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## **Social Skills Training Targeting Inappropriate Sexual Behavior for Adolescents with Autism**

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Running Head: SOCIAL SKILLS TRAINING AND ASD

Social Skills Training Targeting Inappropriate Sexual Behavior for Adolescents with Autism

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Action Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master of  
Arts in Education

California State University Monterey Bay

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Social Skills Training Targeting Inappropriate Sexual Behavior for Adolescents with Autism

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### Abstract

Individuals with autism tend to have difficulties with understanding social skills and when used inappropriately, social skills can hinder an individual's social network, employment, and have potential legal ramifications. Therefore, employing a research-based intervention such as social stories is crucial. Two adolescent students with autism were selected for this study due to inappropriate touching of their genitals. A multiple baseline across participants was used to measure the impact of the use of social stories on the participants' inappropriate touching of their own genitals. The use of this inexpensive intervention was successful and immediate. Both participants decreased their display of inappropriate sexual behavior throughout the study. A functional relationship was demonstrated and replicated with no overlapping data. The current study indicates that social stories may be useful for decreasing inappropriate touching and other maladaptive behaviors.

*Key Words:* inappropriate sexual behavior, autism spectrum disorder, adolescents, social skills

## Social Skills Training Targeting Inappropriate Sexual Behavior for Adolescents with Autism

### **Review of Literature**

Social skills include communication skills, peer acceptance, interpersonal behavior, self-related behavior, academic-related skill and assentation (Gresham & Eliot, 1987). Many of these skills require interaction from others. Kamps et al. (1992) explained an interaction with others has to be functional if not positive to be considered an appropriate social behavior. Utilizing socially acceptable behaviors is paramount in creating and maintaining positive interpersonal relationships (Moody, 2012). Thus, appropriate social skills can advance a person's career, allow them to have a large social circle, and follow rules deemed necessary to function in society.

Social skills are valuable through all levels of development and change over the course of a human life span. These skills develop over time and need to be demonstrated appropriately “because of the complexity of legal, social, emotional, and behavioral consequences” (Rice et al., 2014, p. e22) that can occur from inappropriate use of social skills. For example, there are different expectations for how a couple in a relationship acts at home versus how the couple acts in public. Learning how to appropriately act in public begins at a young age and children typically learn these skills from their parents. Likewise, school-aged individuals experience various changes in behavioral expectations, but more essential social skills for success bloom in the sixth grade (Lane, Pierson, Givner, 2003). In addition, middle school students are destined to perform at different sets of expectations throughout their day, due to being in various teachers' classrooms (Seidman, Allen, Mitchell, & Feinman, 1994).

Current research demonstrates the importance of key behaviors that need to be taught in order to function in society (Bauminger & Kasari, 2000; Calder, Hill, & Pellicano, 2013;

Dewinter, Vermeiren, Vanwesenbeeck, Lobbestael, & Van Nieuwehuizen, 2015; Gougeon, 2010). These behaviors need to be maintained throughout life (McArthur, 2002). While parents often help children develop and maintain these behaviors, teachers have a strong influence on their students' social development (Malecki & Demaray, 2003). Teachers have the ability to encourage students to be responsible for their actions and the overall learning environment of the class by modeling a positive environment. This is done by greeting students with a smile, which may create a sense of improvement toward student's social skills (McArthur, 2002). Creating these opportunities are important when a student is viewing or the recipient of an amicable interaction, he/she is more likely to respond in a similar manner. Teachers can work with parents to ensure appropriate modeling and proper expectations are demonstrated to build social skills.

Utay and Utay (2005) provide parents with a four step training on improving social skills and emphasize the importance of parent involvement in social skill development. Parents can use naturally occurring events to reinforce social skills and build communication (Moody, 2012). By building communication, trust is developed between parent and child, which creates the opportunity to reinforce learning of appropriate social skills. This can be done by limiting television time and Lickona (2009) suggests that adolescents create television time as a learning technique by critically viewing and then discussing real life use of words and behaviors viewed in a program. Images adolescents see on television or in media might be contradictory to appropriate real life social skills. A parent can discuss and demonstrate appropriate social skills to reinforce positive social development for their child. For example, parents teach their children to completely ignore and stay away from anyone displaying sexual behavior in public. Understanding the difference between appropriate private and public behavior is essential for everyone, especially adolescents.

Sexual behavior among adolescents has serious implications that are directly related to social skills. For instance, minor adolescents are using their phones to send pictures and video and twenty-five percent of the videos and images seen by teens are sexual (Rice et al., 2014). Sexual behavior is now occurring as a form of social interaction. In addition, exposure to this type of sexual material early in life is related to inappropriate or delinquent behavior (Lenhart, 2009). Moreover, when adolescents are in possession of this sexual material, district attorneys and law enforcement are prosecuting youth for child pornography (Lenhart, 2009). Thus, there are severe and life changing consequences to participating in inappropriate sexual behavior in a public forum. Often times the discussion is focused on typically developing teens or adolescents and the best ways to teach appropriate sexual behaviors. However, there is also a need to teach those who inherently struggle with social skills. Possible illustrations of those who struggle with common social skills misapprehension are individuals with disabilities.

Individuals who have Autism Spectrum Disorder (ASD) struggle with social development. These individuals typically have friendship quality that is less than those of individuals without ASD due to lacking social development and skills (Bauminger & Kasari, 2000; Calder, Hill, & Pellicano, 2013; Carrington, Templeton, & Papinczak, 2003; McMahon & Solomon, 2015). Little is known about the perceived importance of social skills for individuals with ASD. However, by using the Social Skills Rating System (SSRS) created by Gresham and Elliott (1990) measuring frequency and importance of social skills development, McMahon and Solomon (2015) interpreted that adolescents with ASD found social skills less important than parents. This demonstrates adolescents with ASD do not have a full understanding of the importance of social skills. For example, an individual with ASD shows less interest in lunch-time peer interaction than with an object they have a fixation with. This demonstrates the social

skills of youth with ASD are not as forthcoming as those of a typically developing peer which is also true for sexual behavior.

The topic of sexual behavior shown by individuals with ASD is becoming increasingly popular and necessary area of study (Dewinter et al., 2014) however there is a paucity of current research (Dewinter et al., 2014; Gougeon, 2010; Hellemans, Colson, Verbraeken, Vermeiren, Deboutte, 2006; Holmes & Himle, 2014; Stokes & Kaur, 2005; Tolman & McClelland, 2011) and even more so for adolescents (Laugenson, Ellingsen, Sanders, Tucci, & Bates, 2014). The research shows that individuals with ASD and their parents are frustrated and concerned when it comes to sexual relationships and sexual behavior (Hellemans et al., 2006) because there is an educational and understanding gap. Additionally, individuals with autism may display inappropriate sexual behavior (Haracopos & Pedersen, 1992; Hellemans et al., 2002; Ruble & Dalrymple, 1993; Stokes & Kaur, 2005). Persons with ASD have a wide range of sexual behavior and interests, but do not always know how to express them appropriately (Hellemans et al., 2006; Stokes & Kaur, 2005; Van Bourgondien, Reichle, & Palmer, 1997). For example, adolescents with autism might practice onanism openly or publically touch themselves. Public displays of inappropriate behavior are often caused by misunderstandings and lack of social skills (Realmuto & Ruble, 1999). Addressing the educational needs of students with ASD can diminish the misperceptions related to sexual behavior.

By comparing typical developing adolescents with high functioning adolescents with autism, Stokes and Kaur's (2005) indicated youth with high functioning autism display inappropriate sexual behavior and have less sexual education than typical developing peers. There is a need for specialized sexual education for adolescents with autism that would assist in inflecting their behavior which would enhance the overall quality of life. For example,

peer relationships increase when social skills are appropriate. Thus, education specifically targeting social skills, sexual behavior, privacy behavior, and sex education will help bridge the lack of understanding some individuals with autism have. For individuals with ASD, inclusion of social skills in conjunction with sexual education is necessary to increase opportunities in life such as employment and relationships. This will improve quality of life for individuals on the autism spectrum, which is important for the individuals and their families. Yet many parents are uncertain how to address social skills that pertain to sexual behaviors.

Even more so than typical developing children, parents of children with ASD do not know which sexual topics to cover, how to discuss said topics, or the best time to broach the subject (Holmes & Himle, 2014). Thus, some parents detain or completely dismiss the conversations entirely. Research by Holmes and Himle (2014) suggests even with these findings, sexual education should primarily be delivered from parents to children with ASD. Parents that do discuss some sexual-related topics with their children report not covering the full continuum of the subject matter. Because parents struggle with teaching sexual behavior, skills must be taught. Middle schools have the ability to develop a protective role (Grossman, Tracy, Charmaraman, Ceder, & Erkut, 2014) and provide skills for adolescents with autism to develop appropriate sexual and social behaviors. In addition to parental education, these can be trained through evidence based practices.

To date there are various evidence based social skill interventions for individuals with ASD. Applied Behavior Analysis (ABA) is a continuously successful research based strategy for persons with ASD. ABA scrutinizes actions and relies on objectively defined, observable behaviors (Gray, 1995, 1998, 2007). ABA includes “modeling; prompts or cues to teach skills/behavior; chaining or sequencing steps of instruction; and fading prompts/cues once the

individual has acquired the skills/behaviors” (Wolfe, Condo, & Hardaway, 2009, p. 52). A variety of ABA-based teaching strategies include video modeling, visual strategies, social stories, social script fading, and task analysis (Cooper et al., 2007).

Social stories, the ABA-based strategy proven to be successful with individuals with ASD, are among the established instructional strategies (Gray, 1995, 1998, 2007; Wolfe et al., 2009). Social stories focus on specific characteristics of a difficult social skill or situation (Wolfe et al., 2009). Each social story is an amalgamation of various sentence types delivered in sequential order that focuses on a difficult skill or situation. Sentence types are broken down into the following categories: descriptive, perspective, directive, affirmative, co-operative, control, and partial. Each story must have one directive or control sentence and two to five of the remaining sentence types (Gray, 1995, 1998, 2007; Reynhout & Carter, 2006; Simpson, 2005; Wrobel, 2003, Wolfe et al., 2009). The story is presented to the individual in a calm and positive approach by reading the story out loud to the individual and reviewing the story as often as possible depending on the individual need. Increasing the period of time between reading the story will demonstrate help in dwindling the social story’s use. These stories provide the opportunity for students with ASD to learn and improve their social skills.

Minimal research connects social stories with sexual behavior in adolescents with ASD. However, Bledsoe, Smith, and Simpson (2003) conducted a study using a social story intervention to improve behaviors of an adolescent with ASD. Bledsoe et al. (2003) indicated social stories to be effective in improving behavior while Moody (2002) determined social stories are written to help individuals increase and maintain appropriate behavior. Using the social stories gives an adolescent with ASD the chance to grasp a situation they would otherwise

not understand. Research has failed to determine if inappropriate sexual behaviors can be improved or eliminated completely.

These behaviors that are necessary to succeed in life do not come easily to all individuals. No work has been done linking social stories as a social skill behavior intervention for sexual behaviors to influence and improve the lives of adolescents with ASD. These skills will prove necessary later in life when the individual is trying to get and maintain a job, promotions, and even have romantic relationships (Utay & Utay, 2005). For example, in any professional environment or employment, touching one's own genitals would result in legal ramifications including termination. There are complex levels in social, behavioral, legal and emotional consequences involved in social skills (Rice et al., 2014) and by using social stories, educators can improved these skills for adolescents with ASD.

### **Research Question**

What is the impact of social skills training for inappropriate sexual behavior for adolescents with autism spectrum disorder?

### **Methods**

#### **Participants**

The study included two middle school students who received special education services, Olivia, a female age 11 and, Wyatt, a male 13, who have a diagnosis of autism spectrum disorder. Each participant was assigned a pseudonym to ensure confidentiality and anonymity. Participants were selected due to a history of inappropriate touching of their own genital areas throughout the course of the day.

#### **Setting**

The study took place in a special day class for individuals with mild/moderate disabilities in a middle school that serves over 800 students.

### **Apparatus and Materials**

A social story for each individual was created and described the difference between appropriate and inappropriate use of hands in public. To help create the story, the participants were asked about preference they preferred (e.g., what they liked to do for fun?). Their social story implementation was individualized based on the student's personal interests.

### **Experimental Manipulations**

The dependent variable was the participants' frequency of inappropriate sexual behaviors as measured by frequency data. Inappropriate sexual behavior was defined as any behaviors that include the touching of own genital area for three or more seconds (one-two-three).

The independent variable consisted of the implementation of individualized social stories (Appendices A and B). The interventions occurred during school hours. While relaxed and calm, the social story was presented to the participant. Explanation of the story was directly provided in a calm manner. For example, the social stories were reviewed with the participants in a private setting, with no distractions and using a soft, soothing voice. Each day of intervention at 9:19 a.m., the story was read to the participant and re-read by the participant. A supportive, calm, and reassuring environment was maintained throughout the intervention stage (Gray, 1995, 2007; Reynhout & Carter, 2006; Simpson, 2005; Wrobel, 2003).

### **Instructions**

Paraeducators were trained to count frequency and duration of inappropriate sexual behavior. Data were collected for sessions that were 45 minutes in length. Counting was

conducted in a one-two-three fashion. Any instance from three to 15 seconds was counted as one data point. Every 15 seconds thereafter was considered another frequency point.

### **Social Validity**

Social validity was addressed by obtaining answers from parents to a three yes/no survey regarding inappropriate sexual behavior. Fifteen parents were asked the questions. The three questions were:

1. Is it important for children to learn to keep their hands out of their pants in public?
2. Would you say an adolescent needs social skill training if they are seen more than once touching their genitals in public?
3. If another student in your child's class was displaying inappropriate sexual behavior, would you feel comfortable exposing your child to this student?

All fifteen parents stated that it was important for children to keep their hands out of their pants in public and that this behavior warranted social skills training in attempt to decrease the behavior. Additionally, all parents reported that they would not feel comfortable having their child around a child who displayed inappropriate sexual behavior.

### **Research Design**

The design of this study was a multiple baseline across participants. Olivia entered treatment once her baseline data was stable and not moving in a countertherapeutic trend. Wyatt entered intervention when Olivia had decreased her inappropriate sexual behavior by three instances under her baseline average.

### **Interobserver Agreement**

A secondary researcher was trained on the intervention and data collection procedures. For approximately 77% of sessions, that researcher was present and collected her own data.

Interobserver agreement was calculated by dividing the total number of agreements by the total number of agreements plus disagreements and multiplying by 100 to determine the percentage.

The aim was to achieve at least 90% agreement between the two raters. There was 100% agreement across all sessions.

### **Procedural Fidelity**

For 25% of all sessions, a secondary researcher counted the number of times the principal researcher correctly implemented the procedure as previously described. Procedural Fidelity was calculated by dividing the total number of correct implementations by the number of opportunities to implement the procedure and multiplied by 100 to determine percentage. The principal researcher correctly implemented the procedure 100% of all sessions.

### **Results**

The impact of social skills training for inappropriate sexual behavior for adolescents with autism spectrum disorder is depicted in Figure 1. The y-axis measures the participants' frequency of inappropriate sexual behaviors as measured by frequency data. Sessions observed are documented on the x-axis. The dotted line divides the baseline and intervention phases of session observations.

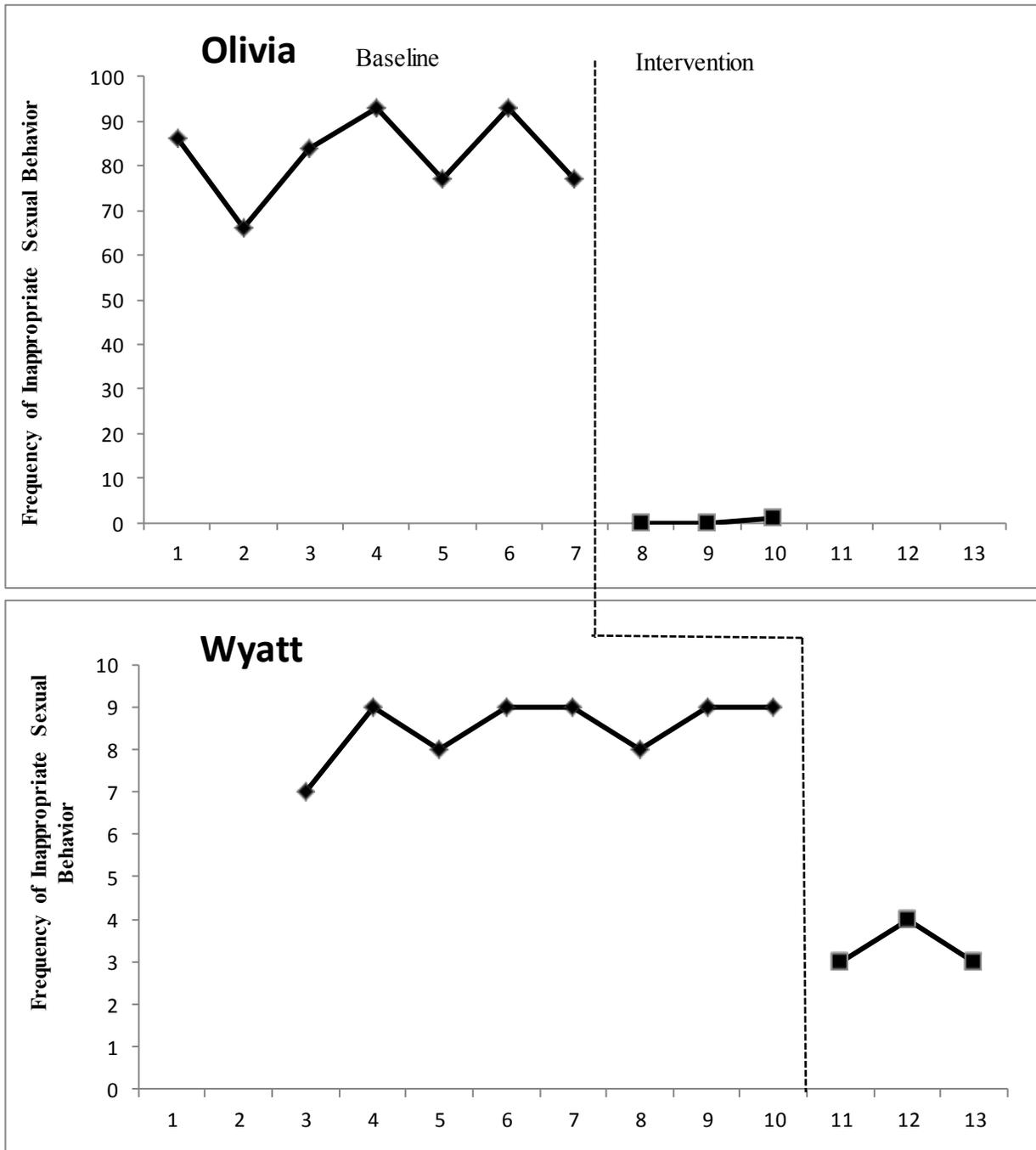


Figure 1. The impact of social skills training for inappropriate sexual behavior for adolescents with autism spectrum disorder.

Olivia has a dependent variable range from zero to 100. Over the course of the baseline stage, Olivia displayed inappropriate sexual behavior an average of 82.3 times with a range from 66 to 93. Once intervention was implemented, Olivia had a range of zero to one instances with an average of 0.3 instances.

Wyatt had a lower frequency of inappropriate behavior at baseline and therefore, the y-axis for his graph ranges from zero to 10. Wyatt displayed an average of 8.5 instances of inappropriate sexual behavior during baseline. His range was from seven to nine. During intervention, Wyatt displayed an average of 3.3 instances with a range of three to four.

### **Discussion**

This study shows the reduction of inappropriate sexual behavior for adolescents with ASD by using the ABA based intervention, social stories. Baseline was consistent with both subjects. Although Olivia showed a greater demonstration, both subjects were consistent in their behavior change through all observations. Once a baseline was reached, intervention showed an immediate drop in displays of inappropriate sexual behavior for both cases. Olivia showed the largest depth of the two cases, with the height of inappropriate sexual behavior recorded as 93 to the lowest recorded at zero. Although not as large, Wyatt did decrease inappropriate sexual behavior from a height of nine to a base of three. Mirroring baseline, intervention again showed a consistency in behavior. Olivia reduced instances of inappropriate touching to zero or one during intervention and she dropped an average of 99.6%. Wyatt similarity showed a drop in behavior by reducing inappropriate sexual touching to three or four instances. There was a drop in his average behavior 62.2%. Both subjects had no overlapping of baseline with intervention or baseline leak into the data.

A functional relation has been demonstrated through social stories to reduce inappropriate sexual behavior. Similar to Bledsoe et al.'s (2003) study, this study demonstrated that social stories were also effective in improving behavior of youth with ASD. Olivia and Wyatt made improvements in decreasing an inappropriate behavior. In conjunction with social stories and ASD, Schneider and Goldstein (2010) demonstrated that social stories could improve desired behavior for individuals with ASD. For Olivia and Wyatt the behavior desired was to reduce inappropriate sexual behavior to help improve their ability to function in society. The imaging component of social stories was used in Schneider and Goldstein's (2010) research however the present study only used a written script. In the same way, Scattone, Qilczynski, Edwards, and Rabian (2002) used only the written script social stories as intervention and also saw an anticipated decrease in behaviors. With the aforementioned studies and this study, teachers, students, and parents have been shown how to utilize social stories to develop desired behavior for individuals with ASD.

For future studies, the researcher suggests alterations for future implementation. Applying the intervention to an additional population is suggested that the paraeducators trained for data collection be limited to two individuals. Additionally, future researchers should dictate the activity for participants to be partaking in during observations in addition to having a time frame. Prior to the collection of baseline, the researcher suggests completing a Functional Behavior Assessment: The Functional Assessment Checklist for Teachers and Staff (FACTS) to determine if there is an antecedent for the behavior and focus the observation sessions based on these results.

In conclusion, the use of social stories to impact behaviors can have various positive outcomes for individuals with ASD. Maintaining appropriate sexual behavior in social situations

will help sustain an individual's social network. Legal and financial ramifications can be avoided when all persons display appropriate sexual behavior in applicable conditions.

Sustaining employment and success in the workplace correlate with the appropriate use of one's hands. As shown, individuals with ASD have a greater challenge with social skills than most; this study demonstrates how social stories as a social skills intervention improves inappropriate sexual behavior for individuals with ASD.

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## **Appendix A**

### Social Story One – For 11 Year Old Female

Where should my hands be?

Our hands can do many things. They can hold our food. They can draw and color. They can scratch our itchy body parts.

Our hands do not touch our private areas in public.

I will try to keep my hands out of my private areas in public.

## **Appendix B**

### Social Story Two – for 13 Year Old Male

Where should my hands be?

Our hands can do many things. They can control our mouse. They help us play Mind Craft. They can hold our clothes when we put them on.

Our hands do not touch our private areas in public.

I will try to keep my hands out of my private areas in public.