

From “Brain-Injured” to Successful Member of Society

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“Hello, how are you?” This simple sentence could be very scary and difficult for some people. Saying it would be easy, but knowing how and when to say it could be troublesome for people with Autism Spectrum Disorder (ASD). According to the Organization for Autism Research, most people with ASD have trouble with social interaction, communicating in appropriate ways, and activities that are typical for their age (“Understanding”). Fortunately there are ways to help people with ASD to become nearly full functioning citizens of society. There are many ways parents can assist their children starting from a very young age, such as “[t]he DIR (Development, Individual Difference, and Relationship-Based) Floortime model” (Greenspan 55). As children reach school age, teachers can become involved and help greatly with programs such as Peer-Mediated Interventions (Battaglia and Radley 4). These programs, and others, will lead to a more successful autistic adult; even one that can apply, interview, and be hired for a job. Employers may need to provide some accommodations, but “[p]erformance expectations should be the same for an individual with a disability as it is with all other employees” (“Employer's”). People that have been diagnosed with Autism Spectrum Disorder can be very successful in society if they are given the chance by their parents, caregivers, and especially, employers.

Most people know someone or at least have encountered someone that has ASD, but people only know the signs they may associate with autism, such as obsession with a certain

topic and trouble with communication. A true list of symptoms reported by Stanley I. Greenspan, M.D., in his article, "Understanding Autism," include

- trouble forming relationships
- difficulty understanding or responding to emotional signals from others
- difficulty using language creatively and receptively
- self-absorption (the child seems to be in his own world and not tuned in to stimuli or people around him)
- repetitive, self-stimulatory behavior, such as staring at a fan
- repeating words over and over again
- repetitive motor movements, such as hand-flapping (54)

Greenspan also reminds his readers that each symptom by itself is not proof of autism (54).

Although these are all symptoms of ASD, parents and others are urged to understand that each child with ASD is different. Just as all children have their own personalities, "[n]o two children with autism are the same" ("Understanding"). The Organization for Autism Research documents that symptoms can vary from somewhat mild, as a diagnosis of Asperger Syndrome, to more intense, as a diagnosis of autism. There is also a diagnosis that includes people who do not quite meet the requirements of Asperger Syndrome or autism, called Pervasive Developmental Disorder – Not Otherwise Specified, or PDD-NOS ("Understanding"). Even though scientists and doctors have been able to specify symptoms and signs of ASD, they have not been able to figure out the cause. Greenspan claims that genetic causes and environmental causes, such as mercury-containing vaccines and brain trauma, are currently being researched (55).

Because the cause of ASD, and what it really is, is not known, people make assumptions. Eilidh Cage, a PhD student at the Centre for Research in Autism and Education (CRAE), points

out that society looks to the media for information and examples of autism. In the past people used the movie *Rainman*; now people look to Sheldon, a main character on the TV show *The Big Bang Theory* (760). Raymond, the autistic man from *Rainman*, was viewed as retarded and was placed in a mental institution. Sheldon, from *The Big Bang Theory*, lives on his own and is a very intelligent and capable person. This shows that society is now developing a better understanding of ASD. We no longer think of people with autism as “retarded” or “brain-injured” like Greenspan mentions. This is very beneficial to people with ASD because “[i]n the past 30 years, the prevalence rate of ASD has skyrocketed” (“Understanding”). According to the CDC, in 2014, 1 out of every 68 children is born with an autism spectrum disorder (“Understanding”). As more people are diagnosed, society must adjust its behaviors and beliefs.

People with ASD are capable of much more than society tends to think; they can actually lead successful lives just as neuro-typical people can. Independent living, higher education, and a job are all examples of things people with ASD can achieve. *Everyday Health* provides a description of the many living options for adults with ASD: independent living, living away from home with support, living at home, and living in adult foster care (Suszynski). Many adults are able to live in an apartment or house without any help, but some require a little assistance from a support worker or a group home. Unfortunately not all adults with ASD are able to live on their own so they must live at home or in adult foster care. These are still better options than a mental institution like in *Rainman*. Even if the person is not able to live on their own, they may still be able to achieve a higher education. It is stated in “Increasing Socialization in Adults with Asperger's Syndrome” that more adults with disabilities are attending. Unfortunately, the symptoms of ASD interfere with their social lives and assimilating into the college community (Koegel et al). Adults with ASD can also apply, interview, and perform in a workplace, although

they may need some accommodations like interview training and someone to guide them through the day as they work.

In order to meet these success goals, people with autism need assistance. Parents and caregivers are the first people that can help children and young adults with autism. If autistic children are given support and guidance from a young age, it could lead to a very successful future. From the time parents even think about having children, they are already planning a life for their child. They have ideas about their interests, friends, social status, potential jobs and much more. As their child grows, the plan develops and helps the child grow. When parents begin to notice differences in their child that lead to a diagnosis of Autism, the child's parents may push their plan aside and have no idea what to do next. The original plan they had may not be suitable for their autistic child, but it can be altered to fit their child's needs and future.

Everyday Health recommends that parents “[d]on't stop planning” and create a “person-centered plan as soon as possible” (Suszynski). A person-centered plan is a plan that is specific to the autistic child and his or her aspirations. *Everyday Health* suggests how to write out a plan starting with writing out information such as the child's strengths, areas needing improvement, people that provide support, and goals in different areas of the child's life. All of these things can be used together to determine the best strategies for success and “[m]aking a formal plan gives your child the experience and skills needed to carry into adulthood” (Suszynski). The support system and the interests of the child can be combined to use other people for help. *Everyday Health* gives the example of a child that likes to swim and an aunt that takes water aerobics. The aunt could take the child to water aerobics to give him or her the chance to do something he or she likes while also being in a social setting. Writing the plan will also show parents where they may need help from other resources and programs (Suszynski).

There is an increasing number of programs that are aimed toward people with autism. It is the parents' responsibility to place their children with ASD in at least one program when the child is young. Not every program will work for every child. Some programs focus on socialization while others may focus on preparing the child for independent living, although, some programs may not be focused on autism at all. A program may target any child, but it could help a child with autism anyway. Samantha*, a Paraprofessional Certified One-On-One Aide, says that the student she worked with took piano lessons. His parents “knew he was different from others and needed something to make him feel better about himself” (Samantha). Many autistic children may need to be involved in multiple programs in order to receive all of the assistance they need. It is up to parents to determine the areas that need improvement in their child's life just as a parent of a neuro-typical child would do as they place their child in programs. Parents should research multiple programs to determine which will work best for their child. A few popular programs include Applied Behavioral Analysis through *Autism Partnership*, Peer-Mediated Social Skills, and the Development, Individual Difference, and Relationship-Based Floortime model (“Applied”).

Applied Behavioral Analysis's (ABA) main focus is on “behavior that is important to individuals, in terms of enabling them to lead more fulfilling lives.” ABA changes behaviors using specific procedures and help people with autism reach the most independence they are capable of along with a good life. One of the methods ABA uses is Discrete Trial Teaching. This method “break[s] a skill into smaller pieces, teaching one sub-skill at a time” (“Applied”). Each sub-skill can be focused on for as long as necessary and then returned to if need be. Not every ABA is the same. *Autism Partnership* has their own version of ABA that they believe is very beneficial to their participants. *Autism Partnership* ABA focuses on “building strong learning

foundations' and “[t]eaching children 'how to learn'” (“Applied”). After the child has been taught how to learn and has a foundation to build off of, they can then learn skills such as communication and social skills. Professionals are in charge of helping autistic children learn and reach their goals in order to set higher goals in the future (“Applied”).

Peer-Mediated Social Skills is different because peers are used to help children be comfortable in social situations. Other children are trained to use different strategies such as “modeling, prompting, and reinforcing appropriate behaviors” (Battaglia and Radley 4). Peer-mediated intervention has four steps: “(a) selecting peers; (b) identifying target behaviors and collecting baseline data; (c) choosing and implementing a peer-mediated intervention strategy, and (d) monitoring progress” (Battaglia and Radley 5). Teachers are extremely beneficial to this program because they can instruct peers at school to assist with the program. A case example of Peer-Mediated Social Skills is Todd, a 12-year-old student who started the study with an Autism Social Skills Profile (ASSP) score of 91, “with items indicating that he struggled joining in activities or games with other children” (Battaglia and Radley 9). His teacher and parents gathered information to determine the best approach. His teacher trained a few peers to ask Todd to participate in one of favorite activities, such as basketball, to share a toy or game, and to play with Todd when he asked. After 2 months of peer-mediated intervention, Todd's ASSP score increased to 105, “with items suggesting improvements in social engagements” (Battaglia and Radley 9). Peer-Mediated Social Skills is adjustable for each child with autism which is similar to the Development, Individual Difference, and Relationship-Based Floortime Model (DIR).

The DIR Floortime Model is used to personalize ways to work with a specific child and his or her needs. It encourages parents to look at the way a child deals with new experiences, reacts to certain stimuli, such as touch or sound, comprehends visual experiences, plans actions,

and handles relationships (Greenspan 55). This program does not require professionals or training of other people; it just requires parents and caregivers to take extra time with the child. If a child is not very responsive, parents can show him or her two cookies, an oatmeal and a chocolate chip, and ask him or her which they would like to eat. Eventually the child will answer with which cookie he or she wants. This may seem like a menial thing to do, but it entices the child to use language in a meaningful way and the child “move[s] up the developmental ladder” (Greenspan 55-56). This example is for a child who has little social skills, so this would not be necessary for a child who is more social. Each child is very different, and this is important to remember when choosing a program and creating a plan for his or her life.

It is also important to remember people’s differences when an adult with ASD is looking for a job. According to the Ohio Center for Autism and Low Incidence (OCALI), between 2014 and 2016 there will be an estimated 1.5 million adults with autism in the United States (“Employee”). Each of these 1.5 million adults with autism is a completely different person from the next. These adults will range from low functioning autistic to high functioning autistic and include those with Asperger's Syndrome. Unfortunately, the National Autistic Society reports that the current rate of employment for adults with autism is only 12 percent. That includes high functioning autistic adults and those with Asperger's Syndrome (Cage 761). If the current rate of employment continues, 1.32 million adults with autism will be unemployed. With regards to the previous belief of autism being congruent with brain-injured, this employment rate is reasonable. Now that we understand more about autism, and the functionality of those diagnosed, it is irrational that we still believe that people with autism are not capable of working. Not only can adults with ASD apply themselves in a workplace, they can strive for greatness and be very beneficial to productivity. Numerous benefits suggested by OCALI include autistic adults

participate in very little chit-chat, enjoy following a schedule or routine, strive for perfection, and like on the go jobs (“Employee”). Why is it then that the employment rate is a mere 12 percent? Perhaps the problem is that employers do not know where to start when it comes to hiring adults with autism.

A good place to begin is with the application process. Eilidh Cage points out that many job applications “ask for 'excellent interpersonal and communication skills'” (Cage 761). People with autism are not equipped with these skills. OCALI uses the term “socially awkward” to describe those with ASD (“Employee”). If a person with autism is trying to apply for a job and reads this requirement he or she may shy away from applying. How can we expect employment rates to rise if people with autism are not even able to apply? The requirements and wording of applications need to be altered to become autism-friendly. Another way to help adults with autism with the application process, along with the interview process, is a virtual-reality program with a “virtual human resources representative named Molly Porter” (Heasley). This program helps potential employees prepare for interviews with practice interviews. Participants are given a job coach who gives them feedback when they answer questions and respond to Molly Porter. *Disability Scoop* reports the findings of a study published in the *Journal of Autism and Developmental Disorders*, “Overall, individuals who used the software improved 11 percent over the course of the study compared to a 1 percent increase for those in the control group” (Heasley). This program could help even more people with autism achieve greater heights in the workforce. Given this opportunity to practice before going into a real interview would help anyone applying for a job, but especially those with autism, because it gives them idea of the correct responses to give. Once an adult with autism passes the application and interview process, they will then be placed in a job.

Some employers may be hesitant to hire those with ASD because he or she is not sure how to work with them. As previously stated, each person with autism is different. There is no set way to work with an autistic adult because it depends on the person. One adult with ASD may be able to work at a front desk in an office greeting people, but another may need to be in the stock room away from people and the noise of the office. A few things that people with ASD may be sensitive to are noises, clothing choices, and crowds (“Employee”). Employers must be able to deal with the challenges that come with each person whether they have autism or not. *Autism Speaks* provides a well written guide for employers to employ people with ASD called the “Employer's Guide to Hiring and Retaining Employees with Autism Spectrum Disorders (ASDs).” This guide provides statistics about people with autism in the workplace, suggestions on how to include those with ASD in the interview process and matching them with a job that fits them, and how to find support for their autistic employees such as job coaches (“Employer's”). There are many resources for employers as the autism rates skyrocket and the employment rate hopefully follow.

People with autism, young and old, have the potential of being successful in their lives, the workforce, and society. Of course, they need to be given the proper consideration and opportunities. First it is parents' responsibility to take the first steps in involving their children in programs to help them develop into functioning young adults. It is also society's responsibility to accept their differences, just as we accept neuro-typical members of society, as they mature and enter the workforce. As adults with ASD enter the workforce, employers are expected to make some accommodations and a friendly work environment. Society will change for the better by including people with autism in its spectrum of success and will make for a better future for everyone.

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*Names have been changed