

## Meeting/Conference Summaries

October 2018

Autism & Employment Conference,

PAFC, October 16, 2018

Dr. David Worling

ASD, Employment & Mental Health

SPS Meeting October 25, 2018



This report will summarize the two events above, from my perspective.

**The Autism & Employment Conference consisted of two presenters – Dr. David Worling, providing an “Introduction to Autism”, and Dr. Anthony Bailey, speaking on “Mental Health in the Workplace”, a “Story Panel” consisting of two employed ASD adults, Bailey Ratcliffe and Paddy Gallagher, who spoke about their employment experiences, and two panel discussions, the first on Employment Recruitment Strategies and the second on Employment Retention Strategies. This conference was for Employers, those who are already hiring inclusively, and those who are considering doing so. There were at least 35 businesses represented. These employers and prospective employers asked the type of questions, which, in my opinion, indicated an openness toward inclusive hiring, and a desire to improve the integration and retention of diverse employees in their businesses. Dr. Worling was the guest at our Square Peg Society meeting, October 25, speaking on ASD, Mental Health and Employment.**

**At the Conference Dr. Bailey began his presentation on an encouraging note, with a quote from a paper entitled “Thriving at Work: The Stevenson/ Farmer Review of Mental Health and Employers”, 2017**

*‘We start from the position that the correct way to view mental health is that we all have it and we fluctuate between thriving, struggling and being ill and possibly off work. People with poor mental health including common mental health problems and severe mental illness can be in any of these groups. An individual can have a serious mental health problem but – with the right support – can still be thriving at work.’*

**Both Dr. Bailey & Dr. Worling gave us current statistics - on Autism and Mental Health and on Employment and Autism. These are important for several reasons. Most research in the past was focused on children rather than adults, and, until recently, that ASD individuals are capable of working was not generally appreciated. Furthermore, autism today is defined as Autism Spectrum Disorder (ASD) and includes a very wide range of characteristics and symptoms. This accounts, in part, for the fact that ASD is now being**

diagnosed at a much higher rate. We need to regard these statistics as an up-to-date and realistic picture of ASD in our communities, and use them as the basis for determining more effective approaches to building better lives for ASD adults. So, here are some of the statistics most relevant to our SPS community:

- The prevalence of Autism in BC children between the ages of 6-18 (based upon MCFD autism funding) has increased from 1:181 in 2007 to 1:51 in 2017. This means that in the next few years many more ASD adults will be seeking employment.
- More girls/women are being diagnosed, than were diagnosed in the past. The ratio of boys to girls aged 10 or younger diagnosed is about 5:1; the ratio of boys to girls aged 18 or younger diagnosed is about 2:1, while the ratio of adults diagnosed is roughly 1:1. The reasons for these differences are not completely understood, but are likely due to assumptions/preconceptions about boys & girls' behaviors.
- In 1998, 80% of autistic people were described as having an IQ or 70 (average, "normal") or less. In 2014, 70% of autistic people were described as having an IQ of 70 or greater. (CDC 2014 data) This has implications for the type of work that ASD adults are likely to enjoy and to succeed at doing.
- As to participation in the labour force – of the population of individuals able to work, 83% of neuro-typicals are likely to be employed, 54% of people with any disability are likely to be employed, and 34% of ASD individuals are likely to be employed. (Scott et al 2015)
- As to the statistics on higher education – ASD individuals have the lowest rates of university enrollment, the lowest rates of graduation (35% vs 51% for neuro-typicals in the US,) and the highest rates of unemployment post-graduation (18.5% vs 5.1% for neuro-typicals in the UK).
- 96% of ASD individuals are likely to have additional diagnoses by the time they reach adulthood. These co-occurring conditions are most often anxiety and/or depression, and those ASD individuals with higher IQs are most likely to also have depression. For many of these people, their mental health issues are a more significant impediment to successful functioning than their autistic characteristics. Yet most have difficulty accessing mental health therapies.

So, where do we go from here?

- More people diagnosed with ASD will be seeking jobs in the near future. *Work – appropriate work* - is good for one's mental & physical health. Given that as late as 1998, most autistic individuals were described as having an IQ of less than 70, if they were considered employable at all, it was for jobs requiring less intellectual ability. This is not the situation today, and we now know that ASD individuals need work that is matched to their interests and abilities. In addition we were told - spoiler alert - that not all ASD individuals are alike! Dr. Worling presented a 2014 study that looked at the employment activities/experiences of ASD individuals that found that, employed ASD individuals are working in all walks of life: about 22.5% in each of clerical/administrative, labour & professional categories of jobs, 12.5 % in technical/trade jobs, 9.4% in community & personal services jobs, 5.5% were working as managers, 2.4 % in sales, and 2.4 % as machine operators and/or drivers.
- Excluding people from employment is costly. Unemployed people require more medical care, subsidized housing & other social services, and draw from, rather than contribute to, the tax base.

- The converse is also proving to be true – ASD individuals are real contributors to the workplace, and by extension, to the economic well-being of society. Dr. Worling noted an Australian study (Scott M, Jacob A, Hendrie D, Parsons R, Girdler S, Falkmer T, et al. 2017) which found that employing an adult with ASD provides benefits to employers and their organizations without incurring additional costs.”
- Dr. Worling presented a study which examined the workplace performance of ASD workers against neuro-typical employees in terms of the following parameters: Flexibility, Attention to detail, Ability to complete work on time, Ability to follow directions, Work ethic, Productivity, and Quality of work. ASD employees scored lower on Flexibility and Following directions, higher on Attention to detail and Work ethic, and essentially the same on Ability to complete work on time, Productivity and Quality of Work. Furthermore, both Dr. Worling’s studies and anecdotes offered by some of the employers present at the conference indicated that employers appreciate and value many of the characteristics that are typical of people who are motivated to work, *and* of ASD individuals - for example, honesty, integrity, rule-abiding, tenacity, and unique perspectives on situations.
- Untreated mental health conditions are also costly. Dr. Bailey noted that psychiatric disorders are the most common reason for long term sickness absences, and account for 1/3 of all disability benefits paid out across OECD countries. To reiterate Dr. Bailey’s quote – everyone’s mental health fluctuates, but with mental health supports in place, even when struggling with poor mental health, most people are capable of working. Dr. Worling presented a study that found that most individuals, with as little as 4 hours of psychological therapy per month were able to function, and that, after 18 months their need for therapy diminished further.

Both Dr. Bailey & Dr. Worling identified barriers to employment. There was significant overlap between them and, together with what employers present at the Conference were saying, it seems that successful approaches to addressing these barriers hinge on:

1. A customized approach to individuals seeking employment. Though I have heard many expressions to describe this – “Discovery”, “Individualized” employment -one of the employers present had a catch phrase for what is really about spending time engaging with, and talking to the individual about what his/her needs are – this employer called it ATP – when in doubt, Ask The Person! This practical expression is a recognition that all ASD individuals are not the same – that some are not ready for full time work, that some work better away from distractions, some prefer early morning or late night shifts, some require written directives, some can indicate their needs when asked, but cannot otherwise articulate them.
2. Job coaching. The employers present valued, at least in the early stages of inclusive hiring, having support from job coaches. This is a confidence booster for both the ASD individual and for the employer, and can help to preempt potential problems. Job coaching is not offered often enough or as much as is needed, because it is mostly available through fees paid to specialist employment agencies. Skills training workshops are needed for both ASD individuals and for employers.
3. Mentorship within the workplace. ASD individuals do best when they have someone looking out for them, someone to ask, if they have questions or difficulties (not unlike most of us). ASD employees may have difficulties understanding the social subtext and need to know who they can approach for help. This only works if they are told who is to be their go-to person, and, if that person is at the workplace when they are. This needs to be a long term relationship; if their

mentor is moved to another workplace or department, someone else needs to be assigned to them.

4. Access to mental health supports. Employers cannot and should not be expected to be mental health counsellors. All employees need to be referred to appropriate mental health services as required. Human Resources departments must advocate for more extensive mental health benefits packages.

The following are an amalgam of the barriers described by Dr. Worling and Dr. Bailey:

**Internal (Personal) Barriers to Successful Employment.** Many of these can be ameliorated with employment and life skills training, mentorship, and with the provision of mental health therapy.

- Personal hygiene and Physical health
- New skill learning

The employer can be shown how to recognize, and communicate to the ASD employee their concerns around issues that the ASD person might not “get”, but that might be self-evident to neuro-typical employees.

- Executive Dysfunction – ie, planning, working memory, initiating tasks
- Social and communication difficulties – ie, interrupting, narrow focus of interest/attention, asking too many or inappropriate questions.

ASD individuals can, with life skills training and employment preparation programs, learn what is expected of them in the workplace, and how they might address these areas of difficulty within themselves. The rest of us can also learn that being different can be OK.

- Low self esteem
- Co-occurring Mental Health Disorders – ie, anxiety and depression

ASD individuals can function at work with sufficient mental health therapy. This is also circular – succeeding at work, and being told that they are succeeding at work will improve their mental health.

**External (Environmental) Barriers to Successful Employment.** Many of these can be ameliorated through accommodations to the physical environment.

- Stigma/Negative attitudes toward people with disabilities.
- Social Integration & understanding the degree of social interaction the ASD individual desires (ATP).

Sometimes it is the people around the ASD individual who need to change; the employer can cultivate a culture of acceptance within the workplace.

- Poor fit with physical environment
- Sensitivities to noise, lights, smells, distractions, interruptions
- Sensitivity to fast-paced workplace environment

Sometimes only small accommodations to the work environment are required – ie, changing to a quieter location in the workplace, being given a task light instead of working under overhead lights.

Sometimes an ASD individual can be accommodated by permitting them to work from home, or scheduling them earlier or later in the day, when the workplace is less busy. Again, ATP.

**Occupational Barriers.** Many of these can be mitigated through education & societal change.

- Poor job fit
- Lack of support for job search
- Lack of job coaching
- Unclear expectations

Job readiness programs must include in-depth conversations with ASD individuals to ascertain their interests and abilities to ensure a good job match, as well practice and training to prepare them for work. For some, easing into work through part-time or volunteer work is appropriate. Taking a post-secondary course or two, in lieu of work, may be a good way to transition to life as an adult. Job coaching can assist both the ASD individual and the employer – helping both to establish the best means of communication (perhaps written or visual as well as, or instead of verbal), clear guidelines on social behaviour and expectations, and work arounds for executive difficulties (for example, setting up rules, such as, at 5pm you must go home, rather than staying at work – it is the rule.

- Low wages
- No career development

Good job coaching should be based upon a long view that looks at the ASD individual as having a career, rather than a job. Together the job coach, employer and the ASD employee, can consider opportunities for increased responsibility, leadership, and training. Some individuals, though, like routine, do not like change, and do not want to move up (Ask the Person).

**Families can help** by ensuring that their family member has some or all of the following experiences:

- Mentored volunteer experience during high school (or immediately after High School, before employment)
- Has responsibilities/chores at home, before moving into the workforce.
- Completes a pre-employment training course (coaching, adult life skills training).
- Transitions to adult life by taking a few post-secondary, general interest courses.
- Eases into work through part-time work.
- Has transit experience to travel safely around the city.
- Has good hygiene practices to facilitate his/her acceptance at work.
- Has good eating, sleeping & exercise habits for good health and ability to function at work.
- Lives a balanced life which includes intellectual, social and physical pursuits, even though this is likely to mean a longer path to becoming an adult.

**Employers & Families can help** by ensuring the following:

- Check in with the person, Ask The Person (ATP). The ASD person is likely to be honest & direct; you need to be the same by asking direct questions about concerns.
- Give regular feedback, especially positive, through regular performance reviews.
- Watch for changes in behavior (these are indicators that something is going sideways).
- Ensure that repetitive behaviors do not intrude on work performance; look for stressors that might be causing these behaviors, find appropriate situations where the behavior would be acceptable or could be channelled into a positive behavior, explain, in a straightforward and direct way the reason why the behavior is inappropriate or distracting to others.
- With the permission of the person (ATP), have a consultation with parents, the individual, and the employer, if appropriate. Parents often understand and/or have experience that can provide insight in a given situation.

In conclusion, I want to thank Dr. Bailey and Dr. Worling for their generosity in sharing their slides with me, and for the countless outside-of-office hours that they give trying to see that ASD individuals are able to live more independent, purposeful and happier lives.

*My Addendum -Advocacy: We can nudge government to help.*

*We need to press our government for: 1) Funded comprehensive psycho-educational assessments to ensure accurate diagnoses, including co-occurring diagnoses. 2) MCFD autism funding extended to age 21. 3) Funding of at least 4 hours of psychological counselling per month 4) Support for additional training in autism for mental health practitioners. 5) Access to mental health programs determined by need, not diagnosis – ASD individuals should not be turned away from mental health services due to their ASD diagnosis.*