

# 6 Meeting- «PUBERTY AND ADULTHOOD»

Co-funded by the  
Erasmus+ Programme  
of the European Union



## Lecture 2:

### Growing old

***María Merino, PhD. Science Education  
(Autism Burgos, Spain)***

***Antonios Vadolas (Child and Adolescent's Centre, Greece)***

***Yannis Brintzoulakis (Child and Adolescent's Centre,  
Greece)***



**Life stages**

**Puberty**

**Change of needs**

**Decisions to be made**



# **Adulthood: Outline**



# LEARNING OUTCOMES

- Understanding the transition to adulthood of children with ASD
- Becoming aware of challenges and positive experiences in life transitions.
- Awareness of issues around relationships and sexuality
- Issues of having autism as a parent



## Life stages & transitioning to adulthood

Infancy – birth to 1 year  
Early Childhood – 1 to 6 years  
Late Childhood – 6 to 12 years

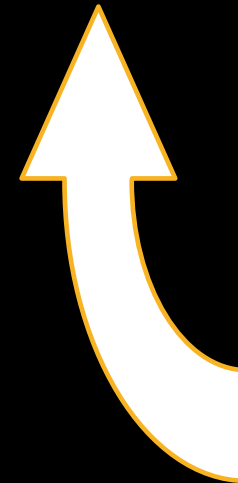
Adolescence – 12 to 18/20 years  
Early Adulthood – 20 to 40 years  
Middle Adulthood – 40 to 65 years  
Late Adulthood – 65 and up

Integrity vs  
Despair

Generativity vs  
Stagnation

Intimacy vs  
Isolation

Identity vs  
Role Confusion



# Puberty in ASD

Diversity across each person and each development

Difficulties with sexual identity

More prevalence of transsexuality and non conforming sexuality in ASD than NT

Association between difficulties for social interaction and self-perception

Expression and regulation of emotions and impulses

Vulnerability to harassment

Flirting as an enigma

Different learning opportunities

Rejection and fear about body and psychological changes

Non-specific sexuality workshops for ASD in educational centers

Vulnerability Grooming

# Puberty

what is?

Puberty is the period of becoming adults experiencing physical and psychosocial changes produced by hormones. It usually starts between ages 8 and 13 in girls and ages 9 and 15 in boys

Check this web: <https://www.clickview.co.uk/free-teaching-resources/puberty/>  
changes happening in ASD teenagers?

**Feeling of loneliness**

**Desire to belong to the group**

**Sensitivity to criticism and teasing**

**Experts on specific topics of interest**

**Risk of presenting psychological alterations**

**Behavior problems**

**Difficulties in the academic environment**

**Difficulties in relationship with peers**

what to expect?

**Increased isolation**

**Increased anxiety**

**Increase in social and daily life skills**

**Feeding problems**

# Puberty

how to cope with?

**Need for special communication spaces**

**Increase opportunities of autonomy**

**Do not infantilize, recognize their private spaces**

**Prevent behaviors that can be generalized without being appropriate in all contexts or with any person:**

**Kiss on the mouth.**

**Constantly hugging regardless of context.**

**Slapping the ass.**

**Sleeping with your parents.**

**Pamper yourself in bed in the morning.**

**Shower with your parents.**

**Touching their breast when talking to someone, or touching their mother's when they are young.**

**Being naked at home, even when there are visitors. At the sensory level, clothing bothers them.**

**Go hand in hand, we also avoid infantilizing.**



## Change of needs: Some positive changes in the development of individuals with ASD

- Each individual with autism has a unique life experience with different onset, combinations, severities, and persistence of ASD symptoms and co-occurring conditions.
- Reduction of the symptoms of autism
- Repetitive and ritualized behaviors decrease in young adults
- Reciprocity increase
- Behavioral problems decrease







## **Change of needs: Some challenges in the development of individuals with ASD**

Fewer educational opportunities.

Greater social isolation, fewer invited to activities, less called by friends.

Daily activities have a lower quality than those they had in the educational stage.

Adults with ASD without ID have LESS structured their daily activities than those with ID.

Less social and labor inclusion

Uncertainty about the future.

Trauma stories.

Comorbidity

Lack of an inner identity.

Difficulties with love, friendship and family relationships

## Decisions to be made

1. Need of programmes that could cover adults with ASD challenges focusing on strengths.
1. Taking into account chronic conditions – they are significantly more frequent in individuals with ASD than in the general population.
1. Coordination between social and health field system and Autistic Organizations
1. Involving Autistic people in decision making about their own needs



## Examples of chronic conditions more frequent in ASD:

- \*Immune conditions,
- \*gastrointestinal disorders,
- \*cardio-vascular disease,
- \*motor problems
- \*sleep disorders
- \*seizures
- \*obesity
- \*hypertension
- \*diabetes
- \*Parkinson's' disease.
- \*Side effects from long-term medication



## Bibliography

Marsack-Topolewski, C. N., & Graves, J. M. (2020). "I worry about his future!" Challenges to future planning for adult children with ASD. *Journal of Family Social Work*, 23(1), 71-85.

Loftin, R. (2021).

McDonnell, C. G., & DeLucia, E. A. (2021). Pregnancy and Parenthood Among Autistic Adults: Implications for Advancing Maternal Health and Parental Well-Being. *Autism in Adulthood*, 3(1), 100-115.

Simonoff, E., Kent, R., Stringer, D., Lord, C., Briskman, J., Lukito, S., & Baird, G. (2020). Trajectories in symptoms of autism and cognitive ability in autism from childhood to adult life: findings from a longitudinal epidemiological cohort. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(12), 1342-1352.

Sexual Offending and ASD. In *Handbook of Autism Spectrum Disorder and the Law* (pp. 257-267). Springer, Cham.



Co-funded by the  
Erasmus+ Programme  
of the European Union



# Thanks!

*María Merino Martínez*

[psicologia@autismoburgos.org](mailto:psicologia@autismoburgos.org)

*AUTISMO BURGOS*

