

26. "Sex on the Spectrum"

Okay. Welcome Nicholas to the show. I am so excited to have you here today.

So Nicholas, you treat all kinds of people, but April is autism awareness month. And so I really want to focus a little bit more specifically on how you help this community of individuals. But before we dive in, I'd love to learn a little bit more about you.

Can you tell everyone a little bit more about yourself, your story and how you got into the field? Oh my goodness. How much time do you have? I am a board certified behavior analyst. I'm also kind of known in the field of behavior analysis for doing a lot of work with human sexuality, doing a lot of work with gender and working to try and utilize this modality in very positive ways for people of all backgrounds, certainly including autism.

When we're working with autistic adults, you know, there's just so much that needs to go into this work. But a little bit more about me first, because I'm passionate about the work in case you haven't noticed. I could tell that from your smile in the headshot you sent me.

I could just, I felt that that came across. So where did that passion come from? It really, a lot of this started growing up in Anchorage, Alaska and not knowing, I didn't know until I was 26 that I was on the autism spectrum. Like I got my diagnosis really late, but growing up there and being kind of a weird kid and not having a lot of good sex ed or people who understood like that, you know, it's okay to be different.

Really it made me feel incredibly pushed into like a little corner. I felt very much like I was wrong. There was something wrong with me.

There was something wrong with anybody who felt like me, which was few and far between and people that I could find in Anchorage, Alaska. But I started with the Gay, Lesbian, Straight Education Network, GLSEN, back in 2003, when I was a junior in high school, I became the state ambassador for both Alaska and Hawaii to open up gay straight alliances. So I was on the front wave of gay straight alliances, the GSAs, and started seven in Alaska.

I don't even remember how many in Hawaii. I think it was like three or four. But really started working then with additional intersections within the queer community and learning that there were a lot of people from various backgrounds and ability levels who identified as queer in some way and were kind of united in that the rest of society didn't seem to understand them.

And it was very much like, this is how we've been born, this is how we feel, kind of a thing. So over time, took that into my college and moving forward, just building and building. Initially, I was going to go into advertising, and it just shaped over time to

focusing more on what made humans tick, because that is part of advertising.

And then I was like, this is so much more interesting than the actual advertising. So started moving more and more into mental health kind of related teaching. And I was working at an adult store.

I don't think when you meet the average behavior analyst, most of them don't have like five years of working in an adult store on their resume. Yeah, I would agree with you there. And if they had it, they wouldn't put it on their resume.

Whereas I'm like, this is so appropriate for what I want to do with my life. But when I was working there, I had a lot of people in the community who came to the store because they knew I was there, because they knew that the advice I was giving was based in sex ed and sexual health. And it really started to spiral very quickly.

The owner of the store, Larry Flint, and his daughter, Teresa Flint, came out to the store, got to know what we were doing. And Teresa Flint ended up giving me an article in Hustler's Retail Magazine called Nick's Picks. And it was all about sex toys and how to use them to enhance your relationship rather than just rely on a sex toy.

So that picked up. I ended up on the radio as the toy boy for a while. And then I was starting my practicum in applied behavior analysis.

Meanwhile. I was like, where do I, how do I make all this work? So I started in an autism children's clinic. And they were like, don't tell anybody your background.

Don't tell anybody where you came from kind of a thing. Not everybody, but a lot of people were telling me that. But I was like, I want to bring this background into behavior analysis.

I'm not here to learn to whip little autistic kids into what neurotypical adults think is good behavior. That is not why I did this. I got into it because being autistic, I want something that is rigid and clear and easy for me to understand.

And ABA really is. And so I was like, this is a mental health science that will work for me as a practitioner to connect to humans. So very different reason for getting in there in the first place.

Because I got into it thinking I was going to use this to enhance people's sex lives. I was like, this will be an alternative to sex therapy. And we'll make this available to different populations.

And I ended up doing it anyway. I just stuck to my guns. And I was never quiet.

I was loud. And over time, just got more and more known. And at this point now, I'm a national, international level consultant.

I've got multiple teams across the US and Canada that I've been assisting with. And then I've also been helping mentor people's careers. As far as I got one person in Ireland.

Wow. So what an interesting story. That's why I love asking this question.

Because there is so much in people's backgrounds that has in some way shaped their career paths. And you would have never guessed. And I think that that is really cool that you had that experience.

Can you talk a little bit, Nicholas, about how you came to realize that you fell on the spectrum and how you were diagnosed? Because I and we're going to talk a little bit more about what some of the symptoms are of autism. But it is thought of as happening on a spectrum. Now, there are some people who are diagnosed with autism who have symptoms that are hardly noticeable, if at all.

And other people who have symptoms that are very clearly obvious. So can you talk a little bit about your experience for anyone who maybe thinks they could have autism or maybe they are in a relationship with someone who might have autism? Yeah, I will say it's tricky because a lot of the symptoms that can get you diagnosed with autism are also overlapping symptoms for a lot of other disorders. Some of them are actually relatively common things.

It's just when you have all of them in one person, it's going to be more aligned for an autism diagnosis. So, so much of my life, I just thought I was weird. Like, I'm just quirky.

I'm just different. And I will still stand by those things. But little things that it was always just kind of like, why? Why is this such a big deal for you when it is a little thing? So, for instance, like socks.

We had the great sock meltdown of 93. Putting on socks that have a seam in the wrong place. My gosh, still to this day, it's my one of my bigger pet peeves.

It freaks me out to have it on my feet. But I also recognize now, you know, years into delivering mental health, I can address this very different ways than initially. And while I would never recommend like intentionally making myself uncomfortable, I wouldn't tell a client ever, you know, just get through it.

Just wear the crappy socks because there is an alternative. I can go buy the socks that fit great and don't feel yucky. But I've also learned that there's some things that can't be changed.

And if it can't be changed, I really have to work to make sure that I'm able to move forward with that context or that situation that I'm able to get what I value. And that oftentimes means being more uncomfortable than I think other people are in a lot of those situations. And so it's a tricky one because it's like, you don't want to ask

somebody who's autistic to just grin and bear it.

At the same time, we don't want to say, then just give up. Right. There's so much in the middle.

I mean, there's so much in the middle. So much in the middle. Yeah.

And I think that that's something to just kind of really acknowledge is like, everything in life is going to be so much greyer. But even outside of autistic adults, I think neurotypical people do this a lot. It's over-categorized, over and under-generalized and put things way too black and white.

Learning to see the gray, but also not discounting black and white solid information. Right. Got to really navigate that.

I think that's such an interesting paradox that gray is such a blessing for people who have autism who are maybe more black and white thinkers. And also gray is incredibly uncomfortable. Black and white's comfortable.

I might not like it, but I get it. Definitely. Definitely.

Oh, sorry. No, go ahead. Go ahead.

I was just going to say, I was working in the clinic. I started in the clinic when I was 25. And then when I was 26, I had been working with a variety of little humans.

And over that first year, I was like, you remind me of me. That's so crazy. You remind me of me.

Oh, I've seen this. But then I was like, oh, you're just trying to connect too much with them. But it just kept happening.

And then I had a kid who had a mirrored parallel of one of my bigger throwdowns. And I was just like, and everyone was like, oh my gosh, she's being so autistic kind of a thing. They weren't using those words, but that's really what they meant.

And I was just sitting there going, but this, no, he's just being very me. And I was like, you know, maybe I should just check in on something here. So yeah.

Yeah. Very cool. Thank you so much for sharing that.

I think that's helpful because, you know, just talking to you, it's not something I would have guessed. And I think that's why, again, it's so helpful that we have a spectrum now that we can categorize some of this behavior. So autism affects about 2% of the population.

That's one in 54 individuals. So chances are, if you're out at a restaurant somewhere,

someone in the room is going to have autism. Can you talk a little bit more specifically about what some of the symptoms are for people who might not know? I definitely don't know an exhaustive list off the top of my head.

I will note as a behavior analyst, we're not trained to diagnose. Behavior analysts do not diagnose. So I am trained in diagnostics outside of ABA because I also have a background in marriage and family therapy.

But in there, all of my diagnostics were more on things like anxiety disorders and stuff like that. What I do know is what I see a lot of and what I've experienced. So over and under generalizing is a big issue.

Seeing life as a series of firsts, rigidity and expecting things to continue to be the same way, a lack of true, no, not true. What's the word I'm looking for? A lack of effective empathy. Because I think ability to really understand another person's emotions.

Yes. And I think something to really note there is that doesn't mean that we're not empathetic or that we don't care. I think a lot of the time it's just not understanding why we should in a certain situation.

That's a great way of saying it, actually. Why should I care about this? Which is probably what a lot of neurotypical people are actually thinking at the same time, but have a harder, neurotypical people feel a greater pressure, I think, to confine to societal norms and people with autism don't as much. Or there are, I do know some people, autistic adults who are incredibly pressured to societal norms and actually so much so that it causes perseveration, hyperfixation, which is another common thing in autism.

Sensory concerns, very, very common in autism. Something that I did not know other people did not know until we started having a lot of conversations about being like, oh, wait, I'm like an autistic adult who's like around people who are trying to work with autistic children. A sensory processing thing.

It hurts. It's hard to explain, but it hurts. The socks being on my feet wrong hurt.

And it's not that they have to always. That's one of the more interesting things I've learned to not put my microscope on the issue so much that it gets blown out of proportion. But that doesn't get rid of the discomfort.

And I think anybody can be like, oh, I put on the wrong socks, they're uncomfortable. But like for a neurotypical person, this is my best way to explain this. If I ran my fingernails down a chalkboard, you would have physical discomfort beyond it just sounding yucky.

Oh, yeah. I mean, just when you say that and you you'd make the motion, I like physically cringe a little bit. Yeah.

Imagine that that discomfort, which we try to get away from. Nobody likes fingernails on a chalkboard, right? Right. That lasts maybe three, four seconds and it's almost unbearable.

Now ask somebody to go through that all day because they have sensory processing disorder. And what you view as just an uncomfortable sock is like being stuck for nine hours with fingernails on a chalkboard. How would you handle your day? Would you be pleasant? Would you be easy to redirect? Definitely not.

If someone told you to stop making a big deal out of your socks, would you be able to handle that? No. No and no. So when we look at noncompliance and autism, I'm like, why are you teaching compliance training? No, these people are very clearly uncomfortable.

They are letting you know they're uncomfortable, which is advocacy and you're punishing them for it. And that's not mental health. That's abuse.

And so that's something that has really come down hard on the field of ABA is how neurotypical adults are utilizing it with autistic children. Something to really note is a lot of behavior analysts are not competent in autism. Well, they are treating autism.

There's no requirement in behavior analysis school or training that says that you ever have to learn about autism. It's not really surprising me because when I hear ABA, my immediate affiliation is that it's an intervention used to treat autism. And that's an incredible misconception.

I sometimes have gotten called out. People, autistic adults have come onto my Twitter and told me like I abuse children and they say, you know, all ABA is abuse. And I say, well, I really respect where you're coming from because I know it's coming from a place of pain.

And also, as much as it's not going to be fun for me to tell you this, you're not right because you're describing one tiny part of ABA. ABA is a set of several different disciplines. Autism is one of them.

It's not my discipline and it's not the model I work in. There are people who only work with Fortune 500 companies and only intervene on the executive team. And they're called organizational behavior management, and they might intervene on various other levels.

I'm not saying they only do that. I'm saying one person could, but like so far reserved from working with children with autism is what I'm really trying to emphasize. I had a practicum student who did most of his practicum hours in a cockroach lab working on changing animal behavior or in that case, bugs.

But animal behavior is one of our specialties. And so when somebody is trained as a

behavior analyst, it means that you understand how to use behavior analytic principles. That's what it means.

And then you go through and you gain competency in where you want to put that. So you can get board certified. You can even get licensed and have never learned anything about autism and never even seen an autistic person that you knew was.

And the state, as soon as you license is going to register you with Medicaid and a few other things, and they're going to start giving you referrals for autistic kids on the assumption that you know how to work with them and that you have the patience to work with them. And so a lot of behavior analysts are given these caseloads without any competency in working with the population that they then make a career out of. And so they're using the science, but without cultural competency, it's being used in ways that are abusive.

Interesting. I had no idea about that. That's very frightening and enlightening and obviously something that needs to be changed because I imagine, you know, especially for the autism community that a lot of the ABA principles may be trying to get them to behave more neurotypically, which is just not possible for a lot of them.

And what's so interesting is actually the ABA principles have nothing to do with how you behave. Nothing to do with that. All autism treatment was developed outside of ABA in terms of the standards of what people should have.

That all comes from special ed and special ed, social work, psychology. And then we take those models and we use ABA to deliver therapy to get them to whatever special ed or psychology or social work says they need. What would be really cool is if more behavior analysts became certified autism specialists, it's called a CAS, it exists, if that's where they want to focus their career, if they could do that and make their programming more individualized to what these individuals need rather than grabbing a curriculum that is well received in special ed and then bringing it over into ABA and trying to make this kid adhere to every aspect of this curriculum.

But interestingly enough, if you want ABA covered by insurance, the only way is to use a standardized curriculum and then make this kid act standard. Right? That is literally insurance will not cover it outside of that. And what's ironic is it says in our ethics code that we're not allowed to do that.

It says in our ethics code that all intervention should be individualized and meet the contextual needs of the client. But again, when you don't have cultural competency, you say, oh, he's autistic. This book is about autism.

So this is what he needs. Oh man. Yeah.

It's kind of damned if you do, damned if you don't. We have a long way to go in our

healthcare system, obviously. And yeah, this is a big part of that.

So let's talk a little bit about what relationships and sexuality are like for people with autism. Caveating that with, of course, there's a wide variety and, you know, we want to be very careful not to speak in generalizations, but I do think that there is some research that is interesting to cite that a lot of people might not be aware of. And that is that people with autism are about seven times more likely than the general, or I shouldn't say the general population than neurotypical people to identify as trans or gender nonconforming and about 55 to 70% identify as LGBTQIA, which is a huge difference from people who are neurotypical.

So can you talk a little bit about that and why that might be? Oh, I appreciate that. Did I provide you those statistics? No, I did my homework. That's really good because that's usually one of the main ones that I throw forward.

You know, you're looking at George and Stokes, 2018. So I'm sorry, I get nerdy on my research, but I think there's a few different theories in place looking at all of this, but I really, I want to note a couple of things. One thing I want to know about autistic adults, and some autistic adults might be mad at me for saying this, but I'm going to be very upfront.

The opinions that we have when we say autism advocacy groups, when we say that we are meeting the needs of the autism community because they are voicing their needs. Only the ones who can voice their needs in ways they get heard are voicing their needs, and they are representing the entire community. And sometimes where they're at on the spectrum is not where other community members are.

And so there's a lot of call for getting rid of ABA, and I understand why, but also there needs to be something in its place. Like, we've got to have something there. So for people who, for instance, are non-vocal, have no impulsivity control, and are regularly harming themselves 60, 70 times a day, they are not being represented by the autistic adults who are on the self-advocacy groups that say, leave us alone, we'll be fine, we have the strength.

There's no way that that is relevant for this. Yeah, it doesn't apply. So we really need to recognize that the vocal autistic community and the very heavily impacted autistic community don't always have quite the same needs, wants, desires, and it's really hard to get in there and find out exactly what this other person's are.

Right. So we do then have to look more at safety and things of that kind. So I just wanted to note that.

But when it comes down to relationships, this comes into it too. So what we know a lot of in terms of online is what autistic adults are saying. And then we also have to look at in

community group homes and things like that, what do we see? Right.

So I will say the queerness, the level of LGBTQIA+ identity within this community is astronomically high. And we do find that there is even higher than just queer identity in general. As you said, seven times more likely trans or gender nonconforming.

That's a huge statistic. What that really has shown is that a lot of these, because if you think about if you are being gender nonconforming, that means that the way that you are expressing your gender and gender is an individual concept of how you feel about yourself in terms of masculinity or femininity. Right.

So no one can dictate your gender per se. But how you perceive masculinity or femininity will be shaped to some degree by the systems that taught you these things and the interactions that you have witnessed that have been gendered, certain gender roles, things of that nature. Now, the less interaction you have with the world around you or less, I don't know why I should care about this, that you have with the world around you, the less impacted you're going to be by those things.

So it is a very, in my opinion, sound theory, but it is still theory that a lot of this comes from not caring so much about social pressure or not understanding it and giving up on social pressure. Right. And just living authentically.

And so living authentically, you're less likely to dress up in a way that's uncomfortable because that's what you're supposed to wear on Sundays. You're less likely to dress up in an uncomfortable way because you're going to school. You're less likely to put on makeup because you're supposed to be dolled up and you're more likely to put on makeup because you want to look like the anime character that you love to emulate.

Right. It's kind of like. Or because the brush feels good on your face.

Right. Or, I mean, seriously, I almost just cursed and I'm so sorry. It's okay.

Sometimes there's only a four letter word. I think, you know, there's something to be said for the empowering self-care elements that go into to dolling yourself up when it is for you. Yeah.

Right. Or the amount of self-care that you can access when you're not busy dolling yourself up for other people. So like all around, we can have greater quality of life.

And so that's an interesting component is like in that regard, are autistic people leading the way? So that's kind of a neat one. I think that's a really beautiful theory because you're right. I mean, people with autism are generally not as affected by societal pressures.

They don't feel the pressure to confine to societal norms, and that includes gender roles.

And so, yeah, maybe they are living more authentic, more authentically. And I also want to note that there are times, again, where the pressure is felt, but the inability to adhere to the expectation has caused burnout and resignation.

And then eventually you're dressing comfortably every day. Yeah. That feels good.

So it starts to reinforce itself. So I just want to note that like when I first started this work, I was told autistic people feel social pressure. I feel immense social pressure.

And it's part of why I act the way I do. And part of why I think a lot of people are like, you don't strike me as autistic. Because when I'm not around people, I do let go a bit more.

My husband knows my stems. If we're watching a movie and I'm truly relaxed, I am making noise that whole time. Thank you.

Thank you for reflecting that. Because I think that just goes to show that this is probably a bias and a generalization that I hold that a lot of people might hold. And it's an unfair assumption and isn't true for a lot of people.

So we do need to keep that in mind. And I think that when people with autism do feel those pressures, as you're describing, they can often engage in what's called like masking or they'll try to replicate what they see in popular TV shows or on the internet or on social media to try to appear more quote unquote typical so that it doesn't, the pressure that they feel isn't coming across. Yes.

Look at echolalia or scripting. Oh, actually, yeah. Let's look at scripting.

Okay. Okay. How many times do kids, autistic kids, or even teens, hopefully not happening too much with the adults, but they respond to stuff using movie quotes or they show up into a situation and out of nowhere interject with a random quote.

And it has nothing to do to anybody else's understanding, nothing to do with the situation. But then this individual, they do this thing. Everyone else thinks that the individual messed up, but then the individual is looking at everybody else.

Like, why did you think that I messed up? And I think a lot of that comes down also to social pressure because in autism, I think a lot of the time we're trying to connect, but we don't know how. And if we do connect, we get bad reactions. So we watch TV can hold our attention.

A lot of autistic people, not everyone, but we know where to focus. We can lose ourselves in that world. And so it can be easier to learn socially through television characters and movies than through social people in the environment who are unpredictable and moving around and doing different things.

Whereas I can rewatch this movie and all the variables stay the same. I can learn from it.

And so as a kid, I was known for quoting movies and expecting circumstances to play out the way that they did for the characters in the movies.

So if I came in and I said something random and crazy, it's not random and crazy to me. To me, this situation reflects what I saw in the movie. In the movie, this character did this and they were reinforced.

Everyone loved this. I want everyone to love me. So I'm going to say this thing, but now everyone's looking at me like I did something wrong.

And they say, it's because I don't care. What? No, I cared too much, y'all. But I tried too hard. Mm hmm. Yeah. Yeah.

And that's one of the things I think that can make relationships really challenging for people with autism. Yeah. Yeah.

So again, keeping in mind that we want to be careful not to use too many generalizations. What are some qualities that you see among people with autism in the romantic relationships that they have that might be different from people who are neurotypical? I think one thing is having a lot of self-care wrapped into the relationship. One thing I've seen is really cool in working with autistic adults.

And my partner has ADHD, not autism, but even in our relationship, a lot of negotiating, um, being very upfront saying this is how it is for me. Right. Um, and in, uh, in autistic relationships that I've seen where things are working, it's because they both know each other's boundaries.

They know each other's triggers. They know each other's comforts. And so they are able then to bounce off of each other and do that rather well.

Now there are times where one will be spiraling and the other will try to help and it'll send them both into a spiral, but that can happen in a neurotypical relationship as well. Um, and so, uh, I think that a large part of this actually, and it's so funny because I don't think a lot of people would consider it, but it's very mature communication. I was going to say what I'm hearing the subtext there is do not try to change your partner, which is a really good reminder for anyone in a neurotypical relationship as well.

Accept what your, what your partner needs in that moment and accept who they are and what their boundaries are. Yes. Um, I think that, uh, some other things that I have seen that, um, that do warrant, uh, addressing, um, is that if, um, if both partners and, and this can definitely, it's impactful in neurotypical relationships too, but I think in autism, there's just kind of a magnifying glass over its intensity.

But if both partners, uh, are, um, having some sort of struggle with their mental health, uh, I have found that it can just be an incredible level of spiraling and intensity within the

autism, uh, relationships, uh, where, uh, you know, things can, can lead to very quick, uh, spirals and meltdowns and things of that nature. Um, so getting in and really working with them, if they have not already negotiated safe spaces has been a big one. Um, you need to have your downtime.

I have this room that you see right here. This is my room. This is my husband does not come into this room unless it is to, to ask me a question.

Yeah. Right. They do not set anything of their own down in this room.

This is my room, my space. After I get done with work, I can be in here and no one can mess with me and I can have quiet and I can put on my Pandora playlist and listen to Lorena McKenna and just like relax to some Celtic music for a little bit before I go. And like, you know, try and face the rest of the day, which I think in a neurotypical relationship, one of the things that is very common is checking in with each other and making sure that like, you're, you're there for each other.

And that is important. And also it can, it can be annoying and it can be really upsetting if you're trying to let go of something and you're like trying to transition well, and then somebody is coming in and giving you extra input. It's like, wow.

Right. The one thing I will say is it's possible. It is possible through communication.

And sometimes we have to make a very heavy effort to do so effectively, but it is possible to have a very, very chill relationship when one or both partners are autistic. Something that's really neat is we've been called out, my husband and I, we've been asked and always by neurotypical people. I don't know that any of our autistic friends, which we have quite a few, have never said But neurotypical people are often like, I think a little vexed by our relationship when they see us argue.

Okay. So what would they see? They see a very calm, very chill conversation where every now and then things will start to become reactive. And then we stop and we take a break for a moment and we talk about something neutral.

And then we come back into it. We never leave until it's done. We also, my husband and I take a lot of care to be on top of our reactivity levels.

And so if one of us is moving into anything where we're becoming kind of reactive, we just both remove the stimulus for a minute, right? But we're not walking away from it completely. When I've done work with other autistic couples, that's something that actually I found that they have done without my needing to come in and tell them this is a thing. It's one of the first things I think that they're advocating is I'm going to need, if things get intense, I'm going to need you to shut up for a minute, right? Like just shut up for a minute.

So it's a lot of self-awareness. Well, I'm going to say this. A lot of autistic adults are incredibly self-aware, sometimes so self-aware that they're wrapped up in their own anxieties.

Anxiety is another symptom of autism. It wraps over into so many other mental health aspects. Now, this is something I've learned about myself.

When my anxiety is high, the impacts of my autism are higher. It's much harder for me to get around sensory components. It's harder for me to communicate with other people.

If I do, I want to communicate using one-liners from movies that I know are not going to go over well. But that's still the urge, the underlying urge to constantly use these little things from when I was a kid almost now. But it's funny.

It's just, there's this part of me that will always think that like, if you want a good response, say this. Right. Can't help but default there.

So Nicholas, let's talk a little bit about sex on the spectrum. So, you know, again, I'm going to say it again. You'll hear me say it probably 10 times during this episode.

We want to be careful not to make generalizations and what you describe as maybe being true for you might be very different from what's true for someone else or for other people that you work with. But, you know, for a lot of people, sex is a very sensual experience. And for people with autism who have a lot of sensory sensitivities, that can pose some challenges.

Can you speak to that a little bit? Absolutely. I'm going to start by noting that there's a lot of autistic adults who identify as asexual. Yeah.

Higher number than the general population again. And I think that that plays into it. You know, sex is weird.

I'm a sexologist and I can admit sex is weird. It's a lovely weird thing, but it is weird. You know, there's a lot of smells.

Your smells from person to person are different. There's from day to day can be different depending on your diet can be different. There's the possibility that you might hurt yourself or pull a muscle.

There's the possibility that this might not be fun or as fun as last time, or they might not think that it was as fun as their last time. And then, of course, we run into all of the basic, you know, this might hurt a little. This might I might not be able to get it up.

All of those traditional anxieties, too. Right. There's so many components.

But I recently had a young woman who described to me that like oral sex, it was just

horrific for her. The feel of flesh in her mouth. She's like, I don't even like to put my finger in my mouth, let alone another person's penis.

Right. So like for her, it was just very, very intense, sensual moment. So really recognizing a lot of these things, it comes down to I always say you should never have to have sex.

Right. That goes for anybody. Right.

And I am like the most sex positive person in the world. And I will say I would rather somebody never have sex than be forced to have sex once. But if what you do want is penetrative sex, or if what you do want is to be able to give oral sex, or if you want more what I would call like conventional sex acts, there are ways to get through sensory processing disorders impacts on sex.

One of the main ones that we use at my agency is called Sensate Focus. Sensate Focus has been around since the 60s. It did not come from ABA.

It's very much a cognitive behavior therapy. Masters and Johnson developed it themselves. And it's a graduated exposure over 12 to 16 sessions that teaches a person to get completely back into touch with their body in a different way, while also taking in a lot of more mindfulness school techniques in which anytime something is noted, that is like, it's uncomfortable, but it's not bad, or it's unusual, but it's not bad.

Or this smells kind of funny, but it's not like bad, right? As long as something's not like bad, you learn to like, see, can I just make room for this? Can this be part of sex? Assess whether there's a place to feel neutrally about something, which is hard for probably someone who is a more black and white thinker and things are either good or bad that there may. So I hear that it's about creating space for things that are in that gray area again. And anytime that you notice that you're having to, you let go of all of it and you come back down into three components of the senses that probably are not affiliated with the problem.

So you notice something in texture, you notice something in pressure, you notice something in texture, temperature, pressure, and texture. And you do that without focusing on whatever the problem is. So like if I'm getting touched here and it's uncomfortable, but it's not bad.

I'm going to see if I can make room for that discomfort. And I'm going to try and notice, because if this person's moving, they should be moving during sensing. They're moving.

Well, it was uncomfortable here, but now they're over here. So let me just notice what's going on over here. Right? And so it's about constantly anchoring back down and finding other aspects of the experience that are not the parts that are less than desirable while learning to accept and be okay with what's less than desirable and still having that

safety net.

If something is truly bad or uncomfortable, then we go ahead and we mix it during the exercise. So it really helps people. And I've used this outside of autism.

I use this for vaginismus. I use this for delayed ejaculation, premature ejaculation, low desire. Synthate focus is like every sex therapist's best friend.

It's such a tried and true method for so many things. And well, and using it for autism is something that's newer. Yeah.

I hadn't heard that before. And so what I do now is I actually start with a, an individual protocol. So when I have somebody who's either a trauma victim or has sensory processing we do an individual protocol first, where they do at least two, but up to six sessions by themselves before we move into the 12 to 16 couple sessions, because I want to make sure (a) that they get this before they go moving into trying to do it with another human.

I want to make sure (b) that they have learned to be uncomfortable or sorry, learned to be comfortable being just a little uncomfortable. And I want to make sure that they have found a way to value an experience that is less than completely perfect. Once we can get those things together, let's start getting them moving forward.

But again, this is only if they want to be more physically connected to their partner. If they want, we can go a completely different route. How can we move from your your kind of fixation on the physical and move you if what you're really wanting is just more connection and intimacy.

Maybe we move away from the physical side and we start looking at like, what could your sex be that is more tantric or things where maybe your, your sex is like, they're doing something you're doing something while you're watching each other, you know, what's called mutual pleasure or things that means we're like so going through and, and finding what is going to be your yum so that you have a little less yuck in your life, but I'll never yuck somebody's yum. And I have to let my clients tell me what, what their yums are. And sometimes that means they have to go do some exploring and figure it out.

Right, right. Yeah. I think it's so important for anybody listening that we maintain to an extent that we're comfortable, a very flexible, open, sexual script, because if we keep that too, too narrow, we're going to end up feeling disappointed and it's going to be harder to find partners that we can connect with in a way that's mutually satisfying.

I always say, if you say you had bad sex, you're doing it wrong. Not because it ended up bad, but because you believed it could. I like that.

There's no right or wrong when it comes to sex. And then the only thing that I can really

think of this is, you know, coming down to consent, right? Outside of that, and consent is what backs our laws too, right? No children, no animals, like those things, comes down to consent, right? So as long as we can respect consent and our consent is being respected, it's a free for all from that point. Sex is an adventure.

And as an autistic adult, one thing I will throw out there is that sometimes having variables that are unknown is terrifying. So one thing that I love to do with my couple, I do this with any couple, I don't care where they're at on any spectrum, whatever. If I got two humans who are going to be in bed together, first question, am I safe? If you trust this person and you feel safe, what have you got to lose? Jump together, right? Go on an adventure.

Don't put a script. There's no ending. Whatever happens, happens.

Set up a tent in there, get some Oreos, get a flashlight, tell a scary story and end it with a blowjob. I don't know. It's your sex.

Totally. Your yums and Oreos are yum. I think for most people.

So Nicholas, let's talk about, well, let me ask you is everything you're describing, like what you described and how you apply sensei focus to people with autism. Is that all part of sexual behavior analysis? Is that what you do? Okay. Yeah.

So sexual behavior analysis, again, if we look at behavior analysis as a, as a framework and set of tools through which we can take other therapies or other educational components and then deliver them, everything that I'm doing, as long as I maintain my principles for ABA is going to be behavior analytic. And those principles, again, have nothing to do with autism or acting neurotypically. I think a lot of people get that all confused.

Our principles can be very quickly addressed through an abbreviation called GETACAB. But everything has to be generalizable. Meaning that you, the client is able to use it in their own life.

All right. Any therapy should be right. Right.

Effective is our E. You should be effective. If you're paying for treatment, your treatment should be effective. Okay.

The T that is technological. So technological means we have, we can't we can't just be like, this is how I feel today. Let's make this your therapy today.

We have to write a plan. Our plan has to be backed by science. And we adhere to our plan.

And we shift our plan around based on the client and the science. That's technological. It

has to be applied.

Meaning we're applying research and our science into the therapy. It has to be conceptually systematic. Which means it's an interesting catch-all.

It actually just means that it has to adhere to the other principles. It has to be analytic. Which means that we have to take data and we chart our data.

And we make sure that we are hitting the E for effective. And then it has to be behavioral. Meaning some level behavior is changing.

That is it. That makes it ABA. And then we use some specific tools within ABA to help get those things met easier.

Things like shaping of behavior, assistive prompts, stuff like that. So I'm trained in marriage and family therapy. I'm trained in sex therapy.

And then I bring in the elements of those fields that I can. That can still adhere to GETACAB, that acronym. There are some things that I can't.

I'm not going to sit here and have an hour-long session with a client where we're doing a dream exploration or a regressive memory. None of that will ever be in my practice because it does not adhere to GETACAB. I'm trained in it, but it doesn't adhere to GETACAB. But I can bring in Sensate Focus. Those are strict protocols. Those are behavioral.

Those have been backed by 50, 60 almost years of research. So there's just a lot of those things I can bring in. And so sexual behavior analysis realistically is an alternative to traditional sex ed and traditional sex therapy being taught using very effective science while adhering to the principles of sex positivity, human empowerment, and consent assent.

Always at the heart of everything. Yeah. So can you talk a little bit about how parents might apply some of those principles to working with kids who might have autism? I would say one thing is to really look at the effective component and to recognize that just because someone says that this is what's right for your kid doesn't mean it's going to be.

I think that it is wrong to completely discount the field of ABA because there are people out there doing amazing things, particularly new work in what's called a practical functional assessment, PFA or SBT. That realm of ABA within the autistic component is entirely about human empowerment and safety. And I think that parents, if you've got kids on the autism spectrum, please, please, please consider what that is because it is taking the good parts of ABA science and it is taking autistic adult self-advocacy and what they have said that they need.

And it is combining a lot of that. And so it's a very, very cool, cool way to go. I'm not involved.

I have full disclaimer. I'm just giving them free advertising at this point. I'm not involved in any PFA because I don't do children's autism.

You don't. Okay. But what I also do want to throw out there just as how we can help.

I don't care if your kid is autistic or not. If you are a parent, a few things you can do. One, do not tickle your kid unless they are okay with it.

And if they say no, stop and tell them why tell them it's because you value their bodily autonomy. And if they say no, people should stop. And if someone says no to them, they need to stop.

Teach them that at three, four years old, you don't have to teach them about sex, but you can teach them consent. Before you go on, let me, let me ask a follow-up question about that. How do you teach consent to a kid who might not be verbal? Usually if they're not vocal, I do things I use.

Well, I'm not going to grab them because your podcast listeners won't be able to see them anyway, but I use, I use visual picture cards. They show an action and they have words underneath. I even have one when I'm doing this work with my clients.

It shows a person punching their instructor. And I'm like, if I ever say anything that makes you feel like you want to punch me, that is so fair. Let me know.

Use your card. I will back up. I will make sure that you feel safe in that moment.

You don't actually have to punch me. Let me, let me know. That's what you want to do.

I will respond. Okay. But we do a lot of role-playing and usually we start, we never start with sex.

Even with adults, we start with things like pretending we want to drink of something, pretending we want to use the person's toothbrush, things like that. And are we getting consent? Are we not? How did we know if we didn't get consent? What is our, what is our action? Yeah. And I'm thinking too, of just some questions that have come through across my Instagram that relate to this.

What, what's your advice to parents who have adolescents who are masturbating and for whom those masturbatory habits have become part of their stims? I'm going to just throw this out there. Anybody masturbating is stimming. That's literally what it is.

The ultimate stim. I mean, really, you know, but when, when kids are autistic, there is a lens put over them that neurotypical kids don't have put over them. And some of this

has to do with the fact that neurotypical kids are good at hiding stuff.

Neurotypical kids, once they hit 10, they're doing that. Almost all of them. And a lot of them are doing it four or five times a day.

I just want to throw that out there. It's very common. So we see autistic kids doing it like three, four times a day.

We're like, oh my gosh, he's obsessed. No, he's a teenager. And guess what? His neurotypical peers are doing it too.

They're just not getting caught. That's funny. They're telling their parents they have to go use the bathroom and then they're acting like they pooped, but they masturbated or they're taking a break at school and using a bathroom stall at school.

Or they're going to the woods behind school and doing it on their lunch hour. You'd be amazed at what neurotypical kids are up to, by the way. I'm sometimes flabbergasted.

But autistic kids just get caught so much more and notice so much more. But I will say there is a time and a place. Instead of putting shame on the behavior, be very objective.

Time and a place. And that time doesn't mean a specific time each day, because that's creepy, mom and dad. Please don't tell your kid when to do that.

What you can do is you can say it is not the right time if we're in the middle of doing something as a family. It is not the right time if you are in the middle of getting lectured. Those are the wrong times.

There's not the right place if you are anywhere other than your bedroom or your bathroom. So really learning then, my kid might spend a good portion of the day in the bathroom touching himself. And that's okay.

We have to be more okay with that type of thing. I want to note that there's a very sound behavioral principle of satiation and deprivation. And when you get enough of something, you do stop seeking it so much.

Allow it to happen for a bit. Most often, it will reduce on its own. If it does not, you can reach out to me.

I'll help you out. We'll put all of Nicholas's contact information in the show notes. Not to worry.

Most often, it will resolve on its own. Also, it is so normal when you move into adolescence to be exploring with all of these things. And sometimes that's exploring by putting something up your butt or putting something inside your urethra.

And those types of things are normal and natural to do at that age. And also normal and natural to do kind of any time. But that's the age when it's starting.

And that's also an age when adults are likely to find out that it's happened. Just because a 12 or 13-year-old is engaging in sexual behavior also does not mean that they've been abused. Even like a four or five-year-old who seems to be seeking out sexual behavior has not always been a victim of abuse.

Sometimes we just have to get in there, recognize that it is a stim, or it's been socially modeled without abuse. Maybe they saw it on a movie or something like that. And so really, again, never addressing from shame.

Because if you address from a shame standpoint, actually there's a lot of science coming out that says that if you try and shame sexual behavior, it increases exponentially and causes the person bad mental health at the same time. What we resist persists. Yeah.

I also, I want to be very upfront with you. I have to leave to drive in about five minutes. Okay.

Yes. I need to head out too. Let me get one more question.

Absolutely. Okay. Thank you.

Yeah. No, thanks for letting me know. I think we'll get it in.

So Nicholas, what are some current trends regarding non-heteronormative identities and desired life outcomes in autistic teens and adults? And what does this mean for parents, caregivers, and providers? Well, earlier we talked about the trends of gender non-conforming and queerness in general. Something I want to note about LGBTQIA+ identities is that there are in Gen Z, an immense amount of neurotypical Gen Zers identifying as bisexual. Most recent numbers, about 21%.

Wow. A fifth of Gen Z identifies as bisexual. Then you got to throw in the other queer identities and all these other things.

So the reality is, even in the neurotypical population, millennials had twice as much queerness as Gen X. Gen Z, twice as much as millennials. If the trend continues, the next generation will be predominantly queer. Hmm.

So if we look at those types of things, which might be terrifying for some people to hear, and I'm so sorry for giving you that statistical analysis. But I am going to note in here is that more and more, I think we're recognizing heteronormativity has been a social construct. As somebody who's got a background in marriage and family therapy, I will tell you, heterosexual marriage was not the original marriage.

It didn't even start between men and women as a love thing until 1790s. Prior to that, it

was always a financial transaction to gain the money of the in-laws, and most commonly was between a man and a woman, but for money, not for love. Second most common was between two men.

So just really want to note that queer marriage has been around since the beginning of marriage. Oh, yeah. And a lot of these different heteronormative ideas that say that, you know, one thing is right and everything else is wrong.

Those come from certain either religious or sociological value sets. And while I'm not here to argue about those, I will note that religious and sociocultural concepts don't tend to weigh the same on autistic individuals. They definitely don't weigh well on atheist individuals, and so they are not good ways anymore of controlling behavior.

We really have to look at what people want in life, and how can we help them be empowered in what they want, which might not be what we initially planned, but maybe if we value the empowerment that they're having, and if we can value their individuality and their safety, we can help them be safe as they get to whatever it is they're seeking. And if that can be what we really focus on, then I don't think we're going to have so many like queer youth killing themselves because of their parents, which is the most common reason of queer suicide. A lot of times they say, oh, it's bullying.

Bullying is a big factor. The parents are actually, CDC released a statement saying that parents of queer youth, again, if you have autistic children, 55 to 70% are likely to grow up to be a queer majority. The CDC said parents of queer children are the main factor in preventing or causing suicide.

So you, parents, do a good job by your little humans, learn to respect them for whoever they are, and give them a love that I know you have for them in a way that they can also see that you have that love for them. I think that's a beautiful place to land for today's interview. So we'll stop there.

Nicholas, this was so informative and educational. I always learn so much from these interviews and I know my subscribers will too. Where can people find you if they'd like to learn more? Absolutely.

Thank you so much. They can go to my website, that is empoweredcenter.com. They can also find me on Twitter. I am @AetherianN.

My last name is A-E-T-H-E-R. And then there's an I-A-N and then another N. We'll be sure to link everything, people. Don't worry.

Thank you. I think another place, if any behavior analysts are listening to this and you want to take your ABA practice and make it very, very empowering, please consider checking out my educational courses at studynotesaba.com. Awesome. Awesome.

Well, thank you so much for joining me and until we meet again. Thank you. I appreciate it.