

Apr 6, 2022 AUCD-Building a Lifespan Socialization Curriculum

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BRIAN BE:

Welcome volunteer presenters. Thank you very much for being here. Hello folks, welcome!

We are going to have a bit of a buffer zone for folks to get started.

Welcome in folks my name is Brian Be and I will help guide you in today. I get to serve as the autistic cochair.

AUCD's autism special interest group. Today's focus will be around building a lifespan socialization curriculum or planning for a lifelong socializing.

We just came off of or we are in the midst of coming off a two-year pandemic. Who here recognizes the value of socializing? Anybody?

It is helping me keep my sanity! And that is what AUCD is all about. Connecting. Networking. Especially around intellectual and developmental disabilities.

We have a whole range of folks that are going to help make today happen and we will have a buffer zone as people log in.

To get us started, would you please stop screen sharing? To get us started I would like to invite someone who would be willing to say hi to me, so that might mean that you unmute or turn on your camera or both. Would someone be willing to come say hi?

SPEAKER:

Hello!

BRIAN BE:

Hello Jessica! Maureen, could you spotlight Jessica and I? Thank you. Or the other folks that are helping with tech?

So Jessica, I'm going to talk with you for a moment. Would you like to do a short social game or a question?

SPEAKER:

Is social game.

BRIAN BE:

Alright. A social game. This is called Same Different. Would you like to initiate or I will initiate and you can respond?

SPEAKER:

I will respond.

BRIAN BE:

Awesome. I am going to use your name and then say something that is the same and something that is different. OK?

For the other viewers, Jessica and I do not know each other. This is our first time saying hi.

Jessica, I noticed something the same about us is that we are both on muted right now. Something I noticed that is different about us is that your background is a little bit darker than mine.

SPEAKER:

OK.

BRIAN BE:

That is all you had to do is receive and listen. If you like, you could do similar and do same different for me.

SPEAKER:

Brian, I noticed something the same is that we both have what my mom calls the Chevy Chase chin (Laughs). And something that is different is you have beautiful sunlight in your office and I have no window.

BRIAN BE:

Everybody join me in thanking Jessica for volunteering. She had no idea what she was volunteering for. I will do these sparkle hands. Thank you! Thank you for being willing to come in and say hi to me.

Let us do one more. Somebody who is willing to come and say hi to me. Can I get a volunteer?

Perhaps somebody that is not usually very gregarious, maybe does not think of themselves as wanting to unmute but maybe the mood strikes you right now if you are willing to come say hi to me.

You can electronically raise your hand and I will show you how. I am doing that now. Any volunteers?

It is right there.

No? Going once, going twice, fair enough!

Welcome in folks, my name is Brian Be. I am the artistic cochair of AUCD's autism special interest group. Or SIG. today we have the privilege of seeing about lifespan socialization planning and today is an opening session to a month of activity. I will share my screen.

A month of activity that the special interest group plans to do around April.

So I am sharing with you something that is available for you to see. We will drop the link in the chat so you can go to this if you would like.

We do things all year round, beginning in September going over to July and August and right now we are in what we consider a peak month of activity. Autism acceptance month webinar series.

If you have not yet signed up for our list serve you will probably want to do that. Because that is how folks get awareness of these webinars.

One moment while I change something so I can show you another tab.

Special interest group, AUCD under resources, and there are these special interest roots. You can go down here for autism and you can click to sign on that list serve. We will drop those things in the chat for you.

Next we would like to say hi to some others in our leadership team, I would like to turn our screen over to Maureen Johnson at AUCD. Welcome in.

MAUREEN JOHNSON:

Hi everyone. My name is Maureen Johnson. I am the program specialist at the AUCD in the iTAC team. Welcome!

BRIAN BE:

Did you want us to do the zoom pole to get started?

MAUREEN JOHNSON:

Yes. I will put a poll on the screen just to see who is here with us so if you can just tell us who, also I actually realized I cannot activate my pole. Colleague Jeanette are you able to activate the poll?

Please just tell us your role and you are able to make multiple choices, feel free to put in the chat what program you are coming from. If you're coming from a LEND program or an external organization we would like to know the details in the chat.

Thank you so much for answering the poll!

I cannot see the results so if someone wants to mention them.

SPEAKER:

Sure. They are still coming through. Right now we are looking at about 29% are family advocates, 38% going right now for faculty and staff, 14% self advocates. We have current trainees, 14 former trainees at 19% and we have got 24% better health professionals. And 23% who are education providers. It is still flowing so I have not closed it yet. You tell it -- tell me when to close.

MAUREEN JOHNSON:

Thank you so much Jeanette.

SPEAKER:

You are welcome.

MAUREEN JOHNSON:

We will give it a few more seconds. Again feel free to tell us what program you are coming from or organization in the chat.

With that I do not want to delay our speakers. I went to thank them for this wonderful presentation. We have captioning for this webinar, just click on these easy button to view that. This webinar will be recorded and will be available about one week after.

With that I will turn it to Doctor Anjali Rao to introduce the present is.

ANJALI RAO:

Hi I have the privilege of introducing two fabulous presenters today to kick off our month of wellness. We have Doctor Latha Soria and Doctor Cynthia Pierre. Doctor viral poly Soria is a licensed critical psychologist and director of the AARTS Center in the Department of psychiatry at Rush University Medical Center. She serves as the psychology training director at UIC's Illinois LEND program. So we had the pleasure of learning from her as a LEND trainee Lester. She specializes in complex neurodevelopmental conditions, focusing her research on psychosocial in two vengeance for social emotional and behavioral challenges.

Doctor PEERS a licensed clinical psychologist also at the AARTS Center, she provides diagnostic evaluations in individual, group, and family therapy to individuals with autism spectrum disorder across the lifespan's. She specializes in delivering social skills interventions in providing educational and vocational support to artistic young adults.

I will turn it over to this fabulous educational ever that we have coming up. Thank you so much!

LATHA VALLURIPALLI SOORYA:

Thank you. We are excited to be here. Cynthia and I both actually work with our Illinois LEND program giving lectures on diagnostics and therapy, in our clinical stop I will share my screen as I am chatting.

In our clinic, we primarily work on interventions both clinically and on research side., Diagnostics and all sorts of other programs that we tend to lead -- be the lead therapists on those programs. Today we will speak specifically about our social programming across lifespan. I will spend a bit more time on our research models and Cynthia will talk about implementing some of the programs that we have been studying that are in the works but are high need.

Ideally we would like to put in place things was strong evidence, sometimes it is not there. We have to make do. So you will hear both sides of that.

And, I am not great on Zoom, figuring out how to monitor the chat and all of those sorts of things if people have questions along the way.

So I will plan for questions at the end, I should have time for that. If there were burning questions, just unmute and say your piece and I do not mind that either.

OK, let me start with really to say most of what we are about to say is not new. The ideas that we have are ones that have been written about and we are going to be speaking about how we are putting them into practice both in studies and in the clinic.

Leading this quote by Hans Asperger in early childhood there are difficulties in learning practical skills and social adaptation. These difficulties arise out of the same disturbance which at school age causes learning and conduct problems, in adolescents job and performance problems, and in adulthood social and marital conflict.

The reason I would like to anchor with the quote is that we are talking about how we plan for life, I believe Brian was talking but this too, the work that we do. We pull from curriculum are popular things that are out there but really we are thinking about how do we plan for life (indiscernible).

We pull or steal the schematic from (indiscernible), it is a really nice model of how we can think about social development in autism and the main task of social development, we may not hit the milestones in the same orders, but what kinds of compounding or challenges might occur. Here we talk a little bit about the goals that we have in the back of our minds when we are working with families.

Early on, early caregiver dynamic is primary and thinking about all of those social skills that happen within those, attention, (indiscernible), speech language (audio issues) social skills are built upon that lead to how children, appropriate educational placement program.

Looking into school age, later on, relationships and the complexity of the playground and AMEX, how we help kids with that, conditioned executive function, independence skills, adjusting generally more independence required at home and at school.

And then in psychiatric programs like ours, school age is when kids tend to present with mental health concerns so that tends to color all of this other work we are doing.

And then moving into adulthood we add on intimate relationships, issues of intimacy, relationships in addition to all of the other (indiscernible). In the presentation I had, I will be speaking a little bit to the lifespan models that we use, how we adapt evidence-based models to use in clinic but also in the community, depending on whatever level of independence or sorry, evidence that there is.

And how many of the approaches we have, pre-COVID even required us to think about how to be more creative to impact the community in a bigger way and mostly through technology.

More and more, as we work with kids, I learn a lot more about technology and how social relation happens, good socialization happens through technology. That is a piece we have not considered but that is certainly built in here.

As we look at models for older individuals or older youth, we are seeing that the evidence is good but not enough.

So we are seeing moderate effect sizes at best of many of the socialization skills that we currently have, enough challenges that we need to focus on how to improve the complexity and the ways that we think about intervening in a social domain, through augmenting medications, augmenting technology and integrating interventions in a way that improve the outcomes that we are hoping for.

Social skills can be a sticky topic. Everybody wants to be social, we want to be able to say, help people to be a social as they want to be. Not necessarily is what others want them to be. So this quote I think anchors what we do, which is we think about socialization skills, hopefully we are thinking about

the necessary or desired adaptations, skills that people want to learn to stop so that we are not changing who they are, making introverts extroverts, whatever words you want to use, we are obtaining the essence of who they are, but also providing them with the tools to succeed and who they want to be.

So jumping right in, looking at pre-stages, I will cover early childhood in middle childhood and Cynthia will take over the discussion of team and adolescent and young adult.

When we think about early childhood programming, this is the area are autism sciences.

There were versions of this, project impact. In our center we focus a lot on NDBIs and specifically modules of NBDIs. One in particular is (Unknown Name) training and how we take these modules and how we use those to capacity in community.

In this audience, probably need a little introduction as to why early intervention is important, but we thought we could spend a minute or two talking about what we know about how these early developmental behavioral programs are -- or models influence outcomes in individuals with autism.

So we are looking at the specialized ASD interventions targeting court imitation communication skills. We are focusing specifically on this group of therapies that look at key social communication skills that typically develop between nine and 18 months of age.

But in autism, that are a lot too late sometimes. The goal here again is to think about how we capitalize on brain plasticity, that we understand that is key for many points of development in the first few years of life. Using these evidence-based models to shift the trajectory of social language, cognitive and behavioral profiles in toddlers and mitigate that gap that we understand can talk -- can happen.

The rough structure of NDBIs, we have a mix of develop mental and behavioral programs that come together to focus on these skill sets, interventions, interventions that prevent people interacting, teaching children to respond, engage, in a way that is very child focused.

When we do that, we see pretty impressive improvements in all of the places that you would expect to see. We see improvements in parent sense of self-efficacy, whether it is the parent -- there is teaching the parent or the parent on their own, parents reporting they feel empowered and engaged, they have the tools to interact with the child differently, there is strong acceptance of the NDBIs relative to the interventions.

And then on the child and, both in comprehensive programs and in modular programs, with the therapist delivering the intervention to the parent to the child, improves social communication,

attention, play, all of these areas are associated.

A couple NDBIs as well, as you would expect, we are seeing changes of behavior associated with neural changes, normalizing neural activity, all around really encouraging.

Which are program has been taken this work to think about how do we take what we know works and put it in the hands of people are not getting it?

We have two lines of research, how to have innovative implementation strategies to improve the dilute that's right delivery systems?

The first one we call Mirror Me. It is based on reciprocal imitation training, the idea that we all respond to synchrony and mimicry and especially early on, that is is a powerful tool. This program takes reciprocal imitation training as an online self directed module with or without coaching. That is a bit of the part of the work we've done there.

It is also being uses it is -- it is also being used in a recently funded study in our RISE study. To set the stage for children to learn and families to interact in a way that increases the early social outcomes.

I will start with Mirror Me. This is just a rough schematic of what the design of the study is. It is a pilot study in a small number of kids that were on a wait list, families were randomized into either self-directed, online or Mirror Me module or (indiscernible). Families who showed responsiveness, I will show you a bit of video to know what that means. Were just audited for the next several weeks, those who do not respond up to five weeks reserve -- receive once a week on one coaching with the therapist, familiar with these outcomes. (audio issues).

We had pretty strong fidelity, I should also say that the families that reserve, these 20 families and families in the follow-up study here, half of the families were from underserved areas, 80% have risk factors associated with reduced access to care, and others underrepresented ethnic groups, and the research community, these are families that are traditionally or increasingly included in autism research which is an important factor.

To the data, families in Mirror Me reported strong self-efficacy compared to families and self-directed. We had high parent fidelity, stronger significantly different ratings, but we did not see that translate into our direct assessment of social communication skills.

So we have an understanding that these self-directed programs of these NDBIs, with coaching, have some impact but probably not enough for the community who are continuing this work in a larger scale study to understand what the development's might be.

And then, on to the first line intervention with early intervention providers, we will call them project RISE. The goals were to test parent coaching in RIT as delivered by first-line EI providers and we are looking at child outcomes, parent outcomes, mechanisms by which parent coaching improved child outcomes in a larger sample.

Much of what we are doing can be either online or in person, which was pre-pandemic effort, but then of course now it is becoming even more meaningful. Our hope is to identify not just whether this works or not, we have an understanding of where and how it will work and whether the variables leading to variation and efficacy in a community setting work.

I should mention, I cannot believe this, this is not mine, this is the work of our research director Allison (Unknown Name) who has led to markable changes in our institution and our community around delivering in a way that has promised to have a significant impact on the road.

I will skip the schematic of the design because I was running late on time.

I have not seen the chat, I will take a pause, if anyone wants to unmute, are there any questions about our association programs or early intervention socialization programs? Before I move on?

BRIAN BE:

This is Brian, I do not have a question but have a common if you would like. You mentioned mirroring and that is something that Jessica actually chose when I was welcoming folks in. I said you could get this started or you can respond to me. She thought "I will respond!". So she was able to simply receive, a bit different than mirroring but yes. Thanks!

LATHA VALLURIPALLI SOORYA:

Thank you. You will see this emerging -- emerging some of the work we are doing. That element of receiving and listening and mirroring, also mirroring is something we teach, and older children, sometimes because they did not have the exposure or explicit instruction while they were young, other times because it is not what they use, so we will look at school-age children.

My thought Cynthia, I cannot see you, my hope is to end in about six or seven minutes and then pass it on to you. So you have plenty of time at the end stopped

CYNTHIA PIERRE:

That is good!

LATHA VALLURIPALLI SOORYA:

So for social roles and school-age kids, we describe what those might be.

We have a lot of options. It is just that our science and data is not quite robust or not is even close as it is in early intervention work. We're trying to make an effort of what to use and where to use, often there is not enough social programming and sometimes just putting kids together in a group, in a safe environment, is going to do a lot of (indiscernible). So we have some socialization programs, we are happy to share some slides of people are interested.

The most evidence, the most studied models or social skills groups. So I will spend a bit of time on that.

Social skills groups can vary, they are widely accepted families of school-age kids, older adults, they report lots of satisfaction, the kids participating, the teen and adult often report high satisfaction. Those are from parents reports.

We have lots of places where these are offered, we do not understand much of what it is that works. It is hard to compare because there is such a diverse set of skills that are taught in these groups.

Most reports are self-reports of autistic individuals or families. Often we also have teacher reports. Teachers may say that it is not often studied but when it is it shows meaningful effects.

What is being changed? We tend to understand is that we do a pretty good job of teaching the knowledge or the rules of socialization, we have a slow -- smaller impact, we have fewer studies on this area, on improving the actions.

What we see in the studies that are significant is that it is small. We also understand that there is almost no evidence for maintenance generalization.

Our center is working on an area of work that I have spent time and is looking at how we understand, manifestations of social (audio issues) autistic individuals and translating that into an intervention.

We have been studying one particular intervention that we call nonverbal communication, emotion recognition and theory of mind training. For several years. Looking at how explicitly teaching the social cognitive skills, like identifying emotions, theory of mind, and these nonverbal tasks that may be are more implicit or at least by that age, more automatically programmed in typical development. How we teach that improves chill and -- children's abilities to interact.

We did a trial with about 87 school age kids with verbal IQ is roughly in the average, low average to high average range. Briefly we do (audio issues) we think that in early childhood and infancy, when we

build connection through our gestures, how do you translate that into gains for kids? We play charades, we do lots of games around synchrony and mirroring that we just described.

A lot of that is drawn from relationship development intervention, which used to be a popular model. Maybe it still is.

We teach emotion recognition in ways that you think, thinking again, that the foundation, stronger mental health and actually even engagement in therapy is knowledge of emotions and other emotions that we verbalize put labels to that. That tends to be the focus of that module.

Then building upon those to understand perspective models, themes, books, thought bubbles. It is accommodation of things in the community that are put into the curriculum.

We did travel to three month follow-up. Rep getting what you see in the literature that we found some positive impacts based on parent reports of empathic responding on certain measures and empathy scale. Children with higher verbal IQs tended to be more responsive on the scales.

We did post outcomes using neural and neuropsychological natures like processing emotions. We found no group differences but found an increase in (audio issues) perspective taking and theory of mind. You could roughly call it like a leisure activity.

What we do understand is that there are enough limitations, one more thing sorry, that effect declined (audio issues).

A lot of this we know, what do we do with it? What we are working on now is looking at that I hinted at, what are other targets working with groups with some expertise and pragmatic unification and language? To understand how social language can be influential in our understanding of social behavior in this age period.

Surprisingly it is a pretty massive gap in the literature. We do not have as strong an understanding of social language profiles and certainly not many interventions for social language in this domain.

So kind of dissecting it and separating off language in a way that is not natural.

And then we are actively looking at studies that are trying to augment the existing interventions, especially around the emotional recognition theory of mind. We are looking at pretreatment before the intervention, then there are computerized games between sessions.

Alright, so either I sped through that but I am hoping you have plenty of time Cynthia, can I pass this

off to you?

CYNTHIA PIERRE:

Yes. Do you want me to just let you know when to click through?

LATHA VALLURIPALLI SOORYA:

Yes.

CYNTHIA PIERRE:

OK, so I think thus far we have talked about the evolution or the trajectory of social interactions across the lifespan through early childhood and school-age.

So what we see across adolescence and into adulthood is that social expectations continue to shift and expand depending on the setting that you are in.

There are more social expectations, more contexts and new contexts in which social expectations apply.

Vocational settings, work settings, higher education, and settings in which an autistic adult might be expected to advocate for themselves.

These are where we are seeing an additional need for supports for autistic adults as they transition into the stage of life.

Not to mention of course, ongoing X coloration -- exclusion of identity as well as the complex picture we see. We have not talked a lot about the prevalence of mental health as they relate and become prevalent from adolescents moving onward.

So we think about this pretty Complex picture at this point and really as Latha mentioned, employing some of the evidence base that we have to support these individuals.

Seeing some emerging very promising findings, but continuing to identify what makes these interventions take? What are some of the components that we need to push forward and how can we maintain some of the benefits and gains the individuals are getting right after they are finishing with it?

So I wanted to highlight his social skills intervention that was developed for artistic, actually adolescents and adults. We will be focusing on the adult iteration of this. So the team at UCLA developed a program, a curriculum for social skills training was essentially based on the idea that teens and adults face one of two or both concerns as it relates to socialization.

They might face social rejection. So folks that are really motivated to engage with their peers and want to, make friends and develop lasting relationships, but may struggle in the process of doing so. They may face rejection, teasing as a result.

On the other hand, there are folks who are coming in with social isolation. Who may seem, or may not seek out relationship with their peers. So what this program does is essentially identify ecologically valid social skills to help folks in both camps.

Folks were presenting with one or both of the social challenges to help them develop the friendship skills that they need to find those meaningful, lasting relationships.

Briefly, this curriculum consists of 16 week program, one of the things that is really essential, you will see on the slide, all of these components are essential to the functioning and the efficacy of PEERS.

What folks of scene as if you just provide the didactic lessons, what to do and what not to do in social situations, and you do not provide the role-play or not having some of that parent involvement with a parent is being taught how to coach and provide feedback to their adult child, the program does not work as well. We see here that within the small group format, 90 minutes, working on skills, and then watching the social coaches, and then watching videos about how to do the skill correctly and incorrectly before turning it over to rehearsal within this context of the group and later on in homework, that is what makes PEERS PEERS.

Essentially this is the backbone of the program itself. When we think about this idea of ecologically valid, we think about what we have been told. What we think works. What we think happens in the context in a social situation.

For example, we pose this question to teens and adults. What areas most to do if you are teased?

The most common responses you have to tell someone, a teacher or get someone to intervene.

Or the second big one is to ignore the teasing.

So the folks at UCLA has identified what really happens in these situations that is successful or less successful. So essentially we are giving folks a blueprint of what will lend to more success in the long run.

In this

you will see that the actual way to handle teasing is not to go to a teacher. Because you may be

labeled as a tattler, or someone who is exacerbating that social rejection piece.

Instead, and then also, a lot of folks might be tempted to tease back or get back at the person and that tends to as we all know, we come up with our best arguments in the shower at (Laughs) An hour later, so not responding in that moment is key but what you want to do is show that you are not really interested in provide a very short scripted comeback.

Again, this sample of a lesson demonstrates that we are really breaking down some of these complex, frankly emotionally laden social situations, and helping folks have a set of skills that they can use across different situations. I think that is the aspirational nature of PEERS.

Some of the concerns that come up, again as Latha mentioned, this is a popular program among parents and teens and adults themselves, so we run it throughout the year.

One of the things that comes up quite a bit is the curriculum is for folks who are verbally fluent and demonstrate some of the perspective taking and emotion identification skills that Latha mentioned. Essentially as a prerequisite to being successful in the program. It is a lot of content.

Again, as you can see in the slide about teasing, there is a lot of steps, you kind of have to be executed in the right order and successfully.

So what happens is that it is important to be mindful of who is being excluded from these evidence-based interventions.

So what we find ourselves doing, especially as we are navigating this frontier of fewer interventions being available, is having to make some modifications as clinicians. To be able to ensure that the interventions are available to as many folks coming in the door as possible.

For folks who might require an additional practice, reruns of the correct and incorrect way to do something or who might just become emotionally overwhelmed or the language might be at a level that is challenging to internalize modification strategies are important to include.

I think the most, the first line 1 is increasing the duration of the group. So essentially breaking down what is covered in one session into two.

However that is less clinically practical since we want to provide as many cohorts as possible.

So I think the remaining modification strategies listed here are utilized a lot in our clinical stops making sure we are providing additional behavioral supports, visual supports about what expectations are in

the group, break cards, other preventative strategies.

If folks are coming in with behavioral challenges.

Streamlining the content that is presented in each week, again breaking down the rules for maybe 10 to 6. Which then leaves a lot more for behavioral rehearsal. So practicing, getting a lot of feedback from coaches as well as other participants.

Making sure that we are incorporating prerequisite concepts, perspective taking skills, theory of mind, emotion identification skills, to help folks be successful in incrementing the strategy that we are covering.

Making sure we are helping peers and their coaches really work on the skills to develop potential friendships. That they have been working on.

I know we are almost of time. I want to make sure we have time for questions.

Briefly, another emerging intervention that we wanted to share with you, and that we are running on a regular basis at the center, is focused on understanding or helping folks understand sexuality.

And to become successful in the way that they wish to as they relate to developing intimate relationships and navigating puberty.

As we know, there are a lot of unknowns, a lot that goes on in being successful within the context of relationships with others as well as yourself.

So some of the challenges that come with autism, social communication challenges, can impede verbal and nonverbal communication. What are the ways someone can tell you know? Besides saying no?

Understanding your desires and preferences as well as others, and problem-solving within the context of the situations.

As we can see, if you click forward, the characteristics and challenges of autism might serve as barriers.

Being mindful of time, I will really quickly, I just wanted to mention that even though formal sex education is more or less ubiquitous in some form or another within the context of school settings, there are a lot of big ideas and pleasant, right? Elements of sex and relationships that are not

discussed within the context of these formal lessons at school.

So what you see here, actually is a survey autistic adults who shared where they are getting information from. In terms of different relationship or sex-related situations. So this is just one example. As you can see, this is a pretty splintered pie graph in terms of where this information is coming from.

In terms of my own reaction, the slice of pie that is coming from parents and then friends who are much older or much younger, as well as media, is kind of large. There is a lot of, you know, things that I would like to see differently here. So there are a lot of different sources of information that are coming here.

So on top of that we are seeing that sex is not a priority for teens and adults who are also receiving other supports within the school setting.

BRIAN BE:

Can we do an audio description real quick to those two pieces of the pie chart you recommend?

CYNTHIA PIERRE:

In this paragraph, we see here a question, about where you get information for example about assertiveness or saying no in romantic or sexual situations. Where did you learn about that?

So this pie craft shows that about 1/4 of folks are getting this from a legitimate website, however about 20% are getting their information from the first website that they find on Google.

And then the next biggest lad, about 15% is same age friendships but there are a lot of smaller slices on this pie graph. Some of the smallest include parents. So there are a lot of different sources that are being tapped into as they relate to sex and relationships.

As we know, there are a number of different domains to address. I will show you a sampling of what is covered within the context of social skills or sex ed interventions.

There are a lot of facts that need to be taught in human development. It is not so much about the facts, for folks who are generally speaking with an average range cognitively, this is not something that is difficult to pick up on, but again it is the subtleties in the in between's. What are the slang words, proper words, when is it appropriate to use what?

Relationships. Boundaries, dating skills. These are also whats that are being covered. Something

being identified within the context of a sexual education group for adults.

We have cultural elements of sex and relationships. Really incorporating personal and family beliefs about some of these topics so that folks can understand what are those gaps of information that they do not have to be able to form their opinions about how they want to proceed?

In terms of the how, supplement a lot of this didactic information with a lot of visual supports, pictures, social stories, sequences, and we also incorporate ways that folks can rehearse the information by means of role-playing or discussing vignettes.

Again, maximizing that perspective taking skill building.

I love using this graphic in my individual therapy, helping folks understand that just because we are talking about friendships it does not mean that we are not, right, meeting your ultimate goal of dating. Using that house of cards.

I will kind of leave it here. This is a problem-solving vignette. It involves a scenario in which there are dos and don'ts. There were socially appropriate and inappropriate ways of navigating this problem.

This initial study found that folks who participated in a sexual education intervention were able to more correctly identify what the problem was, why it is a problem or what the problem is with that, and what a correct behavior would be moving forward.

So there is promising work that is being done to help support individuals who are needing some additional, again support around the soft skills, navigating sex and relationships.

We will stop there. To summarize, across the lifespan, where working actively with parents and families to assess their social needs, according to the values, and making a plan that balances evidence-based practice with what is out there and tailored to that individual's needs.

The hope is to see that as we continue this work, to see some of those gains being maintained across time and generalized across settings.

Alright, thank you so much.

SPEAKER:

Thank you.

BRIAN BE:

I am doing the sparkle hands, jazz hands clap. Would you like to welcome fielding a question?

CYNTHIA PIERRE:

Absolutely!

BRIAN BE:

I did not see any in the chat to highlight for you. So we do not have to worry about missing some the bear.

MAUREEN JOHNSON:

This is Maureen, just looking at the chat, I see Don Lewis saying PEERS something a wonderful program. Megan Thatcher said that was great and thank you.

LATHA VALLURIPALLI SOORYA:

I have some individual therapy patients that have gone through our group and find us going back to those curriculum in those day-to-day experiences quite a bit. In general I think this is just the beginning. These programs are just the beginning to help us in the work that is ahead. I agree that it is a great program.

BRIAN BE:

One point I reacted, ecologically valid social skills. Hmm, that is all. I thought that was a phrase that has my attention.

LATHA VALLURIPALLI SOORYA:

More so now than ever. There have been adaptations of all of these

(Multiple speakers)

SPEAKER:

Can I ask a question?

SPEAKER:

Someone was on mute and had a question.

SPEAKER:

Yes please unmute and ask your question.

SPEAKER:

I think I have unmute it. Do you guys ever work with people on the spectrum, older than 30? I work

with a lot of people older than 30 on the spectrum. My son is autistic as well. That age group has missed out (Laughs) On a lot of our advances now. But I am wondering, do you guys think like the PEERS program would be worth trying on in older individuals as well?

CYNTHIA PIERRE:

That is a great question because I think one of the things that I did not cover quite as much is that we want folks to practice learning about common interests and also to learn to seek folks who are roughly the same age because there is this idea that you are roughly around the same age you might be more likely to have things in common.

So what we try to do, we think it is something that we try to be as inclusive as possible is creating cohorts of adult groups that may be there is like a college age group, a group that is more twentysomethings, and so on so it does not feel so, I get the sense that that is kind of what you are worried about? Right? An 18-year-old and someone who's 30 that they might be looking for different things.

SPEAKER:

That is what, I mean our group consists of individuals with and without disabilities and oh goodness, I have been involved with these particular young people for about 12 years, and so they started out in their early 20s and now they are in there, some of them are in their mid-30s.

And I am hoping, I guess maybe allow the older people to bond with interests that they may have and we have people in all different places on the spectrum. We have some that would not have met that criteria and some that are well above that.

So sometimes that makes it difficult but I am just always looking for advice and help, you know, with work and with the older people.

CYNTHIA PIERRE:

We can definitely connect off-line about some resources that are more community-based that can help autistic adults find other people based on their interests and that it is less of a constraint, age constraint. I think that is absolutely, yes, a valid concern.

SPEAKER:

Thank you for your presentation. I learned a lot and as always I wish I could go back 20 years but that is OK! We are where we are supposed to be! (Laughs)

SPEAKER:

Again I want to thank her presenter so much for this wonderful opener. We are at time. I see raised

hands but we will share the presenters email addresses to all participants as well as a feedback survey to say that you can help us with planning our webinars. We hope that you join us for our next webinar which is on April 15, more information is on the website. Again thank you all for joining us.

LATHA VALLURIPALLI SOORYA:

And people can reach out to us by email if you have questions that we did not get to.

CYNTHIA PIERRE:

Thanks everyone!

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