

System and Other Challenges to Employment for Adults with ASD

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The Basics

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Employment is about more than the actual job task. In fact, the job task is usually the easiest part of employment for individuals on the Autism Spectrum.

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Everyone is capable of being employed. Whether or not everyone wants to be employed, however, is another story.

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The potential for an individual to be employed is generally limited more by the lack of imagination on our part than an individual skill deficit.

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What is Job Match?



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Job Match is the extent to which a particular job meets the individual's needs in terms of challenge, interest, comfort, camaraderie, status, hours, pay & benefits. Ideally, as we move through the job market, we get closer and closer to our ideal job match.

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We can't get no job satisfaction.

□ (AP) Even Americans who are lucky enough to have work in this economy are becoming more unhappy with their jobs, according to a new survey that found only 45 percent of Americans are satisfied with their work. That was the lowest level ever recorded by the Conference Board research group in more than 22 years of studying the issue. [] worker dissatisfaction has been on the rise for more than two decades." It says something troubling about work in America. It is not about the business cycle or one grumpy generation," says Linda Barrington, managing director of human capital at the Conference Board, who helped write the report, which was released Tuesday. Workers have grown steadily more unhappy for a variety of reasons:

- Fewer workers consider their jobs to be interesting.
- Incomes have not kept up with inflation.
- The soaring cost of health insurance has eaten into workers' take-home pay.

SOURCE:
<http://www.cbsnews.com/stories/2010/01/05/national/main6056611.shtml>

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"A holistic approach"

- + Employment outcomes for individuals with autism spectrum disorder (ASD) are poor and there is limited understanding on how best to support individuals with ASD in the workplace. Stakeholders involved in the employment of adults with ASD, including employers and employment service providers have unique insights into the factors influencing employment for this population. Organisational and individual factors facilitating successful employment for adults with ASD across Australia and Sweden were explored, including the supports and strategies underpinning employment success from an employers' perspective. Three themes including *Knowledge and Understanding of ASD*, *Work Environment* and *Job Match* emerged, suggesting that a holistic approach was key to supporting success, with employer knowledge and understanding of ASD underpinning their ability to facilitate employment.

Dreaver, J., Thompson, C., Girdler, S. et al. Success Factors Enabling Employment for Adults on the Autism Spectrum from Employers' Perspective. *J Autism Dev Disord* 50, 1657–1667 (2020). <https://doi.org/10.1007/s10803-019-03922-3>

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Currently

- + "A small but growing body of research has been conducted on vocational outcomes for adults with Autism Spectrum Disorder (ASD); however, limited resources have been directed towards understanding outcomes for competitive employers. While ASD does present with a range of social communication and adaptive behavior deficits, adults on the spectrum may be extremely efficient, trustworthy, reliable, and cost-effective employees. Nevertheless, fewer than half of young adults with ASD maintain a job. Many businesses are unwilling to hire these capable candidates, concerned among other things about an increase in supervision costs and a decrease in productivity. This is a bias based on misperceptions; the financial and social benefits of hiring adults with ASD, for businesses and the individual, often outweigh the costs."

Solomon, C. Autism and Employment: Implications for Employers and Adults with ASD. *J Autism Dev Disord* 50, 4209–4217 (2020). <https://doi.org/10.1007/s10803-020-04537-w>

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Challenges

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Direct Service Personnel Turnover

The role of many DSPs reaches far beyond addressing basic activities of daily living (ADLs) and instrumental activities of daily living (IADLs). DSPs often provide:

- Personal care to people with ID/DD,
- Facilitate engagement in the community,
- Assist in skills-development,
- Contribute to improved quality of life,
- Provide habilitative supports and services that help individuals keep, learn and improve skills,
- Support for increased independence,
- Medical and medication management
- Mental health management and support
- Resources to prevent and navigate crises.
- Family resources and support

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A recent report (2020) it was reported that nearly every stakeholder indicated that high turnover rates, consistent vacancies, and low wages limited their capacity to serve people with ID/DD and compromise the overall quality of services provided.

There is a significant and growing shortage of DSPs in all service categories for people with ID/DD.

In 2017, the average DSP turnover rate was 43.8 % among ID/DD provider agencies.

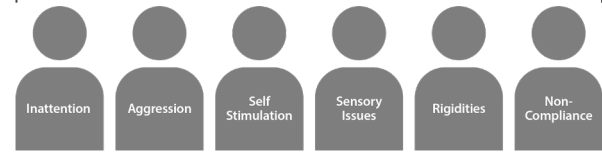
The full-time vacancy rate was 8.1% and the average part-time vacancy rate was 17.3 percent.

Nationally, the average wage for DSPs in 2017 was \$10.72, well below the typical living wage (\$16.07 in 2017156), making it harder to recruit workers

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Challenging Behavior and CBI

CHALLENGING BEHAVIOR



+ Source: The Autism Partnership: <http://www.autismpartnershipsg.com/en/service/our-method-and-approach-aba/>

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Statement of Problem

- + Self-injurious behavior (SIB) has been reported in more than **27.7%** of children with an autism spectrum disorder (ASD) label in a large population-based sample of children with ASD in the United States. (Soke, et al, 2016)
- + Aggression was reported in approximately **25%** of a sample of 400 individuals with ASD ages 2-16.9 years. The display of aggression was not associated with any sociodemographic measures but there was a significant association between ABP and overall cognitive level (IQ) (Hill, et al., 2015).

Soke, G. N., et al., (2016). Brief report: Prevalence of self-injurious behaviors among children with autism spectrum disorder—A population-based study. *Journal of Autism and Developmental Disorders*, 46(11), 3607-361.

Hill, A. P. (2014). Aggressive Behavior Problems in Children with Autism Spectrum Disorders: Prevalence and Correlates in a Large Clinical Sample. *Research in Autism Spectrum Disorders*, 8(9), 1121-1133.

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Behavior Analytic Intervention with Adolescents & Adults

We now have over 50-years of behavior analytic research focusing on the assessment and intervention of challenging behavior. However, most of this research has been conducted in well-controlled environments with little attention paid to generalization and long-term maintenance. This means, unfortunately, that the research base for assessment and intervention in less-well-controlled environments such as the individual's home or in the community is lacking.

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But...

- + ***There seems to be no agreed upon definition of "in the community"***. In much of the research on functional behavior assessment (e.g., Dunlap & Kern, 2018), the phrase *in the community* refers to intervention in the classroom, as opposed to in the clinic or other research setting. As such, there exists a significant gap in our understanding as to how best determine the function of a behavior in less structured environments, i.e., the community.

Dunlap, G., & Kern, L., (2018). Perspectives on functional (behavioral) assessment. *Behavioral Disorders*, 43, 316-321.

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But...

- + ***Research-based approaches to autism in the real world are not accepted as a stand-alone worthy endeavor within the general research community.*** The complexity of autism in real-world settings does not lend itself well to constrained laboratory investigation. However, research attempting to address this complexity outside the laboratory is often viewed as being of poorer quality and often not published.. (Singh & Elsabbagh, 2014)

Singh, I., & Elsabbagh, M. (2014). Editorial: Autism research beyond the bench. *Autism*, 18, 754-755.

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But...

- + Most evidence-based interventions in ASD are complex and therefore, difficult to implement effectively outside the clinic and in the community (e.g., Wood, et al, 2015).
- + The emphasis on treatment integrity, generally regarded as a hallmark of quality behavior analytic intervention, makes these same interventions difficult to translate to less structured environments.
- + What research does exist (e.g. Stadnick, Stahmer, & Brookman-Frazee, 2015) tends to focus on young children and skill acquisition.
- + Limited availability of resources dedicated to the evaluating challenging behavior outside a school or clinic setting.

Stadnick, N.A., Stahmer, A., & Brookman-Frazee, L. (2015) Preliminary Effectiveness of Project ImPACT: A Parent-Mediated Intervention for Children with Autism Spectrum Disorder Delivered in a Community Program. *Journal of Autism and Developmental Disorders*, 45, 2092-2104.

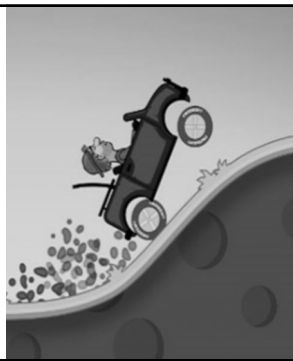
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When it comes to the display of challenging behavior in the community...



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Is this the hill
I want to die
on today?



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When a challenging behavior occurs during CBI, you have 3 options from which to choose initially

1. Continue with what you are doing to work through the challenging episode, OR
2. Briefly continue what your doing, provide reinforcement for some positive behavior, and then terminate what you are doing allowing everything to end on a positive note, OR
3. Terminate activity or accede to demand and vacate the environment ASAP.

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As a function of myriad factors, any one of the 3 options might be the best option at that particular time in that situation with that student.

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TIPS & TRICKS

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NOTE

Given the diversity of community conditions beyond your control, remember:

- + One episode does not constitute anything other than an anecdote. Patterns are important. Any one episode, probably not.
- + Given that, please be aware of two established psychological phenomena that WILL impact your interpretation of any episode in the community: Superstitious Learning and Cognitive Bias.

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Superstitious Learning

- + Stuart Vyse, in his Ted-Ed talk, discusses that Superstitious Learning is the result of our tendencies to "over-recognize" coincidences, develop rituals to fill time and our desire to establish a "certainty" where, previously, only uncertainty existed.
- + Most superstitious learning outcomes are harmless yet some can be debilitating.

Stuart Vyse Ted Ed - <https://ed.ted.com/lessons/where-do-superstitions-come-from-stuart-vyse>

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- + When it comes to the causes or functions of challenging behavior, superstitious learning may lead us such potentially faulty beliefs as:
 - + *He was looking right at me when it occurred so it must be an attention seeking behavior.*
 - + *Everything was fine until another shopper at the deli counter just wouldn't get off her phone.*
 - + *He does that because of puberty and hormones.*
 - + *And so on, and so on, and so on....*

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**SEEING IS NOT BELIEVING,
BELIEVING IS SEEING.
YOU SEE THINGS
NOT AS THEY ARE,
BUT AS YOU ARE.**
(Eric Butterworth)

All things considered; objective data are your best friend. This is not about you or about me. It is about your child, student or adult consumer. As Fred Keller said, "The student is always right." We need to carefully listen to him or her.

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Community- Based Tips and Tricks (Before you go...)

- + Don't be stupid but also don't be afraid. Know the limits of your own abilities and .
- + Plan ahead. If you are going to a new location, activity or event, find someone who has been there before and ask such questions as: "Where are the bathrooms?" or "Will there be any food?" "Will there be any cell phone service on my carrier?" If that is not possible, try online resources including Facebook.
- + Work to establish a positive relationship with the individual before you go. Being a preferred person can help calm things down when they aren't.
- + Have a plan and, whenever possible, stick with the plan. This includes making sure his/her I-Pad is charged before you leave the house/school.

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Community- Based Tips and Tricks (Before you go...)

- + Know what you want to accomplish with the individual. Share your plan with them.
- + Avoid the busiest times to go certain places. McDonalds at 11:00 AM is a much calmer place than McDonalds at 12:00.
- + Professionals, make certain you have your Professional ID before you leave the building.
- + Insanity is doing the same thing over and over again and expecting different results (*Einstein*). Learn from your past mistakes and make an effort to change your behavior.

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Community- Based Tips and Tricks (Before you go...)

- + Make sure supportive teaching plans are in place for the individual to develop such skills as waiting, tolerating noise/crowds, staying with a known adult, relaxation, or functional/alternative communication.
- + Expect the best. Prepare for the worst.
- + **Having said all this, don't allow yourself to be overly cautious. Fear shapes our behavior amazingly well, but your child, student, or adult consumer learns nothing when all we do is avoid difficult situations.**

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Community- Based Tips and Tricks (When you are already there...)

- + Maintain a consistent schedule of positive reinforcement and preferred social interaction.
- + Always know where you are in that particular environment and, of course, where you child, student or adult consumer is. Always know where the EXIT is located.
- + Be aware of who else may be in a particular environment. Are schools closed so everybody took their kids to the zoo? Might be best to avoid the zoo that day.
- + Be aware of the potential of new environmental "exciters" to be introduced (e.g., giving away samples at the supermarket).
- + Look for any established triggers.

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Community- Based Tips and Tricks (When you are already there...)

- + Always provide feedback (or reinforcement) for compliance to your directions. Avoid thinking "He's supposed to do that anyway so I shouldn't have to say/do something."
- + Pay attention to the individual and his/her affect, display of potential precursors, or other signs of agitation.
- + Pay attention to the individual and his/her affect including signs of happiness, joy, excitement, etc. Work to build upon these.
- + Remember, you are shaping behavior and no one goes from 0% to 100% overnight.

33

Community- Based Tips and Tricks (When you are already there...)

- + Response effort needs to be commensurate with the expected outcome and potential reinforcement.
- If not, is there an easier, faster way to achieve the same goal?
- If not, is this a sufficiently important goal that it needs to be implemented right now?
- If not, is there something about instruction that can be changed to increase value of the task or potential reinforcement?

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Crisis Intervention During CBI

NOTE

Safe and effective crisis intervention in any environment requires training and repeated practice. The following section is not intended, and should not be considered, formal training in crisis intervention.

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Crisis Intervention During CBI

The best crisis intervention is the crisis intervention you never need to use. However, if you do need to implement some form of crisis intervention then a plan needs to be in place that includes the following:

- + A description of triggers, aversions, compulsions, or fears that may precipitate a crisis.
- + A clear understanding of the behavioral indicators (i.e., precursors) that signal an individual is growing increasingly agitated and a crisis might develop.
- + Knowledge of the protocols or procedures most likely to deescalate the crisis with this individual.

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Crisis Intervention During CBI

- + Awareness of things to do and NOT to do relevant to the learning and behavioral history
- + Hands on training and repeated practice in crisis intervention.
- + Provide verbal directions that are simple, clear, and already established in the individual's response repertoire as high probability responses. Provide verbal praise for compliance and/or approximations of compliance.
- + Remain calm at all times. The more difficult this is, the more important it is.

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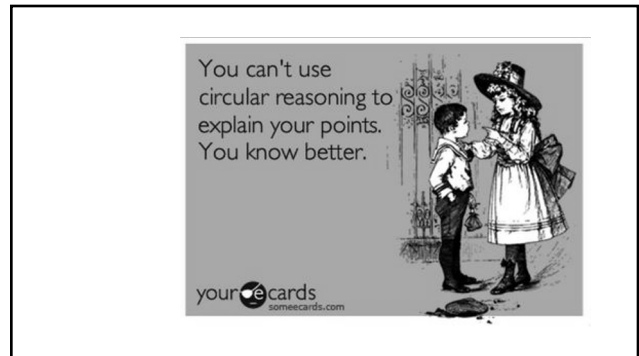
Crisis Intervention During CBI

- + Remain aware of everyone's physical location and attempt to direct the individual to the safest location possible.
- + The safety of the individual, program staff and community members should be your PRIMARY concern.
- + The onset of a crisis is not the time to teach, make new demands, or to shape new behavior.

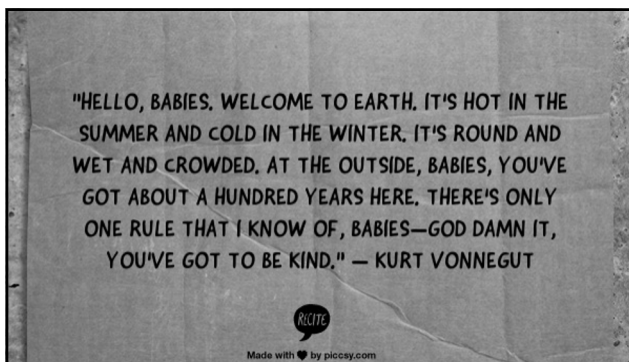
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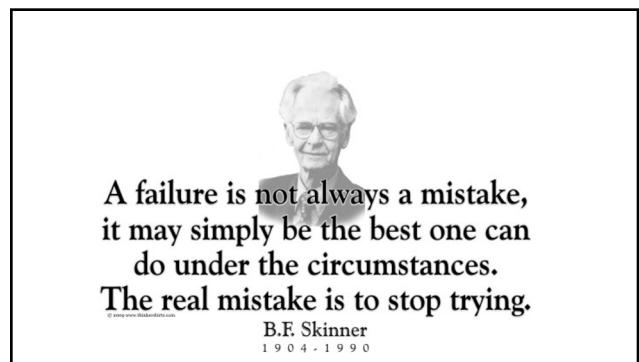
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