ASPERGER SYNDROME, MORE THAN A DISABILITY:
A HANDBOOK FOR DEPARTMENT OF REHABILITATION COUNSELORS

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A Project

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ASPERGER SYNDROME, MORE THAN A DISABILITY:
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A Project

by

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Department of Special Education, Rehabilitation, School Psychology and Deaf Studies
Abstract

of

ASPERGER SYNDROME, MORE THAN A DISABILITY:
A HANDBOOK FOR DEPARTMENT OF REHABILITATION COUNSELORS

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Kamie V. Retuta

The author of this project realized the need for a handbook about Asperger syndrome [AS] as it relates to employment after speaking with a variety of seasoned vocational rehabilitation professionals in the field. Ongoing research in this specific area has increased the awareness of the disability and the challenges that adults with AS face in the employment world as a result of their social, communication, and behavioral impairments. Research has also proven that the symptoms, impairments, and challenges that adults with AS face vary widely and can substantially debilitate individuals from securing or maintaining employment. The need for a handbook for vocational rehabilitation counselors employed with the California Department of Rehabilitation [DOR] was developed as a response to the anticipated increase of individuals with a diagnosis of AS, who do not qualify for services through Alta California Regional Center [ACRC], and who will be referred to the DOR for employment services. The handbook
entitled *Asperger Syndrome, More Than a Disability: A Guide for Vocational Rehabilitation Counselors*, has been developed.

____________________________________, Committee Chair
Guy Deaner, Ph.D.

____________________________________
Date
DEDICATION

I dedicate this project to the members of the University of California, Davis, MIND Institute Asperger Syndrome Employment Support Group for opening my eyes.
ACKNOWLEDGMENTS

There are many people to whom I would like to express my sincere appreciation for the guidance, patience, support, and kindness they have shown unto me throughout my master's program and especially through the compilation of this project. First and foremost, I would like to convey my greatest thanks to God for his unconditional and endless love, support, and guidance. Secondly, I would like to thank each and every one of my family and my best friend, Aldrin Zapanta, for their constant source of encouragement, love, and emotional and financial support. It has been a long road but, because of all of you and God, I made it to the end.

To Dr. Guy Deaner, Program Coordinator, and faculty members Dr. Richard Koch and Mark Frayser in the Department of Special Education, Rehabilitation, School Psychology and Deaf Studies, I will be forever thankful for preparing me and providing me with guidance and support to complete the project. I will also be eternally thankful to Almon Holmes, Rehabilitation Supervisor, for taking me under his wing and granting me the internship opportunity at his office. Thank you to all of my mentors and staff from the Department of Rehabilitation at the Woodland, Roseville, and Northeast offices for granting me the opportunity to work, learn, and apply all of the knowledge I had gained during my preparation for the field. I am extremely thankful for the knowledge you have shared with me with respect to vocational rehabilitation counseling.

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I would like to extend my thanks to everyone in the University of California, Davis, MIND Institute Asperger Syndrome Employment Support Group; thank you for allowing me to interview you and showing me the positive aspect of having Asperger syndrome. I also want to thank Ms. Patti Diamond, Training Coordinator for the Alta California Regional Center [ACRC], for allowing me to interview her.

Lastly, I would like to thank every single one of my friends for the emotional support and encouragement they have given me throughout the process. Everyone whom I have mentioned in this acknowledgment has, in one way or another, made this dream of mine to help people with disabilities improve their livelihood into a reality. For that, I would like to say thank you!
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A diagnosis of Asperger syndrome [AS] is usually made early in life. However, many adolescents and adults go through childhood undiagnosed, “. . . partly due to the lack of a clear distinction between individuals who have compensated well for AS, and those who are socially clumsy and take themselves to be, and are taken, normal” (Tantum, 2000, p. 47). Their normal intellectual abilities, language development, and physical appearance can partly explain why adolescents and adults can go undetected (Johnson & Rausch, 2008) leaving people without appropriate early intervention services and support to address their deficits. As a consequence, few individuals find suitable employment. Those who are employed do not reach their potential or cannot maintain employment (Barnhill, 2007). In addition, their risk for developing long-term problems, such as comorbidity, increases (Portway & Johnson, 2005).

Asperger syndrome is defined as a congenital neurodevelopmental disorder with normal language and cognitive development as well as significant sensory, social, communication, and behavioral impairments (Attwood, 2007; Center for Disease Control [CDC], 2012a). The core impairments of this population--social, communication, and behavioral deficits--manifest in a variety of ways and are symptoms that individuals with AS live with all their life (Attwood, 2007).

Because they are challenged every day by the manifestations of their core impairments, the world of work is a nightmare. Some describe their challenges as having
difficulty connecting with or relating to their co-workers, while others experience difficulty engaging in social conversations (AS Support Group, 2012). In any case, the symptoms associated with AS debilitate individuals from independently and appropriately performing job development activities that lead to the attainment of a suitable job and status of self-sufficiency (Hendricks, 2010). Their challenges also significantly reduce their ability to establish good working relationships with their co-workers (AS Support Group, 2012), thereby reducing their level of job satisfaction.

To assist people in their journey towards employment, Alta California Regional Center [ACRC] and the California Department of Rehabilitation [DOR] have been the two primary agencies offering employment services to assist individuals with AS obtain and maintain employment.

Statement of the Problem

Although the associated risk of AS can be substantially handicapping, the change of ACRC’s eligibility criteria has turned away many individuals with only a diagnosis of AS, leaving adults with no services to address their employment needs and to help them secure and sustain employment (personal communication, P. Diamond, July 11, 2012). According to Diamond, ACRC’s training coordinator, applicants who do not meet ACRC’s eligibility criteria, but are believed to qualify for services through the DOR, are referred and encouraged to submit an application for services; therefore, DOR is going to receive more applicants with a disability of AS (see Appendix A).

DOR supervisor Almon Holmes (personal communication, July 15, 2012) foresees an influx of clients who will be referred to the DOR for employment services as
a result of the drastic reduction of ineligible ACRC applicants (see Appendix A). As a result of the anticipated increase of applicants with AS seeking employment services from DOR, the expertise of Senior Vocational Rehabilitation Counselors, Qualified Rehabilitation Counselors, and Job Developers working in partnership with each other to assist people with AS find employment was surveyed. The results from the survey affirm there is a shortage of DOR counselors who are properly trained and possess adequate knowledge about the diversity and negative implications of the disability. The results also indicate that more than half would benefit from a handbook about employment-related services that would address the social and communication impairments of people with AS at their place of employment, thereby increasing their chances for success (see Appendix B).

In response to the anticipated influx of AS clients and survey of rehabilitation professionals, a handbook entitled *Asperger Syndrome, More Than a Disability: A Guide for Vocational Rehabilitation Counselors* will be developed (see Appendix C). The handbook will increase the competence of rehabilitation professionals to identify suitable employment goals and appropriate individualized employment services that will assist their consumers with AS to secure and maintain employment. The handbook will also increase the expertise of rehabilitation professionals in the area of AS to serve as advocates for their consumers.
Limitations

Time

Data garnered by the author during the production of the literature review were collected from interviews of rehabilitation professionals and adults with AS; peer-reviewed journal articles, books, and government and state agency websites between the years of 2001-2012. The content of the handbook is also restricted to the data gathered from the resources that were dated between the years of 2001-2012.

Population and Geography

The intended readers of this project are Vocational Rehabilitation Counselors/Qualified Rehabilitation Professionals [QRP], Employment Coordinators [EC], and Service Coordinators [SC] in the Sacramento, California region. Rehabilitation professionals such as job developers, job coaches, and employment specialists will also benefit from the information provided in the handbook. Though individuals diagnosed with Asperger syndrome and their loved ones are not the intended audience of the handbook, they may benefit from the third part of the guide, which is a list of community services that offer job development support services.

Author Bias

The content of the guide is based on the information obtained from the author’s preference regarding appropriate services and belief of this population’s potential for employment. In addition, the content of this guide is based on the author’s belief that with accommodation, some of the associated “impairments” of AS can be an advantage to employers.
Definition of Terms

*Alta California Regional Center [ACRC]*

A collaborative state agency that provides life-long individualized support to all eligible individuals with a substantially intellectual and/or developmental disability, children at risk, and their families. Individuals with a diagnosis of Asperger syndrome [AS] were provided services through ACRC, but the label of AS alone does not qualify one for services though the regional center (ACRC, 2008b).

*Americans with Disabilities Act*

The Americans with Disabilities Act [ADA] is a legislation that was signed into law on July 26, 1990. The ADA protects individuals with disabilities from discrimination relating to employment, public services, public accommodation, services operated by private companies, telecommunications, and other matters that fall under miscellaneous (Job Accommodation Network [JAN], 2012).

*Asperger syndrome [AS]/Asperger’s disorder*

Asperger syndrome, sometimes termed Asperger’s disorder, is a disability under the Autism Spectrum Disorder umbrella. It is defined as a neurodevelopmental disorder with normal language and cognitive development; sensory processing impairments; and “. . . severe and sustained impairments in social interaction and development of restricted, repetitive patterns of behavior, interests, and activities [causing] significant impairment in social, occupational, and other important areas of functioning” (APA, 2000, p. 80). The symptoms and impairments associated with AS vary and range in magnitude from one individual to the next. The variety of symptoms and challenges that people with AS
experience is sometimes termed “spectrum.” In addition, the functional capabilities of people with AS range from severely disabled to high functioning (National Institute of Mental Health [NIMH], 2011).

Assistive technology

Assistive technology is any technological device or system that is utilized by people with disabilities to increase their ability to perform the essential functions of their job. Assistive technologies may be modified or customized to accommodate the needs of people with disabilities (DOR, 2012).

Autism

Autism is a neurodevelopmental disability on the Autism Spectrum Disorder umbrella. The disability is characterized by marked “. . . abnormal or impairment development in social interaction and communication and marked restricted repertoire of activity and interests” (APA, 2000, p. 75). Unlike Asperger syndrome, autism is also characterized by later language development. The levels of autism range from severely to high functioning (Brodwin, Brodwin, Howard, & Siu, 2009).

Autism spectrum disorder

As defined by National Institute of Mental Health [NIMH], 2011), autism spectrum disorder [ASD] is defined as a group of neurodevelopmental disorders. ASD is comprised of four core categories: Autism, Asperger Syndrome [AS] (sometimes called Asperger’s Disorder), Pervasive Developmental Disorder not otherwise specified [PDD-NOS], and Rett’s Disorder (sometimes called Rett’s syndrome). The term “spectrum” is
used to describe the “... wide range of symptoms, skills, and levels of impairment” that people diagnosed with an ASD can have (NIMH, 2011, n.p.).

California Department of Rehabilitation [DOR]

A state vocational rehabilitation agency that works in collaboration with community employment agencies and organizations to provide employment services to consumers with a mental and/or physical disability and who are seeking employment (DOR, 2011b).

Client/consumer

A term used by rehabilitation counselors or service providers to refer to any individual determined to be eligible for services based on the agency’s eligibility criteria (DOR, 2012). Consumer is a term that is used interchangeably with the term client.

Comorbidity

A mental disorder or physical disease independently coexisting with another disability. Common comorbid disabilities resulting from adverse experiences of adults with Asperger syndrome are depression, generalized anxiety, and obsessive compulsive disorder (Tantum, 2000).

Depression

As a result of the unfavorable experiences of adults with Asperger syndrome, depression, “... a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or longer” (PubMed Health, 2012b, n.p.), has been found to be a common comorbid disability (Tantum, 2000).
Direct employment

An employment program from which eligible participants of the Department of Rehabilitation receive guidance, job preparation, job search, and job placement service to help them obtain employment (DOR, 2012).

Employment outcome

A vocation or position a person holds at an employment site and for which the individual is paid in monetary value. Planning for employment outcomes of people with Asperger syndrome should involve a comprehensive intake to look at their strengths, needs, interests, and learning styles (DOR, 2012).

Functional limitations

Employment skills that are affected by an individual’s physical and/or mental disability. According to the DOR (2012), functional limitations include work tolerance, communication, interpersonal, mobility, self-care, and work skills.

High-functioning autism

High functioning autism [HFA] is a term used to describe individuals who have average to above average levels of intelligence and who are diagnosed with autism (AutismUnited.Org, 2012a). Individuals categorized as HFA are challenged with impairments that are commonly seen in the disability Asperger syndrome and autism. Examples of the impairments that one may be challenged with include: Delayed language and motor skills development; inability to understand abstract language, recognize emotions, and to engage in social conversations due to a lack appropriate social skills; and hypersensitivity or hyposensitivity to texture, smells, sights, and sounds.
Due to the similarities in impairments, individuals with HFA are sometimes confused with individuals with AS (AutismUnited.Org, 2012).

**Insomnia**

Insomnia in adults with AS is a result to the anxiety that is caused by problems at work and the challenges associated with work tasks (Tani et al., 2003). Within this specific population, insomnia can be defined as “. . . difficulty falling asleep, frequent awakenings during the night, or marked feeling or non-restorative sleep that has lasted for at least 1 month and is associated with daytime fatigue or impaired daytime functioning” (APA, 2000, p. 624).

**Job Accommodation Network**

The Job Accommodation Network [JAN] is a free, online employment consultation website for vocational rehabilitation professionals, people with a mental and physical disability, and employers. The purpose of the website is to provide disability employment specialists, people with disabilities, and employers with information regarding employment issues and practical work accommodations related to a disability (JAN, 2011).

**Job coach**

An employment specialist who utilizes intervention techniques to teach people with disabilities appropriate interpersonal skills to effectively socialize and establish relationships with co-workers. Job coaches also help individuals with disabilities learn to perform and complete the associated job tasks to the employer’s standards (Muller, Burton, Schuler, & Yates, 2003).
**Job developer/employment specialist**

A job developer is an employment specialist who provides job development assistance to individuals with disabilities. Some of the duties of a job developer include, but are not limited to: Establishing ongoing relationships with a variety of employers to promote and facilitate the placement of consumers; provide support to individuals with disabilities in a variety of job development activities such as locating job leads, accurately filling out applications, preparing individuals for interviews; and conducting follow-ups when applicants secure employment (Sacramento County Office of Education [SCOE], 2098).

**Obsessive compulsive disorder**

Obsessive compulsive disorder [OCD] is defined as “... recurrent obsessions or compulsions that are severe enough to be time consuming or cause marked distress or significant impairment” (APA, 2000, p. 462). OCD behaviors within the AS population stem from situations that cause severe anxiety. Individuals engage in the compulsive and ritualistic behaviors as an attempt to gain control over the situation and/or reduce their fear or discomfort (D’Arrigo, Mazzone, Mugno, Ruta, & Vitiello, 2010).

**Reasonable accommodations**

Rearrangement or modification of work tasks, environments, workstations and/or schedules to allow an individual with Asperger syndrome to continue to perform essential job functions of the position without posing undue hardship to employers. Accommodations may include assistive technology devices or involve the relocation of workspace to accommodate the needs of people with sensory impairments (JAN, 2012).
Rett's syndrome/Rett's disorder

Rett’s syndrome is a developmental disorder under the Autism Spectrum Disorder disability category (NIMH, 2011). It is caused by a mutation on the X-chromosome and causes sensory, motor, cognitive, autonomic, and emotional impairments (International Rett Syndrome Foundation [IRSF], 2012). People with Rett’s syndrome develop quite normally until the age of 6 to 18 months. Problems that are associated with the disability include symptoms similar to autism such as little to no interest in social interaction and delayed communication skills. Other problems include, but are not limited to, slowed physical growth, impairments with the use of hands, a gaited walk, seizures, breathing irregularities, muscle weakness, and a curvature of the spine (IRSF, 2012; NINDS, 2011). The impairments vary and range in severity from individual to individual (APA, 2000).

Undue hardship

Undue hardship is defined as any financial cost or difficulty that imposes hardship on employers to provide reasonable accommodations to their employees with disabilities (U.S. Equal Employment Opportunity Commission [EEOC], 2002).

Organization of the Project

Chapter 1 includes an introduction and statement of the problem. A solution of the problem is proposed and the limitations of the handbook are discussed. Lastly, the terms relevant to the project are defined. Presented in Chapter 2 is the review of the literature that is pertinent to the project. The methodology of the survey that the author utilized to determine the need for the project is described in Chapter 3. Also detailed is the development of the project from start to finish. The summary and recommendations
for future research and updates are contained in Chapter 4. Appendix A is comprised of the author's personal interviews with DOR counselors. The survey and tabulation of the results are presented in Appendix B. The guide developed for Department of Rehabilitation Counselors appears in Appendix C and is entitled *Asperger Syndrome, More than Just a Disability: A Guide for Vocational Rehabilitation Counselors.*
Chapter 2

REVIEW OF LITERATURE

Introduction

In this chapter, a review of the literature on Asperger syndrome, as it relates to employment, will be discussed. Special emphasis will be placed on:

Nature of the disability,
Asperger syndrome and functional limitations,
Asperger syndrome and comorbidity,
Asperger syndrome and reasonable accommodations in the workplace, and
Asperger syndrome and vocational rehabilitation.

Materials such as peer-reviewed journal articles, relevant books, and information from reputable government, educational, and research-based websites were utilized as a review of literature. Interviews focusing on the employment vocational rehabilitation experiences of adults with Asperger syndrome were also used as support of the literature.

Nature of the Disability

Asperger Syndrome [AS] is one of the disabilities under the Autism Spectrum Disorder [ASD] classification (Attwood, 2005). It is estimated that one in 88 individuals in the United States is born with an ASD (CDC, 2012a). AS is characterized as a congenital and life-long neurodevelopmental disorder with normal language development, average to above average intellectual functioning, narrowed and fixated interests, restricted repetitive behaviors, sensory processing impairments, and significant social and communication deficits. (CDC, 2012a; Higgins, Boughfman, Koch, &
Vierstra, 2008; Howlin, 2004; NINDS, 2011). The symptoms, skills, and impairments vary widely and may manifest as different challenges from one individual to another (Meyer, 2011).

Narrowed and fixated interest is a common characteristic in the population of people with AS. Individuals with this type of quality spend a significant amount of time gathering information on their favorite subject (Howlin, 2004). This type of quality can be problematic in social conversations when one incessantly talks about his or her favorite interest even though the other people are not interested at all (Howlin, 2004; NINDS, 2011). On the other hand, this quality can serve as a gift and an advantage when applied in the right context (Simone, 2010). As an example, an individual with AS who is interested in professional basketball maybe be found to be of high value by an employer who needs to keep track of statistics.

Restricted repetitive behaviors, exhibited as rigid specific routines or rituals with no functional reason behind them, are also commonly seen in people with AS. Individuals are typically inflexible and insist on following the same chain of sequenced events such as routinely preparing and organizing one’s workspace before beginning work tasks, dressing up for the day in a specific flow of events, or taking a certain route to work every day (Howlin, 2004; NAMI, 2012).

People with AS are challenged with sensory processing impairments (Attwood, 2007). Sensory processing impairments create a multitude of challenges for individuals with AS. Because they inappropriately process and organize incoming information from the different sensory systems, individuals may find the touch, sound, smell, and/or taste
of certain sensory stimuli overwhelming (Attwood, 2007; AutismUnited.Org, 2012b; NINDS, 2011). As an example, the smell of scent and of a particular perfume or lotion may be too strong for an individual with AS (AutismUnited.Org, 2012b). Also, an individual with AS may find a light touch unbearable, while another person may be perfectly fine with it (Blakemore et al., 2006).

People with AS are described to be socially awkward due to their lack of understanding of appropriate social skills and rules (Lennon & Rubin, 2004). Some have difficulty initiating, maintaining, and terminating dialogue with others (Muller, Schuler, & Yates, 2008). As an example, people with AS may barge into conversations or walk away during mid-conversation with others when the topic is no longer of interest to the individual with AS (Simone, 2010). Some are also challenged by the rules of personal space/body proximity, turn-taking, and eye-contact in social conversations (Howlin, 2004; Muller et al., 2003). Others may even have difficulty recognizing nonverbal cues such as complex facial expressions and body language (Lennon & Rubin, 2004; Howlin, 2004) or selecting appropriate topics to discuss (Muller et al., 2003).

Their idiosyncratic communication skills are also reason for people with AS to be described as socially awkward (Attwood, 2007; Howlin, 2004; Simone, 2010). Some people with AS have an extensive and elaborate vocabulary bank which can be of value when it is used in the right context. With their extensive vocabulary, people with AS can be quite exact. As an example, an individual with AS would not consider a bus and shuttle to be the same type of vehicle (Attwood, 2007).
Some people with AS also experience challenges that center on speech peculiarities and pragmatic language. Speech peculiarities exhibited by this population include odd inflection, lack of rhythm, rapid speech, and a monotonous pitch (NINDS, 2011). In addition, individuals with AS may have difficulty modifying the volume of their voice to fit the social context (Attwood, 2007).

Other communication challenges exhibited by this population also center on pragmatic language (Buitelaar, Guerts, Hagroot, Pinjacker, & Teunisse, 2009). They process verbal information quite literally. For these reasons, people with AS have difficulty understanding implicit, vague, and abstract language such as analogies, idioms, figures of speech, and sarcasm (Attwood, 2007; Buitelaar et al., 2009). As a result, individuals with AS find it taxing when they have to guess the meaning behind the speaker’s question or statement (Buitelaar et al., 2009).

Asperger Syndrome and Functional Limitations

Functional limitation is a term used to describe an individual’s ability to perform work-related tasks. Within the umbrella of functional limitation are these subcategories: Interpersonal skills, communication skills, work tolerance, work skills, mobility, and self-care (DOR, 2012). Due to the diversity of the impairments of people with AS, it is commonly seen that the functional limitations of this population are not exactly the same and can range from mild to severe (NIMH, 2011). Research has shown that individuals with a mild form of AS have a great potential for employment (Aggarwal, Westbrook, & Johnson, 2008). The following sections will discuss the impact of AS on functional limitations as it relates to AS.
Interpersonal skills

According to the Department of Rehabilitation, interpersonal skills is defined as “. . . an ability to interact and form relationships with others” (DOR, 2011a, n.p.). Because people with Asperger syndrome lack appropriate social skills, they are faced with challenges to connect with co-workers and employers, which can lead to significant problems for the individual (Shaked & Yirmiya, 2003). As an example, barging into conversations is a behavior that is commonly seen in people with AS. This type of behavior can be explained by the lack of understanding of how to effectively initiate conversations (Howlin, 2004). Adults with AS want to be a part of social situations, but due to their social impairments, they are most likely to avoid any type of social activity (Attwood, 2007; Howlin, 2004).

Reading subtle social cues is another skill in which adults with AS have shown a need for improvement. Many individuals have difficulty reading facial expressions or interpreting the tones of their co-workers’ and supervisors’ voice, while others are unable to gauge when to appropriately end a conversation. All of these challenges make it very difficult for individuals with AS to establish relationships within their workplace. Furthermore, these social deficits may lead one to feel isolated or even alienated (Muller, Burton, Schuler, & Yates, 2003).

Bluntness, which is partly due to the lack of understanding of how their behaviors impact others, is another challenge that people with AS face (Howlin, 2004). People who have difficulty controlling their outbursts may be perceived as rude, insensitive, or offensive (Attwood, 2007; Howlin, 2004). Without disability awareness, communication
issues can escalate to personal problems between themselves and their co-workers who do not understand the disability (Howlin, 2004).

In addition, inappropriate social skills provoke a sense of intense distress, anxiety, and stress (Muller et al., 2003). These intense and negative emotions can lead to obsessive thoughts such as worrying about how one is perceived by others or hyper-focusing on the best way to express him/herself (Attwood, 2007). Consequently, individuals may perceive social situations, especially interviews, meetings, or quick, social chit-chats as frightening, causing individuals with AS to completely avoid any situation that requires them to interact with people (Howlin, 2004).

Adults with AS long for friendships and deep emotional relationships (Portway & Johnson, 2005); however, many lack the important quality--empathy--to naturally build relationships (Shaked & Yirmiya, 2003). As an example, some have difficulty understanding the point of view of others without being educated on the effect their actions have on others. Consequently, adults with AS can be perceived as uncaring and unsympathetic (Convit, Dziobek, Hassenstab, Rogers, & Wolf, 2007). In addition, many individuals feel an intense sense of loneliness and/or isolation (Muller et al., 2003; Muller et al., 2008).

Communication

Communication is defined as the “. . . ability to use, give and/or receive information” (DOR, 2011a, n.p.). Although people with AS acquire language normally and do not show any challenges in their comprehension abilities, individuals may exhibit impaired speech (NIMH, 2011). As an example, some individuals lack the rhythm of
speech or may place inappropriate inflections in their sentences, which affect the listener’s ability to comprehend the message that is being conveyed (Tager-Flusberg, 2003). These common impairments exhibited by individuals with AS can pose problems at work as it may disrupt the flow of conversations or irritate co-workers (Howlin, 2004).

Communication challenges are also associated with narrowed or fixated interests. As discussed earlier, individuals with a small scope of interest typically dominate conversations talking about their favorite subject (NINDS, 2011). These same individuals would also avoid social conversations that do not revolve around their area of interest (Attwood, 2007). This makes it quite difficult for people with AS to connect and relate to their co-workers (Hendricks, 2010).

People with Asperger syndrome are very literal and concrete (Buitelaar et al., 2009). Their inability to understand implicit language can affect their job performance abilities (Hendricks, 2010). As an example, they are not great at making inferences nor do they understand abstract language such as analogies or metaphors (Buitelaar et al., 2009; Tager-Flusberg, 2003). Rules, directions, and statements need to be stated explicitly and in detail to avoid any confusion or misunderstandings (Chalmers & Hurlbutt, 2004). Without explicit and detailed instructions, many individuals with AS would fail to follow through with directions or to adequately complete a task (Chalmers & Hurlbutt, 2004; Muller et al., 2003).

**Work tolerance**

Work tolerance is defined as "... an ability to sustain the required level of work functions" (DOR, 2011a, n.p.). Sensory processing impairments, such as oversensitivity
to texture, touch, sights, sounds, and scents, can create a considerable amount of work tolerance issues for people with AS (Attwood, 2007; Barnhill, 2012; Howlin, 2004). Alone or in combination, these sensory processing impairments can pose considerable difficulties at work (Howlin, 2004). As an example, the sounds coming from a copy or fax machine, the scent of a certain fragrance, the continuous flow of foot traffic in a busy office, or the emission of light from a fluorescent light bulb can disrupt one’s routine (Attwood, 2007; Barnhill, 2007; Chalmers & Hurlbutt, 2004). Furthermore, it may even cause distress or discomfort leading one to engage in ritualistic behaviors such as lining things up, walking around in circles, pacing the floor, or putting things in order just to provide themselves with a sense of relaxation, comfort, or control (Chalmers & Hurlbutt, 2004).

**Work skills**

According to the DOR (2011a), work skills is defined as “... an ability to learn and/or perform work related tasks” (n.p.). Research has indicated that the cognitive abilities of people with AS are generally average to above average, which suggests that people with AS are coachable and have the ability to learn (Brodwin et al., 2009; Johnson & Rausch, 2008). The success of one’s ability to learn and perform work tasks is dependent on several variables such as communication and routine.

The competence of individuals with AS to perform and complete job tasks assigned to them are influenced by the way the task was communicated. Due to their tendency to think concretely, supervisors who use vague language to delegate work assignments will leave their employees with AS guessing how to exactly get the job done
Detailed and explicit instructions can increase the success of people with AS to complete a job (JAN, 2011). Multiple methods of instruction such as providing instructions in speech, writing, and/or visual aids can also help circumvent simple mistakes (Muller et al., 2003).

Another problem that negatively affects the work skills of an individual with AS is change. Research has indicated that people with AS do not adapt well to sudden changes in their routine or environment (Johnson & Rausch, 2008). Individuals may be so stuck in their ways to complete a job that they can become stubborn and resistant to the new method (Howlin, 2004). Common behaviors in people with AS, such as rigidity and routines, can negatively affect work skills. These behaviors can be problematic when routines become “. . . so fixed [that] it disrupts the other activities” (Howlin, 2004, p. 142). A change in supervisors, team members, or the sequence of directions or steps to get a job done can indirectly affect the performance of people with AS as it can increase the stress and anxiety levels (Johnson & Rausch, 2008).

A change in routine and/or environment is a precursor to obsessive and ritualistic behaviors such as counting, repeatedly organizing one’s workspace, or symmetrically putting things in order (Attwood, 2007; D’Arrigo et al., 2010). The ritualistic behaviors in which people with AS engage to give them a sense of comfort and/or control over a stressful or anxiety-provoking situation can consume a significant portion of their workday (Attwood, 2007; Howlin, 2004). As a consequence, individuals with AS fall behind on work assignments (Howlin, 2004). Furthermore, frequent engagement in obsessive and ritualistic behaviors can lead to job termination (Hendricks, 2010).
Narrowed and fixated interests can also negatively affect the job performance of people with AS. Those with very fixated interests tend to have difficulties at their employment site because of the “... time spent thinking, talking, or worrying about these interests” (Howlin, 2004, p. 138). As an example, Howlin (2004) describes a situation in which an individual with an intense interest in airplanes hacked into the airport’s computer system to learn about the airplanes at the airport. This characteristic typically places people in this population in an unfavorable light.

On the other hand, this characteristic can be advantageous as it may lead one to be an expert in that certain area of interest (Attwood, 2007). Adults with AS, who have narrowed and fixated interests, spend a remarkable amount of time as a child, and even as an adult, reading and learning about their favorite subject. As an example, an individual with an intense interest in making bicycles initially became employed part-time as a mechanic at a bicycle repair shop. After some time, he became the manager of the shop (Attwood, 2007).

**Mobility**

Mobility is defined as the “... ability to move from place to place” (DOR, 2011a, n.p.). Typically, mobility is not a major issue for people with Asperger syndrome as many individuals have the normal physical and cognitive abilities to move from place to place and to travel around their community (Attwood, 2007). Many high functioning individuals with AS are able to navigate their way through the community either by foot, bus, or use of their own vehicle (AS Support Group, 2012).
However, for some people, the associated mental conditions such as anxiety may be a hindrance to independent and successful navigation through the community. In regard to social impairments, an individual who utilizes the bus may have great difficulty approaching a stranger to ask for directions though it is evident that he is lost, thereby leaving one stranded (Howlin, 2004).

**Self-care**

According to the DOR (2011a), self-care is defined as the “... ability to plan and/or perform activities of daily living” (n.p.). Adults with AS have the cognitive abilities to perform day-to-day living activities and the potential for independent living (Howlin, 2004). However, the associated psychological conditions such as depression can considerably affect their self-care skills and potential for independent living (Barnard, Hasan, O’Brien, Pearson, & Stewart, 2006).

Research focusing on the effects of depression on adults with AS has shown that one’s ability to think or concentrate is significantly affected. This finding suggests that depression greatly diminishes the ability of an individual with a comorbid diagnosis of AS and depression to effectively plan and perform day-to-day living activities (Barnard et al., 2006). As an example, personal hygiene and the maintenance of their appearance are ignored (Shatayermman, 2007). Some manifestations of the effect that depression has on adults with AS are a disheveled appearance, excessive skin picking, and loss of control over bowel and bladder (Barnard et al., 2006).
Asperger syndrome and comorbidity

The idiosyncratic demeanors of people with AS put them at risk for developing significant mental health problems (Portway & Johnson, 2005). As a consequence of their adverse life events and inability to understand their challenges, it is not unusual for adults to have gone through their adolescence feeling confused, odd, misunderstood, isolated, bullied, victimized, and/or lonely (Attwood, 2007; Portway & Johnson, 2005). It is also common for adults to develop depression (Tantum, 2000). Just like any other person, they, too, desire deep emotional relationships (Portway & Johnson, 2005), but are not able to do so because of their impairments (Attwood, 2007). Other common comorbid mental health disorder in adults with AS include anxiety, insomnia, and/or obsessive-compulsive disorder [OCD] (Attwood, 2007; Manjiviona, 2003; Tantum, 2000). Research studies have shown that the symptoms of these psychological disorders can further debilitate and impede an individual from performing the crucial activities to secure and retain employment (Chalmers & Hurlbut, 2004).

It is unfortunate that the unorthodox social and communication skills of adults with AS put them at a much greater risk for peer victimization (Shatayermman, 2007). Research focusing on the early social experiences of adults with AS and a comorbid psychological disability, such as depression and generalized anxiety, has shown that, as adolescents, their social awkwardness, idiosyncratic speech, and extensive and elaborate vocabulary have made them a target for constant ridicule, bullying, and teasing. Some have been exploited and ostracized as teens (Portway & Johnson, 2005). The constant victimization and mistreatment slowly diminishes their self-esteem, self-worth, and
emotional well-being. Consequently, they develop mental health problems (Barnard et al., 2006; Portway & Johnson, 2005).

According to Barnard et al. (2006), depression is the most commonly reported comorbid mental health problem in adults with AS. Symptoms of depression such as despondency, diminished focus or interest in all activities, and insomnia are prevalent in this population. The onset of depression can exacerbate the core impairments and lead to a decrease in performance and self-care. People have exhibited behaviors of increased skin-picking and loss of control of their bowel; some even disregard their hygiene and physical appearance altogether (Barnard et al, 2006). From the examples given above, depression can directly or indirectly affect employment.

Obsessive-compulsive disorder [OCD] is defined in the DSM-IV-TR as “. . . recurrent obsessions or compulsions that are severe enough to be time consuming or cause marked distress or significant impairment” (APA, 2000, p. 462). Obsessive thoughts of adults with AS are usually about bullying, teasing, making mistakes, or being criticized (Attwood, 2007). Rituals typically manifest as hoarding, counting, repeating, or symmetrically lining and ordering tangible objects (D’Arrigo et al., 2010). As stated earlier, people with AS generally engage in these compulsive behaviors as an attempt to get a sense of comfort or get control in times of distress (Chalmers & Hurlbutt, 2004).

Generalized anxiety is another common mental health problem that is seen in this population (Howlin, 2004). Anxiety may be caused either by changes or challenges relating to their work tasks or environment, which in turn can substantially threaten one’s ability to perform or complete a task (Attwood, 2007). As an example, people with AS
may engage in ritualistic behaviors to reduce the negative emotions associated with anxiety (Chalmers & Hurlbutt, 2004). The social aspect of work, such as meetings or informal social conversations, may be a precursor to anxiety (Hendricks, 2010). In fact, anxiety may cause people with AS to incessantly think about how they will be perceived by others (Portway & Johnson, 2005). As a consequence, they can be overly preoccupied with the planning of their next move or how they will verbally phrase their next sentence (Attwood, 2007).

Insomnia is another psychological disability that is secondary to a diagnosis of AS. According to the DSM-IV-TR, insomnia that is related to another disorder is characterized as “. . . [difficulty] falling asleep, frequent awakenings during the night, or marked feeling or non-restorative sleep that has lasted for at least one month and is associated with daytime fatigue or impaired daytime functioning” (APA, 2000, p. 645). The etiology of insomnia is related to the anxiety associated with work tasks and events (Tani et al., 2003). As an example, some individuals with severe social impairments may excessively worry about the next workday or “. . . ruminate about things passed in previous day” well into the night causing a diminished quality of sleep (Tani et al., 2003, p. 3). Hypersensitivity to external noise has also been a cause of insomnia (Tani et al., 2003). As mentioned earlier, hypersensitivity to sensory stimuli can cause discomfort and distress (Chalmers & Hurlbutt, 2004), which in turn affects one’s ability to gain energy for the next workday.
Asperger Syndrome and Reasonable Accommodations in the Workplace

The Americans with Disabilities Act [ADA] is a legislation that was signed into law on July 26, 1990 (JAN, 2012). The ADA protects individuals with disabilities from discrimination relating to employment (Title I), public services (Title II), public accommodations and services operated by private companies (Title III), telecommunications (Title IV), and miscellaneous (Title V) (EEOC, 2005). According to the ADA, reasonable accommodations is defined as modifications, restructuring, or reassignment of related job examinations, works tasks, schedules, and environment to enable a qualified individual with a psychological or physical disability to perform the essential job functions of an individual without a disability and without posing undue hardship on the employer (JAN, 2012). Reasonable accommodations also include any modifications made to buildings or the acquisition or modification of technological devices (JAN, 2012).

Title I of the ADA governs the equal treatment of people with disabilities throughout the entire process of employment (JAN, 2012). During the application and interview process, employers are prohibited from eliciting information about an individual’s disability. However, at the time of employment and should an employee disclose a disability, an employer is mandated by the ADA to provide reasonable accommodations (EEOC, 2005). Disclosure of a disability is a personal choice and can increase one’s likelihood to maintain employment (JAN, 2012).

Some common reasonable accommodations to address the communication challenges of adults with AS suggest employers to “. . . provide advanced notice of topics
to be discussed in meetings to help facilitate communication; provide advanced notice of
the date of meeting(s) when an employee is required to speak to reduce or eliminate
anxiety; and allow an employee to provide written response in lieu of verbal response”
(JAN, 2012, n.p.).

Research has shown that stress and anxiety encountered at the workplace
negatively affect the performance of adults with AS (Hendricks, 2010). The Job
Accommodation Network encourage employers to "... provide praise and positive
reinforcement; allow an employee to make telephone calls for support; provide sensitivity
training for workforce; and/or modify the work schedule” (JAN 2012, n.p.) of an
individual submitting a request for accommodations.

The need for routine and organization is essential for many adults with AS to
succeed at their employment site (Howlin, 2004). As reported by JAN (2012), a
systematic and organized workstation can assist adults with AS to perform their job to the
employer’s standards. JAN suggested the application of color-coded system files and
weekly charts to help with their need of organization to help employees track their work.

Communication has been reported as a common challenge for adults with AS at
the work site (Muller et al., 2003). Their inability to make inferences from vague and
indirect statements, questions or instructions, hinders their ability to appropriately
respond. It also negatively affects their ability to adequately complete tasks that were
given to them (Hendricks, 2009). To avoid any misunderstandings and to increase the
job performance of individuals, it is recommended for employers to provide clear
instructions and expectations (Chalmers & Hurlbutt, 2004; Muller et al., 2003). The use
of a mentor system and multiple modes of instruction such as visual, verbal, and written instructions was also suggested to increase their job performance (JAN, 2012).

As discussed earlier, hypersensitivity to sounds, sights, touch, and smell can affect the job performance of people with AS (Hendricks, 2010; Howlin, 2004). The creation of a fragrance-free workplace policy, placement of an individual away from high traffic or office machinery and equipment, or providing assistive technology such as headsets to help eliminate noise have been recommended to accommodate the sensory needs of people with Asperger syndrome (JAN, 2011).

Asperger Syndrome and Vocational Rehabilitation

Although Vocational Rehabilitation Counselors [VRC] go through the required training to provide counseling and guidance to the different populations of disabilities, adults with AS who participated in vocational rehabilitation programs had reported “. . . dissatisfaction with the levels of knowledge about ASD” that rehabilitation professionals possessed (Muller et al., 2003, p. 166). For example, a study that focused on the vocational support needs of individuals with AS in rehabilitation programs found that the services were not adequate to meet their unique needs (Muller et al., 2003). Participants, however, provided suggestions to improve the process.

Due to the spectrum of abilities and challenges that adults with AS face in employment, individuals with AS have reported the need for rehabilitation professionals to provide assistance beyond the job placement stage of their rehabilitation program (Muller et al., 2003). Job seekers reported difficulties in a variety of areas during the job development process (Klin, VanBergeijk & Volkner, 2008; Muller et al., 2003).
Areas in which people with AS often face challenges include creating a resume, filling out job applications, contacting potential employers, and successfully interviewing (Muller et al., 2003).

To circumvent the obstacles that adults with AS face during the job development stage, it is suggested that rehabilitation professionals become familiar with a job before recommending it to them (Muller et al., 2003). Job seekers with AS also recommended that rehabilitation specialists provide assistance with job follow-ups. In addition, interview preparations such as holding mock interviews and having discussions about disclosure were also suggested to increase the chances of employment for people with AS (Klin et al., 2008; Muller et al., 2003).

Job seekers with AS also reported the need for rehabilitation professionals to utilize a comprehensive and collaborative approach to help them secure suitable employment and reach success in their job (Chappel & Somers, 2010; Klin et al., 2008; Muller et al., 2003). During the job development process, participants of vocational rehabilitation programs recommended that counselors and employment specialists conduct a thorough intake to assess their interests, strengths, weaknesses, and functional limitations (Muller et al., 2003). Analysis of reports from assessments and interviews of family members relating to the individual’s abilities have been proven to provide useful insight and can help identify an appropriate vocational goal (Chappel & Somers, 2010).

Aside from accommodations, job retention assistance such as job coaching and awareness training were shown to increase the employment success of people with AS. According to the findings of Muller et al. (2003), participants of a vocational
rehabilitation program reported that job coaching services during the first few weeks of employment to help them establish relationships, master the associated duties of their position, and clear up any misunderstandings were helpful. Participants also reported that awareness training for employers and co-workers could prevent communication issues and problems between co-workers due to their communication or social impairments.

Summary

In summary, research has shed light on the need for a comprehensive and individualized rehabilitation program to help adults with AS obtain employment. The communication, social, and behavioral impairments of individuals with AS range from mild to severe, thereby making the manifestations of the impairments diverse.

The lack of appropriate communication skills and understanding of social rules pose great difficulty for them in an employment setting. An employer and/or co-worker, who is not aware of the disability and the impact it has on an individual who is diagnosed with Asperger syndrome, may perceive the individual as incompetent, different, or difficult to work with. In addition, the continuous adverse events, such as peer victimization and bullying that adults with AS faced as adolescents, put them at a greater risk to develop comorbid psychological disorders--the common ones being depression, anxiety, obsessive-compulsive disorder, and insomnia.

Though the impairments of adults with AS are known to be barriers to the attainment of work, the employment possibilities for this population can range from professional careers for high-functioning individuals with AS to entry-level jobs for individuals with more severe impairments. Adults with AS have the capacity to learn
and the capability to complete the tasks that are associated with the job. The manifestations of their symptoms are typically considered as impairments, but can be quite advantageous.

Without appropriate services to address their needs, the level of self-sufficiency for people with AS is far from reality. It has been found that adults with AS are able to reach success in the arena of employment with the assistance of vocational rehabilitation professionals throughout the entirety of their program. Job coaching, interview preparations, and assistance with building relationships at the work site are services that have been shown to be helpful.
Chapter 3

METHODOLOGY

Books published by well-known experts in the field of Asperger syndrome [AS] were drawn upon to help the author develop a foundation of knowledge of the disability. A deeper understanding of AS in relation to employment was obtained from interviews of adults with AS, information attained from the California Department of Rehabilitation Code of Regulations (2011a) and Consumer Information Handbook (2011b). The author also utilized the academic search engine EBSCO Host to search for peer-reviewed journal articles between the years of 2001-2012 in the development of her knowledge of AS and employment. Information from .gov, .edu, and .org websites between the years of 2001-2012 were also utilized. All of the information obtained from the sources stated above were integrated and utilized in the literature review and development of the handbook, which is presented in Appendix C.

The need and development of the handbook originated from conversations that were held in the Summer of 2012 between the author, her internship supervisor, Almon Holmes, and Alta California Regional Center’s [ACRC] training coordinator, Patti Diamond, about ACRC’s new eligibility criteria (see Appendix A). From the conversations with her supervisor and Ms. Diamond, it was apparent that obstacles the people with AS encounter to secure and maintain employment was going to be even more difficult since the new eligibility criteria suggested that services for people with AS were going to be cut.
Ms. Diamond reported during the interview that ineligible people with AS, who show the potential for competitive employment and would benefit from the employment services offered by the Department of Rehabilitation [DOR], would be referred over for assistance. The comment made by Ms. Diamond suggested that the number of referrals of people diagnosed with AS would significantly increase.

Because of the anticipated increase of referrals of adults with AS, the author felt it necessary to survey the knowledge that rehabilitation professionals possessed about AS in relation to employment. The survey was e-mailed as an attachment on September 3, 2012, to a total of six counselors and two job developers who work in partnership with the DOR. Each rehabilitation professional was given a week to complete and return it to the author of the project. To increase the return rate, each participant was sent a reminder e-mail of the due date. The return rate of the survey was 100%.

The survey consisted of closed-ended questions and a rating scale that elicited information regarding the knowledge that the participant had about AS as it relates to employment (see Appendix B, Table 1). The survey also asked the participants to rate their confidence and comfort level to provide quality service to adults with a diagnosis of AS. The scale was composed of the numbers 0 through 10 with 0 being the least and 10 being the greatest.

The results of the survey further supported the need for the handbook. A total of six counselors and two job developers completed and returned the survey. The results revealed that many rated their knowledge of the selected categories as it relates to AS and employment as follows (based on the average rating of eight respondents): Nature and
characteristics of the disability, 6.1; functional limitations, 5.9; comorbidity, 3.7; accommodations, 5.1; community services/resources, 3.5; and advocacy, 3.5. Only one of the counselors rated her knowledge of the nature of the disability, community services/resource, and ability to advocate for this population as a 9 (see Appendix B, Table 1). In addition, the answers indicate that many respondents either fall short of or are unaware of the local resources that are available within the Sacramento region to address the employment needs of people with AS. In summary, the rehabilitation professionals need more information about AS to help them provide quality service to job seekers with a diagnosis of AS.

An employment support group, which was composed of eight adults with varying degrees of AS, were also interviewed on September 11, 2012 (see Appendix A). The interview was held at the University of California, Davis, MIND Institute facility from 7 p.m. to 8 p.m. It was an informal group to reduce any anxiety. One question was posed to the whole group and everyone took turns speaking. The answers the group provided to the question, "What are some things that you would like employers to know about people with AS?" are as follows:

"We may have challenges due to our impairments, but they may also serve as an advantage."

"Examples of these challenges include narrowed and limited interests. This can actually work in our favor because some of us have so much information about our favorite subject that we can serve as an expert in that specific area."
"Another example is that we may be socially awkward and may avoid social conversations, but that means we will spend more time working and less time talking."

"Some of us become so fixated on solving problems that we sometimes become determined to find the solution to the problem."

"Some of us may work better on routines, but we can guarantee that the job will be done the way you want it done."

"We are not stupid. We are normal people who are socially awkward. As an example, at my previous job, I went into work over the weekend to get ahead on some work. I ended up finishing my work and began working on my co-workers' tasks thinking that I am doing them a favor. The following Monday, and little did I know, I was not well admired by my co-workers for my hard work because it made them look bad."

The employment support group's answers revealed that they are well aware of their strengths and weaknesses.

The handbook (see Appendix C), entitled *Asperger Syndrome, More Than a Disability: A Guide for Rehabilitation Counselors*, contains three separate sections. The first portion of the handbook describes (a) the characteristics of AS and (b) common comorbid psychological health issues of adults with AS. The second section is comprised of (a) a list of functional limitations of people with AS and suggestions of reasonable accommodations that may be made throughout and beyond the job development process, (b) counseling considerations during the Intake and Individual Plan for Employment Development [IPE] phase, and (c) questions that rehabilitation professionals can ask
during the intake interview to elicit insightful information. The third section of the handbook contains (a) a list of relevant vocational rehabilitation services in the Sacramento region that individuals can utilize to reach their employment goal and potential, and (b) informative online websites about Asperger syndrome.
Chapter 4
SUMMARY AND RECOMMENDATIONS

Summary

During the author’s research of Asperger syndrome as it relates to employment, she discovered the negative implications of ACRC’s new eligibility criteria. Individuals who are determined ineligible for services are referred to DOR for employment services; however, rehabilitation professionals fall short of specialized knowledge and skills to provide quality guidance and assistance to address the complexity of their needs. In response to ACRC’s new eligibility criteria and rehabilitation professionals’ need for specialized knowledge in the area of AS as it relates to employment, the author developed a handbook to increase the awareness and skills of vocational rehabilitation counselors [VRC] and other rehabilitation professionals in this particular area.

Data gathered from the literature shed light on the capabilities of people with AS and their potential for employment. Research indicates that individuals with AS possess the cognitive abilities to learn and perform job development tasks and the tasks associated with a job position. However, their unique qualities and the society’s negative reception of individuals with a disability hinder their success in these tasks. In response, strategies that vocational rehabilitation professionals can employ have been recommended to circumvent the problems they encounter and increase their success.

The handbook contains a description of the nature of the disability, its associated comorbid psychological disorders, and possible functional limitations. The handbook also includes a list of practical accommodations corresponding to the impairments and
challenges that people with AS encounter. The accommodations are provided to help rehabilitation professionals increase the success of individuals with AS in the job development process and at their employment site. Lastly, the handbook includes a list of local community resources and agencies that offer services to assist people with AS secure and maintain employment.

Recommendations

The complexity of Asperger syndrome itself substantiates the need for future research and updates of this handbook. Because the essential purpose of research is to get a better understanding of the specific area being researched, this handbook will need to be updated with more current information about AS in relation to employment as new discoveries are made in the area. In addition, section 3 of the handbook, which is a listing of local agencies and services, will need to be updated to stay current with the contact information.

During the author’s research, it was discovered that a comprehensive and collaborative approach is necessary to ensure the success of people with AS in their search for suitable employment and at their work site. Therefore, the author suggests that rehabilitation professionals continuously educate themselves about other agencies and the services that are available to people with AS.

Because this handbook was intended to self-educate vocational rehabilitation counselors and professionals who work in partnership with the Department of Rehabilitation, the author suggests the information contained in this handbook be utilized as one of the foundational literature resources to develop a training curriculum for
seasoned and fresh counselors, job developers, employment specialists, and job coaches lacking or wishing to increase their knowledge of the nature of AS and the implications the impairments have on their clients' ability to seek, secure, and maintain employment. The author suggests the training curriculum provide case studies and practice questions for rehabilitation professionals to truly understand the disability and hone their skills so they may be equipped with confidence and tools to better guide and assist this population.
APPENDIX A

Interviews
Interview #1

Almon Holmes, Supervisor, California Department of Rehabilitation

August 31, 2012

Which agencies provide services to adults with Asperger syndrome?

It used to be Alta California Regional Center, but now it is the Department of Rehabilitation.

Why is it that Alta California Regional Center [ACRC] no longer provides services to people with Asperger syndrome?

Their eligibility criterion does not include the disability category Asperger syndrome. For one to qualify for services through ACRC, one must have a diagnosis of cerebral palsy, autism, intellectual disability, epilepsy, or a disability that resembles one of the four disabilities.

Does this mean there will be an increase in people with Asperger syndrome seeking services from the Department of Rehabilitation?

Yes.
Interview #2

Patti Diamond, Training Coordinator, Alta California Regional Center

September 11, 2012

Is it true that people with Asperger syndrome are no longer eligible for services through ALTA?

Our eligibility criteria has changed, making people with a diagnosis of only Asperger syndrome ineligible for support from our agency. In order to qualify for services, a person must have a diagnosis of either cerebral palsy; an intellectual disability, which is formerly known as mental retardation; epilepsy; autism; or a disability that resembles one of the main four.

What do you mean a disability alone? Does this mean people with AS still have hope to receive assistance to fund the much needed services?

Well, in order for one to be eligible with a disability of Asperger syndrome, one must show a substantial handicap in three of the following areas: Receptive and expressive language, learning, self-care, mobility, self-direction, capacity for independent living, or economic self-sufficiency.

Where would your agency refer people who are determined to be ineligible for services from Alta Regional Center?

We would refer them to the Department of Rehabilitation.

So, do you think there will be an increase of individuals with a diagnosis of AS who will be referred to the Department of Rehabilitation?

Well, we certainly would refer them to DOR if we think they will qualify for services. So, yes.
What are some things that you would like employers to know about you?

We may have challenges due to our impairments, but they may also serve as an advantage.

Examples of these challenges include narrowed and limited interests. This can actually work in our favor because some of us have so much information about our favorite subject that we can serve as an expert in that specific area.

Another example is that we may be socially awkward and may avoid social conversations, but that means we will spend more time working and less time talking.

Some of us become so fixated on solving problems, that we are sometimes become determined to find the solution to the problem.

Some of us may work better on routines, but we can guarantee that the job will be done the way you want it done.

We are not stupid. We are normal people who are socially awkward.
Appendix B

SURVEY
Survey

I would like to thank you for your participation in this survey. The answers you provide will assist me in developing my Master's project subject of Asperger syndrome as it relates to vocational rehabilitation. By completing this survey, you are granting me permission to use your answers as support for the need of the project. Personal identifying information will not be used or shared with anyone or for any other purpose other than for the use of this project. Once completed, please e-mail the survey back to: Kretuta930@aol.com or Kamie.Retuta@dor.ca.gov

Again, I would like to thank you once again for taking the time to participate in this survey.

Job Title:

Total number of years in your current position: Current agency, organization, or company at which you are employed:

Years in the vocational rehabilitation field:

In your current caseload, how many clients, with a diagnosis of Asperger Syndrome, do you have?

Since July 2012, how many clients have been referred to you with a diagnosis of Asperger Syndrome?
Among the clients whom you’ve served in the past (rehabilitated or other than rehabilitated) and those you are currently serving, with a diagnosis of Asperger, what type of impairments or challenges did they present with (i.e., inappropriate eye contact, anxiety initiated by social situations)?

Did/do they have a secondary disability that interfered with their ability to seek, secure, or retain employment? If so, please list them.

Based on your knowledge of Asperger syndrome, what type of services did/would you recommend to help them address their deficits and challenges?

Without looking it up, please list any agencies within the Sacramento region that may provide employment services/assistance to address the needs of people with Asperger syndrome.

In your career as a vocational rehabilitation professional, how would you rate your knowledge relating to Asperger syndrome and employment in the following areas?

Nature/Characteristics of the disability:

LEAST 0 1 2 3 4 5 6 7 8 9 10 GREATEST

Functional Limitations:

LEAST 0 1 2 3 4 5 6 7 8 9 10 GREATEST
Health problems/Comorbidity:

LEAST 0 1 2 3 4 5 6 7 8 9 10 GREATEST

Accommodations:

LEAST 0 1 2 3 4 5 6 7 8 9 10 GREATEST

Community services/resources to assist this population:

LEAST 0 1 2 3 4 5 6 7 8 9 10 GREATEST

Advocacy:

LEAST 0 1 2 3 4 5 6 7 8 9 10 GREATEST

Based on your current knowledge, how would you rate your confidence level in assisting individuals towards successful employment? (i.e., determining appropriate services to address their needs; addressing their social, communication, behavioral impairments; identifying effective accommodations).

NOT CONFIDENT 0 1 2 3 4 5 6 7 8 9 10 CONFIDENT

As a rehabilitation professional, what type of information would you include in a handbook regarding Asperger's as it relates to employment?

*** This is the end of the survey! Thank you for completing the questions. Please remember to save and send it back to me by 4:00 on Friday, September 14, 2012. The survey can be e-mailed to mailto:Kretuta930@aol.com or Kamie.Retuta@dor.ca.gov ***
Table 1

Knowledge of Vocational Rehabilitation Counselors in the Area of Asperger Syndrome as it Relates to Employment (on a scale where 0 = least, 10 = greatest)

<table>
<thead>
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<th>Respondent</th>
<th>Nature of disability</th>
<th>Functional limitations</th>
<th>Comorbidity</th>
<th>Accommodations</th>
<th>Community services/resources</th>
<th>Advocacy</th>
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<td>7</td>
<td>8</td>
<td>4</td>
<td>4</td>
</tr>
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<td>4</td>
<td>5</td>
<td>8</td>
<td>0</td>
<td>7</td>
<td>1</td>
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<td>5</td>
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<td>4</td>
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<td>7</td>
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<td>5</td>
<td>4</td>
<td>2</td>
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<tr>
<td>8</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>6.0</strong></td>
<td><strong>5.9</strong></td>
<td><strong>3.7</strong></td>
<td><strong>5.1</strong></td>
<td><strong>3.5</strong></td>
<td><strong>3.5</strong></td>
</tr>
</tbody>
</table>
Appendix C

ASPERGER SYNDROME, MORE THAN A DISABILITY:

A GUIDE FOR VOCATIONAL REHABILITATION COUNSELORS
MORE THAN A DISABILITY, ASPERGER SYNDROME: A GUIDE FOR VOCATIONAL REHABILITATION COUNSELORS
SECTION 1

Introduction

Characteristics of Asperger Syndrome

Comorbidity
Introduction

Within the developmental disability classification is a group of disabilities labeled as Autism Spectrum Disorder [ASD]. According to the Center for Disease Control [CDC], the prevalence rate for ASD continues to rise. In 2006, the prevalence of ASD in the U.S. was one in 110 people; in 2008, the prevalence had increased to one in 88 individuals (CDC, 2008). An increase in awareness of the disability has been a contributing factor in the rise of individuals diagnosed with ASD.

ASD is a group of neurodevelopmental disorders characterized by its core features, which are comprised of social, communication, and behavioral impairments. Examples of these impairments are fixated and narrowed interests, stereotyped and repetitive behaviors, and poor expressive and/or reciprocal social and communication skills. The term "spectrum" in ASD is used to describe a wide array of disabilities within the ASD category. Included in this sub-area are the disabilities: Autism, Asperger Syndrome [AS], Pervasive Developmental Disorder-Not Otherwise Specified [PDD-NOS], and Rett's Syndrome (see Figure 1). The term "spectrum" is also used within each of the specific disabilities of ASD to describe the variety and range of impairments displayed by those affected. ASD ranges from mild to profound with AS being the milder form of ASD and Autism being the most severe. For the purposes of this handbook, the focus will be on AS.
Autism Spectrum Disorder by Category

Figure 1. Autism Spectrum Disorder by Category
Characteristics of Asperger Syndrome

As it was mentioned in the introduction, Asperger syndrome [AS] is one of the developmental disabilities under the Autism Spectrum Disorder [ASD] umbrella. The etiology of AS is unknown. However, research studying the relationship between twin studies and the prevalence of AS suggests that there may be a genetic link. Other possible factors include environmental influences. Lastly, brain abnormalities have also been suspected. What is known about the disability is its congenital and life-long nature as well as the effects of the disability. Several studies have shown the effects of the core features on the various aspects of an individual’s life--including employment.

The core features of AS are commonly referred to as impairments; however, it has also been described as qualities, challenges, and gifts. These impairments include communication, social, and behavioral challenges. Not all individuals with AS exhibit all of the impairments, nor are they challenged with same level of severity. Each person is unique and so are his or her impairments.

Individuals with AS experience difficulties with connecting or communicating with others due to the associated communication impairments. A communication challenge, encountered by adults with AS, is the inability to make inferences and understand implicit language. Another challenge, explaining their difficulty to effectively communicate with others, is their inability to understand abstract language such as metaphors and analogies. Because of challenges like these, people with AS typically have to guess the message that is being conveyed. Therefore, they struggle with formal discussions and casual conversations.
Unorthodox speech, displayed by some people with AS, also make conversations difficult for both the speaker and listener. Some common speech impairments exhibited by this population include odd inflection, lack of rhythm, rapid speech, and a monotonous pitch. In addition, individuals with AS may have difficulty modifying the volume of their voice to fit the social context.

Social impairments, which are included in the core features of AS, also make it difficult for individuals to connect and relate to others. Some challenges encountered by people with AS are the inability to initiate, maintain, and end conversations in an appropriate and well-accepted manner. Their social challenges stem from a variety of reasons. First, people with AS typically struggle with the rules of how to appropriately initiate or terminate conversations. As an example, some people barge into conversations or walk away during mid-conversation. Secondly, they have difficulty recognizing facial and gestural expressions of emotions. Lastly, they have difficulty understanding the importance of maintaining personal space during a conversation and making or maintaining appropriate eye contact. As an example, an individual who is cognizant of the need to make eye contact during a conversation, but falls short of understanding the rules of appropriate eye contact, may stare at the other individual speaking.

Behavioral impairments exhibited by people with AS include narrowed and fixated interests as well as routine and ritualistic behaviors. Narrowed and fixated interests can either be considered as an impairment or a gift. Individuals with limited and fixated interests spend a significant amount of time reading and gathering information about their favorite subject. Sometimes this can cause problems when all they think
about is their favorite subject. As an example, an individual with AS, who was an employee at an airport and had an intense interest in airplanes, hacked into the airport’s computer system to learn more about airplanes (Howlin, 2004). From this example, it is obvious how this behavioral characteristic can do more harm than good.

On the other hand, narrowed and fixated interests can serve as an advantage for adults with AS. Because people with limited interests spend a great deal of time learning and gathering information about their favorite subject, they have the potential to become an expert in the particular area. As an example, a person with AS, by the name of Mark Zuckerberg, was fascinated with computers as a young child. His fascination continued throughout adulthood. He took college courses in computer programming to increase his knowledge and skills. After some time, he learned and gained the specialized skills to develop online computer applications such as Synapse, an online music station, and Facebook, an online social networking site. From the two examples of people with limited and fixated interests, one can see how this quality can be taken as a gift or an impairment. In Mr. Zuckerberg’s case, it is a gift in disguise.

The need for routine is common in this population and it can either work for or against them. Some people with AS rely heavily on routines to help them get through their day. It gives them a sense of comfort when they know what to expect. This quality can be of value to employers because it increases an employee’s reliability. As an example, an individual, who is diagnosed with AS and is dependent on routine, would make sure the task is not only completed, but also completed in the order that had been established. In addition, an individual would be reliable to show up to work every day.
On the other hand, routines can also be an impairment when they become so rigid that there is no room for flexibility, not even the least bit. As an example, a change in the sequence of steps, teams members, or workspace can cause anxiety or distress for a person who is exceedingly dependent on routines. It can be so distressing that people engage in ritualistic behaviors to help them gain a sense of comfort or get control of the stressful situation.

In addition to the core impairments of AS, sensory processing issues are also encountered by people in this population. Oversensitivity to touch, sound, sight, smell, and taste can create many problems for people with AS. As an example, the sounds coming from a copy or fax machine, the scent of a certain fragrance, the continuous flow of foot traffic in a busy office, or the emission of light from a fluorescent light bulb can disrupt one’s routine. It can also cause discomfort or distress, which leads the individual to engage in ritualistic behaviors such as lining things up, walking around in circles, pacing the floor, or putting things in order just to provide themselves with a sense of relaxation, comfort, or control.

The core impairments of AS may be seen in the other ASD disabilities. So, one may ask, “What sets AS apart from all the other ASDs?” Well, the severity level of the impairments displayed by individuals with an ASD sets them apart. AS and High-Functioning Autism (HFA—a neurological disability under the autism category that shares the same characteristics as AS, but is delayed in language acquisition and physical development) are two of the milder forms of ASD. With the exception of people with severe or profound AS, high-functioning individuals with AS or HFA typically do not
exhibit intense and restricted impairments but resemble behaviors displayed by others with Autism, PDD-NOS, and Rett’s Syndrome.

There are also other features of AS that sets them apart from the rest of the neurodevelopmental disabilities under the category of ASD. A normal development of language and cognition are two of the primary distinguishing characteristics. In fact, the intelligence level of people with AS range from average to above average, which indicates that they have the cognitive capacity to learn. They also have an extensive and elaborate vocabulary. Some individuals have such an elaborate vocabulary that they sometimes sound too formal in casual conversations. However, when they speak in formal discussions such as meetings, they blend right in.

People with AS face numerous challenges as a result of their impairments; however, these impairments can be of value when applied in the right context--then it is a strength. Keeping this in mind, the employment potential of people with AS can be great. Their impairments can be a major hindrance to employment. Nonetheless, their cognitive abilities indicate that they have the capacity to learn and be successfully employed.

Summary of the Characteristics of Asperger Syndrome

- Lack of social and communication reciprocity
- Lack of appropriate social skills to develop relationships
- Idiosyncratic speech
- Narrowed and fixated interests
- Extreme dependence on routine
- Ritualistic behaviors
Comorbidity

The idiosyncratic behaviors of people with AS put them at risk for developing significant mental health problems. Adolescents in this population are typically victims of constant teasing and bullying. As a consequence, they isolate themselves from their peers. Furthermore, individuals with AS become cognizant of their uniqueness during this time, but do not understand why they have difficulty navigating the social arena. Unfavorable life events and the difficulty they experience to try to understand their challenges causes adolescents to feel confused, odd, misunderstood, secluded, bullied, victimized, and/or lonely. For these reasons, adolescents and adults are at an increased risk to develop psychological problems.

Some common comorbid mental health disabilities in adults with AS are depression, anxiety, insomnia, and/or obsessive-compulsive disorder [OCD]. The symptoms of these psychological disorders have been shown to further impede an individual from securing and retaining employment.

The constant victimization and mistreatment encountered by adults with AS slowly diminishes their self-esteem, self-worth, and emotional well being, which leads to mental health problems such as depression. Depression is the most commonly reported comorbid mental health problem in adults with AS. Common symptoms of depression such as despondency, diminished focus or interest in all activities, and insomnia are prevalent in the population of adults with AS and depression. The onset of depression can exacerbate the core impairments and can lead to a decrease in performance and self-care.
Obsessive-compulsive disorder [OCD] is defined as “. . . recurrent obsessions or compulsions that are severe enough to be time consuming or cause marked distress or significant impairment” (APA [DSM-IV-TR], 2000, p. 462). Obsessive thoughts of adults with AS are usually about bullying, teasing, making mistakes, or being criticized. Ritualistic behaviors in adults with AS are typically displayed as hoarding, counting, repeating, or symmetrically lining and ordering tangible objects. As stated earlier, individuals with Asperger’s typically engage in these compulsive behaviors as an attempt to get a sense of control in times of distress.

Generalized anxiety is another common mental health problem in the AS population. Anxiety may be caused either by changes or challenges encountered by the individual with AS at his or her work site. As an example, the social aspect of work, such as meetings or informal social conversations, may provoke a sense of anxiety. Even a change in routine can make an individual with AS anxious. As an attempt to reduce the negative emotions associated with anxiety, individuals with AS may engage in the ritualistic behaviors that were mentioned earlier.

Insomnia is another psychological disability that is secondary to a diagnosis of AS. According to the DSM-IV-TR (APA, 2000), insomnia that is related to another disorder, is characterized as “. . . difficulty falling asleep, frequent awakenings during the night, or marked feeling or non-restorative sleep that has lasted for at least one month and is associated with daytime fatigue or impaired daytime functioning” (p. 645). The etiology of insomnia is related to the anxiety associated with work tasks and events. As an example, some individuals with severe social impairments may excessively worry
about the next work day or “. . . ruminate about things passed in previous day” well into
the night causing a diminished quality of sleep (Tani et al., 2003, p. 3). Hypersensitivity
to external noise has also been a cause of insomnia. As mentioned earlier, hyper-
sensitivity to sensory stimuli can cause discomfort and distress, which in turn affects
one’s ability to regain energy for the next work day.

Summary of Common Comorbid Mental Health Problems

- Depression
- Anxiety
- Insomnia
- Obsessive-Compulsive Disorders
SECTION 2

Functional Limitations and Accommodations

Counseling Considerations
Functional Limitations and Accommodations

Introduction

One’s success at work is dependent on the capacity to learn and perform the associated tasks or set of responsibilities of a position at a competitive level. An individual’s success at an employment site is also dependent on an individual’s ability to navigate the social aspect of work. People with AS have the potential to reach a level that is self-sustaining; however, their impairments pose challenges for them and can significantly debilitate them from reaching their potential or attaining this level.

The following tables are lists of possible functional limitations of people with AS, which are presented on the left side. On the right side are accommodations that can be made to increase the chances of job seekers with AS to secure and retain employment. At the top of each table is a definition of the corresponding functional limitation. The tables are as follows:

2. Communication
3. Interpersonal Skills
4. Work Tolerance
5. Work Skills
6. Mobility
7. Self-care
**Communication**

Table 2. Communication

*Communication: "... ability to use, give, and/or receive information"* (DOR, 2011a, n.p.).

<table>
<thead>
<tr>
<th>Functional Limitations</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty with semantics</td>
<td>According to the Job Accommodation Network [JAN] (2012, employers/rehabilitation professionals can:</td>
</tr>
<tr>
<td>Examples: Literal and concrete thought pattern; challenged with vague and implicit language</td>
<td>Provide praise and positive reinforcement</td>
</tr>
<tr>
<td>Difficulty understanding vague and implicit language</td>
<td>Allow an employee to make telephone calls for support</td>
</tr>
<tr>
<td>Unorthodox speech</td>
<td>Provide sensitivity training for workforce</td>
</tr>
<tr>
<td>Examples: Odd inflection, rapid speech, lack of rhythm, monotonous tone</td>
<td>Provide advance notice of topics to be discussed at meetings</td>
</tr>
<tr>
<td>Difficulty reading and recognizing facial and gestural expressions</td>
<td>Offer an employee an alternative method to respond to questions (e.g., written responses)</td>
</tr>
<tr>
<td>Difficulty understanding social rules such as personal space, appropriate eye contact, and turn-taking</td>
<td>Use explicit and detailed language</td>
</tr>
<tr>
<td>Difficulty reading subtle social cues</td>
<td>Provide concrete examples when possible</td>
</tr>
<tr>
<td>Bluntness/honesty</td>
<td>Provide checklists</td>
</tr>
<tr>
<td><strong>Communication challenges can provoke anxiety in some individuals</strong></td>
<td>Provide instructions in alternative formats such as written, verbal, and picture directions</td>
</tr>
<tr>
<td></td>
<td>Allow presence and use of a support animal to reduce stress and anxiety</td>
</tr>
</tbody>
</table>
Interpersonal Skills

Table 3. Interpersonal Skills

*Interpersonal*: "... an ability to interact and form relationships with others" (DOR, 2011a, n.p.)

<table>
<thead>
<tr>
<th>Functional Limitations</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of empathy negatively affects one's ability to connect with co-workers</td>
<td>According to the Job Accommodation Network [JAN] (2012), the following accommodations have been suggested:</td>
</tr>
<tr>
<td>Inappropriate social skills may cause one to avoid social situations or contact with others</td>
<td>Provide disability awareness training</td>
</tr>
<tr>
<td>Examples: Barge into conversations, walk away during mid-conversation, talk incessantly about favorite subject area</td>
<td>Allow a friend or co-worker to attend meetings to reduce or eliminate feelings of anxiety</td>
</tr>
<tr>
<td>Bluntness/honesty: People may be perceived as insensitive or rude</td>
<td>Allow presence and use of a support animal to reduce stress and anxiety</td>
</tr>
<tr>
<td>Inappropriate social skills can lead to depression or anxiety</td>
<td></td>
</tr>
</tbody>
</table>
Work Tolerance

Table 4. Work Tolerance

*Work tolerance*: ". . . ability to sustain the required level of work functions" (DOR, 2011a, n.p.).

<table>
<thead>
<tr>
<th>Functional Limitations</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can be affected by sensory processing impairments, such as oversensitivity to texture,</td>
<td>According to the Job Accommodation</td>
</tr>
<tr>
<td>touch, sights, sounds, and scents. In turn, sensory processing impairments can cause</td>
<td>Network [JAN] (2012), the following accommodations have been suggested:</td>
</tr>
<tr>
<td>discomfort and distress, which affects job performance</td>
<td>Situate the person's office space away from high traffic and noise areas</td>
</tr>
<tr>
<td></td>
<td>Allow telework</td>
</tr>
<tr>
<td></td>
<td>Provide relaxation items such as squeeze balls and similar objects</td>
</tr>
<tr>
<td></td>
<td>Create a fragrance-free workplace policy</td>
</tr>
<tr>
<td></td>
<td>Allow fresh-air breaks; provide purification system; situate employee in</td>
</tr>
<tr>
<td></td>
<td>well-ventilated area</td>
</tr>
<tr>
<td></td>
<td>Provide headsets to help reduce noise level</td>
</tr>
<tr>
<td></td>
<td>Allow presence and use of a support animal to reduce stress and anxiety</td>
</tr>
</tbody>
</table>
**Work Skills**

Table 5. Work Skills

*Work skills: "... an ability learn and/or perform work-related tasks" (DOR, 2011a, n.p.)*

<table>
<thead>
<tr>
<th>Functional Limitations</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average to above average level of intelligence indicates that people with AS have the capacity to learn</td>
<td>According to the Job Accommodation Network [JAN] (2012), employers/rehabilitation professionals can:</td>
</tr>
<tr>
<td>Routine increases a person's capability to perform and complete assignments</td>
<td>Modify work schedule</td>
</tr>
<tr>
<td>Inflexibility of routines can hinder one from learning new tasks or steps to a task</td>
<td>Provide praise and positive reinforcement</td>
</tr>
<tr>
<td>Ritualistic behaviors can consume a significant portion of their day</td>
<td>Create a mentor system; provide job coach</td>
</tr>
<tr>
<td>Narrowed and fixated interests can prevent an individual from completing jobs that are not relevant to his/her favorite interests</td>
<td>Provide sensitivity training for work force</td>
</tr>
<tr>
<td>Vague and implicit language can lead to miscommunication. It can also reduce productivity level as it leaves one to guess how the task is supposed to be done</td>
<td>Provide advance notice of topics to be discussed at meetings to reduce or avoid anxiety</td>
</tr>
<tr>
<td>Difficulty with vague and implicit language: It can cause a person with AS to feel a sense of stress or anxiety as one has to guess or try to interpret the message being conveyed</td>
<td>Offer employee an alternative method to respond to questions (e.g., written responses)</td>
</tr>
<tr>
<td><strong>Can be affected by anxiety, depression, and OCD</strong></td>
<td>Use explicit and detailed language</td>
</tr>
<tr>
<td></td>
<td>Provide concrete examples to increase comprehension</td>
</tr>
<tr>
<td></td>
<td>Change lighting to reduce or eliminate light sensitivity issues</td>
</tr>
<tr>
<td></td>
<td>Provide checklists, organizers</td>
</tr>
<tr>
<td></td>
<td>Provide instructions in alternative formats such as written, verbal and picture directions</td>
</tr>
</tbody>
</table>
**Mobility**

Table 6. Mobility

*Mobility: *"... ability to move from place to place" (DOR, 2011a, n.p.).

<table>
<thead>
<tr>
<th>Functional Limitations</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the capacity to navigate their environment and community</td>
<td>According to the Job Accommodation Network [JAN] (2012), the following accommodations have been suggested:</td>
</tr>
<tr>
<td>Anxiety or routines may impede their ability to successfully navigate their environment or community</td>
<td>Provide detailed directions or mobility training</td>
</tr>
<tr>
<td></td>
<td>Provide support animal to reduce anxiety should they lose sense of direction</td>
</tr>
</tbody>
</table>

**Self-care**

Table 7. Self-care

*Self-care: *"... ability to plan and/or perform activities of daily living" (DOR, 2011a, n.p.).

<table>
<thead>
<tr>
<th>Functional Limitations</th>
<th>Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the cognitive ability to perform daily living tasks and activities</td>
<td>Provide picture chart of daily activities</td>
</tr>
<tr>
<td>Routines may be needed to successfully and independently complete activities</td>
<td>Provide detailed and/or explicit lists of daily activities</td>
</tr>
<tr>
<td>Depression causes individuals to neglect self-care skills such as personal hygiene and maintenance of physical appearance</td>
<td>Utilize an Independent Living Service until routines or daily living tasks are mastered</td>
</tr>
</tbody>
</table>
Counseling Considerations

Introduction to the Intake Interview

The intake interview is a time for the Counselor or Rehabilitation Professional to get to know the applicant and gather the necessary information to identify employment skills, strengths, weaknesses, talents, interests, needs, and barriers to employment. So, you, as the Rehabilitation Professional, may want to make the person as comfortable as possible.

Preparing for the Intake Interview

At least a week before the interview, send a letter out to the applicant to inform him/her of the appointment time. You may want to place emphasis on the purpose of the appointment as the word “interview” may be anxiety provoking, let alone meeting a new person. A simple sentence such as, “The appointment I had scheduled with you is time for me to get to know you and your needs.” You may also indicate in the letter that the applicant may bring a person such as a family member or friend to the meeting as support. Who knows, the support person may provide other useful and insightful information that the applicant may not have thought about.

The room in which you plan to hold the intake interview should be a well-ventilated area to eliminate any scents the may cause discomfort. If it is not possible, keep the door slightly cracked and use a small fan to circulate the air. In addition, you may want to send an e-mail to the other staff in the office to inform them that the room will be occupied and would appreciate office staff to hold conversations in another area to reduce unwanted noise.
During the Intake Interview

Table 8 is provided as a tool for you to use to increase your awareness of the body language and facial expressions of people with AS. Their facial reactions and body language are clues for you, as a Rehabilitation Professional, to know whether the person understood your question or is feeling comfortable, anxious, stressed, and so forth.

Another consideration to keep in mind during the intake is to inform the applicant that he/she may ask for it to be restated if he/she does not understand the question. In addition, deter from using vague and implicit questions to gather more useful information from the applicant. Above all, keep in mind that the interview can be stressful and anxiety provoking. So try to create a relaxed environment. Remember to smile, laugh, and have fun.
Table 8. Facial Expression and Body Language

<table>
<thead>
<tr>
<th>Facial Expression/Body Language</th>
<th>What does it mean?</th>
<th>What can you do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blank stare</td>
<td>I have no idea how you would like me to answer that question.</td>
<td>Restate the question and be more specific.</td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td>Pause for a second and give the person a minute to process the question/</td>
</tr>
<tr>
<td></td>
<td>That question does not pertain to me.</td>
<td>statement and develop his/her answer.</td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I need some time to process your question/statement.</td>
<td></td>
</tr>
<tr>
<td>Scrunched face</td>
<td>I am confused.</td>
<td>Restate the question.</td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A part of that question does not pertain to me.</td>
<td>Your question or statement was vague. Be more specific. Ask the person what</td>
</tr>
<tr>
<td></td>
<td></td>
<td>part of the question does not apply to him/her and ask him/her to explain.</td>
</tr>
<tr>
<td>Fidgeting, hands over ears,</td>
<td>Sensory issues</td>
<td>Change rooms</td>
</tr>
<tr>
<td>closed eyes, lack of eye</td>
<td>Lack of eye contact: I am trying to avoid any sensory stimulants that are</td>
<td>Open doors to ventilate area</td>
</tr>
<tr>
<td>contact, rocking, walking</td>
<td>physically stressful.</td>
<td>Turn on fan to circulate air in room</td>
</tr>
<tr>
<td>around in circles, pacing.</td>
<td>The situation may be anxiety provoking.</td>
<td>Dim light, brighten lights</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Take necessary actions to reduce unwanted noise</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ease on formality of the meeting; open meeting with a funny story.</td>
</tr>
</tbody>
</table>
Specific Questions to Ask the Consumer During the Intake Interview

The following questions are provided to facilitate the intake interview. The list of questions specifically pertains to people with AS and can elicit insightful information in regards to their capabilities.

1. Aside from Asperger syndrome, do you have a second disability? If so, what is it?
   a. Does this disability affect your ability to search for work? If so, how?
   b. Does this disability affect your ability to retain employment? If so, how?

2. How do you feel about calling companies for job opportunities within their company?

3. How do you feel about going in for interviews?

4. How do you feel about asking for job accommodations?

5. Would you consider yourself to be flexible in terms of transitioning from one task to another at any given time?
   a. If not, why?
   b. If yes, give me an example.

6. Would you consider yourself to work better and produce better work with routines?
   a. What happens when your routine is interrupted?
   b. (If the applicant states that he/she engages in rituals, ask):
      What do the rituals look like? How long do you engage in these activities before you are able to go back to work?

7. How do you feel about social conversations at work?

8. How do you feel about staff meetings?

9. If you were asked to present at work, what are some steps that you would take to help yourself feel comfortable? Even when you take those steps to prepare yourself as best as you can, how do you feel at the meetings?

10. What are some activities that cause you anxiety?
    a. When you are anxious, what are some of the techniques that you use to help you cope?
**Job Development**

Table 9, entitled Job Development Questionnaire, can be utilized by counselors during the intake interview to get a better understanding of the type and level of assistance the individual may require to successfully secure employment.

Table 9. Job Development Questionnaire

Instructions: Ask the client or consumer to rate his/her ability to complete the following activities. ***If anything but “I can do it independently” is marked, ask the client to provide examples.***

<table>
<thead>
<tr>
<th>Activity</th>
<th>I can do it independently</th>
<th>I can do it independently after being taught</th>
<th>I constantly need support</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accurately fill out job applications</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Create a resume</td>
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<tr>
<td>Contacting potential employers to inquire about employment opportunities</td>
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<tr>
<td>Prepare for an interview</td>
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<tr>
<td>Participate in an interview</td>
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<tr>
<td>Search for jobs using different search methods</td>
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</tbody>
</table>
Employment

Table 10, entitled Employment Questionnaire, can be utilized by counselors to identify challenges that are encountered by employees with AS at the work place.

Answers garnered from the questionnaire can be used to identify the type of assistance and accommodations they need to be successful at their job and to maintain employment.

Table 10. Employment Questionnaire

Instructions: Ask the client or consumer to rate his/her ability to complete the following activities. ***If anything but “I can do it independently” is marked, ask the client to provide examples.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can easily adapt to new routines.</td>
<td></td>
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<tr>
<td>I can quickly learn new tasks.</td>
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<tr>
<td>I can easily learn new tasks given and only given verbal directions.</td>
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<tr>
<td>I can learn new tasks when given detailed verbal directions.</td>
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<tr>
<td>I can learn new tasks by reading directions.</td>
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<tr>
<td>I can lean new tasks when it is modeled to me.</td>
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<tr>
<td>Once a task is shown to me once, I can complete it independently.</td>
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<tr>
<td>I can complete a job assignment with written instructions.</td>
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<tr>
<td>When I encounter a problem, I can approach a co-worker for help.</td>
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<tr>
<td>I don't encounter any problems processing verbal information.</td>
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<td>-------------------------------------------------------------</td>
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<tr>
<td>I can make inferences from vague/implicit statements.</td>
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<tr>
<td>I feel comfortable engaging in social chit-chat with co-workers.</td>
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<tr>
<td>I can recognize subtle social cues.</td>
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<td></td>
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<tr>
<td>I can recognize facial and gestural emotional expressions.</td>
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<tr>
<td>I can interpret tone of voice.</td>
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<tr>
<td>I can confidently and independently ask for workplace accommodations.</td>
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<tr>
<td>I can regulate my emotions when I am stressed, nervous, or anxious.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am motivated to work!</td>
<td></td>
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</tbody>
</table>
Individual Plan for Employment Considerations

The following list is composed of suggestions that should be kept in mind by counselors during the development phase of the Individual Plan for Employment [IPE]. These suggestions are offered to help identify suitable employment goals and services that may be necessary for people with AS to reach their employment goal. The last suggestion on this list can be utilized as a method to help employers see how valuable employees with AS can be and to dismiss any negative stereotypes of people with AS that employers hold.

- Use the person’s strengths, interests, or knowledge of a certain area to help identify an appropriate employment goal.

- Include close family and friends during the intake and IPE development period to gather useful information about the person’s strengths, weaknesses, and interests.

- Consider jobs that are flexible in terms of work schedule.

- Consider jobs that involve little to no social contact with customers or co-workers.

- Avoid jobs that may provoke anxiety (e.g., presentations at meetings).

- Provide a Job Coach to help the individual establish routines (if necessary) and master the associated duties of the position.

- Provide Personal, Vocational, Social Adjustment as a service to help the consumer navigate the social aspect of work.

- Anticipate to include ongoing post-employment services to help the consumer work.

- Suggest the individual participate in an employment support group to learn additional coping techniques.

- Consider on-the-job training [OTJ] as a service to increase the skills of individuals. OTJ allows the individual to develop a natural mentor/co-worker relationship.
SECTION 3

Introduction

Local Resources

Online Resources
Introduction

The following pages are comprised of the contact information of local agencies throughout the Sacramento region that offer employment services to help increase the success of people with Asperger syndrome [AS] in terms of an employment outcome. The services and level of services that are offered through each agency vary. In any case, people with AS typically struggle with the social aspect of work and need the assistance of job coaches or rehabilitation professionals to help them navigate and establish good working relationships with their co-workers. Some may just need assistance to disclose their disability and to submit a request for reasonable accommodations. The following agencies have been provided to help counselors locate services that can assist people with AS to search, secure, and maintain employment. Online websites have also been included in this section as a way for counselors to continuously educate themselves about the disability as research continues to make new developments in this area.
Local Resources

America Works

Address: 3665 Bleckley Street, Suite 101, Mather, CA 95655

Contact: Marti Plossmeyer or Susan Main, Executive Director

Contact Phone Number: (916) 368-1229 / (916) 368-1229 (Susan Main)

E-mail: marti@americaatwork.org   susan@americaatwork.org

Web Address: info@americaatwork.org

Services: Job preparation (assistance with resume & cover letter building, development of appropriate and effective interview skills); job development (assistance with application completion, job searching, follow-ups…); and job coaching.

Autistic Self-Advocacy Network

Address:

1st Monday: Supported Life Institute: 2025 Hurley Way Ste. 105, Sacramento, CA 95825

2nd & 4th Sunday: 1010 9th Street, Sacramento, CA 95814

Contact Person: Zachary Miller

Phone Number: (916) 538-9154

E-mail: asansacramento@gmail.com

Web Address: http://www.meetup.com/ASAN-Sacramento/

Services: Autism Spectrum support group. The support group meets on the 1st Monday of every month from 5:30-7:30 PM to discuss topics such as self-advocacy, what it means to have a disability on the Autism Spectrum, and new developments in the world of Autism. It is also a place where people with Autism can truly support each other through
discussions about their challenges and successes. Meets on the 2nd and 4th Sunday of every month from 2:00-4:30 PM to socialize with people on the Autism Spectrum. The Sunday events are very non-threatening and informal.

**Disability Rights California**

Address: 1831 K Street, Sacramento, CA 95811

Contact Person: Bianca or Caroline (Receptionist)

Contact Phone Number: (916) 504-5800

Web Address: http://disabilityrightsca.org

Services: Advocacy, education, and investigative services to reduce or eliminate barriers and increase opportunities for people with disabilities.

**Dream Catchers Empowerment Network**

Address: 2201 Tuolumne Street, Vallejo, CA 94589 (main office address)

Contact Person: Regina Kaiser, Program Director

Contact Phone Number: (707) 558-1775

Web Address: http://dreamcatchersnetwork.org

Services: Job preparation (assistance with resume & cover letter building, development of appropriate and effective interview skills); job development (assistance with application completion, job searching, follow-ups); and job coaching.
**InAlliance**

6950 21st Avenue, Sacramento, CA 95820

Contact Person: Deborah Notter (Intake Specialist)

Contact Phone Number: (916) 381-1300

Web Address: www.InAlliance.com

Services: InAlliance is one of the Employment Networks within Sacramento County. They serve people with disabilities who are referred to their agency by Alta California Regional Center and the Department of Rehabilitation. They assist consumers develop appropriate soft skills. In addition, they also have Employment Specialists who help people of varying disabilities develop the necessary skills to go into interviews prepared, build resumes, and cover letters. They also help their consumers develop skills to successfully search for jobs, accurately fill out applications, and follow-up on job leads. Job coaching and personal vocational social adjustment assistance are other services that are available through InAlliance.

**Lincoln Training Center**

Address: 8331 Sierra College Blvd., Suite 220, Roseville, CA 95661

Contact Person: Belinda Owens

Contact Phone Number: (530) 391-1641

e-mail address: belindao@lincolntc.org

Web Address: www.lincolntc.org
Services: Job preparation (assistance with resume & cover letter building, development of appropriate and effective interview skills); job development (assistance with application completion, job searching, follow-ups); and job coaching to people with disabilities.

**Placer County of Independent Living Resources**
Address: 11768 Atwood Road, #29, Auburn, CA 95603
Web Address:  http://www.pirs.org
Contact Phone Number: (530) 885-6100
Services: Disability awareness training, advocacy, independent living skills training, assistive technology, social security benefits counseling, and support group services to people with varying disabilities within the Placer County region.

**Progressive Employment Concepts**
Address: 6060 Sunrise Vista Drive, Suite 1875, Citrus Heights, CA 95610
Contact Person: Carole Watilo, CEO
Contact Phone Number: (916) 723-3112
e-mail address: cwatilo@progressiveemployment.org
Web Address: www.progressiveemploymentconcepts.org
Services: Progressive Employment Concepts is a non-profit organization that offers job preparation (e.g., assistance with resume and cover letter building, development of appropriate and effective interview skills, and development of soft skills); job
development (e.g., assistance with application completion, job searching, follow-ups); and job coaching to people with varying degrees of developmental disabilities.

**Pride Industries (Main Office)**

Address: 10030 Foothills Blvd., Roseville, CA 95747

Contact Person: Diana Erickson

Contact Phone Number: (916) 788-2100

e-mail address: rehab@prideindustries.com

Web Address: http://www.prideindustries.com

Services: Job preparation (assistance with resume & cover letter building, development of appropriate and effective interview skills); job development (assistance with application completion, job searching, follow-ups); and job coaching.

**Sacramento Asperger’s Syndrome Meet Up Group**

Address:

775 Sunrise Avenue, Suite 110, Roseville, CA 95661 (1st Monday of every month).

5900 Coyle Avenue, Suite D, Carmichael, CA 95608 (3rd Monday of every month).

Contact Person: Dr. Debra Moore

Web Address: http://www.meetup.com/sacaspergers/

Services: Asperger Syndrome Support Group. It is a place where people with AS can meet to discuss the challenges they face in the employment arena. Discussions range from job searching challenges to issues that they face at their worksite.
UC Davis MIND Institute
Address: 2825 50th Street, Sacramento, CA, 95817
Contact Person: Lynne Weissmann
Phone Number: 916-682-1740
E-mail: LWeissmann@aol.com
Web Address: www.sacramentoasis.com
Services: Asperger Syndrome Employment Support Group. The support group meets on the second Tuesday of every month. It is a place where people with AS can meet to discuss the challenges they face in the employment arena. Discussions range from job searching challenges to issues that they face at their worksite.

Yolo Employment Services
Address: 500 Jefferson Blvd., Suite B160, West Sacramento, CA 95605
Contact Person: Hollie Boggess
Contact Phone Number: (530) 301-2992
e-mail address: Hollie.Boggess@yolocounty.org
Web Address: www.yolocounty.org/index.aspx?page=555
Services: Yolo Employment Services provide job preparation (e.g., assistance with resume & cover letter building, development of appropriate and effective interview skills); job development (e.g., assistance with application completion, job searching, follow-ups); and job coaching to people with disabilities residing within Yolo County.
Online Resources

Autism Self-Advocacy Network  http://autisticadvocacy.org

The Autistic Self Advocacy Network is a nonprofit organization managed by people with Autism. ASAN was established to provide support and services to individuals and families of people on the Autism Spectrum. Included in the services that are offered through the organization are: disability awareness training, public policy advocacy, and community outreach to increase inclusion, equality, and value of people on the spectrum.

Autism NOW  http://autismnow.org

Autism NOW is an online center that provides resources and information in areas of early detection, early intervention, early education, transition from high school into early adulthood; employment; advocacy inclusion; issues relevant to aging; policy implementation of health care and long-term care services; supports for people and family of people with Autism; and local, state, and national networking.

Autism Speaks  www.autismspeaks.org

Autism Speaks was founded in February 2005. It is an organization whose focus is on providing advocacy and assistive technology services, empowering people with AS to be self-advocates, and increasing disability awareness by funding research studies looking into the causes, prevention, treatments, and a cure for autism spectrum disorders.
The mission of Autism United is to increase public awareness of Autism Spectrum Disorders on a national level by working with researchers to learn more about the disability. Information resources are available on the website to educate the public, parents, and people with ASD about the disabilities on the spectrum, its symptoms, and associated comorbid mental health issues. Tips for parents and people with ASD as well as success stories of people with ASD are also available on the website.
References


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