Saturday, August 3, 2019



Breakout Session B7 • 1:30-2:30 pm • Grand Ballroom A/B

Sex Hormones, Puberty and Teaching Safe Sexuality

Kasee Stratton, PhD, Mississippi State University

Jeremy Kirk, MD, FRCPCH, FRCP, Birmingham Women's and

Children's Hospital UK

Presenter Information

Dr. Kasee Stratton is an assistant professor in School Psychology at Mississippi State University, as well as a licensed psychologist and nationally certified school psychologist. Dr. Stratton has been involved with the CHARGE community and conducting research for 15 years and is the director of the Bulldog CHARGE Syndrome Research Lab at Mississippi State University. Dr. Stratton's clinical work has been with children and adolescents with a wide range of developmental disabilities and significant behavioral concerns. She is currently the Co-Director of the Autism and Developmental Disabilities Clinic at Mississippi State University where she supervisors and provides services from an applied behavior analytic perspective enhancing skills (i.e. communication, social, behavioral, adaptive skills) and minimizing problem behaviors.

Prof. Jeremy Kirk is a Consultant Pediatric Endocrinologist at Birmingham Women's and Children's Hospital, with a special interest in growth and pubertal disorders. He has published chapters in the US and German CHARGE books as well as online resources in the UK. Jeremy has been the Medical Advisor to the UK CHARGE Syndrome Family Group and has organized a number of national conferences. Jeremy also established the first UK national pediatric and also adult multidisciplinary CHARGE clinics in Birmingham, plus national screening for CHD7.

Presentation Abstract

All you ever wanted to know about sex hormones, preparing for puberty, and sexuality in CHARGE! Prof. Kirk will cover the current and potential future therapies to optimize puberty and also prevent long-term issues, such as osteoporosis. Dr. Stratton will present on the development of sexuality from identifying body parts to preparing for masturbation. Specific resources will be provided to guide educators, parents, and other professionals navigating sexuality from a young age through puberty.

Learning Objectives

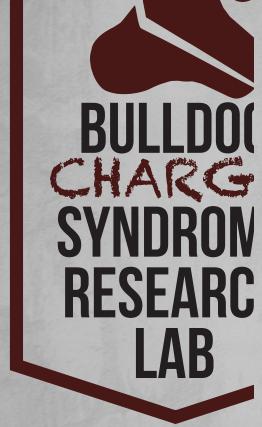
- Participants will leave having gained knowledge of the broad topic of puberty and also sexuality and that teaching begins very young.
- Participants will gain knowledge in the direct teaching of body parts, modesty, independent showering, preparing for menstruation, and preparing for masturbation.
- Participants will leave with skills to teach their child about puberty and safe behaviors.

Teaching Safe Sexuality

Kasee K. Stratton, Ph.D., NCSP
Associate Professor, Licensed Psychologist
Director, TK Martin Center for Technology and Disability
Mississippi State University









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Sexuality

Sexuality education with learners with ASD is often regarded as a "problem because it is not an issue, or is an issue because it is seen as a problem." (Koller, 2000, p. 126).





Where do we begin? And WHY?

"Not teaching a child about sexuality and how to express natural urges in a safe and appropriate manner denies a big part of what is essentially human." (Moss & Blaha, 2001).

Embarrassing moment or teaching moment





Education is necessary

- Do <u>NOT</u> learn incidentally about sexuality issues.
- Misinformation from peers
- Parents nervous/reluctant to have conversation
- Inadequate school-based instruction





Importance

- Enter adulthood behind with sexuality knowledge
 - Communication gap
 - Idioms, innuendos
 - Modeling loss
- Lack basic sexual information
 - Gap between hearing and Deaf college students widest gap with anatomy and physiology

Swartz (1993)





Importance?

- 2-4 times higher for sexual abuse
- Often repeated and will go unreported (Stinson, Christian, & Dotson, 2002)

References: National Center for Abuse and Neglect











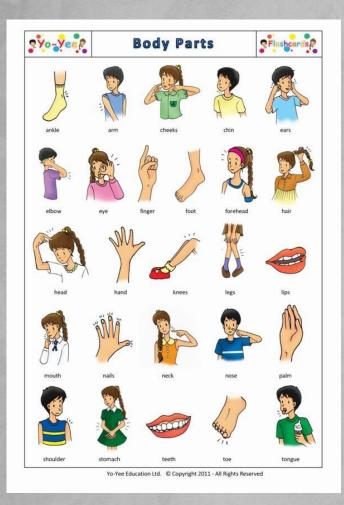


Goals

- Begin teaching EARLY!
- 6 month
- 1 year
- 5 year
- Is the location (environment) appropriate?







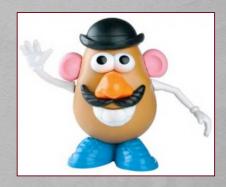
Knowing my body





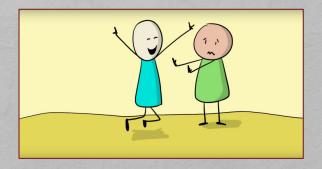
Body Parts

- Use daily teaching when appropriate
- Begin Early
- Be Specific
- Recommendations:
 - Books
 - Bathtime
 - Mr. Potato Head
 - Photo and body practice





Establishing Personal Boundaries







Personal Boundaries

- Establish a pattern of behavior.
 - More difficult to change highly established behaviors
 - Identify examples of safe and not safe hands
- Model Modesty
 - REQUIRE modesty from teachers, physicians, etc.
 - Opportunities for practice
 - Teach for the environment
 - Be explicit









Boundaries

- Should be familiar with staff, teachers, etc.
- Discuss areas of the body that are safe to touch to identify others
 - Forearm, hands, back
- Discuss boundaries of staff with your child
 - e.g., Assist during toileting and no other time
- Practice identifying private vs. public places





Establishing Boundaries

- State specific people who can see the child without clothing
- Who can assist with baths?
- Examples of private and not-private
- Prep for physical examinations



Being naked means wearing no clothes



naked? Who can see my underwear? Who can see my private parts?



Sometimes my doctor needs to see my body



It's okay for Mom or Dad to see me naked



NOT my friends!





NOT other students! NOT other grown-ups!



My body is private



I can be naked in my bedroom. It is private.



I can be naked in my bathroom. It is private.



But I should close the door first



Being naked is private



No one at school should see my underwear or my private parts!



I don't take off my clothes at school



I don't pull my shirt up



I don't pull down my pants



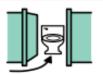
Sometimes I need to fix my underwear



Sometimes my clothes feel uncomfortable



I can ask to go to the restroom



At school I can fix my clothes by myself in the restroom



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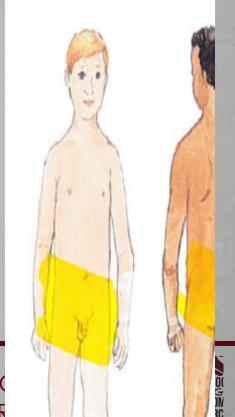








- Use a consistent vocabulary
 - Forewarn your educators
- Perseverative touch; redirect when able and address with a formal behavior plan





Bulldog CHARG



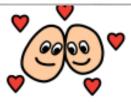
Hugging Social Story



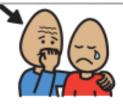
All About Hugs



Hugs feel good!



Hugs are a way to show love



Hugs are a way to show concern



Hugs make me feel happy!



Is it okay to hug anyone when I feel like it?



What is the rule?



The rule is NO! First I must ask



sk: Can I give you a hug, please?



Wait for the answer Yes or No



It is okay to hug Mom or Dad



Is it okay to hug at school?



O hugging at school



I DO NOT HUG my friends



I DO NOT HUG my teachers



I respect personal space



I CAN wave or say hi



I CAN high five



I CAN shake hands



Good! Now I know what to do



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Who Can I Kiss?



Kissing is touching



I can kiss my Mom



I can kiss my Dad



No kissing at school



I will not kiss my teachers



I will not kiss my friends



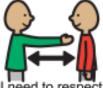
I will not kiss the girls at school



When I kiss people at school, they get mad at me



When I kiss people at school, they get upset



personal space



I need to show I can be a good friend



Some touches are okay at school



I can high five



Or I can wave and say hi



I can tap someone on the shoulder



I can shake hands



will follow the "no-kissing" rule at school



I will do my best to follow the rules



I feel proud when I do my best

Kissing Social Story

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Personal Boundaries

- How do introduce yourself to others
- Cultural expectations
- Place out hand
 - "Count down" handshake
- New Settings
- Age-Appropriate





Hygiene and Personal Care







Hygiene and Personal Care

"A critical component of social and sexual maturity is attaining independence in basic self-care tasks." -AAP

- Intervention Options: direct instruction, formalized cues, and reinforcement system
- Hygiene Kits (shower, shaving, dental, wash face, morning routine)
- Clothing and Hair: Acceptable to peers, age, socially appropriate?
- Add to your child's yearly goals at school





Showering/Bathing

- Assistance- Did you ask for permission?
- Use of and amount of soap
- Forgotten parts
 - Neck
 - Back
 - Feet





MENSTRUATION







Menstruation

- Sanitary Pad Compliance
 - Practice, Practice!
 - Visual scripts (placement and changing)
 - Reinforcement
 - Hygiene
- Choices
 - Sanitary pad type
- Add to IEP





Menstruation

- Prepping for School
- Medications
- Keep record of periods





baby



Once, I was a baby.



Then, I was a little girl.



Now, I'm a big girl.



Soon, I will be a woman.



Big girls and women have a period that comes once each month.



When I have my period, I will see blood on my underwear.



I will need to wear a sanitary pad inside my underwear so that blood does not get on my clothing.

7 days

When I have my period, the blood flow will last about 5 - 7 days.



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I will need to change my pad several times during the day.



I will go to the bathroom, wrap the dirty pad in toilet paper, and put it in the trash.



I will put a new, clean pad on my underwear.



If I start my period at home, I can tell Mom or Dad.



They will go to the bathroom with me.



At home, my Mom and Dad will help me.



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Examinations

• The American Academy of Pediatrics supports having a trusted caregiver present for examinations if the individual provides consent to do so (Murphy & Ellis, 2006)



MASTURBATION





Masturbation

- Prerequisite Skill #1:
 - Does your child understand the concept of "wait"?

"Later when we get home"

- Prerequisite Skill #2:
 - Teach public versus private





Masturbation

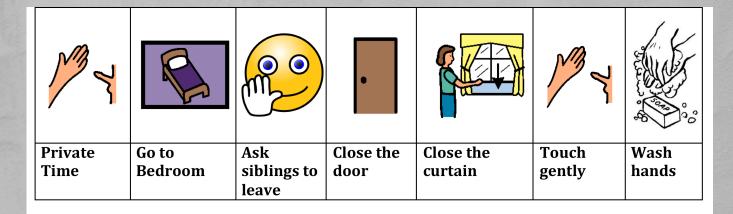
- LOCATION, LOCATION
- Use of anatomical models
 - o Redirects; Use of a timer
 - o Social Story; Visual Script
 - o Reinforcement Systems!
 - o Be cautious of items used for humping
 - o Gentle touch

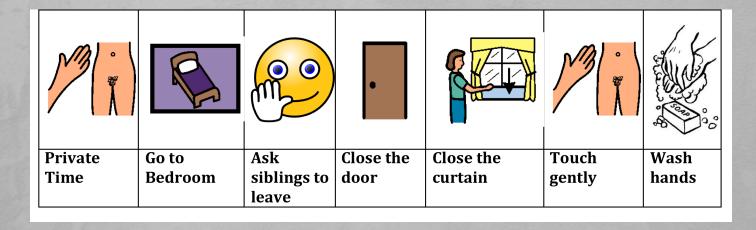




Masturbation













Nocturnal Emissions

- Commonly begins between the ages of 13 and 17
- Make connection to other changes
 - Hair growth, growing taller
- Preparation for independence
 - Changing sheets, cleaning





Sex Education?





Sex Education

- Education and intervention for sexuality allows the individual to knowledgeable to make informed decisions to promote sexual identity and sexual safety (Getch et al, 2001)
- Consult with your IEP team early





Final Notes

- Begin education early
- Physicians and educators must know that sexuality education is primary part of your child's goals
- Instructional strategies may require the use of concrete materials and tactual exploration.



Resources

- OHOA: Sexuality Module
- Moss and Blaha Sexuality Education
 - http://documents.nationaldb.org/products/sexed.pdf

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