

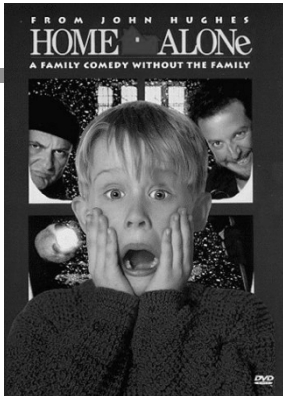


**Bridges to Adulthood for Learners With Autism Spectrum Disorders: Targeting Employment and Quality of Life**

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My overall theme for today's talk is competence, dignity, and quality of life. All of which can be summed up as...





FROM JOHN HUGHES  
**HOME ALONE**  
 A FAMILY COMEDY WITHOUT THE FAMILY

If left alone, what would your child, student, or client do in terms of taking care of him or herself or changing in the situation (i.e., calling for help)?

Is this outcome more the result of his/her autism diagnosis or more the result of never having been taught a reasonable cohort of actual living skills?


Isn't that, after all, what life is all about?



**Neurotypical Syndrome**

A neurobiological disorder characterized by preoccupation with social concerns, delusions of superiority and obsession with conformity.


For more information visit: <http://isnt.autistics.org/>



DSN-IV (The Diagnostic and Statistical Manual of 'Normal' Disorders): Disorders Usually First Evident in Infancy, Childhood, or Adolescence 666.00 Neurotypic Disorder

The essential features of Neurotypic Disorder constitute a severe form of Invasive Developmental Disorder, with onset in infancy or childhood.


At least eight of the following sixteen items are present, these to include at least two items from A, one from B, and one from C. *Note: Consider a criterion to be met only if the behavior is abnormal for the person's developmental level.*



DSN-IV (The Diagnostic and Statistical Manual of 'Normal' Disorders): 666.00 Neurotypic Disorder

A. Qualitative impairment in independent social interaction as manifested by the following:  
*(The examples within parentheses are arranged so that those first mentioned are more likely to apply to younger or more handicapped, and the later ones, to older or less handicapped, persons with this disorder.)*

- (1) marked delusional sense of awareness of the existence or feelings of others (e.g., treats a person as if he or she were an extension of himself; behaves as if clairvoyant of another person's distress; apparently projects own concepts and needs onto others)
- (2) extreme or abnormal seeking of comfort at times of distress (e.g., constantly comes for comfort even when ill, hurt, or tired; seeks comfort in a stereotyped way, e.g., cries, whines needs demands for attention whenever hurt)
- (3) constant or mindless imitation (e.g., always wave bye-bye; copies mother's domestic activities; mechanical imitation of others' actions whenever perceived to be in context)



DSN-IV (The Diagnostic and Statistical Manual of 'Normal' Disorders): 666.00 Neurotypic Disorder

(4) constant or excessive social play (e.g., always actively participates in simple games; prefers group play activities; involves other children in play only as long as the other children are exactly like themselves with no differences "mirrored images")

(5) gross impairment in ability to make peer friendships (e.g., obsessive interest in making peer friendships with other Neurotypics; despite interest in making friends and aforementioned delusion of clairvoyance, demonstrates lack of understanding for those who are different and an obsessive rigidity for social convention, for example, constantly seeks attention/positive reinforcement while staring mocking or laughing at others while they stim and rock and remain mute)



DSN-IV (The Diagnostic and Statistical Manual of 'Normal' Disorders): 666.00 Neurotypic Disorder

B. Qualitative impairment in verbal and nonverbal communication, and in imaginative activity, as manifested by the following:  
*(The numbered items are arranged so that those first listed are more likely to apply to younger or more handicapped, and the later ones, to older or less handicapped, persons with this disorder.)*

(1) blatant overuse of all modes of communication, such as communicative babbling, facial expression, gesture, mime, or spoken language

(2) markedly abnormal nonverbal communication, as in the use of eye-to-eye gaze, facial expression, body posture, or gestures to initiate or modulate social interaction (e.g., anticipates and enjoys being held, does not stiffen when held, constantly looks at the other person or smiles when making a social approach, compulsively greets parents or visitors, insists on invasively stares into the eyes of others in social situations)



DSN-IV (The Diagnostic and Statistical Manual of 'Normal' Disorders): 666.00 Neurotypic Disorder

(3) excessive imaginative irrelevant activity, such as playacting of adult roles, fantasy characters, or animals, lack of interest in computers or other logical fulfilling pastimes

(4) marked abnormalities in the production of speech, including volume, pitch, stress, rate, rhythm, and intonation (e.g., gregarious grandiose tone, overly emotional or syrupy melody, or over controlled pitch)

(5) marked abnormalities in the form or content of speech, including stereotyped and repetitive use of speech (e.g., immediate mindless or mechanical repetition of NT peers' latest 'in' or catch phrases such as "whatever" to mean "I am saying I disagree with you but I want you to be upset by my saying so in this way"); idiosyncratic use of words or phrases (e.g., "are you dissing me?" to mean "don't disrespect me"); or frequent irrelevant remarks (e.g., starts talking about the behavior of autistics at a table nearby during a meal at a restaurant)



DSN-IV (The Diagnostic and Statistical Manual of 'Normal' Disorders): Disorders Usually First Evident in Infancy, Childhood, or Adolescence 666.00 Neurotypic Disorder

(6) marked impairment in the ability to refrain from initiating a conversation or once initiated to sustain a full thought during conversation with others, despite adequate speech (e.g., unable to stay on topic/on thought due to the interjections from other Neurotypics)

C. Markedly restricted repertoire of activities and interests, as manifested by the following:

(1) inability or lack of understanding for or interest in stereotyped body movements, e.g., hand-flicking or -twisting, spinning, head-banging (except for during certain types of rock concerts), complex whole-body movements



DSN-IV (The Diagnostic and Statistical Manual of 'Normal' Disorders): 666.00 Neurotypic Disorder

(2) persistent lack of awareness or inability to perceive parts of objects (e.g., seeing 'a windmill' but failing to see the existence of the many beautiful finite parts which comprise the whole object, oblivion to feelings of texture of materials, spinning wheels of toy cars) or has an attachment to unusual objects (e.g., insists on driving around in a BMW, wearing Rolex watches, carrying a cellular phone or briefcase)

(3) marked oblivion to changes in aspects of environment, e.g., when a vase is moved from usual position

(4) unreasonable insistence in sameness in others in precise detail, e.g., insisting that exactly the same social behaviors always be followed when shopping



DSN-IV (The Diagnostic and Statistical Manual of 'Normal' Disorders): 666.00 Neurotypic Disorder



(5) markedly restricted range of interest and a preoccupation with one narrow interest, e.g., interested only in status quo climbing, impressing friends, or in pretending to be smarter or better than they are.

D. Onset during infancy or childhood. Specify if childhood onset (after 36 months of age).



Author: Shelley from Kalamazoo  
<http://isnt.autistics.org/>



Let's start off by talking about families of older individuals





A DAILY PINWHEEL OF COMPLEX EMOTIONS


Defining Family Support...

- From a behavior analytic perspective, the term support needs to be viewed in the same functional manner as are the terms reinforcement or punishment. Just as stimuli associated with these terms are defined solely by their impact (increase or decrease) on a behavior, parent support interventions need to be defined solely by their impact on parental stress and adaptation. In other words, what is support to one may be stress to another.




This you should remember...

- Parents of learners with autism are increasingly becoming the most well-read segment of our service system, often times outstripping staff in terms of general knowledge.
- Add to that the extensive array of knowledge that parents have regarding their own child *and their value and necessity as a true partner becomes apparent.*



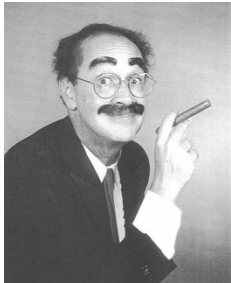
This you should remember...

- The first role of the professional working with older individuals is, in many cases, to listen carefully -- then to offer input and advice and, ultimately work to develop a transition plan that incorporates mutually agreed upon objectives.
- This is not to say that parents are always right (just as professionals are not always right) but a respectful, collaborative relationship is generally more productive than a combative, argumentative one.




A few thoughts on the importance of research and behavior analysis







*“Who are you going to believe?  
Me or your own eyes?”*

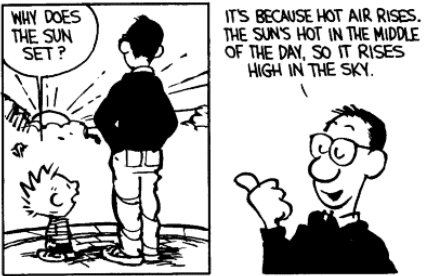

T. Zone, 2008



## What is pseudoscience and why is it so freakin’ popular?




### As to what it is:

### The appeal of pseudoscientific treatments, (Smith, 2005)

“


- They promise significant outcomes without significant effort or, in some (but not all) cases, significant expense.
- They offer important sounding but vague outcome promises (e.g., increased focus, reduced tactile defensiveness, etc.)
- They may provide congruence with personal theories of intervention (e.g., AIT may be seen as a more “holistic approach” than ABA)



### The appeal of pseudoscientific treatments, (Smith, 2005)

“


- There is a prevailing anti-science bias in society today
- There is a persistent belief in the power of first personal or anecdotal accounts
- We all have a desire to do something important for our clients resulting in personal satisfaction or validation
- Researchers and practitioners of good science, are less than proficient at translating their findings into real world practice.



### Controlling for pseudoscience in the lives of individuals with ASD (Kay & Vyse, 2005)

“

- Seeing, unfortunately, is not believing and that is why we need data, data, and more data so that time, resources and hopes are not poorly utilized.
  - Define the target of the proposed intervention
  - Develop decision rules
  - Collect some baseline data (videotape)
  - Implement the intervention
  - Collect more data
  - Evaluate objectively



## Why Valid, Peer-Reviewed Research is Important

- Seeing is not believing
- Correlation does not mean causation
- With a population of 310,000,000 people, one in a million occurrences happen to 310 Americans each day just as a matter of chance and coincidence.
- As professionals, we have an ethical obligation to our clients to provide treatment and intervention that is evidence-based and, thereby, most likely to be effective.



## Understanding ABA as an Applied Science

ABA is a field of inquiry dedicated to investigating and modifying behavior in a systematic way. ABA is:

- Data-based
- Analytical
- Able to be replicated
- Socially important
- Contextual
- Accountable (Sulzer-Azaroff & Mayer, 1991)



## Applied Behavior Analysis and Real Life

- A-----B-----C
- I cook ----- My Wife Says "MMM"-----I cook again
- A-----B-----C
- I drink tequila -----I get sick-----No more tequila
- A-----B-----C
- I go to work-----I don't get paid-----I quit



## Why Is ABA Effective For Older Individuals?

- Applied Behavior Analysis is a vast scientific discipline based upon over 35 years of published research.
- Applied Behavior Analysts develop interventions that are based upon empirically validated research and best practices for *both* skill acquisition and behavior reduction.
- Interventions based up Applied Behavior Analysis:
  - Highlight relevant stimuli while simultaneously minimizing extraneous stimuli
  - Recognize the power of positive reinforcement



## Why Is ABA Effective For Older Individuals?

- ABA utilizes systematic prompting and prompt fading
  - Promotes consistency across support staff
  - Provides for data based decision making
- But please note, in supporting adolescents and adults there are times where previously accepted "prompt hierarchies" may have to be modified as a function of community standards
- Behavior Analysts respect the role of significant others in the individual's life as *central* to the implementation of an effective intervention.



## Why Is ABA Effective For Older Individuals?

- ABA...
  - through task analysis, breaks complex material into teachable units and identifies complementary repertoires (next)
  - represents a teaching method with tremendous versatility beyond discrete trial instruction
    - Fluency/Rate-base instruction → Instructional Intensity
    - Shaping
    - Chaining
    - Incidental strategies/NET/PRT
    - Environmental/curricular modifications
    - Peer instruction and support
  - provides *numerous* structured opportunities for learner to acquire and practice a new skill or response in isolation prior to expecting the learner to show discrimination



## It's just ABA... really.

Hagner & Cooney (2005) interviewed the supervisors of 14 successfully employed individuals with autism to examine their supervisory practices and their perceptions of employees with autism. Supervisors evaluated their employees with autism highly, and qualitative analysis found that a set of specific supervisory accommodation strategies were commonly associated with successful supervision. These included:

- maintaining a consistent schedule & set of job responsibilities; (activity schedules/task analysis)
- using organizers to structure the job (visual supports)
- reducing idle or unstructured time (DRA)
- being direct when communicating with the employee, and (present a clear and accurate Sd)
- providing reminders and reassurances (prompting and reinforcement)



## It's just ABA... really.

- In the literature on emotional intelligence, social competence is generally described as existing along a continuum from social survival to true social competence and is, to a very large degree, understood as being context bound (Topper, Bremner & Holmes, 2000). This would tend to indicate that teaching social skills (or social adaptive behavior) out of context might be a necessary, but not a sufficient criterion, for future social competence.



## It's just ABA... really.

- Adkins, et al, (2002) demonstrated that the behavior plans developed and written by certified behavior analysts were written at a reading level well above those staff whose job it was to implement the plans. Further, the authors found that modifying the readability level of these plans resulted in enhanced treatment outcomes for all individuals in the study. *And the moral to this story is when it comes to training, you are only as competent as your audience will allow you to be.*



## A few challenges to evidence-based practice leading to improved quality of life.



## To start with...

“A major difficulty confronting those interested in adolescents and adults with autism is a lack of empirical data.”

(Mesibov, 1983, p. 37)




A search of the PsychINFO data-base using “autism” in the title & bounded by the year of publication resulted in:

Publication Year 1990	Publication Year 2008
Number of “Hits”  126	Number of “Hits”  1,133




But, a search of the PsychINFO data-base using "autism" and "adolescent or adult" in the title & bounded by year of publication resulted in:


Publication Years 1990	Publication Year 2008
Number of "Hits"	Number of "Hits"
4	9



Publication Years 1990-2009 Autism and Residential	Publication Year 1990-2009 Autism and Employment
Number of "Hits"	Number of "Hits"
11	15



Publication Years 1990-2009 Quality of Life	Publication Year 1990-2009 Adaptive Behavior
Number of "Hits"	Number of "Hits"
12	23




**Working with older learners is more complex than you think...**

"These children often show a surprising sensitivity to the personality of the teacher [ ] They can be taught but only by those who give them true understanding and affection, people who show kindness towards them and yes, humor [ ]. The teacher's underlying attitude influences, involuntarily and unconsciously, the mood and behavior of the child."

*-Hans Asperger, 1944*


*In other words, you need to become a conditioned reinforcer.*



With adults, sometimes, we just don't understand what the standard should be...


"I continue to be amazed that you function as an independent adult."

- Jim Sack



There continues to be limited interest in adults and a persistent belief that they have "maxed out" in terms of skill development

Nobody, it seems, goes to college to work with adults with autism. Kids with autism? Sure. Adults with autism? Not so much.



Which is further “complicated” by the fact that no one stays in the field.

Direct Service Turnover in Residential/In-Home and Vocational/Day Services, 1998-2003\*

Setting Type	Number of Studies	Average Rate
Residential/In-home	11	53.6%
Vocational/Day	6	46.0%
Both	9	48.1%
Combined Average	26	50.0%

\*Source: The Supply of Direct Service Professionals Serving Individuals with Intellectual Disabilities and other Developmental Disabilities. Report to Congress (2004). Department of Health and Human Services; Washington DC. Available on line at [http://www.ancor.org/issues/shortage/ispe\\_dsp\\_11-09-04.doc](http://www.ancor.org/issues/shortage/ispe_dsp_11-09-04.doc).



And now we need to figure out creative ways to use our technology to get around the boulder...



Bluetooth® Technology to Promote Independent Responding in the Community: The Reduction of the Stigma of Prompting

**PAAL**  
Preparing Adolescents  
for Adult Life

Satriale, G., Chance, L., & Nepo, K. (2008)



## Purpose

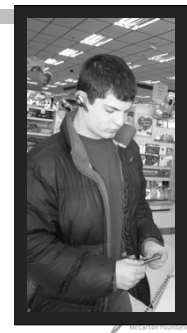
- To examine the extent to which the Bluetooth technology can be used in lieu of gestural prompting during community based instruction.



- The use of the Bluetooth allowed prompting to be delivered from increasingly greater distances.



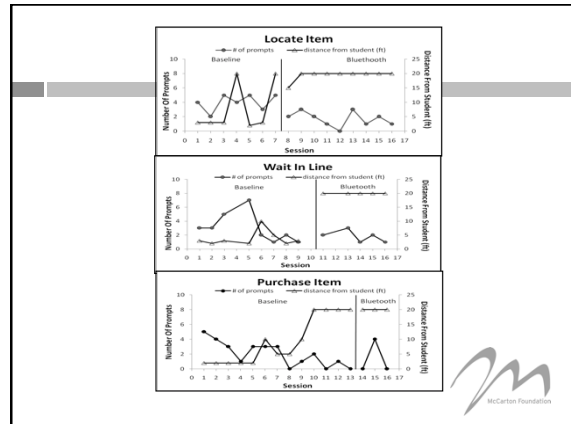
- Reduced levels of physical and gestural prompting lead to greater independent functioning and reduction of stigma thereby promoting greater levels of social acceptance within the community.





### A secondary benefit

- The participant frequently exhibited non-contextual vocalization across settings. The implementation of the Bluetooth disguised his vocalization as functional communication thereby reducing the stigma associated with this particular behavior.



### And in terms of social validity

- Socially valid behavior interventions are those that
  - Are directed to problems of verifiable importance;
  - Are valued by designated target groups; and
  - Have sufficient impact to change the target behavior.

Winett, R.A., Moore, J.F., & Anderson, E.S., (1991). Extending the concept of social validity: Behavior analysis for disease prevention and health promotion. *Journal of Applied Behavior Analysis*, 24, 215-230.



"I thought something wasn't quite right with him, but I didn't think it was as bad as that autism thing." - Rite Aid Cashier



So despite how evidence-based your interventions are, teaching wrong or inconsequential skills well is no better than teaching right or important skills poorly.



Given all that, it should come as no surprise that what we do know about adult outcomes should not make us all that happy...



## Adaptive Behavior

- “Adaptive Behavior is defined as those skills or abilities that enable the individual to meet standards of personal independence and that would be expected of his or her age and social group. Adaptive behavior also refers to the typical performance of individuals without disabilities in meeting environmental expectations. Adaptive behavior changes according to a person’s age, cultural expectations, and environmental demands.” (Heward, 2005).



## Adaptive behavior and ASD

- Adaptive behavior is not considered one of the core symptoms of ASD and, as such, receives significantly less attention in terms of effective intervention and current research.
- Despite the exclusionary criterion of “no clinically significant delay in [ ] the development of age appropriate self-help skills [and] adaptive behavior (other than social interaction)” in diagnosing Asperger Syndrome, research indicates that for this group of learners the gap between IQ and adaptive behavior can be marked. (Lee & Park, 2007; Myles, et al, 2007)



## The many moods of adaptive behavior...



Holy adaptive behavior  
Batman! Your underwear is outside your pants



## Adaptive behavior is important because the world does not always play by the rules



## Adaptive behavior & adult outcomes


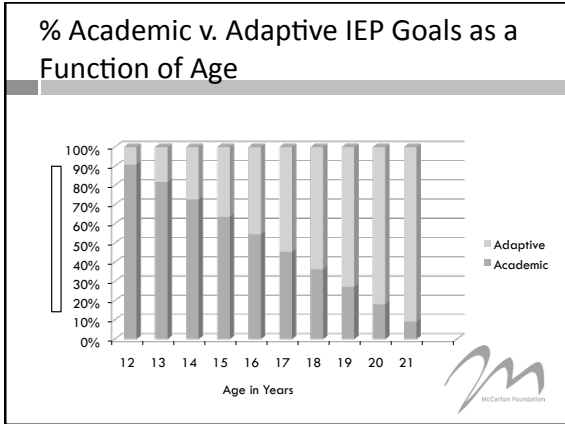
- In a group of 20 adolescents with Asperger syndrome, Green, et al (2000) found that despite a mean IQ of 92 only half were independent in most basic self care skills including brushing teeth, showering, etc. None were considered by their parents as capable of engaging in leisure activities outside of the home, traveling independently, or making competent decisions about self care.




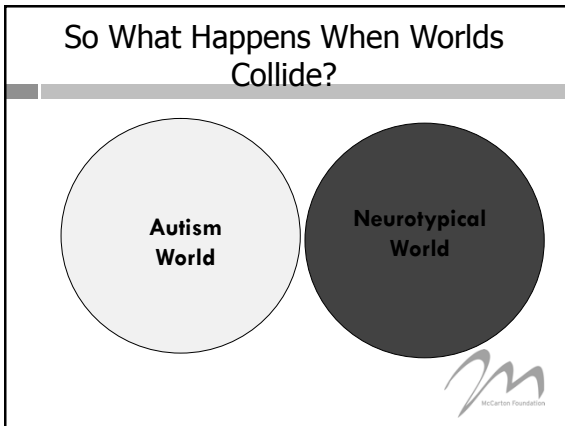
- Howlin, et al (2004) surveyed 68 adults with autism with an IQ of above 50 and found a majority (58%) were rated as having poor or very poor outcomes. With regards to employment status they found
  - 8 were competitively employed
  - 1 was self employed earning less than a living wage
  - 14 worked in supported, sheltered or volunteer employment
  - 42 had “programs” or chores through their residential provider.




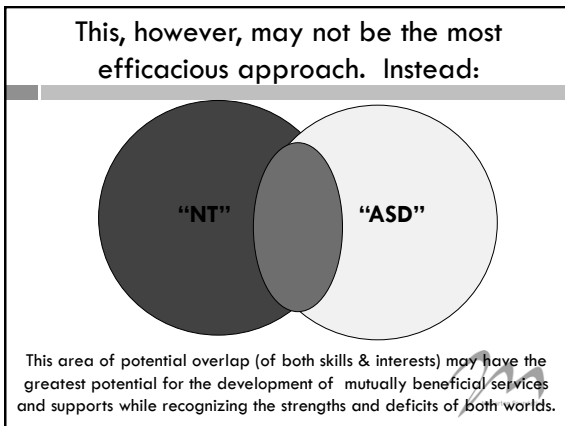
□ Cederlund, et al (2008) followed 70 males with Asperger Syndrome (AS) and 70 males with autism more than 5 years after their initial Dx. The results indicated that while 27% of the AS group presented with “good” outcomes, 26% had a very restricted life, with no occupation/activity, and no friends. Outcomes were considerably worse for those with an autism diagnosis.

So it seems we need to do things differently and do them better


There is a perception that the only acceptable outcome is to be indistinguishable from the NT “Standard of Behavior”

### Defining Characteristics in Adulthood

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- Career choices
- Where and how we live... Lifestyle issues
- Leisure, recreation, and hobbies
- Our public social circle
- Our private social circle
- Quality of life concerns



### Which Means ...

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Failure to attend to any one of these defining components may lead to significant challenges to the development of services that support a positive quality of life.




### The Universe of Desirable Skills

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**The Universe of Skills at Age 5 Years**





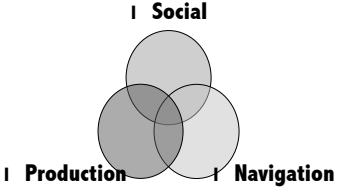
**The Universe of Skills Usually Defined as Transition Skills**


**The Universe of Skills at Age 21 Years**




Once you step outside your classroom, program, or home all skill sets are comprised of three components

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**Elevator**



**Behavior**


Up and Then Down by Nick Paumgarten. *The New Yorker*, April 21, 2008, pp. 106-115. Proxemics and US Culture by Judie Haynes. Retrieved from [http://www.everythingsl.net/in-services/proxemics\\_elevator.php](http://www.everythingsl.net/in-services/proxemics_elevator.php) on April 19, 2008.



### You Are In An Elevator ...

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- What are the rules are for standing in the elevator? Where do people stand when there are only two or three people? What happens when a fourth person enters the elevator?



### You Are In An Elevator ...

- What are the rules are for standing in the elevator? Where do people stand when there are only two or three people? What happens when a fourth person enters the elevator?
- If there are only two or three people on an elevator, each person usually leans against the walls. If a fourth person boards the elevator, the four corners are normally occupied.



### You Are In An Elevator ...

- What happens when the elevator becomes more crowded and there are now four or more people?



### You Are In An Elevator ...

- What happens when the elevator becomes more crowded and there are now four or more people?
- When there are more than four people on an elevator, the occupants begin to follow a complex set of rules for behavior. Everyone turns to face the door. Hands, purses, and briefcases hang down in front of the body. People usually scrunch up, rounding their shoulders, so that they take up as little space as possible.



### You Are In An Elevator ...

- How close will people stand? What is allowed to "touch?"



### You Are In An Elevator ...

- How close will people stand? What is allowed to "touch?"
- People don't touch each other in any way unless the elevator becomes very crowded, and then they only touch at the shoulders or upper arms. If you see an overcrowded elevator, you will probably choose to wait for the next one.




### You Are In An Elevator ...

- What do people look at in a crowded elevator?




### You Are In An Elevator ...

- What do people look at in a crowded elevator?
- Everyone usually looks at the floor indicator located above the door.




### You Are In An Elevator ...

- When is it permissible to talk to the other people?




### You Are In An Elevator ...

- When is it permissible to talk to the other people?
- It is unusual for strangers to speak to each other in an elevator unless they are sharing some kind of similar experience (such as a conference) People who do know each other will usually speak softly. When a group of people enter the elevator and do not follow these rules, other occupants usually feel very uncomfortable.




### You Are In An Elevator ...

- If you think this behavior is exaggerated, the next time you are on an elevator, don't face the door. Turn around and face toward the other occupants. See what their reaction is. If you really want to upset everyone, give them a big grin.




With the resulting task analysis looking something like this...

Production	Social	Navigation
		Locate elevator
Press correct button		
	Wait	
	When door opens, wait for others to leave	
		Enter elevator
		Turn around
Press correct button or ->	Ask for button to be pressed	
		Adopt appropriate distance from others
Monitor floor(s)		Exit elevator at correct floor
		Proceed to destination



At This Point It Might Be Appropriate for Us to Discuss Some of the Issues Related To:

***PROBLEMATIC BEHAVIOR IN ADOLESCENTS AND ADULTS!***



There cannot be a crisis next week. My schedule is already full.  
**Henry Kissinger (1923 - )**



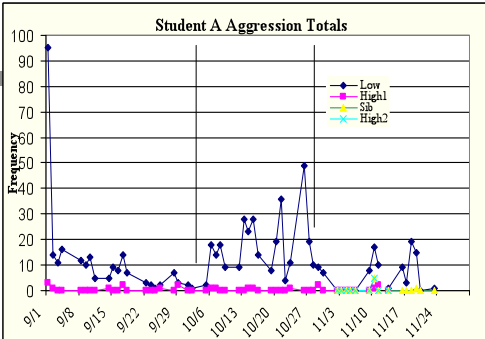
### Specific Deficits That May Predispose Individuals to Engage in Problematic Behavior

- Limited access to reinforcement
- Low tolerance to change
- Difficulties with unstructured time/Restricted leisure skills repertoire
- Selective attention by support staff
- Confusion
- Difficulties with waiting or delaying R+
- Poor environmental congruence
- Inability to exercise appropriate control over their environment



### Issues in Behavioral Intervention With Adolescents & Adults With ASD

- The importance of the appropriate use of positive reinforcement remains significant.
- Function, function, function
- Why do I think I have to intervene?
- To what extent does the display of the behavior limit his or her life?
- When is a "behavior" an "idiosyncrasy"?



Gerhardt, P.F., Weiss, M.J., & Delmolino, L. (2003). Treatment of severe aggression in an adolescent with autism: Noncontingent reinforcement and functional communication training. *The Behavior Analyst today*, 4, 386-394. Available on-line at <http://www.behavior-analyst-today.com/VOL-4/BAT-4-4.pdf>



### And as of 2007...

- His was supported as an adult at less than 1/3 the cost of his educational program
- He volunteers at the food bank
- He regularly goes out to restaurants for a sit down lunches and dinners
- Regularly exercises in the community (walking) 2-3 times per week and at the gym
- He works with a wide number of staff with whom he feels comfortable
- In 2006 he was elected as Elk of the Year. He is well liked by all the Elks members!



### Four Basic Transition Skills Relevant to All Students

1. The ability to assess themselves including skills and abilities and the needs associated with their disability
2. Awareness of the accommodations they might need
3. Knowledge of their rights to these accommodations, and
4. The advocacy skills necessary to express their needs across multiple environments.



This, in other terms, is self advocacy. Self advocacy is global term for an individual's ability to effectively and appropriately argue on their own behalf for change that is directly relevant to their own lives. Given that, perhaps the more correct term for this ability is simply, advocacy.



### Specific Areas of Advocacy Instruction

- Legal and civil rights
- Service acquisition and choice
- Personal safety
- Social relationships
- Sexual relationships
- Choice and control



### Some Poorly Understood Forms of Advocacy

- Aggression
- Self injury
- Disruption
- Elopement
- "Non-compliance"
- "Obsessing"
- Nagging or badgering



## Support in the workplace



I first met Max about 10 years ago at a meeting to determine employment options. "So tell me Max," I said after the introductions were completed, "what type of job do you think you would like?" He thought for a moment and then proceeded to describe what he envisioned as the perfect job. "First" he said, "I don't want to get up early. Second, I don't want to sweat." He thought a minute longer then added, "Oh yeah, and I want to make a lot of money." Fine, I thought, he wants the same job as I do.



### Main Entry: **in-de-pen-dent**

Pronunciation: "in-de-'pen-dent

Function: *adjective*

**1 : not dependent: as a (1) : not subject to control by others** : (2) : not affiliated with a larger controlling unit <an *independent* bookstore> **b (1) : not requiring or relying on something else : not contingent** <an *independent* conclusion> (2) : not looking to others for one's opinions or for guidance in conduct (3) : not bound by or committed to a political party **c (1) : not requiring or relying on others (as for care or livelihood)** <*independent* of her parents> (2) : being enough to free one from the necessity of working for a living <a person of *independent* means> **d** : showing a desire for freedom <an *independent* manner>





Does an individual have to be independent to be employed? Certainly not but there does need to be some degree of interdependence.



#### Main entry: interdependent

Pronunciation: In-ter-di-pen-duh nt

Function: *Adjective*

1. mutually dependent; 2. depending on each other.



#### Considerations toward successful employment for learners with ASD

- ▣ There is a need to redefine work readiness
- ▣ Job sampling with sufficient instructional intensity to develop competencies is critical
- ▣ Developmental jobs v. Career Development
- ▣ A service economy requires one to be proficient at job carving
- ▣ Co-worker training and/or personal advocacy
- ▣ Autism Awareness needs to promote competence over disability
- ▣ Attend to the social dimension of the job
- ▣ Job match considerations



#### What is Job Match?

- ▣ Job Match (or goodness of fit; environmental congruence, etc.) is the extent to which a particular job meets the individual's needs in terms of challenge, interest, comfort, camaraderie, status, hours, pay & benefits. Ideally, as we move through the job market, we get closer and closer to our ideal job match.

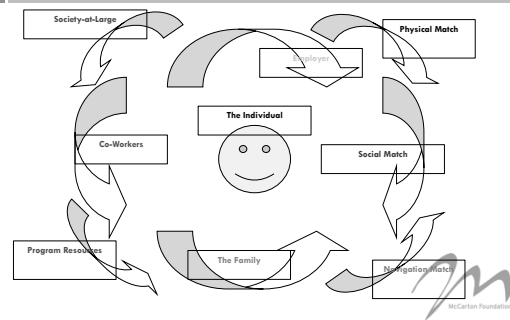


In the end, effective employment development and support requires a re-conceptualization of who our constituents are to include:

- ▣ *Individual with an autism spectrum disorder*
- ▣ *Their family*
- ▣ *Their employer and coworkers*
- ▣ *The community-at-large who benefits from their work.*



#### A few of the relevant factors...



## The Individual

- Was there adequate and intensive transition programming provided prior to graduation?
- What are the individual's interests?
- What are the individual's areas of strength? Of deficit?
- What are their current communicative competencies?
- What level of support will the individual need in the areas of life, social, and navigation skills?
- What safety skills do they possess?
- What job experience (if any) does the individual possess?
- What was the experience of the employer and the individual prior to graduation.



## The Physical Match

- Is the space accessible and other individuals willing to accommodate
- Challenging work that is, in effect, "doable".
- Job site that will not make the individual anxious..such as loud noises, smell, lights etc.
- Does the job require the individual to stand or to sit? Walk or remain in one place? Start early or start late?
- Is the job environment too hot, cold, loud, dark, etc.?
- Are the physical demands of the job compatible with the abilities/preferences of the individual (i.e. heavy lifting, etc.)?



## The Social Match

- What social skills need to be assessed prior to employment (based upon on-site observation)?
- Will there be ample time for social interactions with other employees?
- Does the job require too much social interaction with co-workers? Customers?
- Does the employer offer after hours social activities such as softball, bowling, etc.
- What type of dress code does the job require?
- How might the physical environment affect the social demands of the job (cubicle vs. desk, seat near a doorway, etc.) Can they be modified?



## The Navigation Match

- Safe and manageable environment
- Close proximity to home or accessible by reasonable transportation options.
- Can the individual navigate all components of the environment (elevators, stairs, cafeteria, restrooms etc.)?



## The Family

- Families are full partners in the process
- What is the family's overall vision of employment for the individual?
- Maintain high (yet reasonable) expectations for their son or daughter in terms of employment
- Support and encourage the individual to remain employed
- Assurances and commitment of attendance
- Keep channels of communication open
- Be willing to provide transportation in a pinch.
- Is there someone in the family who has an "in" at a potential place of employment (ex. Family business)?



## Program Resources

- Highly trained, dedicated and qualified staff and administration
- Commitment to career development v. job placement
- Able to offer training to employers and co-workers
- Understands that businesses are not nonprofits.
- Commitment to data-based decision making and evidence-based practice
- Reasonable staff to client ratio
- Access to reliable transportation
- Assurances and commitment of attendance
- Intensive support in early stages of employment followed by data driven and structured fading
- Clear, high expectations of the individual.



## The Employer

- Willing to commit to time and sensitive to accommodations
- Does the employer have experience of employing individuals with disabilities?
- Is willing to be part of the team on a regular basis
- Are able to define clear expectations and duties for employee.
- Able to promote equality and fairness to all employees.
- Able to empower the individual
- Does not look at this job as a "Token" or favor (i.e., Realistic and needed job, not one made up for the individual)
- Is willing to allow training for co-workers?
- Can identify areas of need for the employer/business?



## Co-workers

- Willing to participate in training
- Are there co-workers who can be counted on for support if needed (i.e. "natural supports")?
- Willing to treat all coworkers the same
- Willing to be honest and candid
- Sensitive to, and accepting of, any special accommodations.



## Society-at-Large

- Accept the individual as a contributing member of the community
- Avoid "feeling sorry" for the individual.
- Empower the individual
- Accept the "gifts" the person has to offer
- Respect the person as any employed adult in a job that is job socially significant, of value to the community, and personally fulfilling/significant for the individual?



## Process factors in employment and autism

- Transition to employment needs to be systematic and it needs to be reinforced.
- Pre-employment assessments as to both interests, abilities, and deficits are critical
- Self advocacy is a good thing BUT part of self advocacy is being able to accept "no" as an answer
- Interview skills are ALL social and navigation skills, there are few, if any, production skills involved.



## The job interview...

***It's a cliché but you only get one chance to make a first impression.***

And there is no better example of that than the job interview. Not only does your first impression have to be good, it has to be as good or better than other individuals interviewing for the same job.



## Phase I: Why do I want this job?

- It is hard to fake enthusiasm for a job you really don't want. So before you apply, ask yourself.
  - Is this the right job for me?
  - What about this job interests me?
  - What do I really know about this job and what my responsibilities would be?
  - What do I really know about this company?



## Phase II: Learn more about your potential employer

- Before the interview, you really should know a fair amount about the company including such things as corporate policies, image, and culture. This can be accomplished by:
  - Checking out the company website.
  - “Goggling” the company or, if possible, the person conducting the interview.
  - If possible, arranging a visit or speaking with a current or past employee.
  - But however you get this information, take some notes to reference during your interview



## Phase III: Complete a personal inventory

- If after researching the company you still want this job then you need to start “building your case” by completing a personal inventory.
  - How do your strengths and interests relate to this job? Your challenges or deficits?
  - Come up with CONCRETE examples of what your skills have allowed you to accomplish and how you have met and overcome challenges.



## Phase III: Complete a personal inventory

- Don't be afraid to discuss specific weaknesses or challenges. You will be asked about these and it is best to come prepared with an answer.
- Only discuss those challenges that might be relevant to the job. The fact that you may not have a girlfriend is of no business to the interviewer.
- Attempt to state challenges in a potentially positive light, e.g. “Sometimes I get so focused on my work that I am not much of a socializer.”



## Phase IV: Follow-up with your references.

- Develop a list of personal, professional and academic references who can speak (positively) on your behalf.
- Contact them and ask if they are willing to offer you a reference.
- Unless you plan to disclose up front, avoid references from individuals who know you **primarily** through your status as a person on the spectrum.



## Phase V: The actual interview

- A study completed by A. Krause (2000) at the University of Texas at Dallas indicates that interviewers assign differential importance to different interview “behaviors”. Among the most highly ranked are enthusiasm, communication skills, self-confidence, well groomed, politeness, and steady eye contact.




## What do we mean by the term “SOCIAL SKILLS”?

- Social skills might best be understood as access and navigation skills... they are how we acquire desirables and avoid negatives by successfully navigating (and manipulating) the world around us. They are complex, multilayered skills that are bound by both content and context.




### Non-social (navigation and production skills) aspects of the interview process

- Promptness
- Dress appropriately. It is always better to be overdressed than underdressed
- Come equipped with
  - Copies of your resume
  - Pen and paper
  - Knowledge of the company and the position
  - Prepared questions for you to ask
  - Photo ID



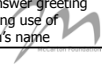
### Social Aspects of the Interview Process

- Establish and maintain eye contact.
- Smile
- Shake hands
- Listening skills
- Knowing when to talk
- Knowing when not to talk
- Knowing when to stop talking
- Staying on topic
- EVERYTHING ELSE YOU CAN POSSIBLY IMAGINE




### Interview Survival Skills...

<b>Task</b>	<b>Necessary: Skills upon which independence may depend (social survival)</b>	<b>Preferred: Skills that support independence but may not be critical</b>	<b>Marginal: Skills that, while valuable, may be negotiable (social competence)</b>
<i>The Job Interview</i>	Be on time/dressed appropriately. Be polite. Avoid controversy. Answer questions. Make eye contact.	Appear relaxed and confident. Ask relevant questions and avoid irrelevant ones.	Comment on items in the office (photos, awards) and possible common interests.
<i>Halfway Greeting</i>	Respond to the greeting with acknowledgement (head nod)	Orient briefly toward the person and offer acknowledgement	Orient, acknowledge and answer greeting including use of person's name




### Dealing with the social aspects of the job interview

- Become an actor
  - A job interview is a brief commercial in support of yourself. While it is important to be honest, the focus of this commercial needs to be on the "best-case you" and not dwell on limitations or negative thoughts.
  - Practice, practice, practice (but don't memorize)




### Dealing with the social aspects of the job interview

- In response to the request to "tell me a little about yourself"...
  - Tell employers what you consider important about you
  - Talk about what it is about you that makes you a strong candidate
  - Focus on accomplishments both professional and personal
  - Avoid an extensive discussion of hobbies and other personal information



### Dealing with the social aspects of the job interview

- Topics to avoid (which may simply been seen as "statements of fact" by some on the spectrum)
  - Ethnicity and/or race
  - Gender issues/preference/sexuality
  - Religion
  - Politics
  - Security
  - Jokes about any of the above



## Dealing with the social aspects of the interview process

- Learn to fake some of skills
  - When it comes to eye contact during the interview you have three options: Make it, fake it, or disclose to some extent
- Provide alternate rationales
  - "I would shake your hand but I have a bit of cold and would hate have you get it."
- Disclose



## Disclosure...

- Employers cannot ask you if you have a disability. However,
  - Depending on your particular constellation of challenges, disclosure might be a viable option
  - There are a number of levels of disclosure before you get to "full disclosure"
  - You can disclose in way that emphasizes the positive aspects of your disability (e.g. intelligent, honest, great attention to task, sticks to schedules bound, etc.)



## Disclosure...

- "I think it is important for you to know that I have Asperger syndrome, which describes people with above average intelligence and some difficulties socializing. In no way will this interfere with performing the duties of this job. What you may have noticed about me is that I do not socialize much or make perfect eye contact. But I am usually very productive because I am not socializing and I am always honest and reliable. I hope this not dissuade you from considering me for this position."

*Jed Baker, Ph.D., (2005)*



## Job interviewing training and instruction

- In the final assessment, it is all about practice.
  - You can solicit help from your parents or teachers to help you practice your interview skills BUT:
    - *It is much better if you can practice your skills with someone who actually conducts business-related job interviews as they have a better understanding of the standards of success.*



## Job interviewing training and instruction

- Videotape your rehearsals so that you can actually see
  - What you did well
  - What you did not so well
  - In what areas you demonstrated improvement
- Consider the interview to be in three parts (first impression; questions and answers; and closing) and judge each accordingly.



## Phase VI: Ending the interview

- Stand and be prepared to shake hands and make eye contact
- If you have not been given one, ask for the interviewers business card
- Reiterate one or two reasons why you should be considered the best candidate for the job
- Say "thank you" for their time and interest
- Send a follow-up **letter** of interest (Do not send an e-mail) within 24-48 hours




## More About The Social World





### Social Threads of Discussion From the Douglass Group

- "I just want someone to show me the rules."
- Independence and respect are important.
- "If you NTs have all the skills, why don't you adapt for awhile?"
- There is little potential for distinction between who they are and their status as a person with AS.
- It's not so much knowing the skill but using the skill.




### The Increasing Demands of the Social World

- Your social demands are often lowest within your home. Why? Because you set the rules of acceptable behavior.
- Your social demands at work are higher. However, work is a somewhat scripted social environment and one with a secondary measure of competence (i.e., production).




### The Increasing Demands of the Social World

- Next comes the community at large. Why? Because in the community you have less control over events and actions that impact you.
- Lastly comes the world beyond your community. Whether a different social circle or different country, chances are your social skill repertoire may be less than adequate.




### The Urinal Game: Which to Choose?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
	☺		☹		
	☹		☹		☺
	☹	☹	☹		☺ ☺



### Challenges to Adequate Social Skill Instruction or Support

- The nature of ASD
- Social skills, by their very nature, are variable across environment, time, task, and people
- Social skills have diverse criteria of competence
- Social skill instruction involves both when and when not to use the skill as a function of multiple cues
- Failure, on the part of the instructor, to adequately assess social demands
- Failure, on the part of the instructor, to adequately prioritize social skill instruction
- Failure, on the part of the instructor, to provide sufficient examples and opportunities to use the taught skills
- Failure, on the part of the instructor, to consider providing social skill support and instruction to the NT cohort
- But there are some things that can be done ...



Strategies to Promote Social Competence		
Demand Assessment	Role Play	Social Stories or Scripts
Power Cards, etc.	“Fluency” Training	Self-monitoring
Direct Instruction – Video Modeling	Generalization Training	Meta-cognitive Strategies
Provide opportunities to use the skills taught	Naturalistic Strategies and Support	Train the NTs!

## Demand Assessment

- Demand assessment requires that instruction mirrors the actual environmental demands of a particular situation or situations so that those social skills with the greatest functional relevance are those that are taught first.



## Role Play

- Role play involves the repeated rehearsal of a particular social situation or situations. If role play is to be effective, it must:
  - Reflect the real environmental demands
  - Be practiced under a variety of conditions
  - Be practiced to a fluency level
  - Low frequency skills may need to be revisited on occasion



## Social Stories or Scripts

- Popularized by Carol Gray, social stories or scripts provide a written “lesson plan” for particular social situations from the learner’s perspective. Often times, social stories are focused on skill development for identified, challenging situations (e.g., haircuts).



## Direct Instruction/Video Modeling

- Myles & Southwick (1999) discuss direct instruction as a viable method of social skill instruction and support. DI instructional sequence includes
  - Rationale: How and why
  - Presentation: Active and multimodal
  - Modeling: Show what to do (videotape)
  - Verification: Does the learner understand the skill (video modeling)
  - Evaluation: Does the learner use the skill during DI
  - Generalization: Does the learner use the skill outside DI



## Self Monitoring

- Self monitoring involves providing individual learners with specific strategies for monitoring their own social interactions. This may involve counters, check sheets, palm pilots or timers and may be used in conjunction with other strategies.





## Use the Skills

- In social skill instruction, try to focus primarily on those skills used 1) most often and 2) generate the biggest individual payback. Instruction in social skills that are infrequently used or for which the payback is less obvious (or less desirable) may be particularly challenging for both the learner and the instructor.



## Train the NTs

- Remember, social skills are bi-directional. Attention may need to be paid to both ends of the interaction.



## Sexuality & Sexuality Instruction with Learners with Autism Spectrum Disorders and Other Developmental Disabilities

*Original Presentation Developed by:*  
*Peter F. Gerhardt, Ed.D., and*  
*Megan Atthowe, RN, BCBA*



This presentation contains language and imagery of a sexual nature and may be considered inappropriate for younger listeners.



## Sadly...

- Sex and sexuality, as serious topics for discussion, are ones that many of us would rather avoid than address. This may be even more true when the issue is sexuality and learners with ASD.



## Sexuality Defined

- "Sexuality is an integral part of the personality of everyone: man, woman, and child. It is a basic need and an aspect of being human that cannot be separated from other aspects of human life. Sexuality is not synonymous with sexual intercourse [and it] influences thoughts feelings, actions, and interactions and thereby our mental and physical health" (WHO, 1975)



## Historical Considerations (Sobsey, 1994)

- Eugenics Movement
  - Starting in the late 1800's laws were passed banning marriage or sexual intercourse involving women with a developmental disability or epilepsy (Sobsey, 1994).
  - Between 1907 & 1957 (and later in some cases), some 60,000 individuals with a developmental disability were sterilized without their consent or, at times, knowledge.



## Historical Considerations (Sobsey, 1994)

- Both programs were designed to 1) protect learners with a developmental disability from sexual abuse and 2) eliminate developmental disabilities by restricting reproduction.
- Until the mid-1960s such actions remained relatively commonplace with displays of sexuality by learners with developmental disabilities punished as inappropriate or deviant.



## Myths about Sexuality

- In the community at large, there continue to exist a number of myths regarding sexuality and learners with ASD including:
  - Persons with ASD and other developmental disabilities have little or no interest in sexuality.
  - Persons with ASDs and other developmental disabilities are hypersexual.
  - Persons with ASD are solely heterosexual



## But the Truth Is...

- Persons with ASD are sexual beings. However, individual interest in sex or in developing an intimate sexual relationship with another person varies widely across individuals at all ability levels. As such, there is a significant need for individualized, effective instruction for persons with ASD across the ability spectrum.



## But please remember:

- Individuals with ASD may have sexual feelings that are out-of-sync with their level of social development and awareness
- As kids grow older, their social and sexual skill sets are likely to become more disparate with their chronological age and appearance
- Other people, however, will base expectations on their chronological age, NOT their developmental age

(American Academy of Pediatrics, 1996; Koller, 2000; Volkmar & Wiesner, 2004)



## When it comes to sexuality, what we don't know...

- In two (somewhat) recent studies, (McCabe & Cummins, 1996; Szollo & McCabe, 1995) researchers concluded that individuals who have an intellectual disability have lower levels of sexual knowledge and experience in all areas except menstruation and body part identification when compared to a typical student population.
  - Watson, Griffiths, Richards, & Dysktra, (2002). *Sex Education*, In Griffiths, Richards, Federoff, & Watson (Eds.). *Ethical Dilemmas: Sexuality and Developmental Disability*. (pp 175-225). Kingston, NY: NADD Press



## Can often hurt us.

- Stokes, Newton, & Kaur (2007) examined the nature of social and romantic functioning in adolescents and adults with ASD. What they found was that individuals with ASD were more likely than their NT peers to engage in inappropriate courting behaviors; to focus their attention on celebrities, strangers, colleagues, and exes; and to pursue their target for longer lengths of time (i.e. stalking).



## Sexuality education should be proactive

- Griffiths, (1999) notes that most learners with a developmental disability receive sexuality education only after having engaged in sexual behavior that is considered inappropriate, offensive or potentially dangerous. This may be considered somewhat akin to closing the barn door after the horse has run.



## Some guidelines for teaching

- Think ahead and be proactive\*
- Be concrete
- Serious, calm, supportive
- Break larger areas of information into smaller, more manageable blocks
- Be consistent, be repetitive



\*Source: L. Mitchell, RCSW, The Cody Center

## Some guidelines for teaching

- What are the practical implications\*
- Teach all steps and in the correct order\*
- Consider using multiple instructional mediums\*
- Incorporate the social dimension of sexuality when and wherever appropriate



\*Source: L. Mitchell, RCSW, The Cody Center

## Teaching materials

- Creating your own is easy and less costly
- Resources include:
  - ▣ Medical and nursing textbooks
  - ▣ Patient education materials
  - ▣ Sexuality education books at the library
  - ▣ Google Image search
  - ▣ Planned Parenthood
  - ▣ Homemade digital photos & videos (NOT of nudity or private activities)



## Guidelines for making materials

- Individuals with autism may attend to irrelevant details, so avoid visual clutter and make the relevant stimuli obvious
- Skills that are not generalized are not useful skills, so provide multiple examples of the same concept to aid generalization
- For example...



## Goals of a comprehensive sexuality education

- Provide accurate information
- Develop personal values
- Develop the necessary social competence



## Central Instructional Concepts

- Public versus private behavior
- Good touch versus bad touch™
- Proper names of body parts
- "Improper" names of body parts
- Personal boundaries/personal spaces
- Masturbation
- Avoidance of danger/Abuse prevention
- Social skills and relationship building
- Dating skills
- Personal responsibility and values



## Masturbation

- Is normal and should not be condemned
- Exploration of genitals for self-pleasure begins in infancy
- Most people with autism learn to do it on their own, although some may have difficulty reaching orgasm
- Ineffective masturbation may contribute to ritualistic behaviors in some people with autism
- Masturbation may be the only realistic outlet for sexual release for some people with autism

(Alley et al., 2003; Koller, 2000; Nehring, 2005; Volkmar & Wiesner, 2004)



## Goals of Comprehensive Sexuality Education: VALUES

- To develop personal values reflective of family, religious and cultural values in such areas as:
  - ▣ Personal responsibility
  - ▣ Right v. wrong
  - ▣ Self esteem
  - ▣ Interpersonal respect
  - ▣ Personal limits



## Goals of Comprehensive Sexuality Education: SOCIAL

- Promote the development of adequate and effective social repertoires inclusive of:
  - ▣ Decision making skills
  - ▣ Personal advocacy
  - ▣ Peer refusal skills (i.e., a functional "no")
  - ▣ Avoidance of dangerous situations
  - ▣ Dating
  - ▣ And anything and everything else...

Source: NICHY News Digest, Vol. 1(3), 1992. Available on-line at nichy.org



## The Issue of Sexual Abuse and Exploitation



### Sexuality Education – Abuse and Exploitation

- Despite our best efforts, people with developmental disabilities are victims of sexual abuse and exploitation at a rate much higher than that of the NT population. While appropriate education in sexuality issues cannot assure that no person will be the victim of sexual abuse, failure to provide such training would certainly appear to increase the risk.



### Sexuality Education – Abuse and Exploitation

- Mythologies related to sexual abuse:
  - There is no real risk
  - Well, he/she would never be in that situation anyway
  - I can ensure 24 protection and guarantee that he/she doesn't even have the opportunity for appropriate sexual relations (denial of individual rights) let alone inappropriate ones

Adapted from: Schwier, K.M., & Hingsburger, D. (2000)



**Sexuality Education increases the likelihood that people with disabilities will either have the skills to stay safe, or will be more likely to report victimization after it occurs.**



### Challenges to Supporting Adults

- Discontinuous services
- Dearth of services
- Limited interest
- Staffing concerns
- Access to adequate medical services
- Issues with the criminal justice system
- Substance abuse issues



**Quality of Life as a Transition Outcome**




**What does ABA have to offer Quality of Life Considerations?**



“...happiness among people with profound multiple disabilities can be defined, reliably observed, and systematically increased” supporting the fact that “the contributions of behavior analysis for enhancing the quality of life among people with profound and multiple disabilities may be increased significantly.”


C. Green & D. Reid, 1996



### Quality of Life is Not a New Concept

Not life, but good life, is to be chiefly valued.


**Socrates (469 BC - 399 BC)**



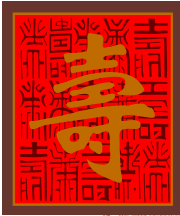
### QOL as a human right?

All persons enjoy the “right to be left alone, [ ] the privilege of an individual to plan his own affairs,... to shape his own life as he thinks best, do what he pleases, go where he pleases [ ] the freedom to walk, stroll or loaf.”

Supreme Court Justice William O. Douglas (1973)




### But what is meant by “Quality of Life?”

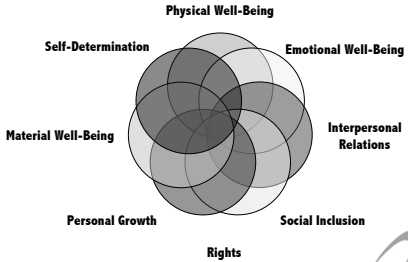



### What does QOL mean? (R. Schalock, 2001)

- Quality of life is a term used to describe a **temporal** condition of **personal satisfaction** with such core life conditions as physical well-being, emotional well-being, interpersonal relations, social inclusion, personal growth, material well being, self-determination, and individual rights.



But the interaction of these core life conditions is extremely complex, generally non-linear and, at least in part, idiosyncratic.





We subsequently can operationally defining QOL by what it is by using certain "core indicators" For Example:

Examples of Core Indicators	Physical Well-Being	Social Inclusion	Material Well-Being	Self-Determination
	Physical Health	Community Participation	Finances	Autonomy and Control
	Access to Health Care	Community Roles	Employment	Choices
	Access to Leisure	Social Supports	Housing	Person Centered


McCarton Foundation  
Schalock, Robert (2001)

## Choice, control and competence in Quality of Life




### Choice, Control, and Competence in QOL: CHOICE

- The ability to make uncoerced choices and have those choices honored is integral to one's perception of QOL. From the moment we wake up each day we are presented with choice making opportunities that may impact our lives. Should I hit the snooze? Should I have breakfast? What should I wear today? And so on ... How well we make these choices, and how frequently our choices are, if not granted, at least acknowledged, greatly contributes to our personal sense of well being: our Quality of Life




### Choice, Control, and Competence in QOL: CONTROL

- We all desire some degree of control over our fates. Much of this sense of control we get by making or, at least, participating in decisions that directly impact us. The more control we exhibit over decisions relevant to our lives, the more satisfied we feel as a person and the greater our sense of well being: our Quality of Life.




### Choice, Control, and Competence in QOL: COMPETENCE

- The interplay between choice and control is an area called competence. We generally chose to engage in tasks where we have some demonstrated or emerging level of proficiency. We may control the situation along such parameters as how long we work on a task, whether we work in public or in private, or whether we give up on a task all together. The better we are at some personal and public assortment of tasks, the better our sense of well being: our Quality of Life.



### What variables are most likely to enhance the QOL of different individuals at different times in their lives?

	Choice	Control	Competence
Childhood	Simple "either/or" choices	Limited	Access to tangibles
Middle School	Development of choice making skills & repertoire	Intermittent	Access to tangibles self scheduling & monitoring
Transition	"Dignity of Failure" becomes issue	Intermittent across multiple settings	Job sampling outcomes, access to tangibles x settings, self sched.
Young Adult	Where to work, live, eat, vote, etc. Risk/ Benefit Analysis	Moderate across settings & routines	Job w/ career path, access to tangibles x settings, self sched., desired social life
Adult	Where to work, live, worship, eat, vote, sleep with, etc.	Significant	A life




But what is happiness except the simple harmony between a man and the life he leads.

**Albert Camus (1913 - 1960)**

That's the difference between me and the rest of the world! Happiness isn't good enough for me! I demand euphoria!

**Calvin, speaking to Hobbs**




If I had to live my life again, I'd make the same mistakes, only sooner.

**Tallulah Bankhead (1903 - 1968)**

"Oscar, you know that's not good for you!"

"Felix, when I look back on the best times on my life, none of them were good for me!"

**Felix Unger and Oscar Madison  
The Odd Couple**




It's just a green straw...





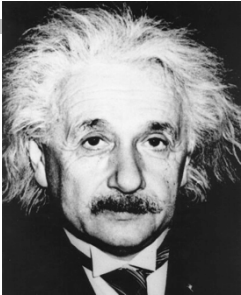
*"You must be the change you wish to see in the world"*

*Mahatma Gandhi*



*"All our science, measured against reality, is primitive and childlike- and yet it is the most precious thing we have."*

Albert Einstein



T. Zane, 2008

