
Taking a Special Education Approach

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An individual's sexual development begins at birth and continues until death. As our sexuality emerges, we are sure to have questions, experiences, and concerns related to anatomy, intimacy, relationships, gender, pregnancy, sexual orientation, sexual health, sexual pleasure, or sexual exploitation. People with disabilities are no exception, and that is why youth with autism spectrum disorders or attention-related, intellectual, or learning disabilities need comprehensive sexuality education as much as their peers do. Indeed, aspects of these disabilities create particular sexual health challenges.

This chapter describes sexual health issues and risks particular to youth with these disorders or disabilities. It explains how the Our Whole Lives program can provide information and skills to help them navigate the physical changes of puberty and the dynamics of interpersonal relationships and communication, while reducing their vulnerability to unwanted pregnancy, sexually transmitted infection, and sexual abuse. The chapter prepares facilitators to anticipate and address the learning needs a youth with an autism spectrum disorder or an attention-related, intellectual, or learning disability may bring to an Our Whole Lives program. Information and suggestions offered here will help facilitators create an inclusive learning environment that supports youth with these disabilities in learning, participating, and remaining engaged with their peers.

Our Whole Lives immerses participants in a setting where sexuality is viewed as a positive, life-affirming aspect of being human. Yet in society, youth with disabilities are often viewed by others as asexual. When facilitators work to fully include youth with disabilities in the program, they affirm for the youth, and their peers, that sexuality is an integrated aspect of human experience for everyone, regardless of their abilities.

The Our Whole Lives program is designed to reach participants with a broad range of learning styles. This chapter guides facilitators to adapt and fine-tune the structure, presentation, and materials to particularly address the learning needs of youth with disabilities. Following the guidelines offered here, facilitators can honor the diverse ways in which participants may learn while assuring that youth with disabilities, in particular, receive the full benefit possible from the program.

It should be noted that some of these disabilities can be associated with behaviors that can be disruptive in a group setting. If a youth enrolled in an Our Whole Lives program has a known autism spectrum disorder or attention-related or intellectual disability and has been known, at times, to exhibit behavior that can be considered disruptive or inappropriate, facilitators and the religious educator need to reach out well in advance to meet with the parent(s)/guardian(s) and, if appropriate, the youth. Talk together to anticipate challenges the youth may face in the Our Whole Lives program. Plan how you will help the youth to learn

information and skills as well as to behave in such a way as to keep the group safe and productive for all participants. Ask the youth's parent(s)/guardian(s) to share techniques they or teachers have used successfully to help the youth with particular challenges to learning, such as inattention, physical restlessness, or difficulty managing emotions. Ask if they have suggestions to help you normalize any involuntary behaviors, such as tics or noises, the youth may exhibit in a group setting. Brainstorm ways the youth's peers can support them. Plan how you will communicate these approaches and model them for the group.

Facilitators should plan to begin the program with clearly stated expectations for behavior in the workshops. Offer clear consequences as well; for example, a youth may need to take a time out (leave the room) if they curse at another participant. Be ready to explain in simple terms what the rules are and why they are in place. As the program progresses, continue to praise youth when they demonstrate proper behaviors. Affirm youth when they demonstrate pro-social skills such as distinguishing feelings, deciphering verbal and nonverbal expressions, and observing and respecting another's bodily space. These strategies will help all the youth in the group build awareness of their own behavior and will especially support youth with disabilities.

Acknowledge that despite good intentions and thoughtful strategies, inclusion may not work. With the leader of the organization sponsoring the program, make a plan for what will happen if the youth is not able to succeed in the program. Communicate the plan to the parent(s)/guardian(s).

Remember, there are professionals who are trained and qualified to assess and diagnose a disability. A facilitator who suspects a youth may have a disability should speak with the leader of the sponsoring organization, who in turn may communicate or help the facilitator communicate with a parent or guardian about behaviors that have occurred in Our Whole Lives meetings. Neither the facilitator nor the sponsoring organization should label a youth's behavior with a diagnosis.

Developmental Readiness for Puberty

Youth with disabilities undergo physiological changes along with their peers. Yet physical events such as menstruation, wet dreams, or erections can be particularly challenging for youth with autism spectrum disorders or intellectual disabilities, especially youth who manifest negative feelings toward the sexual organs or bodily functions. Like their peers, youth with disabilities may desire to engage in masturbation or in sexual expression with others. However, youth with a disability or disorder that manifests as a lack of modesty, a cognitive delay, and/or inability to interpret the world from a view other than their own can experience social problems due to sexual expression. Undressing in public, genital stimulation in public, or using sexually explicit language at inappropriate times are just a few examples of sexual expression that can result in reactions from peers and others that can potentially contribute to social isolation and exclusion.

It is essential for their personal and social success that youth understand that some behaviors, such as taking care of personal hygiene, dressing and undressing, and touching or stimulating the genitals, are to occur in appropriately private places. The Our Whole Lives program provides an appropriate context for youth with disabilities to receive the concrete, explicit, repetitive instruction they need

about body parts' names and functions, changes associated with puberty, personal care, and the appropriate private locations for behaviors involving the sex organs.

Disabilities and Social/Relational Skills

Aspects of autism spectrum disorders, attention disorders, intellectual disabilities, and learning disabilities can cause a youth to struggle with social skills that are crucial for peer, romantic, and colleague relationships. Language deficits, poor ability to judge social cues, difficulty interpreting types of relationships, difficulty knowing when to terminate a conversation, difficulty forming questions or statements, and inattentiveness are just a few traits youth with special needs may display that can negatively influence social interactions. Comprehensive sexuality education can help these youth—and all youth—learn and practice the skills they will need to develop appropriate peer and intimate relationships.

Youth with disabilities undoubtedly benefit from opportunities to practice reciprocal communication. In the OWL setting, youth with disabilities learn and practice skills such as articulating and expressing their emotions in socially appropriate ways, developing and maintaining personal physical boundaries, negotiating conflict, and scheduling social events with peers. Facilitators can help by offering clear instructions for interpreting and responding to verbal and non-verbal social and emotional cues.

Sexual Health Risks

Aspects of a disability can make youth especially vulnerable to sexual health risks, including unintended pregnancy, sexually transmitted infections, and sexual exploitation. Comprehensive sexuality education geared toward their learning needs can greatly reduce these risks.

Youth with disabilities are disproportionately at risk for unintended pregnancy and exposure to sexually transmitted infections. A cognitive, attention-related, or autism spectrum disability can make youth prone to impulsivity, difficulty solving problems or predicting social consequences, or inability to use critical judgment about going along with what others want or tell them to do. Further, if a disability limits a youth's ability to understand abstract concepts, they may have difficulty grasping the cause-and-effect relationship between sexual activity and pregnancy or infection. Frequent, simple, and concrete instruction in sexual decision making and contraceptive use, in the context of the program, will prepare youth to take the sequential steps needed for risk reduction before and during sexual activity and increase the likelihood that they will use contraceptive and safer sex items consistently and properly. Finally, risk reduction for all youth rests on their factual knowledge of sexual anatomy, contraception, and safer sex. Youth with disabilities may need to have basic information repeated in order to learn it.

Youth with disabilities need particular protection from sexual exploitation and abuse. Research has identified a number of characteristics and behaviors associated with autism spectrum disorders and attention-related, intellectual, and learning disabilities as factors that can put youth at risk. These include misjudgment of others' motives, lack of sexual knowledge, a tendency to show compliance with and affection toward others, and limited communication abilities.

More often than not, a person with a disability who is sexually abused experiences the abuse from an authority figure or someone they know and trust, such as a family member, helper or caregiver, bus driver, or doctor. Reliance on family or professional caregivers for assistance with personal hygiene or social networking, combined with the isolation in which assistance often occurs, increases the risk for youth with autism spectrum disorders or intellectual disabilities. Dependence on others for assistance with personal care creates an opportunity for sexual abuse to occur while, according to research, decreasing the likelihood that such abuse will be reported. Youth with speech or other communication delays or disorders may be less able to tell parents/guardians and professionals that they are experiencing sexual abuse; as a result, it may take longer for the abuse to be discovered and the youth may experience it for a longer period of time.

An Our Whole Lives program builds skills youth need to protect themselves. Facilitators can help youth with disabilities learn to recognize an act of sexual exploitation or abuse, use assertiveness skills to deter sexual exploitation, and communicate to a parent/guardian or professional if sexual abuse or victimization occurs. The workshops teach youth to recognize healthy relationships, and a youth who has a disability will especially benefit from learning the skills to develop and maintain them. Further, full participation in the program works to reduce the social isolation experienced by many youth with disabilities, thereby reducing their risk.

BEHAVIORS, CHARACTERISTICS, AND PREVALENCES ASSOCIATED WITH DISABILITIES

Youth with Attention Deficit Hyperactivity Disorder

Attention deficit hyperactivity disorder (ADHD) is a brain-based condition characterized by inattention, hyperactivity, and impulsivity. According to a 2010 report from the Centers for Disease Control and Prevention, approximately 5.4 million youth ages 14–17 were reported by a parent to have had a diagnosis of ADHD. An ADHD diagnosis requires the symptoms to have persisted for at least six months in at least two settings, with greater frequency and severity than their peers evidently experience.

Youth with *predominantly inattentive ADHD* display six or more of the following traits. They may

- process information more slowly and less accurately
- be forgetful
- become easily distracted, having trouble focusing and maintaining attention during tasks and activities
- fail to pay close attention to details
- make careless mistakes
- give the impression that they are not listening when they are spoken to directly
- have trouble with organization
- lose items needed to complete a task
- avoid, dislike, or quickly lose interest in something, especially if it requires substantial mental effort or is not enjoyable
- not follow instructions or finish a task or activity
- exhibit symptoms of hyperactivity or impulsivity

Youth with *hyperactive-impulsive ADHD* display six or more of the following traits. They may

- fidget or wriggle around when seated
- get out of their seats when they are expected to remain seated
- become restless and need to move around
- have difficulty playing quietly
- move constantly
- blurt out responses, talk out of turn, or redirect the conversation
- have difficulty waiting for a turn
- show emotions without restraint or expectation of consequences
- handle and play with items around them
- exhibit symptoms of inattention

A youth who displays six or more traits associated with each type of ADHD is diagnosed as having a *combined type of ADHD*.

It is common for youth with ADHD to have other coexisting conditions. Mental health conditions such as depression, anxiety, and bipolar disorder typically accompany ADHD. A 2003 study found that about one-third of youth with ADHD have learning disabilities. Symptoms of ADHD can hamper social, academic, and occupational functioning.

Youth with Autism Spectrum Disorder

Autism spectrum disorders (ASDs) include a group of developmental disorders that typically manifest before age three and continue to affect a person throughout life. While individuals exhibit different behaviors and varying severity of symptoms, youth who have an ASD tend to share certain characteristics, including impairments in social interactions, challenges in reciprocal communication, and engagement in repetitive behaviors, interests, or activities. Youth with an ASD may also be hypersensitive to sensory stimuli.

At this writing, according to the Centers for Disease Control, approximately 1 in 68 children has an ASD, with a greater prevalence among boys (1 in 42) than in girls (1 in 18). About 40 percent of children with an ASD also have an intellectual disability, according to a 2009 report of the Autism and Developmental Disabilities Monitoring Network. Some youth with a high-functioning ASD tend to have a well-developed vocabulary and no cognitive impairments.

Youth with autism disorder may

- have significant delays in, or complete lack of, speech development
- have poor motor control
- react inconsistently to visual, auditory, or tactile stimulation
- avoid eye contact
- repeat what is said (*echolalia*)
- become overly preoccupied with or insist upon engaging in repetitive behaviors, interests, activities, or routines and become distressed when unable to do so
- start conversations unrelated to the established topic or setting
- phrase sentences and questions in ways that may be difficult for peers to interpret
- avoid engaging in activities with others

- be unable to understand another person's thoughts, feelings, or beliefs
- have difficulty initiating, maintaining, or ending conversations
- be unable to recognize, understand, or show nonverbal cues (facial expressions or bodily gestures) that can facilitate or inhibit communication
- use objects in the room, including their own bodies, for stimulation

Youth with a high-functioning ASD may

- exhibit characteristics listed above
- have a well-developed or technical vocabulary but appear to be socially immature
- speak in a monotone
- have difficulty understanding abstract concepts (concrete thinking and literal interpretations are common and sarcasm, jokes, and idioms can be misunderstood or taken literally)
- have difficulty remembering, organizing, and applying information that they just learned
- struggle with redirecting attention to something new
- have difficulty maintaining attention and often become distracted by irrelevant information
- insist on carrying out specific rituals or routines or become distressed when unable to do so
- have poor motor coordination
- enjoy being alone and tend to function better one-to-one than in group settings
- be perceived as egocentric
- dominate or ignore conversations according to their own interest level and not recognize another person's level of interest or lack of interest
- not understand the concept of friendships and romantic relationships
- require "friends" to meet certain criteria
- be overly honest and speak their minds regardless of another's feelings
- have difficulty starting, continuing, or ending conversations (poor impulse control can result in interrupting, making irrelevant comments, or talking over others)
- not exhibit signs (verbal or nonverbal) that confirm they are listening, and thus give the impression that they are not paying attention
- have difficulty identifying and interpreting someone's thoughts, feelings, knowledge, or beliefs, often because of difficulty recognizing and understanding verbal and nonverbal cues that reveal the other person's thoughts and feelings
- have unusual interests or priorities that they engage in for longer periods of time than their peers (becoming "experts" in their areas of interest, sometimes acquiring and cataloging facts and objects, and focusing their interactions and conversations with others on these areas of interest to the point that they may come across as monologues)

Youth who exhibit many but not all characteristics above or have mild areas of impairment might be diagnosed with *pervasive developmental disorder, not otherwise specified*.

Youth with Intellectual Disabilities

Intellectual disability can be the result of a genetic or hereditary condition such as Down syndrome, fragile X syndrome, or phenylketonuria (PKU). Fetal alcohol spectrum disorders caused by prenatal exposure to alcohol and disorders caused by environmental exposure to lead are other causes of intellectual disability. Intellectual disabilities vary in severity (mild, moderate, severe, or profound). Youth with an intellectual disability generally have impairments in cognitive abilities and limitations in conceptual, social, and practical skills. Youth with fragile X syndrome, fetal alcohol spectrum disorders, and Down syndrome may also present with condition-specific symptoms such as hearing problems, hyperactivity, impulsivity, inattention, learning disabilities, and poor coordination. A U.S. Department of Education report noted that 450,000 young people received special education services because of an intellectual disability in 2009.

An intellectual disability is diagnosed on the basis of significantly below-average performance in tests of cognitive skills such as learning, reasoning, and problem solving or standardized intelligence tests. Youth with an intellectual disability may have poor conceptual skills such as reading, writing, speech, and self-direction and difficulty understanding concepts of time, money, and number. They may show impaired social skills in the areas of interpersonal communication, ability to follow rules, or interpersonal problem solving; they may exhibit gullibility, naïveté, or a lack of self-esteem. They may be challenged in the areas of personal care, safety, self-help, health care, scheduling, transportation, and using communication devices.

Youth with intellectual disabilities may have impairments in cognition, short-term memory, or long-term memory. Therefore, they may

- take longer to learn tasks
- be unable to acquire or understand knowledge or skills by observation alone
- lack understanding of abstract concepts, instead thinking concretely and interpreting others' statements literally
- have trouble applying knowledge or skills in different settings or situations, or with different people
- have difficulty remembering knowledge, skills, events, or sequences of events
- recall events or information incorrectly, slowly, incompletely, or without sufficient detail
- struggle with interpersonal communication because they have trouble understanding the meaning intended by others or picking up on subtle social cues
- find it hard to initiate contact and develop relationships with others
- take longer than peers to learn and demonstrate modesty
- have difficulty understanding and deciphering social and sexual boundaries
- not know or remember the socially appropriate context (how, when, where, with whom) of behaviors or interpersonal communication
- become overly compliant, often believing other people know best
- lack opportunities to practice organizing or planning activities because of restrictions on their leisure time

Youth with Learning Disabilities

A learning disability may not be obvious to others yet may significantly affect the way a youth acquires, understands, and/or utilizes one or more of these skills:

- concentration
- information processing (receiving, storing, recognizing, or recalling information)
- interpersonal communication
- language (verbal or written)
- mathematical conceptualization
- motor skills

In 2009, more than 2.4 million people ages 6 to 21 received special education services for specific learning disabilities, according to the U.S. Department of Education's Office of Special Education Programs, making learning disabilities the most common reason for youth to receive such services. A 2003 study found that one-third of youth with ADHD had a learning disability as well. However, learning disabilities do not result from a coexisting disability. Instead, learning disabilities are believed to be a result of the way an individual's brain processes information.

Youth with learning disabilities tend to have typical or above-average intelligence. Depending on their abilities, they respond to various modes of learning. Common types of learning disability are dyslexia, dysgraphia, dyscalculia, auditory and visual processing disorders, and nonverbal learning disorders.

Youth with *dyslexia* have difficulty comprehending, recognizing, or using language, particularly when reading. Youth with this type of learning disability may

- read slowly and imprecisely
- have difficulty with reading comprehension
- pronounce words incorrectly
- mix words up
- misspell words
- misunderstand the meanings of words
- struggle with word rhyming

Youth with *dysgraphia* have difficulty writing or composing words, sometimes within a particular space. Youth with this type of learning disability may

- have poor handwriting
- struggle with writing thoughts down
- write incomplete sentences
- have trouble organizing words or sentences

Youth with *dyscalculia* have difficulty understanding and applying mathematical concepts. Youth with this type of learning disability may

- have difficulty sequencing information
- have trouble with visual-spatial relationships
- struggle with time-related concepts
- have difficulty reading and recalling numbers
- struggle with numerical estimation
- find it challenging to determine different responses to a problem

Youth with *auditory and visual processing disorders* have difficulty processing and understanding visual and auditory information. Youth with this type of learning disability may

- have difficulty storing and recalling visual and auditory information or instructions
- have trouble recalling the sequence of words or lists that they hear
- have difficulty identifying similar and differently sounding words
- struggle to differentiate objects according to characteristics like size, shape, or color
- have difficulty recognizing particular objects within a surrounding environment and/or
- find it difficult to glean information from pictures, charts, graphs, or other visual material

Youth with *nonverbal learning disorders* have difficulty processing what is seen and felt, reading nonverbal signs and cues, organizing the visual-spatial field, and maintaining proper psychomotor coordination. Youth with this type of learning disability may

- have difficulty processing what they see and feel
- have poor motor skills and/or bodily coordination
- have difficulty getting a sense of self and objects within a particular space
- struggle with adapting to new situations or changes in routine
- process information and interpersonal communication very concretely
- have difficulty organizing thoughts
- have difficulty applying knowledge to new situations
- have trouble interpreting nonverbal communication and tone of voice
- have difficulty determining the intent behind what is said

CREATING AN INCLUSIVE LEARNING ENVIRONMENT

Facilitators can create a welcoming environment for youth with autism spectrum disorders or attention-related, learning, or intellectual disabilities in which they can engage and learn with their peers in their OWL program. This section provides strategies and concrete suggestions grounded in Universal Design for Learning (UDL), an educational framework that aims to maximize learning for all. This section will help you intentionally employ diverse methods for teaching, engaging participants, and helping youth demonstrate knowledge and skills.

It is likely that youth with disabilities who enroll in an OWL program already go through their weekday schooling with a plan that helps their teachers address their learning needs. As early as possible, contact the parent(s)/guardian(s) of youth who are known to have a disability. Meet with them and with the youth as well. Try to get a sense of the youth's learning style, strengths, and challenges. Ask the parent(s)/guardian(s) and the youth to tell you about attention span, sensory sensitivities, socialization skills, and other relevant aspects of the youth's disability.

Ask about accommodations that have proven helpful to the youth in a school setting. Become familiar with any individualized supports and assistive technology the youth may use, and do this early enough so you will have time to prepare and implement any adaptations. For example, a youth with an autism spectrum disorder may already use an augmentative alternative communication (AAC)

device containing words and/or pictures to help the youth communicate. Facilitators will need to familiarize themselves with how the youth uses their AAC device; for example, a youth may need extra time to locate words or icons on the device in order to respond to a question or participate in a discussion. If possible, facilitators should plan to share workshop content with a parent/guardian in advance, so the youth's AAC device can be programmed with words and/or pictures to help the youth engage and learn. Both facilitators and leaders of the sponsoring organization may benefit from information a parent/guardian offers that will help you plan to address the disability. While the program may not have the capacity to incorporate every learning accommodation that can benefit each youth, the information you gain from parents and caregivers will help you adapt the program and workshops to maximize every participant's success.

Once you have determined the special needs that are known to be represented in the group and touched base with parents, focus on how you will incorporate the recommended accommodations into the structure, planning, and teaching of your program. Choose an approach that supports all participants' learning while addressing the special needs of youth in the group who have disabilities. As a general rule, plan to present information in a variety of ways to engage youth interest in a topic. For every topic you cover in *Our Whole Lives*, offer a variety of opportunities for youth to demonstrate their knowledge and skills.

You may well discover that an alternative learning modality appeals to youth for whom you had not originally incorporated it. Take advantage of the opportunity to deepen inclusion and intensify engagement. For example, if a youth has an item of assistive technology, others may be interested to learn how the device works. When you allow the program to be a place where youth with disabilities can teach their peers about how they learn and how their helpful devices work, you foster a social connection. Always check with the youth with the disability to learn how comfortable they are with sharing.

Structuring the Program

Select an easily accessible location. Choose a meeting space where you can arrange furniture to best suit the group. For example, you will want to allow enough space around tables and chairs for all participants to move freely, and you will want to be able to place youth who struggle to maintain concentration and attention, especially youth with learning disabilities or ADHD, away from potential distractions like windows. If you anticipate a youth will use an assistive technology device that requires an electrical outlet or extra tabletop space, plan accordingly. Consider placing participants who are likely to use alternative multisensory materials, especially youth with intellectual disabilities or autism spectrum disorders, in areas convenient to the materials and away from unnecessary distractions. Other considerations for set-up include sensitivities to sounds, lights, or odors and any participant's need to get up and move about with minimal distraction to others.

Select a consistent time, duration, and location for the workshops. Plan the calendar for the entire OWL program in as much detail as you can, and try to minimize changes. Youth with learning disabilities and intellectual disabilities often benefit from a structured learning environment. Changes to a routine can be particularly difficult for youth with autism spectrum disorders or nonverbal

learning disabilities, while youth with an attention-related or intellectual disability may struggle with remembering inconsistent times or locations for the OWL workshops.

Make sure each workshop includes scheduled breaks for participants to move around. For each workshop, create an agenda using words, pictures, and colors. Refer to it throughout the workshop to keep the youth on task, remind them of what they have already accomplished, and prepare them for what they will do next. Affirm participants' efforts to achieve an objective or stay on a task.

Youth must do some reading to fully benefit from the program. Yet reading can pose a variety of challenges for many youth, especially those with an intellectual disability or a learning disability such as dyslexia. Plan to read aloud or use other modalities, such as video or role-playing, to reinforce written material. As you plan each workshop, take the time to break down written material into shorter passages for multiple readers to read aloud. Create a print version of every written passage to give participants, so all can follow along as a facilitator or volunteer reads aloud. You may wish to enlarge font size and/or list content items on separate index cards to enable particular youth to participate in reading aloud. Be prepared to summarize the content and purpose of every reading selection. Never assign a youth to read aloud; always ask for volunteers to ensure no one is caught off guard and embarrassed.

Employ Multiple Modalities

Adjust the handouts. Enlarge handouts and add writing space to make it easier for individuals with reading or writing difficulties to read and respond. Plan to verbally describe the purpose of each handout and to read and review handout instructions aloud. You can affirm understanding by asking participants to explain what they are supposed to do. Provide examples of appropriate responses. Allow alternative ways to provide responses on handouts, such as verbalizing a response, typing it using a cell phone or tablet, drawing it, or role-playing it.

Use videos. Videos appeal to all sorts of learners and can help you teach and reinforce concepts and keep participant attention; many are suggested as part of the Our Whole Lives program. Preview a video to be sure that it explicitly demonstrates content in a way that will serve participant comprehension as well as engagement. Plan to pause and replay segments of the video to review or discuss specific content you wish participants to understand or remember. Since youth with special needs often struggle with social skills, consider using videos that allow youth to practice identifying feelings and practice responding to others. The Multisensory Teaching resources section (page xlvi) suggests sources that may offer useful videos.

Provide teaching tools that can be touched. Tactile items such as anatomy models, dolls, contraceptive products, and hygiene products make abstract concepts of anatomy, pregnancy prevention, and hygiene much more concrete. Use tactile items throughout the program to reinforce knowledge and skills. Invite participants to demonstrate their knowledge or ask their questions using the tactile items during group discussions and interactions and provide responses or complete tasks with them. See the section on Multisensory Teaching resources (page xlvi) for help finding OWL teaching aids.

Pacing, Prompts, and Props

Adjust the pace of instruction. Youth with disabilities may have challenges that affect their ability to receive instructions, understand concepts related to sexuality, and participate in an activity or complete a handout. Adjust the pace of your teaching and instructions, discussion times, and activities to meet participants' needs.

Prepare to give instructions in multiple ways. Provide directions for activities in oral, written, and picture formats and make sure they are clear and easy to understand. Plan to use positive feedback and frequent updates on time remaining to keep all participants on task and prevent inattention; restate the instructions or ask youth to restate them to be sure they are clear; and give examples of desired responses.

Contextualize the sexuality content. Youth with disabilities like autism spectrum disorders or intellectual disabilities often need explicit instruction on when, where, and with whom sexual expression might appropriately occur. Throughout the workshops, plan to emphasize the importance of being in private to dress, take care of (or receive assistance with) personal hygiene, touch or stimulate the genitals, have sexual intercourse, or engage in other behaviors involving the sexual organs. Discuss ways to manage situations in which privacy is not attainable.

Incorporate movement. Some youth with autism disorder and attention-related disabilities may focus and engage better if they can manually manipulate an object during group time. Provide items for youth to hold if they feel fidgety, like stress balls or pipe cleaners. When possible, incorporate tactile manipulation of objects into learning activities. Some youth may feel a need to move. Schedule stretch-and-move breaks and/or incorporate movement into learning so all participants get physical activity. Designate an area in the room where individuals can stand while content is being taught. Choose volunteers who need movement to help distribute or collect materials.

Use colors. Colored markers and index cards or paper can be useful tools to emphasize particular concepts, keep participants engaged, and provide a visual way for participants to demonstrate knowledge. Apply color to concepts; for example, assign red to represent unhealthy relationship behaviors and green to represent healthy relationship behaviors or use red, yellow, and green to signify high, low, and no risk. For activities in which participants are to move to different positions in the room to indicate different opinions or beliefs, place colored paper at each position to clearly designate its meaning; taking a position by a green paper could indicate agreement with a given proposition, for instance, while standing by the red paper would indicate disagreement. Give youth paper to hold or point to as a means to represent agreement or disagreement, respond with yes or no, or identify a statement as true or false. Print handouts on a variety of colors to help participants organize their materials.

Incorporate images, pictures, and diagrams. Images can be useful to emphasize and concretely display the sexuality content and keep the attention of youth with special needs. Examples may include pictures of the steps for correct condom application, enlarged diagrams of the sexual anatomy, and a pictorial glossary of a workshop's sexuality vocabulary. Avoid confusing diagrams and pictures. Enlarge visual aids to make them easier to see and understand. Referring to visual aids throughout a workshop as content is taught, reviewed, and discussed

will reinforce knowledge and skills. Suggest that participants use the visual aids when they provide responses during group discussions or interactions or when they complete tasks. Sources for obtaining and incorporating multi-modal materials are listed in the section on Multisensory Teaching Resources (page xlvi).

Model the content. Have participants role-play to reinforce knowledge and skills and to facilitate group discussions and interactions. Also invite participants to use role-playing to provide responses and complete tasks.

Strategies to Help Everyone Learn

Keep language simple. Processing difficulties, short attention spans, or impaired cognition can make it hard for youth with disabilities to understand, remember, or recall sexuality-related information. Communicate information in simple, explicit language. Avoid euphemisms and slang. Youth with intellectual disabilities or autism spectrum disorders may interpret what is said in the workshop literally. Check for understanding throughout the workshop.

Build on existing knowledge. Access participants' prior knowledge related to new topics, to give them a point of reference that will help them grasp and remember new information and stay motivated. Teach or review background information that is necessary to understand the workshop topic.

Repeat, review, reinforce. Youth with autism spectrum disorders or attention-related, intellectual, or learning disabilities have conditions that can hamper their comprehension, retention, and application of information. Repeat sexuality content using multisensory techniques and materials. Refer to content already taught that directly relates to the new workshop topic. Reintroduce relevant examples in different circumstances. Sexuality content can be repeated, reviewed, and reinforced in a variety of ways and at different times throughout a workshop and throughout the curriculum series.

Promote pro-social behaviors. Youth with autism spectrum disorders or attention-related, intellectual, or learning disabilities struggle with social skills, which can make it difficult for them to develop appropriate peer and intimate relationships. Review, model, and post group behavior rules. Find opportunities to explicitly explain, encourage, and model pro-social skills such as distinguishing feelings, deciphering verbal and nonverbal expressions, making eye contact, engaging in reciprocal communication, observing and respecting the personal space of others, recognizing others' feelings, not interrupting, and expressing socially appropriate behavior or statements. Provide positive feedback for youth as they demonstrate these skills. Encourage group participation and engagement among peers.

Use posters to emphasize important points. Youth with disabilities benefit when key points are reviewed or reinforced. Some struggle with sequencing or recalling information. Make visual aids using newsprint or posterboard. Post images, charts, or word maps for participants to reference throughout the workshop.

Keep it positive! Positive feedback can give youth with disabilities immediate and concrete confirmation of accomplishment, reinforce learning, and help guide behavior such as pro-social interactions. Give positive feedback frequently or to reinforce particular behavior. Clearly highlight the youth's specific achievement or improvement, such as applying a condom correctly or maintaining personal space with another group member.

Learning More about Disability

The organizations and agencies listed below have more information about autism spectrum disorders and attention-related, intellectual, and learning disabilities. Some offer strategies and materials that can help create an inclusive learning environment in which youth with these disabilities can succeed.

American Academy of Child and Adolescent Psychiatry, www.aacap.org

American Association on Intellectual and Developmental Disabilities,
www.aamr.org

The Arc, www.thearc.org

Autism Society, www.autism-society.org

Autism Speaks, www.autismspeaks.org

Center for Applied Special Technology (CAST), www.cast.org

Centers for Disease Control and Prevention, www.cdc.gov

Children and Adults with Attention-Deficit/Hyperactivity Disorder,
www.chadd.org

Eunice Kennedy Shriver National Institute of Child Health and Human
Development, www.nichd.nih.gov

Interactive Autism Network, www.iancommunity.org

Learning Disabilities Association of America, www.ldanatl.org

LD OnLine, www.ldonline.org

National Center for Learning Disabilities, www.nclld.org

National Dissemination Center for Children with Disabilities, www.nichcy.org

National Institute of Mental Health, www.nimh.nih.gov

National Institutes of Neurological Disorders and Stroke, www.ninds.nih.gov

National Resource Center on Attention-Deficit/Hyperactivity Disorder,
www.help4adhd.org

PubMed Health, www.ncbi.nlm.nih.gov/pubmedhealth

MULTISENSORY TEACHING RESOURCES

BrainPOP, www.brainpop.com

Interactive, easy-to-understand videos, stories, and handouts address sexuality topics such as puberty, sexual anatomy, and menstruation. The videos are short and visually appealing. Membership is required to access the plethora of resources.

Google Images, www.images.google.com

Quickly access millions of images by topic. Select images that clearly and realistically represent the content and are easily recognizable. Avoid images that are complex or cluttered.

Jim Jackson & Co., www.jimjacksonanatomymodels.com

This company provides life-sized, realistic models of sexual anatomy. Participants can touch them to develop or demonstrate knowledge or skills related to topics such as anatomy, pregnancy, safer sex, and contraception.

Planned Parenthood Interactive Anatomy Diagrams, www.plannedparenthood.org/info-for-teens/our-bodies/diagrams-34352.htm

These multicolored diagrams of the internal and external sexual anatomy allow online users to place a cursor over body parts to view the names of anatomical structures and descriptions of their function.

Planned Parenthood YouTube Channel, www.youtube.com/user/plannedparenthood

This collection of short videos allows participants to see a variety of contraceptives, watch and hear how each works to prevent pregnancy, and listen to simple directions for correct use. Videos contain very little to distract participants from the basic content.

Search-Cube, www.search-cube.com

Use this tool to search for multimedia resources to include in a workshop. Type the topic keywords. Results appear as a three-dimensional cube with ninety-six images, videos, or websites to preview. Select resources that directly relate to the workshop's content, are easy to understand, keep participant attention, and can be easily shown to the group.

Sex, Etc. YouTube Channel, www.youtube.com/user/SexEtc

These short videos address gender identity, unhealthy relationships, and sexually transmitted infections. The videos focus on specific sexuality content, which will help to hold participant attention.

Teach-a-Bodies, www.teach-a-bodies.com

Youth can develop or demonstrate knowledge or skills by pointing to or touching these fabric and paper dolls, which include the external sexual anatomy. Useful for topics such as anatomy, contraception, pregnancy, and sexual violence.