Puberty, Sexuality, and Relationships on the Spectrum

Positive youth development programs have come a long way in the past half a century,

from the development of intervention programs to the shift in focus to multi-faceted prevention

programs, the world has continued to advance in the field of adolescent development and

well-being. In this essential and burgeoning discipline, the importance of programming for

differently abled adolescents cannot be overestimated. The following program, Puberty,

sexuality, and Relationships on the Spectrum, is a positive youth development program directed

at adolescents with Autism Spectrum Disorder with the intention of providing functional and

accurate information on puberty, development, sexuality, and interpersonal relationships in order

to best foster the various goals associated with positive youth development programs.

Section I. Goals, Population, and Stakeholders

Goals

Puberty, Sexuality, and Relationships on the Spectrum is a program developed to provide

a functional knowledge of anatomy, puberty, sex, sexuality, and social relationships to teens with

an Autism Spectrum Disorder (ASD) or other Pervasive Developmental Disorders (PDD)

diagnosis while facilitating positive peer interactions between program participants.

Historically, programs designed for youth were founded in methods of intervention for

previously existing crises. In the 1980s, however, prevention efforts became popularized and

began to focus on the importance of promoting positive youth development in addition to

addressing and preventing multiple problem behaviors. This idea of positive youth development

was operationalized as programs seeking to achieve one or more of the following of the

following objectives: promotes bonding, fosters resilience, promotes social competence,

promotes emotional competence, promotes cognitive competence, promotes behavioral competence, promotes moral competence, fosters self-determination, fosters spirituality, fosters self-efficacy, fosters clear and positive identity, fosters belief in the future, provides recognition for positive behavior, provides opportunities for prosocial involvement, and fosters prosocial norms (Berglund, Catalano, Hawkins, Lonczak, & Ryan, 2004, p. 102). The program Puberty, Sexuality, and Relationships on the Spectrum addresses several of these goals presented by Berglund et al., specifically focusing on prosocial involvement, promoting competencies, and fostering a belief in the future (2004).

There are four key competencies that Puberty, Sexuality, and Relationships on the Spectrum focuses on in its program model: social competence, emotional competence, behavioral competence, cognitive competence, and moral competence. Social competence is defined as the interpersonal skill set that help adolescents utilize thoughts, emotions, and actions to achieve "specific social and interpersonal goals" (Berglund et. al., 2004, 103). According to Bottema-Beutel et. al. (2014), though social competency struggles are a defining feature of Autism Spectrum Disorder, the importance of and potential for strong social skills is in no way diminished. Puberty, Sexuality, and Relationships on the Spectrum strives to stress the importance of social competencies in its program at all steps of the program by incorporating social breaks during transitory times, allotting time for interactive question and reflection time, and including lessons on interpersonal relationships, dating, and positive prosocial behaviors into the program design. This interactive and social intensive program also accounts for behavioral and emotional competencies, which rely heavily on socialization and interaction for their success (Berglund et. al., 2004, 104).

The program furthers its effort to address adolescents' central competencies by including cognitive and moral competencies in its curriculum. Cognitive competencies are defined by two separate but distinct subconstructs: academic/intellectual achievement and the ability to develop and apply social and critical thinking skills (Berglund et. al., 2004, 104). Through its structured lesson time, focus on problem-solving skills, and important lesson content, the Puberty, Sexuality, and Relationships on the Spectrum program works to educate its participants in material typically covered in high school health classes that may not be inclusive to students with differing abilities, thereby fulfilling both subconstructs of cognitive competence. The final competency that the Puberty, Sexuality, and Relationships on the Spectrum program includes in its curriculum is moral competence. Moral competence is defined as an adolescent's ability to assess and respond to the ethical implications of a given situation (Berglund et. al., 2004, 105). This program specifically address moral competencies in its inclusion of consent and sexual safety in its program design. These aspects of the program work to make program participants more aware so they can move through the world more safely and more responsibly.

In addition to the competencies highlighted by Berglund et. al., Puberty, Sexuality, and Relationships on the Spectrum also includes a number of other goals describing a positive youth development program. For example, the program promotes bonding between participants and between participants and instructors. This bonding is further fostered by the horizontal relationship encouraged between instructors and participants, meaning that the adults involved in the program are not assuming a typical hierarchical position, rather approaching students on a more equal level. Through its positive reinforcement token reward system, the program also

provides recognition for positive behavior, another marker of a positive youth development program.

However, one of the most important goals of the Puberty, Sexuality, and Relationships on the Spectrum program is to foster belief in the future. Berglund et. al. identify belief in the future as being the "internalization of hope and optimism about possible outcomes" (Berglund et. al., 2004, 107). This program goal focuses on long-term goal setting and encouragement of successful futures. Often, adolescents with differing abilities such as Autism Spectrum Disorder have come to doubt their capacities for successful adult lives. By educating these adolescents in important personal and social matters and encouraging independence and exploration, Puberty, Sexuality, and Relationships on the Spectrum makes confidence in adolescents' futures and their capacities for success its primary goal.

Target Population

The program Puberty, Sexuality, and Relationships on the Spectrum is designed for adolescents aged thirteen to seventeen with a diagnosis of Autism Spectrum Disorder or other Pervasive Developmental Disorder. As ASD is truly a spectrum disorder and those with ASD or PDD diagnoses are of varying talents and abilities, the people of Puberty, Sexuality, and Relationships on the Spectrum encourage parents of potential participants to consider their adolescents' social, emotional, and behavioral abilities in determining if the Puberty, Sexuality, and Relationships on the Spectrum program is right for their adolescent. Communication aids are welcome and encouraged for participants with non verbal communication methods and specifically trained classroom assistants will be present to help in facilitating a safe, inclusive, and learning-friendly environment.

Program Need

The idea for this program initially came from a number of informal discussions with parents of children with Autism Spectrum Disorder. While talking with this author, many parents specifically expressed concern in their adolescent's capacities for learning about puberty and human development, and concern for the programs available to help teach their adolescents about important social and developmental issues they may soon face as adolescents. Preliminary research on socialization and sexuality found a startling lack of data present for adolescents on the Autism Spectrum. In fact, most data available for social interventions designed for individuals with Autism Spectrum Disorder were specifically directed for young children, not adolescents. This author immediately recognized the need for further program development designed for and directed at teenage adolescents diagnosed with Autism Spectrum Disorder.

The importance of a social-heavy program for teens with Autism Spectrum Disorder is furthered by the understanding that ASD is often accompanied by social delays and difficulties. In their promotion of social competencies, Bottema-Buetel et. al. acknowledge this deficit but identify the need for encouraging and promoting social development in all adolescents, especially those diagnosed with ASD (Bottema-Buetel et. al., 2014, 91). This led to the development of the Puberty, Sexuality, and Relationships on the Spectrum program's additional focus on social competencies and relationships, rather than a singular focus on anatomy and development.

Stakeholders

Rabinowitz identifies a number of benefits that come with identifying and utilizing the untapped resources that are program stakeholders. Specifically, Rabinowitz attributes

stakeholders with contributing unique ideas to the program, providing specific insight from all sectors of the community, rallying support from other community members and stakeholders, increases credibility, and strengthens the success of the program, among other benefits (Rabinowitz, 2016, 3). There are three levels of stakeholders: primary, secondary, and key stakeholders.

Primary stakeholders can be described by people or groups who will be directly affected by a program. The primary stakeholders of the Puberty, Sexuality, and Relationships on the Spectrum program are the adolescents enrolled in the program, the parents of adolescents enrolled in the program, and peers of adolescents enrolled in the program. The latter collection of stakeholders is identified in this program as being primary because of the program's heavy social influence, and the strong impact adolescents with increased social skills will have with their peers. Secondary stakeholders are individuals or groups who will be indirectly affected by a program. In this case, the program identifies teachers of enrolled adolescents as secondary stakeholders in the program because they will be indirectly impacted by the knowledge and skills their student has learned through the Puberty, Sexuality, and Relationships on the Spectrum program. Finally, key stakeholders are described as being individuals or groups who are important to an effort or may positively or negatively affect an effort (Rabinowitz, 2016, 2). It is not unusual for adolescents diagnosed with Autism Spectrum Disorder or another Pervasive Developmental Disorder to be undergoing therapy of some sort. If this is the case, the program acknowledges that therapists and therapy providers may be key stakeholders because, though they are not directly involved in the program, they hold interest in the programs adolescents are engaged in and are invested in their clients' positive youth development.

Section II. Theory and Services

Theory

A theory-based programming model is beneficial in that it functions by organizing principles and practices thats implementation leads to positive outcomes. These positive program outcomes are more easily accessible when structured by theory-based models rather than sporadic reasoning. Though there are other theory-based models, Duerden and Gillard identify three: the Social Development Model (SDM), the Self-Determination Theory (SDT), and the Social Development Programming Model (SDPM). The Social Development Model focuses on understanding the significance relationships and socialization have on behavior. The Social Development Model suggests that bonds are developed when individuals have opportunities for socialization and involvement, accompanied by positive feedback for their involvement. The Self-Determination Theory, on the other hand, focuses on the motivation of and psychological needs associated with positive development. The foundation of this theory is that, when individuals are self-determined they will independently choose to become involved in what they find interesting and significant to them (Duerden, 2011, 40).

The Social Development Programming Model is a culmination of both previous theory-based models: Social Development Model and Self-Determination Theory. The Social Development Model is the core of the Social Development Programming Model because the model emphasizes the importance of relationships and socialization in fostering positive change. According to Duerden and Gillard, Social Development Programming Models must be organized and structured in a way that provides opportunities for positive youth involvement and positive youth development. When this occurs, basic psychological needs are met, namely autonomy,

relatedness, and competence. This meeting of basic psychological needs makes youths more likely to develop a lasting and meaningful relationship to the youth program, its leaders, and their peers (43).

The Puberty, Sexuality, and Relationships on the Spectrum program was structured around the Social Development Programming Model, with a strong emphasis on relationships and bonding for program participants. According to youth development literature, the atmosphere of a program and the relationships between participants and programmers is more important and more effective in the developmental process than program activities. While careful considerations have gone into the development of the program's activities and educational material, special care has been taken to ensure the encouragement of strong peer and adult relationships by developing social skills and keeping participant-programmer relationships horizontal rather than hierarchical. It is specifically these horizontal relationships that will set the Puberty, Sexuality, and Relationships on the Spectrum program apart as being a successful positive youth development program, as Duerden and Gillard specifically note the imperative nature of strong relationships between youth and adult leaders (45).
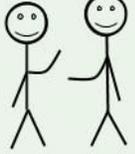
Services

The Puberty, Sexuality, and Relationships on the Spectrum program is designed for teens aged thirteen to seventeen who have been diagnosed with Autism Spectrum Disorder or another Pervasive Developmental Disorder. The goal of this program is to provide a functional knowledge of anatomy, puberty, sex, sexuality, and social relationships to teens with Autism Spectrum Disorder or another Pervasive Developmental Disorder while encouraging socialization and positive youth development. The program's strong social focus has lead to a

participant cap of fifteen adolescents. Though this is a small number of participants, this limited number is more conductive to the formation of intimate interpersonal relationships between both adolescents and program leaders. The integrity of this relationship is further encouraged by an atypical horizontal leadership design rather than the more typical hierarchical design.

The central concepts of the program are threefold: puberty, sexuality, and relationships. Course content is taught over the course of six, three hour long sessions that are attended every two weeks, for a total of twelve weeks to complete the program. Each course follows a structured schedule, with designated times for sensory intervention and social interaction. Every session begins with a fifteen minute transitory time for participants to arrive, greet one another, settle into their schedule, and prepare for the program session. This transitory time is considered a social time in which participants are encouraged to converse with peers and program leaders freely in an unstructured or semi-structured manner. The transitory period is followed by the first of two lesson times, each lasting one hour. Lesson times are considered quiet times in which participants must actively listen with "quiet" or calm bodies so that every participant is able to gain as much as possible from the lesson.

After the first lesson is a fifteen minute social or sensory break so participants are able to self-regulate and/or take time to socialize with peers and program leaders, once again in an unstructured or semi-structured manner. Following the fifteen minute social/sensory break is the session's second lesson of the day, which is followed by thirty minutes of question and answer time. This designated question time allows for participants to openly discuss and question course content in a semi-structured environment that encourages reciprocal conversations with all program participants and program leaders about the day's lessons and events.

Like many therapy and treatment providers working with adolescents diagnosed with Autism Spectrum Disorder, Puberty, Sexuality, and Relationships on the Spectrum utilizes a visual schedule for the schedule of each program session. The schedule denotes specific times for transitions, breaks, and lessons, and provides program participants with a higher level of autonomy by allowing them to govern themselves according to a visual schedule, rather than coming into sessions without a clear idea of what to expect. Additionally, the schedule's lesson blocks would be filled by specific visual aids describing the content to be covered in each lesson, which would be able to be exchanged each week in order to keep a current schedule.

Social & Transition Time	Lesson/Activity Time	Social Sensory Time	Lesson/Activity Time	Question Time
	Place lesson-specific magnet or velcro visual aid here.		Place lesson-specific magnet or velcro visual aid here.	?
4:00-4:15	4:15-5:15	5:15-5:30	5:30-6:30	6:30-7:00

Social time = talking is okay!	Question time = okay to take turns talking about what we learned	Lesson time = time to listen with quiet bodies

The content chosen to be covered in the Puberty, Sexuality, and Relationships on the Spectrum program was chosen to best facilitate autonomy, relatedness, and the various competencies associated with positive youth development. The specific content to be covered in each program session are as follows:

1. Introductions, getting to know you, introducing sexuality

2. Puberty, the human body

3. Mastubation, privacy, personal hygeine

4. Types of interpersonal relationships, friendship development, beginning to date

5. Appropriate dating behavior, types of physical contact, sexual activity

6. Consent, preventing abuse, internet safety

This first of the three facets of the program is puberty. Puberty is the first biological milestone to adulthood, and puberty can affect an adolescent's behavior and psychological functioning in addition to bringing about rapid physical changes. The physical changes of puberty cause changes in self-image and behavior, which are important things to regulate in adolescents, especially in adolescents like those with Autism Spectrum Disorder who may have self-regulation discrepancies. The physical changes brought about by puberty may also lead to a shift in how others view the adolescent, which can further affect the adolescent's behavior and self-image (Steinberg, 2014, 34). For a population that commonly struggles with social nuances, these transitions can be difficult and are eased by supplementary education and support, such as that given by the Puberty, Sexuality, and Relationships on the Spectrum program.

The importance of inclusive puberty-based lessons for adolescents with Autism Spectrum Disorder can also be as simple as the need to educate adolescents on the physical, mental, and emotional changes that they are experiencing or will soon experience as they age. Because some of its participants may lack even this foundational knowledge, the Puberty, Sexuality, and Relationships on the Spectrum program does spend time focusing on anatomy, the changes of puberty, and the importance of good personal hygiene and self care.

From here, the program transitions to its second focus: sexuality. Hormonal changes during the biological process of puberty lead to an increased awareness of sex and sexuality in adolescents. In his text, Steinberg emphasizes the importance of normative culture around

adolescent sexuality; feelings of sexual arousal and attraction are normal and appropriate (2014, 351). Like their neurotypical cohorts, adolescents with autism show interest in a desire for romantic and sexual relationships, however, social and communication discrepancies make this already difficult task positively daunting for many adolescents with Autism Spectrum Disorder. Alarmingly, research indicates that adolescents with Autism Spectrum Disorder possess less "adaptive" sexual knowledge and behavior, in addition to reporting lower levels of social interactions (Christodulu, Corona, Fox, & Worlock, 2015, 201). This equal interest but lower education of sexual matters for neurotypical adolescents and adolescents with Autism Spectrum Disorder is genuinely concerning. If adolescents with Autism Spectrum Disorder are not being presented with adequate information, they are more susceptible to risk factors associated with not practicing safe sex. To combat this general information deficit, the Puberty, Sexuality, and Relationships on the Spectrum program includes various aspects of sexuality in its curriculum. Topics such as masaturbation, privacy, types of physical contact, sexual activity, consent, and preventing abuse are covered in the section of the program. Accurate and inclusive information on the subject of sexuality not only has the potential to benefit the adolescent socially, but makes them more sexually responsible and aware as well (202).

The third and final aspect of the Puberty, Sexuality, and Relationships on the Spectrum program is its most encompassing facet: relationships. Adolescence is a time of social transitions, and there is a specific social redefinition that occurs, a recognition that an adolescent's status has changed from that of a child. This social redefinition comes with social responsibilities that adolescents diagnosed with Autism Spectrum Disorder must learn to navigate. In adolescence, the peer group changes dramatically in that adolescents are able to

self-select peers rather than make proximity acquaintances.The influence of peers weighs heavily

on adolescents and their psychosocial development (Steinberg, 2014, 87). Socialization is a

struggle for many adolescents with Autism Spectrum Disorder and adolescents with Autism

Spectrum Disorder are at an increased risk for poor psychosocial development than typically

developing peers. This knowledge makes it even more imperative for adolescents with Autism

Spectrum Disorder to be given the opportunity for supplemental social programs to better

facilitate peer interactions and to provide the adolescents with the tools they need to be more

successful in social situations (Bjornson, 2015, 2373).

The intention of the program is for participants to do well and gain valuable life

knowledge and skills. However, different adolescents respond to different types of motivation.

There are those who respond well to master motivation, wanting to succeed for the sake of

success, and those who respond better to performance motivation, wanting to succeed to earn

some sort of reward (Steinberg, 2014, 387). In order to accommodate both types of motivation to

best help program participants succeed, the Puberty, Sexuality, and Relationships on the

Spectrum program utilizes a token reward system as extrinsic motivation to the entire program,

including the participants who may already be succeeding because of their own intrinsic

motivation.

The participants in the program will earn one popsicle stick every fifteen minutes for

expected group behavior within three verbal prompts. There will be a total of twelve

opportunities per program session, with a grand total of seventy-two opportunities to earn a

popsicle stick. At the beginning of the program, program developers and program participants

will discuss and choose a reward to be "bought" with the popsicle sticks. Possible rewards could

include a pizza party, an ice cream party, a game day, or a movie day. To earn this reward, the

adolescents will need to earn 75% (55 popsicle sticks) of the possible opportunities.

Token Reward System				
Time Period	¼ Hour	Hour	Session	Program
No. of Opportunities	1	4	12	72

The program is designed to cover an array of information with adolescents in a relatively

short time, so it is not intended to be the sole source of information. Through the course of the

program, adolescents will be given further tools and recommendations to further pursue topics of

interest or concern. The Puberty, Sexuality, and Relationships on the Spectrum program wants to

start a conversation and give adolescents the tools they need to move through the world safely

and successfully.

Section III. Evaluation

Evaluation is an imperative element of program development. The benefits of program

evaluation are multifaceted in that it reflects success and offers new data that can lead to

adjustments intended to further the success of the program. Additionally, by completing an

evaluation of the program, program directors are able to reference specific, measurable results in

support of their program, rather than merely citing related literature. This deepens the reliability

of the program's claims to success by indicating that evaluative data supports the measures

utilized by the program for providing adolescents with Autism Spectrum Disorder with a

functional knowledge of puberty, sexuality, and interpersonal relationships. Completing a

program evaluation is also beneficial because it may provide perspectives leading to the

resolution of unforeseen issues identified in the evaluative data, which in turn leads to the betterment of the program (Westat, 2002, 3).

The primary evaluation of the Puberty, Sexuality, and Relationships on the Spectrum program will be a pre- and post-program survey design, allowing the program to evaluate the various competencies of its participants both before and after participation in the Puberty, Sexuality, and Relationships on the Spectrum program. Surveys have several distinct benefits as evaluative tools, namely their versatility and convenience in collecting a wide range of information and descriptive data. It is for these reasons that the survey has been chosen as the primary method of evaluation for this program (Westat, 2002, 56). Pre- and post-program surveys will be distributed to both the adolescent participant and their caregiver to complete before the initial program session and after the conclusion of the final program session to best evaluate the change in competencies and behavior as a result of the program as seen by the adolescent participant and by their caregiver.

The pre-program surveys will appear as follows:

Adolescent Pre-Program Survey

1. I feel _____ about being involved in this program.

   Upset   Anxious   Neutral   Happy   Excited   Other _____

2. I understand the changes my body is going through or will go through as I grow older.

   Yes   No

3. I am comfortable with my body.

   Strongly Disagree   Disagree   Agree   Strongly Agree

4. I am comfortable in social situations.

Strongly Disagree   Disagree   Agree   Strongly Agree

5. How many peers do you independently interact with in a social situation each week?

0-2   3-5   6-10   10+

6. I am happy with the friends I have.

Strongly Disagree   Disagree   Agree   Strongly Agree

7. Most of my peer interactions are _____

Fact-to-Face   On the Phone (Text or Call)   On the Internet

8. I would like to have a romantic relationship with someone in the future.

Strongly Disagree   Disagree   Agree   Strongly Agree

9. What does consent mean?

_____

10. I practice safe internet use.

Strongly Disagree   Disagree   Agree   Strongly Agree

11. I am most looking forward to learning about _____

Anatomy   Puberty   Dating   Making Friends   Safety

Caregiver Pre-Program Survey

1. My child seems _____ about being involved in this program.

Upset   Anxious   Neutral   Happy   Excited   Other _____

2. I feel _____ about my child being involved in this program.

Anxious   Unsure   Neutral   Happy   Excited   Other_____

3. My child understands the physical changes of puberty.

Strongly Disagree   Disagree   Agree   Strongly Agree

4. My child seems comfortable with their body.

   Strongly Disagree   Disagree   Agree   Strongly Agree

5. My child seems comfortable in social situations.

   Strongly Disagree   Disagree   Agree   Strongly Agree

6. My child consistently interacts with their peers in social situations.

   Strongly Disagree   Disagree   Agree   Strongly Agree

7. My child's peer interactions are _____

   Mostly Negative   More Negative   More Positive   Mostly Positive   Limited

8. My child has behavioral problems at home or school.

   Strongly Disagree   Disagree   Agree   Strongly Agree

9. My child understands privacy and is appropriate with private behaviors such as bathing, toileting, nudity, and masturbation.

   Strongly Disagree   Disagree   Agree   Strongly Agree

10. I supervise my child's cell phone and internet use.

    Strongly Disagree   Disagree   Agree   Strongly Agree

11. I have spoken with my child about safe cell phone and internet behaviors.

    Yes   No

12. I have spoken with my child about safe sexual activity.

    Yes   No

13. I am most looking forward to my child learning about _____

    Anatomy   Puberty   Dating   Making Friends   Safety

    The post-program surveys will appear as follows:

Adolescent Post-Program Survey

1. I feel _____ about having been involved in this program.

   Upset   Anxious   Neutral   Happy   Excited   Other _____

2. This program helped me understand the changes my body is going through or will go

   through as I grow older.

   Yes   No

3. This program helped me feel more comfortable with my body.

   Strongly Disagree   Disagree   Agree   Strongly Agree

4. This program helped me feel more comfortable in social situations.

   Strongly Disagree   Disagree   Agree   Strongly Agree

5. How many peers do you independently interact with in a social situation each week?

   0-2   3-5   6-10   10+

6. I am happy with the friends I have.

   Strongly Disagree   Disagree   Agree   Strongly Agree

7. I would like to have a romantic relationship with someone in the future.

   Strongly Disagree   Disagree   Agree   Strongly Agree

8. I feel as though I have been educated on safe sexual practices.

   Strongly Disagree   Disagree   Agree   Strongly Agree

9. I feel as though I have been educated on safe internet practices.

   Strongly Disagree   Disagree   Agree   Strongly Agree

10. I am most glad that I learned about _____

Caregiver Post-Program Survey

1. I feel _____ about my child being involved in this program.

   Upset   Anxious   Neutral   Happy   Excited   Other _____

2. This program has helped my child understand the physical changes of puberty.

   Strongly Disagree   Disagree   Agree   Strongly Agree

3. This program seems to have helped my child feel more comfortable with their body.

   Strongly Disagree   Disagree   Agree   Strongly Agree

4. This program seems to have helped my child feel more comfortable in social situations.

   Strongly Disagree   Disagree   Agree   Strongly Agree

5. My child consistently interacts with their peers in social situations.

   Strongly Disagree   Disagree   Agree   Strongly Agree

6. My child's peer interactions are _____

   Mostly Negative   More Negative   More Positive   Mostly Positive   Limited

7. I have noticed a positive change in my child's behavior since their involvement in this

   program.

   Strongly Disagree   Disagree   Agree   Strongly Agree

8. My child understands privacy and is appropriate with private behaviors such as bathing,

   toileting, nudity, and masturbation.

   Strongly Disagree   Disagree   Agree   Strongly Agree

9. I am most excited for my child to have learned about _____

   In addition to the self-report data obtained through the above surveys, the Puberty,

Sexuality, and Relationships on the Spectrum program will conduct additional data collection via

document studies. Document studies are conducted on existing records from available sources

that can provide valuable insight to an individual adolescent (Westat, 2002, 58). The program will coordinate with the schools of its participants in addition to the participants' parents in order to collect and utilize behavioral reports from each adolescent's school. This documentation allows program directors to further assess the needs and abilities of individual participants by examining academic, social, and behavioral reports from their respective schools, in addition to utilizing the data collected from the adolescents and their caregivers. The culmination of this evaluative data provides the foundation for imperative adjustments to the Puberty, Sexuality, and Relationships on the Spectrum program, making it a stronger and more successful positive youth development program.

Conclusion

Adolescents with Autism Spectrum Disorder and other Pervasive Developmental Disorders hold just as much stake in the importance of accurate and inclusive sex education as their typically developing peers. To neglect this aspect of an adolescent's development could be damaging, as it is equally important to ensure that adolescents with Autism Spectrum Disorder obtain adequate social and developmental education. Through its social-heavy curriculum focused on functional communication and imperative personal knowledge, the Puberty, Sexuality, and Relationships on the Spectrum program is making strides to create a more inclusive world in which adolescents with Autism Spectrum Disorder and other Pervasive Developmental Disorders are more competent and confident individuals with a strong belief in their potential for happiness and success. The Puberty, Sexuality, and Relationships on the Spectrum program has the strong theoretical foundation and clear program goals established for the sake of effective positive youth development.

The most important aspect of this program is its goal to foster belief in the future. Through its informative lesson plans, socialization and relationship-heavy curriculum, and horizontal relationship between all peers and programmers, the Puberty, Sexuality, and Relationships on the Spectrum program strives to give adolescents with Autism Spectrum Disorder and other Pervasive Developmental Disorders the tools they need for success and the confidence in themselves to pursue happiness and success in life.