Women with High Functioning ASD: Relationships and Sexual Health

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Claremont McKenna College

Women with High Functioning ASD: Relationships and Sexual Health
A Literature Review and Proposed Workshop Manual

Submitted to
Professor Caitlyn Gumaer

By Isabelle Taylor

for
Senior Thesis
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Author’s Note
Working at The Autism Center was the most enriching experience I had while at CMC. For that, I would like to thank both Professor Gumaer and Professor Charlop for creating such a rich and exciting community that made every week exciting. Moreover, I’d like to thank all of the kids I worked with at CAC. Interacting with you over the years has brought me endless joy. This thesis is dedicated to all of you. Lastly, I would like to thank so many of my amazing Psychology professors at CMC who inspired me through their passion and intellect- Professor Levin, Professor Kanaya, and Professor Krauss just to name a few.

This semester has proven difficult. I definitely never expected to write a thesis at home amidst a global pandemic and historic election. Thankfully, I have had the immense support of my friends and family. Special thanks to Kat and Lena for loving me unconditionally and supporting me through a tumultuous period of time. And to my mom and dad, I would not have had the privilege of attending such a phenomenal college without you and I am truly grateful for that every day. Thank you to my sisters for providing me with endless advice and perspective. Also remember when I got on the microphone at my elementary school graduation to say my goal was to go to a good college and do well to impress my sisters? With the final submission of this project, marking the end of an amazing and formative four(ish) years, I think I may have finally achieved that.
Abstract

Women with high functioning Autism Spectrum Disorder (ASD) are disproportionately less represented in research in comparison to their male counterparts. Some propose that this is as a result of more men having ASD and therefore the diagnostic criteria being further indicative of their gender, but regardless, it remains apparent that the need for supporting women with Autism Spectrum Disorder is just as crucial (Kreiser & White, 2014). For both genders, though, deficits in social skills and the presence of repetitive and restrictive behaviors often lend themselves to conduct seen as inappropriate or awkward within the neurotypical dating world (Hodges et al., 2020). Nevertheless, many individuals with ASD, particularly those who are high functioning, remain interested in engaging in sexual activities and romantic relationships (Scarpa et al., 2013). Unfortunately, many high functioning women with ASD who utilize skills such as “camouflaging”, may go undiagnosed or their need for support and treatment may be underestimated, which is in part support for a separate women’s sexual health and romantic relationships group (Hull et al., 2020). Additionally, although the literature underscores that men are in need of and would benefit from a similar program, the differing education on the topic of sexual health and relationships in the context of gender makes for a clear need to establish programs attuned to the separate gender identities. Moreover, with the literature indicating that women with ASD experience harrowingly high rates of sexual assault, it appears necessary that components of specific education on consent and empowerment are necessary for a thorough and useful manual on the aforementioned topics (Hentoff, 2016). In response to a careful review of the literature, a proposed manual has been developed by means to support the specific needs of high functioning women with ASD.

Keywords: ASD, gender, sexual health, romantic relationships
Literature Review

Symptoms and Diagnosis

Autism Spectrum Disorder (ASD), said to affect 1 in 54 American children, is classified as a neurodevelopmental disorder (CDC, 2020). This means that symptoms most commonly become evident during the early developmental period or before the child enters grade school and that the disorder causes significant impairments in the day to day functioning of the person (CDC “Diagnostic Criteria”, 2020). ASD “generally follows a steady course without remission”, highlighting the necessity for treatment programs and methods that help these individuals better acclimate to the world (Akanksha et al., 2011).

For one to be diagnosed with autism spectrum disorder, they must consistently show deficits in two different areas: social communication and interaction, as well as repetitive or restricted behaviors (CDC “Diagnostic Criteria”, 2020) (Hodges et al., 2020). The extremity of both of these categories is what ultimately determines the severity of an individual’s ASD. If an individual shows intense deficits in social communication, but does not exhibit repetitive or restrictive behaviors, they may be diagnosed with a social (pragmatic) communication disorder (SPCD) (Hodges et al., 2020).

In terms of social communication impairments, an individual must display all three domains of this category in order to be diagnosed with ASD (CDC “Diagnostic Criteria”, 2020). These behaviors include trouble in social-emotional reciprocity, deficits in non-verbal and verbal communication, and issues with maintaining and fostering relationships (CDC “Diagnostic Criteria”, 2020). According to Carpenter (2013), there are a multitude of ways in which the latter symptoms can manifest. Problems with social-emotional reciprocity can range from “indifference/aversion to physical contact and affection” or lack of social initiation (Carpenter, 2013, p. 2). Deficits in nonverbal and verbal communication may take form in the inability to
properly express one’s emotional range with their words and affect or in avoiding direct eye contact (Carpenter, 2013). Finally, in terms of the maintenance of relationships, people with ASD usually experience difficulty in adjusting their own behaviors to a given social context and may lack “theory of mind”, which is the capacity to see things from someone else’s perspective (Carpenter, 2013, p. 2). For the previous reasons, it is apparent that those with ASD struggle to communicate and socialize in a way that is deemed normative in society.

In terms of repetitive behaviors, one must have two out of the four of the following: “stereotyped or repetitive motor movements, use of objects, or speech”, “insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior”, “highly restricted, fixated interests that are abnormal in intensity or focus”, and “hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment” (CDC “Diagnostic Criteria”, 2020, Section B). Some of the behaviors in this category manifest through Echolalia, strict routines, intense interests, and obsessions or aversions to certain textures (Carpenter, 2013). Important to note, is that there is a multi-faceted lens through which to view many of the characterizing aspects of ASD. One may be hyper-reactive and sensitive to seemingly miniscule changes in their environment, which can in many instances be disturbing for that individual (Mash & Wolfe, 2019, p. 161). Conversely, that hyperreactivity or focus may lend itself to “extraordinary perceptual abilities…for example, identifying the brand of a vacuum cleaner by its sound alone” (Mash & Wolfe, 2019, p. 157). In other words, there are both troubling and fascinating ways in which ASD manifests itself.

Similar to many other neurodevelopmental disorders, ASD encompasses “wide variations in symptom severity, intellectual level, and functional disability” (Frazier et al., 2012, Literature Review Section). Since there is such a diverse set of ways that this neurodevelopmental disorder
is exhibited, the severity of autism spectrum disorder is variant in every individual, hence the use of a spectrum in describing this notion. Although people with ASD share similar core features, there are three factors at play that affect the severity of those symptoms: degree of intellectual ability, magnitude of language deficits, and changes in one’s behavior over time (Mash & Wolfe, 2019, p. 161-162). The latter factors are why we may see someone with ASD be able to successfully hold a corporate job (that doesn’t involve a lot of human interaction), while another individual with autism is mute or unable to have a career (Mash & Wolfe, 2019, p. 161).

Furthermore, the severity of one’s ASD may be impacted by other disorders. In fact, in one study “only 15% of 8-year-old children identified with an ASD for surveillance...had no co-occurring conditions noted in their medical or educational evaluation records” (Levy et al., 2010, p. 270). Other research even suggests that half of those with autism spectrum disorder have “four or more co-occurring disorders” (Mash & Wolfe, 2019, p. 173). This complicates diagnosis as someone may have several conditions, but remain undiagnosed with ASD as the correlating symptoms are masked as exclusively belonging to another disorder (Levy et al., 2010).

Unfortunately, there is still no definitive answer for the cause of autism spectrum disorder, but rather a host of contributors. Most research, though, supports the notion that it is the interplay of one’s genetics and environment that come together in causing such behaviors (Hall & Kelley, 2014). Identical twin studies show “diagnostic concordance rates of up to 95%” making a strong case for a deeply genetic aspect (Lerner et al., 2018, p. 454). On the other hand, environmental factors such as “substantial prematurity (9 weeks), advanced parental (particularly paternal) age, maternal rubella infection, and maternal valproate use” are also prevalent predictors (Lerner et al., 2018, p. 455). The general sentiment remains that there is a complex interaction between environment and genetics in ASD manifestation.
In the past decades there has been a sharp increase in the percentage of people diagnosed with ASD. In fact, between 2000-2002 and 2010-2012 it is estimated that the prevalence of ASD in the US almost doubled (Hodges et al., 2020). Some speculate that this is due to vaccinations, but this has not been scientifically proven. Instead, it is likely that this dramatic increase is due to an increase in awareness, more comprehensive insurance coverage plans, and better diagnostic criteria (Hodges et al., 2020).

Just as the rise in prevalence rates may not be precise, diagnostic rates across race, gender, and ethnicity are not wholly accurate either. For example, non-Hispanic-white children had higher ASD prevalence than non-Hispanic-black and Hispanic children [8, 11], and an NSCH study documented that Hispanic children with foreign-born parents had a substantially lower prevalence than Hispanic children with US-born parents and all non-Hispanic-white children (Jo et al., 2015, Introduction Section Second Paragraph).

It is highly unlikely that white children legitimately have ASD at higher rates than those who are non-white. Conversely, it is more probable that this disparity reflects larger systemic issues like lesser access to healthcare for marginalized groups, along with issues stemming from “stigma...and a patient’s primary language being one other than English” (Hodges et al., 2020, Epidemiology Section). Additionally, Hispanic children with immigrant parents are more likely to receive “folk remedies rather than preventive care and mental health services” emphasizing how cultural differences may affect the treatment that children with ASD undergo (Hodges et al., 2020). Equally important, is that these discrepancies may likely demonstrate “biased professional perceptions of children from ethnic minority groups” (Begeer et al., 2009, Introduction Section). These biases take shape in professionals mischaracterizing communication issues or social difficulties as a result of the child’s ethnic minority background, when many times these childrens’ problems are unrelated to such and are simply a result of their ASD (Begeer et al.,
2009). These opportunities for misdiagnosis stress the importance of a broader multicultural understanding and perhaps the need for further use of explicit diagnostic categories, rather than spontaneous or subjective measures (Begeer et al., 2009).

**Gender Differences**

ASD is diagnosed at a much higher rate in males than females, with the sex ratio estimated at 4.3:1 (Kreiser & White, 2014). This ratio shifts dramatically when considering cognitive ability, evident in the ratio being “approximately 2:1 among individuals with co-occurring ID and a much larger ratio of as much as 6:1 among those with average to above average IQ” (Ratto et al., 2018, p. 1699). This dramatic difference in rates of autism in the context of IQ suggests “that clinically identified girls with ASD are more likely to present with intellectual impairment” (Hiller et al., 2014, p. 1381). Regardless, it is apparent that it is consistently found more in males than in females. Some argue that ASD is simply increasingly present in males perhaps because of biogenetical reasons, while others agree that this discrepancy is partially rooted in sexism- it is likely a combination of the latter and the former. Additionally, ASD is somewhat equally identifiable in low-functioning individuals with ASD (those with ID), but remains harder to detect in the high functioning females (no ID) than in their male counterparts (Hiller et al., 2014).

Albeit the increasingly popular opinion that lower rates of ASD in females are most likely largely a result of underrepresentation in research, it is apparent that ASD manifests in different ways within the female community. There are several biological and genetic factors some attribute to the gender differences, including “the brain differences model (BDM), the greater variability model (GVM), and the liability/threshold model (LTM)” (Kreiser & White, 2014, p. 68). The BDM broadly argues that the hardwiring of male and female brains are
fundamentally different; women have higher empathetic and social capabilities, while men are further systematic (Kreiser & White, 2014). According to this model, it is when there is an extreme form of this systematic brain that men become more susceptible to ASD, while a woman’s innate ability to socialize makes her less likely to have these same issues (Kreiser & White, 2014). This research is further supported by the correlation between high levels of testosterone in the womb and the emergence of autistic traits in that child’s development (Kreiser & White, 2014). The GVM also proposes that men are more genetically predisposed to having ASD, but this time “due to greater genetic variability, whereas females may only exhibit autistic features due to some type of pathology” (Kreiser & White, 2014, p. 69). This is bolstered by studies that explore how women with ASD are also more likely to have identifiable birth defects when affected by this condition (Kreiser & White, 2014). These theories find themselves amidst heavy critique, as similar traits are found in female and male ASD populations, which is not consistent with models that postulate that each gender’s inherent brain structure should result in a separate set of behaviors (Kreiser & White, 2014). Meanwhile, the LTM theorizes that women inherently have a higher threshold for impairments, thus requiring a “higher ‘dose’ of genes to be phenotypically impacted by the disorder” (Kreiser & White, 2014, p. 69). Due to this necessity for a higher “dose” to be affected, the LTM hypothesizes that women will thus experience more extreme forms of ASD (Kreiser & White, 2014). The LTM is almost identical to that of the female protective effect theory (FPE) that proposes that females are in ways more protected against ASD, since they present a higher genetic threshold (Robinson et al., 2013). Both models say that females “require greater etiologic load to manifest the same degree of impairment as males”, which is strengthened by findings that show females present more disruptive cases of
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ASD and that “the family members of individuals with high autistic behavior scores show a greater average number of autistic traits” (Robinson et al., 2013, p. 5258).

Though it is believed that men are more likely to have autism, the immense sex gap may be a result of the symptom profile for ASD being further attuned to their common behavioral manifestations of this disorder. Rather than it being a biogenetical difference in males and females, some researchers suggest that “sociocultural influences...may contribute to the differential expression of ASD in females and partially explain potential under-identification of ASD in females” (Kreiser & White, 2014, p. 67). Regardless of the causes of these gender disparities, there are repercussions from this lack of research on how ASD is displayed in women, resulting in later diagnoses (Kreiser and White). As men have remained at the center of autism research this has caused a troubling cycle of “scientific under examination of females with ASD” which “may have unintentionally contributed to bias in our understanding of the expression of the core deficits of the disorder” (Kreiser & White, 2014, p. 68). For these reasons, it is difficult to discern if we can assume the validity of sex ratios and if diagnostic measures are representative of the symptoms that are more unique to females. It does appear that men might truly have ASD at higher rates than women, but the 4:1 ratio is quite disproportionate; researchers suggest it may be closer to 3:1 (Ratto et al., 2018).

Another theory that is currently gaining traction, is something known as camouflaging or masking, which is “the use of conscious or unconscious strategies, which may be explicitly learned or implicitly developed, to minimize the appearance of autistic characteristics during a social setting” (Hull et al., 2020, Camouflaging Section). Some females with autism refer to this hypothesis as their attempt at “pretending to be normal” (Hull et al., 2020, Camouflaging Section). This commonly takes the form in females learning different typical social and
communication behaviors from books or television and then mimicking those performances in their own lives and interactions (Hull et al., 2020). Examples of camouflaging techniques include those with autism forcing themselves to stop hand flapping or to make eye contact when in social situations (Hull et al., 2020). In other individuals it may be as simple as a female with ASD standing more on the outskirts of a social situation as to not have to display their “atypical” traits (Hull et al., 2020). Individuals who utilize this tactic, may be undiagnosed or diagnosed in adulthood as it makes it increasingly difficult to identify ASD when it is masked with learned behaviors (Hull et al., 2020). As social interactions become increasingly complex with time, camouflaging can prove too elementary of a compensatory method, which may in part be the reason that many “adult women are seeking and receiving autism diagnoses to a greater extent than men” (Hull et al., 2020, Female Autism Phenotype Section). Another theory, known as compensation, similarly describes how females may “use... alternative cognitive strategies to overcome specific socio-cognitive or behavioral difficulties in autism” (Hull et al., 2020, Camouflaging Section). On a behavioral level “an autistic individual might compensate for theory of mind difficulties by using executive function strategies to learn to recognize different facial expressions” (Hull et al., 2020, Camouflaging Section). Moreover, this theory of compensation is proposed to be biological in nature as well (Livingston & Happé, 2017). For example, it is proposed that in individuals with a propensity for inheriting ASD traits, “a series of adaptive/compensatory neural processes might take place”, in part lessening the extremity of these behaviors (Livingston & Happé, 2017, Section 3.2). These compensatory tools may be especially present in siblings of those with ASD (Livingston & Happé, 2017), who as stated earlier, have a higher number of autistic traits when related to someone with a more extreme form of autism (usually women) (Robinson et al., 2013).
It is important to note that the camouflaging and compensation skills found in many women with ASD, are present “particularly among those without intellectual disability, which may affect performance on gold-standard diagnostic measures” (Ratto et al., 2018, p. 1698). This may contribute to the fact that the sex gap in ASD diagnosis is 2:1 for those with a ID and 6:1 when looking at individuals with an above average IQ (Ratto et al., 2018). Furthermore, camouflaging skills, utilized largely by high-functioning women, are proposed to contribute to why women “with higher IQs were less likely to meet criteria on the ADI-R” (the interviewing section of the autism diagnostic test) (Ratto et al., 2018, p. 1698). On the other hand, school-aged boys and girls with similar IQs were found to perform similarly across the gold standard diagnostic measures, which supports “similar levels of overall autistic traits across sexes” (Ratto et al., 2018, p. 1703). Again, the question remains, what exactly is the cause of lesser diagnosis in females? Complicatedly, it appears to be a combination of many factors, but it remains clear that “that current diagnostic procedures fail to adequately identify females with higher intellectual abilities” (Ratto et al., 2018, p. 1707).

Many findings suggest that males and females have the same broad ASD deficits, but that these social, communication, and restricted interest issues manifest differently across gender (Hull et al., 2020). This is known as the Female Autism Phenotype (FAP) (Hull et al., 2020). Since the idiosyncratic ASD behaviors differ across gender and current diagnostic criteria is more tethered to the subtle ASD behaviors of males, this may also be a major contributing factor for female underdiagnosis. Beyond camouflaging, there are several ways in which females with ASD manifest traits differently. According to the FAP, women may have lesser social deficits than men and further social motivation (comparable to that of females without ASD), but have a difficult time in maintaining long relationships (both romantic and platonic) (Hull et al., 2020).
Furthermore, conflict in relationships tends to emotionally affect females with autism more than males (Hull et al., 2020). Men and women with autism also differ in their restricted or repetitive interests (Hull et al., 2020). In line with the FAP, it is not the intensity of these interests that differ, but rather the topic; males interests are more mechanical (cars, machines, etc), while females are relational in nature (animals or fictional characters) (Hull et al., 2020). Since the latter interests are more age appropriate, these repetitive or restricted interests may go unseen as a symptom of their ASD (Hull et al., 2020). Additionally, females with autism are significantly more likely to have co-occurring internalizing disorders such as anxiety, self-harm, or eating disorders (Hull et al., 2020). Conversely, males with ASD display significant comorbidity with externalizing disorders such as conduct disorders or inattention (Hull et al., 2020). Again, the ways in which comorbid disorders differ across gender is a contributing factor to why women may face underdiagnosis- their problems manifest in quieter and less noticeable ways (Hull et al., 2020).

There are more specific ways in which males and females differ in their manifestations of ASD, but it is necessary to note that the knowledge of these differences “is because the samples have included individuals who have already been diagnosed with the disorder, and thus met criteria” (Hiller et al., 2014, p. 1382). In a study performed by Hiller et al. (2014), they collected first-hand clinician and teacher reports on the behaviors of 69 boys and 69 girls with high functioning ASD. In their own review of literature they noted that high functioning females with autism who may use compensatory skills or camouflaging are not as easily identified as having autism with the current diagnostic criteria, which may have in part encouraged their research (Hiller et al., 2014). The results of the reports displayed that in terms of social and emotional reciprocity, females with high functioning autism were more skilled than males in carrying out
reciprocal conversations, as well as discussing shared interests with others (Hiller et al., 2014). Whether this is a result of camouflaging is unknown. When it comes to nonverbal communication, females with ASD showed increased skills in using social gestures, but understanding the nonverbal cues of others remains neither a strength for males or females (Hiller et al., 2014). In terms of young friendships, girls on the spectrum had a significantly greater ability to engage in imaginative play than boys (Hiller et al., 2014). On the other hand, males with ASD had a lesser deficit in maintaining friendships than females with ASD, but females are better at initiating friendships and relationships (Hiller et al., 2014). Additionally, women with autism were “substantially less likely to present with stereotyped use of objects (i.e., lining up or sorting behavior)” than men (Hiller et al., 2014, p. 1388). Lastly, they found that women with ASD do also have obsessive interests, but these interests are more random or less predictable than those of their male counterparts, sometimes making it harder to identify (Hiller et al., 2014). This study was effective in pinpointing key gender differences, but it will be important for further observational research to be done in confirming the validity of the report data they collected. These studies are also of importance in creating relationship and sexual health skills groups for high functioning women with ASD; having knowledge of the subtle ways in which ASD manifests itself across gender will make for more gender-tailored sessions.

**Common Treatment Models**

Currently, with no known individual cause for ASD, there is therefore no one treatment method. Instead, there are a host of different treatment approaches, some being psychosocial in nature and others being pharmacological. In addition to specific treatment models, parental and family involvement is paramount in the success of those with ASD, as “research suggests that
parental involvement in treatment improves the generalizability of skills and increases the amount of intervention the child receives” (Burrell & Borrego, 2012, Abstract Section).

The most popular of psychosocial therapies is believed to be Applied behavior analysis (ABA) (DeFilippis & Wagner, 2016). This model is heavily based on ideas of “learning and operant conditioning” using “specific intervention targets, coupled with positive reinforcement (verbal praise, tokens, or edible rewards), with repetition of learning-trials a key component” (DeFilippis & Wagner, 2016, Psychosocial Therapies Section). PRT or Pivotal Response Treatment, touted as being less expensive and time-intensive than ABA, is another psychosocial model that is “a more naturalistic behavioral method that targets specific skills as well as motivations (DeFilippis & Wagner, 2016, Psychosocial Therapies Section). The addition of parental-mediating and social skills intervention is of great importance in furthering the development of individuals with autism (DeFilippis & Wagner, 2016).

The integration of social skills into any psychosocial treatment model for ASD is deeply important. Typically, social skills training is utilized in aiding those with mid to high functioning levels of autism (DeFilippis & Wagner, 2016). This type of intervention, which usually takes place in a group setting, involves “peer-related mediation, social narratives, and video modeling”, with the ultimate goals being to improve “emotional regulation, basic conversation skills, nonverbal communication skills, perspective taking, initiating, responding, and maintaining social interactions” (DeFilippis & Wagner, 2016, Psychosocial Therapies Section). Social skill interventions are proven to be effective in targeting the latter areas, but it is recommended that they occur within a more structured approach like ABA of PRT (DeFilippis & Wagner, 2016).
There are a range of comorbid disorders and behaviors that often accompany ASD, many of which “are frequently driven by emotional and behavioral symptoms including irritability and aggression, hyperactivity, anxiety, and depression (Joshi et al., 2010, p. 1361). For this reason, CBT is often a treatment prescribed for individuals (typically high functioning) with ASD who also suffer from anxiety (DeFilippis & Wagner, 2016). In other cases, psychiatrists will prescribe antidepressants or SSRIs to individuals with ASD and comorbid depression (DeFilippis & Wagner, 2016). Although not thoroughly researched, some doctors have prescribed medications such as Risperidone and Aripiprazole for problems related to irritability and stimulants to those affected by comorbid ADHD (DeFilippis & Wagner, 2016). Understanding the high comorbidity of the above disorders with autism is important in forming a sexual health and relationships group for females. It is vital to acknowledge that sessions must be tailored towards women who also might have psychological disorders such as anxiety and depression, so that every individual feels understood and comfortable.

**Social Skills Intervention**

With social reciprocity deficits being at the crux of autism, social skills intervention is a vital part of ASD treatment (Williams et al., 2007). Social skills intervention is very complex as it needs to “target social behaviors that are absent/limited (e.g., initiations) or social behaviors that occur so frequently they become inappropriate”, as well as addressing the overall quality of social interactions (Kasari & Patterson, 2012). In other words, many children with autism express a desire for more social interaction or make attempts at socializing, yet because “the quality of the initiation is so poor” (Kasari & Patterson, 2012), they are more apt to experience “peer rejection and social isolation” (Weiss, 2013, p. 35). Additionally, many with ASD lack both an understanding of social nuances while also maintaining little interest in socializing- this
makes teaching social skills increasingly difficult (Weiss, 2013). Moreover, the multidimensional nature of social skills makes for a complex teaching scenario; “most social skills involve an element of judgment in determining whether and when to use each skill (e.g., Is it appropriate to engage in this behavior at this time?)” (Weiss, 2013, p. 33). Due to the nuanced subtleties of socializing, there is the need for highly organized activities and operationalized definitions of appropriate social behavior when effectively teaching these skills (Weiss, 2013). Regardless of desire to socialize, intervention that focuses on areas such as “speech, linguistic conventions and interpersonal interactions” (Williams et al., 2007, p. 1858) is necessary for people with ASD to both better function in society and maintain a less isolating life.

In some cases, ASD social skills intervention does not take place in a setting where direct application can occur. For example, the researchers Fisher and Happe, selected individuals with autism to partake in ten 20-25 individual sessions centered around theory of mind skills (Begeer et al., 2011). Theory of mind, or “the ability to attribute subjective mental states to oneself and to others” is a concept vital to understanding the behaviors of others and something that most people with autism struggle to understand (Begeer et al., 2011, Introduction Section). After these sessions, individuals showed a greater ability to perform Theory of mind tasks when compared to the control group, yet “the training did not affect children’s emotion recognition skills, nor their daily life Theory of Mind use” (Beeger et al., 2011, Introduction Section). The results of this study emphasize the need for social skills to be taught in a manner that individuals with ASD can more easily comprehend and apply to social situations. This is important to understand in the teaching of dating and sexual health skills as well, since while teaching social theories is crucial, there is still the need for it to be done in conjunction with tools such as modeling, so individuals can effectively apply it to their lives.
Albert Bandura, or the father of observational learning, and his colleagues highlighted the paramount role of “observation as a primary determinant of behavior change” (Fryling et al., 2011, Observational Learning Section). They went on to conduct research that underscored how learned behavior is greatly influenced by modeling, creating a strong foundation for the Social Learning theory. Today, modeling is still a widely used tool in behavior modification, especially in the ASD community.

In a study conducted by Nikopolous and Keenan (2003) modeling was utilized, as seven children and adolescents (ages 9-15) with autism and accompanying developmental disorders were subjects in a video-modeling study aimed at increasing social skills or specifically, social initiation. Each individual was presented with one of three videos: a 35 second clip of “either a familiar adult, a peer, or an unfamiliar adult, engaged in a simple activity using a particular toy with the experimenter” (Nikopoulos & Keenan, 2003, p. 90). After watching this video, participants would then be put into the same room the clip was recorded in and were measured based on their ability to initiate play with the experimenter in the room and the length for which they played (Nikopoulos & Keenan, 2003). For four of the seven subjects tested, the video modeling was effective in increasing “social initiation skills” and “appropriate play engagement, which generalized across settings, peers, and toys” (Nikopoulos & Keenan, 2003, p. 87). Furthermore, the four children who showed marked improvement, were consistent in these changes during one and two month follow ups (Nikopoulos & Keenan, 2003). One should be careful to not over generalize this study as the sample size was small and limited to playing with toys, but it does support the notion that video modeling may bolster social abilities in people with ASD. This is relevant to the proposal of sexual health and relationship training, as it is a study that shows promise in the ability for people with autism to learn societally appropriate
social skills through modeling. It appears that this method alone, though, would not be sufficient in teaching adolescents with ASD.

Another common form of social skills intervention is through peer-mediated social skills training programs. This method is helpful for individuals, especially high-functioning, with ASD, as “trained facilitators implement a highly structured training strategy with systematic procedures”, (Chung et al., 2007, p. 424) which is an optimal learning opportunity for more detail-oriented people with autism. In a study performed by Chung et al. (2007), four boys with high-functioning autism were recruited to participate in a 12-week social skills program that targeted communication skills (Chung et al., 2007). Each structured session lasted for 90 minutes and consisted of six activities, all of which were prompted by trained peers and involved observational coding to measure change in behavior over the course of the training sessions (Chung et al., 2007). Additionally, systematic procedures took form in the accompanying peer giving rewards (token system) to the subjects for demonstrating appropriate behavior (Chung et al., 2007). All of the sessions maintained the same structure by means to remain consistent and were structured as the following: “welcome, explanation of skill of the day, teaching/didactic Time, practice time, snack time, video time, and wrap-up” (Chung et al., 2007, p. 427). Results of the study “demonstrated that communication skills among children with high functioning autism could improve through a relatively short social skills training program”, with three out of the four boys showing statistically significant improvement (Chung et al., 2007, p. 435). The shortcomings of this study are that it only involved boys, so it is difficult to generalize this research to a female population, but it did focus on high-functioning individuals which is consistent with the proposed study. Furthermore, the positive results of this study suggest the need for several things when creating skills groups for high functioning individuals with ASD: a
structured didactic period, trained peer mentors, and a reward system. Lastly, this research points towards longer periods of training being optimal (12 weeks) in comparison to a one session skills training. This study did not reference the use of video modeling, but rather peer and reward-enforced learning, which may have been an additional tool for enhancing social skills.

Social skills groups, which consist of other people with ASD, typically take place in clinic or school settings and many times involve peer mentors and models (Bohlander et al., 2012), simultaneously utilizing the peer mentoring intervention. “Think Social! A Social Thinking Curriculum for School-Age Students”, which was made by Michelle Garcia Winner, is an example of a structured social skills group curriculum. Winner created a framework through which to think about socializing that is highly digestible and directly to the point. She begins by explaining that social thinking occurs whenever we share space with others, not exclusively when verbally communicating (Winner, 2015). Furthermore, she notes that social thinking is present when we ruminate on past social interactions, as well (Winner, 2015). To make this framework more organized, she provided four steps in outlining perspective-taking for older students: the first step is identifying that when you share a space with another person, that you both are having thoughts about the other person. Secondly, one should “consider the other person’s intentions and motives” and monitor for strange behavior (Winner, 2015, Four Steps Section). If the person appears suspicious, one should make note of this and also consider that the other person is assessing the other individual’s intentions as well. The third step is to think about what the other person is thinking about you, which may be influenced by past interactions. Again, the other person will be doing this as well and judging if your social history together has been positive or negative. The final step is the only one which involves behavior and it outlines that one should then change their behavior to match that to how one wishes the other to perceive
them (Winner, 2015). She highlights that these four processes happen subconsciously and intuitively for those who have followed a normative developmental pattern, but that this is not the case for others (Winner, 2015), such as people with ASD. Therefore, she developed tasks around these four steps to help those with autism act in a way that is more natural to their peers without social difficulties. Frameworks like this are an important contribution to a potential dating and sexual health training program, as it helps develop theory of mind (important for dating) through appealing to the practical and fact-oriented mind of many with autism. Furthermore, Winner (2015) has a plethora of worksheets that can be integrated into a potential sexual health and relationships education program.

**Sexual Behavior and Education for Individuals with ASD**

Sexual education is important for all, but especially in the ASD community, as “children with disabilities will experience significantly higher percentages of sexual abuse” (Koller, 2000, p. 125). To be clear, sexuality is not strictly “sexual behavior”, but rather “self-image, emotions, values, attitudes, beliefs, behaviors, relationships, etc.” (Koller, 2000, p. 125). Unfortunately, even though people with ASD experience higher rates of sexual abuse, research on the topic of their sexuality is scarce, hence the need for more comprehensive and targeted sexual health education for this population. This barrier to positive sexual education is a result of “social myths, insufficient knowledge and training opportunities, personal discomfort, and limited access to available and appropriate educational resources” (Koller, 2000, p. 126). In Koller’s (2000) review of literature surrounding best sexual education practices for those with ASD, she outlines both the “issues surrounding sexuality education and individuals with autism” and “effective principles and approaches for teaching sexuality” (p. 126).
One of the reasons that many adolescents with autism are not taught proper sexual education is because they may lag in normative development along social and communication standards (Koller, 2000). Due to this, many wrongfully assume that these same people are not normatively developing in physical maturity and sexuality and thus ignore this paramount aspect of all adolescents (Koller, 2000). Moreover, in Koller’s (2000) review of the literature she found that many do not know how to deal with the growing sexual drive of their loved one with autism, as their social differences may make their rising sexuality manifest in societally inappropriate ways. For example, boys with autism might touch themselves in public or attempt to touch other people’s genitalia due to a lack of social awareness or understanding (Koller, 2000). In a study conducted by Ruble and Dalrymple (1993), they administered surveys to 100 parents of children 9 years or older with ASD on the subject of sexual behaviors. They found that regardless of one’s verbal level,

Sixty five percent have touched their private parts in public, 28% removed clothing in public, 23% masturbated in public, and 18% touches the opposite sex inappropriately; 18% mentioned other things such as talking about inappropriate subjects, looking up shorts and down shirts, and touching parents inappropriately. Fourteen percent have masturbated with unusual objects such as a pair of socks, 4% display private pictures in public and 2% refuse to touch their penis (Ruble & Dalrymple, 1993, p. 234).

For the aforementioned reasons, it is vital that there are programs that address the sexual changes in the body of one with autism, so that they can both comprehend the changes they are enduring, but also act appropriately with these new desires. Additionally, the study conducted by Ruble and Dalrymple (1993) suggested that parents of children with autism experience great concern over the developing sexuality of their child, which supports the need for better sexual education for people with developmental disorders, as well as parental involvement. Furthermore, it is vital to teach sexual health to developing individuals with ASD rather than create a “Prison of
Protection”, since protecting one from important information actually puts them at further risk for “sexual exploitation, poor health, abuse and neglect” (Koller, 2000, p. 129). Through creating a supportive and straight-forward sexual health model for adolescents and young-adults, they will be better equipped to know how to non-comply, understand their personal rights, develop a healthy self-concept, build confidence, and express their sexuality safely (Koller, 2000).

One of the more awkward aspects of puberty and development is sexual self-pleasuring, masturbation, and sexual interest in others. Although this should not be the case, the act of masturbation is somewhat of a taboo across cultures and religions, thus making it a harder thing for people to comfortably talk about. In teens with ASD, though, the literature signals the need to be as straightforward as possible when addressing self-pleasuring (Koller, 2000). In fact, studies find that many inappropriate or public displays of masturbation in adolescents with ASD may be a result of “punitive attitudes by caregivers” or “lack of education” (Koller, 2000, p. 128). For this reason, it is important for there to be thorough and demystified conversations around sexuality, as well as knowledge in how to interject when someone with ASD masturbates in public or displays atypical sexual behavior. In Koller’s (2000) review of literature, she extrapolated that one should intervene in the following ways when an individual with autism is touching themselves in public: 1) interject and interrupt the individual masturbating 2) remind them that there is an appropriate setting and time for such behavior 3) introduce an activity that requires both hands 4) redirect them to an activity that will involve hyper-focus or physical activity 5) or suggest a place where they can find appropriate privacy 6) reinforce rules around remaining in designated areas (if this is occurring in a school or clinic setting especially), as to ensure they do not take excessive breaks for self-pleasuring and 7) provide sufficient breaks or reminders of private leisure time so the individual can be prepared for their own needs. The
highly structured nature of this interjection supports the idea that sexual education for this population should not be evasive, but rather highly straightforward, factual, and rule based. These findings will be especially useful in the development of a curriculum for women, many of which may not publicly masturbate or behave as sexually aberrant as males in public, but will benefit from the same structured language and outline. Furthermore, it’s important to note that these behaviors may be more present in individuals with lower-functioning autism, so these types of behaviors may be less present or discussed in a group of high functioning women with ASD.

In Koller’s (2000) review of literature she outlined research supported methods for effective ways to teach sexuality to adolescents with autism. She recommended that sessions are as individualized as possible and stressed the importance of accounting for the anxiety that some may feel in such a learning session by allowing for breaks (Koller, 2000). This is helpful in creating a curriculum in that it emphasizes the need for group sessions to incorporate individualistic attributes and that there should be concerted efforts to relieve stress around sexual health and relationship topics. Moreover, Koller (2000) provided additional tips for the optimal learning environment, which included: “a) be concrete rather than abstract, b) be brief, specific, and clear, c) be visual, d) utilize imitation and role-play, be taught in real-life settings, and f) be repeated frequently”. In addition to this, she encouraged the use of “video taping real or acted situations for playback and discussion”, which is consistent with previously discussed literature (p. 132). Within this learning environment, Koller’s (2000) review of literature supported the inclusion of topics such as

body parts, reproduction, birth control, sexual health, the sexual life cycle from birth to death, male and female social/sexual behavior, dating, marriage, parenting, establishing relationships, abuse awareness, boundary issues, self-esteem, and assertiveness skills training (p. 130).
Research consistently supports the notion of concretized topics and a highly structured teaching environment, as well as the use of positive reinforcement for appropriate behaviors. The aforementioned topics and structure will aid in constructing an ASD-appropriate sexual health and relationships education program, as it outlines the most optimal environment for one to comfortably learn these necessary practices and skills.

Since research shows that high functioning adolescents with ASD “do experience sexual desire, and that they may wish to have intimate relationships” (Scarpa et al., 2013, Second Paragraph Chapter 12), it is all the more necessary to assure there are programs tailored to the needs of this community in the context of sexuality. Unfortunately, many parents of children with ASD ignore the topic all together out of fear that their child’s interest in sexual relations will increase as a result of their further knowledge (Scarpa et al., 2013). Studies discussed in Scarpa et al.’s (2013) book show that this is actually far from the case and that “having a solid sexual knowledge base contributes to better decision-making skills and therefore less confusion and inappropriate behaviors” (Paragraph 11 Chapter 12). In conclusion, there is no way to shelter one’s child from developing a normative interest in sex and relationships, but by acknowledging this and aiding those with ASD in appropriately expressing their desires, adolescents will have a safer and happier connection with their sexuality.

**Sexual Education in Female ASD Population**

Although research remains limited in the sexual health of females with ASD, Hentoff’s (2016) review of literature around best sexual education practices for this population is a helpful source for forming training modules. Consistent with aforementioned research that stresses providing straightforward information, Hentoff (2016) mentions the importance of being as specific as possible when addressing things such as menstruation. For example, one should
include topics like “physical changes (height, weight gain, hair, breast development etc.), how to independently manage her period at school, being discreet when carrying supplies or asking permission to leave the classroom, what to do when she does not have supplies—asking specific teachers, going to the nurse, calling home and so on” (Hentoff, 2016, p. 39). It consistently appears that when teaching sexual education to individuals with ASD, it is best to avoid being too conservative and to address seemingly awkward topics head on, as this population benefits from factual and unambiguous information. For this reason, I believe that candid conversations that are accompanied with fact sheets and diagrams will be an effective practice in helping female adolescents understand the changes their bodies are undergoing. Furthermore, due to the nature of many with ASD, talking about such topics may be distressing, as they experience disproportionate sensory sensitivities, as well as interpersonal deficits. This means that it is necessary to develop a comfortable environment, as well as rapport between participants and group leaders. Hentoff’s (2016) findings also suggest that sessions should include discussions of temperament changes during menstruation and how to best deal with things such as “possible mood swings, increased anxiety and depression, acting out, self-injurious behavior, aggression, and defiance” (p. 39).

Another component of sexual education for females and all individuals with ASD is sexual abuse. In a study run by Mandell et al. (2005), data on 156 children with autism (many of which were high functioning) was collected and they found that 16.6% of children with autism underwent sexual abuse. The average age of the child they were collecting data from was 11.6 years old (Mandell et al., 2005), which is not the specific target population for a proposed sexual health and relationships program, but is important as it highlights the need for those with ASD to be informed of their sexual rights and autonomy. Other statistics from Hentoff’s (2016) review of
literature present even more harrowing information with an estimated 80% of females with ASD believed to be sexually molested before 18 years of age. This data makes the need for sexual education even more clear, as females with developmental disabilities have a greater risk of being sexually assaulted, thus a higher need for empowering social programs (Hentoff, 2016).

Sexual orientation and gender identity are additional crucial aspects in sexual and relationship education, but may be even more important within the ASD community. In a study run by Pecora et al. (2020), 295 females (134 with autism and 161 without autism) were advised to complete a survey aimed at assessing their sexual behavior, gender identity, and sexual orientation. Results showed that females with autism were significantly more likely to report a transgender identity or a non-heterosexual orientation than were the participants without ASD (Pecora et al., 2020). The researchers propose that this could be due to the foetal testosterone theory, which claims that autistic females have higher levels of testosterone, which may be “conceptually linked to increased likeliness of developing a male gender identity, a sexual preference towards females, and thus a homosexual and/or bisexual sexual orientation among autistic females” (Pecora et al., 2020, Discussion Section). The data from this study should be received with caution, since it is possible that the advertising for this study attracted people with more diverse sexual orientations, thus skewing the data (Pecora et al., 2020). Regardless, this study does appear consistent with prior research about gender identity and sexual orientation among high functioning females with ASD, which can be found in studies such as “Sexual Orientation, Gender Identity, and Romantic Relationships in Adolescents and Adults with Autism Spectrum Disorder” by Dewinter et al. (2017). Due to this, topics surrounding the aforementioned identities should be included in sexual education and relationship modules for this population. It will be vital to empower authentic expression in this training environment, so
that individuals gain an understanding of and confidence with their gender and sexual preferences.

**Love, Affection, and Intimacy**

When it comes to expressing love and affection, it proves difficult for the high functioning ASD community for a multitude of reasons. Since people with autism spectrum disorder develop normatively in physical aspects, but remain delayed in adaptive functioning and social/emotional maturity, they may manifest “a strong drive for romantic/sensual experiences but a lack of appreciation and understanding of age-appropriate peer codes of conduct” (Scarpa et al., 2013, Chapter 11 Affection Sub-Section). This difficulty in acting appropriate in a romantic or sexual context is displayed in several ways.

Showing affection in a traditional way can be challenging for someone with ASD, especially since a prevalent domain of autism is “hyper- or hyporeactivity to sensory experiences” (Scarpa et al., 2013, Chapter 11 Sensory Sub-Section). For many with autism, affectionate gestures such as kissing or even a light touch might be extremely unpleasant sensations (Scarpa et al., 2013), and sexual intimacy may prove to be similarly overwhelming and unenjoyable. This is to say, that relationship and sexual health modules should consider these inherent differences. Not every adolescent will be looking for a relationship where they exhibit affection through physical touch or sexual activities, but regardless affection is an integral part to a healthy relationship. This simply means that workshops will need to aid adolescents with autism in finding ways that they can comfortably express affection, which for some may not involve as much hugging or traditional forms of intimacy. It may be helpful for these individuals to find other partners with ASD who have similar preferences- another aspect that should be explored in sexual health and relationships skills programs.
Another thing that adolescents with ASD may struggle with is in becoming obsessive with a person, which is consistent with individuals with autism spectrum disorder developing specific and special interests (Scarpa et al., 2013). As Scarpa et al. (2013) notes, many with autism have a history of social difficulties, which means that when someone expresses interest in a platonic relationship with them, they may misconstrue this relationship as being more romantic in nature than intended. Since the typical adolescent with ASD has trouble reading social or non-verbal cues, they may not pick up on the fact that the opposing party is only interested in a friendship. Therefore, the individual with autism may become fascinated with this person, but then “may be accused of incessantly annoying or stalking the person”, which only leads to further social isolation (Scarpa et al., 2013). For this reason, aiding the adolescent with ASD in appropriately expressing affection or interest is proven extremely important.

Adolescents with high functioning ASD may have the desire to be in the romantic and intimate relationships they see their peers enjoy, but ultimately have issues in expressing their affection. For one, many with ASD may find “examples” of affection through highly dramatized romantic movies and characters and will model this behavior, as they do not inherently know how to express it themselves (Scarpa et al., 2013). Even more dangerous, is adolescents with ASD getting intimacy cues from pornography, where they are exposed to grossly hyper-sexualized situations that act as a terrible source for properly expressing interest in a peer romantically or sexually (Scarpa et al., 2013). Using these sources as material for modeling results in many potential dangers. Firstly, if a girl with autism bases her flirting off of the Hollywood archetype or from porn, her romantic intentions have potential to be misinterpreted as sexual or highly promiscuous, which could end in her getting taken advantage of (Scarpa et al., 2013). On the other hand, men with autism may be confused by topics of consent as they lack
healthy media models for this and can end up in intimate situations where “there can be accusations of assault and subsequent legal implications” (Scarpa et al., 2013, Chapter 11 Affection Sub-Section). These examples provided by Scarpa et al. (2013) further prove the necessity for workshops that teach adolescents and young adults with ASD how to manifest their feelings of affection or intimacy in societally proper ways. It appears that it is not that all people with autism lack affection or love, but that in their differences they have trouble expressing it authentically. It may not be a matter of urging people with autism to express their affection in ways that do not feel authentic to them, but rather in helping them communicate their feelings in a way that resonates with them, while also making sure they do so in a more age and socially appropriate manner.

**Teaching Concepts of Love & Affection to High Functioning Individuals with ASD**

Tony Atwood and his research partner, Michelle Garnett, developed a CBT program aimed at helping people with ASD express affection (Scarpa et al., 2013). Although their program was targeted at children who are 5-13 years old, they advise that “adults with ASD may benefit from aspects of the program that can be modified to be age-appropriate” (Scarpa et al., 2013). The structure of the program consisted of five sessions, each two hours long, and emphasized “practical and logical rather than intuitive and inferential” information about affection and its benefits (Scarpa et al., 2013). Overall, the “theme of the program was to encourage participants to be scientists investigating why we have emotions such as affection, discovering how to identify and measure emotions, and discovering new strategies to communicate and manage emotions” (Scarpa et al., 2013). I believe that taking this approach, namely structuring the program to make individuals feel like affection investigators, is clever for this population. This type of framework or language may be helpful when designing sexual
health and relationship workshops for women with ASD, as the minds of those with autism are more attuned to a factual lens. Furthermore, Scarpa et al. (2013) describes the use of tactics such as social stories, homework where children made affection and compliment diaries, and metaphors such as the “like and love thermometer” to aid children in better understanding such emotions. The aforementioned methods will be useful in a curriculum for young women with high functioning ASD, but will need to be age adjusted.

Another social skills paradigm known as PEERS, is an important reference when making a sexual health and relationships curriculum for individuals with ASD. This program, which involves parents, was tested for efficacy in a study with 28 participants (Laugeson et al., 2012). Over the course of 14-weeks, parents and adolescents with high functioning autism attended one 90 minute session per week (Laugeson et al., 2012). The leader of the group was a clinical psychologist and was accompanied by graduate students or “coaches” who “were responsible for assisting with role-playing exercises, providing performance feedback to adolescents during behavioral rehearsal exercises, and monitoring treatment fidelity” (Laugeson et al., 2012, p. 1029). Each session focused on different areas of social skills, some of which included appropriate use of humor, electronic communication, and handling rumors or gossip (Laugeson et al., 2012). The start of class began with reviewing homework given during the previous session and then was followed by a didactic lesson “which included a role-playing demonstration and behavioral rehearsal exercises for the teen group” (Laugeson et al., 2012, p. 1030). Social etiquette rules were taught through first having the “coaches” model a bad behavior such as hogging the conversation and then asking the adolescents what they did wrong during the interaction (Laugeson et al., 2012). When the teens answered correctly, the facilitators would agree and then introduce this as a new rule (i.e. “don’t hog the conversation”) (Laugeson et al.,
2012). By having the adolescents “come up” with the rule instead of simply stating it, it allowed them to better retain these social rules and feel more engaged in improving their own social skills (Laugeson et al., 2012). Typically, the facilitator would then ask more follow-up questions such as “‘what do you think that conversation was like for her?’ ” and then they would finally ask the “coach” who was on the other end of the modeled conversation, “‘what was that conversation like for you?’ ” (Laugeson et al., 2012, p. 1030). Through getting the adolescents to think about these social interactions from different points of view and through presenting concrete social rules, they were able to enhance social cognition (Laugeson et al., 2012) and theory of mind—crucial aspects in expressing affection. Moreover, sessions included a period of rehearsal where teens performed social activities and were assessed by trained facilitators and then ended with handing out and describing homework that would help parents and their children integrate these skills in their daily lives (Laugeson et al., 2012). This format has also been adjusted to be more appropriate for young adults who are interested in dating, thus including conversations and modeling opportunities based around things such as hinting to someone that you liked them (Laugeson et al., 2012). This was done by outlining specifics such as flirting with your eyes, giving people compliments, and discussing your interest in someone to mutual friends (Laugeson et al., 2012). Other aspects of Laugeson’s social skills groups that will be important in forming a sexual health and relationships workshop for high functioning women with ASD include Youtube videos outlining how to properly ask someone on a date among other relationship topics.

The above study, which tested the efficacy of the previously established PEERS social skills program, displayed that the training sessions were in fact significant in improving the targeted skills in adolescents with high functioning ASD (Laugeson et al., 2012). The
effectiveness was determined by scores on “a standardized measure of social skills (SSRS)” which were reported by parents and teachers (Laugeson et al., 2012, p. 1034). The above study is of immense importance in developing a sexual health and dating program for women with high functioning ASD, as it gives research proven methods in concretely defining and modeling social skills. Moreover, the involvement of parents proved to be effective and will be wise to replicate, as the presence of a parent will help ease anxiety and aid in making sure the learned skills are practiced at home. Lastly, it will be very helpful to incorporate a similar structure, but the subjects of lessons will need to be more aimed at the specific developmental, sexual, and relationship needs of females with ASD.

Other Important Dating Skills

There are several authors that have written books that outline best practices for navigating the sometimes-tricky dating world for those with high functioning ASD. One of these authors, Sarah Hendrickx, wrote the book _Love, Sex and Long-Term Relationships What People With Asperger Syndrome Really Really Want_, where she draws on her personal experiences of being a female with ASD to inform smart dating scenarios and skills for those with high-functioning autism (Hendrickx, 2008). To specify, her reference to Asperger’s Syndrome is now no longer part of the DSM-5, as it is encompassed in the umbrella term of ASD, but it references a high functioning individual with autism (Asperger's Syndrome, 2020). Given her own journey with autism as a woman, she provides a spectacular primary source of information and draws on accounts of couples with autism. This source is especially important as it is crucial to consider the perspectives of those with ASD when forming a manual for a workshop of this nature.
Hendrickx (2008) explains that since “one of the factors identified in attraction in a partner was shared interests”, especially in the case of people with ASD, where one looks for a partner is very important (p. 20). For this reason she suggests that individuals may benefit from finding a potential partner in a group, class, or setting that involves their specific interest (Hendrickx, 2008, p. 20). For example, if a woman with ASD has a specific interest in anime, she might want to join an anime club. Hendrickx (2008) notes that these social settings will not only put them at an advantage for finding a future partner, but regardless, give them the opportunity to practice their social skills and have enriching experiences (p. 20). This insight will be helpful in a module focused on where women with high functioning ASD may find a suitable partner. Additionally, Hendrickx (2008) emphasizes that online dating may prove especially useful for the high functioning autism community. She describes that “this may suit the logical mindset of some people with AS who may be more motivated by shared interests or lifestyle choices than by notions of ‘chemistry’ ” (p. 21), but to be careful to understand that people’s interests in online dating will vary (Hendrickx, 2008). Hence, it may be helpful to take things slowly with online dating and to not rush into creating a fantasy about the person- instead, assessing their interest and desires for a partner as well (Hendrickx, 2008, p. 21). Again, she mentions the importance of looking at the online dating experience as something that if nothing else, enhances your social and dating skills (Hendrickx, 2008, p. 21), which will be an important thing to discuss in constructed modules: to not look at someone’s lack of interest in you as discouraging or as a rejection, but rather a learning experience. The latter may be difficult, as many people with ASD have experienced bullying, resulting in “in a lack of self-worth and an inability to believe that anyone would have an interest in them” (Hendrickx, 2008, p. 22). Online dating arranges an atmosphere that lessens this fear of rejection, as one can choose to pursue in
person dates only if the opposing party has a mutual interest, thus lessening this fear and enhancing their self-worth. I believe that online dating should be discussed in a manual for women with high functioning women with autism who are interested in dating, but this module should include finding the most suitable dating site for one’s individual needs (Hendrickx, 2008, p. 17). This is because “some dating sites are for those who are searching for long-term partners and others are more for casual sexual encounters” (Hendrickx, 2008, p. 17). The latter underscores the additional need for women with ASD to identify what it is they are looking for in a partner.

I believe there should also be one or several modules in the manual that act as guidance in navigating a relationship, whether their partner is neurotypical or has ASD, once they potentially obtain a partner. This means there should be an expectation of some of the difficulties that may ensue, while also referencing helpful exercises to diffuse such problems. In terms of some of the issues that may present in a relationship with someone who has autism, one may be lack of knowledge in how to react to their partner’s dismay over something, especially as many with ASD have trouble with theory of mind (Hendrickx, 2008, p. 34). For instance, if someone with high functioning autism is dating someone who is neurotypical (NT) they might not know that their partner wants a hug in a period of distress, or further, hugging and physical touch may be contrary to the individual with ASD’s desires in a stressful encounter (Hendrickx, 2008, p. 34). It is important for those with autism who are dating someone who is neurotypical to grasp that not everything in love and intimacy can operate under “a number of unbreakable ‘rules’ by which to order their world” (Hendrickx, 2008, p. 35). Many feel a range of unsystematized emotions, and though one with ASD may see this as “irrational, unpredictable and illogical”, it is vital to know that a lot of romantic partners will want their feelings validated and respected.
(Hendrickx, 2008, p. 35). Instead of trying to understand exactly what one’s partner is feeling, partners should communicate what their preferences are in certain situations and the partner with ASD should adhere to the capacity they are able to (Hendrickx, 2008, p. 36). Another concern is that some people with autism may suffer from an all-or-nothing mindstate, which lends itself to difficulty in decoding emotions, as well as problems in discerning subtle emotions in themselves and their partners (Hendrickx, 2008, p. 45). This again emphasizes the need for partners to engage in exercises that can more tangibly identify feelings and perspectives. It is important for high functioning people with ASD to describe to their partners (if their partner is NT), that they do too have emotions and a desire for a relationship, but that they may express this in different ways such as continued presence rather than constant affection and affirmation (Hendrickx, 2008, p. 48). Furthermore, partners of those with ASD should be understanding of their lover’s sensory sensitivities and should not patronize them for engaging in what they perceive to be strange manifestations such as sniffing or licking certain textures (Hendrickx, 2008, p. 56). Again, though, it is necessary for couples to understand compromise in this context, so as to not engage in sensory activities that are personally invasive to their partner (Hendrickx, 2008, p. 56). Moreover, the sensory sensitivities that many with ASD experience many times lead to a sense of sensory overload, which often requires the individual with autism to need restorative time in solitude (Hendrickx, 2008, p. 57). It should be communicated that this time alone is not intended to be offensive, but some partners may not be able to cope with a partner who needs a lot of alone time without any sensory interruption or company. This should be highlighted in a module/group setting, so that those with ASD can potentially look for partners who have a similar need for solitude and may understand their sensitivities from also having autism.
Maxine Aston, a therapist who has worked with those in the ASD community for over a decade, created *The Asperger Couples Workbook Practical Advice and Activities for Couples and Counsellors* (Aston, 2009). This book has a plethora of potential handouts to be used by high functioning women with ASD in both friendships and romantic relationships, as Aston provides digestible frameworks through which couples can better understand one another. One way in which Aston (2009) opens the book is by highlighting the necessity for recognition of differences if one person in a relationship is neurotypical and the other has ASD (p. 15). She uses brilliant images and scenarios to display how two people may see the world differently, which would be especially helpful in succinctly communicating to a workshop group how they might differ from a future partner (Aston, 2009). Yes, it is important to understand these differences, but more crucial to the longevity and happiness of a relationship is finding ways to express oneself given a difference in communication or feeling style. For this, Aston (2009) recommends creating rules for the more logic-based mind of the ASD individual, such as guidelines for how to deliver important messages. Some rules she includes are to not ever communicate serious messages when: “either partner is in a hurry to go somewhere”, “the radio or television is on”, and “either partner is feeling stressed” (Aston, 2009, p. 26-27). Obviously this framework can be adjusted for different partner’s sensitivities and to a variety of situations, but having concise rules that reflect the needs of each partner will aid in the success of couples with ASD.

According to research found by Aston (2009), 85% of those with ASD have Alexithymia, or “the inability to express emotions or understand others’ emotions”, which is often accompanied by deficits in theory of mind, which may lead to a lack of empathy (p. 29). Due to this, healthy communication in couples with high functioning ASD may be compromised and one partner may rightfully so, yet not intentionally done by the partner with autism, feel unloved
or mistreated (p. 29). Aston remedies this issue by proposing the use of tools such as feeling in colors and numbers, as to add more logical and concrete guidelines for expressing emotions (Aston, 2009, p. 29-30). Couples can agree on a list of colors that correspond to different emotions or needs. For example, Aston (2009) mentions that one of the couples she counsels chose the color white for needing space, and when assigning a number to this color (1-10), the other partner would understand how intense that need for solitude was (p. 30). Another example of how this could help a relationship succeed is in assigning a color for love, something many partners of those with ASD feel is not reaffirmed or expressed often enough. This way, the partner with autism (this would apply if both have it as well) can say “I am feeling pink at an 8 right now” to express an abstract emotion more concretely (Aston, 2009, p. 33). Aston (2009) provides an abundance of these outlines of rules, checklists, and worksheets all of which will be great resources in a module that aims to help those with ASD feel equipped to deal with communication, affection, and intimacy issues that may arise in their future relationships.

**Conclusion**

From the review of literature, it remains apparent that women with high functioning ASD, though beautiful in their neurodiversity, are presented with a host of issues that make dating and sexual health difficult. One of these problems is the lack of research done on women in this community. Whether this is rooted in sexism or the mere fact that ASD is more prevalent in men is disputed. The research that does exist suggests that females with high functioning ASD may be more difficult to diagnose, as they are more likely to use a skill known as camouflaging due to the innate female drive to please and fit in. This difficulty in diagnosis may in part be responsible for women in the aforementioned community not receiving a plethora of programming attuned to their needs and desires. For women with a formal diagnosis, though, the
plight of parents feeling hesitant in addressing sexual health with their child may exacerbate atypical sexual behaviors. Unfortunately, women with ASD are at a far greater risk of being sexually assaulted in part due to their naive nature and struggles with social skills, making the need to address such topics such as relationships and sexual health incredibly necessary. Overall, women do differ in their manifestations of ASD in comparison to men, making a gender specific program argued for. Programs that do exist, though, are limited and the ones that do may lack aspects (or a combination of all of these aspects) such as consideration of breaks for anxiety, same gender leaders, video self-modeling, peer-modeling, homework, rulemaking, group discussions, and succinct and unambiguous dissemination of information. A program with the aforementioned features are recommended for optimal comfort and education.
Sexual Health and Dating Workshop Manual for Adolescents and Young Women with High Functioning Autism
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**Manual and Program Rationale**

Though ASD is diagnosed more commonly in males than females (Kreiser & White, 2014), this does not mean that there is not a great need to institute supportive programming that is attuned to the needs of women. For one, albeit males and females with autism presenting the same categorical representations, the manifestation of the traits within the three categories may vary across gender (Hull et al., 2020). With this in mind, it is apparent that workshops may lack in depth and nuance if remaining open to both males and females with ASD. Furthermore, with the nature of the program including sexual education (which differs across gender), it is likely that with some of these sessions will come stress, which would most likely be exacerbated by the presence of those from the opposite sex. Additionally, Hentoff’s (2016) review of literature underscores the need for empowering and women-specific programs for those with Autism Spectrum Disorder, through the finding that an estimated 80% of females with ASD are molested before the age of 18. This is not to say that males with autism are not at a greater risk for being sexually assaulted due to their disorder, but rather that females are disproportionately affected and deserve to learn gender specific skills that will aid them in leveraging their personal autonomy.

In terms of the topics covered, all of which have been deemed necessary through a review of literature, the manual encompasses two sections: “Relationships and Dating”, as well as “Sexual Health and Empowerment”. The “Relationships and Dating” section covers the following topics: an introduction session, Social Thinking, identifying different types and feelings of love and affection, boundaries, choosing a partner, online dating, flirting, first dates, and romantic relationship skills. The aim of this section is to educate potential group members on the nuances of the emotions, behaviors, and components of relationships, especially romantic ones. The subsequent section, “Sexual Health and Empowerment” involves topics such as:
female anatomy and menstruation, consent, masturbation, safe sex practices, and sexual orientation and gender identity. The latter module exists by means to teach sexual education in a straightforward manner, while making sure to empower the potential group members rather than sexually educate with tones of shame or fear. For both sections, each topic was chosen as a result of the insight of past research studies, while the overall structure of the manual and sessions is largely inspired by the work of Hentoff’s (2015) guide, as well as Laugeson et al.’s (2012) successful PEERS program. A brief rationale of each topic will be included in the schedule portion of the manual. Any worksheets or homework assignments included in the manual can be found in the appendix, most of which have been made by me, and if not will be specified otherwise.

**Program Outline**

Taking insight from the review of literature on women with ASD, I have formulated a potential manual to be used in a “Sexual Health and Dating” group for young women with high functioning ASD. Using the general structure from Laugeson et al.’s (2012) PEERS social skills paradigm, along with elements reflected in Hentoff’s (2015) manual, I have proposed a 14-week program and instilled elements from a variety of research sources to make the experience as attuned to the needs of this population.

The proposed groups consist of 20-30 woman-identifying individuals from middle adolescence (ages 14-17) to young adulthood (18-22). Each of the 14 sessions will last a total of 90 minutes and be led by one primary facilitator, a licensed and trained psychologist. Depending on the size of the group, the workshops should feature 3-4 sexual health and relationship “coaches”, or graduate students who are familiar with the manual and have a background in working with people on the autism spectrum. The primary facilitator and coaches should remain the same for the duration of the program, as rapport will be necessary for group members to feel
comfortable, as well as to create as individualized an experience for them as possible.
Additionally, given the sensitive and gender-driven nature of many of the workshops, both the primary leader and coaches should identify as women as well.

The primary group leader will begin each session with a didactic lesson on the day’s topic. These lessons will remain unambiguous and specific, as this style has been proven to appeal to the rule and detail-oriented brain of many individuals with autism. When dealing with topics that the group leader does not feel they have adequate background in, a professional in that area can be paid to come and lead that session. There may be instances where videos are shown as well. Moreover, if homework is assigned in a previous session, it should be reviewed before the didactic lesson. Group leaders and coaches should be aware of and take note of the recurring themes in group members’ homework, as to ensure the individualization of the program. Next, if warranted and appropriate, whichever skill was discussed in the didactic portion, will then be modeled by the graduate student “coaches”. In similar fashion to Laugeson’s (2012) PEERS, coaches should demonstrate both good and bad behaviors and then question the group about their modeling interaction. At this point, the students can collaborate with the leaders to come up with some “rules” based off of the graduate students’ modeling display. Some days, though, the order will vary with group discussions taking place after the didactic portion. Subsequently, most sessions will then feature the women working individually or with a partner to complete a worksheet or other activity. This will be followed by sharing their opinions to the entirety of the group or in more vulnerable sessions, being checked in on by a coach or the primary group leader. When appropriate, students will be given scenarios based on the session’s topic to model with a partner (or partners) and the primary facilitator and coaches will occasionally video tape and always offer feedback. The students will be given these videos
with comments sent to their email in order to understand how they can improve their social skills in the context of the week’s given topic. It is important to note that this structure may vary depending on the topic of the week, as some sessions will be more didactic in nature, with others requiring more active participation.
Module 1:
Relationships and Dating
Session 1: Introduction

Schedule
- Head Instructor and Coaches introduce themselves to each group member
- Rationale for program is explained
  - Time for questions and discussion
- Ice-Breaker activities
- Group Rules
- Homework Assignment

Materials
- Poster paper
- Markers, pencils, pens
- Yarn
- Printed homework sheets

Reminder: Allow for breaks to assuage potential anxiety. Additionally, incorporate aspects of positive reinforcement throughout sessions.
Introductions:
This is an important time for rapport to be built. As many of the topics that will be discussed in these workshops may be uncomfortable, especially for people with ASD who may struggle with comorbid anxiety or have general distress in group settings. Make sure to be warm and gregarious, and do not immediately push new group members out of their comfort zone. The aim is for the “students” to feel that these workshops are a safe space for them to air concerns and questions, as well as practice new skills.

Discussion about Rationale for Program:
Make sure to assess the anxiety levels of your group members before diving into the rationale of the group. If the women seem exceptionally shy or nervous, then outline the session first without many questions. If this is not the case, feel free to open with asking what the group feels the purpose of these workshops is.

Example Questions:
- Why is learning about sexual health important?
- Why might there be a need for a group on dating skills? Is dating something you find intimidating?

When explaining the rationale for the group be as unambiguous as possible and hit the following topics:
- Feeling empowered to make choices about our bodies and relationships
- A safe space to discuss your anxieties and concerns about dating
- Non-judgmental zone to make mistakes so we can feel more confident in the real world
- Knowledge is power: the more we know about our bodies and relationships, the more comfortable we will feel making empowering decisions in our lives

Discuss General Organization of the group:
- Explain how many times a week the group meets (once)
- How long each session is (90 minutes)
- General framework (didactic lesson, modeling, activity, homework, etc.)

Icebreaker Activity:
Engaging in an ice breaker activity will allow the group to get more comfortable participating, as well as establish a sense of community and belonging within the group.

Yarn Web Icebreaker Activity
In this icebreaker activity, group members will spread out into a large circle and sit on the ground. The instructor should begin by introducing themselves and answering a question from a worksheet (see appendix). By giving multiple options for questions the students can answer, this
will hopefully assuage some anxieties about public speaking. The instructor will hold onto a piece of the yarn while throwing it to another group member. The group member will say their name and age and then pick 2-3 questions they want to answer from the worksheet that will have previously been handed out. This will go on until every student and coach has had a turn and at the end there will be a web of yarn connecting every member. The coaches should explain that through being vulnerable and sharing information about themselves, they have in turn created a web and community amongst themselves. The lead instructor and coaches should encourage the group members to continue on this path and make clear that they will be there to support them every step of the way.

**Group Rules:**
This segment of the session should begin by separating the students into small groups, each of which will be accompanied by a coach. In these groups, coaches will encourage students to discuss potential rules for the group (i.e. not sharing information outside of the group, respecting one another’s opinions, no hateful or hurtful words, etc.). Then, all the groups will come together and talk about what they came up with. At this point, the instructor can call on individuals to write down on the poster paper the rule they have come up with (as long as everyone has agreed on it). The group rules can be hung up in the room once the activity is completed.

**Explain Homework:**
Pass out “Get to Know Me” Sheet (see appendix) and “What I Want to Learn” (see appendix) sheet and explain the basic premise of each.
Session 2: Social Thinking

Schedule
- Review Homework
- Didactic Lesson: What is Social Learning
- Discussion
- Coach Modeling
  - Do’s and Don’ts and “Rules”
- Now Practice!
- Explain Homework

Materials
- Pen or Pencil and Paper
- Projection Screen
- Homework Sheets
- Device for Video Taping

Topic Rationale
As noted in the literature review, individuals with ASD face deficits in social communication skills (“Diagnostic Criteria”, 2020). This often leads to a lack of what is known as “theory of mind”, or adjusting one’s behavior to a specific social context (Carpenter, 2013). The Social Thinking paradigm, developed by Winner (2015), provides a strong basis for teaching perspective taking, which will aid in the development of theory of mind and therefore an increased ability to build healthier relationships.

Reminder: Allow for breaks to assuage potential anxiety. Additionally, incorporate aspects of positive reinforcement throughout sessions.
Review Homework:
Have group members share their “Get to Know Me” sheet and give them the option to share what they want to learn over the course of the group sessions. If someone does not feel comfortable sharing, that is alright, but coaches should collect both homework sheets in an effort to better understand the students.

Social Thinking Didactic Overview:
Social Thinking is a concept by Michelle Garcia Winner (2015) all about thinking about what others are thinking! This may sound strange or complicated, but it is simply using your own thoughts and the potential thoughts of others to influence your own social behavior. This is something that can appear very naturally for others, but for many with ASD it proves more difficult. For this reason, Winner came up with four basic steps to remember to help us in perspective-taking. These steps apply to whenever you are sharing a space with someone, whether that be physically or through verbal communication.

1. Identify the fact that if you are sharing space with another person, both you and that other person will be having thoughts about one another
2. Monitor this person’s behavior and consider their intentions. Are they acting suspicious or strange in any manner? If so, take note of this.
3. Think about what this person may be thinking about you. Have you had past interactions? If so, how will those interactions shape what they might be thinking about you? Remember that they are most likely wondering what you are thinking of them. A lot of perspective taking is going on!
4. Now comes the social part! Based on what you believe they are thinking of you, adjust your behavior accordingly. How do you want them to perceive you? How might you behave in order for them to perceive you this way?

Share this video with the class after to give broad overview and to ensure understanding of the Social Thinking Theory:
- https://www.youtube.com/watch?v=HkA5_kwzdZw (Social Thinking, 2016)

Coach Modeling:
Have two of the coaches sit in front of the group and model a scenario in which they are on a first date together. One person will start by explaining that they love to play soccer. The other person modeling will respond with something completely unrelated such as explaining that they are tired or that their favorite food is pizza. The first person will make an effort to bring the conversation back to their enjoyment of soccer, while the second person will remain on a tangential topic.

Open Discussion about Modeling:
Ask questions to get the group members thinking about how Social Thinking and perspective taking are important in terms of forming relationships and dating, especially in the context of the above scenario. Then create rules together, but have the students announce them to make them feel more engaged!

- Do you guys think this was a good first date interaction? Did it feel awkward and choppy? Why is that?
- When we ignore other people’s topic of conversation, are we practicing good perspective taking or Social Thinking?
- Why do you think perspective taking is important for building romantic relationships and when we are on dates?
- Does it seem like Person B is adjusting their social behavior to make Person A like them more? If we are on a date, don’t we want the person to like us?

Coach Modeling Part 2:
Have the coaches act out the same scenario, but this time the second person will relate the topic of soccer to themselves, maybe saying something like “Oh, I don’t play soccer, but I do play basketball. Do you have any favorite basketball teams?” Keep the conversation going, with each coach practicing good perspective taking by accounting for the topic the other person brought up.

Open Discussion about Modeling Part 2:
- Did this seem like a good conversation? Did it seem like they were interested in and listening to one another’s topics?
- Were they practicing good Social Thinking and perspective taking skills?

Making a Rule Book:
Have each student take out a piece of paper and something to write with. Ask them to brainstorm with the person next to them about what rules about conversations they should follow. Have coaches go around and prompt them by saying things like “Yeah, they didn’t show the other person that they were thinking about what they were thinking about. How can we maybe make that a rule?” For example, the students then may write down, make sure to relate what you say to what the other person is thinking.

Have the small groups come together and write down a list of rules for perspective taking in conversations. Help them make these rules succinct.

**Now Practice!**
Everyone will be grouped with one other person. The head leader will assign a topic like “sports” and each pair will attempt at having a conversation that follows the rules of Social Thinking and the rules that they just formulated all together. These interactions should be videotaped and sent via email the students so comments can be made to help the students alter their behavior.
Additionally, coaches should go around and provide positive affirmations when students are following the rules outlined about perspective taking.

**Explain Homework:**
Instruct students to record instances where they practiced Social Thinking. Be ready to share with the group during the next session (see appendix)
Session 3: Different Types of Love and Affection Investigators

What is it That You’re Feeling?

Schedule
- Review Homework
- Didactic Lesson
- Group Discussion
  - Rules + Do’s and Don’ts
- Coach Modeling
- Explain Homework

Materials
- Pen or Pencil and Paper
- Love Thermometer Sheet
- Homework Sheets

Topic Rationale
Many with ASD present difficulties in appropriately expressing affection, speculated to be as a result of their lack of understanding in what affection truly is (Scarpa et al., 2013). Therefore, it is crucial that this topic be explained and better understood, in part by means of tools such as the “Love Thermometer” (Hentoff, 2016) featured in Atwood and Garnett’s research (Scarpa et al., 2013).

Reminder: Allow for breaks to assuage potential anxiety. Additionally, incorporate aspects of positive reinforcement throughout sessions.
**Review Homework:**
Students should each share one situation where they practiced Social Thinking during the previous week. Instructors should be congratulatory and point out specific things that the student did that they should feel proud of and continue practicing in daily interactions.

**Love and Affection Didactic Overview:**
We can feel love and affection towards a lot of things and people. Our family, our pets, romantic partners, etc. But this love feels different for different things. The hard part is, how do we identify what type of love we have for someone and then act accordingly? If this is something that doesn’t come naturally to you, that is okay! This lesson is all about being affection investigators: how much love am I feeling? How can I measure this? Should we show the same amount or type of love and affection for our friend as we should a romantic partner? Furthermore, this population benefits from straightforward information as they tend to be more fact and rule oriented. For this reason, spend some time also literally defining love and affection. Frame this session as the group members being affection “investigators” or “detectives”.

**Post-Didactic Short Discussion and Rules:**
This aforementioned overview can pivot into a short discussion that aims to first identify what the different types of love are and how those loves feel. Although the leader and coaches should have previously explained the different types of love, this will ensure that the group members have a thorough grasp of the concepts as well. Instead of simply giving answers to questions, make sure to pose questions that lead the group members to the conclusion themselves. For example, you may ask the group members: “Do we express the same modes of affection to our parents as we do our romantic partner?” Then the group members will most likely respond that they do not and encourage them to expand and come up with rules for how we treat a romantic partner differently then: “So then how do we show affection for a romantic partner differently? How may we speak to them differently or touch them differently?” By letting group members come to these conclusions themselves, they will feel more responsible for what they learned and are more likely to retain it and practice it. All members should write down notes about how we treat people based on the love category they fit into.

**Coach Modeling + Love Thermometer:**
Have the coaches model different levels of love. For example, have them act out a parent and a child, two romantic partners, a friend, or even a person and their dog (good to mix in some humor!). Have the members 1) identify what type of relationship they think it is (you should have distinguished the different loves at this point) and then 2) measure on the love thermometer (Scarpa et al., 2013) the level of love the coaches are acting out (see appendix). The aim is that this will get students identifying appropriate or inappropriate actions within the contexts of different relationships, as well as helping them understand what type of love or affection they are feeling with a variety of people in their lives. Since the students may feel awkward doing this in
a modeling format with one another so early in the workshop sessions, a “Now Practice!” will not be included for this week.

**Homework:**
Handout “What Does Love and Affection Mean to You?” and “What Type of Relationship is This?” homework sheets (see appendix) and briefly explain how to do each of them.
Session 4: Boundaries and Subtleties

Schedule
- Review Homework
- Didactic Lesson
- Coach Modeling
  - Do’s and Don’ts and “Rules”
- Group Worksheet
- Now Practice!
- Explain Homework

Materials
- Pen or Pencil and Paper
- Class Worksheets
- Homework Sheets
- Device for Video Taping

Topic Rationale
In part a result of individuals with ASD having restricted interests (“Diagnostic Criteria”, 2020), as well as experiencing repeated peer rejection (Weiss, 2013), some may display obsessive or inappropriate interest in people who show kindness towards them (Scarpa et al., 2013). For this reason, it is necessary for women with ASD to learn about appropriate boundaries. Furthermore, it is crucial they learn how to set their own empowering boundaries as they are more apt to be taken advantage of sexually (Hentoff, 2016).

Reminder: Allow for breaks to assuage potential anxiety. Additionally, incorporate aspects of positive reinforcement throughout sessions.
Review Homework:
The lead instructor and coaches should go around to see what things students wrote or topics they may have had difficulty with. This will allow them to better understand the group members and make the program further individualized and enriching for them. Allow for students to share with the entirety of the group.

Boundaries Didactic Overview:
Scarpa et al. (2013) explains that many times people with ASD can get confused by boundaries when someone shows interest in them. As many people with ASD are rejected socially for lack of developmentally appropriate social skills, they can become extremely fixated or even obsessive with someone who shows interest in them. It is important to frame this to the students in a way that does not make them feel shameful, but rather understanding of some of the ways they have struggled so they can move forward in appropriate ways. Explain to students that people can show interest in us for different reasons: out of sheer friendliness, curiosity, wanting to be friends, romantic interest, etc. Furthermore, describe how sometimes when we do not pick up on these signals, we can then act in ways that are confusing for other people (i.e. excessive interest in someone who was just being friendly). What are some ways we can employ our Social Thinking knowledge to better reflect the sentiment of our peers? Explain boundaries and what different people’s boundaries may be. Have them think about their own boundaries as well, so they can confidently tell friends and romantic partners what they are.

Coach Modeling + “Rule” Making:
Have two of the graduate students (“coaches”) act out different situations. In at least one, show an inappropriate interaction. For example, have one of the coaches say something friendly to the other student and then have the other coach begin to show inappropriate/ excessive interest. Have the students take out a sheet of paper to start making their group rules and do’s and don’ts. In order to get them to collaborate on these “rules”, ask questions like “what do you think that person’s intention was friendly or romantic?” and then “is that an appropriate way to treat someone whose intention was just to be friends?” Help the students identify how to better pick up on these subtleties by referencing Social Thinking. You can also have the coaches model an interaction where someone approaches them romantically and they respond appropriately. Get the students thinking about what was good about this interaction and how they acted in accordance to the behaviors that the other displayed.

Activity/ Group Worksheet:
Have the students split into groups of three and give them each one “What Would You Do?” sheet (see appendix). This activity will help them better identify what type of interaction someone is proposing, as well as come up with how they would appropriately respond to it. Remind them to keep boundaries in mind!
Now Practice!
Have the group members split up into assigned pairs and have them practice setting their own boundaries out loud. For example, pose the scenario that someone just hugged them that was just a friend and that they do not like to be touched this way. Encourage the students to be direct, but friendly in their response, such as practicing phrases like: “Thank you for showing me you appreciate me by hugging me, but I actually don’t love being touched like that. Do you think you could ask before touching me next time?” These situations can be videotaped and the good interactions may be sent to the students so they can see their progress and feel encouraged. Reminder to positively reinforce appropriate social interactions through encouragement and even provide snacks at the end of every “Now Practice!” session for their cooperation and hard work.

Homework:
Give the homework sheet to the students, “My Limits and Boundaries” (see appendix) and explain the premise to them.
Session 5: Choosing a Partner
What Are You Looking For?

Schedule
- Review Homework
- Didactic Lesson
- Group Brainstorm/Discussion
- Worksheet with Partner
- Explain Homework

Materials:
- Projector Screen
- Whiteboard + Dry Erase Markers
- Writing Utensil
- Class Worksheet
- Homework Worksheets

Topic Rationale
As the theme of this program is romantic relationships, it is commonsensical to include a session on identifying what one wants in a partner. Furthermore, this session is meant to demystify the reality of relationships, as many women with ASD use movies as romantic reference (Scarpa et al., 2013). Additionally, as many women with ASD experience rejection and peer isolation, they are susceptible to developing the perspective that no one would ever have interest in them (Hendrickx, 2008, p. 22). For this reason, this session includes activities aimed at empowering the individual in their quest and formulation of standards for love.

Reminder: Allow for breaks to assuage potential anxiety. Additionally, incorporate aspects of positive reinforcement throughout sessions.
Review Homework:
Encourage students to share some of the boundaries they wrote down as to help them become more confident in expressing them.

What Do You Want/ Choosing a Partner Didactic Overview:
Many people with ASD may have an interest in having a romantic partner, but perhaps are solely acquainted to the Disney or popular culture depiction of love. This is not how love is in reality for most, but when this is one’s primary example of love and affection, they may not be aware that there are other things to look for in love than simply an electric spark upon first meeting. For example, for the sake of longevity, one may be much better dating someone who is similar to them in their needs and specific interests. This is especially true if someone with ASD is not keen on being sexually involved with someone, perhaps due to sensory issues. Explain that a romantic partnership is however you choose to define it (within the realms of what is appropriate) and that the first step in finding a partner is defining what it is you actually want. Explain that it is also completely acceptable to not want a long-term partner. Perhaps you are just looking for someone to hook up with or just a friend of the same or opposite sex. Let’s get clear on what relationship you want and how it should look to make you happiest! It is also good to address with the students that they may be more easily understood with someone who also has a beautifully different mind like them from having ASD. In no way should they feel they cannot date someone who is neurotypical, but have it be understood that they have options and that it is ultimately their choice.

Watch this Video:
- [https://www.youtube.com/watch?v=s1-Nc1Ulq20](https://www.youtube.com/watch?v=s1-Nc1Ulq20) (Psych2Go, 2018)

Group Brainstorm + Discussion:
First start with asking them to think about what different types of relationships there are and to write it up on the board. They should have a good idea after the introductory lesson and overview. Next, pose questions such as: what are good qualities to look for in a romantic partner (or a friendship, etc.)? If they are having difficulty coming up with specific answers, then frame things like “is it good to have shared interests with a romantic partner?” Have the group members write these good qualities under each category on the whiteboard and then go on to discuss qualities we should avoid in a partner. Implore students to think about what they love to do and ask them if they may benefit from seeking out partners in places where there are people with a shared interest in this hobby or thing.

Activity/Worksheet with a Partner:
Many times, people with ASD have faced years of bullying, resulting in major detriment to their self-esteem and self-worth. This “I am deserving of love that…” sheet (see appendix) aims to not only aid each individual in identifying what they want in a relationship, but what they deserve.
After each student comes up with 10-14 phrases (i.e. *I am deserving of love that is accepting*), students will be assigned to a partner whom they will share their statements out loud with. Encourage students to keep these sheets and practice saying these phrases out loud at home.

**Explain Homework:**
Handout and explain the premise of the “My Non-Negotiables and Ideal Partner” homework sheet (see appendix).
Session 6: Navigating Online Dating

Schedule
- Review Homework
- Didactic Lesson
- Modeling
  - Do’s and Don’ts and “Rules”
- Now Practice!
- Explain Homework

Materials
- Pen or Pencil and Paper
- Cellphones
- Projector Screen
- Class Handout
- Homework Sheets

Topic Rationale
Hendrickx (2008) emphasizes that online dating may be a good way for those with ASD to acclimate to the dating world. Furthermore, it assuages the fear of rejection often very present after years of bullying (Hendrickx, 2008).

Reminder: Allow for breaks to assuage potential anxiety. Additionally, incorporate aspects of positive reinforcement throughout sessions.
Review Homework:
Coaches and the group leader should check in with each student to see what qualities they are looking for in a romantic partner or friend, etc. If they find anything troubling they should address it, while if they identify that a group member put down healthy qualities they should recognize this.

Online Dating Didactic Overview:
Online dating can be a great way for people with high functioning ASD to meet new people. Dating apps take away some of the fear of rejection that many with ASD have after many years of potential bullying. They also provide the chance to practice setting your boundaries, discern what you’re looking for in a partner, and set preferences for the types of people you want to match with. When someone develops rapport with someone on a dating app and they decide that they are mutually interested, at this point the group member may feel comfortable with initiating or agreeing to a first date. Having spent time interacting with this person prior to a date may alleviate some of the anxiety that comes with a high-stress interaction, as they may have topics ready to talk about or shared interests they are aware of. It should be noted that texting can lead to some difficulty in reading social cues, so make sure to explain the development of a texting conversation, as well as when one should block someone from speaking to them. One of the aims of this session is to get members comfortable with a dating app interface, so make sure to give a high level overview of the different features of common applications, as well as a thorough explanation about how different applications are used for different type of relationships (finding friends, finding a romantic partner, finding a sexual partner, etc.). Note that some dating apps are 18+, so members below this age may not be able to download or use them. They can still partake in this lesson as it will help teach appropriate social skills and prepare for using these dating mediums in the future.

Activity + Discussion:
Show screenshots of two dating app conversations (see appendix) (these will be via iMessage due to lack of resources) and pause in order to pose questions for the group members. When the conversation is good, have members make rules for “Do’s” of dating app interactions, and conversely, recording “Don’ts” when the conversation is bad, inappropriate, or unsafe.

Now Practice!
Make sure each member is equipped with a cellphone. Pair them up with someone else in the room and tell them what the scenario is: trying to make a friend, looking for a romantic partner, etc. Encourage them to explain what they are looking for in a friend or partner, but to also ask questions to the other person (and set boundaries if necessary). Have one person text the other first and tell them to pretend this is a text conversation happening via a dating app. Make sure to screen record the conversations, so they can be reviewed for feedback.
Explain Homework:
Session 7: Flirting

Schedule
- Review Homework
- Didactic Lesson
- Coach Modeling
  - Do’s and Don’ts and “Rules”
- Group Worksheet
- Put it into Practice!
- Explain Homework

Materials
- Pen or Pencil and Paper
- Flirting Handout
- Projection Screen
- Homework Sheets
- Device for Video Taping

Topic Rationale
The subtleties of flirting may be difficult for women with ASD, in part due to the high possibility their main reference for these skills come from unrealistic Hollywood archetypes (Scarpa et al., 2013). Additionally, others such as Laugeson et al. (2012), incorporate the topic of flirting into their social skills sessions, while Scarpa et al. (2013) utilized methods such as compliment journals, which will be adapted for the purposes of this proposed workshop.

Reminder: Allow for breaks to assuage potential anxiety. Additionally, incorporate aspects of positive reinforcement throughout sessions.
**Review Homework:**
See what members had difficulty with and make sure coaches assist them in understanding any mistakes they made.

**Flirting Didactic Overview:**
Start with having the group watch these videos:
- [https://www.youtube.com/watch?v=eIqFrbgBEQY&feature=emb_title](https://www.youtube.com/watch?v=eIqFrbgBEQY&feature=emb_title) (Wrong Planet, 2012)
- [https://www.youtube.com/watch?v=rZTqF5oYUqo](https://www.youtube.com/watch?v=rZTqF5oYUqo) (The School of Life, 2017)

Hand out a sheet on “Flirting Gestures and Cues” and “How to Give Appropriate Compliments” (see appendix) after watching the videos.

Flirting is difficult for a lot of people, but perhaps especially for those with ASD, as it requires picking up on a lot of subtleties and social cues. But it is not impossible! There are many ways to improve our flirting skills. Make sure to first explain what flirting is to the group members even after watching the videos (spoken and unspoken cues that demonstrate our interest in or attraction to someone, etc.). Especially for this population of individuals, explain that they do not need to be perfect flirters like they may see demonstrated on television or in movies— the majority of humans don’t act like that. Being human is attractive! Put more of an emphasis on establishing shared interests and learning how to appropriately compliment others.

**Coach Modeling + Do’s and Don’ts:**
Have coaches demonstrate a variety of flirting interactions. Some of these should serve as bad examples where group members can discuss and write down the “Don’ts” to flirting. On the other hand, include great flirting demonstrations and make sure to ask questions about subtleties such as “What about their smile or eye contact was good?” and then have members write down “Do’s”.

**Now Practice!**
Group members should be paired with one other person. Advise them to practice conversations where they establish shared interests and give a couple of appropriate compliments. Record some of these interactions to review, but also make sure coaches and the main leader are walking around to give reassurance and positive reinforcement. Send recordings to students via email.

**Explain Homework:**
Hand out “Compliments I Gave This Week” and explain that the purpose is to get comfortable with giving appropriate compliments to your peers and family throughout the week. Make sure they understand they have to record these compliments and people’s reactions on the sheet. Also
hand out “Common Compliments” (see appendix) for them to keep for reference to appropriate verbal flirting.
Session 8: First Dates

Schedule
- Review Homework
- Didactic Lesson
- Group Discussion
- Coach Modeling
  - Do’s and Don’ts and “Rules”
- Put it into Practice!
- Explain Homework

Materials
- Pen or Pencil and Paper
- Homework Sheet
- Device for Video Taping

Topic Rationale
First dates are anxiety inducing for many, but as those with ASD are susceptible to comorbid anxiety (Joshi et al., 2010), as well as deficits in social communication (“Diagnostic Criteria”, 2020), first dates may be disproportionately difficult for people with Autism Spectrum Disorder. Additionally, this topic was included in Hentoff’s (2015) dating guide, which included topics that psychologists and ASD specialists recommended based on their professional experience.

Reminder: Allow for breaks to assuage potential anxiety. Additionally, incorporate aspects of positive reinforcement throughout sessions.
Review Homework:
Have each group member share a couple of compliments they gave out to peers and family since the previous session.

First Dates Didactic Overview:
For anyone, first dates come with their fair share of anxiety, but perhaps even more so for those with ASD. This population of people can often be overstimulated by certain environments, which may exacerbate already existing fears of the interaction. For this reason, explain the importance in picking a first date location that is optimal for you! Also describe that there is no rule about disclosing that you have ASD before going on a date with someone. If you met someone and you both have Autism, this may be something you can find common ground over, but it is always up to you if you feel comfortable talking about something personal so soon. Promote the idea that each group member should feel empowered to share as little or as much as is appropriate on a first date. Additionally, emphasize employing the skills learning in previous sessions like Social Thinking, boundaries, and flirting. A first date is the culmination of a lot of these skills, so it can be intimidating, but reframe a first date not going perfectly as a learning point, not rejection. This session should help students develop an idea of first date etiquette, as well as understand that not “clicking” with someone does not mean they hated or rejected you.

Group Discussion:
Let’s reframe fear of rejection! Start a conversation about rejection and what it means. Why are we so afraid of it? Let group members find solace in sharing the same feelings and experiences as their peers in the group. Now pose how a first date not going amazingly well or not resulting in a second one might still be a good thing. Conclude the discussion when the general sentiment feels as though students are beginning to realize not getting along with someone does not mean they hate you or rejected you.

Coach Modeling + Do’s and Don’ts:
Have coaches model several first date scenarios. One should go quite poorly, as to highlight some first date “Don’ts” (write in their rule book), while one goes well (have them discuss and write down the “Do’s”). Additionally, one of the first date situations should highlight how not being a great match is not a sign of rejection. Perhaps one of the coaches says they are not interested in a second date. After this modeling scenario, ask group members “were they rejected?”, “why should coach ____ not feel bad about not being asked on a second date?”, and “how can we learn from a first date that doesn’t go as planned?”.

Now Practice!
Have group members pair up with one other student. Record them practicing first date interactions. Congratulate them for being brave and applying their skills. Have them practice
talking about shared interests and asking questions about the other person (i.e. Social Thinking). Step in to kindly correct if necessary. Video tape and send recordings via email.

**Explain Homework:**
Hand out “My Ideal First Date” (see appendix) worksheet and briefly explain.
Session 9: So Now You’re in a Relationship

Schedule
- Review Homework
- Didactic Lesson
- Group Discussion
- Group Worksheets
- Put it into Practice!
- Explain Homework
- Final Discussion

Materials
- Pen or Pencil and Paper
- Class Handouts and Worksheets
- Homework Sheets
- Device for Video Taping

Topic Rationale
One gender difference in those with ASD, is that women appear to be better at initiating relationships, but inferior in maintaining them (Hiller et al., 2014). Due to this, it appears necessary to aid high functioning women with ASD in how best to resolve issues in their romantic relationships that could otherwise lead to eventual termination. Many of the practices in this session are informed by the works of Hendrickx (2008) and Anston (2009).

Reminder: Allow for breaks to assuage potential anxiety. Additionally, incorporate aspects of positive reinforcement throughout sessions.
Review Homework:
Students should be encouraged to share the features of their ideal first date to the rest of the group members. Coaches should be sure to redirect any inappropriate desires mentioned in group members’ homework.

Relationship Didactic Overview:
Handout the “Five Love Languages” sheet (see appendix).
Different Points of View Sheet (see appendix)

Using our knowledge of Social Thinking, we understand that people have different thoughts and experiences than us. Something that might work for us, may not work for someone else and vice versa. A useful way to explain this may be through the explanation of “Love Languages”. For example, someone may feel comforted by physical touch, whereas another person may feel suffocated and disturbed by this same thing. It is important that we communicate how we need to be loved, but also understand that our partner needs certain things to feel happy as well. We might not always be able to comfortably give our partner these things, but making appropriate compromises is vital to a healthy and long-lasting partnership. Communicate to the group members that it is okay if living alongside someone or sharing a lot of your life with them seems overwhelming! These next two sessions will aim at equipping everyone with tools to make relationships work for them.

Group Discussion:
Have group members candidly discuss what their concerns are about having a serious romantic relationship with someone. Allow them to open up about their fears about the potential of sharing a living space with someone one day. Take note of what students share as the head leader and coaches, as these will be good things to reference throughout sessions and help group members work through.

Group Worksheets:
Have group members work with a partner (though they can individualize their responses) on the colors and emotions worksheet (see appendix). Additionally, have the students complete the “My Rules for Giving Important Messages” sheet (see appendix) after looking at the “Rules for Important Messages” example (see appendix). Explain the concepts to them first and have coaches walk around to make sure students understand the tasks. If they write something inappropriate then address this, but make sure to empower them in cases when they are identifying their emotions and setting healthy boundaries.

Now Practice!
Group members should practice stating what they are feeling using their color and emotions scales. Give them different scenarios and set ups so they can learn to express themselves using
the system in a variety of settings. For example, pose that your partner just broke one of your outlined boundaries. Students should then tell the other group member (who is playing their partner) what color emotion they are feeling and at what number (or degree). Then have the members switch roles. Additionally, pose scenarios where the group members will have the chance to articulate their argument rules. For example, if one of their rules is to go to another room to get some space when they are feeling frustrated by what their partner said, then positively reinforce group members if they articulate that they need space when faced with this hypothetical situation. Empower them to assert their rules and boundaries! Video tape and send via email to students.

**Explain Homework:**
Pass out “My Triggers...What Do I Need?” homework sheet (see appendix). Explain to students that this sheet is about identifying what things get them into a sad, angry, or overwhelmed space and then identifying what makes them feel better in response to these emotions (tell students to avoid writing things like stimming or habits we do not want to engage in frequently). This will help group members articulate their triggers to a future partner as to avoid them, while also making them aware of how to healthily diffuse such emotions when they arise.

**Final Discussion:**
Discuss how much everyone has learned in the past two months! Congratulate everyone on their efforts and improvements in social skills in the context of dating and relationships. Have everyone share the most valuable things they have learned. Explain what the next module will entail and that it might contain more sensitive information (be as straightforward and honest as possible so there are no surprises).
Module 2:
Sexual Health and Empowerment
Session 10: Getting to Know Our Bodies and Menstruation

**Schedule**
- Review Homework
- Didactic Lesson
- Group Discussion
- Group Worksheet
- Explain Homework

**Materials**
- Projection Screen
- Pen or Pencil and Paper
- Diagram Sheets
- Class Worksheets
- Homework Sheet

**Topic Rationale**
Koller’s (2000) review of literature makes it apparent that subjects such as body parts should be included in the sexual education of those with ASD. Additionally, Hentoff’s (2015) review of literature suggests that topics such as menstruation should be included and that these aforementioned areas should be addressed in detail.

**Reminder:** Allow for breaks to assuage potential anxiety. Additionally, incorporate aspects of positive reinforcement throughout sessions.
Review Homework:
Go over “My Triggers… What Do I Need?” and make sure that students gave appropriate responses.

Getting to Know Our Bodies + Menstruation Didactic Overview:
This is the first session in a series of topics that will be more sensitive in nature, hence these workshops following 2+ months of preceded sessions. Since the head psychologist and coaches will most likely not have a sufficient background in this field, an outside expert should come in to give this didactic lesson. The outside expert should preferably have a background in working with the ASD community, or at least be informed of how best to present this sensitive information to the group members. Even though the students will have been warned of the nature of this session in the previous workshop, make sure to ease them into the day by explaining what will be discussed, as well as articulating that they have the option to leave the room for a little break if it gets too overwhelming. At this point, the group members should be decently comfortable and have developed rapport with the head leader and coaches, so make sure to disperse yourselves so they have a comforting presence near them. Finally, this topic may be as awkward as the tone one discusses it in. For this reason, treat it as factual and unambiguous as possible and group members will most likely feel less stressed. The speaker should address the female anatomy and how menstruation works and affects mood.

Watch These Videos on Female Anatomy and Menstruation:
- [https://www.youtube.com/watch?v=t9tFk835vjo](https://www.youtube.com/watch?v=t9tFk835vjo) (Planned Parenthood, 2011)
- [https://www.youtube.com/watch?v=SiOE7DsCJlM&feature=emb_logo](https://www.youtube.com/watch?v=SiOE7DsCJlM&feature=emb_logo) (Planned Parenthood, 2017)
- [https://www.youtube.com/watch?v=vXrQ_FhZmos](https://www.youtube.com/watch?v=vXrQ_FhZmos) (Nemours KidsHealth, 2015)
- [https://www.youtube.com/watch?v=Gdenst0-kJ8](https://www.youtube.com/watch?v=Gdenst0-kJ8) (HUM Nutrition, 2018)

Let students know you can send them the links to the above videos if they are interested in re-watching at home.

Handout multiple diagram sheets AFTER listening to the expert speaker’s presentation (see appendix). Students should keep these at home.

Group Discussion:
Since students may vary in age, it is best to divide into smaller groups by age or maturity (this is up to the discretion of the primary group leader). Give the students a discussion questions handout (see appendix) that will help them talk about things they feel confused by. Make sure to have coaches present in each group to keep the conversation flowing and to clarify and answer...
any questions. Have group members record “Do’s and Don’ts” on a piece of paper as the discussion progresses.

**Class Worksheet:**
Hand out the class worksheet “Bodily Changes and Menstruation True or False” (see appendix). Group members should complete this with one or two other students. Coaches and the primary leader should walk around to make sure that everyone is answering questions correctly and understanding the assignment. This sheet should aid students in developing a deeper knowledge of how their bodies are changing and how this will affect their mood. Moreover, this worksheet will help inform appropriate behaviors in reaction to the changes our bodies are going (or have previously gone) through. Knowledge is power!

**Explain Homework:**
Hand out the “What Would You Do?” worksheet (see appendix). Explain that all answers are acceptable, but that one should aim to do what they feel is most comfortable for them and appropriate.
Session 11: Consent
   How to Say “No”

Schedule
   ● Review Homework
   ● Didactic Lesson
   ● Group Discussion
   ● Put it into Practice!
     ○ Video taped
   ● Explain Homework

Materials
   ● Projection Screen
   ● Pen or Pencil and Paper
   ● Whiteboard
   ● Class Worksheets
   ● Device for Video Taping
   ● Homework Sheet

Topic Rationale
It is well documented that those with ASD are at higher risks for experiencing sexual abuse (Mandell et al., 2005), more specifically with an 80% of women with ASD believed to be sexually molested before the age of 18 (Hentoff, 2015). Due to this it is crucial for women with high functioning ASD to better understand consent, their bodily autonomy, and how to do the aforementioned in an empowered manner.

Reminder: Allow for breaks to assuage potential anxiety. Additionally, incorporate aspects of positive reinforcement throughout sessions.
Review Homework:
Coaches and the primary educator should go around and make sure that students had appropriate and empowered responses to the “What Would You Do?” worksheet. Provide positive reinforcement in the form of high fives and authentic verbal praise when reviewing good responses with the students.

Consent Didactic Overview:
Perhaps as a result of trouble with Theory of Mind, many with ASD may struggle with picking up on cues that someone has bad intentions. Moreover, as a majority of those with ASD have faced bullying or rejection, they may feel disempowered in situations of perceived acceptance. For these reasons, among a host of others, women with ASD are disproportionately more at risk for being sexually assaulted in their lifetime. This information should be communicated, but group leaders should be weary to not make these statistics harrowing, by quickly following up that they can avoid being a victim or survivor of such situations by learning about consent and how to honor their bodies and boundaries (which they are already doing through these workshops!). Describe that consent is enthusiastic and that you only should agree to sexual activities if you feel excited and ready for them, as well as having developed a good sense of the person’s intentions with you. Do they want to date? Are they simply interested in having sex with you? If so, is that something you are okay with and still enthusiastic about? Make sure the students understand that consent goes both ways: their sexual partner should ask for consent and they should ask as well if they are interested in kissing, touching, or having sexual intercourse. Additionally, by the end of the didactic lesson, they should understand the concept of “leveling up” (i.e. ongoing consent). In conclusion, make sure the sentiment that “my body is MY body” is expressed clearly and thoroughly. Students should feel empowered throughout the session!

Watch this video:
• https://www.youtube.com/watch?v=raxPKkDF2k (Teaching Sexual Health Alberta Health Services, 2017)

Group Discussion:
Coaches should describe a variety of situations from the “Is That Consent?” sheet (see appendix). Have group members answer and discuss among themselves. Make sure they leave this conversation knowing more about the nuances of consent.

Group Worksheet:
Sometimes in the moment, it is difficult to know if you are enjoying what is happening or want it in the first place when it is happening quickly or you are nervous. For this reason, it is important to know your sexual boundaries. Hand out “My Sexual Boundaries” (see appendix) as to encourage students to identify what things they may not feel comfortable with, so they can feel more confident in expressing this verbally and to a future partner. Show them a couple of
examples on the whiteboard such as: “I do not feel comfortable having sex on the first date” or “I do not like to feel pressured to kiss someone”.

**Coach Modeling:**
Have coaches model situations where they say no in a confident and empowering tone. Additionally, provide modeling scenarios where the coaches do not clearly state that they are uncomfortable. Discuss with students what they could’ve done or what they did well. Explain that it is NEVER your fault if someone breaks your boundaries. Even if you did not say “no” it is their fault for not asking for consent.

**Now Practice!**
Coaches should split everyone into partner groups. Give students different scenarios where they will have the opportunity to practice empowering statements to state their boundaries and say no. Provide a lot of positive feedback and reinforcement during this activity, as it may be nerve wracking. Video tape and send to students via email.

**Explain Homework:**
Sometimes in order to feel confident enough to state our boundaries, we need to actually work on feeling empowered and confident in our day to day life. Explain this before handing out the sheet “I Feel Empowered Because…” (see appendix). Give them some examples such as “I feel empowered because I am the only owner of my beautiful body”. Tell them to write it in colored markers and decorate it as they desire.
Session 12: Masturbation

Schedule
- Review Homework
- Didactic Lesson
- Group Worksheet
- Explain Homework

Materials
- Pen or Pencil and Paper
- Group Worksheet
- Homework Sheet
- Projection Screen

Topic Rationale
Masturbation is a topic that parents feel weary in addressing due to it being taboo in nature (Koller, 2000). Koller’s (2000) research implies, though, that this topic should be addressed and done so in a direct manner. As those with ASD may display aberrant sexual behaviors in public (Koller, 2000), this session encompasses themes of distinguishing between private and public settings.

Reminder: Allow for breaks to assuage potential anxiety. Additionally, incorporate aspects of positive reinforcement throughout sessions.
**Review Homework:**
Have every student share at least three of their empowering statements. Provide “girl power” stickers for them to put around the sheet and encourage group members to hang up their sheets in their room at home and look and repeat them often.

**Masturbation Didactic Overview:**

Start with watching this video:
- [https://www.youtube.com/watch?v=5Q7VzPaFOJw](https://www.youtube.com/watch?v=5Q7VzPaFOJw) (AMAZE Org, 2019)

If the group leader feels they are unprepared to present on this information, they are welcome to invite a professional to lead this portion. There should be no sentiment of shame or embarrassment when presenting on this section. Regardless, this portion of the workshop should be focused on two things: appropriate places and settings to practice self-pleasuring practices, as well as deconstructing the taboo of masturbation. Explain that masturbation is a completely healthy and normal way to relieve stress and get in touch with your body and sexual side. As long as you are making no one else feel uncomfortable, you should not feel embarrassed about engaging in self pleasure! Note that no one should feel pressure to engage in masturbating if they have no desire to, but that it is a safe way to get acquainted with your body and sexuality before engaging in sexual activities with other people.

**Group Discussion:**
Although it may seem awkward to have a group discussion about this, a necessary step in destigmatizing it is through talking about it! Coaches should split students into two groups and ask questions from a Discussion Sheet (see appendix). Have part of the discussion be about Do’s and Don’ts of masturbation, which each group member should record on a piece of paper to keep as a reference and reminder.

**Group Worksheet:**
Hand out and explain “Public v Private” (see appendix). Have students complete with a partner. Walk around and make sure that students are grasping what is and isn’t appropriate.

**Explain Homework:**
Handout “No Shame!” homework sheet. Explain that the premise of the homework sheet is to get students feeling confident and empowered about their bodies and how they choose to safely use them.
Session 13: Safe Sex Practices

Schedule
- Review Homework
- Didactic Lesson
- Group Worksheet
- Put it into Practice!
  - Video taped
- Explain Homework

Materials
- Pen or Pencil and Paper
- Projector Screen
- Class Worksheet
- Homework Sheet

Topic Rationale
This topic was inspired by the guide designed by Hentoff (2015). Furthermore, it is apparent that such a theme should be included when making a guide about sexual health.

Reminder: Allow for breaks to assuage potential anxiety. Additionally, incorporate aspects of positive reinforcement throughout sessions.
Review Homework:
Have students share their statements with one other person (if they are comfortable doing so). Coaches and the primary psychologist should walk around and give them credit and encouragement for crafting empowering statements and being vulnerable.

Safe Sex Didactic Overview:
Again, if the primary group leader determines that a professional sexual health educator should come in to discuss this topic, that is acceptable. Either way, this lesson should address specifics such as the different types STI’s and how they can be contracted, as well as how to take preventative measures against pregnancy and sexually transmitted infections (contraceptives, etc.). Do not make this a lesson of fear, but rather empowerment! The goal is not to preach abstinence, but to make sure that if one wants to engage in sexual activities, that they have all the tools and knowledge to do so safely. Also discuss what happens if you get an STD: who you should tell, how you disclose it to a partner, and how to reduce your shame around it. Show diagrams of different safe sex practices (see appendix). Moreover, going to a gynecologist should be discussed, especially if one has more than one sexual partner and by means to get birth control if desired.

Watch these videos:
- [https://www.youtube.com/watch?v=pBMhfIHUP8M&feature=emb_logo](https://www.youtube.com/watch?v=pBMhfIHUP8M&feature=emb_logo) (Planned Parenthood, 2016)
- [https://www.youtube.com/watch?v=kUSz8MOgvX8](https://www.youtube.com/watch?v=kUSz8MOgvX8) (Sex-Positive Psych, 2017)

Group Discussion:
Coaches should refer to the Group Discussion Handout (see appendix) and ask questions from it. Encourage students to participate actively in this discussion and emphasize how this topic should not be embarrassing or shameful. Again, knowledge is power! Have group members record Do’s and Don’ts that they come up with during the discussion on a piece of paper to keep for reference.

Group Worksheet:
Hand out “Is That Safe?” worksheet and encourage students to work with a partner to come up with answers. Coaches should walk around to make sure the assignment is understood and any mistakes are corrected. Answers should be shared with the whole group after.

Explain Homework:
Hand out and explain the premise of the “Contraceptives Quizzes” (see appendix).
Session 14: Sexual Orientation and Gender Identity

Schedule
- Review Homework
- Didactic Lesson
- Group Discussion
- Group Worksheet
- Class Activity
- Mini Celebration/ Graduation

Materials
- Pen or Pencil and Paper
- Class Worksheet
- Pizza and Cake for Celebration

Topic Rationale
Research performed by Pecora et al. (2020) indicates that women or female-identifying individuals with ASD are more likely to have a non-heterosexual orientation, as well identify as transgender. Due to this, the inclusion of this topic in an empowering manner is vital.

Reminder: Allow for breaks to assuage potential anxiety. Additionally, incorporate aspects of positive reinforcement throughout sessions.
**Review Homework:**
Coaches and the primary group leader should provide the answers for the quizzes and then go around to see which ones group members got wrong in order to ensure their understanding of why their response was incorrect.

**Gender and Sexuality Didactic Overview:**
As Pectora et al. (2000) found, females with ASD are more likely to experience interest in non-heterosexual relationships, as well as identify as trans (male or man identifying). There are different theories for why this may be, but regardless, female identifying members of the group should feel educated on and empowered in their gender identification and sexuality orientation. There should not be any pressure put on students to disclose this information if they do not wish to, though.

For this session, use the following trusted resources to explain sex, gender identity, gender roles, and sexual orientation:


**Group Discussion:**
Coaches should reference the “Group Discussion” sheet (see appendix) to craft a thoughtful discussion around sexual orientation and gender identity. The goal of the conversation should be for group members to feel empowered in however they identify.

**Class Worksheet:**
Hand out the “Sexual Orientation and Gender Identity True or False” sheet (see appendix). Coaches should walk around and make sure that all members understand the assignment and are completing it correctly. Afterwards, let students privately work on “My Identity” (see appendix) and make it clear that they are welcome to share with everyone after completing or keep it for themselves.

**Mini Celebration:**
Make sure that you leave ample time, as this is the last session, to congratulate the group members on their immense achievement, bravery, and vulnerability. Remind them how far they have come and how proud they should be for better preparing themselves in the realms of sexual
health and romantic relationships. If funds are available, have pizza and snacks to mark the end of an amazing journey together. Encourage students to get each other’s numbers if they desire and to keep all of their rule sheets, reference sheets, and homework sheets as they navigate through the future.
Appendix
Icebreaker Questions:

- Are you a morning person or a night person? Why?
- If you were a potato, what way would you like to be cooked?
- What animal would you choose to be?
- What's your middle name?
- Are you more of a listener or a talker?
- What is your dream vacation?
- What superpower would you have?
- What is your favorite type of music?
- What is one thing you want to accomplish this year?
- What’s your favorite season?
- What is your favorite holiday?
- Do you have any siblings?
- What would your dream career look like?
- What is your favorite movie?
- Do you believe in aliens?
- Have you traveled outside of the United States? If not, do you want to?
- If you could speak another language, what would it be?
- What do you like to eat for breakfast?
- Do you have any pets?
- Are you a dog or a cat person? Neither?
Get to Know Me!
Tell us about yourself! What is your family like? Do you have a unique family culture? What are your interests and favorite hobbies? Let us know anything.
What I Want to Learn

We’re going to be talking about relationships, dating, and sexual health. Use this sheet as a space to be as honest as possible about what topics you would like to talk about or questions you may have. We will make sure to address all of them.

Questions I Have/Topics I Want To Know More About:

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20.
Times I Used Social Thinking!
Remember that Social Thinking is when we are aware of sharing space with others and act accordingly by using perspective taking (Winner, 2015). Practice consciously practicing this skill and record all of the times you do this during the week and how it goes! Just do your best :)

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7. 
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Love Thermometer
(Hentoff, 2015) (Scarpa et al., 2013)
What Does Love and Affection Mean to You?
We can have love and affection for different types of people and kinds of relationships. Describe what love (the emotion) might feel like and affection (the actions you use to show your love) might look like for these different relationships.

Love and Affection for Your Best Friend:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Love and Affection for Your Family:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Love and Affection for Your Pet:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Love and Affection for Your Co-Workers or Classmates:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Love and Affection for a Romantic Partner:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
What Type of Relationship is This?
Write the type of relationship under each photo. The options are as follows: family member, friendship, romantic partner, co-worker, classmate. Think about the non-verbal body language shown in the images and how it might help you identify the relationship.
What Would You Do?

A couple situations will be set below. Circle the best response and give your reasoning. Remember Social Thinking and your personal boundaries.

Situation 1: Someone you are romantically interested in asks what your plans are for the weekend after saying “you look really pretty today”

Options (Circle One):
1. “Nothing really.”
2. “Nothing, what about you?”
3. “Nothing! Would you like to maybe do something together?”

Why did you circle this one?

______________________________________________________________________________________________

Situation 2: Someone you work with that you think is attractive smiles at you when you hold the door for them.

Options (Circle One):
1. Smile politely back at them.
2. Smile and ask for their phone number.
3. Look away from them or at the ground.

Why did you circle this one?

______________________________________________________________________________________________

Situation 3: Someone at a small gathering that you just met puts their hand on your back while telling you how beautiful they think you are.

Options (Circle One):
1. Don’t say anything.
2. Tell them to remove their hand and find a friend or another group to talk to.
3. Say thank you.

Why did you circle this one?

______________________________________________________________________________________________
My Limits and Boundaries
Write down some of the things that make you feel uncomfortable. This can be anything: being touched a certain way, specific settings or a way someone talks to you. The hope is that by identifying what things may “trigger” us, we can work on avoiding these situations or finding ways to cope with them. Explain why you included each.

1. ____________________________________________________________
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   ____________________________________________________________

2. ____________________________________________________________
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7. ____________________________________________________________
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I Am Deserving of Love That...

We are all worthy of love and it is important to remind yourself that sometimes! You are unique, desirable, and a beautiful human being. Think about what type of romantic partner you want and how you would want their love to make you feel. For example: “I am deserving of love that makes me feel safe” or “I am deserving of love that does not judge me”.

I am deserving of love that ____________________________________________

I am deserving of love that ____________________________________________

I am deserving of love that ____________________________________________

I am deserving of love that ____________________________________________

I am deserving of love that ____________________________________________

I am deserving of love that ____________________________________________

I am deserving of love that ____________________________________________

I am deserving of love that ____________________________________________

I am deserving of love that ____________________________________________

I am deserving of love that ____________________________________________

I am deserving of love that ____________________________________________

I am deserving of love that ____________________________________________

I am deserving of love that ____________________________________________
My Ideal Partner and Non-Negotiables
It is important to understand that no one is perfect. That includes you as an individual, but also a future romantic partner. Either way, though, there are certain things that might be very important to you and these are things you don’t have to settle on. For example, you might like to spend a lot of time alone and want a partner who likes to do the same. In one column write down the traits (can be physical, but also include personality traits) of your ideal partner. These might include “they are super romantic” or “they also love dogs”. Next write down the things you need in a partner. In other words, these are not things that would be nice to have in a partner, but you would be fine without, but rather things that would be absolutely necessary for you to engage in a romantic relationship with someone. Some examples may include: “They also have ASD” or “they accept me for who I am”.

My Ideal Romantic Partner’s Attributes:
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

My Non-Negotiables for a Romantic Partner:
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
Dating App Conversations

Hi, how are you? We seem to have some shared interests.

Oh wow, like what?

We both like anime :)

Nice. I am looking for a boyfriend with shared interests. Would you want to be my boyfriend?

Hm maybe we could get to know each other a little more first?

Hey!

Hi!

How are you? It looks like you love dogs from your profile. I do too!

I'm good, how are you? Yes, I do :)

Great thx for asking. And that's awesome. Maybe if we get along well we can meet at a dog park with our dogs!

That sounds great! So, what are some of your other interest?
A couple situations will be set below. Circle the best response and give your reasoning. Remember Social Thinking and your personal boundaries.

Situation 1: Someone you match with messages you and mentions that they saw you liked anime from the interest section of your profile.
Options (Circle One):
1. You say “Yep, I do.”
2. You say “Yeah! Are you interested in anime, too?”
3. You don’t respond.

Why did you circle this one?

Situation 2: Someone sends you a sexually explicit message having never spoken to you on the app before.
Options (Circle One):
1. Block and report them.
2. Ask them why they sent it.
3. Respond with “hello”.

Why did you circle this one?

Situation 3: You have been talking to someone on a dating app for a couple of weeks. You have a lot of common interests and they ask you on a date. You’re excited and like them!
Options (Circle One):
1. Say “Sure.”
2. Don’t respond for a couple of days because you are nervous.
3. Say “Sure!” and then recommend places that you’d feel most comfortable.

Why did you circle this one?
Flirting Gestures and Cues

Flirting can be tough for two reasons: it can be difficult to understand when someone is flirting with you and also challenging to know how to appropriately show your interest for someone through verbal and nonverbal cues. Use this sheet as a reference point for some common and appropriate flirting techniques to use and look out for.

Nonverbal Cues

- Leaning in closer during a conversation
- Tilting your head slightly a couple times when someone is speaking- it shows your engagement and interest in what the other person is saying
- Eye contact- when it is overdone it can be strange, so make sure to practice first in a setting you’re comfortable, like at home with family
- A soft and friendly smile
- Turning your body so it is open to the person- do not have your arms crossed and closed off
- Flushed or blushed cheeks- sometimes when someone likes you and is flirting with you, their cheeks may become a little pink from excitement or nerves
- Touching someone’s arm for a moment during a conversation- only do this if someone has made it very clear they are interested. If this feels uncomfortable to you, you can kindly set a boundary to ask before being touched in any way.
- Affirmation- they nod throughout the conversation or say “mhmm” to make it clear they are engaged and listening to what you have to say
- Winking- be sure not to overdo it! Maybe once if you are being very flirtatious

Verbal Cues

- Laughing when you speak- in a sweet manner, not making fun of you
- Complimenting your appearance in an appropriate way, such as “Wow, you look beautiful tonight”
- A teasing or playful tone in someone’s voice- ask a friend, group leader, or parent to demonstrate what this sounds like if you are confused
- Asking questions- shows you/they are engaged
How to Give Appropriate Compliments

Giving compliments is not reserved to when you are flirting, but is a super common way to show your romantic or sexual interest in somebody. Make sure to keep compliments appropriate and only give them when someone else is expressing interest as well.

1. Be genuine. Compliment someone on something you authentically believe to be true. For example, don’t tell someone you love their outfit if you don’t. On the other hand, don’t tell someone you do not like their outfit- this may hurt their feelings.

2. Do not comment on someone in a sexual manner unless you are hooking up and consent has been given. Also remember this should be the same standard for when people are complimenting you. If you are on a first date and someone compliments your breasts, this should be a red flag to not see this person again. You can tell them that makes you feel uncomfortable.

3. Try phrases like “you look handsome” or “your eyes are really pretty” to start (if that is genuinely how you feel), but when you get more comfortable with someone, you can be more specific with your compliments as it is more meaningful. For example: “I love the way you laugh, it makes me laugh!”

4. Do your best to read their body language (reference “Flirting Gestures and Cues”). If the person does not seem quite comfortable yet, wait to give compliments about their appearance, as it might make them feel self-conscious.

5. Don’t be extreme. Once you give the compliment, you do not have to continue to talk about it for a long time. Just say it and smile kindly and see how they respond.

6. Try to form some compliments that relate to something the opposing party can control (like their style, work ethic, hairstyle, etc.). This shows that you are interested in who they choose to be, not just how they were born.

7. Make sure your body language matches the compliment. For example, do not say “your eyes are such a beautiful shade of green”, while looking at your feet. Make eye contact and open your body up to theirs!
Compliments I Gave This Week

Practice giving compliments this week using the class lesson and “How to Give Appropriate Compliments” handout as reference. These compliments do not need to be given to romantic interests exclusively! Practice with friends and family while you are getting comfortable. Make sure to ask for their feedback. Inspired by Scarpa et al. (2013).

**Compliments I Gave This Week:** Quote the compliment and the response it got from the receiver of the compliment.

<p>| | |</p>
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Common Compliments

Use this sheet as a reference for some standard and appropriate compliments. Many times compliments can be used as a way to flirt, so keep this in mind for when you speak with a romantic partner who is showing mutual interest in you.

• “Your eyes are really beautiful.”
• “Your style is so cool and unique! I love the clothes you wear.”
• “You look so beautiful today!”
• “I love your sense of humor.”
• “You’re so intelligent.”
• “Your laugh is so cute.”
• “You are such a good friend.”
• “You are such a hard worker. It is really admirable!”
• “Your kindness is really refreshing.”
• “I love your outlook on life. You are really positive!”
• “I love how much you love ______.”
• “You really inspire me to be a better person.”
My Ideal First Date

Fill out the questions below. Be as specific and honest as possible!

Setting: Where would this date take place? If you are prone to being sensitive to certain environments, think about this before writing your answer.

Company: What would the person with you be like? What may they look like or be interested in?

The Feeling: What does the energy feel like? Are you laughing a lot or is it romantic? How comfortable do you feel? What are they doing to make you feel comfortable?

Activity: What activities might you do? Would you get dinner and then go bowling? Think about common interests you would like your partner to have and perhaps pick activities you would do together based on that.
How do you say goodbye? A wave, a hug, a kiss on the cheek? Do you agree to a second date?
The Five Love Languages

Once you know what your love language and your partner’s is (this can even apply to family or friends), this reference can help you better understand how to communicate your love for them. Additionally, this can aid people in better expressing their love for you. Image and information from Frederick (2020).

<table>
<thead>
<tr>
<th>WHICH LOVE LANGUAGE?</th>
<th>HOW TO COMMUNICATE</th>
<th>ACTIONS TO TAKE</th>
<th>THINGS TO AVOID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Words of Affirmation</td>
<td>Encourage, affirm, appreciate, empathize. Listen actively.</td>
<td>Send an unexpected note, text, or card. Encourage genuinely and often.</td>
<td>Non-constructive criticism, not recognizing or appreciating effort.</td>
</tr>
<tr>
<td>Physical Touch</td>
<td>Non-verbal - use body language and touch to emphasize love.</td>
<td>Hug, kiss, hold hands, show physical affection regularly. Make intimacy a thoughtful priority.</td>
<td>Physical neglect, long stretches without intimacy, receiving affection coldly.</td>
</tr>
<tr>
<td>Quality Time</td>
<td>Uninterrupted and focused conversations. One-on-one time is critical.</td>
<td>Create special moments together, take walks and do small things with your spouse. Weekend getaways are huge.</td>
<td>Distractions when spending time together. Long stretches without one-on-one time.</td>
</tr>
<tr>
<td>Acts of Service</td>
<td>Use action phrases like “I’ll help...”. They want to know you’re with them, partnered with them.</td>
<td>Do chores together or make them breakfast in bed. Go out of your way to help alleviate their daily workload.</td>
<td>Making the requests of others a higher priority, lacking follow-through on tasks big and small.</td>
</tr>
</tbody>
</table>

Graphic by Fiercemarriage.com
Based on “The 5 Love Languages”, a book by Dr. Gary Chapman
Different Points of View

(Aston, 2009, p. 22)

This is how different perspectives can occur. Neither is lying or being manipulative but simply seeing things from a different point of view. However, just because they are aware that they see things differently or accept they process information differently, this does not mean it will be any easier for the couple to deal with the misunderstandings. It is useful to understand why the difference exists — understanding can make such a difference to the relationship and the self-esteem of both. In therapy I find the first and most relevant area that needs to be addressed is their different communication methods and how each needs to learn a way of understanding the other's language.
Colors and Emotions

Follow the instructions below and complete the assignment on the subsequent page (Aston, 2009, p. 36-37).

1. Have a selection of coloured crayons using as many colours as possible.
2. Think about an emotion most likely to come up for you, e.g. anger.
3. Enter the emotion on the line before the box.
4. Choose a colour that is representative of this emotion. If you are using the Feelings in Colour chart as a family, then choose the colours between you.
5. Use this colour to fill in the box that links to the emotion.
6. Repeat steps 2–4 until as many boxes as required are filled in. If more are needed use a new sheet.
7. Make copies of these so all relevant people can make use of them.
8. Use the colour chart and numbers together to gain a deeper and quicker insight into how the person is feeling.


WORKSHEET

The Feelings in Colour chart of

..............................................

..............................................

..............................................

..............................................

..............................................

..............................................

..............................................

..............................................

..............................................

..............................................
Rules for giving important messages

Important messages should never be given when:

- the radio or television is on
- the AS partner is working on the computer, reading or concentrating on something else
- either partner is in a hurry to go somewhere
- the children or other family members are making demands upon either partner
- either partner is feeling stressed
- the AS partner has just arrived home from work
- the family or partners are eating
- either partner is driving the car
- in a group situation such as a dinner party or while out with friends.

(Aston, 2009, p. 26)
My Rules for Giving Important Messages

Big conversations are scary as it is, so it is important to make sure important messages are communicated at the ideal time and in the correct setting. Knowing yourself and perhaps things that trigger, bother, or overstimulate you, make a list of rules for when to and how to give important information to your potential future partner. Inspired by Aston (2009, p. 26).

1. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

2. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

3. ______________________________________________________________________
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6. ______________________________________________________________________
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7. ______________________________________________________________________
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   ______________________________________________________________________
My Triggers… What Do I Need?
Record the things, situations, sensations, etc. that may make you feel angry, overwhelmed, upset (we will refer to this as a “trigger”). Then record healthy ways you may cope with that feelings (i.e. going to another room alone, watching TV for a couple minutes, etc.).

Trigger: ____________________________________________
What makes me feel better?
_________________________________________________________________
_________________________________________________________________

Trigger: ____________________________________________
What makes me feel better?
_________________________________________________________________
_________________________________________________________________

Trigger: ____________________________________________
What makes me feel better?
_________________________________________________________________
_________________________________________________________________

Trigger: ____________________________________________
What makes me feel better?
_________________________________________________________________
_________________________________________________________________

Trigger: ____________________________________________
What makes me feel better?
_________________________________________________________________
_________________________________________________________________
Diagrams
(Parenthood, Female Sexual Anatomy: Vulva, Vagina and Breasts)
Group Discussion Questions

- Should we feel uncomfortable about our bodies changing?
- Is bodily change natural?
- Can we ask our female identifying friends for advice about female related problems (periods, UTIs, etc.)? How should we talk about it with them?
- Should we talk about or private parts to people we just met?
- Should you let people know you have your period? When is it appropriate to and when is it not?
- Should you wash your private parts? If so, should this be done at home and in a private setting?
- Is having a period or body hair anything to feel shameful about?
- Do you have to shave your legs and armpits? What about your private parts?
**Bodily Changes and Menstruation True or False**
Read the statements below and circle if they are true or false!

The vagina has several parts including the clitoris and labia. T/F

The vagina has a standard shape and size. T/F

Thongs may not be as hygienic as other types of underwear. T/F

You can leave a tampon in for a whole day. T/F

Vaginal discharge is normal and healthy. T/F

Itchiness around the vagina may be the sign of a problem. T/F

Menstruation may cause mood changes or mood swings. T/F

There is one normal vaginal odor. T/F

We should tell everyone in our lives when we are on our period. T/F
What Would You Do?
Answer below how you would appropriately respond to each situation. Just try your best!

Situation: You get your period at work or at school and don’t have a pad/tampon. Response:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Situation: The area around your vagina feels itchy. Response:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Situation: You feel moody before your period (PMS). Response:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Situation: Someone tells you that it is weird to not shave your legs or underarms. Response:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Is That Consent?

1. When someone asks to give you a hug before leaning in for one.
2. When someone touches your butt or breasts when you are casually walking down the street. You have given no verbal or nonverbal indications that you would like this to happen.
3. When someone kisses you after you lean in close and look into their eyes after a romantic date.
4. When someone sends a private photo of yourself that you sent them to their friends.
5. When someone removes a condom in the middle of having sexual intercourse (without asking).
6. When someone asks if they can take off your shirt while you are hooking up.
7. When someone pressures you into hooking up with them.
8. When someone touches your genitals after you tell them you would like them to (this applies to a romantic partner who you are comfortable with).
My Sexual Boundaries
State what things you might feel uncomfortable or comfortable with in the context of a romantic partnership. It is also completely okay to have no desire or interest in engaging in sexual activities with a potential future partner.

1. __________________________________________
   __________________________________________
   __________________________________________

2. __________________________________________
   __________________________________________
   __________________________________________

3. __________________________________________
   __________________________________________
   __________________________________________

4. __________________________________________
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   __________________________________________

5. __________________________________________
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6. __________________________________________
   __________________________________________
   __________________________________________

7. __________________________________________
   __________________________________________
I Feel Empowered Because…
We should all feel empowered as women and the owners of our beautiful bodies, but sometimes we can forget this. Write down some phrases below to remind yourself why you should feel empowered to stand up for yourself and your body.

I feel empowered because

I feel empowered because

I feel empowered because

I feel empowered because

I feel empowered because

I feel empowered because

I feel empowered because

I feel empowered because

I feel empowered because

I feel empowered because
Discussion Sheet

- Is masturbation something we should feel shame about? Why or why not?
- Should we tell a lot of people that we engage in sexual self-pleasure? Who are some safe and appropriate people to tell?
- Would it be appropriate to masturbate at work or school? What about a friend’s house?
- Where should masturbation take place?
- Is masturbation unhealthy?
- Should masturbation hurt?
- Is it okay if someone does not want to engage in sexual self-pleasure?
- Should you wash your hands before and after you masturbate?
Public v Private

Look at the images below and record if they are public or private spaces. Then note if it is an appropriate place to touch yourself. Keep in mind that we should only masturbate in private spaces. Inspired by Barrie & O'Neil (2013).

Circle one: Public or Private
Is this an appropriate setting to touch yourself? Why or why not?

Circle one: Public or Private
Is this an appropriate setting to touch yourself? Why or why not?

Circle one: Public or Private
Is this an appropriate setting to touch yourself? Why or why not?

Circle one: Public or Private
Is this an appropriate setting to touch yourself? Why or why not?
No Shame!
Use the space below to talk about why you should feel no shame in engaging in sexual self-pleasure (so long as you want to engage in it). Think about the class discussion we had! You should feel empowered in understanding and using your body the way that you desire.
Safe Sex Practice Diagrams
(Barrie & O’Neil, 2013)

Look at the pictures of the different types of contraceptives. Put the right name next to the right picture.

A ____________________  B ____________________  C ____________________  

D ____________________  E ____________________  F ____________________

patch  condoms  contraceptive pill
injection  implant  coil (IUS or IUD)
A. **PATCH**
A woman puts the contraceptive patch on her body. It lasts for one week and then she must put another patch on.

B. **INJECTION**
The injection goes into a woman's arm or bottom and lasts for about 12 weeks. She then has to have another injection.

C. **IMPLANT**
The implant goes in to a woman's arm and lasts for 3 years.

After 3 years she can have another implant put in to her arm. This is the most popular long-term contraceptive for young women.
D. **CONTRACEPTIVE PILL**
   There are lots of different types of pill to suit different women.

   A woman must remember to take the pill every day or it will not work and she could get pregnant.

E. **COIL (sometimes called an IUS or IUD).**
   This is a small device which is fitted inside a woman's womb. It stops an egg from settling in her womb.

   A coil can last for 5 years or more and then the woman can have another coil fitted.

F. **CONDOMS**
   A man puts a condom on his penis before he has sex. There are lots of different types of condoms.

   Condoms stop pregnancy and also protect from sexually transmitted infections.
Group Discussion

- What types of protection should you use if you are planning on having sexual intercourse? What about for oral sex?
- Should your sexual/romantic partner get tested for STIs before engaging in any sexual contact with you? Should you get tested?
- Who should you tell if you are planning on having sex (oral, anal, intercourse, etc.)? Should you talk to a trusted adult?
- What are the different types of contraceptives?
- When is it time to start going to a gynecologist?
- What are some other sexual health resources?
- Should you feel shameful about having an STI? Who might you tell if you have one?
- Should you engage in unprotected sex?
Is That Safe?
There are always some risks that come with engaging in sexual activities, but that does not mean you have to remain abstinent- there are plenty of ways to protect yourself and a romantic/sexual partner. Below, please note if the scenarios are sexually safe and if not, why and how they could be made safer.

Scenario 1: Your sexual/romantic partner says they have never been tested for STIs, but doesn’t think they have any, since they don’t have any symptoms.

Scenario 2: Your sexual/romantic partner shows you negative test results for all STIs and asks you to have sex without a condom. You are not on birth control.

Scenario 3: Your boyfriend or girlfriend (who you have not had sex with yet), tells you that they have genital HSV, but takes daily anti-virals and will use condoms.

Scenario 4: Your private parts start to feel itchy and uncomfortable. You decide to not tell anyone about it.
Contraceptives Quizzes
(Barrie & O'Neil, 2013)

The implant goes in to a woman's arm and lasts for _____________.

There are lots of different types of pills. A woman has to remember to take the pill ________________ or it will not work as a contraceptive and she could get pregnant.

The patch usually goes on a woman's arm or on her bottom and lasts for one _______________. She then has to put another patch on.

The injection usually goes in to a woman's arm or bottom and lasts for _______________. She then has to have another injection.

Condoms are the only type of contraception that stops pregnancy and protects against _______________.

sexually transmitted infections week every day
three years 12 weeks
**Condom Instructions Mix-up**

These condom instructions have been put in the wrong order. Cut out each statement and put them in the right order.

1. Throw the condom in a bin.
2. Check the condom use-by date and for a safety kite mark.
3. Open the packet carefully. Do not tear the condom.
4. After sex carefully remove the penis from the vagina.
5. Place the condom on the tip of the penis and squeeze the teat on the end of the condom.
6. Place penis (covered by condom) into the vagina.
7. Unroll the condom down the length of the penis.
8. Remember to always use a new condom every time you have sex.
9. Remove the condom from the penis.
10. Make sure the man’s penis is hard.
Group Discussion

● What does it mean to be trans?
● Does one have to surgically change their sex in order to identify as another sex?
● Should we judge people for being trans?
● What does LGBTQ stand for?
● What is homophobia?
● Should you feel shame for being LGBTQ?
● Should you feel pressure to disclose your sexual orientation to everyone?
  ○ Who are people you may benefit from disclosing it to?
**Sexual Orientation and Gender Identity True or False**
Circle if the statements below are true or false

Homosexuality is a choice. T/F

Women having sex with one another do not need to worry about STIs. T/F

People who are bisexual just don’t know if they are gay or straight. T/F

Homosexuality is not a mental illness; therefore it cannot be cured. T/F

Being trans does not imply one’s sexual orientation. T/F

Trans people express their gender in one rigid way. T/F

Some people experience gender dysphoria. T/F

Cisgender and transgender are the same thing. T/F

The LGBTQ community is often subjected to homophobia. T/F
References


doi:10.7897/2277-4343


https://www.youtube.com/watch?v=5Q7VzPaFOJw


doi:https://doi.org/10.1016/j.cbpra.2011.04.003


https://doi.org/10.1007/BF03393102


https://doi.org/10.1007/s10802-014-9881-x


https://doi.org/10.1007/s40489-020-00197-9


WOMEN WITH HIGH FUNCTIONING ASD: DATING AND SEXUAL HEALTH


