sexuality skills. And so, we have to be really careful about the information we're getting, the data that we're collecting, to say, am I getting the information I need? But not, like, a ridiculous amount of information here.

Am I thinking about the process, or am I thinking about the outcome? I'm working with a learner that I'm trying to get you to, you know, independently dress, maybe I only care about, do you come out of your room with all of your items of clothing on, and I don't really care what you put on in what order.

My data is only going to reflect you did it or you didn't.

If you consistently come out and you have forgotten your underwear, or your underwear is on top of your pants, then I do care about the process and not just the outcome, because the error is in the process. And so, we have to sort of, again, be critical about the type of data that we're collecting.

And then I think, you know, teaching a lot of our learners in this area to be accurate self-monitors or self-reporters is one of the ways that we can get at some of this more private, inaccessible information.

But self-reporting is a skill in and of itself, and accurate self-reporting is a skill. And so can I spend some time teaching, you know, good integrity in that skill, I think pays off in the long run.

I spent a lot of time at the beginning talking about a lack of resources and a lack of research in this area, and that's still true. But what I have that's positive is I have worked with many, many, many great behavior analysts that are doing incredible clinical work in this area.

And we just don't talk about it enough and work together enough. And so, I encourage you to work together with your colleagues, with others, to connect, because a lot of people have great teaching ideas in this area already.

In the same sort of spirit, talk about these skills. Get people comfortable talking about them. Set a bar that says, this is just behavior, this is just a skill that we need, we're just gonna talk about this and model what that looks like.

Be a good behavior analyst. Sexuality skills are just behavior skills. We know how to do that. We know about stimulus control, we know about prompting and reinforcement, we know about competing contingencies, right? So think about, you know, everything we know about behavior and how do we apply it in these settings as well.

And keep a sense of humor.

We will contrive beautiful teaching opportunities, and our learners will come out with questions that are so direct, and catch you so off guard, or do things that are so, you know, catch you so off guard in this area, and it's... it's really hard. So, maintaining a good sense of humor about this area we're teaching in is tricky, and it's awkward, and that's okay, will go a long way.

I think slides are being shared, so there's a couple of resources in here. Some of them we talked about already.

The book with the condom on the front is just a book that talks about sexual agency and some of this quality-of-life piece for folks with intellectual and developmental disabilities. The Care and Keeping of You books, and the Guy Staff Body Book for Boys are some of the sort of younger books that I use as references a lot.

This one, the guide to getting it on, has nothing to do with disability populations, but it's a really great resource explaining it with lots of sketches around different parts of sexual behavior.

SIECUS and SIECCAN are the American and Canadian versions of programs that talk about sex ed curricula and what is and isn't being taught at different parts of the country at different ages.

AASECT are sexuality educators, counselors and therapists. Some are behavior analysts, many are not. They work in really, really pure sexual behavior and can be a great resource.

And Positive Connections, is a Canadian behavior analyst, Landa Fox. She works in a lot of teaching in this area, and just has a lot of really accessible, very, very reasonably priced downloadable resources for teaching some of these skills.

And a last thank you. When I started talking about and teaching about sex ed, it was really trying to convince people to care about this and want to build some of this in, and now, you know, I get to run webinars in the middle of the week, and lots of people want to hear about it, so... I am very happy to talk about it. I know we have a couple of minutes, but not a ton left for questions.

If you know me, it is remarkable that I was able to leave any time at all, so... I'm happy to answer a couple of questions now, but I'm also really happy to chat by email. I love to hear about the work that people are doing in this area, and I am more than happy to chat and answer some questions at any time.

Kimberly Ha

00:56:03

Great.

Jessica Cauchi

00:56:04

I'm happy, I know we only have a couple of minutes, Kimberly, but if you have a couple of questions, I'm more than happy to hear them.

Kimberly Ha

00:56:10

Yes, we do have a couple of questions. Thank you so much for that amazing presentation. We'll start off with the first one. This person says, "I appreciate you mentioning infantilization, as I think this is common. How might you approach this with families, schools, other collaborators?"

Jessica Cauchi

00:56:29

It's a great question.

Some of my other main lines of research focus on rapport building, and I think that's... that's why these get tied so closely, right? The better clinical rapport, professional relationship you have with somebody, the easier it's going to be to have some of these really hard conversations.

The infantilization piece is tricky, because again, you know, if... if you love Barney, I want you to get to love Barney.

But we have to think about the risk of, you know, under what conditions is that behavior likely to be okay and not okay. My best... my best perspective that I found most useful is if I have a good rapport with families, or other, you know, other folks.

Being able to talk about both sides, that I'm not trying to, you know, make your loved one less of themselves, I think that's great and really important.

But I also need to make sure that they are going to be in settings where they are safe.

And so really sort of talking about clear, concrete examples, of ways that that could be respected in their life, and ways that that could be potentially unsafe, and that, you know, how can we mitigate that, I think tends to do... tends to be my most successful.

Kimberly Ha

00:57:42

Great. The next question we have, we may have one time for one or two at most. Susan writes, "thank you for a great presentation. Our question is, we live in a time where funding for disabled folks' support is being reduced or eliminated, and differences are being delegitimized.

How can we create environments in which people see that it is critical to teach sexuality education in a way that is appropriate to all of our clients, gender and sexually diverse, neurodivergent needs, etc?"

Jessica Cauchi

00:58:12

I mean, I... I wish I had a really good answer to this.

I don't. I think this is challenging, you know, and incredibly upsetting in many ways.

It's part of why I think in the best-case scenario right now, while we are trying to change the rest of the world and get back on track, being, you know, more respectful and compassionate in this particular area, is really thinking about some of those component skills.

So, I might not be able to provide all of this comprehensive part, but how many of these skills, if I break down this skill, how many of them are not necessarily sexuality focused that I can be teaching right now? So that at least I'm building some foundational skills here.

In the meantime, I mean, the biggest push, you know, while I talk a lot about this idea of quality of life and those parts, a lot of the biggest push is just in safety to self, and safety to others. In the long run, you know, we need individuals that are not, putting themselves or somebody else in unsafe situations, which is sort of the best... the best way to get the most people to care about this, I think.

Kimberly Ha

00:59:22

Great, thank you. I think that's all the time that we have. There are a couple of others who requested additional resources, research articles, so we'll coordinate with you, Jess, and share those with the archived materials.

But thank you again, Jess, for such a thought-provoking and important information-packed session.

Thank you, everyone, for joining us today. I'd also like to thank our partners, Endicott College and Eden 2 Programs, for making this program available for free.

And if you found today's event helpful, we encourage you to register for our next webinar event, Promoting Conversational Skills, Scripting, Mapping, and Social Reciprocity with Dr. Mary McDonald on June 9th at 11 a.m. Eastern Time.

On behalf of OAR and its amazing partners, thank you again for joining us today. We hope you have a great rest of your day.