

related to intimacy, relationships and sexual health, there is no indication that the therapy is intended to address sexualised behaviours of concern or inappropriate sexual conduct (IPSA, n.d; Frickelton, 2013; Rosenbaum et al, 2014).

## **5. Other interventions for sexualised behaviours of concern**

It can be difficult to structure experimental studies with adequate sample sizes which examine the effects of treatments on sexualised behaviours of concern. This can be due to ethical considerations or lack of available participants (Casey et al, 2018). Much of the research is structured around single participant case studies. This is true of research focussing on young people and adults.

In their systematic review, Casey et al (2018) conclude that there is insufficient evidence to determine which specific technique is most effective at reducing inappropriate sexualised behaviours for people with acquired brain injury, intellectual or developmental disability. However, the strongest evidence was for behaviour analytic techniques using either a punishment component or a differential reinforcement component or both.

A narrative review from Warner et al (2022) suggests that Applied Behaviour Analysis (ABA) can assist with the management of sexualised behaviours of concern in people with Autism Spectrum Disorder. However, due to the format of the review, the quality and levels of evidence of included studies was not considered. Also, recommendations were largely based on the generalisation of ABA techniques to sexualised behaviours rather than direct evidence of efficacy. For further information on ABA used to manage behaviours of concern please refer to TAB research paper [RES 246 ABA and positive behaviour support.docx](#).

Pritchard et al (2016) describe a case of reducing significant and problematic sexual behaviours of concern in a 17 year old with ASD using an individualised multi-component behavioural intervention. Intervention included cognitive behavioural therapy, sexuality and relationship education, active support and a points-and-levels behaviour modification system. At conclusion of the study the subject had not shown sexualised behaviours of concern for 3 months. The authors followed up with Pritchard et al (2021) in which they describe several cases of individualised multi-component behavioural intervention showing consistent success in reducing behaviours.

Falligrant and Pence (2020) describe different procedures of differential reinforcement of alternate behaviour or differential reinforcement of other behaviour, sometimes combined with punishment, for people with intellectual and development disability. All the interventions they canvassed were effective at reducing sexualised behaviours of concern, sometimes to near zero levels. They also describe some studies indicating people with intellectual and development disabilities may be able to learn self-management methods to reduce behaviours. However, all the studies described are either single person case studies or very low sample studies. The authors do not consider quality or levels of evidence in their review.