and their family will guide what is taught, how it will be taught, and who will teach the skill. This is not an easy task for most families. Families will need guidance, resources, and support. Other members of the team may include the client's medical doctor, the client's teacher, and other therapists. No matter which professionals on a team or whom works with the family, these professionals need to take great care in determining how to approach the teaching or making referrals to other professionals.

Work Within the Scope of Your Profession

Each profession has their own set of ethical practice guidelines that outline the services they can ethically provide. For example, special education teachers follow the council for exceptional children standards for teaching (CEC, 2008) and BCBAs following the Behavior Analyst Certification Board ethical practice standards (BACB, 2019). Similarly, psychologist, social workers, and others have ethical practice guidelines they adhere to. Qualifications and certifications are important in teaching sexuality education especially to people with ASD. It is important for all professionals involved on the support team to make sure they adhere to their own professional guidelines or risk malpractice. Many professional organizations suggest that individual practitioners assess their own scope of practice and serve only those within their current repertoire.

Evaluate Your Own Scope of Practice

Simply put, scope of practice refers to your experience and confidence in teaching or serving different client populations within the professional practice (Brodhead, Quigley, & Wilczynski, 2018). For example, a special education teacher may have significant experience working with students who have learning disabilities but have no experience working with students who have autism spectrum disorders. If this is the case, the special education teacher will need to partner with someone who understands autism, can help guide the plan development, and monitor the progress of the student. Similarly, a teacher may be well versed in teaching reading and mathematics but have no experience teaching sexuality education. This teacher would need support in addressing sexuality education concerns. It is important for professionals to work within their scope of practices.

Recognizing the importance of professionals working within a scope of practice, some professional organizations mandate those holding the associated professional certifications or licenses evaluate their own scope of practice and make decisions to accept clients from that assessment. Once such organization is the Behavior Analytic Certification Board (BACB).

The BACB has clear guidelines for practitioners in terms of scope of practice. These guidelines mandate that behavior analysts must have the knowledge and depth of practice prior to accepting clients. If a behavior analyst feels that client needs are not within their own scope of practice, they should not accept the case but instead refer to another professional if possible. There are ways to increase one's scope of practice. Practitioners can seek education from a reputable source or work closely with and be supervised by someone who has the appropriate experience (Brodhead, Quigley, & Wilczynski, 2018). It is critical that practitioners self evaluate their own scope of practice or risk doing harm to their clients. While some may say there is no harm in trying, this can't be further from the truth. At a minimum, the practitioner is wasting the families time. By implementing strategies that do not work, they may be supporting a reinforcement history of frustration and lack of trust with professionals for the family. And finally, by not having access to quality evidence-based practices, the practitioner may be inadvertently reinforcing problem behavior and thus is doing harm.

Obtain Medical Clearance

When addressing problematic sexual behaviors, it is critical that medical clearance is provided (Stein & Dillenburger, 2017). Many sexuality behaviors can be caused by medications and hormonal imbalances. The medical professional can lead the team and help determine if other interventions are warranted. Many times medical doctors appreciate when special education teachers and behavior analysts share data to determine if an intervention is effective. Professionals outside of the medical field or those not certified as sexuality educators, may be too quick to address the behaviors with operant conditioning or label the behavior as deviant (Stein and Dillenbuger, 2017). This can be problematic for several reasons. First, the person does not receive the medical attention they need or receives delayed medical attention. Second, the person may learn (consciously or not) that the behavior serves other functions such as attention and escape. Many times sexuality behaviors such as masturbation begin as self-stimulation but are shaped into attention or escape maintained behaviors. Once behaviors are multiply controlled, they are more complex to treat (Cooper, Heron, & Heward, 2007).

Respect the Dignity of the Individual

When teaching appropriate sexuality-focused skills and addressing problematic sexual behaviors, it is important to consider the environment and the dignity of the client (Stein & Dillenburger, 2017). The sensitive nature of sexuality education makes the environmental concerns of great importance. Information about the client must be kept confidential and this can be difficult in the natural environment.

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