Transcript (ID200301)

>> Hi, everyone. Welcome to our new series of webinars that we'll be presenting in this year, 2020. All focused-on individuals with autism. We're really thrilled to be able to present this new series for you. And our first seminar of the series for today, is understanding individuals with autism spectrum conditions, within Vocational Rehabilitation Services. My name is Dr. Mary Baker Erickson, your presenter for today. I am at the Interwork Institute at San Diego State University, and one of the newest members of the WINTAC team. To give you a little bit about my background, so you have an understanding of where I'm coming from in presenting this information today; is I am a clinical psychologist, both by training and as currently active. I am also a research scientist and have been conducting research for a number of years within the autism population, as well as doing clinical work for about 30 years now. I have got a number of research grants funded from the National Institute of Mental Health, as well as from different foundation grants, and other collaborating agencies. And more recently, I've been focused on teens, and adults with autism, in focusing and developing soft skill programs for this population, in particular, to improve their employment outcomes, improve their post-secondary education outcomes, and helping the transition from young adulthood, into -- or from high school into the young adult stage. And we'll be sharing in later seminars, some more information about those programs called success. So, the objective of today's seminar is to provide an overview of autism. We really want to explain the population and the ranges of needs with them. Help you to be more equipped at determining an individual with autism's functional capacities in terms of work, and what primary services are likely needed, by matching to the individual's persons -- individual persons profile. So, I'll be providing some initial suggestions also towards the end of today's seminar, regarding of accommodations, things that you can do right away within this first kind of enrollment period, as well as things that can continue on in supporting this population. So, as part of that overview of autism, I will touch on the prevalence, the diagnostic criteria, what we do know about contributions to causes, and spend the majority of the time on the individual's assessment of their attributes, as well as the impact. So that you can develop this profile, to then lead you to determining functional capacities, in terms of work and determining those primary services. So, one of the first important factors of understanding autism, is this notion of the spectrum. The Autism Spectrum, why we -- that terminology has become so important in this condition, is because it really truly is a spectrum. This means that the symptoms and characteristics of autism and sometimes the terminology of Asperger's is still being used, although it is no longer within our diagnostic criteria to use that term. But it's more recent to -- of that removal, and so it's still very kind of used widely in the community. But this autism, Asperger's can present themselves in a wide variety of combinations. Anywhere from a kind of a mild impact, to a more severe. This basically is meaning that children and adults can exhibit any combination of behaviors, and any degree of severity. And this can change over time. So, there's kind of a common saying is if you've met one person with autism, you've met one person with autism. You want to be weary of generalizing too much from one individual to another, with this condition. Even more so than maybe with some other conditions. So, there's this group of symptoms with a range of similar features, that helps us to kind of understand this as a diagnostic feature. But there's not really a standard type or typical individual with autism. And we'll talk a lot more about that today. You might also hear people using terms like, autistic like or autistic tendencies, or on the spectrum, or high functioning, low functioning, more abled, less abled. What that's really trying to provide is some description of where the person is kind of falling on this spectrum. But that's not always the best methodology either. The other aspect to understand within this population is that even the people themselves, identify differently across the spectrum. Some actually prefer identity first language and they like to use the word autistic, and be known as an autistic individual. And they prefer that over a more common people first language of an individual with autism language. In fact, of the three decades I've been in this field, that has completely full circled. When I first entered, we used the term autistic, as the primary description. Then we shifted to the people first language primarily as individual with autism. And now I'm being asked to go back and write in identity first language. So, you'll see at this seminar today, that those will be shifted. I will switch back and forth from identity first to people first, just trying to account for this spectrum. So, although there's a lot of variability within the autism condition, there are certain aspects that are agreed upon within both the clinical providers, as well as the research community, to describe autism and how somebody meets kind of, criteria for an autism diagnosis. One, of course, the things that we're all agreed upon, is that again, this autism is a spectrum disorder. Terms in the past that have been used to describe autism, have been the word autism, have been Asperger syndrome, pervasive developmental disorder, nonverbal learning disability. But all of those terminologies have now been kind of encompassed into the term of autism spectrum. Now, what autism looks like for each person is somewhat unique and changes over time. And so, that's what's agreed upon; is that it is a neuro developmental diagnosis that persists across the lifespan. And this expression of the disorder will vary with age and developmental level. And that variance occurs at the individual level. So, symptoms and functioning may increase or decrease over the lifespan. We also agree upon that it is of a biological, neurological, etiology. Which means there are meaningful differences that can be recorded from kind of brain structural, brain functioning images. It is the things that have genetic contributions. And these differences in changes were all occurring from the start, in utero. Autism is an early development or retrospective diagnosis. So, if somebody is being diagnosed in the adulthood for the first time, there clearly still needs to be a careful developmental history, to kind of understand what were some of the signs and symptoms earlier on, and how that's changed over time. And it's agreed that autism spectrum can coexist with any other condition. Few of the most co-occurring conditions are things like seizures; those often start with an individual with autism in their teens or young adulthood. And about 30% will develop a seizure condition. Intellectual Disabilities co occur in about 30% of the population, are known to have that co-occurrence. This is different from one I first entered the field a couple decades ago; it was viewed as more of 70%, 80% of the population had a co-occurring ID. And why it's different at this juncture with those percent's, is that we were not very good at diagnosing the full spectrum in those older times. And so, we do understand now that the majority of folks do have average, to even above average, intellectual abilities. ADHD is very common. There are some variants in terms of the research reports on these, but the numbers are ranging from 60%, to as high as 80% are meeting criteria for ADHD. Anxiety, 40% to 60%, depression 20% to 30%, especially within adulthood, and certainly schizophrenia, genetic conditions, and a number of other conditions are all co-occurring. So, when it comes to making the diagnosis, often an individual will have a diagnosis already, before entering Vocational Rehabilitation Services. However, at times a referral for a diagnostic assessment may be necessary, because their written records are indicating a condition that might be co-occurring with autism. And the autism symptoms and impacts are something that's being more from current reports and through current observations, and hasn't been a part of their diagnostic history, in terms of reports coming in from other providers. At this time, there are no medical tests to diagnose. We can't give somebody a blood test, we can't even give them a genetic test, or a brain scan like an MRI or PET scan to determine autism. Now, there are some -- those tests can provide helpful information to include in understanding the full picture of the individual, but they're not clear diagnostic testing at this time. There's also often no physical abnormalities specific to autism. So, this is a disorder that's called a hidden disability because of this lack of physical side. So there is not that clarity as well. Which means the diagnosis is really based off the presence or absence of certain behaviors; both by history and examination by trained professionals at the given time. There are a number of instruments for this diagnostic purpose. The most common, what we might call the gold standard, for contributing to the information for making a diagnosis, is the acronym ADOS or the Autism Diagnostic Observation Scale. But a trained provider needs to perform that assessment, and that's usually a psychologist, psychiatrist. Physicians at times can make some of these diagnoses, and, or educational psychologist. But if that's involved, you do need to refer for that formal assessment to be conducted, to make that final determination. So, the prevalence of autism has been changing over time as well. The Center for Disease Control conducts a large-scale research every few years, and produces updated reports of the prevalence. And so currently, our numbers are one in 59. With that, going to one in 37 for males. Males are four times more likely, or four times more often for the diagnosis to be made with boys. But that's also starting to be an area of lots of research and focus in that. Part of that reason, the discussion is that our diagnostic tools are not as good at detecting autism in females. And that we are missing a number of females, who likely have autism as well. So, there's a lot of movement in that area and a lot of development of new measurement systems, all underway at this time. Now, kids can be reliably diagnosed by 18 to two years. A month, and there's -- or years and there's even a diagnostic tools available for children as young as six months. Especially those that have autism and their family and have maybe a higher likelihood of possibility of autism. And so, that's been also very recent discoveries. However, the majority of children are still not being diagnosed that early. The majority are still being diagnosed at age four, and some are still -- individuals are still being diagnosed. into teens and adulthood. Now autism affects all cultural and socio-economic groups equally. However, there are some disparities in terms of the age of diagnosis, the access to services, and to the receipt of services by race, ethnicity, and SES. So that's also been a very important area of target, for research and development in that area. So, what you see here on the figure is how we are now focused diagnostically in understanding autism, is we see that entails, challenge areas, deficit areas in the social communication, as well as restricted and fixated interests. And the expressive language level can really vary across the spectrum, and it is no longer a core primary component of the diagnosis. So, this focus on the social abilities, and the restricted and repetitive cognitions, has always existed historically. However, we used to also always have kind of a core focus on the communication. And so, what has transitioned over time, now with our current diagnostic criteria, is to be looking at communication not from an expressive language, but within social communication. And so, these core autism symptoms have really kind of ended up being within these four main areas. Communication, again, specially focused on the social communication, the social abilities, social cognition, and social skills. This factor of restricted and repetitive cognitions and, or behaviors, and the sensory differences has now been incorporated into the diagnostic criteria as well. So how the diagnostic criteria works, is that a person needs to be having a deficit in the social communication, social interactions across context. And they need to manifest all three areas to be implicated. And these areas are deficits in social, emotional reciprocity, deficits in nonverbal communication behaviors, and deficits in developing and maintaining relationships appropriate developmentally. They also need to have manifested at least two areas within the restrictive, repetitive patterns of behaviors, interests, or activities. So, the choices within these categories are having impairments with stereotyped or repetitive speech, movements or use of objects. They need to be excessive adherence to routines, rituals, or resistance to change, or be highly involved in restricted, fixated interests, at a level that's a bit abnormal in intensity or focus. And, or have hyper or hypo reactivity to sensory input or unusual interest in sensory aspects. And these symptoms must be present at some point in childhood, and the information must be there, as well as impact them in the current stage. And these symptoms together must limit and impair their everyday functioning. So that's how the diagnosis is made. So, as I mentioned, there's a lot of other related symptoms that go along with autism. That is also important to understand, is part of the diagnostic profile. So, we spoke some about these. I just wanted to elaborate a little bit further. So executive -- ADHD or executive functioning deficits is one of the highest co-occurring. So that is something to be tuned into. It often impacts things related to work; regarding time management, organization, cognitive flexibility, you might even see extra movement or what would be kind of a form of hyperactivity in adult. We've talked about the overlap with intellectual disability, about 30% of the population. And about 30% of the population also are nonverbal or limited verbal. That doesn't necessarily mean that they're not communicative though. This autism population often has a very significant difference in language. In that their receptive language, often is much higher than their expressive. And if they have limited expressive language, you can't necessarily interpret that as having difficulty in language in general, because their receptive may be very well intact. And they would communicate then in other forms. They might be using technology to communicate, they might be using sign language, they might be writing. We've talked about the medical conditions of seizure disorders, co-occurring, but there's also a significant amount of the folks having sleep disorders; true insomnia, difficulty with maintaining sleep, early awakenings. And in a number of other sleep conditions, as well as gastrointestinal problems. About half are also suffering from those kinds of conditions. And that's where you see maybe specialized diets as a part of their plan, their service plan. We've talked about anxiety and depression being elevated in this population. Some other challenges are fine motor difficulties, to the level of qualifying for dysgraphia in writing, coordination challenges, emotional regulation impairments that can overlap with the mental health conditions. And some might call kind of unexpected or splintered cognitions or behaviors. So, what causes autism? Well, there is no single cause of autism. Current research is identifying biological, neurological differences in the brain. That they are noticing things as a large head circumferences, differences in the brain structures, in a number of kind of implicated areas within the brain. Some differences within the distribution of brain matter, between white and gray matter, with gray being higher amounts. There has been a number of studies showing evidence for a genetic basis. But there's really quite a number of genes being implicated. One of the first and more dominant chromosomes are indicated here. But this list continues to kind of grow. And they are also list -- they have overlap with a lot of other conditions that are developmental or mental health. We also have found evidence for environmental pathogens, the certain -- there's been certain towns, there's even a kind of a community within New Jersey that has much higher prevalence of autism. and what they've kind of, been determining there is that there's likely an environmental component, particular to heavy metals there. And we're also been finding parental risk factors. So, the older age of parents and it's both been implicated in both mothers and fathers. So the fathers who are of an older age or mothers who are of an older age, that seems to have a higher likelihood of a child having an autism condition, as well as potential drugs that are happening during pregnancy, and in utero development, that have also been associated. What has been very clear at this point, is no vaccine is causal to ASD. There has been more research on this topic than any other topic, and many topics combined. And the proof has continued to come out, that that is absolutely not a factor. And in fact, many countries who've never even had the same type of vaccines that we've had with thermosal [phonetic], and things in them, have had the exact same prevalence of autism, even though that's never even been a part of their culture. So, in some, it's multifaceted causes, that include a bio and environmental factors. And it -- somebody biologically might have the propensity for increased likelihood. But the actual demonstration of the condition, also is -- requires some kind of environmental component, that might be triggering some of those biological factors. So, when you're working with an individual with autism, you want to be kind of starting to focus of -- you know, what are some of the things that are going on in adulthood? And they may have occurred all through childhood too, and I've continued on. Some of these things that made the child -- the parents or people in these folks' lives, maybe describing their childhood is very different from what you're observing and currently gathering within the adulthood. So, again, that's kind of this wise concerted developmental disorder, it occurs differently and changes over time of development. And it can impact the rate to physical, social and language skills, at any given time in there. So, some of the things that you might notice that come through, is that there is potentially a delay -- a significant delay in social emotional development in this adult, or this young adult transition age youth, who maybe comes in at the age of 19. But you're noticing they still have interests, and kind of focus, and partake in activities that are more similar to what maybe a young teen would do. Somebody in their 12, 13 years of age. And so, there can be some big kind of variations there. Again, you'll be wanting to focus on these sensory issues, they may be having abnormal responses to any of these five sensory issues. And those again can change over time; what they were sensitive to is as a child, may not be the same that they're sensitive as an adult. But this idea of having sensory sensitivities exists over time. So, you want to be considering any five of those senses tactile, visual, auditory, olfactory, and taste, to see if that is something that's impacting them. Because those definitely play out as impacting in a work setting. There will be these various ways relating to people that change over time. Sometimes they may appear to pay more attention to objects, than people. Or what might look like limited attention to a few pieces of context, and an over focus on some details, missing some other important parts of the context. Generally, there's a bit of a lack of motivation or initiation. So, this might mean some of the current methods of use of interacting with them, needs to be changed kind of right away. This is a population of using flyers for them to show up to an informational workshop, doesn't work all that well. Waiting for them to call in, to provide reports about the number of applications they complete, it doesn't work so well. So, you want to be mindful of that. You want to be mindful of these inconsistencies in development, and not necessarily assume deficit in one area, means a deficit in another area. Be on the lookout for learned helplessness. This kind of also corresponds with the lack of initiative, but kind of just watching out, of kind of a more passive way, of interacting within their environment. They, as children had a lot of poor kind of exploration. They often didn't go around, you know, getting into things or asking a lot of why questions, they might have focused more on playing with the same type of toys, more repetitive. Well, that can carry into adulthood. More in terms of job exploration, they may not have tried many jobs or even thought about considered jobs. They haven't really taken on that exploration component as part of their, kind of developmental stage of moving into adulthood. So that's something that might need to be more targeted. As kids, they might have had aggression and tantrums, sure that can also continue into adulthood. If that's the case, there is going to be kind of reasons behind it. And so, a functional assessment would be important to understand what are those triggers? What is the antecedent? What is that behavior of the aggression and what happens afterwards? What's the consequence? It may be sensory bound. It may be something with emotional regulation challenge. And some of these folks as adults, still have a feeling of kind of aggression or tantrums, but they've learned not to, to demonstrate them outwardly. And what happens then, sometimes is they will be more internal -- demonstrate them internally instead, and you might get some things of some hidden ways of kind of self-infliction, of pinching themselves, or kind of grabbing something too hard, where it could result in some damage. Some other aspects to be observant about, that are common in adults with autism, is this notion of splintered skills. This means that they can have very strong abilities in one area, and simultaneously something related and not be very developed. They might have some of this with the memory skills, they remember everything that they hear. Somebody the other day told me he can hear a song just one time on the radio, and he then memorizes all of the lyrics and the tone. So, that he can play the song himself on the piano. If the song is lengthy, it might take him two times to hear, before he remembers it all. But that's a highly splintered skill. But he may not remember the instructions given to him in a work environment. So, this idea of activating that that auditory memory, can occur in certain circumstances and not others. So, that's what we mean by kind of splintered skills. Their brains, often by nature kind of default, our literal -- literal, concrete and detail oriented. So, this can make a difference sometimes in language. I had somebody who was a very high IQ, but still didn't quite get the term or the phrase when somebody said, you're pulling my leg. His brain kind of by default, would put kind of this image of somebody kind of pulling on a leg in this literal, concrete way. And he kind of got stuck there. He couldn't quite get past that. And so, that would really make him feel confused. Why would somebody say that all of a sudden? And what does that have to do with the conversation? So, their brains sometimes will kind of get to that level of focus, in this automatic fashion. Talked about this lack of initiative. It can also have this a lack of follow through, especially when met by kind of something new, which they might interpret as a challenge or a barrier. So, this kind of comes out as being somewhat, like kind of passive within the world. They kind of wait for things to happen to them, rather than being active agents, rather than activating, kind of problem solving when a problem arises. So, this is something to be aware of. Some of these transition age youth or young adults, have really been raised in the service system of receiving significant amounts of Applied Behavior Analysis, or what we call ABA. And that was really important for them in childhood. It really helped them gain skills. But some had continued to have that mode of services, all the way into adulthood. And that then starts to become a downfall for them, because it's kind of this over reliance on learning to be compliant, or over reliance on learning to do things only when prompted to. We call it prompt dependent. So, this also contributes to this challenge of lack of initiating, and waiting for directive for this passive way of interacting with the world. And so, that can become an extra kind of layer of difficulty, and something to be aware of, and focus within making a combination for them. They can have this lack of automatic active thinking, as I call it, or kind of automatic awareness. They're not necessarily great at scanning their environment and taking in all the contextual information, to use in making sense of things and in formulating decisions. But this can also even play out to themselves, and not scanning their own bodies to see what their own self is doing. They could be tapping with their fingers, and not be aware that their fingers are even tapping. And so, sometimes talking to them about that and teaching, you know how to do as kind of a body check; how to do an environment check, before they move forward or before they move on to a decision. And again, generally speaking, they have overall slower processing speeds. On average, we respond to a question within one to two seconds. This population though, their average is much greater than that. It really ranges from three to 10 seconds. And this is very important to acknowledge because otherwise we might repeat a question, or try to answer a question for them, when they really are still just within their own normal range of time to respond. So, let me illustrate that for you for a moment. So, if somebody asked me a question like, what is my favorite color? A normal response time would be? What is your favorite color, Dr. Baker? Blue. That's about one second -- one and a half seconds. An autism brain might ask a simple question and the response time would be different. So, if you ask that again, and said, what is your favorite color, Dr. Baker? Blue, that's now more of a six second response time. That feels really different. Sometimes it feels even a little bit painful. But it's something that's very important to note, to provide. Because if somebody were to not wait that time and give that question again, thinking maybe I didn't hear it, I would have to restart my whole processing, again, kind of like restarting a computer. And when you -- computer's taking that time to boot up and you push a button to try to get it to go faster, what it ends up doing, is having to restart and it goes slower. Sometimes it ends up freezing all together and stops. An autism brain has some of that kind of similarity going on. So, you want to be mindful and watch for this difference in processing speeds, and the difference in responding. Now, autistic folks also have many positive attributes and these are equally important if not more, to really understand, and to gather with the people that you're working with. Now to gather this information, you often have to have specific conversation and ask very direct questions to gather the information. Because a lot of these attributes that they may not be aware of as assets for themselves, as positive attributes, they just kind of view it as sort of a way of life, or how they're kind of what they do on a daily basis. And that's related to that awareness component, and related to the challenges they have in perspective taking. So, some of the common ones are conscientious. These folks are often very conscientious. They're conscientious about rules and following them. They're conscientious about fairness, and equality. And those are really fantastic. They're often logical thinkers; they think through -- their brains might be using kind of equational type of thinking, or they link one thing to another, and they've got this kind of way of putting these aspects together in a logical way. That can be a real asset in certain workplaces, in certain fields of work. That's part of why they do have a little bit more gravitation to mechanical and technical fields. Because of this real strength and logical thinking, and understanding how things are linked together, and how they work. They can have a wonderful ability to attend to details and notice even the smallest things. I remember at one point, somebody came in and there was a child at the time, an autistic child. And they said, well, you know, where is it? And I was like, where is what? Can you tell me a little bit more? And they said, oh, the blue pin. And they actually on a board in my office, noticed that there was a pushpin that was of a particular color missing from the board. I had no idea. I think it might have just truly fell and I never maybe even noticed. But that level of noticing in detail, was something that came very easy to that individual. And so, that again can be really, kind of a meaningful asset in certain work environments. I do have a number of folks with autism brains that work in my research lab, and boy, I do love the attention to detail that they place. Because that's so important in the research world. They often thrive on routine and stated expectations. And with that routine, like the routine and so, can do really well with work that might have a repetitive component to it, where somebody else might view that as boring. And when given routines, then you know they can function quite well. Often, they're considered highly dependable, reliable. Again, that's kind of part of the routine. They know start time. They are there. They follow their morning routine so well, to make sure that they get to work on time as well. They can be high supporters of social justice. Not only within a work environment, in that micro culture but also larger in the community. They want things to go -- as I said, with fairness, for things to be implemented, you know, in the right way. And that can be a real asset as well. They can have a high level of quality focus to them, to the level of kind of being perfectionist. But again, noticing those details, noticing when something's missing and having that high-level quality. They can have these very strong, splintered skills, as I reported the boy who -- a young man, actually who could hear a song and remember the lyrics, as well as the melody, and be able to replicate it. Basically, immediately. They might know a tremendous amount of facts, they might be able to remember all of the codes and numbers within a workplace system, and really become amazing experts in certain areas, that are huge attributes to a workplace. And those splinter skills may be their memories. A lot of them do have very developed memories. Now, it's not memories for everything. Sometimes they can be highly focused memories, on just the thing that they're interested in. But they can be you know, taught to expand those memories to other things too, and use those memory abilities across. So, let's take a look at some of our famous folks in history, right? Did you know that all of these folks were autistic? Do you know of any other folks? Maybe folks in your local communities, maybe folks in your friendship circles or your family circles. That these are very meaningful attributes that contribute greatly to our world, and our world wouldn't be the same without autism brains. Just want to read, quoting Albert Einstein here at the bottom. "My passionate sense of social justice and social responsibility, has always contracted oddly with my pronounced lack of need for direct contact with other human beings and human communities. I am truly a lone traveler and have never belonged to my country, my home, my friends, or even my immediate family, with my whole heart. In the face of these ties, I've never lost a sense of distance and a need for solitude." So, he's kind of showing kind of the splintering, right, the splintering of abilities and this kind of differences, even within this area of kind of social connectedness, and brings up social justice himself. But not wanting to be, you know, physically close to those around him or even within close proximity, for majorities of his life. So, I thought that was kind of just a nice illustration, of how these ranges, these -- kind of the spectrum, can come out. So, now let's take a little bit of time walking through these kind of core areas, and really looking at how to acquire information within these main domain areas, to help determine your -- individual that you're working with, their autism profile, and how that's going to directly impact their work, and how that might -- that will be directly informing what services and supports that they're going to need. So, as we talked about, it is important to gather information from records and reports that are a part of that record. But it's also really important to use your own observation. And in some ways, I view that in all caps; that observation is a critical point. Because of the -- this changing over time this developmental, the records may not be that accurate. And you want to get a sense of what it's like in all of these domains. Because what you experience with this person, is likely what their coworkers are going to experience, right? It's likely what other people in their community are going to experience. So, by looking at their language, you know, what is your experience of communicating with them? Are you picking up any kind of difference in their porosity? something that's a little more singsong or pedantic? A little on the formal side? Is there something difference with their pitch going on; too high, too low, loud, soft? What might be happening with the quality of speech, if anything? You'll be wanting to tune into, is there any kind of abnormal focus on particular topics? Are they probably talking too much about their special interest? Providing maybe too much detail when they talk about a topic? I'm going to be looking for, and noticing what's this level of reciprocity in the conversations? Is it a back and forth, to and fro, or are they kind of talking at you? Or you feel like you're kind of pulling words out, and kind of noticing that. You want to be tuning into the nature of their speech. Is it narrowly focused? Is it repetitive? Are there perseverations? Is it seemed to be scripted or quoted? Are they quoting? That's very common in children, is they quote characters from TV shows or movies and use their language. Often, they use it appropriately in terms of the context. But it does come out as sounding different, because it doesn't sound like their words, or it doesn't even sound like their voice at times. Well, adults might do that as well. Not quite the same intensity. Be looking for articulation challenges; are there still certain words they can't form, or sounds they're having trouble forming, or is there stuttering? And does that communication change with their -- the environment or the comfort level that they're in? That they're feeling? Is there something with question asking? Are they not asking many questions? A lack of question asking. Is there may be an overuse of question asking? Especially around personal questions, kind of indicating these poor boundaries. How about their comprehension? Are they understanding what you're saying? Or do they get a little different facial expression going on when you're using irony, or idioms, or some kind of common cliché, meaning they're not quite interpreting it correctly? They might be interpreting it more literally from what you meant. And so, they're not completely comprehending. Is their speech excessive or minimal? Right? Or is it lacking or limited use of gestures and non-verbal's? And these other kind of contextual components to the speech. Unfortunately, at the level of communication, if it has a significant amount of impairment or oddities to it, people in our community too often assume they -- somebody's abilities and functioning and cognitive skills, based off of a person's observed communication. So, you have to be mindful of that too. Just because they have limited verbal's, does not make the person have an intellectual disability. They may have nothing of the sort, that may not be connected at all to their language. So, you know, be careful for yourself, not to make those assumptions. But also, be mindful that the others in the community, may be naturally making assumptions like that, that you want to be aware of. So that there's more explanation and psychoeducation happening, describing this person at the beginning, to avert away from, or divert away from those assumptions. So, now looking at the next main domain area of social abilities; again, your observation is really important here. You want to be watching their body language and thinking about what you're thinking of the individual, when you're observing that, right? Kind of being mindful of your own reactions and your own assumptions that might be happening. Because that's likely going to be happening within a work environment, by others as well. That might make it difficult to get into a work environment, right? To interview well, but it certainly impacts I would say, even more so of maintaining that work environment. So, you want to be taking a look at, you know, what are some of these social areas? And are they going to need to have specific services focused on them, in terms of considerations for pre employment services? Focused on particular soft skills, training, for example, or something along those lines. So, be looking at their affections towards people. Is it very limited? Are there even sensory components involved with touching, don't like to handshake or don't like people even giving them a gentle pat on their shoulder? Or the opposite? Are they kind of too touchy feely with somebody? Getting into boundaries, getting into a personal space? What's their level of express empathy? Is it -- their affect kind of flat or their facial expressions not showing a lot towards that? That doesn't mean they don't care, then they don't have empathy, but they -- just not be showed expressively. Be looking at their level of initiating. Initiating interactions, initiating conversations, even again, their spacing. I had somebody who was confused of why they were not included in kind of break time, social interactions with coworkers. And coworkers were also not really feeling comfortable with this person. And so, there was some conflict going on within this workplace. Well, it turns out that this person, when they went to the -- from their perspective, they were attempting to initiate and joining into the group, but what was really happening is they were staying about 10 feet outside the group. And then it looked like they -- this person was more like, you know, lingering, or spying, or doing something that didn't feel positive to the coworkers. But this person just didn't understand how to get the spacing right, to join into this social interaction, or join into this conversation. So, it was really misinterpretation and misunderstanding on both parties, that started to lead to major conflict, and major -- poor dynamics going on in the workplace. They may have below normal eye contact. They may not be giving you any eye contact when speaking with you. That's possible and that's -- that can be allowable, but they want to have clarity on that and inform others in their workplace, inform their supervisors, and make sure that that's -- can be accommodated. They may not be seeking out comfort at times of distress, they may not be using their social support system to help them out when they hit a challenge or a barrier or a problem. And so, then people aren't aware that there is a problem that needs to be solved, or that there is some conflict, or that they are kind of suffering internally. So, you look out for that, so that might need some specific services, supports, or accommodations for. They may be isolating during those times of distress, and then spending larger amounts on gaming or videos, as their form of coping. And it gets misinterpreted again, of a lack of care, or a lack of motivation, when really it might be something in terms of, more social based. We do know that the autism brain has kind of, what we call a theory of mind deficit. And so, what that is, is they just kind of by default have a much harder time understanding what other people are thinking and feeling. That idea of understanding other's perspectives. They're not naturally gathering a lot of information from other people, in terms of these context clues, to understand, like socially what they should or shouldn't do. And that also leads to missing social conventions like, oh, I shouldn't be talking now because nobody else is talking. Well, they're not always noticing and paying attention to what other people are doing. And so, that impacts their ability of making that good decision of, stop talking. So, some of those things may be needing to be, you know, taught and addressed directly. Contextual awareness, perspective taking, understanding social conventions and cues. And other times they just might purely get exhausted when they do activate those kinds of skills that they've learned. Because it does take a lot more brain energy and effort, their brains aren't doing it automatic mode. So, after doing a -- kind of participating in a social interaction or participating in a meeting, where they need to have this social interaction, it may truly be exhausting for them. So, you want to be looking out for that and even your meetings with them may need to be shorter and more frequent, because of getting worn out. So, now focusing on these restrictive repetitive behaviors or interests, right, you want to be looking at these carefully to through your observations. You want to be noticing, are you bothered by any repetitive movements that the person is doing? Or are they minimal that they can be ignored. So, it's not going to be impacting other people within their work environment. Taking note, can they can they limit them if you ask them to you know, stop for a bit, can they do that? Or do they notice for themselves, if you draw that to their attention; do they notice to stop and minimize it on their own? Do these things change as the person becomes more familiar, or they become more comfortable within this environment? Do these shift over time, over the amount of time you know them and meet with them? And if that's the case, you know, or that might be an indicator that they might be doing some of these behaviors as kind of a coping mechanism or a calming technique. And you want to make sure that that's explicit and they understand that explicit. So, that then the people around them also kind of know. So, that can be made into an accommodation easily. This helps you determine that impact on the work capacity, and again, that need for accommodations. And then, you know, notice which of these may be related with the sensory, right? What are sensory bound behaviors? And you know, what is it? It may not be just lights in general, but it may be a particular, you know, light in a particular setting that impacts them. Some of these folks haven't had exposure to these various sensory based environments before. They may not have been in a factory with a lot of fluorescent lights before. And so, they didn't know that that was going to impact them. They may not have been in a place where there's a repetitive sound in their work environment from a machine. So, they never knew something like that was going to impact them, until they got into that environment. So, you just be mindful of that and help again with the direct questioning, and through your observation, asking questions regarding what you see, to help them also understand and become more aware of what these behaviors are. And these special interests are often ideal to put -- to transition into a work environment, that their special interests can be talked about at a major asset, if it fits well with the work environment. And so, you want to be, you know, looking for those ideas as well. So, in determining their cognitive profile, right, a lot of times you will get records with information about their cognitions, their school IAP records can be very useful in understanding a person's cognitions. But again, you know, if they were assessed quite a while ago, use your observations as another important component here. Look for those splintered cognitions, even in the test scores. Ask them about what they are good at, or what they know that they can do easily, and determine those highs and lows and those differences within processing information. A lot of times they might have a pretty high preference for visual or auditory. And then that becomes important, in terms of that workplace, and those accommodations, to get things visually presented to them, or for things to be in an auditory form. Again, focus on those executive functioning skills. Are they able to plan? Are they able to control their impulses? Are they able to be flexible in their thinking and problem solve, manage time, prioritize? All of those kinds of work-related behaviors, are all a part of executive functioning abilities. There's also some measurement tools that could be used to be looking specifically at executive functioning skills. My preferences for the Behavior Rating Inventory of Executive Functioning, it goes by the acronym BRIEF. There's youth versions, teen versions, but there's also adult versions and they be a self-report, or somebody else can be reporting; another informant. And it really helps identify these executive functioning areas. Both within strengths and weaknesses. And another core component of the autism brain is this lack of central coherence. This basically means that they -- their default is detail oriented. And they then lack this ability of integrating all of those details into this big picture. So, they so often miss the big picture. They can be missing the big picture of what you're even meeting about. They can be missing the big picture of what an IPE is, or how a certain service is going to help them. So, make sure you take some time kind of explaining that, and checking in. Do they really understand the big picture here? Have they integrated all the information into that big picture? So, again, just continuing on kind of the with the sensory that is related to restrictive and repetitive behaviors, but sometimes it can be kind of outside of that, and more related to kind of emotional reactions, and emotional states. So, kind of, put them in both sections here. But these sensory reactions can really be difficult to understand, because they can be so specific, or tied to the environment. A great example of this, is a person I work with really shies away from being touched, and actually gets highly reactive emotionally if somebody even just out of you know, care for them, just does a gentle touch on the shoulder. Kind of like a you know, good job, buddy. He gets rather emotional about that. But yet, what he does for his hobby and his favorite pastime is wrestling. And so, he is touching people all over as a wrestler. And so, people sometimes don't understand that, right? Well, he's wrestling. Why is he upset just because I patted him on the back? And they don't understand that it was the pat that got him upset. So, they can be that highly specific, so be careful with that. Somebody else doesn't seem to hear verbal instructions from their supervisor, but is overreacting often to a sound of the copy machine? So that specificity -- or another case I got called in to help out with, is a person themselves was wearing a pretty strong cologne. But they were complaining about the smell that was coming from the break room, and that they couldn't work because of that smell. And that was hard for the supervisor initially to understand because it was like, hey, this person is putting off such a strong scent. How could he be sensitive to smell? So, be mindful of that. Again, look for that. And lots of the times these sensory sensitivities are integrated with stress and emotional reactions. So, be on the lookout. So, the last part of this profile is those co-occurring again, right? So, look at records but observe. They may not be anywhere on the record, that doesn't mean it's not happening. Seventy to 90% of adults with autism have at least one additional condition of a mental health, or a medical health, or a developmental condition, disability or condition. So, make sure you're asking some direct questions about those as well. Make sure you're using your observation and keep that as a part of this profile, because all of these things are interconnected, and do impact their capacity for work. Okay, so now you have all this information. You have the diagnoses; you have all these aspects of their profile. You put it all together, right? you integrate it into formulating this individualized profile for this person, and you're now cross walking it to the functional capacities, and really looking at, are any of these sensory things impacting their mobility? Transportation to and from work, for example. Or is any of the co-occurring conditions; cerebral palsy is that impacting some of their mobility? Is something related to their splintering skills, you know, impacting their ability to get to work? You're looking at again, their communication, how are these things impacting? Is it processing, communication? Is it they're using some inappropriate communications? Are they focused concentration different in the communication, and what communication forms are they going to need supports on in a workplace or combinations? You're looking at how it's impacting their self-care. Are these executive functioning skills impacting their ability to care for their own hygiene, or eat on a regular basis? Money management, right? What's happening there? Are their sensory -- sensitivities impacting that as well, or some other emotional states? You're looking at their self-direction. This taking initiative, staying on task, task completion. Again, any of these other domains, whether it's sensory, or social, or communication may directly impact this functional capacity of self-direction. Looking at those interpersonal skills, yes, they're tied to their social abilities, and their social domain a lot, but also can be tied to other things too. Their inner -- their sensory, restrictive interests, or their communication skills, or some of this co-occurring mental health. So, taking, you know, a careful look at those aspects, and how it's relating to their capacity right now for interpersonal skills, and are they interacting in a socially acceptable manner? Are they responding to feedback? Are they demonstrating those appropriate work behaviors? Or are they going to need specific services to help with that? Looking at their functional ability for work tolerance, and being able to maintain their -- kind of their work stamina and or are there anything -- again related to sensory, or communication, or social that's impacting them to work at their fullest within that environment, and specific work skills? So, are they learning the skills needed for work? Or is they just need more time because of their processing differences? Or can you help them use their memory abilities more wisely to tap into these -- to use in the workplace, to use to develop their work skills more fully. You're also paying particular attention to their modality of learning, right? This visual learner, versus the verbal, versus the written, versus needing kind of hands on experiential demonstrations and role plays. You're, again really tuning into their interests, and their talents, and how those can be integrated into the workplace. And you're starting to think of this list of accommodations along with them. I have one little activity idea here in the bottom, to help them put this together, that can be then used as they go into a new workplace. Is they can kind of create, right, personal homepage for themselves, or shield of arms? A lot of times this can be incorporated into the person center planning component as well. But something that can be just a bit of an overview, that they could give to their supervisor or their coworker, and take with them into these workplaces as well. So, shifting gears for just a couple slides here; I did want to highlight some really important information that's been provided by the Autism Speaks, and it is information pulled directly from their web page. But I think it's useful for us to know and to gather a little bit more of this kind of context, this broader context of the autism population, and where things are at. It is projected that over the next decade, an estimated 500,000 teens, so about 50,000 each year will enter adulthood and age out of school-based autism services. So, this has actually been described in the literature as this adult autism services tsunami coming. So, you probably have already felt the increased numbers of the autism population in the VR system. But this really only has just begun, it is going to continue. And we all want to feel equipped and confident to support them. There also is this important information that we've gathered; that teens are not transitioning well into the adult system. And this lack of successful transition into adult services, has now got its own term around that too, as the service cliff. That many transition age youth are dropping off the grid, when they're aging out of the child system. They're not transitioning into VR services. They're not transitioning into primary care with a new adult provider, and a new medical home. They're not transitioning into post-secondary education systems. And if they're not going -- you know, doing this transition what's happening to them? Very unfortunate, they tend to stay within their family homes, and then they stay literally, inside these family homes, not even going out in the community much, and they use their time on electronic devices far too often. So, they're spending maybe a significant amounts of time gaming, or on YouTube, or on just kind of searches and reading information on the internet. And what we've also found with that, is their mental health is deteriorating. And so, they're having even higher levels of mental health problems related to depression, and anxiety, and even suicidality from that isolation, from that result of that surface cliff. So, there's an effort, really moving to address that. You're probably -- each of you are probably involved in some of those efforts, but did want to acknowledge that these things are happening. Did also want to acknowledge the economic impact of autism. Again, this is coming from Autism Speaks and directly from their web page. As you know, there's been -- at least I hear kind of this buzz, this talk that many people seem to think that, you know, children are receiving all of this services. And I hear that a lot from the families, and I can definitely understand their perspective. But we do know that the cost of adult services are still substantially more. We're spending more on that. So, then I get asked the question, well, how? You know, my child or my young adult is not getting any of these services. How can that be? Well, I remind them that you know, people -- you know, our children were children for 18 years, maybe 22 years, 25 or 26 in some settings. Well we're kind of now determining the end of childhood, so to speak. But the average lifespan in America is currently 79 years old. So, this is living 50 to 60 years as an adult. And as I view it, as 50 to 60 years, as time to provide services but even more so, time to intervene. It's a lot of time available to folks to learn new skills; job skills, vocational soft skills, independent skills, and -- but I have also seen that there isn't a -- the amount that I would maybe hope for, of direct service interventions happening for this population, and that's what the families are feeling as well, and why they feel like they're not receiving the level of services and supports. So, again, good news, there is movement in this area. We'll expand on that on one of these additional presentations in this series on autism, about some interventions that are now available, and coming up each day to provide some of these direct skill building and services in this area. And so, we're getting there. Okay, so getting us back on track of understanding the autism profile and moving now to determining primary services linked to this profile, right. So, I really view this was kind of asking yourself a kind of a series of questions, and that kind of helped lead to determining these primary services. So, first question, do the records of diagnoses match your observations? If not, you want to consider assessment services, right? Next question, does the individual have some understanding of career goals or interests? Is the person able to self-report on these interests? Is the person able to see how their self -- their strengths and their self-interest, could be a job? If not, right, consider counseling and guidance services. Then ask, how is the person's communication and social skills? Right, if you've observed that that could be a problem area, consider preemployment vocational soft skills training. Right? Think about the age of the individual. Have they already transitioned into VR service system? Have they already transitioned into other important support systems in their life? A medical home? If yes, then preemployment transition services, to focus on one or more of the specific job-related skills. Not, right, focus on that transition, getting them into these homes, the service sectors. Are there a number of medical issues, and the person is without a medical home, right? Consider medical treatment services. Does the person have some career goals based on their special interest but lacks some specific knowledge or job skills? Right, they don't know how to actually turn that into a job, or use that in a job setting. Well, now consider post-secondary education, or vocational training. To specifically teach the job skills that would be necessary. Is the person skilled but hasn't success successfully obtained or maintained a job yet? Right? Well now, you're considering job search, job development services. Is a person ready to work and has clarity on what they want to do, but lacks experience and confidence? Right, that helps you determine primary services as job placement, job coaching, and, or supported employment. This stage of adulting, it's become a new vocabulary word including a verb, right? To adult. I have folks telling you that all the time; I don't want to adult. But they don't want to just because it's unknown and unfamiliar, right? So, we want to support them on that, but don't save them. But to support you further in this. Maybe you're saying I don't want to work with this population. I'm feeling still unknown or uncertain. Well, here's some things you can do right away; some of the initial accommodations, bring up your own confidence, and make it feel like it's good. All of this will work out well. Here are things to do in the moment. So today, or the next time you're interacting with somebody with autism; first thing, observe more carefully and integrate information into formulating an individual profile for them, right? This -- each consumer with AS is just that, right? But now you know what to look for. Two, don't expect the individual to name what they want. Use leading inquiry, give options to choose from. You might start with an open-ended question. If you don't get a response, turn it into a multiple-choice question. Model and draw out how to think about a job, goal or career. Do role plays or demonstrate it first and let them see what you mean. Use a lot more visuals. I always have a whiteboard on hand, so that I can write things out in the moment, and then they can take picture of it and save it. Three, provide structure in all your meetings, and make sure you have a clear schedule. Even a schedule within the amount of time of the meeting of what you're going to do. As much as possible, send those meeting reminders out to them. That might be an agenda, it might be a brief outline. But try to provide it in writing as much as possible, or with visual images in advance. They need time to kind of look it over and digest it a little bit. Get used to it before coming in, in your office. We call that priming. Four, provide all information in more than one format, as much as possible, right? Verbal, written, visual. Their visual though, what they like sometimes is pictures, images, icons. Another part of visual to really consider, is experiential role plays, or demonstrating; acting it out or giving them a video clip to watch. Five, introduce concepts or information prior to explaining them. Inform what will occur in advance. This is really important for kind of terminology. Give them kind of the terms in advance, and then explain what they mean. So, it's kind of a staged way of providing this new information and these new concepts. Six, use direct questions and instructions, make to do list with them, and demonstrate again, how do you do things? So, you're hearing me say that one a lot. Seven, provide sensory accommodations as much as possible. Especially if you're noticing a reaction. You might remove handshaking during the time of greeting. You might remove eye contact as well. They're not looking at you. Well, you might not want to spend a lot of time with your eye gaze focused at them, either. But just mention it first. Reduce maybe the lights, or turn off sounds, close a window. Those kinds of things may be impacting them even though they're not stating it, or maybe not even truly acknowledging it. So, tell them I'm going to close the window to reduce the noise we're hearing outside. Then maybe even ask, what do you think? Is that a good idea? Eight, have multiple meetings have shorter time periods as graded exposures. Allow time to become familiar with you, and become familiar with the environment. So instead of having one, two-hour meeting to get through everything, maybe you can break that up to multiple meetings of shorter intervals. And also, each time they come, they're going to feel more familiar and be able to participate, hopefully more actively. And the last one, provide more time for them to think and respond. Sometimes up to 10 seconds. It's going to feel like a really long time, if you just try to wait. So, what can you do? count while you wait. Count to 10. If you get to 10, well now you know you gave plenty of time and they might have tuned you out or got distracted. And now you just need to re-engage them, or restate it; what you asked, but literally kept to yourself. So, I hope today's presentation was of value to you and gave you some more information. Again, this is just kind of one of a series that we are putting together, and we'll be putting out this year of 2020. So, here's a little bit of a preview of some of the other topics that we will be developing seminars around. Certainly, feel free to reach out with other ideas, or topical areas, if this isn't already being listed here, and we look forward to having you attend another one. So, thank you all very much for your time and attention today. And here is my email, where I can be reached at any time. Thank you.