

Developing Modified Sexual Risk Avoidance Programs for Youth Living with Developmental Disabilities

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Objectives:

1. After viewing this presentation, participants will:
 - Have a greater awareness of the common challenges faced by neurodivergent individuals and their families.
 - Understand the necessity of equal accessibility to Sexual Risk Avoidance Education for individuals living with intellectual and developmental disabilities.
2. After viewing this presentation, participants will be able to take the necessary steps to initiate building partnerships with local organizations (e.g., Regional Centers).
3. After viewing this presentation, participants will be able to:
 - Create modified, tailored SRAE programs (scope and sequence) to be used in cohorts.
 - Understand how to launch cohorts with partner organizations

Presentation Description:

When it comes to individuals living with intellectual and developmental disabilities, many are intimidated by their differences and consequently overlook the fact that these students need and deserve access to Sexual Risk Avoidance Education just as much as any other group of students. The lack of disability awareness and understanding contributes to the lack of disability inclusion resources, accommodations, and support systems across the board for the neurodivergent community. In this session, we will show the necessity of equal accessibility to social support programs including, Sexual Risk Avoidance Education Programs, and present practical strategies that foster supportive education environments in which students living with disabilities can thrive. Participants will gain the knowledge and skills to build partnerships, create modified, tailored SRAE programs, and launch cohorts with organizations that aim to improve the quality of life for individuals living with intellectual and developmental disabilities.

Intellectual and Developmental Disabilities









Did you know?

- 1.3 billion people experience significant disability → ~17% of the world's population
- 1 in 6 U.S. children aged 2–8 years had a diagnosed mental, behavioral, or developmental disorder (Brennan, C.S., Williamson, E.J., Baksh, R.A., Dunkle, K., 2018-21).
- Children with disabilities are 400%+ more likely to be arrested in elementary school (Chris Hacker, Aparna Zalani, Jose Sanchez, Stephen Stock, 2022).
- 40% of people in state prisons have a disability (Bureau of Justice Statistics, 2016). → Compared to ~15-17% of the United States general population
- 25%+ of people in state prison have a history of taking special education classes
- 46%+ of correctional facilities do not offer any special education classes (Bureau of Justice Statistics, 2016).

What is a Disability?

A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).

Disabilities limit how a child or adult functions. These limitations may include difficulty walking or climbing stairs, hearing or seeing, concentrating, remembering, or making decisions.

What is Disability Inclusion?

- **Disability Inclusion means understanding the relationship between how people function and how they participate in society and ensuring everybody has the same opportunities to participate in every aspect of life to the best of their abilities and desires.**
- **Including people with disabilities in everyday activities and encouraging them to have roles similar to their peers who do not have a disability is disability inclusion.**
- **This involves more than simply encouraging people; it requires ensuring that adequate policies and practices are in place in a community or organization.**
- **Disability inclusion allows for people with disabilities to take advantage of the benefits of the same health promotion and prevention activities experienced by people who do not have a disability (E.g. , education programs)**

Neurodivergence

noun

the term for when someone's brain processes, learns, and/or behaves differently from what is considered "typical"

Neurodivergent

(adjective)

- The term “neurodivergent” describes people whose brain differences affect how their brains work.
- Neurodivergent individuals have different strengths and different challenges from people whose brains don’t have those differences.
- The word for people who aren’t neurodivergent is “neurotypical.”
- Neurotypical people have a “typical” brain and behave in ways society expects. In contrast, neurodivergent individuals have brain differences that lead them to behave in ways society doesn't always expect.

Why does this term exist?

- Neurodivergent isn't a medical term. Instead, it's a way to describe people using words other than "normal" and "abnormal." That's important because there's no single definition of "normal" for how the human brain works.
- The term "neurodivergent" came from the related term "neurodiversity." Judy Singer, an Australian sociologist, coined the word "neurodiversity" in 1998 to recognize that everyone's brain develops in a unique way.
- Neurodiversity(noun) is the concept that there is a natural spectrum of differences in each human's brain and that these differences are worth celebrating rather than pathologizing; the idea is that neurological differences are *natural* and *expected variations* of the brain.
- Neurodiversity Affirming: To accept and embrace neurodivergent brains as equal, valid, and not broken or in need of repair.

Like a person's fingerprints, no two brains- not even those of identical twins- are exactly the same. Because of this, there's no definition of "normal" capabilities for the human brain.

Just like a fingerprint every autistic individual is completely unique.



Autism Spectrum Disorder (ASD):

noun

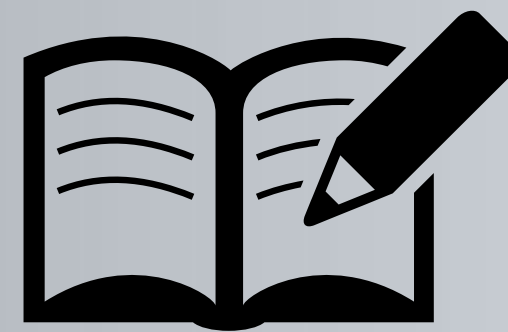
Autism is a difference in the brain that impacts how one:



Thinks/
Processes info



Communicates



Learns

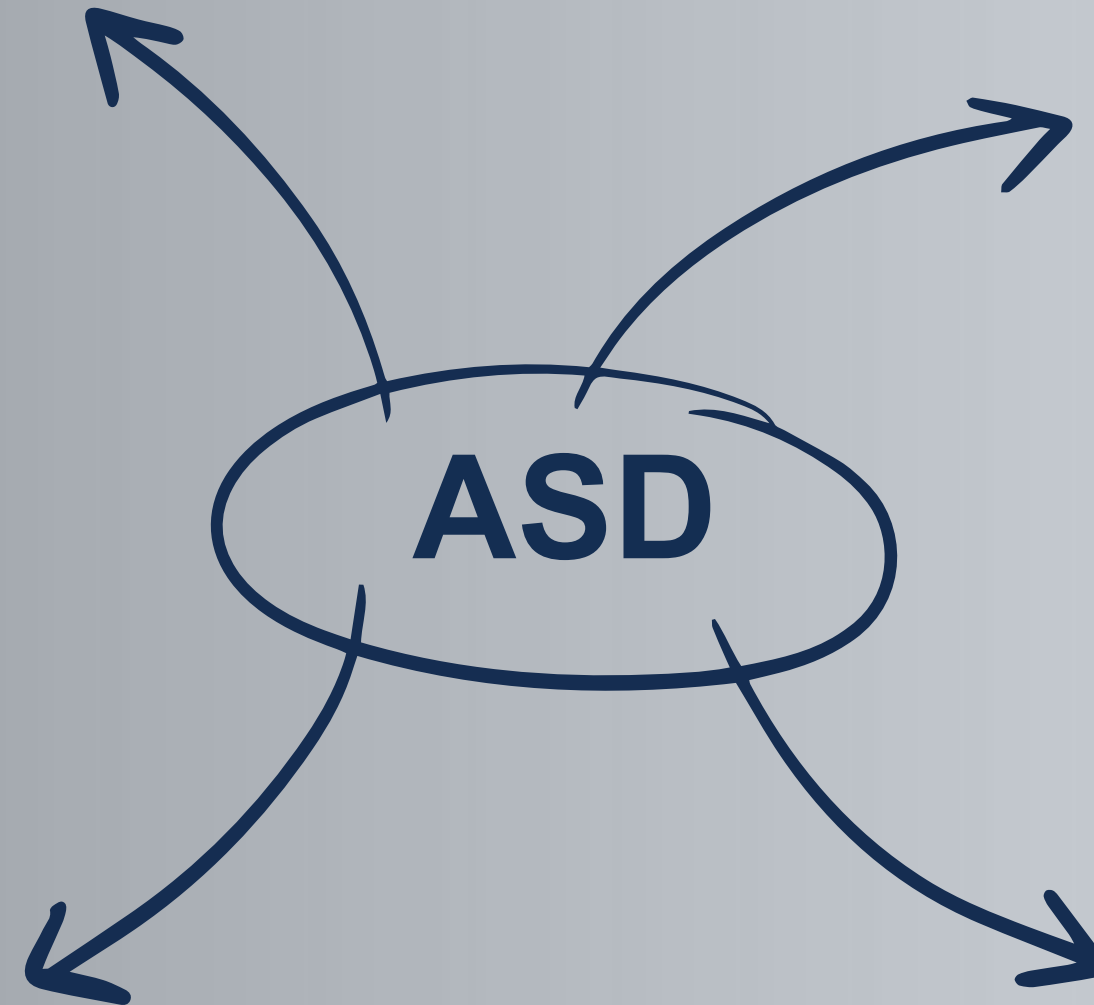


Behaves

Autism is a neurotype.

Autism spectrum disorder (ASD) is a developmental disability caused by differences in the brain.

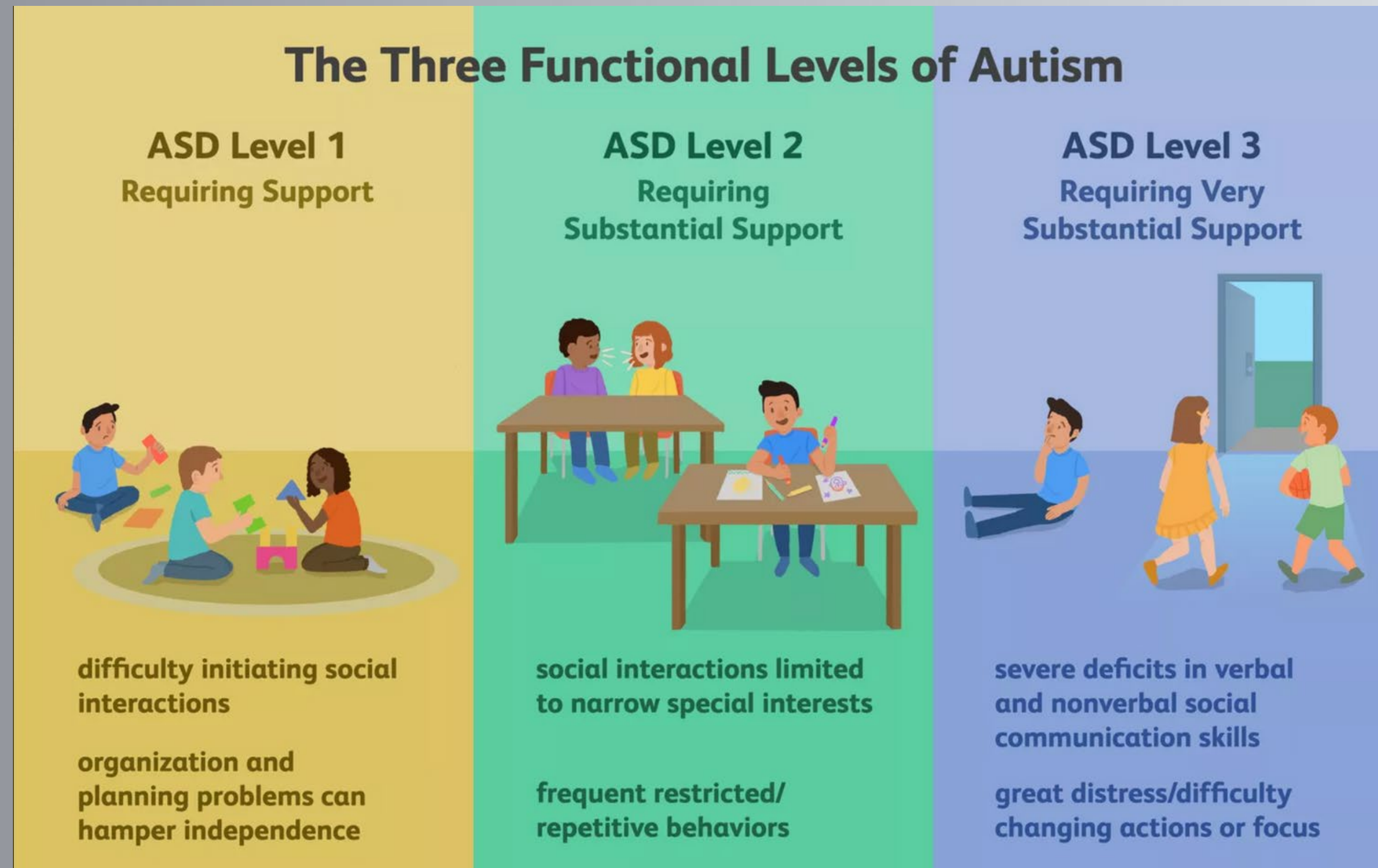
Autism spectrum disorders (ASD) are lifelong neurodevelopmental disorders involving a triad of impairments in communication, social reciprocity, and repetitive/restricted interests and behaviors (American Psychiatric Association, 2000).



Autism spectrum disorders affect how a person acts, experiences the world, and expresses themselves. While autistic people have similarities, each individual is different, and so is their presentation of being autistic.

Each person with an ASD diagnosis is further labeled with either ASD level 1, level 2, or level 3, depending on how incompatible their autistic traits are with neurotypical expectations and how much support they need in their daily life.

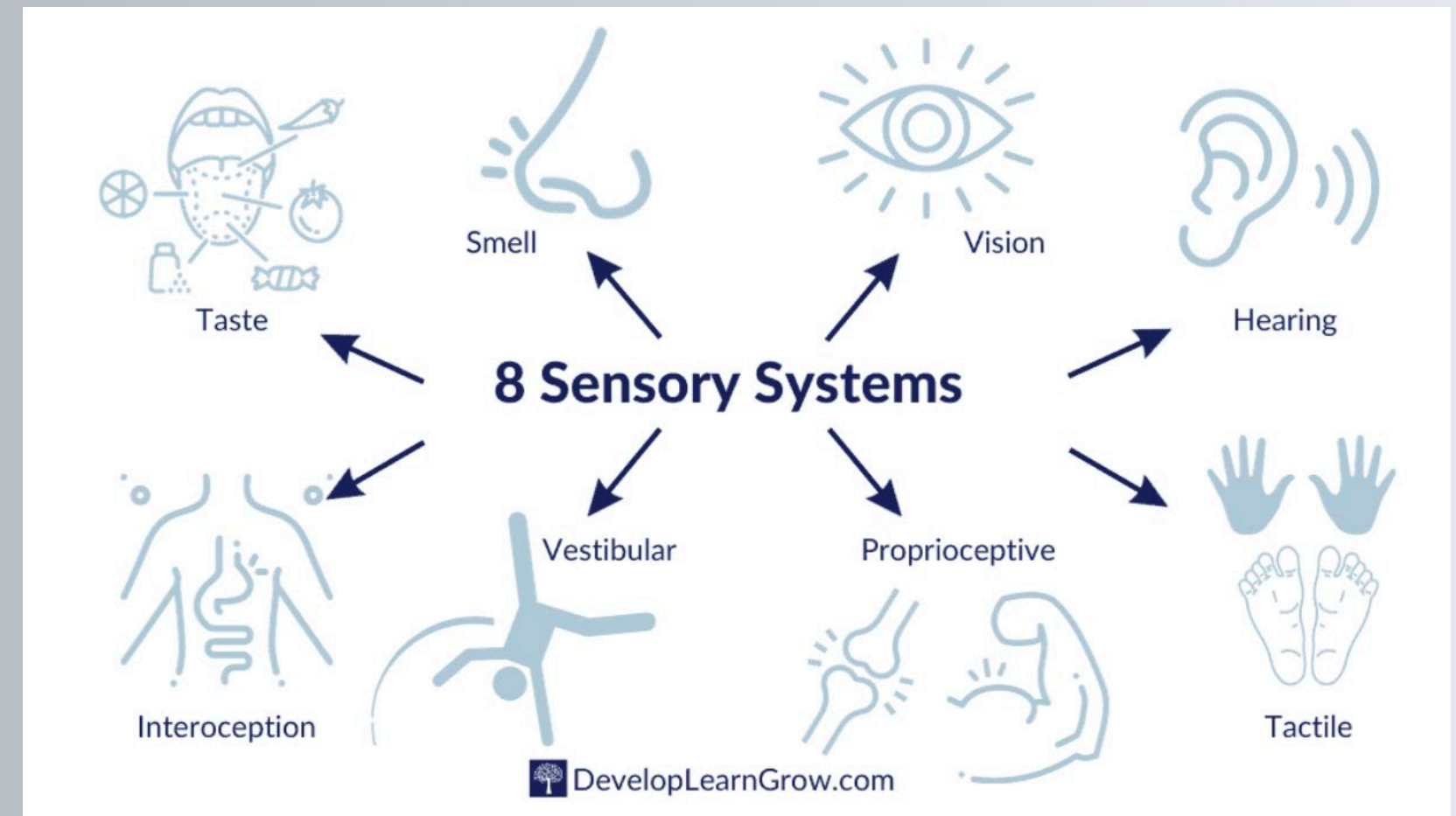
The DSM's Three Levels of Autism



(Cindy Chung, 2024)

Did you know we have 8 Sensory Systems?

- 1) Visual (sights)
- 2) Auditory (sounds)
- 3) Tactile (touch)
- 4) Olfactory (tastes)
- 5) Gustatory (smells)
- 6) Vestibular (balance)
- 7) Proprioceptive
(Awareness of body position and movement)
- 8) Interoceptive
(Awareness of internal body cues and sensations)



Sensory Differences/Challenges in neurodivergent individuals:

- Each autistic person is unique, and this includes their personal sensory sensitivities.
- Autistic people can experience both **hypersensitivity** (over-responsiveness) and **hyposensitivity** (under-responsiveness) to a wide range of stimuli. Most people have a combination of both.
- Hypersensitive: when the senses of an autistic individual are heightened to the extent of sensory input being uncomfortable for them; involves overreacting to sensory stimuli in the environment.
- Hyposensitive: when a person experiences little to no response from a stimulus; low levels or absence of sensory feedback, AKA sensory under-responsivity or **sensory seeking**.
 - Hyposensitivity is a sensory processing disorder that causes a reduced sensitivity to sensory stimuli. People with hyposensitivity may need more intense stimulation to perceive a feeling, such as not feeling pain or temperature changes when others would.
- Many autistic people use **stimming** as a form of **sensory seeking** to keep their sensory systems in balance(stay regulated); repetitive movements, sounds, or fidgeting can help people with autism **stay calm**, **relieve stress** or **block out uncomfortable sensory input**.

Stimming:

- Stimming or Self-Stimulatory Behavior – is repetitive body movements or noises.
- Stimming can look a lot of different ways and it is a GOOD thing because it helps a person regulate their body.

STIMMING CAN BE:

Tactile	Auditory	Visual	Olfactory	Vestibular	Proprioceptive
Rubbing textures, licking, kissing, chewing items, teeth grinding	Putting sounds making objects to ears, repeating certain sounds	Looking at lights or out side of eyes, closely visually examining items	Smelling items that may seems unusual to smell, putting items to nose	Jumping, rocking, spinning, pacing, head banging	Seeking pressure, enjoying the feeling of weighted objects

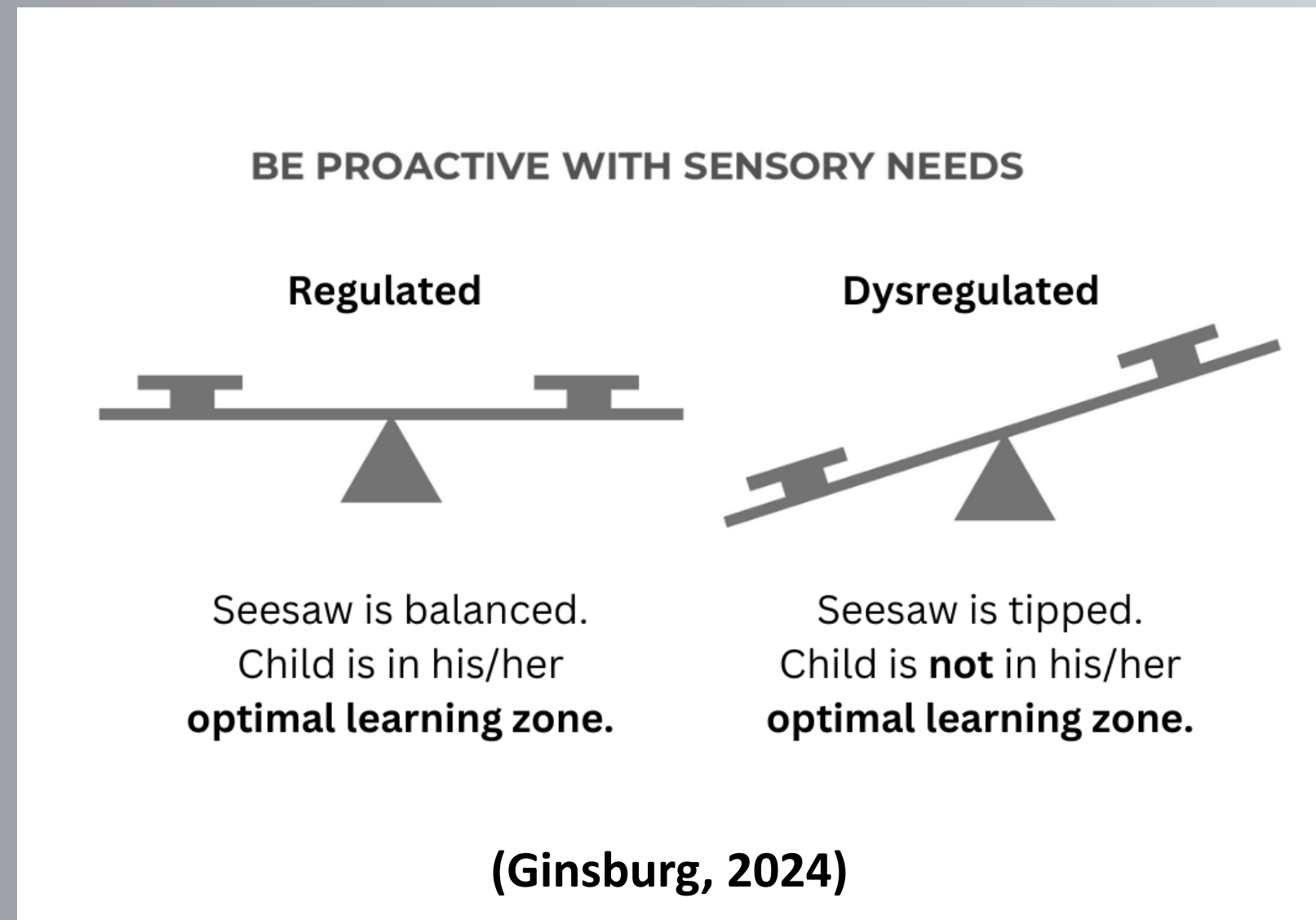
A Combination of Senses: Hand flapping, finger posturing, verbal stims (humming, laughing, etc.), and so much more!

Sensory Overload:

Sensory Overload happens when an intense sensory stimulus overwhelms your ability to cope. This can be triggered by a single event, like an unexpected loud noise, or it can build up over time due to the effort it takes to cope with sensory sensitivities in daily life. Sensory overload can feel like intense anxiety, a need to escape the situation, or difficulty communicating. When the brain has to put all of its resources into sensory processing, it can shut off other functions, like speech, decision-making, and information processing.

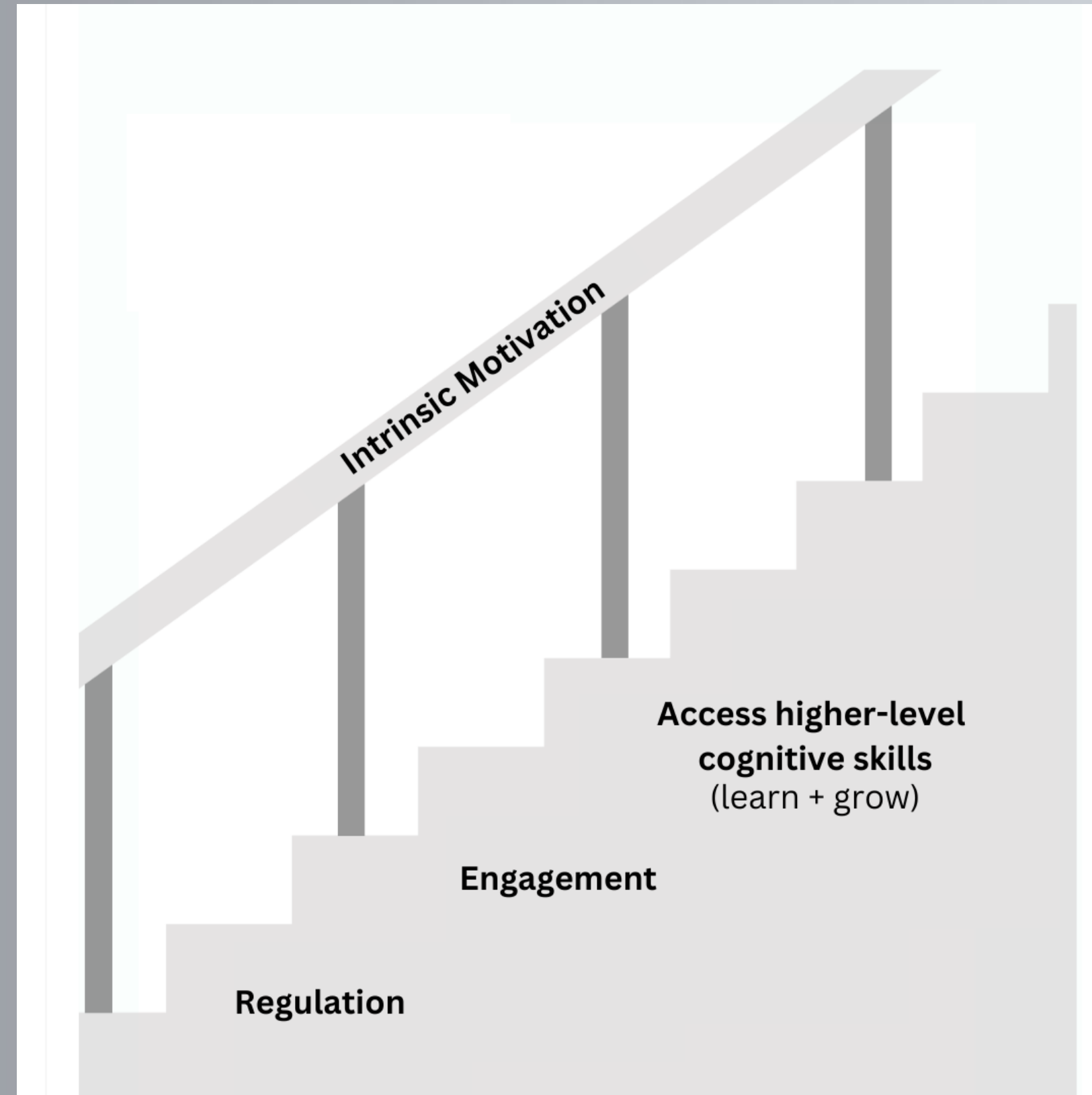
Sensory Regulation:

Sensory Regulation is our ability to process sensory information, and adjust our levels of arousal, attention, and responsiveness.



When we're dysregulated or stressed...we can't access our higher-level cognitive skills (Siegel Bryson, 2011).

REGULATION + CONNECTION → ENGAGEMENT & LEARNING



Suitable Education Settings



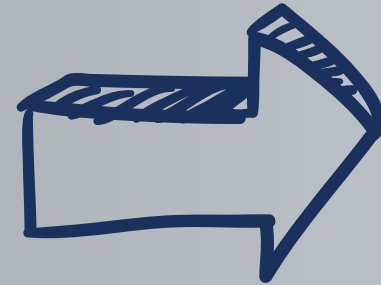
Why are supportive environments so important?

- Research has consistently indicated that the way the classroom environment is arranged influences the learning of individuals with ASD (Hurth, Shaw, Izeman, Whaley, & Rogers, 1999).
- Making sure a student is comfortable in their environment and feels confident is the most effective way for a neurodivergent student to participate and learn (Hurth, Shaw, Izeman, Whaley, & Rogers, 1999).

DISABILITY SUPPORTS ARE A RIGHT.

Including people with disabilities in these activities begins with identifying
and eliminating barriers to their participation.

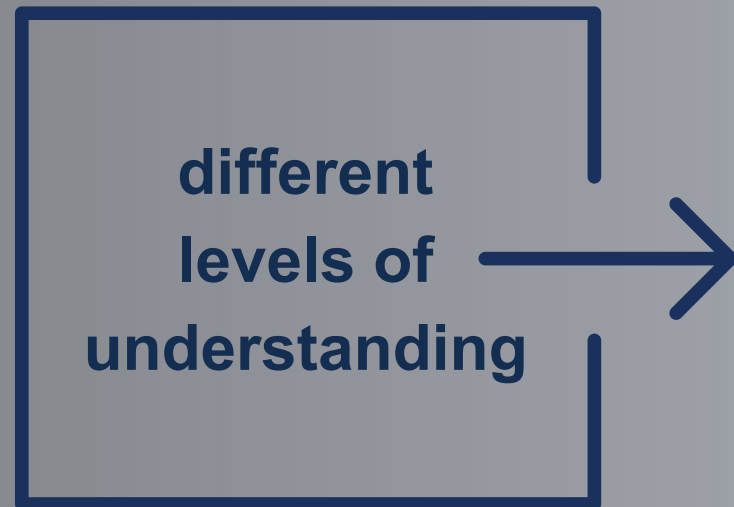
**Potential
Barriers
to
Disability
Inclusion**



Modifications

Barrier(s):

Modification(s):



- implement multiple **teaching styles**
- Simplify, break lessons down into days
- use variety of tools
E.g., “traffic light system”



- small groups (2:1 student teacher ratio)
- space out seating
- have a sensory area if possible
- make students feel welcome

Barrier(s):

Modification(s):



- encourage parent attendance
- recruit volunteers
- ask for support staff from your workplace



- have developmentally-appropriate expectations
- keep demands low; meet each individual where they are on a **day-to-day basis**
- individually coach instructions to students when needed

Common Challenges in Neurodivergent Individuals

- Persons with disabilities have twice the risk of developing depression
 - ❖ Inequities arise from unfair conditions faced by persons with disabilities, including stigma, discrimination, poverty, exclusion from **education** and employment, and barriers faced in the health system itself. (Baksh, R.A., et al., 2021).
- Adults with disabilities reported mental distress 4.6 times as often as those without disabilities (Robyn A. Cree, 2020).
- Children with disabilities are 3x more likely to be abused or neglected than their peers without disabilities (Child Welfare Information Gateway, 2018).

Common Challenges in Neurodivergent Families

- Caregivers are about twice as likely to feel depressed compared to the general population (Beth MacLeod, 2002).
- Studies reported the levels of chronic stress experienced by the mothers were similar to those of combat soldiers (Leann E. Smith, Jinkuk Hong, Marsha Mailick Seltzer, Jan S. Greenberg, David M. Almeida, & Somer L. Bishop, 2009).
- 87% of families with children on the autism spectrum don't take vacations (IBCCES, 2019).
- Parents of children with an ASD had a higher rate of divorce -> 23.5% vs. 13.8% (J Fam Psychol, 2010).

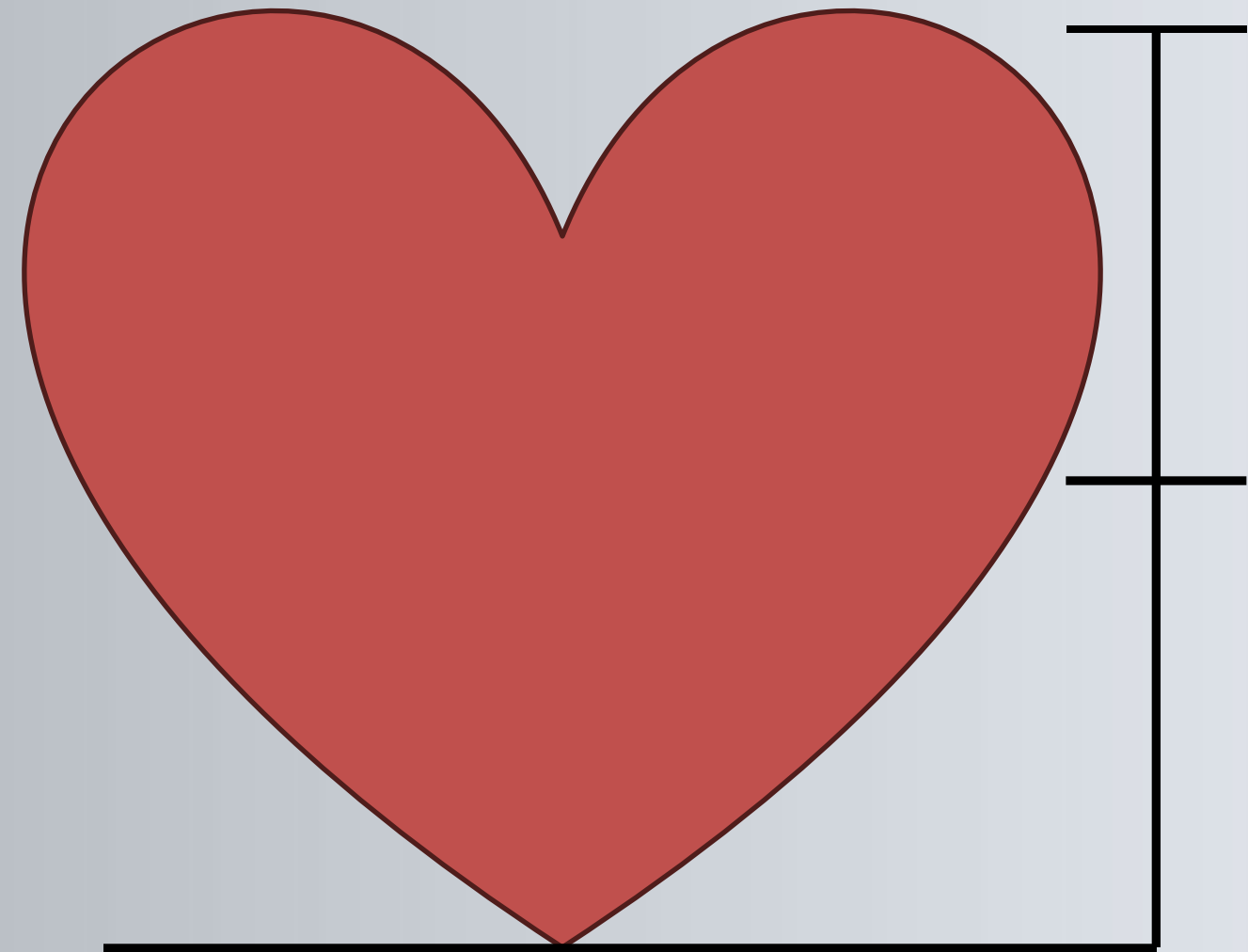
Creating Modified SRAE Programs: (Best Practices)

Example Lesson 1:

Title: Basic Needs of the Heart

Instructions:

- “Rate Yourself” on a scale of 1-10
 - “What is your current Emotional State?”
- Color in the scale
- Discuss what a full heart needs and how to get from your current rating to the next rating



Example Lesson 1:

Lesson: Basic Needs of the Heart

Topic:

How full is your heart
(Scale 1-10)

Objective:

Assess:
Feelings, Mood,
Appreciation

Obstacles:

- comprehending multiple ideas at once
- 1-10 scale too difficult

Modifications:

- Adjust to 1-5 scale
- Focus on one life aspect

Example Lesson 2:

Title: Communicating Effectively

Instructions:

- Have students stand in a circle or line
- Give the first person a complex phrase
- Have students whisper the phrase “down the line.” (Telephone Game)
- Ask the last student what the phrase was
- Discuss how information can change the more it is passed down



Example Lesson 2:

Lesson: Communicating Effectively

Topic:

Help students learn tools to effectively communicate

Objective:

Miscommunication can happen when important details are missing in conversations

Obstacles:

-comfort level standing shoulder to shoulder
- reference to "Telephone Game"

Modifications:

- don't require all students to physically participate
- use logical examples

Group Activity:

Title: Character Spotlight

Instructions:

- Ask students to think about people they respect/ admire
- Discuss traits that they see as respectable/ admirable
- Explain that character is different than personality
 - “Character is defined by how someone is when no one else is looking.”
- Discuss challenges to people’s character
- Complete worksheet

Lesson: _____

Topic: _____

Objective: _____

Obstacles: _____

Modifications: _____

Building Partnerships:

Building Partners:

(Best Practices)

- Communicate with your Federal Project Officer before starting
 - Ensure you are good to move forward
- It takes a team
 - Utilize everyone's connections, expertise, and areas of interest

Building Partners:

(Best Practices)

Use Your Resources to find new partners

- Word of Mouth
- Current Partners
- Referral Lists
- Google

Building Partners:

(Best Practices)

- Don't get hung up on the No's
 - Keep moving forward to the possible Yes's
 - Be eager, not desperate
- Don't put all your eggs in one basket
 - Work on developing as many partners at one time as possible

Building Partners:

(Best Practices)

- Work the process
 - New partnerships take time
- Strategize
 - Think Creatively (Outside the Box)
 - Build programming to partner needs (Fit into their mold)

Building Partners:

(Best Practices)

- Adjust partner MOUs/ MOAs as needed
- Submit the proper documentation
 - Program Modifications may be required


Launching Cohorts (Best Practices)

Launching Cohorts:

- Student Entry Questionnaire (Parent)
 - Tailor classes to student needs
 - High vs. Low level of Support Needs/Accommodation
 - Level 1 and Level 2 classes
 - Questions to determine:
 - Student Comfort Level
 - Student Level of Social Skills
 - Any special accommodations needed

Entry Questionnaire:

1. What is your student's primary diagnosis? What accommodations and adaptations would support your student's needs?
2. Does your student have any sensory challenges you would like us to know? Please describe...
3. What would you like us to work on with your student? (Social & Life Skills)
4. Will a parent, guardian, and/or family member(s) be attending class to support the student? If so please list name(s):
5. What are your student's special interest(s) at the moment?
6. What is your student's favorite or preferred safe food and drink? (please list 1-3 different food and drink options if possible)



have all the
patience and
grace

Launching Cohorts:

- Parent night
 - Be prepared to give an account of what will be taught
 - Present Questionnaire
 - Be available for questions (bilingual if possible)
- Use vocabulary that steers away from SRAE into Life Skills

Parent Night:

Meeting place:
Same location and
time in which the
cohort will take place
(if possible)

~1 week before
cohort start date

Certified SRAE
Curriculum Educators
NOT
Special Educators

Educators & Parents
meet & greet
(no students)

Q&A

Entry
Questionnaire

Be transparent,
communicate with
clarity, and have
compassion.

Launching Cohorts:

- The first group meeting needs to be a meet-and-greet
- Define class routine clearly and review routine/ schedule with students at the beginning of every class.
- Keep it as consistent as possible.
- Do a “heart check-in” (Basic Needs of the Heart) occasionally or when necessary, to assess the student’s current mood/ emotional health

Launching Cohorts:

- Recognize your capacity as a team and determine class size according to the staff available for the cohort (3:1 student-to-staff ratio)
- Break up classes(can be different days):
 - Level 1 & Level 2 are recommended; the intention is to create the most appropriate scope and sequence possible for all students
 - (Level 3 would require professionally educated staff and/or special educators)

Launching Cohorts:

- Keep in mind that what works for one student might not work for another, and what was successful with one group might not be in another group.
- Focus on and support individualized strengths and personal abilities
- Identify appropriate milestones and celebrate them
- Keep demands low and expectations realistic per individual

Launching Cohorts:

- Encourage/ Incorporate:
 - Social Interaction
 - Multiple Learning Styles and Teaching Styles
 - Parent/ support system involvement
- Consider smaller groups
 - Smaller groups help facilitate personalized learning

Closing:

- Researchers state more and better respite programs for parents, and flexible policies on the part of employers are good places to start. In addition, interventions that reduce behavior problems can improve the health and quality of life of both the child and the caregiving mother[parent] (Seltzer and Smith, 2010).
- Our Sexual Risk Avoidance Education Program is just one of the many forms of interventions to fill the gaps.
- If neurodivergent families get the appropriate resources and support needed, they will have a better life and bring valuable contributions to society.

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Q & A

Session Evaluation

Please complete a brief evaluation form for all workshop, forum and networking sessions by scanning the following QR code or visiting the following link:

<https://bit.ly/2024Evaluations>

