Manual & Toolkit

A systemic, integrated approach to employment services for individuals with autism spectrum disorder

Funded by KeSSLER Foundation
Introduction

ABOUT MAY INSTITUTE

May Institute is a nonprofit organization that is a national leader in the field of applied behavior analysis, serving individuals with autism spectrum disorder and other developmental disabilities, brain injury and neurobehavioral disorders, and other special needs.

Founded 65 years ago, we provide a wide range of exceptional educational and rehabilitative services across the lifespan.

May Institute has evolved into a national network that serves thousands of individuals and their families annually. With corporate headquarters in Randolph, Mass., the organization operates more than 140 service locations in more than a dozen states across the country.

ABOUT WORK INC.

Nationally recognized as an innovator in developing community based programs for individuals with disabilities, WORK Inc. is New England’s leading agency providing the skills and supportive services needed to help people with disabilities achieve their career goals.

For over 50 years WORK Inc. has been at the forefront of vocational services providing meaningful work, and often, the first paychecks, for the individuals we are privilege to serve.

WORK Inc. is the largest employer of people with disabilities in the region. The agency has a myriad of programs—Commercial Services, Day-Habilitation, Deaf Services, Family Support, Employment and Residential Services—which all converge toward one goal: “To make the lives of individuals with disabilities better.”
Acknowledgments

We are grateful to the many individuals who have participated in the development of the Meaningful Jobs Initiative (MJI) and the resources found here. Production and distribution of this manual and toolkit have been made possible through a generous gift from the Kessler Foundation.

Nancy K. Gajee, Ph.D. (May Institute) developed and authored the anxiety management and behavioral interviewing protocols for this toolkit. She worked closely with the Career Navigator (Julie O’Toole) throughout the project, consulting regularly with her about programmatic and participant concerns. She also conducted the anxiety management and behavioral interviewing groups for the first 20 months of the project.

Robert Putnam, Ph.D., BCBA-D, LABA (May Institute) was the Principal Investigator for MJI and provided oversight of the project, as well as targeted input for all portions of this toolkit. He is responsible for writing the grant proposal and authored portions of this toolkit.

Sharon Smith, M.S.W., M.B.A., Chief Operating Officer (WORK Inc.) worked closely with the Career Navigator and consulted with the rest of the team throughout this project. She is the primary author of the introduction and the vocational training portion of this toolkit.

Julianne O’Toole, A.A. (WORK Inc.) developed much of the vocational training, job searching, job coaching, and networking components of this project. She worked closely every day with each participant and the rest of the staff of MJI. She is the primary author of the case scenarios and portions of the vocational training component of this toolkit.

Steve Aalto, M.P.A., Vice President for Workforce Development (WORK Inc.) was responsible for day-to-day oversight of on-site operations for MJI, and authored portions of this toolkit.

Aveline Ajalan, Ph.D., doctoral intern (May Institute) assisted with the initial development phase and implementation of the anxiety management and behavioral interviewing protocols.

Finally, we appreciate the support provided by May Institute’s Office of Communications and Public Relations, and the care and attention to detail the team brought to this project. Special thanks to Juanita Class for her outstanding graphic design contributions.
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1. overview
ABOUT THE MEANINGFUL JOBS INITIATIVE MANUAL AND TOOLKIT

May Institute, the National Autism Center, and Work Inc., were awarded a $250,000 grant by the Kessler Foundation in January 2016 to investigate a career pathway in the security field for individuals diagnosed with high-functioning autism spectrum disorder (ASD). The project was entitled, Meaningful Jobs Initiative (MJI). The initial premise for the program design was based on matching key characteristics that made someone successful in a job with the strengths of individuals with ASD. In this case, studies suggested that persons with autism outperform neurotypical individuals in a “naturalistic visual search task.” One specific example is a study (Gonzalez, Martin, Minshew & Behrmann, 2013) published by researchers at Carnegie Mellon University, the University of Pittsburgh, and the University of Minnesota. It demonstrated that when searching X-ray images for weapons in baggage, individuals with autism stayed more faithful to the task than neurotypical people who were more easily distracted.

Federal data show that security screeners have some of the worst job turnover rates among all federal workers (Zanona, 2016). Ninety percent of adults with ASD are unemployed or underemployed (Crawford, 2014; Roux, Shattuck, Rast, & Rava, 2015), and research shows that many of these adults may be uniquely better suited for specific security tasks, outperforming their neurotypical counterparts.

As a result, the grant was initially designed to help individuals with ASD get jobs at the Transportation Security Administration (TSA). The program design changed in the first year by expanding the focus to include the whole security industry (not just jobs with the TSA), as well as other security-related jobs (e.g., handling medical records and other highly confidential information, IT security). This toolkit reflects those changes.

One goal of the program was to recruit and screen 100 individuals with ASD, gauge their interest in a career in the security industry, and evaluate if they met the qualifications and pre-screening criteria. The employment outcome goal for the project was to place ten participants in full-time security positions, and ten participants in part-time security positions. An additional goal included the development of a toolkit and project replication in another state.

At the time of this writing, we have assisted 28 program participants in securing 43 jobs with five individuals working three jobs and five individuals working two jobs during the grant period. Of the 43 jobs, 19 were full-time jobs at an average wage of $14.74 per hour and 24 jobs were part-time at an average wage of $14.81 per hour. Eleven of the job outcomes were in the security industry in areas such as airline food security, retail floor security, auto night security, and lot attendant. One example of other high-impact outcomes is an individual placed as a Mail Processing Clerk at the U.S. Post Office (40 hours per week, $16 per hour); after five weeks on the job, he was promoted to a Window Clerk position (40 hours per week, $20 per hour). Additional non-security positions include: a Digital Imaging Analyst II (20 hours per week, $16.50 per hour); an assembler; a landscaper; inventory and quality control (2); picker/packer; and maintenance (2); all with wages over $15 per hour.

While at this writing we have not successfully moved a participant entirely through the TSA hiring process, we have developed a strong secondary security market, and have found other “better fit” opportunities at high wages with growth opportunities.

The MJI program focuses on preparing high-functioning individuals with ASD for job interviews and subsequent employment. Mental health staff provide training to build the social and anxiety-management skills necessary to interview for and succeed in competitive job placements. The Career Navigator (CN) locates potential job placements that align with the preferences of the participants in terms of the type of job and geographical location, as well
as other factors. The combined skills of the mental health staff and the CN assist the program participants to successfully obtain and sustain competitive employment.

The integrated approach of providing clinical supports and psycho-education through small group instruction with both a licensed psychologist and the CN has proven to be an effective factor in job placement success. Notably, of the 27 individuals placed in employment, 51% have a secondary diagnosis, most commonly an anxiety disorder. Of the 13 without a previously diagnosed anxiety disorder, the vast majority have exhibited significant subclinical and clinical levels of anxiety. Data show that individuals achieving employment outcomes have participated in an average of 21.5 group classes that address anxiety management, stress reduction, competency-based interviewing, and social skills for the job. These sessions are in addition to one-on-one meetings with the CN to prepare cover letters and resumes, attend job fairs, mock interviews and then job development activities. Additionally, follow-along services provided by the CN have proven critical to job retention. This integrated and transparent approach ensures that the CN can effectively match a candidate’s interest and skills to job opportunities that meet both his career goals and his individual conditions for success.

We recognize that our outcomes have not been as sector-based as we had anticipated. Many of our participants have, despite our rigorous screening, wavered in their interest in working in the security field. Even so, they have significantly improved their communication and work-related skills and taken advantage of other opportunities, which we have helped develop. This project has helped people secure jobs across multiple sectors.

We believe that the tools and information you are receiving in this toolkit are scalable to other states and job sectors. We further believe that the integrated approach herein represents the future of customized employment services for individuals with developmental and/or psychiatric disabilities.

Our next challenge is to more deeply explore the security-like occupations in other industries, as well as more career paths within the security industry. We have had some success in healthcare (Digital Imaging Analyst II) and with the U.S. Post Office (PSE Mail Processing Clerk and Window Clerk). We want to explore career matches in those areas as well and examine how many tracks we can effectively develop within the scope of this project.

**INTEGRATED APPROACH**

The main objectives of MJI—finding and sustaining meaningful employment for individuals with ASD—are accomplished through integrated teamwork. We have found that we need both the employment expertise of the CN and the clinical expertise of the mental health clinician (MHC) with skills in cognitive behavioral therapy (CBT) to support participants in finding and keeping jobs. The CN knows how to engage prospective employers, maintain positive, supportive relationships with current employers, and be a resource for participants. The MHC knows how to identify and address symptoms of ASD and other co-occurring psychiatric disorders so participants can improve their functioning over time. Working together, the CN and the MHC can identify problem areas rapidly as they arise and address them.

Most individuals with ASD receive significant support through Individualized Education Programs (IEPs) during their school years. In Massachusetts, they are eligible for a host of supports, ranging from accommodations for testing to additional services and providers (e.g., occupational therapy, physical therapy, speech and language therapy, applied behavior analysis [ABA], counselors). Through MassHealth, many qualify for Medicaid-funded outpatient therapy,
wraparound services including home-based behavioral services and therapeutic mentors, or home-based ABA services. However, they age out of all these supports by age 22 (this is often referred to as “falling off the cliff” or “going over the cliff”).

MJI provides a combination of employment and clinical supports necessary to help individuals with ASD learn to become more independent, take on additional responsibility, and learn new skills beyond age 22. The CN and MHC exchange information about participants and their challenges on an almost daily basis. The CN informs the MHC about issues that arise on job sites, during job searches and interviews, with families, and concerning Activity of Daily Living skills (ADLs). The MHC provides significant psychoeducation about ASD and other psychiatric conditions for the CN. Additionally, the MHC trains the CN in evidence-based behavioral and therapeutic strategies so she can then consult with employers and intervene with participants to help them get hired and keep their jobs.

We have found that if the participants and CN do not have regular access to the MHC, the rate of dropout from the program and early resignation or firing from jobs due to anxiety would be quite high. Most of the participants who have gained employment through MJI have required intervention by the CN at the job site in order to maintain employment. The CN’s ability to reduce avoidance behaviors, engage in social skills instruction, manage demands, and set limits with participants is a direct result of training provided by the MHC. So, too, is her ability to help employers understand their new employees with ASD and learn how to set limits and set up contingencies to improve job performance. Conversely, the MHC has needed the input of the CN to identify specific areas requiring attention so she could develop intervention modules to address those issues.

**TARGET AUDIENCE FOR MJI**

This project targets candidates over the age of 18 who possess a high school diploma and have a documented diagnosis of ASD. Due to the requirements of the security sector, this project was not designed to serve individuals with intellectual disabilities. With that said, we believe the integrated approach and strategies described in the toolkit would be beneficial to individuals with intellectual disabilities within job classifications that matched their skill sets.

Any other criteria established were based on the entry-level requirements of a Transportation Security Officer under the TSA. We consider the TSA to be a “high bar” employer that offers excellent wages, benefits, and opportunities for career growth. Their pre-screening requirements are rigorous yet attainable, have broad application across jobs in the more general security field, and are transferable to security-like jobs in other industries. We recommend you use these criteria to set expectations high enough to overcome potential barriers into occupations that can be an excellent match for prospective employees!

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**For this toolkit, we will be referring to individuals targeted by MJI as the “candidate” or “participant.”**

**For ease of use, we will also refer to candidates in the masculine, although the program serves men and women.**
2. **Meaningful Jobs Initiative Implementation**
MARKETING FOR CANDIDATES

We developed a comprehensive PowerPoint presentation that provides information about the project and describes employment opportunities in the security field. This marketing tool was designed to answer potential questions about the program from funders, families, and the individuals, and to encourage candidates to consider employment in a non-traditional career path that was experiencing significant growth. The final version of the PowerPoint is included in the toolkit.

APPENDIX 1 | Marketing PowerPoint Presentation

We reached out to potential candidates in three ways:

1] Print collateral

We developed a one-page flyer with a sign-up form that could be distributed to funders, membership organizations that advocate for individuals with ASD, families, provider groups, individuals with ASD, and school systems serving transition-age young adults. This form requested contact information so the CN could make a follow-up phone call. Our preference was to have the initial screening by phone rather than through email.

For those organizations and groups that were interested, we scheduled face-to-face meetings to share the PowerPoint presentation.

2] Social Media

In addition to the marketing and recruitment efforts described above, we also used social media platforms such as Facebook to spread the word. For example, one parent reached out to us and asked if she could post our MJI flyer on her Facebook page. The flyer was reposted several times, increasing our exposure to potential candidates that we may not have otherwise reached.

3] Presentations

In the first year of the project, we scheduled information sessions at all of our local Vocational Rehabilitation Offices and also at the local offices of the Department of Developmental Services (DDS). (In Massachusetts, services for individuals with ASD fall under DDS.) During the second year of the project, we had enough data to present findings at professional conferences at the state and national levels.
RECRUITMENT

Our goal for MJI was to recruit 100 candidates to be screened for the grant. We began by identifying the following individuals and organizations for targeted outreach:

- All organizations that provide services and/or advocate for people with ASD in the state of Massachusetts. While their headquarters may not have been in our service area, the organization’s reach may have extended within commuting distance to our computer lab and classroom.
- All public and private school systems that serve people with ASD
- State agencies that provide employment service funds for people with ASD
- Informal and formal family organizations
- Clinicians known to serve people with ASD

Additionally, we posted flyers at all state conferences regarding the employment of people with disabilities.

| APPENDIX 2 | Recruitment Flyer |

REFERRAL PROCESS

We created a simple referral process to get started. Because our first goal was to generate interest, we only asked for contact information and email. The first contact was an initial phone call to the person who completed the form. If it was a self-referral, we contacted the potential candidate directly. If a parent or a funder completed the form, we reached out to that person first. We wanted to gauge where the interest was coming from—the parent or the potential candidate.

Initial contacts may come from a variety of sources, and initial conversations may differ based on the referrer’s context. For example:

- If the referral comes from a family member, we obtain a detailed history including the impact of ASD on the potential candidate’s functioning, previous successes and challenges, and comprehensive benefits documentation from those who know him best. We then validate whether the candidate has a serious interest in the outcome of the services (i.e., employment). We have often found that the interests of the family and the candidate may not align.

- If the referral comes from a funder or other source (e.g., DDS or Massachusetts Rehabilitation Commission), they will have some but not all the background information we need. They may not have discussed MJI with the potential candidate yet, and the purpose of the call may be to get more detail for that planned conversation. In that case, we make sure the vocational counselor (or other professional) has all the information they need to present the opportunity to the individual. At this point we determine with the referral source whether we should reach out directly to the potential candidate or his family or have him or his family contact us.
PHONE SCREENING

The initial phone screening helps to determine if the individual meets the baseline interest and qualification criteria for inclusion into the project:

- Over 18 years of age
- High School diploma
- Not color blind (TSA applicants only)
- Can get himself to and from the program
- Has a documented ASD diagnosis by an MD or doctoral-level psychologist
- Wants to work

The screening also allows us to explain the project and to determine if the desired outcomes are aligned with the potential candidate’s interests in simple terms, and to confirm eligibility characteristics for entry into the security industry. If he meets these criteria, the next step in the process is to schedule a full, in-person screening.

FULL, IN-PERSON SCREENING

The comprehensive screening is a face-to-face meeting with the candidate and his family, case worker, or other support individuals. It is an opportunity to engage the candidate in a discussion about work, to validate the ASD diagnosis, and to provide an overview of the security industry.

As this project initially focused on jobs at TSA, the screening was designed to ensure that candidates meet the minimum pre-screening qualifications for the TSA. As the scope of MJ expanded beyond the TSA to all security companies in the area, we made some modifications to the full screening. It is important to note that the pre-screening requirements for jobs at the TSA did not need to be changed significantly because security firms have standard expectations.

At the full screening the goals are to:

- Validate the candidate’s interest in the security field as a career path
- Review initial requirements common to security companies
- Watch TSA video or MJI PowerPoint
- Review non-TSA security jobs
- Identify other reasonable career paths (e.g., building trades referral)
- Identify project expectations
- Confirm the candidate’s interest in proceeding
- Identify missing information or additional documentation needed
- Confirm 100% commitment to employment as an outcome

Requirements for entry into the security industry were determined based on extensive research in the security industry for both TSA and other security firms. It should be noted that not all companies mandate all requirements. This list is a compilation.

These requirements include the following:

- Ability to pass background checks, which could consist of a state criminal background check, national fingerprinting test, or an SF-86 Homeland Security Clearance
- Ability to pass a drug test
- Ability to pass a credit check
- Ability to pass a computer-based object recognition test
- Ability to pass an English proficiency test
- Ability to pass a medical examination
- Ability to pass a competency-based interview
We developed an Excel spreadsheet to input data on all inquiries and to track progress across all services.

| APPENDIX 3 | Full Screening Spreadsheet Template |

**DOCUMENTATION NEEDED**

For this project, we require medical documentation of a diagnosis of ASD by a licensed doctoral-level professional (pediatrician, developmental pediatrician, neurologist, or psychologist). We also require a copy of the candidate’s high school diploma.

**SERVICES AND EXPECTATIONS**

It is essential to explain to candidates, funders, and families that MJI is not a “day program,” but a suite of services that are scheduled in both group and individual format and designed to result in employment. We also point out that some activities include attending job fairs, job tours, and job shadowing in the community, and that other activities occur in the training center. As program models evolve, it is vital to communicate these distinctions so that candidates, families, and especially funders understand that this suite of services is designed to result in job placement outcomes, preferably in full-time work with benefits.

All parties should be 100% committed to an employment outcome. It is important to have this discussion at the referral phase and to address any ambivalence.
3. **Training**
Training in MJI is designed to prepare candidates to meet the pre-screening standards of TSA. We believe these to be the most stringent standards in the security sector. We set these standards because of the high barriers to entry into the sector. We believe that once hired, candidates well matched to occupations within the sector who receive post-employment support customized to their unique needs will excel at their jobs.

What follows is a description of training elements, schedule of services, and space requirements.

MJI provided three days a week of class instruction sessions for three hours per day. Candidates attend sessions from seven to 50 weeks. The average number of classes were 21. The program provided drop-in classes for candidates who needed additional support with their new work opportunities.

**TRAINING ELEMENTS**

Training elements include:

- Orientation to the project, including a review of commitments and responsibilities
- Computer-assisted training in English proficiency
- Reading comprehension training using an SAT prep book and practice tests
- Computer-assisted object identification using Job Test Prep and a smartphone/tablet app (Airport Screener App)
- Participation in behavioral interviewing, anxiety management classes, and social skills training
- Completion of a cover letter, resumé, SF-86 Questionnaire for National Security Positions, and any other documentation needed for job applications
- Online application to USAJOBS [www.usajobs.gov](http://www.usajobs.gov)
- Attendance at job fairs to practice interacting with employers
- Attendance at security-related job fairs to learn about security occupations and requirements
- Applications for jobs
- Interviewing for jobs
- 1:1 discussions about disclosure
- Benefits counseling about SSI, SSDI, etc.
- Mock interviews
- Information interviews/company tours

We ask all participants to have lunch together every day that the program meets. The CN attends most lunches to help facilitate conversation, model, and give feedback. This protocol is not meant to be comprehensive, but highlight strategies for addressing high frequency social skill deficits.
**Schedule of Services**

We provided services in both group and individual formats. Here is a sample plan for the group-based activities.

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<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<tr>
<td><strong>12:00 – 1:30 PM</strong></td>
<td>Soft Skills Training</td>
<td>Job Test Prep</td>
<td>Soft Skills Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>English Proficiency</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>1:30 – 3:00 PM</strong></td>
<td>Behavioral Interview Training</td>
<td>Anxiety and Stress Management</td>
<td>Behavioral Interview Training</td>
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**Space Requirements**

**Group/Computer Lab Setting**

You can deliver MJI services and supports without a dedicated space if your organization can identify places in the community that will provide access to private meeting space, group space, and a computer lab.

We use a shared, dedicated training center that has a 12-person computer lab, a private office for confidential discussions, and a larger room for group-based work.
**BEHAVIORAL INTERVIEWING CURRICULUM**

The behavioral interviewing component of the training addresses one of the core features (Society for Human Resource Management, 2016) of ASD that can be a significant hurdle for participants to overcome—social awkwardness or poor social skills. This component is based on the idea that insight and the ability to self-reflect form the basis for being able to succeed in any interview situation. The curriculum takes participants through important identity-based exercises designed to help them think about themselves from multiple perspectives (e.g., strengths, preferences, personality traits). It culminates in having them learn to use a template for responses to interview questions. This template is designed to elicit responses with the right balance of being concise and providing enough detail to make a story memorable for the listener. We have found that participants use the responses they created in practice, and also incorporate responses modeled by other participants and the CN and MHC, during interviews, a combination which results in job offers.

| SECTION 4 | Behavioral Interviewing Curriculum |

**ANXIETY MANAGEMENT CURRICULUM**

Consistent with research findings that indicate a high rate of anxiety among individuals with ASD (Vasa & Mazurek, 2015), we found that participants in MJI experience significant anxiety at all stages of the pre-employment and employment process. This anxiety often interferes with their ability to move completely through the job application process and results in self-sabotaging behaviors, reduced attendance, dropouts, and difficulty on the job once hired.

We require that participants attend the anxiety management group once weekly unless they can a) demonstrate that they are currently receiving therapy that is based on CBT or another evidence-based practice or b) readily identify their signs and symptoms of anxiety and the coping skills they use regularly.

The anxiety management training component focuses on psychoeducation about anxiety, knowing one’s signs and symptoms, and learning a range of coping strategies to help prevent and cope with stress. We found that this training significantly reduced barriers for participants concerning the job search, application, and employment stages.

| SECTION 5 | Anxiety Management Curriculum |

**SOCIAL SKILLS TRAINING**

Social skills training is woven throughout MJI trainings and classes. The CN or MHC may temporarily interrupt the curriculum of a structured group training, other class, or one-on-one training to address social skills issues as they arise. Feedback, based on behavior observations, is provided to specific individuals and the group. Group discussion is facilitated by the group leader to elicit group perspectives. Social skills training is conducted around a targeted skill and participants engage in the practice of the skill. Additionally, the CN makes use of the PEERS for Young Adults (Laugeson, 2017) curriculum and associated videos wherever possible. PEERS for Young Adults is currently the only evidence-based social skills training manual available for use with young adults with ASD.

| SECTION 6 | Social Skills Training |
4. Behavioral Interviewing Curriculum
INTRODUCTION TO THE CURRICULUM

The Behavioral Interviewing training for MJI is designed around the idea that identity development and personal insight are fundamental to success in a job interview. Clinically, we have observed that neither factor is uniformly well-developed in young adults with high functioning ASD. While some have great self-awareness and well-formed identities, others struggle in these areas. Identity and self-awareness typically develop as an individual learns to identify his preferences, strengths, and areas for growth, and to understand how others perceive him. As a person matures, he develops ingrained personality traits and operates according to a set of values, whether he is aware of this or not.

The Behavioral Interviewing training uses group activities to help participants learn about themselves and to use social skills to learn about each other.

Module 1: My Strengths

The first training activity, completed in a group setting, asks participants to list three characteristics in categories such as strengths, compliments they have received, what they value most, and what they like to do in their free time. The MHC and CN can then model how to share and discuss these types of personal information. This activity also includes modeling, input, and feedback by peers which benefits participants who have difficulty completing the worksheet.

One of the most common challenges participants face when completing this worksheet is not wanting to be perceived as arrogant or bragging. Most have been taught to value humility. Being ready to address this issue is essential. Participants learn that being realistic about their strengths and accomplishments in a job interview is not the same as bragging. This is usually enough explanation to help participants feel comfortable enough to list positive things about themselves. This activity is not designed to increase a participant’s self-esteem, but to help him become an accurate reporter of his own experiences and skills—and to be able to do so without embarrassment.

Module 2: My Personality

The second activity consists of reviewing, defining, and discussing personality traits. We ask participants to think of examples of behaviors, or famous people who exemplify any one personality trait. This activity tends to result in fascinating and often hilarious conversations; it is a great way to bring out each participant’s sense of humor.

Module 3: My Values

The third activity consists of reviewing many values and selecting which are most important. Each participant makes a list of the top six values relevant to him in each of four areas in his life—relationships, self, interests, and work. We then focus on discussion of the values specifically related to work, and what those values look like in practice in a work setting. This sets the stage to move into concrete skills for answering behavioral interview questions.
Module 4: My Story

The fourth activity helps participants create individualized responses to dozens of behavioral interview questions. We introduce the STORY template to help participants orient themselves to the form and content of their answers. Discussions often target areas of difficulty in identifying implicit meanings in language, understanding the goal of a question, and generalizing that goal to include non-work and daily life settings. For example, a participant may never have had to deal with a demanding customer, but he has unexpectedly faced a surly mass transit driver or a harried cashier. Encouraging participants to identify such daily life situations and use them in their answers has the bonus of building self-confidence. Many participants don’t realize how often they make sound judgments and independently engage in prosocial and de-escalating behaviors because they usually tend to focus on their areas of weakness.

Module 5: Individual Practice

This activity allows for individual meetings to help each participant answer behavioral questions and identify stories he can share during job interviews.

Group Activities

The team-building and icebreaker activities listed at the end of this chapter are sprinkled throughout the training at the discretion of the MHC. Days when participants are sleepy or having difficulty concentrating are great times to mix things up and engage everyone in an experiential team-building exercise.

Overall, we have found this sequence of sessions and activities to be very beneficial for participants. They have been observed using language and expressions picked up during group discussions when they are talking with prospective employers at job fairs, and during both phone and in-person interviews. We have also found that having these detailed lists and worksheets helps reduce anxiety about job searching and interviews.
MODULE 1: MY STRENGTHS

MATERIALS
☐ About Me worksheet
    | APPENDIX 4 |

OUTLINE AND SAMPLE SCRIPT

Exercise: Introductions
Welcome participants and ask each person to share his name and explain why he decided to join this training program.
If participants do not all know each other, play the Name Game (found in the last section of this chapter).

TOPIC: Education and discussion about behavioral interview
What is a behavioral interview?
Get responses.

The company or TSA already has your resumé and your background check. You’ve passed the medical and physical evaluation and you’ve passed the online testing for English and visual scanning.

The behavioral interview gives the employer a chance to learn a few things about you. These include:
1. How you would respond in different situations
   Q: What is the best predictor of future behavior?
   A: Past behavior.
2. What your personality is like
3. Whether you would be a good fit with the TSA/company culture, the specific team, etc.
4. How you behave in an interpersonal interaction with a stranger (in this case, the interviewer)

TOPIC: Know yourself
What do you need to know to do well in a behavioral interview?

Yourself.
**Why?**

Because your personality and values will inform your behaviors and answers to questions.

**Exercise: About Me**

Complete the About Me worksheet over one to two sessions. Review and discuss responses in the group. The group leader should participate and model.

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**Example: What I like about myself.**

→ I’m loyal to others. Loyalty is important to me because it means that others can rely on me and I can rely on others. It involves trust and commitment, and those are also important to me, in my relationships and at work.
MODULE 2: MY PERSONALITY

MATERIALS

- About Me worksheet (from Module 1)
  | APPENDIX 5 |
- Personality Traits worksheets
  | APPENDIX 6 |

OUTLINE AND SAMPLE SCRIPT

Review

Check in and review previous session.

TOPIC: Know yourself

Exercise: About Me (continued)

Using the About Me worksheet, complete the About Me exercise from Module 1.

Exercise: My personality characteristics

Distribute the Personality Traits worksheets. These include lists of words that describe aspects of personality.

Review each word and definition with the group.

Ask participants to check off all words that apply to them.

Review what has been checked off.

Leaders participate and model.
MODULE 3: MY VALUES

MATERIALS:
- Values cards
- Values worksheet

OUTLINE AND SAMPLE SCRIPT

Review

Check in and review previous session.

Exercise: Values card sort and worksheet

What are values?

Values are guiding life principles. They represent things that are important to you. Whether you recognize it or not, you base most of your decisions and behaviors on these values.

It is vital for you to be able to identify and name your values. You will use those to guide yourself in preparing your answers to questions you may encounter in behavioral interviews.

I’m going to give everyone a stack of these cards. You’ll see that the first three list the categories into which you will sort the other cards. The other cards each have one value on them.

Clear the table in front of you. Lay out the headers: Very Important to Me, Important to Me, and Not Important to Me.

Now sort the rest of the cards into those categories. If you aren’t sure what something means, ask.

Allow time for the participants to complete the sorting.

Now take out your Values worksheet. Notice the three headings, “Relationships,” “Hobbies/Interests,” and “Work.”

Look through your Very Important to Me pile of values and select six to write in under the Relationships heading. Then return those cards to the pile and select six to put under next heading. Do the same for the last heading. The values under each heading can be the same or different. They may overlap a lot, a little, or not at all. You may find that there are some values that you put in another category that it turns out should be in the Very Important to Me category for any of the headers. That’s fine. Just move it to the Very Important to Me category and include it in your list if you want.
Review the lists the participants made.
Have them notice any values that appear under more than one heading.
Have each participant pick a value and describe why it is important to him.
Have participants look through their lists and see if they have any values that occur on more than one list. These may be values that are especially important to them.

**NOTE:**

If there is time remaining in this session, begin the STORY template exercise in Module 4. Otherwise, wait until next session.
MODULE 4: MY STORY (2-3 SESSIONS)

MATERIALS:
- STORY template worksheet

OUTLINE AND SAMPLE SCRIPT

Review
Check in and review previous session.

TOPIC: How to tell a story

Now you all have lists of your strengths and qualities, your personality characteristics, and your values. We’re going to pull it all together so that you can answer questions in a story format that is easy to digest and lets your characteristics and values come across to the employer.

Exercise: STORY template

Introduce the STORY template worksheet. You will work through it with the group a few times to help model it. It usually takes participants 3-5 times to get the format down well enough that they don’t need many prompts to give a complete answer with a good balance of conciseness, brevity, context, and detail.

Pick a behavioral interview question and have participants write it on the tops of their papers. Then have them think of examples from their lives when they have experienced a similar situation. Many will struggle with this part, especially if they do not have a work history or have a limited work history. In those cases, ask for examples from school, family, social situations, daily life, etc. If they still cannot think of an example, create a hypothetical scenario and ask them how they would respond.

Have each participant complete the template with his answers, then go over each answer as a group. You will need to provide guidance for what to include in an answer, and you will need to prompt each participant to write his answers on the template.

Once the template is complete, discuss what values are illustrated by the story they chose to use as their answer. Prompt them to write the values in the appropriate space at the top of the template.
Questions to consider:

➞ Does the story demonstrate the value?
➞ What other values does the story demonstrate?
➞ Does the story have all the appropriate elements?
➞ Does the story flow?
➞ Is there enough/too much detail?
➞ Is it too vague?
➞ Does it follow the hourglass model—broad strokes, details, broad strokes?

Have each participant share each story/answer for each question. Give feedback. Have the participant edit and retell the story incorporating feedback.

Make sure they keep these completed templates in their binders.
MODULE 5: INDIVIDUAL PRACTICE (2-3 SESSIONS)

GOAL

1. Create a personalized set of stories that the participant can reference and rehearse before a behavioral interview.

TOPIC] Using a story to answer a sample behavioral interview question

Meet individually with participants (30 minutes each).

Continue with the behavioral interview questions using the STORY template.

If a participant demonstrates that he can structure a response to a behavioral interview question without having to first complete a STORY template, that’s great! Give him that feedback but ask him to at least take notes on his answer for each question so he can refer back to it when he is preparing for actual job interviews.

Give sample behavioral interview question(s), have participant select value(s) to demonstrate. Have participant tell a story, give feedback, polish it and have participant write it down. Initially, use STORY template. When ready, participants can type the story up without using the template, or just using the template as a reference guide.

Over time, help participant identify which stories could be used to answer multiple questions. Help him identify at least two stories per question.
**GROUP ACTIVITIES**

Use these team building, ice breaker, and social skills training activities periodically throughout the training as needed.

**Name Game**

Use this whenever a new participant joins the group.

Group leader starts and introduces self. Next person introduces self plus the person who came before. The following person introduces self plus everyone who came before. This continues until it gets back to the first person who then has to introduce everyone in the group. If anyone makes a mistake during the game, it starts over from the very beginning. (Expect groans from participants!).

**Stepping Stones**

Gather the group at one end of the room or a hallway (should be longer than the length of all participants standing hand-to-hand with arms outstretched to their sides). Hand them sheets of blank 8 ½” x 11” paper. There should be one more than the number of people in the group (i.e., if there are five people in the group, there should be six sheets of paper).

Instruct the group that they must get all the participants across the room stepping only on the sheets of paper. This is the only instruction you can give them. They must figure out as a group how to get there. If someone in the group has done this activity before, then that person should not participate.

**Silent Puzzle**

There are several iterations of this activity that are done sequentially in one sitting. Using a giant floor puzzle, have 3-6 participants sit on the floor in a circle. Hiding the picture of the puzzle on the box, deal out puzzle pieces to participants. The goal is for them to put the puzzle together without speaking or making any vocal noises. Time them.

Observe them for non-verbal communication including eye contact, smiling, head shaking, pointing, snapping, tapping, etc.

When they have finished the puzzle, record their time and let them know how long it took them. Ask about their subjective experiences during the activity. Ask if they noticed if anyone participated or took a particular role. You may have observed that one person took the lead. Some participants may have ended up sitting out and not participating. Let them know what social and non-verbal or lack of social and non-verbal behaviors you observed.

You probably observed that there was minimal eye contact and very little non-verbal communication, other than occasional pointing. You may have noticed some grabbing, snapping, or clapping in others’ faces to get attention, or other problematic behaviors. Go over positive and negative responses, and discuss what is considered polite versus rude. Explain that employers will expect team members to communicate non-verbally with each other. Set goals for each participant (e.g., make eye contact six times, smile three times, acknowledge someone four times, etc.).

Repeat the activity. Observe who hits their goals (probably very few will hit a goal). When you time them, it is likely that they will take longer the second time because they will have attempted to engage in some of the social behaviors that were discussed previously. During the post-activity discussion, ask why employers might be willing to sacrifice a bit of productivity for a team that gets along well.

Remind participants of their goals, practice them, and then repeat the activity a third time. Report your observations to them.

For the fourth iteration, deal the puzzle pieces out face down. The goal is to put the puzzle pieces together without being able to see the design. The participants can talk to each other. Observe them for the same set of behaviors and time them. Discuss your observations and the time it took them afterward.
5. Anxiety management curriculum
INTRODUCTION TO THE CURRICULUM

Anxiety is one of the most common psychiatric conditions that co-occurs with ASD (an estimated 40-80% of individuals with ASD experience clinical-level anxiety). It often results in stymied ambitions, decreased motivation and difficulty following through with novel experiences. Anxiety is, therefore, an important focus of intervention in MJI.

The overarching framework for the anxiety management group is a standard CBT approach, beginning with psychoeducation and then moving onto prevention and coping skills training. Because many individuals with ASD have alexithymia, which is the inability to recognize or describe one's own emotions, an additional emotion identification component is included. This allows the MHC to assess for the presence and severity of alexithymia in participants and tailor interventions to meet their needs, and ensures participants have a reasonable foundation in understanding what emotions are and what they feel like before continuing on to learning how to modulate them. Subsequent skills training sessions are modularized so that they may be presented in any order and repeated as needed. Throughout the anxiety management training, the MHC monitors for social skills challenges and problem behaviors that may need to be addressed immediately or in future social skills trainings.

The skills training modules of the anxiety management program draw upon a range of evidence-based practices, including cognitive reframing, behavioral activation, dialectical behavior therapy (DBT), mindfulness meditation, progressive muscle relaxation, and introductory biofeedback. In each session, a skill is defined, related back to psychoeducation about anxiety and autonomic nervous system activation, described, and practiced. Participants are asked to report on their experiences with and opinions of the skill that was introduced. They are then asked to practice it five times on their own, regardless of whether they initially liked or disliked it. This practice is then reviewed at the next meeting. Participants keep a worksheet of coping skills and add new skills to it that they find helpful as they move through the anxiety management modules. This worksheet is kept in their MJI binder and they are encouraged to take photocopies of it with them, or scan it into their smartphones for independent reference.

The CN participates in every anxiety management group. This allows for experiential learning and direct observation, and provides additional modeling for the participants. The MHC then provides follow-up training and education to the CN so that she may act as an effective lay behaviorist and counselor when working with participants in other situations.

It is assumed that the mental health professional who runs the anxiety management curriculum has training in and understanding of the theory and practice of CBT, specifically as it relates to anxiety management. This curriculum has been written to provide someone with knowledge of CBT-based therapies the means to begin right away. It is highly recommended that the clinician read the references in order to gain a fuller understanding of the theory and the practice behind the therapeutic practices in which they are engaging.
CURRICULUM DESIGN

The Anxiety Management curriculum is designed in a modular format. The eight modules cover 11 weekly sessions. Each session is 90 minutes long. Modules 1 and 2 should be completed first. The remaining modules may be completed in any order. This is designed to allow the clinician flexibility in tailoring the curriculum to suit the needs of any group of participants.

When a participant joins MJI, he should receive a binder which includes all the materials for the Anxiety Management group. Include a pad of hole-punched lined paper and a pen.

Each session follows this format:
- Review of previous week’s session
- Review of homework completed independently
- Materials needed
- New lesson
- Practice of a new skill
- Discussion and processing after education and skill practice
- Assignment of independent practice

You may find that neither you nor participants are used to openly discussing ASD as a diagnosis, their related difficulties, societal challenges, and identity issues that they have or are currently struggling with. It can be startling and initially uncomfortable at first for you and the participants to hear ASD talked about openly and matter-of-factly. However, all participants have expressed interest in learning more about ASD and about overcoming their own stereotypes and misconceptions about ASD and themselves. Participants have universally expressed gratitude for and enjoyment of the conversations we have had about ASD in the context of both anxiety management and relationships. They have felt that the clinician and the career

| Notes to Clinician |

Each session provides a brief overview of the lesson with sample scripts to assist you. The sample scripts are italicized. We do not recommend that you memorize or read the scripts, but use them instead as guides in developing your own.

We include frequent prompts for participants to take notes or record things on worksheets. We have found that participants rarely take the initiative to take notes, even on topics that pertain to themselves personally. You may find it helpful to take a behavioral approach with respect to work that participants are supposed to do independently, such as practice mindfulness or cognitive reframing on their own. Setting up a reward system through which both the individual and the group benefit from everyone engaging in practice at home can be very motivating for participants. This is preferable to relying on parents/caregivers to give reminders. The ultimate goal of this program is to enable participants to function as independently as possible.

When giving a lesson, it is important that you engage participants verbally and behaviorally. To that end, sample scripts provide examples of when to ask questions to engage participants. At times, there may be an unusually long pause before anyone responds. We encourage you to wait it out and give people time to process what they heard, construct a response, and verbalize it.
navigator were non-judgmental about ASD and related difficulties, recognized that everyone is unique in terms of strengths and growth areas, and that no one was being reduced to a diagnosis.

You may also find that some participants enter the group with preconceptions about the theory and practice of psychology, often due to past bad experiences or polemical texts or websites they have encountered. Those participants will readily express skepticism about engaging in an anxiety management group and will often demonstrate considerable resistance. We have found it best to roll with that resistance, validate those participants’ past experiences, explicitly encourage healthy skepticism and critical thinking, and ask them to experiment with what they learn and hear so that they can determine works best for each of them. If a participant says something does not work for him, acknowledge it, and ask him to engage in the practice at least five times. If it still has no effect for him, he is free to not add it to his toolbox.

Overall, we have found the anxiety management curriculum to be critical in helping participants enter the job search process, have successful interviews, and adjust to all of the novel experiences that come with entering the workforce or starting a new job. We have also found it to be enjoyable and a learning experience for the clinician, CN, and participants alike.
MODULE 1: INTRODUCTION AND IDENTIFYING EMOTIONS (2 SESSIONS)

MATERIALS

- Signs and Symptoms worksheets and body outlines for Happy/Joyful, Sad, Angry, and Anxious
  - APPENDICES 7-10
- Additional blank body outline
  - APPENDIX 11

GOALS

1. Introduce the curriculum. Review what will be covered: learning about emotions and how to identify them; learning about anxiety and triggers; and learning about prevention and coping strategies.
2. Emotion education. Participants will learn what alexithymia is and that it often co-occurs with ASD. They will learn to identify their own physiological symptoms, behaviors, thoughts, and other emotions triggered by joy, sadness, anger, and anxiety.

OUTLINE AND SAMPLE SCRIPT

On Wednesdays, we will be learning about anxiety prevention and management. We are going to talk about different strategies for helping you prevent and manage anxiety. Although our focus is on how to manage anxiety during the job search, interview, and hiring process, we hope the strategies you learn will help you manage anxiety in other areas as well. We’ll talk about anxiety in all types of situations so that you can better understand yourself and what works for you.

First though, we will talk about basic emotions we all feel at various points in our lives. We’ll do some exercises to help you identify the physical, thought, behavior, and emotional signs and symptoms each of you has for the basic human emotions. We’ll practice identifying positive and negative emotions, because we know that a lot of people with ASD struggle with something called “alexithymia.”

Has anyone ever heard of that before?

Participants will probably say “No,” or they have heard of it but do not know what it means.

The definition of alexithymia is the inability to identify and describe emotions in the self. This means that people with ASD may struggle with sensing bodily, thought, or behavior changes that indicate a change in emotional state. Or they may have difficulty associating physical sensations or a set of thoughts or behaviors with a word label for an emotion.
For example, I’ve worked with people with ASD who have the bodily sensation of feeling fidgety, spend a lot of time thinking about negative things that might happen in the future, have difficulty concentrating on what they’re doing, and snap at people. Someone who doesn’t have alexithymia would say “I’m worried.” Someone with alexithymia might argue with the use of that word and deny that they were worried, even though all their signs and symptoms indicate that they are worried.

So why is it important to be able to identify one’s own emotions?

Wait for responses.

Sample responses may include:

➢ “So you know if you’re about to do something inappropriate.”
➢ “So that you can do something to make yourself feel better.”
➢ “So that you can talk to someone about it and they’ll know what you’re talking about.”

Validate their reasons if they make sense. If they do not make sense, acknowledge the person and redirect the person back to the topic.

Another reason is that our emotions are like a barometer of the environment around us. Our responses let us know if things are right or wrong for us, in general. They also let us know if we need to do something to change things so that we can remain in balance and not feel too much of a good or bad emotion.

Sometimes, our emotional barometer can be off. It can be too sensitive to some things and not sensitive enough to others. Can anyone think of an example of something that someone, or even you yourself, might be over- or under-sensitive to? Something that usually causes you to feel an extreme emotion?

Examples:
➢ Spiders cause excessive fear.
➢ A favorite show causes excessive excitement.
➢ A particular task or chore causes excessive frustration.

If we can identify what emotion or emotions we are feeling, we can take steps to deal with that emotion so it doesn’t get out of control.

What do I mean by an emotion getting out of control?

Wait for responses and incorporate them into the lesson.

It means that the emotion keeps increasing in intensity until we can’t stand it.

What happens when emotions get out of control?

Participants are often eager to share their experiences and may give answers such as:
➢ “You’ll destroy furniture.”
➢ “You’ll be so excited you can’t think straight and you end up hurting yourself.”
➢ “You’ll be over the moon. I don’t mean that you actually go over or around the moon, but that you are so happy that you feel like you could jump all the way up to the moon without a rocket or spacesuit.”
➢ “You’ll be arrested.”

Intense emotions can lead us to extreme behaviors. Extreme anger can lead to aggression. Extreme sadness can lead to shutting down or self-harm. Extreme happiness can lead to impulsive
and risk-taking behaviors. Ultimately, extreme emotions often lead to extreme behaviors which will often cause harm to oneself or others. We want to prevent that.

So we’re going to complete some worksheets to help each of you know your own signs and symptoms of different emotions. We’re going to look at physical sensations, thoughts, behaviors, and other emotions that might be triggered by strong emotions.

**Exercise: Happy/Joyful**

| APPENDIX 7A | Happy/Joyful Signs and Symptoms Worksheet
| APPENDIX 7B | Happy/Joyful Body Outline

Everyone turn to the page in your binder that shows the outline of a body with “Happy/Joyful” above it. You should see right after that a worksheet for signs and symptoms of being happy or joyful. Take both out and get a pen.

First I want you to imagine a time when you have been very, very happy. Now I want you to think about the physical sensations you had and mark where on the body you felt those things.

Give everyone a few minutes to do this. Participants will often say that they can’t think of anything. In this case, give several suggestions of events that might make someone very happy (e.g., birthday party, going to amusement park, getting a new video game, etc.). It is sometimes helpful to use an analogy to help trigger a memory. One helpful analogy has been from the Harry Potter books and movies. When Harry Potter must conjure a *patronus*, he is supposed to think of something that made him extremely happy. If you had to conjure a *patronus*, what would you think of?

Others may say that it depends on the situation, and then they will describe in detail several different situations. Ask them to write down all the different possibilities from all of those situations.

Then stand at a whiteboard/large post-it/ chalkboard and write down what people say are their physical sensations of joy/happiness.

Possible responses:

- My eyes feel intense
- Relaxed
- Tense
- I feel like running and jumping
- My body is moving
- I like to dance when I’m happy
- I’m smiling
- I’m sitting upright, not slouched
- I feel lightheaded/giddy
- I feel light
- I feel high/drunken on happiness

You may encounter participants who cannot describe how they know they feel joy or happiness (or any other emotion). You may also encounter participants who state that they do not experience emotion. You can suggest to them that they may have alexithymia, or maybe they haven’t practiced noticing physiological and behavioral changes in themselves before. Once they learn to do so, they may notice more emotions in themselves. It can be helpful to point out to them when you notice that they appear to be experiencing a particular emotion. The most common emotions we have observed during the program include happiness, excitement, embarrassment, anxiety, worry, boredom, nervousness, impatience, annoyance, irritation, and frustration.
Remember to prompt note-taking.

Make sure you mark on your own diagram where and what you feel physically when you are happy.

Now look at the worksheet. Go ahead and write down your physical signs and symptoms of happiness or joy.

Now let’s look at our thoughts when we are happy. What are some of the things you were thinking that time when you were happy?

Possible responses:

→ I’m great.
→ I did a great job.
→ I can do this.
→ I rock!
→ People like/love me.
→ I really like this.
→ I can do anything.
→ He/she is such a good friend.

Now look at the worksheet. Go ahead and write down your thoughts when you are happy or joyful.

Now let’s look at our behaviors when we are happy. Think about that time when you were very, very happy. What behaviors did you engage in? What did you do?

Possible responses:

→ I jumped up and down.
→ I smiled.
→ I laughed.
→ I danced.
→ I said, “Thank you.”
→ I celebrated.
→ I opened my gifts and then I used what I was given.

→ I shouted.
→ I talked a lot.
→ I just sat back and smiled.
→ I should be careful because this won’t last.

Now look at the worksheet. Go ahead and write down your behaviors when you are happy or joyful.

Now let’s look at what other emotions might be triggered when you get happy.

Possible responses:

→ Enthusiasm
→ Interest
→ Excitement
→ Love
→ Affection
→ Unity with others
→ Purposeful
→ Exuberance
→ Worry

Now look at the worksheet. Go ahead and write down other emotions that occur for you when you feel happiness or joy.

Exercise: Sad/Depressed

| APPENDIX 8A | Sad/Depressed Signs and Symptoms Worksheet
| APPENDIX 8B | Sad/Depressed Body Outline

Everyone turn to the page in your binder that shows the outline of a body with “Sad/Depressed” above it. You should see right after that a worksheet for signs and symptoms of being sad or depressed. Take both of them out and get a pen.

First I want you to imagine a time when you have been very sad or down. Now I want you to think
about the physical sensations you had and mark where on the body you felt those things.

Give everyone a few minutes to do this. Then stand at a whiteboard/large post-it/chalkboard and write down what people say are their physical sensations of sadness/sorrow/depression.

Possible responses:
- Tired
- Tense
- Heavy
- My body/arms/legs/etc. ache or hurt
- Headache
- Stomachache
- No energy
- Slow heart rate
- I move slowly

Make sure you mark on your own diagram where and what you feel physically when you are sad or down.

Now look at the worksheet. Go ahead and write down your thoughts when you feel sad or down.

Now let’s look at our behaviors when we are sad. Think about that time when you were very sad. What behaviors did you engage in? What did you do?

Possible responses:
- I slept a lot.
- I couldn’t sleep.
- I stayed in bed.
- I cried.
- I watched a lot of TV/videos.
- I drank/smoked pot/did drugs.
- I isolated.

It’s not uncommon for participants to state another emotion they felt when they were sad. If they do, label it for them. Validate that feeling sad may trigger other emotions, like anger or irritability, and it’s important to know that about themselves. Ask them to write that down in the “Other emotions triggered” section of the worksheet.

Examples:
- I got mad and punched a wall.
- I was really irritable/grumpy and snapped at everyone who came near me.
- I always start feeling anxious when I get sad.
If someone states that they engaged in an adaptive coping behavior, identify that and give praise.

Examples:

➞ I called a friend.
➞ I talked to my mother/uncle/therapist/etc.
➞ I went for a run/exercised.
➞ I said, “I’m not going to let this get me down.”

Now look at the worksheet. Go ahead and write down your behaviors when you are sad or down.

Now let’s look at what other emotions might be triggered when you are sad.

Possible responses:

➞ Anger
➞ Irritability
➞ Frustration
➞ Anxiety
➞ Worry
➞ Don’t care
➞ Feel overwhelmed

Make sure you write down on your sheet what tends to happen to you. If Sara said that she feels mad when she is sad, but you don’t, then don’t write it down on your sheet. Your sheet is for your use to help you.

Exercise: Angry

| APPENDIX 9A | Angry/Mad Signs and Symptoms Worksheet |
| APPENDIX 9B | Angry/Mad Body Outline |

Everyone turn to the page in your binder that shows the outline of a body with “Angry/Mad” above it. You should see right after that a worksheet for signs and symptoms of being angry or mad. Take both of them out and get a pen.

First I want you to imagine a time when you have been very mad or angry. Now I want you to think about the physical sensations you had and mark where on the body you felt those things.

Give everyone a few minutes to do this. Then stand at a whiteboard/large post-it/chalkboard and write down what people say are their physical sensations of anger or even rage.

Possible responses:

➞ Tense
➞ Heart pounding
➞ Stomachache
➞ Headache
➞ Feel hot
➞ Face feels hot
➞ “See red”
➞ Hands clench into fists
➞ Crying
➞ Have to move
➞ Want to run away/flee
➞ I freeze

Make sure you mark on your own diagram where and what you feel physically when you are angry or mad or enraged.

Now look at the worksheet. Go ahead and write down your physical signs and symptoms of anger or rage.

Now let’s look at our thoughts when we are angry/pissed. What are some of the things you were thinking that time when you were angry/pissed?
(We have found that some participants associate the feeling of anger with the word “pissed” or “bullshit” and are confused by the word “angry.” If that’s the case, we will use that language in addition to the word “angry.”)

Possible responses:
→ I hate you/them/him/her/it/this/that.
→ I want to kill you/them/him/her/it.
→ Why do they always do this to me?
→ It’s not fair.
→ Leave me alone.
→ You/they are wrong.
→ I want to punch/kick/hit you/them/it.
→ I never get what I want.

Now let’s look at our behaviors when we are angry or pissed. Think about that time when you were very angry. What behaviors did you engage in? What did you do?

Possible responses:
→ I hit someone/something.
→ I hurt myself.
→ I yelled/screamed.
→ I insulted/engaged in name-calling.
→ I told them “I hate you.”
→ I was rude.
→ I hurt someone else/something else.
→ I paced.
→ I ran.
→ I ignored them.
→ I gave them the silent treatment.

It’s not uncommon for participants to state another emotion they felt when they were angry. If they do, label it for them. Validate that feeling angry may trigger other emotions, like frustration or sadness or anxiety, and it’s important to know that about themselves. Ask them to write that down in the “Other emotions triggered” section of the worksheet.

Examples:
→ I got upset and started to cry.
→ I froze and had to walk away.

If someone states that they engaged in an adaptive coping behavior, identify that and give praise.

Examples:
→ I called someone to talk about it.
→ I went for a run/exercised.
→ I said, “I’m not going to let this get to me.”
→ I took 3 deep breaths and tried to stay calm.
→ I said “I need to be alone now” and walked away.

Now let’s look at what other emotions might be triggered when you are angry.

Possible responses:
→ Sadness
→ Irritability
→ Frustration
→ Anxiety
→ Worry
→ Don’t care
→ Feel overwhelmed
→ Rage
Make sure you write down on your sheet what tends to happen to you. If Sara said that she feels anxious when she is angry, but you don’t, then don’t write it down on your sheet. Your sheet is for your use to help you.

**Exercise: Anxious/Stressed**

| APPENDIX 10A | **Anxious/Stressed Signs and Symptoms Worksheet** |
| APPENDIX 10B | **Anxious/Stressed Body Outline** |

Everyone turn to the page in your binder that shows the outline of a body with “Anxious/Stressed” above it. You should see right after that a worksheet for signs and symptoms of these anxious emotions. Take both out and get a pen.

First I want you to imagine a time when you have been very anxious, nervous, or worried. If you really can’t think of such a time, try to think of a time when you were stressed, panicked, or scared. Now I want you to think about the physical sensations you had and mark where on the body you felt those things.

Give everyone a few minutes to do this. Then stand at a whiteboard/large post-it/chalkboard and write down what people say are their physical sensations of anxiety, fear, worry, nervousness, or panic.

Possible responses:

- Tense
- Heart pounding
- Stomachache
- Headache
- Feel hot
- Feel fidgety
- Lightheaded/dizzy
- Tunnel vision/blurry vision
- Hyperventilation, shallow breathing
- Feeling like you’re choking
- Heart racing
- Feel cold
- Sweating/perspiring
- Nausea/vomiting
- Indigestion
- Butterflies in stomach
- Urge to go to the toilet
- Hiccups
- Shaking/trembling
- Dry mouth
- Tingling
- Flushing/blushing
- Lost ability to speak
- Stuttering
- Insomnia

Make sure you mark on your own diagram where and what you feel physically when you are anxious, worried, nervous, scared, panicked.

Now look at the worksheet. Go ahead and write down your physical signs and symptoms of anger or rage.

Now let’s look at our thoughts when we are angry/mad. What are some of the things you were thinking that time when you were angry/pissed?

Possible responses:

- Mind racing
- Mind blank
- I’m not sure if they’ll like me/they won’t like me.
- They hate me.
- No one ever likes me.
- I’m no good.
I’m stupid.
I’m an ass/a jerk.
I suck.
I won’t understand what they are saying or what they want.
I’m going to fail.
I’m going to make a terrible mistake.

Now let’s look at our behaviors when we are anxious, worried, nervous, scared, or panicked. Think about that time when you were anxious, worried, nervous, scared, or panicked. What behaviors did you engage in? What did you do?

Possible responses:
- I procrastinated.
- I avoided doing the thing that was making me anxious.
- I slept.
- I watched TV.
- I hit someone/something.
- I hurt myself.
- I yelled/screamed.
- I was rude.
- I paced.
- I shut down.
- I froze.

It’s not uncommon for participants to state another emotion they felt when they were anxious, worried, nervous, scared, or panicked. If they do, label it for them. Validate that feeling anxious, worried, nervous, scared, or panicked may trigger other emotions, like frustration or sadness or anger, and it’s important to know that about themselves. Ask them to write that down in the “Other emotions triggered” section of the worksheet.

Examples:
- I got upset and started to cry.
- I got angry and threw something.

If someone states that they engaged in an adaptive coping behavior, identify that and give praise.

Examples:
- I called someone to talk about it.
- I went for a run/exercised.
- I said, “I’m not going to let this get to me.”
- I took three deep breaths and tried to stay calm.
- I thought, “Just do your best and whatever happens, happens.”

Now let’s look at what other emotions might be triggered when you are anxious, worried, nervous, scared, or panicked.

Possible responses:
- Sadness
- Irritability
- Frustration
- Don’t care
- Feel overwhelmed
- Rage
- Motivated
- Upset

Make sure you write down on your sheet what tends to happen to you. If Sara said that she feels upset when she is anxious, worried, nervous, scared, panicked, but you don’t, then don’t write it down on your sheet. Your sheet is for your use to help you.
MODULE 2: ANXIETY PSYCHOEDUCATION, INTRODUCTION TO COPING SKILLS, DEEP BREATHING

MATERIALS

- Biodots and biodot cards (available on Amazon.com)
- Graphic of the fight/flight response system (autonomic nervous system)
  
- Completed worksheet Anxiety Signs and Symptoms (from Module 1)
- Anger Volcano sheet
- Blank Anxiety Management Strategies worksheet

GOALS

1. Participants will be able to identify and recognize their own thoughts, physical sensations and behaviors that occur when they are anxious.
2. Participants will learn about the fight/flight/freeze response and the role of the autonomic nervous system in anxiety.
3. Participants will learn that early detection of anxiety gives the best chance of using coping skills to prevent anxiety from getting so high that it causes problems.
4. Participants will learn about and practice deep breathing.

OUTLINE AND SAMPLE SCRIPT

Hand out Biodots and biodot cards to all participants. Have them pull out two sheets from their binders:

- Anxiety Signs and Symptoms worksheet
- My Anxiety Management Strategies worksheet

Ask everyone, including staff, to put the Biodots on. Holding your hand out with your index finger and thumb spread wide apart, put the biodot on the thinnest portion of skin between the thumb and index finger. Demonstrate this to participants. Some participants may want to take it off immediately. Ask them to keep it on.
**Review**

Do a quick review of the anxiety signs and symptoms worksheet that everyone completed last week. Then remind participants that the reason they are asked to know their own signs and symptoms is so that they can recognize the earliest possible warning signs in order to intervene with coping strategies.

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**Exercise: Anger Volcano**

<table>
<thead>
<tr>
<th>APPENDIX 13</th>
<th>Anger Volcano Sheet</th>
</tr>
</thead>
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The earlier you use coping skills, the less your anxiety will spike. You will probably still get anxious, but you can learn to keep it from getting above a 6 or 7 most of the time.

Ask participants to pull out the Anger Volcano sheet.

We’re going to illustrate this using anger as an example, because it’s one that most people can relate to pretty easily.

Review the anger volcano, using the 0-10 scale and help participants identify at least one early warning sign of impending anger. Quite often, having them recognize frustration can help. Then turn their attention back to anxiety.

Now that we’ve been able to identify how anger can intensify if you don’t use coping skills to prevent an explosion, we are going to learn about anxiety and how to use coping skills to prevent it from getting too intense.

**What is anxiety?**

Anxiety is an emotion experienced by everyone. It is an unpleasant emotion we feel when we think we are under threat and cannot cope with a situation.

---

**There are several emotions associated with anxiety.**

You can feel generally anxious, or you can feel nervous, or worried, or stressed, or scared/fearful.

**What are some situations that make you nervous or anxious?**

Anxiety is a normal experience that can actually be very helpful. It warns us of danger and keeps us alive by preparing our bodies for danger. Imagine standing at the edge of a cliff without any barriers or a safety harness. What would you do? Move away or be extremely careful. This is an example of a “fight/flight/freeze response.” If you’ve ever watched a show about animals in the wild, you may see an animal that is being stalked or attacked by a predator run away, fight off the predator, or freeze. Humans also have this response in the face of perceived danger.

**What are some possible symptoms of anxiety?**

Use the white board to write them down as people name them.

When they stop naming them, add more from this list of examples:

- Tense
- Heart pounding/increased heart rate
- Stomachache
- Headache
- Feel hot
- Feel fidgety
- Lightheaded/dizzy
- Tunnel vision/blurry vision
- Hyperventilation, shallow breathing
- Feeling like you’re choking
- Heart racing
- Feel cold
Instruct participants to use their completed Anxiety Signs and Symptoms worksheet from their workbook to write down any additional physical symptoms they may have not yet included from the list above.

Then go over other symptoms and help them write them in the correct categories. Some participants may have completed the worksheet in the previous module, but chances are that others have incomplete worksheets. This is an opportunity to fill them in more completely.

Examples of physical symptoms:

- Sweating/perspiring
- Nausea/vomiting
- Indigestion
- Butterflies in stomach
- Urge to go to the toilet
- Hiccups
- Shaking/trembling
- Dry mouth
- Tingling
- Flushing/blushing
- Lose ability to speak
- Stuttering
- Insomnia

Examples of behavioral symptoms:

- Crying
- Pacing
- Fidgeting
- Repetitive behaviors (rocking, flapping, picking, etc.)
- Moaning, groaning
- Yelling
- Hitting
- Throwing/property destruction, punching walls, etc.

Examples of thought symptoms:

- Racing thoughts
- Mind goes blank
- Thinking of the same thing over and over
- Thinking of anxiety provoking things

Examples of other emotions triggered:

- Anger
- Rage
- Frustration
- Sadness
- Depression
- Irritability/annoyance
- Agitation
- Repeatedly asking for reassurance in some way (What time are we leaving? Where are we going? etc.)

Does anyone know what happens inside our bodies to make us experience those symptoms?

What is the fight/flight/freeze response?

*The fight/flight/freeze response is a physiological reaction when we think we are in danger. This response disappears once we no longer perceive any danger.*

The fight/flight/freeze response is controlled by our nervous system.

There are two main parts of the nervous system—the central nervous system (CNS) and the peripheral nervous system (PNS).

What is our Central Nervous System?

Answer: Brain and spinal cord

What is the peripheral nervous system?
Answer: All the nerves that run out from the brain and spinal cord that allow us to do everything from digest food, have our hearts beat, breath without thinking about it, run, clap, write, etc.

There’s one part of the peripheral nervous system called the autonomic nervous system (ANS).

This is controlled by a structure called the hypothalamus in the brain. It allows for a lot of the involuntary functions in our body, such as our heart beating, our lungs expanding, sweating, etc.

There are two parts of the ANS—the sympathetic and parasympathetic nervous systems.

Refer to the graphic of the fight/flight/freeze ANS.

When Anxiety Becomes a Problem

It’s good that we have the fight/flight/freeze response, but it can become problematic if we have high baseline anxiety or chronic anxiety. You may or may not know this, but there are high rates of anxiety among people with ASD. Studies have found that anywhere from 50-80% of people with ASD have higher than average levels of anxiety.

There’s a researcher at MIT’s Media Lab (Goodwin, 2018) who looked at activation of the fight/flight system in children and teens with ASD. He found that those with ASD had a heart rate that was on average 25 beats per minute faster than someone without ASD. So, what does that mean? Does anyone know what their resting heart rate is?
What is a healthy resting heart rate for someone in their 20s? About 60-65 beats per minute (bpm). Elite athletes often have resting heart rates in the 40s. People who are out of shape and in poor cardiovascular health will have resting heart rates above 70 or 75.

Your heart rate goes up depending on your level of activity. So just walking around in a leisurely way may get it up to 50% (around 90-100 bpm) of your maximum heart rate (about 180-200 bpm for someone in their early 20s). (Once you start walking fast or bicycling or exercising lightly, it may get up to 60-65% of your maximum, which would be around 110-120 bpm for someone in their 20s.)

So that means that someone with ASD might have a heart rate that made them feel like they were exercising while they were just having a leisurely walk. Or while they are resting might have a heart rate that would feel like they were walking around or feel like they were anxious or having a mild panic attack.

What does this mean for you if your fight/flight system is always activated? It means you would be experiencing chronic anxiety.

Illustration of anxiety: A “Smoke Alarm”

An alarm can help protect us when there is an actual fire, but sometimes a smoke alarm is too sensitive and goes off when there isn’t really a fire (e.g. burning toast in toaster). Like a smoke alarm, anxiety is helpful when it works right. But when it goes off when there is no real danger, then we may want to become less sensitive to triggers. Anxiety can become problematic when we think a situation is more dangerous than it is.

We can have anxious thinking patterns that prevent us from learning new things or seeing all possible solutions to a problem. For example, we might misread social situations. Chronic anxiety can cause physical health problems including headaches, gastrointestinal problems ranging from stomachaches and nausea to diarrhea, or reflux and heartburn to ulcers.

The most effective way to deal with anxiety is to prevent it from getting too high in the first place. First, we have to define what “too high” means. On a scale of 0 – 10, anxiety above a 6 is considered too high to have on a regular basis.

There are several ways to help prevent anxiety, and they need to be practiced regularly (3+ times/week). Not every method works for every person, so we are going to teach you some different methods. That way you can figure out what works for you.

We are also going to teach you methods to lower your anxiety when it does get too high, so that you can think more clearly and avoid some of the physical symptoms.

Exercise: Guided Deep Breathing

The first exercise we’ll learn is deep breathing. Has anyone ever learned deep breathing before?

Ask them to describe it.

Now we are going to practice it in a particular way here.

First we are going to compare it to other forms of breathing so that you can see and feel the difference.
If you have yoga mats, have everyone lay down on a mat. If they are seated in chairs, have everyone push back a little if they are at a table. Have them slide down and lean back in their chairs, so that they don’t need to use their abdominal and other core muscles much to stay in their seats.

Place one hand on your chest and one hand on your abdomen/stomach. Close your eyes and breathe normally. Pay attention to your hands and notice if both move the same amount or if one moves more than the other. Do this for seven breaths.

Ask them to state which hand moved more.
Now have them relax again.

Place one hand on your chest and one hand on your abdomen/stomach. Close your eyes. This time, suck in your abdominal muscles or your stomach as much as you can without holding your breath. Keep that stomach sucked in tightly as you continue to breathe. Notice which hand is moving more.

Watch them. If you see that someone has not sucked in their stomach, ask them to do so. If people are doing the exercise correctly, the hand on the stomach will be pretty still while the hand on the chest will be moving up and down. You may need to ask people to reposition one or both hands so that they capture the movement of their body.

When you see that participants are doing the exercise correctly for at least five breathes, ask them to open their eyes and report on their experiences. They should have noticed that the hand on the stomach was mostly still but the hand on the chest was moving up and down as they breathed in/out. If they did not notice this, give them feedback about what you saw.

Now have them relax again.

Place one hand on your chest and one hand on your abdomen/stomach. Close your eyes. This time let your abdominal/stomach muscles relax. As you breathe in, let your abdomen/belly rise and expand. As you breathe out, let your abdomen/belly lower down. Notice which hand is moving more.

If done correctly, the hand on the chest should be relatively still while the hand on the abdomen is moving out/up as the person inhales and in/down as they exhale. If this is not happening, give 1:1 coaching around breathing, relaxing the abdominal muscles, and moving hands to places on the belly where they will feel the most movement as they breathe.

This last type if breathing is what we call belly breathing. When you practice deep breathing, you want to really be practicing deep belly breathing. Let’s try it now. Keeping yourself and your abdominal muscles relaxed, take a deep breath in . . . and let it out. Let’s do it twice more. Inhale deeply . . . and exhale. Again inhale . . . and exhale.

Now have them open their eyes and ask them to report on how that exercise felt and how they feel now. Some will say they feel sleepy; some will say they feel relaxed; some will say they feel no different or feel the same; and some will say they feel more tense.

A wide range of responses is typical for individuals with ASD. Ask everyone to describe their physical experiences. Then ask them to describe their thought experiences.
We have found that for those who feel more tense or anxious after deep breathing, it is due to one of the following issues:

1. Feeling pressure to be relaxed, with causes the opposite reaction
2. Feeling performance anxiety in front of others, pressure to do it “right”
3. Feeling anxious about closing their eyes around others
4. Having racing or anxious thoughts take over once they close their eyes

Be sure to validate responses if they are on topic. They will often give you clues about what to focus on for individualized coping skills based on their responses.

Have them write “deep breathing” in the appropriate place in the Anxiety Management Strategies worksheet.

INDEPENDENT PRACTICE ASSIGNMENT

Instruct everyone to practice deep breathing at least once per day for the next five days. Have them each pick a specific time to practice and set a reminder with alarm on their phones.
MODULE 3: COGNITIVE REFRAMING AS A COPING STRATEGY
(2 SESSIONS)

MATERIALS

☐ Anxiety Signs and Symptoms worksheet (from Module 1)
   | APPENDIX 10 |

☐ Anxiety Management Strategies worksheet
   | APPENDIX 14 |

☐ Graphic of fight/flight/freeze ANS
   | APPENDIX 12 |

☐ Biodots with cards

☐ Blank paper and pen or pencil

GOALS

1. Participants will learn about and be able to draw the CBT triangle.
2. Participants will be able to use the CBT triangle to describe the relations between thoughts, emotions and behaviors for at least 1 anxiety-related scenario.
3. Participants will learn the 3-column technique for reframing.
4. Participants will learn the 5-column technique for reframing.

OUTLINE AND SAMPLE SCRIPT

Do a brief review of what was learned last time.

What are some of the physical signs or symptoms of anxiety?

See what they list, write it on the board, add any that are not included.

Can anyone tell me how why we have the physical symptoms we do when we are anxious?

When we feel anxious, adrenaline is released into our blood stream. This causes blood flow to decrease to our gut and extremities, and to increase to our big muscles like our thigh muscles and biceps. This prepares us to for flight and fight.

Who can tell me one method we learned last time for decreasing anxiety?

Answer: Deep breathing. Let’s review how to do this. Do the exercise for several breaths.
Who practiced it this past week? Tell me about it, how did it go?

Discuss. Some may say it helped them relax, others may say they felt no change, and some may say they felt more anxious. There is no correct response.

Ask what participants were thinking about while they were trying the deep breathing activity. People who were relaxed may report a few fleeting thoughts, or just paying attention only to their breathing. If someone was only paying attention to their breathing without being judgmental about it (e.g., “I’m getting it wrong/right”), then they were also practicing mindful breathing. We’ll get to that in a future session.

People who felt no change may have not been particularly anxious, may have difficulty recognizing their own internal emotional state, or may have high baseline anxiety that is resistant to deep breathing to lower it.

People who felt an increase in anxiety may have experienced performance anxiety—that they weren’t doing it right.

You could use their responses as a segue into the next section or just start here.

Topic: Cognitive Reframing

How we think about a situation can make anxiety a problem.

Our thinking can trigger the fight-or-flight response, which can make us feel even more anxious. Subsequently, anxiety can affect our behavior. For example, if we feel anxious in a situation, we may want to avoid it. The problem with avoidance is that it does not enable us to find out if there was any real threat or danger. If we keep avoiding situations we will start to limit what we do in our daily lives.

Anxiety can make us want to avoid the things that make us anxious. Those triggers could be events, people, things, animals, thoughts, or even emotions themselves. We will often try not to think about whatever is making us anxious. That usually doesn’t work. For example, if I tell you, “Don’t think about a big pink elephant,” what are you thinking about?

Participants will almost always say, “A big pink elephant.”

If I tell you, “Don’t poke the person sitting next to you in the eye,” what are you thinking about doing?

Participants will almost always say, “Poking him in the eye.”

So if you tell yourself “Don’t think about being anxious,” how are you going to feel? Anxious!

Anxiety can also get in the way of finding solutions to problems. We need to be aware of our own anxiety and learn ways to manage it.

We’re going to talk about something called the Cognitive Behavioral Therapy Triangle, or CBT Triangle.

What do you notice about the arrows? They are bidirectional. That means that each of these things affects the others. Let’s do an example together. Let’s think of an anxiety-provoking situation.

The following example is one using real responses from participants in the program.

APPENDIX 15 | CBT Triangle

APPENDIX 16 | CBT Triangle: Small Talk with New People
Now we’re going to talk about how to deal with anxious thoughts that we may have.

If you look again at the triangle, you’ll see that we can either change our thoughts or our behaviors to change the way we feel. Right now we’re going to focus on changing our thoughts to help decrease our anxiety. This process is called “reframing.” Reframing means that we gain a different perspective by looking for evidence that supports or doesn’t support our initial thought. We can view our thoughts as hypotheses about a situation that we can test by looking for evidence to prove or disprove them.

The very specific thoughts that we have that we may not even be aware of because they happen so quickly are called “automatic thoughts.”

Example: when I initially asked, “What anxious thoughts do you have?” you responded, “I don’t know how they’ll respond to me.” I then had to ask follow-up questions to get to the actual automatic thought. This is what you can learn to do on your own.

Let’s look at how we uncovered your automatic thought.

You said, “I don’t know how they’ll respond to me.” What if they respond well to you? Would that make you anxious?

You would probably say no. So, then what about their response would make you anxious? You might say, “If they respond negatively to me.”

What do you mean by negative? What would they say, do, or think about you that would make you feel anxious?

Participant response: “They might think I’m crazy or stupid or a jerk or a disabled loser or something like that.”

Now you’ve identified your actual automatic thought. It is that the person will think one or more of these bad things about you and that therefore they won’t like you. That would make almost anybody anxious if they expected someone they had to talk to would think horrible things about them.

Now we want to look at the specific automatic thoughts.

Create three columns on the whiteboard.

| APPENDIX 19 | CBT Reframing: Weighing the Evidence (Example & Blank) |

Now how do you feel? So now if we had additional columns, it might look like this:

| APPENDIX 20 | CBT Reframing: Changing Your Perspective (Example) |

We need to be realistic about life. There will be people you meet who don’t like you or don’t think highly of you. Sometimes, it’s a matter of personality clash, sometimes it’s motivated by jealousy, or bias, or maybe that person isn’t a good person. Let’s examine our thoughts in that kind of situation—when someone doesn’t like you.

| APPENDIX 21 | CBT Reframing: Changing Your Perspective (Blank) |

Let’s go through another scenario.

Situation: You have a job interview and you are nervous, anxious and/or worried about it.

| APPENDIX 17 | CBT Triangle: Job Interview |
Spend some time reviewing what you’ve gone over and how to engage in reframing.

**INDEPENDENT PRACTICE ASSIGNMENT**

Find five times in the next week when they are having negative thoughts about something and have them practice reframing. They should be prepared to bring in at least two examples next week.
MODULE 4: PROBLEM SOLVING

MATERIALS

☐ Blank paper and pen or pencil for note-taking
☐ White board and markers

GOALS

1. Participants will be able to name the three steps in problem solving.
2. Participants will use the problem-solving framework to generate solutions for examples of everyday problems.

OUTLINE AND SAMPLE SCRIPT

Review

Do a quick review of reframing. Review the CBT triangle, how to identify automatic thoughts (concrete and specific), how to find evidence to both support and contradict the automatic thought, and how to use that evidence to generate helpful thoughts.

Review the independent practice assignment. If anyone is having difficulty with reframing, take the group through the process using the white board.

Exercise: Problem Solving Training

Now we will move onto problem-solving strategies. The basic formula is this:

1. Stop
2. Think
3. Do

When facing a problem that makes us anxious, we need to take a moment to stop. So we can say to ourselves, “Stop.” Then take 3-5 deep breaths.

Now we get to the “Think” step. Thinking involves identifying the problem and then brainstorming solutions to it. It’s important to remember that our first solutions may be extreme ones. We will often come up with a solution that is way too optimistic and unrealistic, and one that is way too pessimistic and unrealistic. But we want to keep those in mind as we continue to brainstorm more realistic solutions that will be somewhere between our extreme possibilities.

The last step is the “Do” step. That’s where we take the solution we have selected and enact it.
What are some everyday problems you encounter that you have to solve? You may not even recognize them as problems, because you have learned over time how to solve them.

Give participants a few minutes to come up with examples. It is not uncommon for participants to say that they cannot think of any times in which they have engaged in problem solving, outside of math class.

Here are some common examples you can use with them: have to go to the bathroom while away from home or work; feel hungry.

Let's take feeling hungry. Let’s say you are hungry. You are dreaming of your favorite cheese pizza from your favorite pizza place. But you can’t get there today and they don’t deliver. You decide to eat a frozen pizza that you have in the freezer. That’s problem solving. But when you get to the freezer you discover that you ate that pizza last week and forgot to get more at the store, or someone else in the house ate it. So now what are your options?

Possible responses:
› Look for other frozen meals to heat up
› Eat leftovers in the fridge
› Have a sandwich
› Look in the pantry/cabinet to see if there’s a can of soup or cup ‘o’ noodles or something else to eat

So, you pick one option and follow up with that one. If it turns out there aren’t any more frozen meals, then choose another option, and so on until you find something you feel like eating.

Now let’s look at some other examples of problems that have come up that you haven’t known how to solve. They could be social situations that you weren’t sure how to deal with.

We’ll start with this example, and then I’ll ask you all to generate some examples and we’ll engage in problem solving together.

Here is a real-life example we used:

You must regularly attend meetings or trainings at work with another 20-30 people. There is a group of three or four coworkers who always manage to sit near you and talk among themselves while managers are presenting to the group. Every time this happens, you ask them to please be quiet or lower their voices because you can’t hear. Every time, one of them replies, “Make me.” What would be a good way to handle this situation to get a better outcome (i.e., the group stops their side conversations).

Possible responses:
› Swear at them.
› Punch them.
› Report them to the manager.
› Explain why it’s important to listen to the manager.
› Tell them they’re being rude.
› Tell them why their behavior is inconsiderate.
› Do nothing and hope it stops.
› Move to another part of the room.
› Come up with a comeback, using these rules:
   › Must be a surprise
   › Use humor
   › Mildly to moderately embarrass the person who is bullying/bothering you
   › Make it difficult for them to have a comeback to your comeback
When people are brainstorming possible solutions, it is quite common for the first ones to be extreme in some way (aggressive or passive). Let the group know that this is common, ask them to generate extreme responses, and then go through the potential consequences with them.

**Here’s what worked:**

The next time it happened, and the coworker said, “Make me,” the person responded loudly enough for nearby coworkers to hear, “Not until you shower.” It was very effective. The other coworkers laughed, the coworker’s friends quieted down, and there were very few future incidents.

One thing to remember about bullies: they tend to have a repertoire or collection of 3-5 behaviors that they keep repeating. They’re not super original. They go for the biggest effect with the least amount of effort. So, you know if someone does something to you once, they will probably do the same thing again unless you indicate that there will be a cost to the person in terms of status, embarrassment, etc. This makes it easier to plan on how to deal with the person.

Now let’s go through some situations in which you wish you had been able to solve a problem better than you did, or even situations where you had to engage in problem solving and you found a good solution.

As you go through examples, write out each step on a board. Take note of situations in which there may be multiple good options for solutions. Also point out overly negative or positive solutions that are not realistic or will result in negative consequences.

**INDEPENDENT PRACTICE ASSIGNMENT**

Assign independent practice to notice at least five times when they have to engage in problem solving over the coming week. They should be prepared to share those examples next week.
MODULE 5: MINDFULNESS

MATERIALS

- Smartphone with Calm or other brief mindfulness meditation app
- Speakers
- Whiteboard and markers

GOALS

1. Participants will describe what mindfulness meditation is.
2. Participants will practice mindfulness meditation in group.
3. Participants will be able to describe their sensations, emotions, and thoughts after practicing mindfulness meditation.

OUTLINE AND SAMPLE SCRIPT

Review

Do a quick review of reframing, including review of the CBT triangle and looking for evidence to refute unhelpful thoughts, and replacing unhelpful thoughts with helpful ones to reduce anxiety.

Then do a quick review of problem solving, including the three-step (Stop, Think, Do) process. Ask participants to describe at least one time during the past week when they had to engage in problem solving.

Exercise: Mindfulness Meditation

Now we are going to talk about mindfulness. Has anyone ever heard of mindfulness before?

If so, ask the person for a definition or description.

What is mindfulness?

Mindfulness is simply paying attention to the moment without judgment. Examples would be noticing what color something is and not making a judgement about whether or not you like the color or if it matches or clashes with another color.

The way we will use it here is with respect to meditation and anxiety. So, when it comes to anxious thoughts, we tend to focus our attention on them. As you know, when you get anxious, you tend to think anxiety-provoking thoughts, and you focus on those thoughts. The more you focus on them, the more anxious you get. For example, if I have a job interview coming up, an anxious thought might be, “OMG, I’m going to fail this interview.” And the more you think that, the more anxious you get.
When we work at being mindful about our thoughts, we want to avoid focusing on any one thought. Think of your mind as a conveyor belt that keeps moving thoughts through. Instead of picking up a thought off the belt and examining it and focusing on it, try instead to notice it, and then let it go on by. We might say to ourselves, “Oh, there’s a thought. Then there’s another thought and another thought.”

One of the ways to let thoughts go is to focus on something concrete. What we will practice here is focusing on our breathing. We are not attempting to breathe a certain way, like deep breathing. We are just noticing our breathing. So, we might notice, “I’m breathing quickly, or slowly, or I have shallow breaths, or my breathing keeps changing.” Your breathing does not matter. All you must do is be aware of your breathing. You can say to yourself, “I breathe in, I relax my body. I breathe out, I smile.” If your attention wanders, notice that it has wandered or gotten fixated on particular thought, and then gently bring it back to noticing your breathing.

There has been a lot of research into mindfulness meditation. It turns out that it works really well for both decreasing anxiety in the moment, and preventing spikes in anxiety when it is practiced regularly, even for just five minutes a day.

We are going to try mindfulness meditation now.

There are some apps available for smartphones. We are going to use one here called “Calm.” It’s free in the App Store or Google Play Store.

**IMPORTANT:** Review contraindications (active psychosis and moderate to severe PTSD with flashbacks) for meditation with the group.

There are some conditions people may have that mean they should not attempt meditation, as it may make their symptoms worse. The first is active psychosis. You won’t be asked to identify yourself here, but if you have any kind of hallucinations (e.g., visual, auditory, olfactory, gustatory (taste), or tactile (touch)), you should not attempt this meditation. Just sit quietly in your chair. Also, if you have a diagnosis of Post-Traumatic Stress Disorder and you have moderate to severe symptoms, you should not attempt this meditation. Just sit quietly in your chair.

Ask everyone to put down all objects and relax back in their chairs. Ideally participants should close their eyes, but they don’t have to.

Run the meditation app. Play “Day 1” of 7 Days of Calm. This lasts about 10 minutes, with the first two being instructional.

After the meditation session has finished, ask everyone for feedback.

Some questions you can ask include:

- How do you feel?
- Do you feel different or the same as before the meditation?
- What did you notice about the meditation?
- Did you like it?
- What did you like about it?
- What did you dislike about it?

You will get a range of responses from participants. Some may even say they feel more anxious or distracted now than beforehand. Validate this response.
INDEPENDENT PRACTICE ASSIGNMENT

Have everyone download the Calm app onto their phones. Assign them to complete Days 1-5 over the coming week. Have each participant pick what days and times they will do so. Then have them create reminders on their phones.
MODULE 6: EXERCISE AND BIOFEEDBACK

MATERIALS

- Biofeedback worksheet  
  | APPENDIX 22 |
- Calculating Your Target Heart-Rate Zone worksheet  
  | APPENDIX 23 |
- Heart Rate Zones worksheet  
  | APPENDIX 24 |
- Heart rate monitor (app on phone, wrist-based, or chest strap with wrist or other monitor)
- Timer
- Whiteboard

GOALS

1. Participants will learn about the benefits of exercise with respect to anxiety and reducing ANS activation.
2. Participants will learn about heart rate training zones and calculate their own.
3. Participants will learn how to monitor their heart rates using heart rate monitors.
4. Participants will participate in a biofeedback exercise to learn how exercise and deep breathing affect their heart rates.

OUTLINE AND SAMPLE SCRIPT

Review

Review mindfulness meditation. Review how the independent practice went.

Exercise: Exercise, Biofeedback, and Anxiety Reduction

Now we are going to talk about the role of exercise and biofeedback in reducing anxiety.
What are some examples of exercise?

Have participants list them. Common ones include:

- Walking
- Running
- Skiing
- Swimming
- Riding a bicycle/cycling
- Hiking
- Yoga/Pilates
- Weight lifting
- Kayaking/canoeing
- Elliptical trainer/stair stepper

Has anyone ever used exercise to reduce anxiety?

Does anyone exercise regularly?

How often should you exercise, ideally?

Answer: 30 minutes/day

It doesn’t have to be all at once, it can be 10 minutes here, another 10 there, etc.

Any exercise is better than none at all, even if it’s just once a week.

So you’ve probably heard that the 30 minutes is supposed to be aerobic exercise. What does that mean? It means that you are exercising at an intensity high enough that your body burns fat to get energy to cause your muscles to move.

It also turns out that regular exercise that raises the heart rate up to the aerobic zone results in lower anxiety. So, exercise can be a very effective prevention strategy for anxiety. And it can also be used as a coping strategy when you’re feeling anxious. You can exercise, and your anxiety will probably decrease somewhat.

How do you tell if you are exercising hard enough?

The best way is to check your heart rate.

What is heart rate?

Answer: The number of times your heart beats per minute. So, it is expressed, for example, as 70 bpm.

What is an aerobic heart rate?

First, we have to understand what a resting heart rate (RHR) is. Your resting heart rate is how fast your heart beats when you are relaxing quietly. For someone who is healthy, their RHR will be in the 60s. Generally speaking, the healthier you are, the lower your RHR is. The less healthy you are, the higher your RHR is.

Hand out sheet.

APPENDIX 22 | Calculating Your Target Heart-Rate Zone Worksheet

So take your pulse now, by doing one of the following:

1. Chest band heart rate monitor (the most accurate method).
2. Wrist-based heart rate monitor—check it to see what your current HR is and write it down on the sheet next to RHR.
3. App on smartphone. Start the app, hold your index finger over the camera and light on the back of your phone, and have the app measure your HR. Write that number on the sheet next to RHR.
4. Fingers on wrist or neck. Have participants open a timer app on their phones. Teach participants and help them find their pulses on their wrists or necks. Have them take a 15 second pulse, multiply that number by 4 and write the product down on the sheet next to RHR.
Now we are going to talk about how to figure out what your aerobic heart rate zone is. It turns out that we all have a maximum HR. An easy way to guesstimate is to subtract your age from 220. Then calculate 70% of that number and 80% of that number. You now have your aerobic HR zone.

Write the following example on white board.

Example:

→ A 20-year-old participant would have a maximum HR of 220-20 = 200.
→ 200 x 70% = 200 x 0.7 = 140
→ 200 x 80% = 200 x 0.8 = 160

The participant’s aerobic zone is 140-160.

Look at your sheet and fill in the spaces to complete your own heart rate information.

| APPENDIX 23 | Calculating Your Target Heart-Rate Zone Worksheet

First, take your heart rate right now and then right it down where it says RHR. Then follow the instructions to calculate your aerobic exercise zone, or 70–80% of your maximum heart rate. Use the calculators on your phone to help you with the numbers if you need.

It is very helpful to create a chart on the board and help participants work out their heart rate training zones.

Let’s review what we know about what happens in our bodies when we get anxious. The sympathetic nervous system gets activated and releases what into our system? Adrenaline/epinephrine. That causes our heart rate to go up.

There’s some research on anxiety and physiological activation that indicates that kids and teens with ASD may have average heart rates that are 25 bpm higher than people without ASD. That’s a big difference. For a 20-year old, that’s about 10% higher.

We’ve found that a combination of exercise followed by a relaxation activity can help reduce the heart rate of someone with ASD who has a higher than average resting heart rate.

We are going to pay attention to how it feels to exercise and when you are exercising, when your heart rate goes up, and when it goes down. So, what we’re going to do is stand up and exercise for two minutes together. We’re going to take our heart rates as soon as we stop, then we are going to sit quietly for three minutes. After those three minutes, we are going to write down our heart rates.

Then we are going to exercise again and take our heart rates again. But this time when we sit down, we are going to engage in deep breathing and then take our heart rates.

Let’s get started. Take out your sheet.

| APPENDIX 22 | Biofeedback Worksheet

Instruct everyone to stand up and move to a clear area. Start timing and have people either march in place with knees high, jog in place, or do jumping jacks or some combination of those. Leaders should participate in the exercising and encourage participants to exert themselves.

At the end of two minutes, everyone should take their heart rates while still standing, and then record them on their sheets.
Then have everyone sit down in their chairs and sit quietly for three minutes. After three minutes, have everyone take their heart rates and write them down on their sheets. Most should have returned to near baseline RHR.

Next, have everyone stand up and begin exercising again, for two minutes. After two minutes, have everyone take their heart rates and record them on their sheets.

Then have everyone sit in their chairs and you lead a deep breathing activity for five breaths. Then have everyone take their heart rates again.

Then lead a discussion. Have participants share their heart rates at rest and during exercise, etc.

Ask:

→ What were your subjective experiences like before, during and after exercise?
→ What were your subjective experiences like during and after the deep breathing exercise?
→ Did you notice any changes in bodily sensations?
→ Did you notice any emotional changes?
→ Who felt frustrated during the exercise?
→ Who really didn’t want to exercise?
→ Who liked or disliked the exercise portion and why?
→ Who reached their aerobic training zone (70-80% of maximum heart rate)?

Review what it would feel like to exercise at that level at least 20 minutes every other day.

**INDIVIDUAL PRACTICE ASSIGNMENT**

Have everyone schedule 30 minutes of exercise on five days of the upcoming week into their smartphones, with reminders. The exercise can be walking, running, gym equipment, swimming, cycling, hiking, tennis, basketball, weight lifting, etc. It can be broken up into 3 increments of 10 minutes, or 2 x 15 minutes, or 1 x 10 and 1 x 20 minutes, etc.
MODULE 7: PROGRESSIVE MUSCLE RELAXATION

MATERIALS

☐ Yoga mats (or chairs, if mats aren’t available)
☐ Speakers
☐ Audio player or computer with PMR recording (or you can read the script (remember to practice ahead of time to work on appropriate intonation, volume and timing)

GOALS

1. Participants will complete a full session of PMR in the group.
2. Participants will learn to notice the difference between muscle tension and relaxation.

OUTLINE AND SAMPLE SCRIPT

Review

Review the main points from the exercise and biofeedback session. Review how individual practice went.
Identify barriers.
Help participants deal with barriers—through time management instruction, reframing, etc.

Exercise: Progressive Muscle Relaxation Training

We’re going to learn another strategy for both preventing and coping with anxiety. It’s called Progressive Muscle Relaxation. Has anyone ever tried it?

If anyone has tried it, ask what it was like for them.

This basically involves teaching yourself to relax by being aware of how both muscle tension and muscle relaxation feels. So, I’m going to play an audio recording that will tell you what to do. It lasts about 18 minutes. This will work best if you close your eyes so that you concentrate only on your own experience, but if you prefer to keep your eyes open, that’s fine.

Lay on your back with your legs extended straight and arms extended near your sides. Get yourself comfortable. If you are in a chair, lean back in the chair, place your hands in your lap and get comfortable.

I am going to ask you to alternately tense and relax specific muscle groups. First, I will tell you to tense a muscle group, I will often give you a visualization cue to help you know what to do. I will ask you to hold that tension for about seven seconds. Then I will say “Relax.” When you relax, you should let go of all the tension
in that muscle group all at once, not slowly. I will ask you to relax for about 20 seconds. Then I will repeat the instructions. I will ask you to tense the same muscle group again for about seven seconds, and then relax it again for about 20 seconds.

Once that muscle group relaxes, you may or may not notice a tingly or unusual sensation in that muscle group. This is nothing to be alarmed about. Many people report feeling unusual sensations during the relaxation phase following a tension phase.

We will begin with the hands and arms, then move to the head and face, then the midsection, and then the legs.

Let’s begin.

ARMs

Clench both hands tightly, making them into fists. Hold the tightness. Pay attention to the feelings in the muscles that are working.

Wait seven seconds.

Now relax them and let them fall open. Pay attention to the feeling of relaxation in those muscles.

Wait 20 seconds.

Clench both hands tightly again, making them into fists. Hold the tightness and pay attention to how your muscles feel.

Wait seven seconds.

Now relax your hands, letting them open. Pay attention to how relaxation feels in your hands.

Wait 20 seconds.

Now bend both elbows and flex your biceps. Those are the muscles on the front of the top half of your arm. Pay attention to the feelings in the muscles that are working.

Wait seven seconds.

Now relax your biceps and let your lower arms fall to your sides. Pay attention to the feeling of relaxation in those muscles.

Wait 20 seconds.

Bend both elbows and flex your biceps again. Pay attention to the feelings in the muscles that are working.

Wait seven seconds.

Now relax your biceps and let your lower arms fall to your sides. Pay attention to the feeling of relaxation in those muscles.

Wait 20 seconds.

Tense your triceps by holding your arms really straight down by your sides and locking your elbows. Your triceps are the muscles on the underside or backside of your upper arms, behind your biceps.

Wait seven seconds.
‘Now relax your triceps by letting your arms fall limply by your sides. Pay attention to the feeling of relaxation in your arms.

Wait 20 seconds.

Tense your triceps again by holding your arms really straight down by your sides and locking your elbows. Pay attention to the feeling of tension in those muscles.

Wait seven seconds.

Now relax your triceps by letting your arms fall limply by your sides. Pay attention to the feeling of relaxation.

Wait 20 seconds.

HEAD

Raise your eyebrows up as high as you can, like you want to put them up past your forehead. Feel the tension in those muscles.

Wait seven seconds.

Now relax your forehead suddenly and notice the difference in sensations in your muscles.

Wait 20 seconds.

Raise your eyebrows again and hold them there, as high as you can. Notice how tension feels.

Wait seven seconds.

Now relax your eyebrows down and pay attention to how relaxation feels.

Wait 20 seconds.

Squish up your face, like it’s being sucked up by a vacuum off the end of your nose.

Wait seven seconds.

Now relax your entire face all at once. Notice the change in sensations between tension and relaxation.

Wait 20 seconds.

Now tense up your whole face again. Squish it all up, like it’s being sucked up by a vacuum. Notice the sensations of tension in your face muscles.

Wait seven seconds.

Relax your face suddenly. Let the tension go and pay attention to the sensation of relaxation.

Wait 20 seconds.

Close your eyes tightly while grinning from ear to ear. Pay attention to where you feel tension in your face.

Wait seven seconds.

Now relax your face and let the tension go.

Wait 20 seconds.

Close your eyes tightly and grin your widest grin and hold it.

Wait seven seconds.

Now relax your face and notice any new feelings.

Wait 20 seconds.’
Close your mouth, push your tongue up to the roof of your mouth and clench your jaw.

Wait seven seconds.

Relax your jaw and mouth, letting them fall open. Notice the difference between tension and relaxation.

Wait 20 seconds.

Now open your mouth into a big wide “O”, jaw open wide.

Wait seven seconds.

Relax your jaw.

Wait 20 seconds.

Tilt your head back until it touches the back of your neck, or as far as it will go.

Wait seven seconds.

Relax your head back to neutral.

Wait 20 seconds.

Pick your head up and forward until your chin is resting on your chest. You may feel a stretch in the back on your neck and even down your back.

Wait seven seconds.

Relax your head back to neutral and focus on how relaxation feels.

Wait 20 seconds.

MIDSECTION

Raise your shoulders up as high as you can and try to touch your ears with them.

Wait seven seconds.

Let them fall back down and relax. Notice where and how relaxation feels different from tension.

Wait 20 seconds.

Raise your shoulders up again as high as you can and hold them there.

Wait seven seconds.

Let them fall back down to neutral and relax.

Wait 20 seconds.

Take a deep breath in and contract your stomach muscles, as though you were about to do a sit up. Keep your muscles contracted.

Wait seven seconds.

Exhale and let your stomach muscles relax. Feel your relaxed abdomen rise and fall with your breathing.

Wait 20 seconds.

Take a deep breath in and contract your stomach muscles, as though you were about to do a sit up. Hold it.

Wait seven seconds.

Exhale and let your stomach muscles relax. Notice how your muscles feel when they are relaxed.
**Gently arch your back away from the floor or chair.**  
*Feel the tension in your back muscles.*

Wait seven seconds.

**Relax your back onto the floor or back of the chair.**  
*Feel the tension drain away.*

Wait 20 seconds.

**Gently arch your back away from the floor or chair again.**  
*Hold the arch.*

Wait seven seconds.

**Relax your back onto the floor or back of the chair.**

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**LEGS**

*Tense up your glutes and thighs by straightening your legs and pushing through your heels. Your glutes are the large muscles in your butt that you use when you climb stairs. Keep them tensed.*

Wait seven seconds.

**Relax your leg muscles and let your legs fall into a neutral resting position.**

Wait 20 seconds.

**Straighten your legs again and tense up your thighs and glutes.**

Wait seven seconds.

**Relax your leg muscles and notice the difference between the feelings of tension and relaxation.**

---

**Tighten your leg muscles while pointing your toes like your trying to reach the opposite wall with them.**  
The bottom of your foot will arch when you point your toes.

Wait seven seconds.

**Relax your feet back to a neutral position.**  
Let your feet fall to one side or the other if they want to.

Wait 20 seconds.

**Point your toes again.**  
*Hold the tension and pay attention to how it feels.*

Wait seven seconds.

**Now relax your feet suddenly and notice the change in sensation.**

Wait 20 seconds.

**Flex your toes by straightening your legs and drawing your toes up towards your face, the opposite of pointing.**  
*Hold.*

Wait seven seconds.

**Relax your feet suddenly.**

Wait 20 seconds.

**Flex your toes again and hold it.**

Wait seven seconds.

**Relax your feet suddenly and let them hang loosely.**
The Progressive Muscle Relaxation activity is over. Open your eyes and slowly come back into the present. If you are laying down, sit up gradually and get into your chair.

Let’s talk about how you each feel now and what that experience was like for you.

Have the participants discuss whether they feel more relaxed. Ask if there was a particular point or muscle group that helped them relax.

INDEPENDENT PRACTICE ASSIGNMENT

Ask participants to practice PMR five times over the next week. Have them program reminders into their phones to remind them when to do PMR. They will need to set aside about 25 minutes to practice each day. If any are having difficulty committing to a time, suggest that they practice while they are in bed, before falling asleep.
MODULE 8: WRAP-UP AND REVIEW

MATERIALS

☐ Whiteboard and markers
☐ Participant binders with completed worksheets, extra Biodots, and cards

GOALS

1. Participants will name 2–3 signs and/or symptoms of anxiety they experience.
2. Participants will name the different coping and prevention strategies they have tried during this training:
   ☐ Deep breathing
   ☐ Reframing
   ☐ Problem Solving
   ☐ Mindfulness Meditation
   ☐ Exercise and biofeedback
   ☐ Progressive Muscle Relaxation
3. Participants will be able to create the CBT triangle and complete it for an anxiety scenario.
4. Participants will describe the fight/flight/freeze response and its relation to anxiety and ANS activation.
5. Participants will note down the coping skills they learned that were most effective for them.

Review

During this guided review, sum up what has been covered. Have participants provide as much of the information as possible to ensure that they learn it, focusing on information related to the goals above. It will probably be necessary to ask some leading questions to trigger their memories or refer them back to their binders to locate answers.
6. SOCIAL SKILLS TRAINING
SOCIAL SKILLS TRAINING TIPS

The tips provided here are interventions that address the most commonly occurring social communication issues we experienced among MJI participants. These issues include giving feedback, eye contact, reading non-verbal cues and emotions, and non-verbal communication.

Please note that these tips are not intended to be a full-scale social skills or social pragmatics curriculum. Our trainers used portions of the PEERS for Young Adults (Laugeson, 2017) curriculum.

GIVING FEEDBACK

When working with individuals with ASD, it is important to become comfortable giving very direct feedback. The average neurotypical person is trained to spare others’ feelings by being indirect when giving feedback that is critical of someone, such as pointing out a mistake or inappropriate behavior. Although you may worry about hurting a participant’s feelings or being rude if you are too direct, keep in mind that individuals with ASD have difficulty interpreting indirect and non-verbal feedback. When we piloted this intervention, participants gave us feedback indicating they wanted trainers to be very direct with them.

The following are some concrete steps you can take when giving feedback about someone’s social or other behaviors:

☐ Begin most group sessions by reminding participants that you will be talking about a particular topic, but that you may periodically give an individual or the group feedback to help them build skills – particularly social skills that will help them with interviewing, getting along with colleagues, and making and sustaining long-term relationships with others. Be aware that singling out a person in front of a group may be anxiety-provoking for that person.

☐ It is important to give feedback with a neutral tone. If you attempt to lighten the mood by making a joke, the person may be insulted or feel mocked. If you sound stern, he may feel embarrassed and become angry or resentful.

☐ If you need to interrupt the flow of a group lecture or discussion to address behaviors (everyone looking down, someone interrupting, someone engaging in repetitive behaviors—rocking, picking, flapping, etc.), explain what you are doing to the group.

For example:

I’m going to interrupt our discussion about anxiety to address some social behaviors I see right now.

And then state what you’ve seen.

I was just talking and did anyone notice what [NAME] did? ... Yes, he interrupted me. I noticed that some of you have also interrupted me or each other.

Then provide some context and let participants know how their behaviors fit into the range of behaviors for people with and without ASD.
People with ASD often report that it is confusing to know when it is okay to speak in a group situation. So let’s talk about that. How do you know if someone has ended a thought or is merely pausing before continuing? What cues do you look for?

**EYE CONTACT IN A GROUP SETTING**

**Exercise:**

I noticed that most of you are looking down. If you are not looking up at the speaker and periodically scanning the rest of the group, how would you know when the speaker is done or giving someone else a chance to speak?

Pick a participant.

Let’s do an experiment. [NAME], let’s model this. You start talking to me about (pick an interest).

When he starts talking, you look down. Let him talk for a bit and then ask him what message he took from the practice. Then ask the others for their perspectives.

Responses may include:

› The listener isn’t interested.
› The listener doesn’t care.
› The listener is being rude.
› That felt uncomfortable.

Now repeat the exercise. This time, look at him and be engaged. Then ask the same set of questions.

Possible responses:

› The listener seemed to care.
› The listener was actually listening to the speaker.
› The listener was encouraging.
› The listener was polite.

**READING NON-VERBAL CUES AND EMOTIONS/AFFECT IN OTHERS**

Most people are not familiar with the latest research on ASD. When working with adults with high functioning ASD, it is helpful to tell them about this research. It is important to help educate them about symptoms and behaviors associated with ASD so they can get to know themselves and learn strategies to compensate in areas where they may have underdeveloped skills. The goal is to improve a participant’s ability to read non-verbal cues and identify emotional states or affect in himself and others.
Research on eye tracking (CITATION) in people with ASD compared to people without ASD indicates that individuals in the two groups look at different parts of a face when interacting with others. Individuals with ASD tend to look at the tip of the nose, the center bottom of the chin, or the base of the jaw – parts of the face that are not good indicators of a person’s emotional state or what s/he is trying to communicate non-verbally. People without ASD tend to look at more expressive portions of the face such as the corners of the eyes, the center of the forehead, and the corners of the mouth.

Alexithymia is the inability to identify emotions in yourself or others. Individuals with ASD often have mild-to-severe alexithymia. Being able to identify emotions is a very important skill. We all need it in order to begin and sustain relationships. Therefore, we address it throughout all of the MJT training.

In anxiety management training, we review individual signs and symptoms of a number of emotions, both positive and negative. See section 5 for more information.

**Exercise: Behavioral Strategy**

Have participants practice looking at different parts of the face and decide if they obtain more information by looking at cheeks, the corners of the eyes, the forehead, the corners of the mouth versus the chin, tip of the nose or back of the jaw.

Have participants practice scanning the group leader’s face clockwise or counter-clockwise and ask what information they obtain. The group leader should begin by displaying basic emotions such as joy, fear, anger, or sadness. Then move on to more nuanced and complex emotions such as interest, embarrassment, worry, etc.

Ask participants to practice with each other.

**Exercise: Behavioral Strategy**

We often gave participants feedback on their facial expressions during both group and individual work. For example: “You look bored,” “You look sad now, but a moment ago you were smiling,” or “You look frustrated.” Most of the time, the participant paused to think, and then responded with information about a trigger for a change in affect, or about something that was on his mind. In one instance, a participant stated that he was looking sad after we started talking about ASD because he wished he didn’t have to struggle with so many more challenges than “normal people.” This led to an interesting group discussion about identity, challenges that participants had in their lives, and whether they had ever thought about being “different” or “not normal.”

**ENGAGING IN NON-VERBAL COMMUNICATION**

Another area in which we gave frequent feedback to participants was in their own non-verbal behaviors. The most common behaviors we noticed were unusual eye blink rate (usually an unblinking stare), emotionless face or complete lack of facial expression, excessive stillness while another person was talking (not nodding or otherwise indicating that one was listening), and talking to oneself under the breath. Sometimes we gave feedback privately, sometimes in the context of a group. In a group setting, we tried to make sure that more than one participant was engaging in the behavior (or lack of a desired behavior) so no one person would feel singled out. Following are some examples of how we addressed these behaviors.
very infrequent eye blink rate

Exercise: Behavioral Strategy

I’ve noticed as we’ve been practicing behavioral interviewing that a few people are engaging in some behaviors that might make an interviewer or coworkers uncomfortable. Has anyone else noticed anything?

Often participants would not have been paying much visual attention to others in the group, so they would either not respond or take wild guesses.

What I’ve noticed is that a couple of you are staring unblinking at me. I’m going to have a brief interaction with each of you, and I want everyone else to pay attention to how often I blink my eyes and how often the other person blinks his. Make a list on a piece of paper of everyone’s names, and then count how many times each person blinks in one minute and how many times I blink.

The group leader then had a brief (one-minute) interaction with each person in the group. Afterwards, everyone shared the numbers they got and the participants with too little blinking would get feedback.

We used the group leader’s blink rate as the blink rate to aim for and had participants practice blinking more. At this point, we asked them to observe and describe how comfortable or uncomfortable they felt about blinking. As the sessions continued, participants were prompted as needed to blink. Over time, they were able to consistently increase their blink rate. We do not know to what degree this generalized across other settings.

blank face

We noted that a number of participants had blank faces while they were listening to someone else speak. This could be disconcerting to the speaker, especially if the listener also took longer than usual to respond to a question or initiate speech to fill a pause. To address this situation, we used a similar approach as described in the exercise above. We also explained that listeners are expected to engage in active listening and show that they are paying attention. Additionally, we reviewed the types of non-verbal behaviors that a listener is expected to engage in to let the speaker know that he is paying attention. These included nods, smiles, frowns, head tilts, and holding an interested or curious expression (eyes open wider, eyebrows slightly raised, etc.) on the face while listening.

Exercise: Behavioral Strategy

We asked participants to practice in the moment, and then we gave feedback. We encouraged them to practice in front of a mirror so they could connect the physical feeling of a facial expression with the emotion(s) (e.g., interest, curiosity, enthusiasm, boredom, etc.) they wanted to convey.

Talking to oneself

We observed some participants talking aloud to themselves to the point that it was highly unusual and distracting to others. We provided feedback to those participants and explained how our behaviors affect the way we are viewed by others. Talking to yourself makes others uncomfortable and causes people to avoid you.
We explained that it is common for young children to talk aloud to themselves as they play or engage in some activity. As children develop through middle childhood and adolescence, however, their vocalized self-talk decreases to become virtually nonexistent, especially in the presence of other people. When you are not able to stop speaking an internal thought process or dialog aloud, others may perceive you as lacking basic self-control. They may doubt your ability to control more serious behaviors. They may also think you are unpredictable. If you are seen as unpredictable or lacking in self-control, others may judge you as a higher than average safety risk—particularly in a stressful or frustrating situation—and then they may avoid you.

**Exercise: Behavioral Strategy**

We asked participants to self-monitor for vocalized self-talk and to feel free to interrupt themselves when they noticed they were talking to themselves. We found it to be highly effective in significantly diminishing or eliminating vocalized self-talk.
7. **employment core strategies**
**CORE STRATEGIES**

Core strategies for MJI include the development of a sector-based employer network and an integrated approach of providing clinical supports, psychoeducation, discovery, and the job training approach described in Section 3.

**DISCOVERY**

Discovery is a process used to learn more details about the candidate. The CN observes the candidate in a variety of settings to gain a broader perspective on his interests, personal contributions, and preferred working conditions. Observed activities include tasks he does routinely, things he chooses to do in his spare time, and at least one novel activity—something he has never done but would like to. An additional component of discovery is conducting interviews/conversations with those who know the participant best and have his best interests at heart.

When done thoroughly, discovery results in a compilation of assets and interests that paints a fuller picture of the candidate. It includes job and environmental characteristics that will need to be addressed or avoided to ensure success, and it provides a “map” to help target positions and environments that will be a good fit.

**JOB SEARCH—LOOKING FOR A MATCH**

Starting with interests and skills, we help candidates use keywords to search for job openings and businesses that appeal to them. MJI candidates have had some exposure to work and many have strong opinions about what they do and do not want to do. This information is beneficial in narrowing down opportunities and focusing on suitable matches. Online research of businesses and companies that fit a candidate’s cultural and personal identities will engage him in the exploration and help him clarify interests and job targets.

**RESUMÉS**

There is no perfect resumé, and the goal of resumé-writing with a person with ASD is to accomplish two tasks. First, the individual must be comfortable with the content as a narrative. Most of our job seekers with ASD come to MJI with some exposure to the workplace, but are uncomfortable with their existing resumé. Often, they have had assistance writing their resumé. As a result, it may include slight embellishments that make them uncomfortable. We have found it is better to understate an experience on a resumé so they feel comfortable they are being honest and not “misrepresenting” themselves. The second task is to get agreement on the context layout with the participant and then to put it in a resumé format.

**APPENDIX XX | Sample Resumés**

**COVER LETTERS**

Most job applications that lead to careers in today’s workforce must be completed online, and the process for identifying potential employees is dependent on keyword hits. Cover letters are less relevant than they once were, but are useful in helping to highlight or elaborate on a talent, skill, interest, or other information not contained in
the resumé. We assist candidates in writing cover letters. This helps ensure that the candidate understands what the job entails, and it helps him practice his narrative.

| APPENDIX XX | Sample Cover Letters

DEVELOPING AN EMPLOYER NETWORK

In Massachusetts, there is a significant demand for workers in the security field. Security companies are prominent participants at local job fairs, seek labor consistently on social media sites, and have projected industry growth through 2020. That said, we believe the core elements in this toolkit are transferable to other industry sectors.

We use a "dual customer model" approach to build a sector network. It utilizes elements of customized employment strategies along with a workforce sector-based approach in the security industry. In this hybrid approach, the CN’s role is different from the traditional role of a job developer. The CN builds a network of employers in a targeted industry, gaining a deep understanding of their labor needs with the goal of matching candidate capabilities and interests with specific jobs.

We have found that businesses respond well when we first reach out to understand their needs before presenting a candidate. Understanding each company’s culture, hiring processes, procedures, performance expectations, general labor needs, and challenges, as well as the details of the specific tasks required, before a candidate is presented. This allows for a franker conversation because no person’s candidacy/performance is “on the line.” It also gives the business confidence that we understand their needs and expectations must be met to create a viable job match. Historically, in a person-centered service model, all activities are driven primarily from candidate interests, skills, and expectations. The dual customer model we use requires equal attention to the business side of the equation.

The CN contacts security companies throughout the geographic area with the specific goals of learning about their need for workers, what types of jobs are available, and what skill sets and qualifications they require. This connection is accomplished in several ways:

- The CN attends advertised job fairs held specifically by security firms or general Career Center job fairs that security companies attend. These job fairs are by far the most effective strategy to meet the security companies that have demands for labor, and to learn firsthand about the company and identify a point of contact. This approach allows the CN to provide companies with a labor solution.

- We hosted our own job fairs and invited security firms and other employers from a range of industries. These job fairs were a great way to connect with companies in need of labor while at the same time exposing candidates to companies outside of the interviewing process. We had over 30 employers at both job fairs. We opened them to the public and had over 100 job seekers at each fair. This strategy was so successful that we have made it an annual spring and fall event.

- The CN responds to job postings on social media to cultivate relationships with the Human Resources departments at various companies.

- The CN identifies security firms in the area and reaches out to schedule meetings to discuss and identify their most pressing employment needs, as well as any unmet needs (tasks that are not consistently or accurately being accomplished because they are not core tasks of any other employees). A helpful tip is to identify leaders in the company that have affiliations the CN could leverage to help get a lead into the company.
Job Placement | Tips |

**Internships**
In some cases, a short-term internship may be useful to assess fit. Internships can be paid (typically at minimum wage). We recommend building 40–120 hours of internship wages into the program design for 50% of the participants you expect to progress to employment. (Many will not need the internship opportunity to leverage, depending upon the employer’s commitment level.) The company should never be asked to pay wages on the internship, as the program is designed to give the company a risk-free assessment of the match. Unpaid internships are an option, but it is recommended that internship wages be built into the program design.

**Job Coaching Services**
In the case of all internships and employment opportunities, the program and business must be able to commit job coaching services based on the candidate’s training acclimation needs. A job coaching schedule is based on intern needs, employer expectations, and intern performance and is continually assessed based on performance data. If an offer of permanent employment is made and accepted, the employment supports should be negotiated by all parties to ensure success.

WORK Inc., has joined trade associations such as the local Chamber of Commerce. Chambers are a vibrant network for engaging local companies.

**JOB PLACEMENT**
As you build your sector network, you can match a candidate’s skills and interests with the labor needs of a business. When you identify a “good fit,” contact the company and determine the best way to discuss the opportunity with the candidate.

If the business is interested, you can present a candidate to them in various ways:
- A cover letter and resumé
- A visual resumé, which shows the candidate is demonstrating competencies
- An introductory meeting to discuss the match

The business may be interested in the match with a pre-existing position needing to be filled, or it may develop a customized job based on tasks not yet compiled into a job.
8. Staffing and Funding
STAFFING NEEDS

As you prepare to launch MJI, you will need to identify the team of staff that will manage all facets of the project. Here is a grid of our staffing:

### MJI Staffing

<table>
<thead>
<tr>
<th>POSITION</th>
<th>FTE</th>
<th>FUNCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Leaders at May Institute and WORK Inc.</td>
<td>.05*</td>
<td>Project guidance, supervision, resource allocation, monthly project management meetings</td>
</tr>
<tr>
<td>Licensed Clinical Psychologist (A master’s-level mental health clinician or clinical social worker will also be able to fill this position)</td>
<td>.5 (.25 for implementation of this toolkit)</td>
<td>Develop and run anxiety management and behavioral interviewing groups. Write/edit MJI toolkit. Consult to CN, caseworkers, families as needed about candidates. Identify helpful tools/curricula for social skills training. Train CN about ASD and contextualize candidate behaviors in terms of development and diagnoses. Assist with behavior plans as needed.</td>
</tr>
<tr>
<td>Career Navigator</td>
<td>1</td>
<td>Work collaboratively with Psychologist/MHC on all phases of the project as described in this toolkit. Primary responsibilities include marketing, screening candidates, supporting all aspects of job development and group activities.</td>
</tr>
<tr>
<td>VP Workforce Development</td>
<td>.05*</td>
<td>Assigned to the data management of all deliverables and technical assistance for Sector-Based Employment</td>
</tr>
</tbody>
</table>

*While this is the staffing pattern funded by the grant, this FTE would be considered valid for implementation.

HIRING A CAREER NAVIGATOR

The Career Navigator (CN) is the primary contact for all candidates. It is essential that this person be reliable, flexible, and dedicated to the success of every candidate.

**Key competencies**

National standards through organizations such as the Employment Support Professional Certification Council (ESPCC) ensure that job development personnel meet nationally accepted key competency standards based on evidence-based practices. The person recruited for the CN position should either be certified or enrolled for testing within the first three months of employment. For more information, contact [https://apse.org/cesp-central/faq/](https://apse.org/cesp-central/faq/).
These competencies should be well-documented in the field and include:

- Job placement strategies to assist individuals with disabilities to enter the workforce and to support skill acquisition
- Understanding of workplace culture
- Knowledge of how to sustain employment long term

**work characteristics**

In addition to the key competencies that are critical to the professional development of CNs, we have found specific work characteristics of the CN personnel that help drive successful and sustaining job outcomes. These attributes are essential to evaluate in the hiring process. Interviews to select job placement personnel should be conducted to draw out candidate experiences that reinforce these essential qualities.

Successful work characteristics/qualities begin with a strong belief that individuals with disabilities can succeed in the workplace. Other work characteristics include a can-do attitude, persistence, proactivity, patience, creativity, strong problem-solving skills, and customer mindfulness. The most effective job placement personnel regularly mine opportunities in new industries, network relentlessly, and actively listen to what a potential employer says during job development conversations to convert a need into a prospective opportunity.

The CN must exercise patience and be strategic in presenting opportunities that are aligned with the candidate’s interests and conditions for success. A rush to placement may negatively affect retention and overall job satisfaction. We have found that candidates with ASD are somewhat unique in that they may have workplace conditions that seem inflexible (e.g., must be able to smoke, must be able to wear a skirt or other specific clothing items, etc.). You need to learn from each candidate where he is flexible and where he is not. This will impact the job search.

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**Hiring a CN | Tips |**

- **Sectors & Industries**
  Applicant employment experience does not have to come from the Human Services sector. Experience from other industry sectors can be an advantage.

- **Transferable Skills**
  Focus on the skill sets the applicant has and consider how she can transfer to the CN job. Does the applicant have work experience in networking or outreach? Does the applicant have past volunteer experience that highlights abilities in the areas of communication and social interaction skills?

- **Passion for People**
  Learn how the applicant spends her time outside of work. How engaged is she in her local communities, including memberships in civic organizations, local company theater groups, etc.? High levels of community engagement translate to social engagement skills that are an asset to a CN.

- **Insight**
  Conduct a competency-based interview that is conversational and targeted to the work skills that are necessary for the job. Sample questions include: “Give me an example of how you would mine for employment opportunities in the security industry.” and “How would you go about identifying emerging companies in your local area?”

- **Communication & Listening**
  Evaluate how the candidate interacts in the interview. Is she engaged in the conversation? Does she ask thoughtful questions? Does she listen and respond specifically to questions?
Attempting to talk a candidate into a job he is not interested in is a fundamental mistake. The CN must respect the candidate’s requests and factor those conditions into the job development process. The candidate must be able to exercise choice. Therefore, it is recommended that the CN provide multiple opportunities for consideration. Examples of how to do this are included in some of the case studies presented in this toolkit.

Lastly, and most importantly, the CN must keep her word in delivering the support promised to both the employee and the employer. A communication schedule of routine workplace visits and calls is most effective in developing a relationship with both the employer and the new employee. Developing a good working rapport ensures that the employer and employee will reach out to the CN to actively solve potential problems before they rise to a critical level. If a candidate is to be successful on the job and the CN wants to be able to utilize the employer again for a good job match, the job personnel must not only sell their services but stick by their word in terms of on-the-job supports that are promised.

**HIRING A MENTAL HEALTH CLINICIAN**

The MHC should be independently licensed in the state and have a solid background and training in CBT and related evidence-based practices. Familiarity with trauma-informed practice is highly preferred, as most participants disclose a history of being bullied and/or abused at some point during the anxiety management or behavioral interviewing groups. The MHC should have either a Master’s degree (M.A., M.S.W, M.S.) in clinical psychology, counseling, or social work, or a doctoral degree (Ph.D., Psy.D., Ed.D.) in clinical psychology or counseling.

The person should have experience running groups and be able to demonstrate an understanding of the challenges facing high-functioning adults with ASD. Ideally, they should have a thorough understanding of behavioral principles. Experience with ABA is a plus, but not necessary. The person should have a demonstrated history of working well in interdisciplinary team settings, have experience working with high functioning young adults with ASD, and be available for consultation as needed by the CN, candidates, families, or caseworkers.

**FUNDING FOR THE PROJECT**

As the MJi project grant winds down, we have been working to sustain the project with funds from our Vocational Rehabilitation Office of the Massachusetts Rehabilitation Commission and the Department of Developmental Services. The elements of MJi fit very well into some of the funding models that are both component-based and have hourly individual supported employment rates. Since MJi is not a “day program,” investment from the state funder is time-limited and therefore an economically priced model of services.

We recommend that organizations seek out seed funding to help launch the initiative or work with a local state funder to pilot the project.
9. Challenges, Barriers, and Obstacles
For MJI, we use a strengths-based approach to help address challenges, barriers, and obstacles to employment. Most of the labor-intensive or high-frequency issues candidates present are discussed in this section. This strengths-based approach helps a candidate identify what he needs to be successful. In turn, that information helps the CN to find employment opportunities that best match those unique requirements. Learning what is negotiable and non-negotiable for the candidate is critical for success.

**RELIANCE ON BENEFITS**

Individuals interested in MJI services must commit to the goal of full-time employment with the objective of being self-sufficient. Understanding how work impacts their benefits should be determined to avoid the “over the cliff” effect (losing all benefits when a threshold earned income has been achieved).

For most individuals with disabilities, there is a likelihood that they receive, or have received, cash entitlements from the Social Security Administration in the form of Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). Both of these cash entitlements are impacted by earned income. It is important that candidates and their families learn up front what the impact of work will be on benefits. A “Benefits Analysis” is available by contacting your state vocational rehabilitation agency. This analysis will provide a roadmap to help participants and families understand that increases in earned wages may result in decreases in their SSI/SSDI checks. It is important that they review this information with the CN and/or a benefits counselor, who will help them do the math which will show that working will always result in a net gain in cash income.

It is also critical to identify up front all the entitlements that the individual receives. This includes food stamps, housing vouchers, and health insurance. The loss of benefits can be destabilizing for individuals and their families if the transition from benefits to wages is not planned out.

**SERIOUS MENTAL ILLNESS**

A candidate with ASD may have a co-occurring mental health diagnosis. While this may complicate employment services, it should never be a barrier to employment or a reason to exclude someone from work. In MJI, we will sometimes identify a previously undiagnosed mental illness. Often we suspect serious mental illness, but medical evaluations that document ASD usually come earlier in life than the onset of major behavioral health diagnoses. Sometimes candidates do not disclose a diagnosis to us.

It is critical to develop and maintain a list of referrals for current behavioral health providers in the area that accept a range of insurances. Candidates presenting in a manic, severe depressive, or psychotic episode, or with serious risk behaviors, will need to be referred for treatment immediately.

Recent psychological evaluations can be useful in developing strategies to help the participant build coping skills, identify triggers, and ensure medication compliance and treatment engagement. Most young adults with ASD will have had an IEP. In Massachusetts, they will have had a full re-evaluation every three years. Therefore, the last psychological evaluation completed by a public school system will likely have been when the candidate was 15–16 years old.
It is critical to coordinate employment and clinical services to ensure that they are working together to best support the candidate’s needs.

**BUSINESS CHALLENGES**

Businesses often underestimate the need for supports and overestimate their ability to supervise employees with ASD or other challenges. Common workplace structures and policies may prove very challenging for individuals with ASD. Some situations can create havoc for and overwhelm the employee with ASD. Examples include reporting to multiple supervisors with different expectations, or having managers who may have little understanding of people with disabilities or the impact of ASD on social and work environments.

Individuals with ASD often magnify weak spots in a management system. Even if senior management understands and accommodates the needs of individuals with ASD in the workplace, the same may not hold true for direct supervisors farther down the chain of command. For an employee with ASD to be successful, it is essential that the line of direct supervision is consistent, well-informed, and kept up-to-date. The public nature of the social challenges of a person with ASD will often expose pre-existing social dysfunction in the workplace, which needs to be approached sensitively with the employer.

When an employee with ASD exhibits behaviors that interfere with task completion, the corrective actions need to be clear to all parties, and measurable, attainable goals need to be set.

**THE UNEXPECTED**

Remember that the candidates for this project are participating because they need the supports required. The CN must be open to expecting the unexpected and able to quickly develop strategies to address multiple issues that may simultaneously arise. This requires that the CN be vigilant to behavior changes in the candidate and the candidate’s workplace. For example, a simple change in supervisors can throw a candidate off balance and result in decreased work performance and even rule-breaking behaviors. Solid communication between the CN and the business can mitigate the unintended impact of changes in the workplace.

The CN and MHC will frequently experience unexpected or unusual behaviors in candidates that may result from ASD, immaturity, or mental health issues. Being able to roll with it and be flexible will enable MJI staff to switch quickly into problem-solving mode. Helping a candidate manage symptoms associated with a clinical diagnosis or behavioral characteristics commonly associated with ASD is critical to job retention for the candidate.

In section 7, we highlight some of the more challenging issues we have encountered and strategies we have used in the following case scenarios.

- **Case Scenario 1**: The Negative Consequences of Not Disclosing a Disability
- **Case Scenario 2**: Navigating Gender Non-Conforming Employee Needs
- **Case Scenario 3**: Knowing When It’s Not a Good Job Match
- **Case Scenario 4**: Discovery and Mock Interview Training Seals the Deal
Case Scenario 5: Engaging Family to Support Independence
Case Scenario 6: When Determination Gets You Your Dream Job
Case Scenario 7: Changes in Employer Personnel
Case Scenario 8: How to Handle an Unforeseen Situation
Case Scenario 9: Coping with Mental Illness
Case Scenario 10: Working with a Challenging Company

In all of these cases, we were able to develop strategies to manage the behaviors on the job. We referred individuals for ABA skills training, obsessive-compulsive disorder (OCD) treatment, psychiatric medication management, and other relevant treatment. We also provided trainings on anxiety management and social skills through the class sessions conducted by the MHC.

**REPETITIVE BEHAVIORS, PICKING, ECHOLALIA**

Repetitive behaviors such as rocking, picking, or echolalia are relatively common even among high-functioning adults with ASD. It is important to work individually and non-judgmentally with a candidate to help him train himself to either eliminate the behavior entirely or engage in a more socially acceptable behavior as a substitute. Occasionally, a referral for community-based or home-based ABA services may be warranted (applied behavior analysis is the gold standard for helping individuals with ASD change behaviors).

**DISSEMBLING**

We have found that some candidates have a fear of making someone mad or fear an invasion of privacy. In such cases, candidates might tell MJI staff what they think we want to hear, or tell an outright lie to avoid making staff angry, upset, or judgmental. When working with a candidate who worries about upsetting someone, it is important to help him read the emotions of others, keep past behaviors of others in mind, and engage in exposure therapy to help reduce his anxiety about expressing himself. For those who worry excessively about failure and not being perfect, we recommend exposure and response prevention. For those who are very suspicious of others, be clear with them about why you are asking for information.

**TSA-CBT AND MEDICAL HISTORY**

Be sure to review the TSA’s medical history requirements and rule-outs with candidates who are applying to the TSA for jobs. In short, any history of inpatient hospitalization for a psychiatric illness will make the candidate ineligible for employment with the TSA. Additionally, a history of bipolar disorder or a psychotic disorder, or current treatment with any antipsychotic or mood-stabilizing medication, regardless of the reason for prescription, will make the candidate ineligible for employment with the TSA.

Candidates for the TSA may not be color blind. They may not have certain physical disabilities. Consult the TSA policy for detailed information.
TRANSPORTATION

We require that candidates be able to get themselves to and from MJI (by car, public transportation, walking, etc.). This helps establish that they can function independently enough to get to and from a job on their own. If candidates need help learning how to navigate transportation, MJI provides that assistance over the first few weeks of participation.

EXECUTIVE FUNCTIONING ISSUES

Many individuals with ASD experience challenges with executive functioning.

Typical issues we have seen include:

☐ Difficulty remembering to do assigned tasks
  Solution → Prompt the candidate to enter a reminder into his/her smartphone or calendar.

☐ Not taking notes
  Solution → prompt the person to take notes independently. Relate it back to what he may be expected to do on the job.

☐ Difficulty disengaging from one activity and moving on to something else
  Solution → give the person non-judgmental feedback. Set up a series of prompts that you both agree on (e.g., notice at two minutes, again at the time of transition).
10. **case scenarios**
WHAT DOES A SUCCESSFUL PARTICIPANT LOOK LIKE?

The short answer is that most participants can be successful participants! As you will see from the case scenarios, most candidates present with a host of strengths as well as challenges. The key to a candidate’s success is the use of an integrated approach with a strengths-based focus that uses a candidate’s strengths to overcome his challenges. In practice, this means managing the individual’s barriers one person at a time. This means not taking a position on or requiring any prerequisite to participation beyond the occupational requirements of the employer/security sector. It also means using eligibility requirements from the targeted sector, as opposed to requiring additional criteria which create more barriers for the participant.

The main criteria for success are a strong desire to work and a willingness to take calculated risks to learn new strategies to manage stress and anxiety. It is also important that candidates commit to using their new clinical skills to enhance their lives outside of work.
1. **Almost Committed to a Psychiatric Ward: The Negative Consequences of Not Disclosing a Disability**

This vignette illustrates the potentially very negative consequences of not disclosing a disability to a medical professional; literal and rigid thinking; and perseveration when anxious. It also illustrates how a candidate’s strengths come into play and how a potentially unfortunate situation can be turned into a success.

**Candidate Profile**

Aaron is a single, heterosexual, cisgender, 44-year-old man with ASD with a Bachelor of Arts degree. He came to MJI with less than one year of job experience followed by 19 years of unemployment. During his years of unemployment, he received SSDI, Mass Health (Medicaid insurance), and subsidized housing benefits. Aaron is exceptionally knowledgeable about his benefits, and he manages them himself. He lives alone with his beloved ferret.

**Family**

He describes a “complex relationship” with his mother. His father passed away, and he is an only child.

**Preferences for Employment**

- Wants to work alone with minimal contact with others
- Wants to work overnight hours as he states he is a “night owl”
- Does not want to drive a company vehicle
- Is a smoker reliant on nicotine; needs to be able to access his e-cigarette/vaping device frequently if unable to smoke a cigarette
Strengths

- Personable and friendly in 1:1 interaction
- Has at least one decades-long friendship and initiates activities with her
- Likes long drives
- Loves dogs, wolves, and ferrets
- Great sense of humor and use of irony and sarcasm

Challenges

- Will not drive on the highway
- Fears adverse weather conditions
- Refuses to allow MJI to have any communication with his mother
- Inconsistent personal hygiene resulting in excessive body odor
- Does not do laundry frequently enough resulting in a malodorous presentation
- Literal thinking
- Rigid thinking
- Incompletely developed theory of mind
- Loud vocal volume

Medical

- Some sensory sensitivities (loud noises, some textures)
- Smoker

Mental Health

- Some phobias
- Repetitive verbal behaviors; says “woof” in conversation when anxious or uncomfortable
- Restricted interests: driving, dogs, ferrets, wolves
- A strained relationship with mother
- Fear of novel situations
- Mild alexithymia
**MJI Participation**

Aaron attended most sessions with the MHC while he was enrolled. He engaged in training in behavioral interviewing, anxiety management, personal hygiene, social skills, TSA computer-based testing practice (Job Test Prep), resume and cover letter writing, job searching, and professional relationship building.

Aaron participated well in group-based activities. He needed occasional prompts to inhibit irritable outbursts at other participants, but overall showed great initiative with participation in conversations. He responded not only to the MHC but also to other participants. He could at times be argumentative and rigid in his adherence to rules but could be flexible when the CN or MHC explained things to him. He responded well to the instruction about hygiene and activities of daily living.

**Challenges with Job Development**

Aaron demonstrated increasing anxiety as he progressed through the job search and application process. As he neared interviews, he became argumentative and very rigid in his thinking. Cognitive reframing and problem solving were especially helpful in reducing his anxiety.

Aaron would not drive the company security vehicle because he was afraid he would get into an accident with it and get fired. This required an exception from the employer as all other security officers drove a company vehicle.

**Interview and Medical Review**

Aaron was invited for a face-to-face interview with the prospective employer. He requested that the CN attend the interview with him to help him manage his anxiety. Aaron gave the CN permission to disclose his disability (ASD) to the employer and provide education ahead of time, which proved very helpful as the interview process evolved.

During the interview, Aaron responded well to all questions despite his apparent anxiety. He was perspiring profusely, and he engaged in some echolalia (he “woofed” a few times). When asked by the employer why he wanted to work alone, Aaron responded that he was “afraid people won’t like me.” Because of the CN’s intervention ahead of time, the employer had some understanding of the challenges facing individuals with ASD and so was not put off by the comment.

Aaron was offered one job and immediately declined it, advocating for himself by stating that he preferred to work alone. In response, the employer identified a different position as a night security guard that met Aaron’s conditions. Although it was an hour’s commute from his home, Aaron eagerly accepted the job.

The on-boarding process proved to be very challenging for Aaron. It highlighted his poor understanding of standard procedures for confirming one’s identity, literal thinking, lack of knowledge of cultural norms, and difficulty seeing himself from another’s (the doctor’s and employer’s) perspective. However, his sense of humor, persistence, ability to learn, and trust in the CN allowed him and the CN to turn the situation around so he could be hired.

Initially, Aaron was very reluctant to provide his license as proof of identity and evidence of having a valid driver’s license, as he worried that he would not get it back. The CN had to explain to Aaron that this was standard procedure for all employers.

The next step in the on-boarding process was getting medical clearance. Aaron did not understand why he had to undergo a physical examination. The CN explained that it was necessary to determine his mental and physical health given the judgments and tasks he would have to perform as a security guard.

The CN accompanied Aaron to a health clinic that was different from where he saw his usual primary care physician. Aaron underwent the medical examination alone. He did not disclose his ASD diagnosis during the medical review. Had
he done so, it might have prevented some of the following problems. With some education from the CN, the doctor might have been able to avoid the misunderstandings that occurred as a result of Aaron's lack of knowledge of cultural norms, literal understanding of language, and rigid, rule-governed thinking around honesty.

During the medical review, the physician asked Aaron if he had any bad thoughts about himself or anyone else (suicidality or homicidality screening). He responded that “I hate my mother and I hope she dies because she is a horrible person and my life would be better without her around.” The doctor followed up by screening for homicidal ideation, but Aaron did not understand that this was happening. When asked if he wanted to kill her, he responded: “I’m not going to kill her, but someone should.”

Aaron did notice that the doctor seemed alarmed. He then stated, “You asked me if I had any bad thoughts. We all have bad thoughts. Don’t you have bad thoughts?” When the doctor answered, “No,” Aaron accused him of being “a liar.” By the end of the exam, Aaron was agitated and the doctor was alarmed. He recommended immediate involuntary inpatient hospitalization for homicidal ideation.

The CN had to de-escalate both Aaron and the doctor by educating each of them. With Aaron, she focused on helping him understand the broader context and engage theory of mind skills to realize that the doctor had a different perspective from him. The following quote illustrates Aaron’s rule-governed and literal thinking (as well as his sense of sarcasm):

“Doogie Howser MD thinks I’m going to kill my mother and is going to keep me from getting the job and he is a liar. He said he has no bad thoughts. Everyone has bad thoughts. If he doesn’t want to hear the truth, why did he ask me? What am I supposed to do? Lie?”

The following issue illustrates Aaron’s difficulty with theory of mind: Aaron explained to the CN that he had not disclosed his disability because he said the doctor should know he has ASD since he is a doctor. When the CN explained that just because he is a doctor, it does not mean he knows automatically that Aaron has ASD, Aaron responded, “Well, then, I guess he is not a very good doctor.”

Aaron ultimately decided to disclose his ASD diagnosis to the doctor and gave the CN permission to talk to the doctor about the incident.

At this point, the CN called the MHC for an emergency consultation. The MHC explained the clinical perspective to her and coached her on how to talk with the doctor about the issue, including specific language to use. She also coached the CN about how to intervene with Aaron to help lower his anxiety (be direct, use simple sentences, and do not attempt to “sugarcoat” anything to make him feel better because it would be too indirect and make the situation worse).

When speaking with the doctor, the CN communicated Aaron’s history, his difficulty with literal and rigid thinking, and his tendency to perseverate on highly charged emotional issues. She confirmed that the MHC who saw Aaron two to three times/week had engaged in the ongoing screening of this particular issue and had found that he did not have plan or intent.

The doctor agreed not to have Aaron involuntarily admitted to a hospital, with the proviso that he had 24 hours to receive clearance from Aaron’s psychiatrist that he was not a danger to himself or others. The CN signed a letter of responsibility. The CN negotiated for 72 hours as it was late on a Friday.

Unfortunately, the physician conducting the medical review had already faxed the failure rating to the employer before speaking with the CN. With Aaron’s permission, the CN called the employer and explained the situation. Luckily, the employer was understanding and said that they were committed to hiring Aaron once Aaron’s psychiatrist completed the paperwork. With permission from Aaron, the CN was able to communicate with Aaron’s case manager who assisted in talking with Aaron’s psychiatrist. On Monday the letter was signed and returned to the doctor, who signed off on the medical review so Aaron could begin his job.
Job Outcome

Aaron ultimately was hired full-time as a Security Guard at an auto dealer working 40+ hours per week with full benefits (health, life insurance, 401K, vacation and sick time). He was responsible for overnight checks of the parking lots and dealerships in a local town.

The job went well overall. When Aaron had questions, he brought them up. If he needed the CN to assist with an issue, he called her. The CN also initiated contact with him and the employer frequently.

He decided to quit the job when his SSDI and SSI benefits were about to be cut.

Challenges on the Job

Aaron had difficulty judging how urgent an issue was. In at least one instance, he called his supervisor in the middle of the night about a trivial matter. In another example, he did not call when he should have. The CN helped the supervisor understand how to coach Aaron to succeed.

Case Scenario 1 | Tips |

1. It is essential to take the time to build trust with the candidate. In Aaron’s case, this took quite a while as he was fearful that his mother would find out he was participating in MJI and would sabotage it.

2. Discuss the benefits of disclosure of disability with the candidate.
   a. This disclosure opens the door for the CN to be able to accompany the candidate on the job interview to help support him and translate his strengths.
   b. Disclosure allows the CN to educate the employer before the interview, so they know what to expect. In Aaron’s case, the CN was able to inform the employer about some behaviors that might be unexpected. For example, when he is anxious or confused about directions, Aaron may present as irritable, evasive, rude, and even immature. Due to his literal and rigid thinking, he may appear argumentative. In such cases, it is essential to remember that he perceives something as being inaccurately stated.

3. The CN needs to have a keen awareness of the candidate’s fears, anxieties, and communication styles before sending him to a job interview.

4. The CN would always have to be available to assist Aaron with calling out when sick or communicating about being late or if there were HR concerns.

5. The CN was available to help him during orientation when his anxiety was heightened.

6. The MHC needs to be available by phone and text most of the time, even when not on-site, to provide coaching and/or consultation when emergencies or urgent situations arise.
Navigating Gender Non-Conforming Employee Needs

This vignette illustrates how to deal with someone who is argumentative and who needs help advocating for himself around non-traditional gender issues. The challenge was the need to meet an individual where he is functionally as opposed to where he or his parent think he should be based on past academic performance or level of intelligence (i.e., aiming for a lower entry-level job than the ultimate job he or his parent wishes him to have). Additionally, this vignette also describes some of the difficulties encountered when a parent’s and a participant’s aspirations and conditions for employment do not overlap or are in direct conflict. Finally, this vignette explores some of the anxiety-provoking negative cognitions and fears around identity and ability that individuals with ASD often have, and it demonstrates how to work with an employer when an employee has difficulty with emotion and behavior self-regulation.

Candidate Profile

Brandon is a 30-year-old gender non-conforming individual with a bachelor’s degree in music. He came to MJI with less than two years of job experience over the previous eight years (each job lasted less than six months). He receives Social Security Disability Insurance (SSDI) and MassHealth (Medicaid). His mother is his financial guardian.

Family

Brandon lives with his family and has a generally supportive but often conflictual relationship with his mother that sometimes results in self-sabotaging, contrariness/oppositional and/or negative attention-seeking behaviors. Mother has a graduate degree. Brandon is relatively close to his sister.

Preferences for Employment

- The employer must be accepting of all identities in its workforce
- Must be able to wear a skirt and top or a dress (will not wear pants)
- Will not wear a uniform
- Will only work 16 hours/week to protect his SSDI benefits
- His mother must approve of all employment plans
- The employer must engage in “environment-friendly” practices
- Place of employment must be within an eight-mile radius
- Flexible hours to accommodate medical/therapy appointments
**Strengths**

- Bright
- Well-educated
- Creative
- Talented artist and musician
- Skilled at coding
- Cultivated uniqueness
- Frequent use of critical thinking
- Empathetic for those who are disenfranchised
- Excellent, well-modulated eye contact
- Well-integrated gestures, eye contact, speech prosody, and content
- Good use of reflective listening

**Challenges**

- Intermittent employment history
- Fear of judgment by employers
- Worry of becoming overwhelmed by a long sequence of questions
- Anxiety about advocating for himself
- Oppositional and argumentative at times
- Negative attention-seeking behaviors (dancing on a public beach in a tutu and tights)
- Difficulty understanding cultural norms, especially implicit ones
- Inability to evaluate potential risks to the personal safety of engaging in non-conforming behaviors and take steps to plan for/attenuate those risks
- Literal, concrete thinking at times
- Needs directions to be concise, clear, and literal
- Difficulty turning acquaintances into friends
- Difficulty with the theory of mind

**Medical**

- History of very restricted food range resulting in malnutrition and hospitalization
- History of sensory sensitivities

**Mental Health**

- Diagnosed with OCD, with contamination fears
- History of hospitalization
**MJI Participation**

Brandon attended most scheduled sessions while he was enrolled. He engaged in training in behavioral interviewing, anxiety management, personal hygiene, social skills, and professional relationship building. Because he refused to wear a uniform, he did not participate in TSA-oriented training. Discovery was valuable in learning about Brandon’s work conditions as well as finding the best opportunity and environment that would meet his requirements for employment. Once Brandon completed the discovery process, a cover letter, and résumé, the CN assisted him with the job search.

Brandon initiated participation in group work and conversations conducted by the MHC more frequently than most. He liked to debate issues and at times show off his knowledge. At times he appeared to be argumentative to get attention. In those instances, the MHC cut the conversation short and moved on. This intervention was effective at redirecting him. Another effective strategy at reducing negative attention-seeking behaviors was pre-empting a bid for attention by giving him positive attention: calling on him, referring to something he had said earlier in the program, or complimenting him in an appropriate context.

Brandon did not interact much with other participants. Despite his history of psychotherapy and frequent use of psychological terms, he appeared to learn a lot from the anxiety management group. Like most participants, Brandon became increasingly anxious (e.g., perseverating on “what if” questions, becoming frantic, rapid speech, irritability, demanding tone, rudeness, higher and louder vocal tone) as he approached an interview. Helping him focus on concrete tasks such as reviewing his behavioral interviewing training, using anxiety coping skills, and concentrating on what he would wear helped decrease his anxious behaviors and self-reported anxiety level.

**Challenges with Job Development**

The CN was required by Brandon’s mother and Brandon to inform his mother of all conversations around employment. This requirement proved challenging because their goals around employment conflicted with each other. For example, Brandon requested full-time work, but Brandon’s mother would only allow him to work under 20 hours so as not to interfere with his Social Security benefits. Initially, Brandon’s mother wanted him to work as a music teacher or in an office setting working with computers. Although the CN found some potentially good positions, Brandon researched the companies and found issues that did not meet his conditions for employment. Additionally, Brandon’s anxiety about his own identity (gender non-conforming) prevented him from wanting to work with children in a classroom setting as a music teacher. He was fearful that he would be labeled as “deviant” because he wore dresses and skirts, and might be bullied and disrespected by both coworkers and students.

The company satisfied several of Brandon’s employment needs: it is environmentally friendly, has a reputation as accepting of alternative identities, and it allowed him to make an independent decision in defiance of his mother’s goals.

**Interview and Medical Review**

Brandon met the hiring recruiter for a large chain grocery store at a job fair. The recruiter invited Brandon and the CN to an on-the-spot hiring event at a store near Brandon’s home. Brandon initially asked the CN to attend with him due to his anxiety over novel situations, but later decided to go on his own. He was interviewed and hired immediately pending background and reference checks and a drug screening at orientation.
Job Outcome

Brandon was ultimately hired part-time as a Sanitation Worker at the grocery store.

The CN accompanied Brandon to the orientation. At the orientation, the HR representative discussed all policies and procedures for the position of Sanitation Worker. Brandon appeared distraught when he heard that the dress code stipulated wearing pants. Without realizing that this requirement could be negotiated, he said he could not take the position offered because he does not wear pants. The CN intervened and asked if an accommodation could be made regarding the dress code. The company made an offer: Brandon could wear a dress or skirt but needed to wear black leggings underneath for personal safety reasons.

Brandon agreed to the amended dress code and accepted the position.

Challenges on the Job

Because of Brandon’s difficulty accepting the store’s procedures and policies about cleaning the restrooms, constant communication between the CN and both Brandon and the supervisor proved to be essential in his retaining employment. This issue was primarily due to Brandon’s difficulty understanding cultural norms around gender norms and women’s sense of safety.

Brandon’s perspective was summed up in his question, “Why can I stay in the men’s restroom and continue cleaning when a person comes in, but have to leave the women’s restroom when a person comes in?” Although the CN engaged Brandon in several discussions and attempted to educate him about both implicit and explicit social and cultural practices and beliefs, he could not use theory of mind to take women’s perspectives and felt that his rights were being limited. After four meetings, the hiring manager and the CN negotiated a solution that the entire area would be closed during the cleaning of the bathrooms. If anyone asked to use them, Brandon would suggest using the restrooms of several outside establishments or, if the person was persistent, send them to the customer service counter. This solution was acceptable to Brandon.

Another situation arose when Brandon became very upset and frustrated when a customer would not leave the restroom while he was trying to clean. Brandon raised his voice and broke a toilet seat by slamming it down. The CN immediately responded when called and worked on-site with Brandon and the employer to engage in problem solving and planning for future similar frustrating incidents. Since they mapped out a plan for Brandon to find his supervisor when he is frustrated, there have been no further significant issues, and he has now been employed for more than eight months.
Case Scenario 2 | Tips |

1. It is essential to take the time to build trust with the candidate. In Brandon’s case, this took quite a while, due to the role Brandon’s mother had as his financial guardian and Brandon’s desire to be an independent adult. In this case, the CN had to engage both the candidate and the mother to achieve an employment outcome.

2. Discuss the benefits of disclosure of a disability with the candidate. In Brandon’s case, it opened the door for the CN to be able to accompany the candidate on the job interview to help support him and translate his strengths. Disclosure allowed the CN to educate the employer before the interview about ASD-related behaviors that may be observed and how best to interact with Brandon. It was important for the employer to understand Brandon’s concerns related to his identity as gender non-conforming and worries about discrimination and harassment, his need for concise, clear, and literal directions, and that apparent argumentativeness is likely due to literal thinking.

3. The CN needs to have a keen awareness of the candidate’s fears, anxieties, and communication styles before sending him to a job interview.

4. It is crucial for the CN to accompany a candidate during workplace orientation whenever possible. This participation ensures that misunderstandings can be cleared up before they snowball. It also helps reduce the candidate’s anxiety as a new employee.

5. The CN must be available to assist Brandon with calling out when sick or communicating about being late, changing scheduled hours or job description clarification, or with HR/payroll concerns, such as incorrectly completing a timesheet.
Knowing When It’s Not a Good Job Match

This vignette illustrates the difficulties many individuals experience acclimating to their first full-time job. This participant had difficulty sustaining motivation over time, regularizing his schedule to ensure adequate sleep, and managing alternating cycles of being busy or bored at work.

Candidate Profile

Charles is a 25-year-old cisgender man who came to MJI with three years of job experience and some gaps in employment. He has a high school diploma and attended college, but dropped out during the first semester.

Family

Charles is the eldest of four siblings and lives at home with his parents and three sisters.

Preferences for Employment

- Does not want to work 2nd or 3rd shift
- Public transportation accessibility
- Wants to work full-time
**Strengths**

- High computer literacy
- Wants to stay busy
- Bright
- Friendly with peers

**Challenges**

- Fidgety
- Wanderer
- Addicted to smartphone
- Swearing
- Poor understanding of social norms and implicit rules of social behavior
- Rigid, literal thinking
- Rule-governed behaviors
- Executive functioning issues (time management, impulsivity)
- Poor spatial awareness (clumsy)
- Defiant with limit-setting by others
- Argumentative

**Medical**

- No known issues

**Mental Health**

- Attention deficit hyperactivity disorder (ADHD)
- Anxiety
- Periodic angry outbursts
- Smoked marijuana to manage anxiety
- Perseverative
- Not medication adherent
MJI Participation

Charles attended most sessions while he was enrolled. He engaged in training in behavioral interviewing, anxiety management, personal hygiene, social skills, Job Test Prep, and professional relationship building with the MHC. Once he completed his cover letter and résumé, the CN assisted Charles with the job search.

Charles was quite personable and social during the group-based portion of the training. He initiated conversation occasionally and offered thoughtful comments to peers at times. Charles behaved differently with the CN and MHC. With the CN he could be more argumentative, demanding, and immature. With the MHC, he behaved more maturely, responded well to clear limit-setting, and was more agreeable. His anxiety increased before interviews and appeared to be triggered by anticipated negative judgments by others. His response to perceived slights was to become disagreeable and question the other’s authority. This tendency led to significant problems on the job, as seen below.

Interview and Medical Review

The CN had already established a relationship with the employer during her outreach and networking efforts. Charles was invited for an interview the same day he submitted his online application.

In preparation for the interview, the CN coached Charles on specific issues: selecting appropriate attire, a reminder to turn off his smartphone and keep it in his pocket, and how to talk about previously difficult situations, jobs, or people without swearing. It was suggested to Charles that he use specific and concrete examples (e.g., a previous job was not the right match for him, or a could not give him enough hours, rather than “my supervisor was an a------.”).

The CN accompanied Charles on the interview with two hiring managers. The interview went well, and they hired him for a full-time picker and packer position for their e-commerce business. Charles asked if he could start three weeks from that day so that he could give his notice at his current job and take his already planned vacation with his parents. The manager agreed and voiced his admiration for Charles communicating his request and for being professional about wanting to give standard notice to his current employer.

Onboarding went smoothly.

Job Outcome

Charles was hired for a full-time Picker and Packer position for the e-commerce business.
Challenges on the Job

The CN job-coached Charles during his first week of work as he learned his new position as a picker and packer. Charles left his phone in his pocket on silent and learned the tasks quickly. He let the CN know when he felt he could work independently and did not need the CN on-site any more. Problems developed rapidly in several areas.

Charles’s difficulty understanding implicit social rules led to conflict with another employee, and his inability to stop perseverating on the incident led to a cascade of situations that required the CN’s intervention with both Charles and the employer. Charles called out a senior employee for a rules violation in an open meeting with management, and it turned out the employee had an accommodation for a disability. The employee confronted Charles and then later apologized. When Charles’s repeated (perseverative) attempts to approach the employee later to rehash the issue were dismissed, Charles began to engage in disruptive and unprofessional behaviors (e.g., stamping his feet when rebuffed, walking past the person and muttering “I know you’re still mad.”). When a supervisor intervened, Charles stated that he was trying to help the person feel better.

Charles struggled to focus on his job. He was repeatedly caught hiding in hazardous areas, as well as in the break room. Charles was also found using his phone, violating company policy. Charles agreed to leave his phone in the office, but then forgot and would get caught using it. Rigid thinking also posed a problem, as Charles perseverated on others’ apparent rule violations, rather than getting his work done.

Time management was an issue, as Charles took extended breaks, arrived late, and left early. Charles’s excuses were that he was tired and that his back hurt, but this occurred only at work. Management offered to reduce his hours, but he refused because he did not want to lose income.

The CN arranged two team meetings with Charles’s parents and a vocational counselor to support and assist Charles to retain his full-time position. They agreed that Charles would work on executive functioning issues with his current therapist by attending all scheduled appointments, and they would find a community-based ABA provider to help Charles with improving social skills, reducing perseveration, increasing flexibility, and staying task-focused at work.

During the first meeting, Charles decided that full-time employment was not sustainable for him at this time and made the decision to cut his hours down from Monday to Friday 8 am- 4 pm to Monday through Thursday 8 am- 3 pm. At the second meeting, a month later, Charles decided to give two weeks’ notice because he did not feel that the job was a good job match at this time, and he wanted to work on improving himself. He was employed for just over three months.

Case Scenario 3 | Tips |

1. It is essential to spend time in the workplace with an individual to observe him in a real work environment. In Charles’s case, he presented well in training; it was not until he was on the job that significant problems arose.

2. Discuss the benefits of disclosure with the candidate. Disclosure opens the door for the CN to be able to accompany the candidate on the job interview to help support him on the job and translate his strengths. Disclosure allows the CN to educate the employer, so they know what to expect. In Charles’s case, she could identify the language and behavioral signs of anxiety that might require intervention to prevent escalation. When Charles is confused about directions, he may become irritable, evasive, and rude. Rather than ask for clarification, he may become argumentative and challenge authority.

3. The CN had to be available to assist Charles and/or his employer when issues on the job came up.

4. Consistent and regular re-evaluation of the job, the employee, and the fit are necessary. At times, it may be required to re-evaluate the candidate’s job-readiness across several dimensions, including hard job skills, executive functioning skills such as attentional control and time management, and life functioning/activities of daily living skills such as sleep regularity.
David is a 22-year-old cisgender man who is deaf but has cochlear implants that allow him to hear. He does not know American Sign Language. David has a high school diploma and five years of internship experience in the medical records field, but no employment history. He had lived at a specialized residential school for six years before graduation, when he moved into a group home.

Candidate Profile

David’s family is supportive and wants him to be independent.

Preferences for Employment

- Only wants medical records or data entry positions
- Wants to work close to home
- Employment has to be accessible by public transportation
- Will not work in areas depicted in media as having a high crime rate
- Does not want a job that includes customer service

Discovery and Mock Interview Training Seals the Deal

This vignette illustrates the benefits of disclosure with employers and prospective employers, the importance of post-hoc analysis of interviews and interactions, and the importance of authentic mock interviews with actual potential employers. It also demonstrates the importance of CBT in addressing automatic thoughts and underlying assumptions so that participants can lower their anxiety enough to succeed.
**Strengths**

- Well-educated, knowledgeable
- Empathetic
- Sociable, friendly, warm disposition
- Frequently initiates interactions with staff and peers
- Extremely well-versed in areas of preferred interests (genealogy, travel, historical sites)

**Challenges**

- Must stay busy and kept engaged or he falls asleep
- Attention fails unless the topic is about a preferred interest or is directly engaged
- Unusual vocal timbre and prosody
- Repetitive verbal behaviors (echolalic)
- Perseverative
- Unusual eye contact (avoids or stares unblinkingly)
- Splintered cognitive skills profile
- Immediately responds to a question with an answer he thinks the asker is looking for; results in frequently contradicting himself if a question is repeated or a similar/related issue comes up later
- Smartphone addiction
- Poor boundaries (looks over others’ shoulders at what they are writing or looking at on their phone/computers)

**Medical**

- Deafness; double cochlear implants
- Asymmetrical gait
- Strabismus
- Other medical issues
- Daytime sleepiness

**Mental Health**

- Anxiety and related picking behaviors (nose-picking, lip-picking)
- Incongruent speech content and affect
- Mild-moderate attachment issues (adopted from Russia by an American couple)
**MJI Participation**

David attended most scheduled sessions while he was enrolled. He engaged in training in behavioral interviewing, anxiety management, personal hygiene, social skills, Job Test Prep and professional relationship building, resume building, cover letter writing, and job searching.

David was sociable and had an upbeat and gregarious personality, but he had difficulty understanding social interactions and had not mastered some fundamental social skills. He tended to interrupt others and often attempted to change the topic to something he was perseverating on. Sometimes this was a preferred interest, but often it related to traumatic experiences (bullying and discrimination by teachers) from his childhood. When this was pointed out to him, he usually engaged in echolalia, repeating aloud self-talk he had been taught at some point previously. One effective intervention was to have him raise his hand or signal with a raised finger that he had something to say. Another was to remind him about appropriate conversation skills and permit him to stop speaking mid-sentence when he realized that he was talking too much. This intervention allowed him to improve his self-monitoring skills and stop talking when he realized his mistake. Over time, he was able to stop himself earlier and earlier after he interrupted someone.

David usually answered a question without hesitation, but then changed his answer if the question was repeated or the topic arose later in the conversation. According to his report, he was anxious about making others angry or displeasing them in some way. A very effective intervention was to have him pause for five seconds before responding. This interaction resulted in much more consistent answers from him and less hypervigilance to the reactions of others.

To address David’s anxious picking behaviors and to be able to observe him in a work setting, the CN arranged for him to have a brief internship in another program in the agency. The CN and David’s managers and coworkers found that if David was busy, picking behaviors and sleepiness did not occur. When he was idle, he engaged in lip- and nose-picking and fingernail biting, or would fall asleep. Self-monitoring, monitoring by others, and redirection were ineffective at stopping the behaviors when he was idle and picking. However, squeezing a stress ball helped him mitigate inappropriate behaviors during idle time, and taking notes during meetings prevented him from falling asleep.

**Challenges with Job Development**

David was very committed to the job search and applied to 60 jobs. He had six in-person interviews and had four Skype/phone interviews. Because they did not result in offers, the CN had to do some troubleshooting to determine what skills to target to help David succeed (see below).

**Interview and Medical Review**

David had several phone and Skype interviews that led to in-person interviews that he attended without the CN, but none resulted in a job offer. The CN’s first strategy to address this issue was to have David participate in additional mock interviews with both the CN and other staff in the building with whom David was unfamiliar. However, this yielded no additional insights, as David reportedly performed well. The CN then implemented a more successful strategy: she asked companies with whom she had good relationships to conduct mock interviews with David and then provide feedback. Observed behaviors included yawning, stuttering, engaging in repetitive verbal behaviors, and not demonstrating active listening.

The CN then engaged in direct teaching with David to cover topics including: how to demonstrate active listening (reflective listening, nodding, etc.), waiting five seconds before responding to ensure his response was on-topic; and how to remain and appear alert. This intervention lasted about one month.

David eventually disclosed that he was much more anxious and nervous during interviews than he had initially reported. He felt pressured to perform flawlessly. He also made some assumptions about his behaviors that seriously
impeded his ability to do well in interviews. For example, he thought that asking questions for clarification would make the interviewer believe he was “stupid.” Anxiety made it difficult for David to think clearly. He also had processing speed challenges and difficulty handling much new information at once, which meant that he needed a few more seconds than the average person to answer questions.

During the month after the mock interview feedback, David attended the anxiety management training group where staff focused on addressing his underlying assumptions (i.e., others will think I’m stupid or won’t like me), engaging in cognitive reframing, and practicing waiting five seconds to respond.

When David was invited to his next interview, the CN attended with him (with permission from him and the company). He was interviewed by four managers together. The CN had to step in several times to educate the interviewers about limiting the amount of information they communicated at once. At times she had to use specific questions with David to help him regain focus and answer questions. She educated the interviewers about working with someone with ASD (e.g., giving instructions one at a time would enable David to multitask later). She was also able to attest to his ability to learn quickly.

David received a job offer in less than a week.

**Job Outcome**

David was hired for his self-proclaimed “dream job” as a full-time Digital Imaging Analyst II for one of the largest healthcare providers in eastern Massachusetts. He worked with the electronic health records, primarily scanning documents into patient charts.

### Case Scenario 4 | Tips |

1. It is essential to take the time to build a relationship with the candidate and his team. Cultivating a good relationship with David’s parents to educate them about the program and let David maximize his independence, even though they disagreed with some strategies. This proved to be instrumental in maintaining their support for David throughout the program.

2. Regardless of how long a candidate remains in the program, continue to observe him. In David’s case, many of his anxious behaviors (e.g., picking) and social challenges (e.g., trying to please others resulting in problematic responses) took several weeks to become apparent.

3. Don’t give up! Keep the candidate positive and optimistic, especially when he is applying to many jobs.

4. Discuss the benefits of disclosure with the candidate. This disclosure may allow the CN to accompany the candidate on the job interviews, help give support on the job, and translate his strengths with employers. Disclosure enables the CN to educate the employer about what to expect when interacting with someone with ASD.

5. The CN should have a keen awareness of the candidate’s fears, anxieties, and communication styles before sending him to a job interview.

6. The CN may need to accompany the candidate to the new job orientation. In David’s case, this helped ensure he understood and learned the information he needed for the new job.

7. The CN must be available to assist the candidate in acclimating to the new work environment, including new people and new tasks. It also involves educating supervisors and co-workers and demonstrating best practices for interacting with the candidate, especially during awkward social situations.
Eric is a 22-year-old cisgender man who has a diagnosis of ASD. He has a high school diploma. Eric came to MJI with four months of job experience. He received SSI and SSDI during his years of unemployment. Eric was referred to MJI by his CN. He presented very well and was eager to find employment, but unsure of exactly what it was that he wanted to do for work. He had been through a couple of trainings at his mother’s direction.

5. Engaging Family to Support Independence

This vignette illustrates the importance of the CN in helping a candidate find his interests and have a voice in his choice of jobs, and helping him establish some degree of autonomy within the bounds of being under full guardianship of his mother.

Candidate Profile

Eric is a 22-year-old cisgender man who has a diagnosis of ASD. He has a high school diploma. Eric came to MJI with four months of job experience. He received SSI and SSDI during his years of unemployment. Eric was referred to MJI by his CN. He presented very well and was eager to find employment, but unsure of exactly what it was that he wanted to do for work. He had been through a couple of trainings at his mother’s direction.

Family

Eric is not his own guardian and lives with his mother, who manages every aspect of his day-to-day life. His father passed away, and he is an only child.

Preferences for Employment

- Wants to work with his hands
- Part-time
- Accessible by public transportation
- Not cleaning/housekeeping
**Challenges**

- Mother has full guardianship
- Will not make a decision without his mother’s input
- Mother had strong preferences for the types of jobs she thought he should have
- Overly trusting of others
- Difficulty with speech articulation at times
- Problem with multitasking
- Difficulty following multistep directions

**Strengths**

- Eager to find employment; highly motivated
- Friendly
- Presents well

**Medical**

- Not disclosed

**Mental Health**

- Anxiety
MJI Participation

Eric attended most scheduled sessions while he was enrolled. He engaged in training in behavioral interviewing, anxiety and stress management, personal hygiene, social skills, Job Test Prep, and professional relationship building. Once he completed his cover letter and résumé, the CN assisted him with the job search.

Interview Challenge and Medical Review

With assistance from the CN, Eric searched for jobs and applied to several companies involved with food preparation and safety. His search in those areas appeared to be at the direction of his mother. Eric said that his mother would like him to work in a kitchen because he had training in that field. The CN assisted him in researching job descriptions to ensure that he understood both the explicit and implicit meanings of phrasing. She also helped him consider the type of work environment to which he would be applying (fast-paced, stressful, demanding).

Because Eric was adamant about not wanting a job that involved cleaning, the CN made sure to explain clearly that all food preparation positions include a considerable amount of cleaning and sanitizing. Once he understood this, Eric began to consider jobs that overlapped with his previous volunteer experience, such as packaging, assembling, photography, and technology.

However, when the CN realized that Eric was not especially interested in those jobs, she explicitly told him that he needed to find a job that he will enjoy doing every day for several hours. Once he considered this, Eric began to apply to jobs with descriptions that he appeared to not only like, but that he had enjoyed doing previously. This orientation resulted in his applying for an inventory control position. He was invited for an interview.

The CN accompanied Eric to the interview. She was able to coach the employer to ask one question at a time and wait for a response. She also communicated that Eric could take up to eight seconds to answer a question, to prevent them from misinterpreting his behavior as inattentive, unmotivated, or unintelligent. These types of disclosure helped the interview go well. For example, when asked by the employer what accommodations he would require to be successful, Eric responded, “if you could write down directions to new tasks, I would like that.” The employer was not taken aback and made Eric a job offer.

The CN clarified the process of on-boarding by explaining that the medical review determines healthy mental and physical capability.

Job Outcome

Eric started work at an auto parts dealer as Packer and Shipper in the e-commerce division.

Challenges on the Job

Once Eric began the job, the CN worked on-site with him for job coaching. Some communication issues arose when his mother called the employer instead of the CN on various matters. Because the CN had coached the employer while on-site, they anticipated that this issue might come up and knew to refer the topic to the CN.
Case Scenario 5 | Tips |

1. It is essential to take the time to build trust with the candidate and his guardian. In Eric’s case, he needed the CN to communicate all decisions with his guardian. The guardian had to entrust the CN with setting up his schedule and allow communication between Eric and his supervisor to take place with assistance from the CN.

2. Discuss the benefits of disclosure with the candidate. Disclosure opens the door for the CN to be able to accompany the candidate on the job interview to help support him and translate his strengths and accommodations when needed. Disclosure allows the CN to educate the employer before the interview, so they know what to expect. In Eric’s case, the CN was able to educate the employer regarding ASD-related behaviors that will be observed. For example, she could identify anxiety-related language and behaviors that might require her intervention; assist the employer in being direct, concise, and concrete in giving directions; and remind the employer to try to provide all instructions both verbally and in writing.

3. The CN needs to have a keen awareness of the candidate’s fears, anxieties, and communication styles before sending him to a job interview.

4. The CN is available to assist Eric with calling out when sick, changing schedule for appointments, communicating about being late, dealing with HR concerns. She also must be responsive to the guardian to help reinforce her reaching out to the CN and not the employer if problems arise.

5. The CN was available on site during orientation and onboarding to help reduce the new employee’s anxiety and assist with communicating with supervisors and other staff.
6. **When Determination Gets You Your Dream Job**

This vignette illustrates how to work with a participant who is very motivated and knows exactly what job he wants, but who has some unusual social behaviors that need to be addressed for him to pass an interview and maintain employment long term.

**Candidate Profile**

Gabe is a 28-year-old man who has a diagnosis of ASD. He has a Bachelor of Science degree. He came to MJI with less than two years of job experience between 2010 and 2018. He has prior work experience at a U.S. Post Office as a seasonal package and mail sorter. Gabe has a driver’s license and owns his vehicle. He was referred to MJI by his Vocational Counselor.

**Family**

He lives with his parents and has a complicated relationship with his father.

**Preferences for Employment**

- Wants a “real” job, not a “remedial” one
- Work within 20 miles of home
- State or federal job
**Strengths**
- Friendly
- Thoughtful
- Bright
- Has hobbies/interests

**Challenges**
- Shy
- Described as having a "creepy stare"

**Medical**
- Unremarkable

**Mental Health**
- Anxiety
MJI Participation

Gabe attended most scheduled sessions while he was enrolled. He engaged in training in behavioral interviewing, anxiety management, personal hygiene, social skills, professional relationship building, and Job Test Prep. Gabe also attended several job fairs. Once he completed his cover letter and résumé, the CN assisted him with the job search.

Gabe reported that meditation and CBT helped him the most with preventing and managing his anxiety. Additionally, he benefited from direct instruction and supervised practice about appropriate eye contact. Social skills instruction occurred during both the behavioral interviewing and anxiety management groups, when participants were taught which parts of the face to observe for non-verbal cues, how to scan a face, and how frequently to scan a face. Participants were also trained to blink more or less often, depending on any one person’s specific habits, and to periodically change their facial expression to be congruent with either the content of their speech or that of their conversation partner. The CN repeated these exercises individually with Gabe to help improve his social impact and reduce the intensity and frequency of his extended gaze, which made others uncomfortable.

Interview Challenge and Medical Review

Gabe applied to the U.S. Post Office online through a job fair hosted by Work Inc., in the spring. Over the summer, the Post Office contacted him and he passed their assessment. They then scheduled an interview with him. Because he had completed on-site MJI training and lived far from MJI, the CN supported Gabe by phone in preparing for the interview and reminding him of his anxiety coping skills. Gabe received a job offer from the U.S. Post Office to begin in September as a Parcel Service Clerk.

Job Outcome

One month later, he was offered to train for a Window Clerk position. He passed the test and was hired for the job, a full-time permanent position at a high pay rate and with full benefits.

Challenges on the Job

Gabe transitioned relatively quickly into his new job. His biggest challenge was learning how to modulate his eye contact with others to prevent making them uncomfortable when conversing. The CN worked with him individually on this several times and gave him feedback, which was successful in improving his social impact.
Case Scenario 6 | Tips |

1. It is essential to take the time to build trust with the candidate. In Gabe’s case, this took a lot less time, due to his eagerness to do well and his motivation to learn.

2. Discuss the benefits of disclosure with the candidate. Disclosure opens the door for the CN to be able to accompany the candidate on the job interview to help support him and translate his strengths. Disclosure allows the CN to educate the employer before the interview, so they know what to expect. In Gabe’s case, the CN was able to educate the employer regarding ASD-related behaviors specific to him. For example, speech should be direct, concise, and concrete. Anxiousness or irritability on Gabe’s part is an indication that he is confused about tasks or overwhelmed by too much information given at once. Gabe takes things literally and may appear argumentative because he has not understood the colloquial or implicit meaning the employer tried to convey. Because Gabe has unusual eye contact, a very reduced blink rate, and an inexpressive face during conversations, his conversation partner may feel uncomfortable. Gabe is working on changing these behaviors. The CN advised the employer to pay more attention to what Gabe says instead of how he says it to get a sense of Gabe’s perspective and knowledge.

3. The CN needs to have a keen awareness of the candidate’s fears, anxieties, and communication styles before sending him to a job interview.

4. The CN was available to assist Gabe on the job when needed.
7. Changes in Employer Personnel

This vignette highlights several challenges that are common to many participants. These include a) untreated very high anxiety that interferes with the individual’s ability to leave the house or, once at work, perform adequately; b) undisclosed or undiagnosed learning disabilities including visual perception or processing problems; c) moderate-severe untreated ADHD; d) a learning history characterized by giving up in the face of difficulty/need for increased effort/challenge; and e) inadequate/lack of evidence-based training in the use of adaptive strategies to compensate for areas of low ability or functioning.

Candidate Profile

Jaden is a 21-year-old cisgender man who has a diagnosis of ASD. He has completed some college coursework but did not graduate. He came to MJI with some job experience before attending college. He does not currently receive benefits from the state or federal governments. Jaden was referred to MJI by his Vocational Counselor.

Family

He lives with family members who are very supportive.

Preferences for Employment

- Wants to work in the security sector
- No shift preferences
- No commuting preference
- Wants to stay busy on the job
**Strengths**

- Has a driver’s license
- Owns his car
- Family is supportive
- Presents well
- Performs exceptionally well during interviews
- Motivated to earn money
- Has hobbies/interests

**Challenges**

- Smokes marijuana frequently
- Difficulty with attendance due to high anxiety
- Problems with time management
- Consistent tardiness
- Difficulty with math and reading comprehension
- Undiagnosed/undisclosed visual processing difficulties

**Medical**

- Sleep onset insomnia
- Difficulty waking

**Mental Health**

- Generalized Anxiety Disorder
- Social Anxiety Disorder
- ADHD
- Learning disabilities
- Smokes medical marijuana frequently to manage anxiety
- Refuses outside treatment for anxiety
MJI Participation

Jaden began the program with good attendance but within a few weeks had started to no-show or cancel due to anxiety. He engaged in training in behavioral interviewing, anxiety management, personal hygiene, social skills, Job Test Prep, and professional relationship building. Once he completed his cover letter and résumé, the CN assisted him with the job search.

He presented well and did not appear to be nervous during intake or for the first two weeks of class. He said that he was eager to find work and was interested in TSA. He began Job Test Prep but abandoned his pursuit of working for the TSA after a few weeks due to his stress around taking the exam.

During the training, he listened well in groups. He needed encouragement to speak up due to his shyness, but over time he became more open about his shyness. He was thoughtful and respectful of others and had a friendly demeanor with relatively well-modulated eye contact. He was quite open about his anxiety and responded well to CBT reframing training. However, because he often skipped the training due to his anxiety, he was not able to benefit as much as some other participants. His stress was reinforced by his avoidant behavior.

Challenges with Job Development

Due to the security clearances needed for getting access to Logan Airport, the CN was not able to preview the work site or engage in job coaching with Jaden in real time. She had to rely on the manager to give her a description of the work environment, but it was from the perspective of someone who is neurotypical. While the CN was able to verbally screen Jaden for his ability to work in a loud or crowded workplace, she was not able to screen the job tasks or workflow herself and therefore could not help determine ahead of time if Jaden would have been likely to succeed at the job.

During a possible employment opportunity in home renovation/construction, Jaden was able to go with the CN to job shadow one day a week for four hours. Several issues arose during this period. First, the CN observed that he was late every time and that he was having difficulty following directions and completing tasks after one hour of work. Second, he would lose focus and begin worrying about things that were out of his control. Third, he would wait until the CN left to ask the owner to leave early.

A visual perception/processing problem was discovered during this time as well. The CN, another job coach, and the owner attempted to train Jaden to sort new, suitable screws from damaged ones. Despite repeated attempts and extensive training, he was not able to consistently differentiate suitable from damaged screws.

Additionally, when the CN asked if Jaden liked the job, he would say initially say “Yes!” He appeared to change his mind over time. First, he wanted to work there full-time, then just a few days a week, and then he wanted to be able to just come in when he felt like it: “Do you think, I can just come in when I want?” He did not want to commit to a set schedule. He ultimately chose to discontinue the job shadow and job search.

Interview and Medical Review

Jaden benefited directly from the CN’s success at establishing relationships with employers looking to hire new staff. She was able to work with the employer to set a time for Jaden to tour a portion of the facility. This tour piqued Jaden’s interest, and an interview was scheduled at MJI training site. The CN was able to arrange for the employer to give MJI staff and participants a presentation about the company to generate interest in working there.

Jaden was hired immediately following the interview. He was then scheduled for an extensive background check, drug test, and orientation. He was concerned about the drug test due to his use of medical marijuana. With assistance from the CN, he communicated this to the manager who waived the drug test for him.

The CN accompanied Jaden to his first day of orientation, during which he completed the on-boarding process. Once the background check was approved, Jaden was notified of his start date and schedule. He was hired for a full-time evening position with the understanding that he might have to stay longer at times due to flight delays. Jaden appeared to understand and agreed.
Due to security at Logan Airport, on-site job coaching by the CN was strictly limited and most of the work area was off-limits to all but approved employees. Fortunately, all new employees were given a 1:1 mentor for the first full 10 days of employment. The manager and CN agreed to speak weekly via phone or email to monitor Jaden’s progress on the job. After he was 30 days on the job, the manager and CN began monthly check-ins. Once he was there three months, communication was reduced to as needed with the employer. The CN and Jaden maintained weekly check-ins by phone and engaged in problem solving around issues as they arose.

Problems with job performance began at around 90 days. Jaden’s challenges were primarily around procedures and attendance: tardiness, calling out too close to start time (not following the required four-hour prior-to-start-time policy), and coming back from lunch break late.

With Jaden’s consent, the CN had several meetings with the manager regarding his performance issues. They discussed how his anxiety negatively impacted his ability to adhere to the four-hour rule (avoidance behaviors). The employer agreed to let Jaden call the CN about being out (as he would be able to do so with less anxiety) and the CN would relay the call to the manager. Jaden understood that he would make up the time he was late to work and from lunch break at the end of his shift. Concerning his overall job performance, the manager customized his job based on his strengths and removed him from areas that were difficult for him even after extensive retraining.

After six months on the job, Jaden’s manager left the company and communication between the employer and the CN stopped. The CN was unable to reach a manager or supervisor because several people were temporarily sharing the role until it was filled. During this time, Jaden let the CN know things were going well for him. A new manager was appointed after two months. He was new to Jaden because he had been promoted from within and Jaden had worked with him. The CN and the new manager scheduled a meeting with Jaden to discuss supports for him. The manager stated that Jaden’s attendance and job performance were issues that were causing problems with other employees who viewed accommodations made for him as favoritism. The CN learned how extensive the issues were when the manager showed the CN that Jaden had several no-call-no-shows, numerous call-outs, and excessive tardiness.

The CN followed up with Jaden afterward to assist him in developing more effective time management skills, such as setting alarms/reminders on his phone, utilizing the notepad app on his phone to remind him of his schedule, and using his calendar to set notifications for his work schedule. Jaden stated that none of it would work because he has no sense of time and he would ignore the alarms. He stated that it took so long for his anxiety to lower before work that he could not commit to being on time. He also said that he had always struggled with schedules. When the CN asked Jaden’s father for assistance, he stated, “It’s a battle every day... Jaden has struggled with time during his whole life. Being on time and even going to school was always an issue.”

The CN continued to communicate with the manager, who was realistic with his expectations. He would be patient, but expected that Jaden would try to do better each week and gradually improve. Taking a problem-solving approach, the CN worked with Jaden to develop a list of concrete steps he could take to improve. Because of his long history of failures with respect to timeliness and feeling that any effort would be in vain, Jaden did not want to try. He gave his two-weeks’ notice. However, he decided not to report to work for those two weeks, and so his last day at work was in mid-January 2019.

**Job Outcome**

Jaden started work as a Security Guard working 40+ hours per week with full benefits (health, life insurance, 401k, vacation and sick), and use of a company vehicle and fuel.
Case Scenario 7 | Tips |

1. It is essential to take the time to build trust with the candidate. In Jaden’s case, this appeared to happen quickly.

2. Discuss the benefits of disclosure with the candidate. Disclosure opens the door for the CN to be able to accompany the candidate on the job interview to help support him and translate his strengths.

3. Disclosure allows the CN to educate the employer before the interview, so they know what to expect. In Jaden’s case, the CN was able to inform the employer regarding ASD or anxiety-related behaviors that might occur during the interview.

4. The CN needs to have a keen awareness of the candidate’s fears, anxieties, and communication styles before sending him to a job interview. In this case, Jaden’s difficulty attending the on-site MJI training consistently due to anxiety predicted that he would have similar struggles on the job. He did well for the first month, but his attendance and performance declined markedly over time.

5. The CN always had to be available to assist Jaden with calling out or communicating about being late or other issues.

6. If participants are struggling with severe anxiety, it is essential to provide them with referrals to mental health providers. Even if they do not follow up immediately, repeated referrals for treatment may ultimately be followed in the future.
8. How to Handle an Unforeseen Situation

This vignette illustrates how to help a candidate prioritize his own needs and adjust his goals accordingly. Many young adults with ASD smoke marijuana regularly, often to help decrease anxiety. Their smoking makes them ineligible for many security jobs, especially jobs offered by state or federal governments or their contractors and subcontractors. Another challenge for many individuals with ASD is knowing when and what to communicate to others, particularly employers, job coaches, etc. They often need assistance identifying whom they can lean on for help and support, as well as a mediator between them and potential supports to help devise solutions to unexpected problems or crises. This vignette also illustrates the importance of the integrated clinical and vocational approach in assisting participants to manage their anxiety during the job search and employment phases.

Candidate Profile

Kevin is a 27-year-old man who has a diagnosis of ASD. He is HVAC Certified from an accredited technical school. He came to MJI with five years of work experience with no gaps. Kevin lives in his apartment, has a driver’s license and possesses his own vehicle. All his work experience has been as a laborer. He was referred to MJI by a community member.

Family

Kevin has a strong relationship with his parents, with whom he maintains regular communication and sees often. They live in a nearby town.

Preferences for Employment

- Wants to work for TSA or another security company
- No overnights
- Wants to move closer to the Boston area
- Minimal interaction with the general public
- Wants to stay busy with little downtime
Challenges

- Social communication difficulties
- Poor personal hygiene (disheveled)

Strengths

- Solid work history
- Loves animals and likes to work with them
- Excellent insight/self-knowledge
- Highly motivated

Medical

- Smokes cigarettes

Mental Health

- Anxiety; stutters when anxious
- Smokes marijuana regularly
MJI Participation

Kevin attended most scheduled sessions while he was enrolled. He engaged in training in behavioral interviewing, anxiety management, personal hygiene, social skills, and professional relationship building. Once he completed his cover letter and résumé, the CN assisted him with the job search.

Kevin disclosed that he had significant anxiety during the training. He had some difficulty following through on independent practice of skills, but during the sessions, he participated well and was able to follow the steps of CBT reframing and problem solving with no difficulties. The CN followed up with him 1:1 to remind him to use his skills to help lower his anxiety.

He initially presented as disheveled. The CN spent significant time training Kevin on several aspects of personal hygiene, which he was able to follow through with on his own after a while.

Kevin showed interest in several jobs during the job search. As he explored the job descriptions, he was very aware of what he liked and thought he could do based on his strengths and challenges. Kevin was initially interested in TSA but did not want to stop smoking marijuana. His smoking meant that he could not apply to a job with TSA but could consider other security firms that did not do pre-screening drug tests.

When a job opened in a warehouse that required the use and knowledge of motorized vehicles (forklifts and power-jacks), he applied. He and the CN met with the employer for a tour and job-shadowed the position of interest. The CN had previously met with this employer.

Interview and Medical Review

Kevin wanted the CN to attend the interview with him because of his anxiety around novel situations. He also permitted the CN to disclose some of his challenges. She was able to speak with the employer ahead of time to let him know that Kevin often took things literally, so it was best to be concise, clear, and direct when speaking with him and to avoid joking around with him until the employer knew him well. She also coached the employer to give Kevin extra time to respond, as he could become quiet and appear confused when he was overwhelmed. He recognized that when he felt uncomfortable, he tended to stutter and was unable to speak about his strengths. When he was unsure how to answer a question, he looked to the CN who prompted him to respond precisely as she had practiced with her. He was able to follow this prompt successfully. When he was asked an unexpected question about the commuting distance, he was able to respond with support from the CN.

Kevin was offered a job at the end of the interview. He was very grateful, said thank you several times and asked to start the next day. The employer was happy that Kevin was motivated to begin but explained that they had to complete the background and medical check-up first. He could start as soon as the documentation was approved and he had attended orientation.

The next step was the on-boarding process which included a medical review. Kevin completed the process without any concerns. He was initially concerned about the drug test due to his marijuana use, but the CN was able to assure him that they did not test for that as she had inquired before the interview.

Job Outcome

He started work at a local company as an Inventory Control Associate working 40 hours per week with full benefits (health, life insurance, 401K, vacation and sick).
Challenges on the Job

Kevin was involved in an incident that almost caused him to lose his job. He had been on the job for over 90 days when he was in an automobile accident on his way to work. Kevin had let his insurance lapse and, because he had a previous violation, his license was suspended. He did not show up to work or call to let them know what happened, nor did he notify the CN. His employer reached out to the CN because he was concerned about the unusual behavior since Kevin never missed a day nor was he ever late. When CN reached out to Kevin, he told her about the accident. He stated he was feeling bad about the whole thing and did not know how to tell anyone. The CN relayed the information to the employer, who gave Kevin a week off to get his affairs in order. Although Kevin was fine physically, he said that he was despondent because his car was totaled, he was in trouble, and he no longer was able to drive. The CN worked with Kevin’s parents to figure out how he could get to work since he lived 45 minutes away by vehicle with no public transportation option. They suggested that Kevin stay at their home during the week, which had good public transportation accessibility. On the weekends, he would go home to his place and begin the search for a closer residence. This solution enabled Kevin to return to work after the week was up.

Case Scenario 8 | Tips |

1. It is essential to take the time to build trust with the candidate. In Kevin’s case, this happened quickly as a result of taking the time to listen to him.

2. Discuss the benefits of disclosure with the candidate. Disclosure opens the door for the CN to be able to accompany the candidate on the job interview to help support him and translate his strengths. Disclosure allows the CN to educate the employer before the interview, so they know what to expect. In Kevin’s case, the CN was able to educate the employer regarding ASD- and anxiety-related behaviors that may occur during the interview or employment. For example, Kevin may appear annoyed when others use non-literal language or joke around, as he tends to be a very literal thinker.

3. The CN needs to have a keen awareness of the candidate’s fears, anxieties, and communication styles before sending him to a job interview. The information regarding marijuana use was crucial in helping Kevin focus his job search and not waste his time applying and interviewing for jobs that would disqualify him based on his marijuana use.

4. The CN must always be available to assist Kevin with communicating with his employer when unexpected events occur.

5. The CN had to accompany Kevin to orientation and be available on-site more frequently when he began his job to help him navigate the new environment and deal with new people.
Coping with Mental Illness

This vignette illustrates the challenges facing individuals with serious mental illness, especially in obtaining jobs with the TSA. The medical history criteria for the TSA effectively screen out anyone with: a history of psychiatric hospitalization, especially in the previous few years; any current bipolar disorder or psychotic disorder diagnosis; or ongoing use of mood stabilizing or antipsychotic medications. This vignette also demonstrates some of the challenges individuals with ASD face in maintaining employment when their ASD symptoms (poor social and societal understanding) intersect with symptoms of major mental illness (impulsivity, mood disorder, OCD symptoms). Additionally, this vignette illustrates the difficulties created for the participant when a parent continues to be overly involved in his day-to-day life and is unable to accept other viewpoints, including those based on scientifically proven methods.

Candidate Profile

Luke is a 28-year-old cisgender heterosexual man who has a diagnosis of ASD. He has a Bachelor of Science degree in Business Administration. He has 10 years of work experience in various jobs. He has left some jobs of his own accord, and has also been fired several times for not following policies and procedures or for severe rule-breaking. He came to MJi with interest in getting a job with the TSA. Luke has a driver’s license and owns his vehicle. He was referred to MJi by a supporter of WORK Inc.

Family

He had previously lived with a roommate and now lives with his sister. His parents are divorced. He gets along well with his father and identifies with him as a positive role model who understands him. His mother is an active advocate in his life and has difficulty with gradually relinquishing control over his decisions and activities of daily living so that he can learn to be independent.

Preferences for Employment

- Wants a state or federal job
- Wants to work close to home (shorter commute)
**Strengths**
- Bright
- History of full-time employment
- History of being able to hold down multiple jobs at once
- Wants to have friends and be social
- Wants a girlfriend
- Good insight

**Challenges**
- Difficulty with social skills
- History of stalking
- History of inappropriate use of the computer on the job (porn)
- History of theft on the job, due to impulsiveness and obsessions (restricted interests)
- History of inappropriate behavior with females on the job
- History of aggressiveness toward customers on the job
- History of disregarding company policies and procedures
- Conflict between his mother’s goals for him and his own goals

**Medical**
- Unremarkable

**Mental Health**
- Obsessive Compulsive Disorder
- Suspected bipolar disorder
- Prescribed mood-stabilizer/antipsychotic
- Hospitalized for a manic episode during participation in MJI
- Perseverative
MJI Participation

Luke attended most scheduled sessions while he was enrolled. He engaged in training in behavioral interviewing, anxiety management, personal hygiene, social skills, professional relationship building, and Job Test Prep. Once Luke completed his cover letter and resume, the CN assisted him with the job search. He had previously passed the TSA’s computer-based testing but subsequently failed the behavioral interview. His goal was to pass the interview to become a Transportation Security Officer (TSO).

When he first entered MJI, Luke presented as disheveled and nervous, wore dirty clothes, and was malodorous. His speech was pressured, perseverative, and characterized by the occasional derailment. He repeated himself often. He interrupted others very frequently. He stared unblinking at others, making them uncomfortable. He perseverated on past negative experiences at work, current negative experiences at work, his desire to have a sexual relationship with a woman, how his mother was overbearing, and how his ASD symptoms interfered with all his life goals. Over the course of several weeks, his symptoms grew worse. In discussion with the MHC, Luke disclosed that he had previously had mania and was prescribed Risperidone, but that he had stopped taking it on his own without letting his psychiatrist know. He was subsequently hospitalized for about one month.

He returned to MJI once he was stabilized on medication. He and his mother both denied that he had any history of bipolar disorder and his mother reported that he had been hospitalized for stress. This time he was better able to engage in the training and learn skills. He was especially responsive to direct instruction about how to engage in appropriate eye contact, how to change his facial expression while listening to others talk to show he was listening, and how to begin conversations with others without coming on too strong or becoming too personal too quickly. He was aware of his concrete and literal thinking and worked hard to learn to ask questions about what a speaker meant instead of arguing with them or correcting them. During group-based behavioral interview training, he learned both from direct feedback and feedback given to others. Nonetheless, he continued to have difficulty with perseveration, obsessions, and interrupting others, although at lower intensity and frequency than before his hospitalization.

The CN worked with him to improve his personal hygiene skills. She helped him compile a checklist of hygiene steps including steps involved in showering (use shampoo, soap), use of deodorant, and oral hygiene.

Challenges with Job Development

Luke had been fired from 10 jobs in the last seven years. He had four jobs that he could list on his resume, and the gaps between them were filled with employment by his parents’ company. This work history was problematic for applying to federal jobs because the candidate must list all previous and current employment for the last seven years and why they were vacated.

Luke at times would not communicate his plans to the CN. In one instance he applied to the U.S. Postal Service, interviewed, and completed all aspects of the onboarding process. He did not notify the CN, so she was unable to help him with planning for disclosure and accommodations once he was hired. Luke will need continued support around maintaining his soft skills. He has poor time management and interpersonal skills, demonstrates inconsistent hygiene, and perseverates when confused or receives feedback regarding mistakes. Job coaching will be vital, particularly concerning communication with other employees and the general public for him to maintain employment.
Interview and Medical Review

Luke specifically asked for assistance in improving his interview skills. In addition to providing behavioral interview training, the CN arranged mock interviews and informational interviews for him. He worked with pronounced effort and determination and passed the behavioral interview and was invited to complete the E-Qip (Federal Background Check), which he finished with the CN’s assistance. He was subsequently notified that he failed the medical review portion. Although the TSA does not specify the reason, we have assumed that it was due to medication, previous psychiatric hospitalization, and/or diagnosis of major mental illness (see TSA 2018 Medical Guidelines).

Job Outcome

Luke was able to obtain three jobs through MJI, but lost two of them. He fell asleep at one and was insubordinate at the other. His hours to the remaining job have been cut down to eight hours a week.

Case Scenario 9 | Tips |

1. It is essential to take the time to build trust with the candidate. In Luke’s case, this happened quickly with him, but his mother was very distrustful of MJI process, staff, and program and took up a considerable amount of the CN’s time arguing with her about Luke’s goals. When he was encouraged to have open conversations with his mother about his own goals and aspirations, it usually resulted in her complaining to the CN.

2. Discuss the benefits of disclosure with the candidate. Disclosure opens the door for the CN to be able to accompany the candidate on the job interview to help support him and translate his strengths. Disclosure allows the CN to educate the employer before the interview, so they know what to expect. In Luke’s case, the CN was unable to educate the employer because he did not let her know about his job search process until he had been hired. Educating the employer regarding his behaviors will be essential for his ability to maintain employment, given his work history. He will need support around interpersonal relations, lack of personal space awareness, and maintaining professional boundaries with female co-workers, as well as what to do when he feels frustrated or confused. His employer will need coaching about Luke’s behaviors: that he may present as irritable, evasive, and rude when confused about a task, and may become argumentative due to a literal understanding of language.

3. The CN needs to have a keen awareness of the candidate’s fears, anxieties, and communication styles before sending him to a job interview.

4. The CN always has to be available to assist Luke when situations arise at work.

5. Too much parental involvement can enable a participant to be too dependent on them and have difficulty trusting the CN to assist in a good job match. In this case, the parent rejected most of Luke’s initiatives, and he usually would not do anything without his parent’s approval. His parent also often criticized the evidence-based practices utilized in MJI training and made it very difficult for Luke to follow through on practicing CBT, social, or other skills he learned.
Working with a Challenging Company

This vignette illustrates how the program dealt with a young man who engaged in inappropriate touch with a female staff member. It also demonstrates the importance of building a strong relationship between the CN and the family. When unexpected incidents or crises occur, this foundation helps all parties respond in the most supportive and helpful way to the participant. Additionally, this vignette gives one example of the unusual and unexpected forms that discrimination against the disabled may take in the workplace. As demonstrated in some other vignettes as well, individuals with ASD often do not report problems on their own to the CN. They are often anxious about disappointing or angering staff, and sometimes just want to be independent. It is crucial to engage in continuing dialog about the balance between independence and interdependence and to always treat participants with dignity and respect so that they feel more comfortable coming forward with problems when they need help solving them.

Candidate Profile

Mason is a 26-year-old cisgender heterosexual man who has a diagnosis of ASD. He has some college courses and has worked for the past 10 years in an array of customer service positions. Mason came to MJI with interest in working for the TSA. During his years of employment, he had either quit because he did not like the job or had to resign due to his unwanted touching of female coworkers. He was referred to MJI by his vocational counselor.

Family

He lives at home with his parents, who are in the public eye.

Preferences for Employment

- Friendly
- Outgoing
- Good sense of humor
- Good conversation skills
**Strengths**

- Wants to be busy
- Wants to be able to move around because he gets bored
- Wants to be able to talk to people
- Wants to have weekends off
- Has to have his birthday off from work
- Needs to have a job that is accessible by public transportation
- Does not want a job where he has to read or write
- Does not want to clean

**Challenges**

- History of inappropriate touch (touches the buttocks of women)
- Severe reading disability (4th grade reading comprehension level)
- Poor fine motor skills, illegible handwriting

**Medical**

- Unremarkable

**Mental Health**

- ADHD
MJI Participation

Mason attended most scheduled sessions while he was enrolled. He engaged in training in behavioral interviewing, anxiety management, personal hygiene, social skills, professional relationship building, and Job Test Prep. Once Mason completed his cover letter and résumé, the CN assisted him with the job search. During the preparation period, he decided he did not want to pursue a security position after learning more about the job descriptions of several types of security positions, including those at the TSA. Mason presented well overall and appeared to be very social. He worked well in the group, asked questions when he did not understand something, and was aware of which coping skills worked best for him to prevent and reduce anxiety.

However, after a few weeks in MJI and on two occasions, he placed his hand lightly upon the buttocks of the CN. The CN and MHC created a behavior plan. The CN was firm with Mason letting him know that what he did was inappropriate and against the law, and could be grounds for immediate dismissal from the program. She let him know that his support team (providers and parents) would be notified about the behavior. She communicated the MHC’s recommendations that Mason receive community-based ABA with a provider with experience with problematic sexual behaviors in adults with ASD. The family followed up immediately, and Mason is currently in treatment.

In addition to receiving group-based behavioral interviewing training, Mason worked one-on-one with the CN on his interview skills. He also participated in mock interviews and informational interviews.

Challenges with Job Development

Mason and the CN met with a recruiter at a job fair. After reviewing the job description with the CN, he applied online for the position of shipping and receiving associate. The job entailed some reading and interaction with the public, but no writing. He would be busy and moving around a lot. He would have two days off, but not necessarily Saturday and Sunday. Mason was flexible about this if he would have two days off and decided to pursue the job.

Once the background check was approved, he was invited for an interview and asked the CN to attend with him to help him manage his anxiety. It went well and by the end of the interview he was offered the job. The next week he attended orientation and then began work the next day.

During job coaching, the CN observed that Mason struggled with some aspects of the job, such as unloading the truck within specific time constraints. The CN worked with the employer, resulting in an adjustment of the position. This adjustment allowed Mason to begin to make progress. The CN observed that he had strengths in customer service, putting away new goods, punctuality, and attendance. He encountered difficulties when he had to complete a task in a specified amount of time.

After a month, Mason and his supervisor let the CN know they did not think he required a job coach any longer. Then, after nearly three months on the job, Mason experienced a problem at the workplace. He did not communicate this to the CN, despite their regular check-ins. His parents called the CN because they were concerned about the incident. Mason had become upset during work because he was being rushed and told that he was too slow. As punishment, his supervisor made him do 90 push-ups while his co-workers stood around, critiquing his form and speed. The store manager then joined the group and ordered the other co-workers to join Mason and do push-ups to demonstrate working as a team. Before the task of push-ups, Mason’s supervisor told him that she was “going to make a man out of him.”

Mason’s parents were upset and reported that he was upset. They did not want to pursue legal actions but requested that the supervisor and manager apologize to Mason, that the company implement an employee training about how to work with people who have disabilities, and that Mason work under a different manager. While the company confirmed that this discriminatory act had taken place, the requests for remediation and accommodation were denied.
It is essential to take the time to build trust with the candidate and his family. In this case, the family felt comfortable reaching out to the CN after the incident of discrimination at his first job.

Mason then applied to another position with a company that had an excellent reputation for working with a diverse population of employees. He and the CN attended several job shadows, after which he decided to apply as a quality control expert to pick and pack orders in the e-commerce sector. He interviewed, passed the background check and the medical review, and then began a part-time position the following week. The CN provided several hours of on-site job coaching, focusing on interpersonal skills and time management.

**Case Scenario 10 | Tips |**

1. It is essential to take the time to build trust with the candidate and his family. In this case, the family felt comfortable reaching out to the CN after the incident of discrimination at his first job.

2. Discuss the benefits of disclosure with the candidate. Disclosure opens the door for the CN to be able to accompany the candidate on the job interview to help support him and translate his strengths. Disclosure allows the CN to educate the employer before the interview, so they know what to expect. Educating the employer regarding ASD-related issues can help prevent misunderstandings. For example, there are steps the employer can take to mitigate Mason’s difficulties with interpersonal relations, lack of personal space awareness and boundaries with female co-workers, problems with reading comprehension, and difficulty with timed tasks.

3. The CN needs to have a keen awareness of the candidate’s fears, anxieties, and communication styles before sending him to a job interview.

4. The CN always must be available to assist Mason when situations arose.

5. A right balance of independence and support by parents can be a deciding factor in an individual’s ability to find a good job fit and maintain employment over time.