



# Sexuality Education Resources for Caregivers Project

## Supporting the Development of Personal Skills in their Child/Family Member Toolkit

Developed by Autism Nova Scotia  
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## Introduction

The Sexuality Education Resources for Caregivers consists of four toolkits and two webinars. The project aims to develop accessible comprehensive sexuality education resources that support the needs of caregivers of Autistic people, Autistic individuals, and others. We hope that these resources will build their capacity to provide comprehensive sexuality education information to the Autistic person(s) in their lives.

These resources will explore how there is a gap in access to comprehensive sexuality education for Autistic people and for their caregivers to support with sexuality education. Each toolkit and webinar will focus on separate but related topics that will help give caregivers of Autistic people a broad understanding of how to learn about and provide sex-positive comprehensive sexuality education to their family members.





## Toolkits & Webinars

**Toolkit 1:** Foundations and Guidelines of Comprehensive Sexuality Education and Sex-positivity

**Toolkit 2:** The Caregivers' Role in Providing Sexuality Education to their Child / Family Member

**Webinar 1:** The Caregivers' Role in Providing Sexuality Education to their Child / Family Member

**Toolkit 3:** Supporting Knowledge Acquisition in Areas Reflective in Comprehensive Sexuality Education

**Toolkit 4:** Supporting the Development of Personal Skills in Your Child / Family Member

**Webinar 2:** Caregivers' Role in Supporting the Development of Autonomy in their Child / Family Member's own Sexuality





## Toolkit 4: Supporting the Development of Personal Skills in Your Child/Family Member



This toolkit outlines how to support your family member with the development of personal skills. These areas include:

- Values
- Healthy Communication
  - Boundaries
  - Assertiveness
  - Sexual Readiness
- Self-Advocacy
- Emotional Processing
  - Emotions & Emotional Awareness
  - Interoception & Interoceptive Awareness
  - Self Regulation

Throughout this toolkit, we dive into what these areas are, some resources caregivers can use to improve their knowledge on these topics, and some tips in supporting their family member as it relates to sexuality education.





## Things to Consider

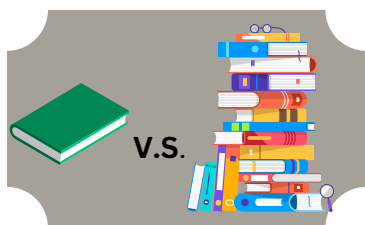
The key component of this toolkit is how a caregiver(s) of an Autistic family member can support them in developing personal skills. As caregivers work their way through this toolkit they can use the questions below to help guide their thinking.



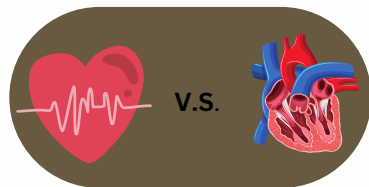
1. How your family member learns best (e.g., through images, videos, text, text and images combined etc.)?



2. What time of day does your family member learn the best (e.g., morning, after school, evening, before bed)?



3. How much information can your family member process at one time?



4. What kind of information is appropriate for their age/ what is developmentally appropriate information?



## How to Use Toolkit Contents

There are many types of personal skills that go into healthy sexuality. As can be seen, by the list on page 3. Personal skills cover many complex areas and topics. This toolkit will provide caregivers with important definitions and resources to explore. Learning about these topics directly can help caregivers to increase their comfort in discussing these topics with their family members.



Caregivers can go through resources either alone or with their family members as a way to support their learning. Additionally, some resources can be given to the Autistic family member to allow autonomous education, which the caregiver can follow up on depending on their needs or questions.

The rest of this toolkit is broken down into different personal skills. These sections are meant to provide caregivers with basic content knowledge on supporting skill development from an Autistic advocacy lens.

Caregivers can use the pages of the toolkit to support their discussions with their Autistic family member or the caregiver may wish to access free and/or paid resources for direct discussion and education with their Autistic family member.

Autism Nova has created free resources for Autistic people, which can be found on Autism Nova Scotia's free Sexuality Resource page (<https://bit.ly/3SCW7PP>). Links to free resources relating to topic areas have been provided throughout the toolkit.

If caregivers want additional resources, Autism Nova Scotia offers additional content, activities, and lessons that can be bought from our Sexuality Resource Store (<https://bit.ly/3syw0yO>).





## Content Area One: Values

Values are things or perspectives that a person feels are important to them. Values can and will change, as a person learns more information.

In this section, we will cover:

- What values are
- What can impact a person's values

Values can be impacted by many things such as:

- Where a person grew up
- What religion a person practices
- Who a person's friends are
- What a person's family values
- And so much more!

**Values** are unique to each person. A value is a perspective that someone feels is important or worthwhile. Values serve as the basis for a person's moral code and guide decisions. A person's values may be based on their life experiences such as: where they grew up; what religion they practice; the friends they hang out with; their gender; their family's values; what era they grew up in; what ethnicity they identify with; etc. (Henault, 2006).

A person could value:

- Trust
- Autonomy
- Compassion
- Justice
- Wealth
- Sexuality
- Spirituality
- Tradition
- Humor
- and much more (Miller et al., 2001)



A person's values can impact the decisions that they make. Having different values from another person does not mean one person is right and one person is wrong. Everyone is different and will value different things, and that is okay!





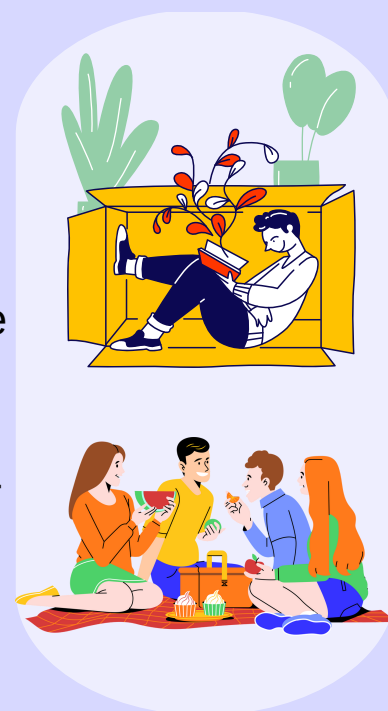
**An assumption** is an idea that is accepted as true or as certain to happen, without proof.

Often the values, beliefs, and assumptions that individuals hold will go unnoticed and unchecked until they come face-to-face with a different set of values and beliefs that encourage them to re-evaluate their assumptions about what is normal, what is right/wrong, and about people themselves, based on their different identities and experiences (Zook et al., p.15, 2017).

Values are important in relationships. It is important for a person to know what they value, as well as to be open to considering the other person's values and how that impacts their decision-making.

It is important to understand that two people may not value the same things.

- One person may value alone time and solidarity, while another person values making new friends and regular outings
- One person may value excitement and change, while the other person values schedule and predictability



Neither person is wrong.

People with different values can have healthy relationships as long as they discuss their values openly and can negotiate their boundaries together.





## Things to Consider

- A caregiver and their family member may not value the same things. This is okay and is to be expected as their family member grows into an adult.
- It is important for a caregiver to be aware of their values, so they can actively choose to push back against them and not allow them to bias the information provided to their family member (Rayne, 2015).
- When caregivers check-in on their own assumptions it allows them to be more responsive to the discussions and dynamics of sexuality-based discussions with their family members as they happen, rather than assume and anticipate what will happen during these conversations about sexuality and sexual health (Rayne, 2015).
- It is natural and okay for caregivers who are providing sexuality education to a family member to be engaging in their own learning and reflection about values and sexuality-based concepts.





## Content Area Two: Healthy Communication

Healthy communication is a skill that is essential in all people's lives.

Within this section, we will cover healthy communication. Healthy communication includes:

- Boundaries
- Assertiveness
- When to have sex (sexual readiness)

**Healthy communication** is all about respect, honesty, listening, and being open with your feelings and what you want (Planned Parenthood, n.d.).

### What Are Boundaries?

Boundaries are the lines between what someone is comfortable with and what makes them feel respected, supported, and safe, and what someone is uncomfortable with and makes them feel disrespected, unsupported, or unsafe.

**Boundaries** is a term used to describe the imaginary line between what someone is comfortable with, what makes them feel respected, supported, and safe, and what someone is uncomfortable with, what makes them feel disrespected, unsupported, or unsafe. Boundaries help us understand our needs.

Personal boundaries help a person to feel safer and help them to understand their needs or wants. Learning how to communicate a person's boundaries to others is an important life skill. Sharing what a person needs and what they are not comfortable with creates trust and builds healthy relationships.





Having healthy boundaries means caring for your self - physically, emotionally, mentally and spiritually.

## **Healthy boundaries are about:**

- Being clear about your values.
- Listening to your own opinion.
- Sharing with others appropriately.
- Being yourself (vulnerable) around people who have earned your trust.
- Being comfortable saying no when you are not comfortable with something.
- Being comfortable hearing no without taking it personally (respecting other people's boundaries).
- Supporting other people when you have the capacity to do so.
- Supporting other people without taking on their emotions as your own.

Adapted from Soghomonian (2019) & Therapist AID LLC (2016)

## **Healthy boundaries can:**

- Help create strong relationships where everyone feels respected and safe.
- Help ensure you feel supported and comfortable.
- Help ensure your needs are being met.
- Promote a sense of overall health and wellbeing.
- Ensure you are taking care of yourself and not pushing yourself too far (stress).
- Show others how you expect to be treated and what kind of behaviour you will or will not tolerate.
- Provide you with a clear understanding of how others want and need to be treated to feel safe and comfortable.

Adapted from Soghomonian (2019) & Therapist AID LLC (2016)



## Types and Levels of Boundaries

### Types of Boundaries

There are many different types of boundaries such as:

**Physical Boundaries** are about the physical space around your body, and personal touch from yourself or from others. This boundary can change depending on the situation.

**Emotional Boundaries** are about having people's emotions and values respected by others.

**Sexual Boundaries** include the physical and emotional aspects of sex. They are about having people's emotions and values respected by others. They also cover things about what we deem as acceptable language, jokes, and ideas surrounding sex. They include what we are comfortable doing sexually, and with whom we are comfortable doing it with.

**Intellectual Boundaries** are about a person's thoughts, beliefs and ideas, as well as how they are respected. They are having people's emotions and values respected by others.

**Time Boundaries** are about how we chose and chose not to spend our time.

(Harper, 2020)





## Levels of Boundaries

According to Dr. Harper (2020), there are 3 levels of boundaries: rigid, permeable, and flexible.

Healthy boundaries are a balance between these levels.

There are times when a person will need to set rigid boundaries.

There are times when a person may need permeable boundaries.

Though most of the time, people will utilize flexible boundaries that they can modify and regulate within a certain situation to meet their needs and to ensure their safety and personal growth (Harper, 2020).

Boundaries are always changing with context and as we learn about ourselves over time and in new situations. It's okay to have rigid or flexible boundaries in different situations. **What's important is to notice what feels right for you and to find ways of setting boundaries that fit with what makes you feel comfortable and valued as you learn and grow.**

**Rigid Boundaries** are boundaries that nothing can get through. They have no room for negotiation. An example of a rigid boundary a person could have may be not letting someone punch them in the face (Harper, 2020). They are boundaries that are defined by you.

**Flexible Boundaries** are boundaries that are operated in most situations. Flexible boundaries come from an internal voice that works to protect a person and to help them grow (Harper, 2020). They are boundaries that are defined by you.

**Permeable Boundaries** are boundaries that everything can get through. These are boundaries that fall easily. (Harper, 2020).



## Links to free Autism NS Boundary Setting Resources

**ANS Personal Boundaries Resource.**

**(<https://bit.ly/3hmZQnK>)**

### Things to Consider

- Caregivers can help the family member's boundaries by modelling boundary setting in the home. By the caregiver upholding their boundaries, it can teach the family member what healthy boundary setting can look like.
- Caregivers can teach a family member to use boundaries with others by allowing them to set and uphold their boundaries in the home.
- Teach and respect boundary setting in the home environment to normalize and make setting boundaries easier in other environments or with other people.
- It could be helpful for caregivers to support their family member explore their values by engaging in conversations about what they are comfortable with in certain situations.

Please stop, I do not need help! I can do it myself.





## Assertiveness

Assertiveness is a person standing their ground while being respectful (Goodall & Purkis, 2020).

Assertive is not being aggressive or blaming another person. Though, it is also not being passive and allowing a person to get what they want.

**Assertiveness** is the skill of setting limits and enforcing boundaries with people, including family, partner(s) and friends. Assertiveness is not aggression. (Goodall & Purkis, 2020).



Assertiveness can be a hard skill for a person to master, and will likely take some time to develop (Goodall & Purkis, 2020).

When someone is trying to make a person do something that goes against their values or is overstepping their boundaries, a person may be tempted to say yes even if their body wants to say no.

When this happens, being assertive and telling the other person no in a respectful but firm way is important.







## Assertively Communicating Boundaries

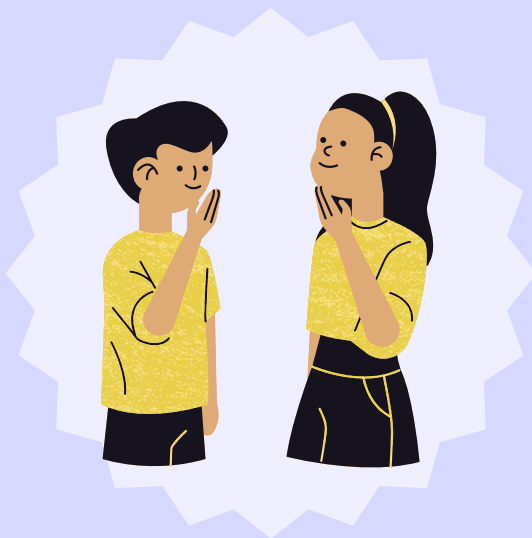
Setting and communicating boundaries can be difficult, especially at the beginning (Harper, 2020).

Dr. Harper suggests that people communicate their boundaries by using "I..." statements.

I feel.... when you...  
What I want is...

For example, "I felt uncomfortable when you made a joke about that person's sexuality. I know you thought it was funny, and that I would laugh, but I found it offensive. What I want is for you to not make jokes like that anymore, especially around me" (Harper, 2020).

I statements make it harder for a person to be passive, as they are sharing their own experience. By using I statements it is also harder for a person to blame another person.



It is important to note, that there are many different forms of communication. People can communicate in verbal and non-verbal ways. Such as hand gestures or sign language. Additionally, through body language or written communication (writing notes, email, text messages etc.).



## Things to Consider

- Caregivers can help family members assertively express their boundaries by creating a list of boundaries with their family members and having them write or explain healthy ways to assert those boundaries.
- It is important to note that some boundaries are serious and can have negative implications for the health and safety of an individual if they are over-stepped. Caregivers should discuss what a person could do if their boundaries are overstepped and they need external support. Depending on what boundary this is it could be calling a parent for support or discussing it with a trusted family member or friend. If is something like someone disregarding a sexual boundary, the caregiver and/or the family member can report the incident to the police.





## Sexual Readiness

An important decision that many people make regarding their sexuality, is the decision of whether they are ready to have sex or not.

People may choose to have sex for many reasons. Some people choose to abstain from having sex (choose not to have sex). Before a person makes the decision to have sex, it is important to know all the reasons a person may choose to have sex.

There are many reasons a person may have sex:

- They are sexually attracted to the person(s)
- They are having sex for fun
- They are having sex to experience pleasure
- They are having sex because they are in love with the person(s)

**Sex** is a term that people will define differently based on their values, beliefs and more. Sex may include vaginal sex, oral sex, anal sex, rubbing genitals etc. It can be helpful to think of sex as giving pleasure to someone's body/genitals or receiving pleasure through their genitals. However, this is just an example of sex and does not mean that this is how everyone will define it for themselves.



Not every person will be comfortable having sex for some or all, of these reasons.



Some people do not engage in sex. This could be because they are choosing to be abstinent or because they are asexual.

Abstinence is when a person chooses not to have sex. For some, this means abstaining from all sexual behaviours. For others, this could mean only abstaining from penis in vagina sex, but still partaking in other sexual activities. This can be for many reasons such as:

- Religion
- To avoid pregnancy
- To avoid STIs
- Not being comfortable with sex
- Not being ready to have sex
- Waiting until marriage

(Planned Parenthood, 2018a)

**Asexuality** is a sexual orientation (not something that is chosen by the person). Someone who is asexual does not experience sexual desire or experiences less sexual desire for sexual activities than others who are not asexual.

**Abstinence** is when a person is choosing not to take part in sexual activities for their own personal reasons (Planned Parenthood, 2018a).



Abstinence is different from asexuality. Abstinence is someone choosing not to take part in sexual activities for their own personal reasons. Asexuality is a sexual orientation (not something that is chosen by the person). Someone who is asexual does not experience sexual desire or experiences less sexual desire for sexual activities than others.



Many people find it difficult to decide when to become sexually active with another person. This is a very personal process, and it is different for everybody. There is no checklist that can tell a person if they are ready, but there are several topics to think about before a person decides to become sexually activity.

### Our Bodies and Health

- My partner and I are both familiar with our own and the other person's body
- My partner and I both understand the risk of STI/STBBIs and pregnancy
- My partner and I both receive regular sexual and general health exams from a doctor
- My partner and I both can tell when we are sexually aroused and when we are not
- My partner and I can relax and feel comfortable during sex without fear, anxiety or discomfort
- My partner respects both me and my body, and I respect them and their body

### Our Relationship

- My partner and I are comfortable taking part in the activity
- My partner and I have both given consent
- My partner and I are both comfortable setting limits for what we want and do not want to do
- I have a clear understanding of what I want and understand that it may differ from what others want
- I can trust my partner, and they can trust me
- I can tell my partner what I want sexually and emotionally, and they can tell me

### Our Emotions

- My partner and I both want to have sex, and neither of us are feeling pressured to do this
- I have a trusted person I can talk to about sex, relationships and friends
- I understand the difference between sex and love
- I am not currently in an abusive or unhealthy relationship with my partner
- I feel comfortable with the intention of the sexual activity not being to manipulate or cause harm
- My partner and I both understand the risks associated with the sexual acts and are taking precautions
- My partner and I both understand that a sexual relationship could impact our current relationship
- My partner and I both understand and are comfortable with the reasons for having sex

Adapted from Planned Parenthood(2018b) & Corinna (2016)

**It is most important to know that no one has to have sex if they do not want to!**



## Links to free Autism NS Sexual Readiness Resources

**[ANS When to Have Sex Resource](https://bit.ly/3Upu2x9)**  
**(<https://bit.ly/3Upu2x9>)**

### Things to Consider

- It is important that caregivers try not to let their values regarding sexual behaviours impact the conversations that they are having with their family members about sexual readiness. The reasons that the caregiver had when they chose to engage in sexual behaviours will likely not be the same as their family member and that is okay!





## Content Area Four: Advocacy

Advocating for oneself and the people that a person cares for is extremely important.

Advocating means supporting a person to get their needs met, even if the person is you (Cook & Purkis, 2022).

Advocacy can look like many things. For example:

- Having a positive attitude about being neurodiverse.
- Explaining the neurodivergent perspective.
- Mentoring neurodiverse kids.
- Starting a support/social group.
- Being interviewed in the media
- Starting a blog or sharing a person's lived experiences through presentations
- Challenging ableist views in conversations (Cook & Pukis, 2022).

**Advocacy** is about trying to help those around us to be heard and to be included when making decisions that impact their lives. It aims to increase a person's control over their life and develop a sense of being empowered and valued (Cook & Purkis, 2022).

Within this section we will cover self-advocacy.





## Self-Advocacy

When a person is taught self-advocacy and is encouraged to self-advocate, it builds self-esteem and self-confidence (Cook & Purkis, 2022). By teaching these skills to both Autistic and non-Autistic family members, at an early age, self-advocacy skills can reduce feelings of powerlessness and improve independence and autonomy (Cook & Purkis, 2022).

**Self-Advocacy** is when an individual advocates for themselves in order to have their needs and rights acknowledged and met.



When people are encouraged to advocate for themselves it can help to build self-confidence and value (Cook & Purkis, 2022).

Learning about oneself, including a person's values, boundaries, and support needs, is an important step to self-advocacy. If a person does not know what they want or need, it can be difficult for the person to know what to advocate for.

Lastly, it is important for a person to know their rights, and what they are legally entitled to. For example, their rights to be supported at work or at school.





## Things to Consider

- Caregivers should consider joining a parent advocacy group in their community. While everyone and their experiences are different, people may find it empowering to see how other parents/caregiver advocates have dealt with similar situations they are experiencing. Experiences are different, it can be enormously empowering to see how other or more experienced parents advocate for their children.
- As a caregiver, it is important to learn the principles of advocacy. These skills will be developed over time, at a pace that works for the individual.
- Caregivers can share the tasks of advocacy with other caregivers or family members based on individual strengths (Holland Bloorview, n.d.).
- By advocating for the family member, you are modelling and teaching the skills that a family member may need to advocate for themselves. With that being said, it is important for the Autistic person to be included in the decision-making process (Cook & Purkis, 2022).
- Encouraging and allowing a family member to advocate in the home about their needs, empowers them to do so in the public without shame or judgment (Cook & Purkis, 2022).
- Caregivers need to advocate for their needs as well (Holland Bloorview, n.d.).





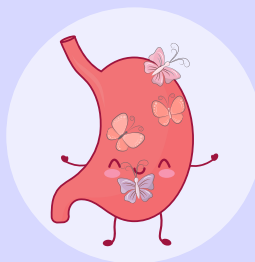
# Content Area Five: Emotional Processing

## Emotions

Emotions are how a person reacts to their environment. This consists of their body's response (the physical feeling) and their brain's response (the mental feeling).

The body's responses could be:

- A racing heart
- Sweating hands
- Butterflies in the stomach



The brain's responses could be:

- Thinking we are not good or can't do something
- Being proud of ourselves or someone else



**Emotions/Feelings** are a person's mental (brain response) and physical (body response) reactions to what is going on in their environment.

Some Autistic people may have difficulty interpreting or recognizing one or both of these types of responses (Mahler, 2017).

Within this section we will cover:

- Emotions
- Interoception
- Self-Regulation
- Emotional Processing





## Interoception

Interoception is the sense that allows a person to feel and interpret the sensations (e.g., hunger, thirst, sexual arousal) of the body, as well as general feelings of being cold or tense (Mahler, 2017).

Interoception is a key aspect of a person's emotional experience and is the basis for how a person views and feels emotions. It is common for many Autistic people to be hyposensitive to interoceptive signals, while others can be hypersensitive to these stimuli and recognize them in very small levels (Mahler, 2017).



**Interoception** is the 8th sense that allows us to notice feelings from inside our body. Examples could include tense or relaxed muscles, racing heartbeat, heavy breathing etc. Interoception then allows us to connect these body feelings to emotions. Essentially, interoception can be defined as the sense that allows us to answer the question, “How do I Feel?” at any given moment. (Mahler, 2022)

Interoception allows people to identify feelings such as:

- |         |       |
|---------|-------|
| Anxiety | Calm  |
| Sadness | Tired |
| Hunger  | Sick  |
| Thirst  | Pain  |

(Mahler, 2022.)



## Common challenges with interoceptive awareness:

- Recognizing when you're hungry, thirsty or full
- Recognizing when you need to use the bathroom
- Identifying symptoms of sickness
- Pain sensitivity (over or under)
- Recognizing different emotions in self

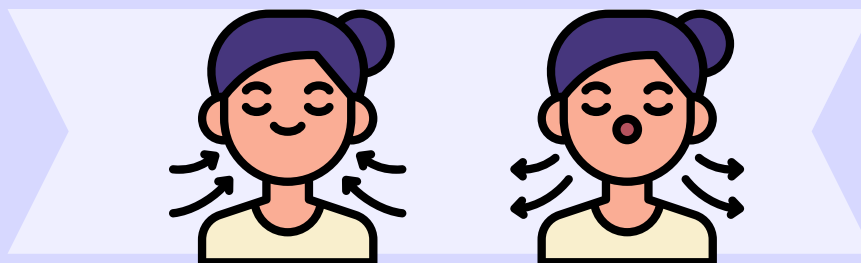
(Mahler, 2022.)

## Self-Regulation

When a person is receiving too much sensory information or other forms of information, they may become overwhelmed. This can result in dysregulation of the brain (Mahler, 2017).

**Self-regulation** is a person's ability to control the way they feel and act. (Mahler, 2017)

When this happens the brain attempts to self-regulate in order to reach a balance. Self-regulation is closely tied to interception. Interoception is the sense that alerts a person to their internal sensations and balance. If a person, including an Autistic person, cannot identify these sensations, it can make it difficult to self-regulate their actions and emotions. (Mahler, 2017)





## Emotional Awareness

Emotional awareness is an area in which some Autistic folks may have difficulty. This could be in recognizing small differences between emotions, or recognizing them at all. Another term for poor emotional awareness is **Alexithymia** (Mahler, 2017).



**Emotional awareness** is being able to accurately identify a person's own emotions.

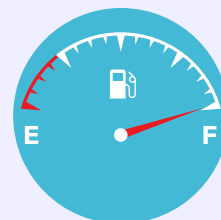
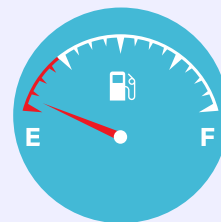
**A person, including an Autistic person, that struggles with emotional awareness has emotions!** These emotions can just be difficult to name or identify for some people.

## Interoceptive Awareness

A metaphor that Kelly Mahler uses to explain emotional regulation when a person has lower levels of interoceptive awareness is a broken gas gauge.

Imagine trying to regulate your fuel levels with a gas gauge that is not showing the up-to-date fuel levels. You know when the gauge is full, and you will know when it is empty because the car will stop. Though it is hard to identify how much gas is in the tank between those two points.

Imagine trying to control your emotions if you did not know you were anxious until you had a panic attack (you realized you needed gas once you were stuck on the side of the road... it is too late) (Mahler, 2017).





## Processing Emotions

How to process emotions is a difficult and complex set of skills that most people commonly are never taught in school or at home, but are a vital set of skills for healthy development.

### Steps to Processing Emotions

1

#### Step 1: "Observe"

Observe your physical sensations and thoughts.

4

#### Step 4: "Choose"

Find a way to calm yourself and find a sense of control.

2

#### Step 2: "Willingness to Feel"

Take some time to sit with your emotions and understand them before acting on them or trying to fix them.

5

#### Step 5: "Act and Accept"

Do something to make the emotion better or that act on your values. Accept that some things cannot be changed.

3

#### Step 3: "Explore"

Find a way to make the feeling concrete such as writing/talking about it or drawing a diagram.

6

#### Step 6: "Because O We Can!"

You can have emotions, feel emotions, work through them and feel better!

(Adapted from Therapy in a Nutshell, n.d.)



## Things to Consider

- When caregivers, teachers, professionals (etc.) work to improve emotional regulation they tend to focus on the external environment and how to "fix" it. Instead, it can be helpful for caregivers to work on developing the skill set of interoceptive awareness. This way the family member may be able to recognize the sensations and feeling they are having earlier in order to implement coping mechanisms, and problem-solving strategies or to ask for help (Mahler, 2017).





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