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# Working Nine to Five: A Qualitative Research Study Examining the Interview Behaviors of a Young Adult Diagnosed with an Autism Spectrum Disorder

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## **Abstract**

Individuals diagnosed with an autism spectrum disorder experience difficulties when communicating and displaying appropriate social body language with others. Given the verbal and non-verbal communicative nature of the interview process, this research study sought to explore the employer perspective of both the negative and positive social behavioral characteristics that impact employer hiring decisions regarding young adults diagnosed with an autism spectrum disorder. The study utilized a qualitative methodology along with content analysis and analytical induction to interpret participant observations of a six minute mock interview video of a young adult diagnosed with an autism spectrum disorder.

Prior to sharing their observations, participants were not informed that the young man in the video was diagnosed with an autism spectrum disorder. The last two questions of the survey addressed autism spectrum disorder. Unexpectedly, 67% of participants would consider hiring the young man. This did not guarantee employment, yet did provide the possibility of employment. However, the participants were able to identify positive physical social behaviors that would contribute to their hiring decision. Further research regarding the implications of employer hiring decisions in accordance with the Americans with Disabilities Act, as well as a focus on the training and development of social skills development programs and/or workshops is needed.

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Working Nine to Five: A Qualitative Research Study Examining the Interview Behaviors  
of a Young Adult Diagnosed with an Autism Spectrum Disorder

By

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Submitted in partial fulfillment  
of the requirements for the degree  
Ed.D. in Executive Leadership

Supervised by

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## **Dedication**

The only way out is through; no words have rang truer than my experience in the St. John Fisher College program. To the “late” Great Eight, especially The PACT, thank you all for the laughter, support, and for joining me on this rigorous, life altering academic journey. To my family, your love and support has truly carried me through this process and I am so grateful for each of you in my life. Mommy, how do I thank the woman who has always been there no matter the time, distance, or circumstance; I am forever grateful for your love and support. You’ve always reminded me that life may not happen as predicted, yet determination will carry you through.

To my friends, both near and far, thank you all for the check-ins, words of encouragement, and providing a listening ear. I appreciate you all joining me on this rollercoaster ride and reminding me to still have fun! To Jessica Ecock, no quote or words can truly describe our friendship. You have been my source of laughter, shopping/Target/Starbucks partner in crime, and most importantly my best friend! I can’t wait until we are both doctors.....and FINALLY done with school....FOREVER.

To my committee, Dr. Guillermo Montes and Dr. Susan Schultz, I could not have asked for a better team of faculty to work with during the dissertation process. Thank you both for your patience, constant words of encouragement, flexibility, and most of all your understanding. I truly could not have made it through this program without each of you. I look forward to collaborating with you both in near future. To my advisor, Dr. Shannon Cleverley-Thompson, thank you for always being a cheerleader for The Great Eight,

pushing me to go just a little further, and for reminding us all that if we needed you, all we had to do was ask.

Finally, it has been a pleasure to research and learn more about the autism community. I am thankful for the students I've had the pleasure of working with at the Rochester Institute of Technology as well as The College at Brockport. I appreciate your candor, questions, and willingness to grow and develop. My hope is that this research will educate others, serve as catalyst for change, and provide much needed knowledge for the future.

### **Biographical Sketch**

Sherill N. Anderson is currently the Second-year Experience Coordinator for The College at Brockport. Ms. Anderson attended Alfred University, graduating in 2006 with her Bachelors of Arts in Sociology. She completed her Master of Education degree in Counseling, with a concentration in College Student Development, as well as a certificate of advanced study, in 2008; also from Alfred University. She began her doctoral studies in May of 2013 with St. John Fisher College in the Ed D. program in Executive Leadership. Ms. Anderson pursued her research exploring the employer observations of both negative and positive social behavioral characteristics that impact employer hiring decisions regarding young adults diagnosed with an autism spectrum disorder.

## **Abstract**

Individuals diagnosed with an autism spectrum disorder experience difficulties when communicating and displaying appropriate social body language with others. Given the verbal and non-verbal communicative nature of the interview process, this research study sought to explore the employer perspective of both the negative and positive social behavioral characteristics that impact employer hiring decisions regarding young adults diagnosed with an autism spectrum disorder. The study utilized a qualitative methodology along with content analysis and analytical induction to interpret participant observations of a six minute mock interview video of a young adult diagnosed with an autism spectrum disorder.

Prior to sharing their observations, participants were not informed that the young man in the video was diagnosed with an autism spectrum disorder. The last two questions of the survey addressed autism spectrum disorder. Unexpectedly, 67% of participants would consider hiring the young man. This did not guarantee employment, yet did provide the possibility of employment. However, the participants were able to identify positive physical social behaviors that would contribute to their hiring decision. Further research regarding the implications of employer hiring decisions in accordance with the Americans with Disabilities Act, as well as a focus on the training and development of social skills development programs and/or workshops is needed.

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## **Chapter 1: Introduction**

### **Introduction**

The purpose of this study was to develop an understanding of the positive and negative behavioral characteristics in which employers identify as impacting their hiring decisions specifically regarding young adults diagnosed with an autism spectrum disorder also referred to as an autism spectrum disorder. An individual diagnosed with an autism spectrum disorder may face difficulties when interviewing in person for employment. Prior to the in-person interview, if a young adult diagnosed with an autism spectrum submits an application without any social interaction, there is a higher instance that they could be selected to interview for employment. The issue at hand is not related to skill set, technological knowledge, or educational background. The cause for concern arises when the individuals meet the potential employer to discuss his or her skill set, and the interview process might be compromised because of deficits on the part of the interviewee in regard to social communication, repetitive physical motions, lack of pragmatic language, and lack of executive functioning skills often displayed by individuals diagnosed with an autism spectrum disorder (Tramell, 2006).

The job interview process entails going beyond the discussion of the qualifications related to job function. As described in an interpretive phenomenological study by Griffith, Totsika, Nash, and Hastings (2011), the job interview process is a crucial time in which employers are taking into account both the personality and behavioral characteristics of an individual as a part of their hiring decision; this is

considered the “fit” (p. 533). The fit signifies that the potential employee can contribute both his and her skills and knowledge, as well as share his or her personality traits, which should enhance the overall office team. Huffcutt, Roth, Conway, and Stone (2001) identified the top five personality traits that impact the interview process as extroversion, conscientiousness, agreeableness, openness to experience, and emotional stability. Huffcutt et al. (2001) discussed that while employers do use mental capacity and knowledge as factors in the hiring decision, personality traits rank just as high as acquired knowledge base.

For an individual diagnosed with an autism spectrum disorder, personality traits are not necessarily present during social interactions. A pragmatic example of the negative emotional experience of young adults diagnosed with an autism spectrum disorder is evidenced by the responses of the participants in the Griffith et al. (2011) study. The researchers stated that there was a lack of connection on a personal level between the individuals diagnosed with an autism spectrum disorder and their co-workers. Lack of a positive work environment could ultimately lead to unemployment. Societal norms greatly influence how individuals are expected to relate to one another, and deficits in this area can negatively impact professional work relationships.

Research on this topic is timely and pertinent, as Strickland, Coles, and Southern (2013) stated that approximately 50,000 adolescents diagnosed with autism spectrum disorder will be turning 18 as of 2013. As these individuals make decisions on whether or not to attend college or directly enter the workforce, they can expect to participate in the interview process. Preparation and practice of appropriate interview behaviors are key in improving the possibility of successfully securing employment for those with an autism

spectrum disorder. Nuernberger, Ringdahl, Vargo, Crumpecker, & Gunnarsson (2013) specifically mentioned that young adults diagnosed with an autism spectrum disorder should focus on practicing conversational exchanges and conversational behaviors, such as eye contact and non-verbal nodding, with their peers, as training for the job interview process.

### **Problem Statement**

Understanding that young adults diagnosed with an autism spectrum disorder will be competing for employment opportunities presents the following problem statement: When young adults diagnosed with an autism spectrum disorder participate in the job interview process, they may present unconventional behavioral characteristics that employers may view as negatively impacting the likelihood of an offer for employment. Conducting a research study that provides information regarding the perspective of employers who engage in the hiring process is timely and important information for individuals diagnosed with an autism spectrum disorder. Being aware of the interview behaviors in which young adults diagnosed with an autism spectrum disorder need to improve upon will assist in positively impacting their experience during the job interview process.

### **Theoretical Rationale**

For individuals diagnosed with an autism spectrum disorder, the ability to “put themselves in someone else’s shoes,” by reciprocating emotions, may not be present, and it can effect whether or not they are considered for employment. The concept of reciprocity is difficult for individuals diagnosed with an autism spectrum disorder because they are linear in their thinking about the emotional needs of others (Baron-

Cohen, 1985). Considering that a behavioral characteristic of autism is linear thought and/or extensive focus on minute details, young adults diagnosed with an autism spectrum disorder, may struggle with the ability to anticipate social emotional states that differ from their own social emotional state. This inability was described as theory of mind, introduced by Simon Baron-Cohen, Alan M. Leslie, and Uta Frith in 1985. Baron-Cohen et al. (1985) described theory of mind as “being able to conceive mental states: that is knowing that other people know, want, feel, or believe things” (p. 38).

Baron-Cohen et al. (1985) tested their theory with groups of young children and asked them what they assumed their peers would do in relation to a question that the child with autism was asked. For example, if the children diagnosed with an autism spectrum disorder were shown a bag of peanut filled candy and told that there was pencils inside the bag instead of peanut filled candy inside of the bag, the child would repeat what they were told; which was there were pencils inside the bag instead of candies. The children gleaned the knowledge of pencils inside of the peanut filled candy bag from being told to expect that anytime they saw this specific bag of candy, it would contain pencils. When asked to state what their peers may say if they saw the same candy bag, the child diagnosed with autism would respond pencils. Although the bag is the same color, shape, and texture of the peanut filled candy bag, the children diagnosed with autism would still respond pencils instead of anticipating that their peers would say candy was in bag because candy is what is supposed to be inside and not pencils.

Essentially, the children diagnosed with autism did not think beyond themselves to consider the emotional responses of their peers. Hence, the concept of theory of mind; lacking the ability to anticipate, consider the emotional reactions as well as the responses

of another person despite your personal experiences. The children diagnosed with an autism spectrum disorder in Baron-Cohen's 1985 study primarily related to what was presently before them, and lacked forethought regarding the responses of their peers.

Baron-Cohen et al. (1985) found that children diagnosed with autism spectrum disorder performed poorly on anticipating their peer's actions. By lacking the ability to anticipate other's responses poses difficulties for social interactions. Understanding the dynamics of conversations as well as the physical social behaviors of interaction are important as the young adults mature into adulthood. Societal expectations for interaction are founded on the basis of conversation. Although theory of mind was introduced in 1985, it remains significant today for the application of their findings towards individuals diagnosed with an autism spectrum disorder and their experience interviewing to enter the workforce. According to Burkhardt and Cardillo (2012), "the core features of ASD appear to persist across the lifespan, even with impressive improvements associated with early intervention and special education services" (p. 28).; if diagnosed individuals cannot relate to other people's experiences at any stage in life, and they do not have the ability to anticipate others actions or words, this can prove to be difficult—not only during the interview—but it could also lead to issues with team or group work in the workplace if the individuals did get hired.

### **Statement of Purpose**

The purpose of this study is to contribute information regarding the development of interviewing techniques and skills for young adults diagnosed with an autism spectrum disorder.

## **Research Questions**

The following research questions were developed to address the purpose of this study:

- What are the observed behavioral characteristics employers identify as positively impacting their hiring decisions?
- What are the observed behavioral characteristics employers identify as negatively impacting their hiring decisions?
- Based on the mock job interview video the employers observed, are they more likely or less likely to hire the candidate they viewed in the video?

## **Historical Background of Asperger Syndrome/Autism Spectrum Disorder**

To gain an understanding of the progression of autism and how the disorder was introduced into the mainstream, it is important to review the history. Asperger syndrome was discovered by an Austrian pediatrician, Han Asperger, in 1944. He noticed four children in his practice who intellectually showed no signs of difficulties but when in social situations with their peers, they seemed awkward, uninterested, and at times their speech was incoherent. When they did speak clearly, they tended to focus solely on a specific aspect or detail in conversation, and they did not display non-verbal physical responses commonly associated with conversation (i.e., eye contact, head nodding to confirm understanding, touching to signify emotional empathy, etc.).

Asperger named his observation, “autistic psychopathy” and categorized it as a “personality disorder marked by social isolation” (Sanders, 2009, p. 1562). Asperger’s discovery was primarily shared in Germany. Dr. Asperger's observations, published in German, remained little known until 1981. In that same year, the English physician Lorna

Wing published a series of case studies of children with similar symptoms. Wing's writings on "Asperger syndrome" were widely published and popularized. In 1994, Asperger syndrome was added to the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (4<sup>th</sup> ed.; DSM-4; American Psychiatric Association, 2000) diagnostic reference book. (National Institute of Neurological Disorders and Stroke [NINDS], n.d.).

**Legislative information regarding people with disabilities.** When children diagnosed with an autism spectrum disorder enter elementary school, there is legislation in place to ensure that they receive specific accommodations for their specialized needs. The Individuals with Disabilities Education Act (IDEA) (2004), formerly the Education for All Handicapped Children Act of 1975, mandates that all children with diagnosed disabilities are entitled to a free and appropriate public education to meet their unique needs and prepare them for further education, employment, and independent living. Prior to IDEA, over 4 million children with diagnosed disabilities were denied appropriate access to public education. Many children were denied entry into public school altogether, while others were placed in segregated classrooms or in regular classrooms without adequate support for their specialized needs (United States Department of Education, 2010).

Another facet of the IDEA is the structure of a child's support team to include teachers, families, local advocacy agencies, and counselors that provide input to create a long-term educational care plan, also known as the Individual Education Plan (IEP). The IEP serves as a customized blueprint of goals to achieve, and best practices to use, when

working with a child. As the child progresses into adolescence and young adulthood, the IEP recommendations change according to the child's progress or lack thereof.

Once an adolescent graduates from high school and decides to attend college, the IEP is no longer applicable. As young adults transition to entering a college or university, their rights to access an equal education are protected under section 504 of the Rehabilitation Act (1973). Additionally, in order for colleges and universities to receive federal funding for their campuses, compliance with section 504 is required. The Rehabilitation Act (1973), section 504, states that:

No qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under any program or activity that either receives federal financial assistance or is conducted by an executive agency or the United States Postal Service (Rehabilitation Act of 1973, 1973).

Although an adolescent no longer has a required plan of support, colleges and universities create administrative offices that offer similar, if not identical, academic/social supports that were received during the adolescent's earlier developmental years. These support resources involve campus partners (such as the Student Health Center, Residential Life, Academic Affairs, and Counseling Services) to create a directive on how to best support students during their tenure at a college or university.

**Disclosure and self-advocacy.** Additional ways in which colleges and universities comply with section 504 is by providing equal access to educational instruction in classrooms or lectures, supplementary educational instruction in classes,

and/or dedicated support staff to deliver services (U.S. Department of Education, 2010). Most notably, the support staffs for students diagnosed with disabilities are housed in campus offices with titles such as, The Student Disabilities Office or Office for Students with Disabilities. Their mission and goals most likely entail responsibility for ensuring that these educational mandates are followed as well as the components of the 504 plan are put into action by faculty as well as staff. These student support offices schedule alternative testing accommodations, specialized tutoring sessions, provide assistive learning devices, etc. These services are included in the student's tuition, which in many cases is supplemented by federal funding.

Each college and university approaches providing for specific student needs differently based on their support staff departments. A unique barrier for the professional staff who provide support services for young adults who are diagnosed with a disability and who are enrolled in college is the option of self-disclosure. When a child is enrolled in elementary, middle, or high school, a parent can choose whether or not to disclose their child's diagnosed disability and make use of supplemental educational opportunities which are specific and individualized to the child. Once children mature into an adolescent and move into higher education, the students are considered adults and, therefore, they are not required to disclose anything about their disabilities. As discussed by Huws and Jones (2008), disclosure of diagnosis can be viewed as either beneficial or detrimental.

Framing disclosure in a higher education lens, the benefits are the opportunity to connect to student support services programming, access to assistive technology, as well as the potential for a connection with staff who can advocate on behalf of the student.

The detriments to disclosure, though, could be being ostracized by peers, social stigma, and/or discrimination. While, the self-disclosure decision will always be a personal choice, it should also be considered a pivotal moment in young adulthood for an individual diagnosed with a disability. Sharing personal information as it relates to one's self is the development of a personal definition of how one wants to be viewed by his or her peers and other adults. The decision to continue receiving support services is ultimately up to the student. Even if the students and their families meet with staff at the support services office, there is no requirement that students follow the academic plan outlined for the year.

As stated by Schall, Wehman, and McDonough (2012), individuals cannot advocate for themselves if they have not developed self-determination skills. Self-advocacy ultimately will be the way for young people with autism spectrum disorder to navigate the challenges they face as they enter adulthood. The job interview process is mainly about advocating for one's self, discussing what is important and influential about a person, and explaining how one's personal characteristics are a best fit for a job opening. By modeling behaviors such as independence, motivation, and innovation are important to employers. Moreover, as discussed by Burkhardt and Cardillo (2012) and Hay and Winn (2009), persons with disabilities, particularly disabilities that affect behavior and emotional expression, have high rates of unemployment. These alarming facts further underline the need for intervention services, as well as employer education, to support individuals diagnosed with an autism spectrum disorder to transition into the workforce.

Interestingly, not all colleges and universities have student support programs and/or offices specifically dedicated to assisting students who are diagnosed with an autism spectrum disorder. Many colleges comply with the Americans with Disabilities Act (ADA) (1990) and provide accommodation services, that is, double time on exams, alternative testing sites and other services to students through their disability services offices; however, a specific office focused on students diagnosed with autism is rare.

**The Americans with Disabilities Act.** As children diagnosed with an autism spectrum disorder mature into adulthood and prepare for employment or college, the law outlines the fair and equal treatment of an individual with a disability in the workplace. The Americans with Disabilities Act (1990) defines a “disability” as an impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. Title I of the ADA, which is also related to the Rehabilitation Act (1973), applies to public and private employers with 15 or more employees. It prohibits discrimination based on diagnosed disabilities in recruiting, hiring, promotion, training, pay, and other aspects of employment. For example, employers may not ask about an individual’s suspected disability during the interview process or before hiring him or her. Furthermore, employers must provide reasonable accommodations to employees who are qualified for the job; for example, they should be provided with accessible office equipment (Office for Civil Rights, 2006).

The Americans with Disabilities Act Amendments Act (ADAAA) was passed in 2008 to correct the narrowing of the definition of disability by several federal court decisions. It appeared that the more successful people were in coping with their

disability, the more likely it was that the courts of law would find these individuals as not disabled (although their medical diagnosis showed otherwise), and therefore, they were not covered by the Americans with Disabilities Act (1990). The ADAAA clarifies that the definition of disability should be interpreted broadly and that the focus should be on whether or not discrimination has occurred. The regulations list several impairments that would almost always be considered disabilities, such as deafness, blindness, epilepsy, diabetes, autism, cerebral palsy, and/or intellectual disability. It also states that if there are assistive means that can help someone cope with or manage his or her disability and that person chooses to utilize those assistive means, it does not negate the fact that they, indeed, have a disability (Office for Civil Rights, 2006).

Workplace environments, similar to colleges and universities, are responsible for providing equal and fair conditions for all of their employees. The ADAAA (2008) clarifies the criteria in place for developing a legally appropriate work environment. It is the employer's responsibility to comply with the law and failure to do so could result in punitive legal action on behalf of the individual diagnosed with a disability.

Considering that the ADAAA is generalized to include any individual diagnosed with a disability, let's shift the focus back to specifically examining the workforce entrance experience for a young adult diagnosed with an autism spectrum disorder. Burkhardt and Cardillo (2012), share that although young adults with high-functioning autism spectrum disorder may graduate with academic accomplishments that earn a bachelor's degree from a university, they may still experience considerable difficulty securing and sustaining employment. This research reinforces the critical need for

individual disclosure and enrollment in student support-services programs in the hopes of increasing individual marketability when entering the workforce.

**DSM-5 autism spectrum disorder defined.** Asperger syndrome was initially included in the DSM-4 in 1994. It was categorized as an autism spectrum disorder, including but not limited to, autistic disorder, childhood disintegrative disorder, and pervasive developmental disorder, not otherwise specified (PDD-NOS) (NINDS, n.d.). When the DSM-4 was revised in 2013, the clinical diagnosis for Asperger syndrome was changed to an autism spectrum disorder. An autism spectrum disorder is currently defined in DSM-5 (2013) as persistent deficits in social communication, social interaction, nonverbal communication, and developing relationships with others.

The Asperger syndrome diagnosis was broad, yet encompassed many different disorders that did not hone in on specific autism spectrum disorder characteristics. The new level of severity ranking will assist in developing specified plans of improvement that precisely address portions of this disease. When autism spectrum disorder was accepted as the new title to replace Asperger syndrome, there was a shift as to how people would be classified with this diagnosis. They would be specifically assigned a level of diagnosis and treatment plans that would be centered on the level of severity. Also, any individual who was diagnosed with Asperger syndrome, based on the DSM-4 criteria, would retain the same diagnosis and would not be reassigned an autism spectrum disorder diagnosis.

The *Diagnostic and Statistical Manual of Mental Disorders*, (4<sup>th</sup> ed.; DSM-4; American Psychiatric Association, 2000) definition of Asperger syndrome had three tenets: social, communication, and repetitive/stereotyped behaviors. In the *Diagnostic*

*and Statistical Manual of Mental Disorders*, (5<sup>th</sup> ed.; DSM-5; American Psychiatric Association, 2013), the new categories are: social communication and restricted interest/behaviors. The DSM-5 states that there are three different levels of severity for autism spectrum disorder. For individuals diagnosed at Level 1 severity, they require support services to navigate through social situations. Without supports, the symptoms of an autism spectrum disorder, such as lacking social communication, could present as evident to a neurotypical. An example of a person diagnosed at Level 1 would not be making eye contact during an important conversation. By looking away, the person not diagnosed with an autism spectrum disorder may interpret the behavior as rude or as showing of disinterest, when in fact, the person diagnosed with an autism spectrum disorder could be fully engaged in the conversation.

Level 2 severity requires substantial support services because social impairments and engrossed interests in a specific subject can be significantly observable in social interactions. An example of a Level 2 severity would be if an individual with an autism spectrum disorder interviewed for a job who was asked a question by the prospective employer, and the interviewer misquoted a fact in a high interest area. The individual with an autism spectrum disorder would not only correct the employer but give historical, statistical, and the full details related to that specific fact. This could make it difficult for this individual with an autism spectrum disorder to obtain employment because their enjoyment of knowledge on a specific subject could be misinterpreted as impertinent or bold. The individual with an autism spectrum disorder could also become frustrated or act out if another fact was inaccurately stated.

For a Level 3 severity, imperative extensive individual support is required, and

the deficits are quite pronounced, making it extremely difficult for the individual to function independently in everyday life. Routines and/or rituals are very important to a person with a Level 3 severity, and those routines effect the positive enforcement of life functions, such as attending work, traveling for errands, etc. Disruption in routines can cause extreme anxiety and instances of acting out for a person with a Level 3 severity. Long-term, in-home care or enrollment in an adult-support residential facility may be needed, and/or the individual may go to specialized day, full-, or part-time school, and/or use assistive communication devices if they are needed.

**Autism spectrum disorder diagnosis.** The Center for Disease Control estimates that 1 in 88 children are diagnosed with autism and 1 in 54 are male (NINDS, n.d.). There is no cure for an autism spectrum disorder, and there are multiple beliefs as to what may cause this disorder in children and adults. This rate of diagnosis should raise cause for concern, because there will need to be an increase in support services for these children as they mature into adulthood. Education for parents, educators, support staff, and medical support services should continue as well. Thinking long term, it is important to also consider how these individuals will find employment and be self-sustaining, if possible, in the future. Given that there is no known cause for the development of an autism spectrum disorder, the objectives of intervention programs are to provide training/practice for parents, children, and adults in the management of this disorder.

For adults who are diagnosed with an autism spectrum disorder, post adolescence, confirmation of the diagnosis may be difficult. In some instances, the individuals could consider themselves, or be thought of by others, as “odd, unique, or strange,” and their behaviors do not categorize or examine the autism symptoms. This makes the process of

diagnosis difficult because it may take time for adults to realize that there may be something “different” about themselves. As discussed by Verhoeven, Smeekens, and Didden (2013), adults may not have built-in observers (i.e., parents, peers, or loved ones) to witness their social characteristics, therefore, the individual presenting the characteristics associated with an autism spectrum disorder may regard his or her behavior as appropriate.

Another caveat to adult diagnosis of an autism spectrum disorder is that pursuing of a medical diagnosis is a personal choice. Seeking out a medical professional diagnosis may take multiple doctors or specialists to pinpoint a diagnosis of an autism spectrum disorder. Once the individual is diagnosed, it could bring about relief in knowing why some people may consider this individual as different, yet it may also bring about stress and anxiety in preparation for managing or disclosing the disorder. Indeed, there are medications, support services, and counseling available to adults diagnosed with an autism spectrum disorder that can assist in their coping with the diagnosis.

**High-functioning adults with autism.** While it is fairly evident that persons with autism often have a deficit in social communication, there may also be some physical/behavioral characteristics (i.e., rocking, shaking, and repetitious singular movements) that could be displayed as a result of nervousness or a coping mechanism. In addition to repetitive movements, there can also be some difficulties associated with adjusting to light, pungent smells, loud sounds, a feeling of personal space violation, and by being touched by an unfamiliar individual. While a neurotypical could also be put off by some of the same aforementioned sensory issues, the extent to which they bother an individual diagnosed with an autism spectrum disorder may be overwhelming. Some

individuals with an autism spectrum disorder are very sensitive to one or all of these sensory receptors, which can make social interactions very stressful.

People familiar with autism spectrum disorder, may refer to an individual with these characteristics as high-functioning on the autism spectrum, (HFA). Gibson, Adams, Lockton, and Green (2013) defined individuals diagnosed with high-functioning autism as presenting at an average or above average IQ with difficulties in the triad of behavioral impairments associated with autism. Intellectually, there is no difference between high-functioning individuals with an autism spectrum disorder and those who are not diagnosed with an autism spectrum disorder. In fact, high-functioning adults with an autism spectrum disorder may have very high IQs. In some cases, they may even be at a genius academic intelligence level.

**Employment statistics.** Within the United States, 23.1 million people are diagnosed with a disability, which indicates cause for concern about the rate of employment for these individuals. Individuals diagnosed with an autism spectrum disorder are included in this statistic and this relates to a growing concern for their employment experience. An annual Current Population Survey (CPS) distributed to 60,000 households with individuals age 16 and over, conducted by The United States Department of Labor, Bureau of Labor Statistics (2012), produced a news release entitled “Persons with Disability: Barriers to Employment, Types of Assistance, and Other Labor-Related Issues” which specifically addressed the barriers to employment for individuals diagnosed with a disability. Half of all persons surveyed within this article were diagnosed with a disability and were not working reported some type of barrier to their employment. Moreover, 80.5% stated that their disability was the main barrier they

encountered regarding employment. Other reasons stated were lack of training, transportation, and the need for specialized equipment. For people who had a disability and were employed, they faced some level of difficulty. Their difficulties were mainly due to their disability, and completing work tasks became difficult.

Strickland et al. (2013) estimated that 50,000 adolescents diagnosed with an autism spectrum disorder will turn 18 by 2013, which shows the growing need for more employment opportunities for individuals with an autism spectrum disorder. Based on the descriptions in the DSM-5, it could be inferred that support for transitional services and interventions regarding individuals with an autism spectrum disorder are especially important for those categorized in Level 2. Being that the severity of a Level 2 diagnosis impacts both motor skills and mental capacity, there is cause to think that individuals with a Level 2 severity diagnosis will have more difficulty obtaining a job than their Level 1, higher functioning counterparts. It is interesting to note that Strickland et al. (2013) designated individuals diagnosed with high-functioning autism as people who can take care of basic tasks but are in need of significant assistance, whereas Level 1 individuals struggle with social communications but their average or above average intelligence would assist them in procuring employment.

Strickland et al. (2013) went on to state that research suggests that up to 90% of job losses in individuals with disabilities are due to deficits in social communication. Social communication is a major piece of the interview process. Not processing the necessary skills to interact with potential employers severely impacts the interview process. Not only is there cause for concern regarding individuals with an autism

spectrum disorder obtaining employment, in addition, there is also concern as to how long they will be employed.

### **Significance of the Study**

Given the growing population of young adults diagnosed with an autism spectrum disorder and the range of difficulties they face with social interactions, it is imperative that research is performed to assist them as they venture into seeking employment. Acknowledging the limited information regarding the employer observations of young adults diagnosed with an autism spectrum disorder engaging in the interview process, this research study will inform future practices regarding workshops, trainings, as well as continued research studies as to the ways in which practitioners can serve to assist this unique population.

### **Definitions of Terms**

*ASD, autism spectrum disorder* – persistent deficits in social communication, social interaction, nonverbal communication, and developing relationships with others (DSM-5, 2013).

*HFA, high-functioning adult* – an individual diagnosed with an autism spectrum disorder who is verbal, can conduct adult personal behavioral tasks without assistance, and processes an average or above average IQ despite the diagnosis of an autism spectrum disorder (Gibson et al., 2013).

*Neurotypical* – an individual not formally diagnosed with an autism spectrum disorder or a person who does not have a formal diagnosis of a developmental disability that would impact them in the same way as autism spectrum disorder impacts diagnosed individuals (Bissonnette, 2010 & Appendix A).

## **Chapter Summary**

This study provides an introduction into the unexplored perspective of the employer in relation to hiring decisions for young adults diagnosed with an autism spectrum disorder. The current literature primarily discusses children and adolescent development up through high school, yet information related to young adults diagnosed with an autism spectrum disorder and their career exploration process is scarce. With the increase in accessibility to higher education and employment opportunities, through the amendments of the ADA (1990), this study helps to fill a gap in the research dedicated to the improvement in employability of young adults diagnosed with an autism spectrum disorder.

Autism spectrum disorder causes a variety of difficulties for diagnosed individuals when they interact socially with individuals who are not diagnosed with this disorder. This chapter provided the historical background of autism spectrum disorder and how it is currently identified by medical professionals. This chapter also discussed how being diagnosed with a disability is viewed by the United States legal system and how the legal definition of a disability impacts the employment process. Terms relevant to discussing autism spectrum disorder were included as well a brief summary of the theoretical ideology related to autism spectrum disorder.

This chapter has discussed the historical underpinnings of Asperger syndrome as well as the problem statement, significance of study, and research questions. Included in this chapter are pertinent definitions related to autism spectrum disorder. Chapter 2 includes a review of the current literature related to the subject of study. Chapter 3 will discuss the research design and methodology. Chapter 4 is a discussion of the study's

findings and chapter 5 encompasses the implications for practice, limitations, and public policy recommendations for this study.

## **Chapter 2: Review of the Literature**

### **Introduction and Purpose**

Minimal research has been conducted regarding young adults diagnosed with an autism spectrum disorder and their experiences with the job interview process. In reviewing the current literature, inclusion standards were set to include only peer-reviewed journal articles. Additional inclusion standards required the subjects to be at least 16 years of age or older, who were preparing to interview for employment, searching for employment, currently employed, or were unemployed. Articles that did not discuss the issues related to autism spectrum disorders, employment or interviewing, Asperger syndrome, social skills development, or that included infants, elementary, or middle school aged individuals diagnosed with an autism spectrum disorder, were excluded.

Furthermore, database searches included utilizing combinations of terms such as Asperger syndrome, autism, and/or autism spectrum disorder, employment, interviewing, and/or social skills functioning were used. Initially using only one diagnostic term in tandem with other synonyms related to employment and social skills, limited search results. By interchanging diagnostic terms with the words employment, interviewing, and/or social skills functioning helped to broaden the search results. The databases used were Science Direct, Academic Search Complete, APA PsycNet, Google Scholar, Web of Science, Business Source Complete, Education Source, and SAGE journals. Upon entering the search strings, the various databases identified hundreds of results.

However, many of the articles identified by the search engines were not relevant to the research topic and did not match the inclusion criteria. Ultimately, 20 articles were viable and selected that addressed employability, social skills development, as well as autism spectrum disorder. The timeframe used for each search was 2000-2014 to allow for a broad range of research. Some of the searches revealed the same articles, which appeared across multiple databases. For any articles that were not clearly identified as peer-reviewed, the title was put into Ulrichsweb to check for refereed status.

### **Review of Empirical Research**

The literature that focused on the professional development of young adults diagnosed with autism spectrum disorder transitioning into the workforce was limited; yet as the frequency of the diagnosis increases, interest in how this specific population will develop over time appears to grow as well. Traditionally, social skills functioning and social communication skills research has been focused on infants and elementary age school children. Additionally, the focus of the research has included recommendations as well as the utilization/implementation of in-school delivered intervention treatment options covered by children's Individual Education Plans (IEP's) that do not impact student development and training beyond high school.

In December 2000, a pivotal, foundational study was created to follow up on the examination of the transitional experiences of children diagnosed with a disability as they matured into young adulthood. The National Longitudinal Transition Study 2 (NLTS2) (2000), which was funded by the U.S. Department of Education, was developed as a follow up to the original National Longitudinal Transition study conducted in 1987. The nine-year follow-up study included a nationwide randomly selected sample size of 11,500

children ranging in ages 13 to 16 who were at least in the seventh grade, had consent from their guardian, and who received special education services due to their disability while enrolled in school. Of the 11,500 participants initially selected, 1,020 were identified as having an autism spectrum disorder. Interestingly, at the time of this study, autism spectrum disorder was considered to have a lower prevalence amongst other disabilities, such as visual difficulties, learning difficulties, and hearing impairment.

The study spanned over five “waves,” which were actually time intervals. At the conclusion of the study in 2009, the results revealed individualized self-reports from the now 19-25 year-old participants’ employment status. For the individuals diagnosed with an autism spectrum disorder, 80% reported feeling that they were being paid equitably in comparison to individuals with other disabilities. The majority of participants, which was 85%, felt that their coworkers treated them pretty well. While these two statistics are reflective of older data, this study is very important because its implementation was a step toward recognizing the necessity of evaluating the experiences and services necessary for children as they transition into adulthood so that their needs can be appropriately addressed.

Autism spectrum disorder is not only relegated to incidences within the United States. United Kingdom researchers have conducted multiple research studies addressing the prevalence of autism spectrum disorder amongst their population. Nesbitt (2000) conducted a study about the use of agency-facilitated support employment programs to aid in the success of individuals diagnosed with an autism spectrum disorder. The company that provided the assistance program was named “Prospects” and it had funding through The National Autistic Society’s Supported Employment program. The study was

created to compare the employability factors utilized by organizations that employed individuals diagnosed with an autism spectrum disorder and organizations that did not employ individuals with a disclosed diagnosis of an autism spectrum disorder. The study also discovered that individuals diagnosed with an autism spectrum disorder desired to be a part of the mainstream workforce. Having this opportunity would not only boost the individual's feelings of independence and increase their pride in themselves, it would also help in decreasing the amount of monetary assistance provided to them through governmental-based support.

Nesbitt's (2000) mixed methods study included a sample size of 181 organizations, 41 organizations were employing individuals diagnosed with an autism spectrum disorder and 140 organizations reported that they were not employing any individuals with a disclosed diagnosis of an autism spectrum disorder. The types of organizations varied from small businesses to large corporate organizations. Given that there was not a measurement tool available that Nesbitt could use to assess her research question, she created a questionnaire that had a combination of 50 qualitative and quantitative questions that addressed five content areas: (a) application process, (b) selection process, (c) hiring process, (d) supports that needed to be in place, and (e) independent employment. The questionnaire used a five point Likert scale that ranged from no importance (1) to great importance (5). Of the 41 organizations that employed the individuals diagnosed with an autism spectrum disorder, 29 fully completed the questionnaire, and out of the 140 organizations that did not employ adults diagnosed with a disclosed autism spectrum disorder, 40 responded to the questionnaire. There was a total response rate of 38.8%.

Nesbitt (2000) found that, qualitatively, between both organizations, there was an increased emphasis on the individuals' needs rather than their assigned job task. Significant differences of  $p < 0.5$  and  $p < 0.001$  were found across 12 items (Nesbitt, 2000). Both employer groups wanted to ensure, at the very least, that the person they employed knew their job responsibilities, could adapt to their job environment quickly, could make sound decisions under pressure, and could deliver the information at an appropriate time. The organizations that did not employ individuals diagnosed with an autism spectrum disorder were less sympathetic to understanding the difficulties associated with autism, and they did not endorse supported employment. The organizations that had employees diagnosed with an autism spectrum disorder reported more sensitivity and openness to learning about the disorder, and they were proponents of supported employment environments.

Hurlbutt and Chalmers (2002) conducted a qualitative study, over nine months, including three high-functioning adults diagnosed with an autism spectrum disorder. The three participants ranged in ages 35-61 and met both Hurlbutt and Chalmers at a national conference of the Autism Society of America. One of the researchers is from Fargo, ND, and one of the participants in the study recognized her hometown name as the title of a famous movie. This fact was the catalyst for a conversation, and the researcher recruited that participant to join their study. That one participant introduced the researchers to other adults with autism at the conference, and the researchers recruited another two people to join their study.

Hurlbutt and Chalmers (2002) visited with each of their participants to collect their stories, conducted follow-up interviews for clarification, and read information

published by their participants as a means for collecting data on the participants' life experiences. Utilizing inductive reasoning to compare, analyze, and code the data helped the researchers to arrive at 150 main ideas, which led to 29 codes, which were then turned into seven broad categories, in which one of the seven categories was employment experiences. The participants stated that they did not have jobs that they felt matched their knowledge base, and they had taken the employment opportunities just to have the experience. Their relationships with coworkers were nonexistent and made for a difficult work environment. The overall theme discovered by the researchers was that high-functioning adults diagnosed with an autism spectrum disorder want to be known as the experts regarding their disease, and they want to be consulted when it comes to creating interventions and/or programs regarding their developmental needs (Hurlbutt & Chalmers, 2002).

Two years after their first study, Hurlbutt and Chalmers (2004) conducted a new qualitative study specifically focused on employment experiences for high-functioning adults diagnosed with an autism spectrum disorder. As mentioned earlier, employment was the main category of the initial study, however, the first study's focus was on the overall life experiences of high-functioning adults diagnosed with an autism spectrum disorder. In this study, Hurlbutt and Chalmers (2004) recruited the same three participants from their original study, and they found three new participants using the snowballing/networking method. The study timeframe was nine months, and they used the same interview structure from 2002 to collect data. Different from the first study, the researchers performed "member checks," which ensured that the data they were collecting was accurate and timely. They reviewed their collected data with the

participants and collected the necessary feedback. This process led to greater reporting accuracy of the lived experiences of the six participants.

Three themes emerged from this study. The first theme was that high-functioning adults diagnosed with an autism spectrum disorder experience frequent unemployment and underemployment situations, which was evidenced by comments made regarding working for less money than they deserved and accepting employment that was below their intellectual skill set in the previous study. The second theme was that several factors affect employability, including but not limited to, social skills, communication, and sensory issues. The third theme shared participant provided recommendations on how to help adults with an autism spectrum disorder become successful in the workplace. Entering the workforce can be a daunting task for anyone; coupling that task with the daily management of a developmental social deficiency, makes for an increasing difficult experience for an individual diagnosed with an autism spectrum disorder to assimilate into the workgroup/teamwork culture.

The study did highlight, however, the benefits to hiring high-functioning adults diagnosed with an autism spectrum disorder, such as arriving to work on time consistently, not wasting time with idle chatter around the office, and not using company resources to make personal phone calls. The limitations of the study were its small sample size, the results being specific to the opinions of these six individuals. The information deduced from the study may not be universally applicable, and the actual diagnosis of an autism spectrum disorder was provided by the participant and not confirmed with documentation by the researchers.

The data discovered by Hurlbutt and Chalmers (2002, 2004) studies brings an interesting viewpoint to the employment experience of high-functioning adults diagnosed with an autism spectrum disorder. Each study reported vastly different results for their participants. As reported by the National Longitudinal Study 2 (NLS2) (2009), by the conclusion of the study in 2009, 80% of individuals diagnosed with an autism spectrum disorder reported that they were satisfied with the money they were earning, and 85.5% felt that their coworkers treated them pretty well. By reading the studies, it could be interpreted that entering the workforce was a positive experience for adults diagnosed with an autism spectrum disorder, whereas with the data collected by Hurlbutt and Chalmers stated that the participant's workforce experiences were negative and unfulfilling. The differences in the data could be explained in a number of ways. Perhaps the questions were interpreted differently, which could have affected the data, or perhaps the fact that the very small sample size of Hurlbutt and Chalmers (2002, 2004) studies, in comparison to the NLS2, provided very specific information that was limited in scope and depth.

Returning to the discussion on international research regarding individuals diagnosed with an autism spectrum disorder and employment, Howlin, Alcock, and Burkin (2005), researchers from London, England, designed an eight-year quantitative study from 1995 to 2003, including 117 initial participants, that measured the success of utilizing supportive employment as a means to increase job opportunities and longevity in employment for adults diagnosed with autism. Supportive employment programs included an agency referring applicants diagnosed with a disability to participating job

sites and, in the case of the adults diagnosed with autism, an onsite job coach went to the adult's job location to assist with navigating the workplace.

The participant numbers dropped to 89 people, as 9 decided they had too much testing, 18 moved to another location, and 1 entered into higher education (college/university). Howlin et al. (2005) also surveyed 70 line managers and 70 senior managers to evaluate the progress of their employees. The study included partnerships with the National Autistic Society, St. George London University, and the Employer Forum on Disability.

Howlin et al. (2005) found that over the course of the eight-year study, over 200 jobs were attained at various points in the study. Ultimately, 185 were permanent, 12 were short term, and 66 were temporary positions. Although employment continued to rise over the eight years, it was determined that the change was not significant ( $\chi^2 = 0.77$ ;  $p = 0.380$ ). The employer perspective was included in the study and reflected that employers had favorable opinions of the adults they employed. Most importantly, the employers valued the use of employment coaches to assist adults diagnosed with autism. In some instances, the job coaches could be seen as a distraction, but in this study, their assistance was valued. Exactly, 81% of the employers had not known anyone diagnosed with an autism spectrum disorder before becoming involved in the study, and they felt that they definitely learned about the disorder by working with the adults. The overall study concluded with the participating adults earnings higher salaries, having better job satisfaction, and some being hired permanently.

Similarly to the research shared by Howlin et al. (2005), Schaller and Yang (2005) conducted a logistic regression study focused on adults diagnosed with autism

gaining successful employment through the use of assistive career services and/or supported employment options. There were a total of 815 participants in the study, 450 participants found employment with the help of career assistance, and 365 adults were hired with the stipulation of supported employment. Schaller and Yang (2005) considered demographic information (such as race and age), how the job was obtained, hours worked, and salaries. Other factors that impacted the study included years of education, as well as the comorbidity of other diseases, in addition to being diagnosed with autism. The data for the study was collected from the 2001 Rehabilitation Service Administration National Database.

Research areas that posed significant differences were (a) age, (b) salaries, (c) how employment was obtained between individuals diagnosed with autism who utilized career search firms, (d) those who had obtained jobs that included supported employment programs, (e) did race play a factor in whether or not the individual was hired for the position?, and (f) did supported employment ensure higher rates of job attainment? For the 365 individuals using supported employment, 87.9% were males and 76.2% were Caucasian. For both groups, Caucasian males had a higher instance of being hired for both supported employment as well as assistive career services. Those who utilized supportive employment found a higher rate of employment at 75 %, versus those who found jobs through the career assistive services, at 58.4 %.

Those who found employment, however, through assistive career services, worked longer hours and earned more money than the supported employees. Shaller and Yang (2005) stated that the difference in pay and work hours were due to the supported employees having a job coach present at their worksite. While the researchers examined

these variables, the research revealed that supportive employment is helpful to increasing the employment rate of adults diagnosed with autism, yet assistive career services helped these adults find higher paying jobs that may require more work hours.

**Social skills development.** The work environment can be a complex place for a person diagnosed with an autism spectrum disorder to navigate, ranging from the social politics of interacting with coworkers to the engrained expectations of common courtesies to occur. For the individual diagnosed with autism, this can make the workforce experience stressful, and having a place to share these frustrations could be beneficial to improving the workplace experience.

Sperry and Mesibov (2005) conducted a qualitative study including 18 young adult participants in Division TEACH (Treatment and Education of Autistic and Communication Handicapped Children) diagnosed with autism who came together on a weekly basis to practice their social skills in an unregulated environment and share the social difficulties they faced while coping with autism. All the participants were employed, either through a position offered by Division TEACH or by supported employment. The 18 adults were randomly selected from three social group meetings that were held at the Division TEACH location.

Focus group interviewing was the data collection method of choice for the researchers. They began the study by gathering demographic data about each participant, and then they asked everyone to anonymously write down a question they had regarding building relationships with other people. Once all of the questions were collected, they were read aloud, and while the participants were encouraged to share their approaches to the questions, a staff member wrote down both the question and the responses from each

of the participants. The videotaped sessions ran from 30 to 75 minutes long, and the researchers made the decision to move on to a new question once people stopped providing responses for solutions to the issue. To ensure that the data collected was correct, “member checks” were performed by the researchers via letters to the participants. Four themes emerged from the data: (a) relationships at work, (b) developing and maintaining personal relationships, (c) appropriate behaviors around members of the opposite sex, and (d) their personal perspective on coping with an autism spectrum disorder.

Muller, Schuler, and Yates (2008) conducted an individual qualitative study including 18 participants who were asked to discuss their experiences regarding (a) social skills trainings, (b) providing solutions to social skills issues, and (c) sharing how they had been improving their social networks. The participants were given a small monetary check and were recruited by phone calls to parent groups, support centers, and by personal contacts. The videotaped interviews were conducted at any location of the participant’s choice, were 1-2 hours in length, and they included open-ended questions that were both negative and positive, as well as the sessions included feedback on possible solutions and approaches to social interactions. Once the interviews concluded and the data was reviewed, member checks were performed to ensure accuracy.

Six major themes were revealed as a result of the study: (a) intense isolation, (b) difficulty initiating social interactions, (c) challenges relating to communication, (d) longing for intimacy and social connectedness, (e) desire to contribute to one’s community, and (f) an effort to develop greater self/social awareness. As for the recommendations provided by the participants, they stressed the need for continued

support from people outside families, working with their peers, and opportunities to observe behaviors of people not diagnosed with autism (neurotypical). The study supported the research that living with autism is complex and unique to each diagnosed individual.

Taylor and Seltzer (2010) conducted a quantitative study of 66 participants who had graduated from high school within the previous two years, were an average age of 22.98 (SD 1.51). Eighty were male and were still living at home with their caregivers. Previous research indicated that employment was low for individuals diagnosed with an autism spectrum disorder. Individuals who are not diagnosed with a learning disability or a diagnosis of other disorders in addition to an autism spectrum disorder had more difficulty finding employment because there is less governmental support for those not enrolled in adult day-support programs (Taylor & Seltzer, 2010).

The participants were recruited from a previous longitudinal study conducted by Seltzer in 2003. The original study recruited participants through flyers, phone calls, and agencies. All participants were required to take the Autism Diagnostic Interview-Revised instrument (ADI-R) (Lord, Rutter, and Le Couteur, 1994) to confirm their diagnosis of autism. Test result scores were determined by taking the sum of how many questions the participant showed symptoms of autism. The increased amount of responses to questions in which the participants exhibited symptoms associated with autism, the higher the likelihood of a correlation to a confirmed diagnosis of autism.

The students were separated into five categories: (a) enrolled in college (community, public, or private), (b) activities after high school, (c) career finding assisting services, (d) supported employment, (e) adult day programs, and (f) nonspecific

day service activities. Fourteen percent of the participants were enrolled in college, did not live on campus, and were working as well as attending classes. The declared majors of these participants were not in the social/humanities areas. They were mainly technologically focused, such as print technology and digital media. A very small percentage of the participants at 6%, utilized assistive career services; however, they were not involved in any other activity, and they also were not working full time.

Additionally, 12% of the individuals were enrolled in supported employment programs, and some had an additional job that did not include supported employment. For those that participated in adult day programs, 56% attended specific full-day workshops that provided experiences, such as working in a group setting; however, the activities were not representative of a realistic employment setting (i.e., set working hours, submitting a time card, being assigned tasks with the expectation of producing an assignment). For the remaining 12% of participants who were not involved in any activities or programs, the majority of them lived at home. Up to three of the participants did try to participate in some outside activity but not at the same frequency as their peers in the study.

The results of the study concluded that adults who were enrolled in college campuses, although they lived at home, had higher levels of independence; whereas, their peers who were in full-day adult programs had lower rates of independence. It could be interpreted that there were external factors that contributed to the lower job rates—the biggest point being the economy downturn at the time the study was conducted.

**Technology and autism.** Golan and Baron-Cohen (2006) conducted a quantitative study in London, England, including 65 high-functioning adults diagnosed

with autism, who were randomly assigned to three different group categories. They were recruited in various ways, including advertisements, a volunteer network, and a center that supported high-functioning adults diagnosed with autism. Participants were not compensated for participating in the study, however, they could keep the Mind Reading software they utilized during the study. In the nonintervention group, there were 22 participants, there were 19 participants in the intervention group, which received the Mind Reading software that included a video and voice modules, and 24 participants were in a group that were asked to come in for one assessment and review an emotion- recognition program. The purpose of the study was to assess if the use of Mind Reading vignettes could help high-functioning adults with autism recognize and learn emotional responses that they could utilize in social settings.

All participants were tested, using the autism spectrum quotient, to establish a baseline of an autism spectrum disorder diagnosis. Then four other assessments were all performed by the participants to assess their deficit of emotional recognition at Test 1. The assessments were (a) the Cambridge Mindreading (CAM) Face-Voice Battery, (b) the Reading the Mind in the Eyes Task, (c) the Reading the Mind in the Voice Task, and (d) the Reading the Mind in Films Task. Once the assessments were completed by all of the participants, the intervention group ( $n = 19$ ) received the Mind Reading software to take home and work through for 10 weeks at two hours per week, at a minimum, and then they were retested to see if there was any improvement in their recognition of emotional expressions and inflection in voice. The nonintervention group of 22 participants returned after 10 weeks for a second assessment in congruence with the intervention group and modified intervention group. The average time for using the software for the intervention

group was 17.5 hours (SD = 6.7, range = 10-36). For the group that received a modified version of the intervention, which was reviewing emotional recognition software, returned after 10 weeks to share if there had been any changes in their behaviors due to reviewing the software.

Main effects analyses were performed for all three groups regarding the CAM task, which included an emotional face, voice, and concepts review. There was a significant improvement across each section for the group with high-functioning autism who received the intervention, for faces  $t(17) = 5.37, p < .001$ ; for voices  $t(16) = 5.24, p < .001$ ; and for concepts  $t(15) = 3.96, p > .005$ . Five ANOVAs were later performed to review the differences of emotional acknowledgement between each of the three groups at the initial testing time. It was found that the differences were significant between the groups at Test 1 time, specifically in the area of the CAM face recognition,  $F(2, 62) = 13.82, p < .001$ , voice recognition,  $F(2, 60) = 11.53, p < .001$ , and number of emotional concepts recognized  $F(2, 60) = 12.77, p < .001$ , Reading the Mind in the Eyes  $F(2, 62) = 6.10, p < .01$ , and Reading the Mind in the Voice  $F(2, 62) = 4.92, p < .02$ . The study concluded that the usage of the video modules positively impacted the knowledge of social communication skills amongst adults diagnosed with an autism spectrum disorder, and they could use the skills they learned from the videos to improve social relationships.

Trammell (2006) conducted a study about the use of television coaching to assist young adults diagnosed with an autism spectrum disorder in preparing for social interactions and communications with their peers, as well as faculty and staff, at their college. The sample size included five students who met with the disabilities services office at their college where they discussed their needs and wants regarding social

communication during their college experience. For example, situations, such as discussing feedback with faculty, interviews for internships, and discussions with their roommates, proved to be difficult for young adults diagnosed with autism. Their discussions with the disabilities services office staff were based upon ways in which these adults could improve their social skills to have these discussions with faculty and their peers. Trammell (2006) hypothesized that young adults diagnosed with autism were more receptive to videos and television as a teaching mechanism because they could mimic the behaviors they observed as opposed to in-person intervention-based programs or simulations.

Each of the participants in the study worked with the director of disability services to find at least four episodes of a television show to watch. The participants were told to watch for extreme body language, exaggerations, and mannerisms that they would like to imitate in social situations. Once they observed the behaviors, they discussed their notes with the director and planned situations in which they could use the social and physical behaviors they observed. This allowed the students with the opportunity to clarify any questions or concerns that they observed during the shows. Once the appropriateness of the use of different social behaviors was discussed with the participants, they were encouraged to try out what they observed. At least two participants reported feeling more confident in their interactions with faculty. While this study had a very small sample size, and it is not considered a universally applicable assistive strategy for students diagnosed with autism, it can be used as a supplemental intervention strategy that could positively impact the collegiate experience of students diagnosed with autism.

Continuing with the application of using video modules/television and encouraging young adults diagnosed with autism to attempt skills in non-simulated social settings as a form of social communication practice/education, Allen, Wallace, Renes, Bowen, and Burke (2010) had four adolescent/young adult men diagnosed with high functioning autism participate in a study that used the “Walkaround” mascot technology and how repeating the behaviors of the mascot assisted the participants in helping customers in a retail setting. The “Walkaround” mascot is an actual suit that is worn by the “actor,” and they are required to watch an instructional training video that showcases vignettes in common social situations, such as greeting another person, and specific social situations related to how their mascot is marketed to perform in retail/social settings. By being in the costume, participants were shielded from social interaction annoyances that otherwise could have prohibited them from engaging customers in conversation. Wearing the costume provided the young adult males with a safeguard, which allowed them to focus on practicing the intervention/skills displayed in the training video. There was no control group for this study.

A multiple-baseline design was used to evaluate the participants and the effectiveness of the video modeling. Before the participants were introduced to the training videos that corresponded with the “Walkaround” mascot, they were pre-tested by trying on the costume in a secluded environment, to establish familiarity with the suit. A month later, the participants were asked to view the training videos that corresponded with the mascot, and then wear the suit in a department store so that they could be observed. The researchers found the participants were more comfortable using the mascot suit as a way to practice their social skills without fear of reprimand. It gave them a

“shield” to protect again the nervousness commonly associated with social situations. While this may not be a consistent or lucrative form of employment, it was definitely a good opportunity to practice social skills overall.

Mason, Rispoli, Ganz, and Boles (2012) conducted a multiple baseline single case over five weeks with two 50-minute video viewing sessions per week. During the 50-minute video sessions, four to six vignettes were viewed, and then the social skills displayed were immediately practiced and rated by the researcher. The study had a sample size of two male college students, ages 26 and 19, who were both diagnosed with autism and were working with the disability services office at their college. Mason et al. (2012) wanted to measure the effect of the video modeling software on improving the social skills of the two participants in the research study. One male was residential and commuted to campus, and the other lived on campus in a residence hall. The residential student reported that he had limited opportunities to connect with his peers, whereas the other male did not feel that he exhibited a lack of social communication, rather, he wanted to practice social communication skills involving the opposite sex. Although each participant had different goals for who they wanted to interact with, their desire to attempt practicing social skills was important.

Each participant showed marked improvement from the baseline study to the intervention application in three respective areas: (a) eye contact, (b) facial expression, and (c) turn-taking. Participant 1 baseline mean scores in the three areas of interest were: (a) 1, (b) 2.12, and (c) 3.31. Post intervention, the scores were: (a) 3.27, (b) 4.2, and (c) 6. Participant 2 baseline scores were: (a) 4.6, (b) 3.12, and (c) 3.96. Post intervention they were: (a) 5.2, (b) 3.57, and (c) 7.5; the results were statistically significant  $p > 0.05$ .

While this sample size was small, it did provide another form of intervention that could be utilized by college students, and it could be immediately implemented while they were enrolled in college.

**Social skills and support training.** In a randomized controlled trial study, Gantman, Kapp, Orenski, and Laugeson (2011) focused on self-perceived reports of social skill development for individuals with an autism spectrum disorder and their caregiver's observations of their social skills. Gantman et al. (2011) proposed that using the University of California, Los Angeles-based PEERS Assessment for Young Adults intervention would improve social skills development and positively affect the emotional feelings of high-functioning adults diagnosed with autism. The treatment cycle spanned over 14 weeks with 90-minute weekly sessions that addressed social skills knowledge: (a) conversation practice, (b) role-plays, (c) appropriate electronic mail structure, (d) developing friendships, (e) social responsiveness, (f) empathy, and (g) preparing for social gatherings with others.

The study included 17 young adults who were in college at part time status and attending a local agency for assistance with young adults diagnosed with an autism spectrum disorder. Their ages ranged from 18-23 ( $M = 20.4$ ;  $SD = 1.62$ ), and they were of various ethnic backgrounds. To meet the criterion of the study, each participant had to have an agreeable caregiver (i.e., parent or guardian) willing to participate in the study. Of the 17 young adults, 12 were male, and five were female. The participants were not compensated and received the entire intervention at no cost. The participants were separated into two groups and the rate at which the participants would receive the intervention was decided by chance using a coin toss.

All 17 of the participants were randomly assigned and pretested to establish a baseline for their social skills deficit prior to the intervention. They were then post-tested at the conclusion of the study, with the same assessments, to show if their scores had positively improved as a result of the PEERS intervention. 10 participants received the intervention immediately, while the remaining 7 participants received the intervention after 14 weeks. The group that received the intervention immediately showed significant improvement over the group that was delayed 14 weeks. The difference in improvement rates was evident by the control group of young adults' self-report scores, post-test, compared to their pre-test results. Their scores reported (a) less social and emotional loneliness, (b) improvements in social communication, (c) decreased autistic mannerisms, (d) higher rates of cooperation, and (e) increased knowledge of social skills and responsiveness. The caregivers also reported positive improvements in social skills functioning and an increase in displays of empathy toward others.

In a qualitative international study conducted by Griffith et al (2011), 11 adults diagnosed with an autism spectrum disorder were recruited via web advertisements to participate in a study interested in the lived experiences of older adults diagnosed with autism. Interpretive phenomenological analysis was used to interpret the results of the interviews. The participants were required to be 35 or older, have a confirmed physician's diagnosis of an autism spectrum disorder, and no known or diagnosed intellectual deficiency. There were more males in the study than females. All of the interviews were recorded, lasted an average of 42 minutes, and occurred only once.

As evidenced by the characteristics of an autism spectrum disorder, 1 of the 11 participants completed the study in nine minutes, primarily due to short, succinct

responses, because he was in the presence of an unfamiliar person. Four themes resulted in the data collection of the researchers: (a) some days, “I struggle living with autism” (specifically related to employment difficulties experienced by adults diagnosed with autism), (b) employers do not think that adults diagnosed with autism will have difficulties with tasks and directions, (c) adults diagnosed with autism are not supported by governmental agencies, and (d) more people need to become aware of autism and learn how to support diagnosed individuals.

As discussed in both studies by Hurlbutt and Chalmers (2002, 2004), Sperry and Mesibov (2005), and Griffith et al. (2011) found similar themes relating to the experiences of an adult diagnosed with autism. Intellectually, these adults are very capable of producing the necessary outcome for tasks, yet the emphasis on the personal relationship building needed for a successful work experience continually created difficulties. Living with autism led to further comorbidity of other diseases, most prevalent depression and anxiety, amongst the participants. Knowing that they had to rely on medications in order to survive made it very stressful for day-to-day activities. Most importantly, the participants pushed for more awareness from the neurotypical community regarding behaviors associated with autism and showing acceptance. Knowing that a neurotypical understood and were sensitive to the social communication difficulties of the participants could lead to more opportunities to practice social communications without the stress of perfection.

As technology continues to improve, so does the quality of intervention-based training programs for adults diagnosed with autism. Trepagnier, Olsen, Boteler, and Bell (2011) conducted a quantitative study using simulated life-like conversations through

videos for adults diagnosed with autism who did not present intellectual disabilities. The study included 10 participants, with only one female, who were either adolescents or adults. The participants were formally diagnosed with an autism spectrum disorder, and their legal guardians completed an autism diagnostic interview to corroborate the participants' diagnoses. Over a period of 6 weeks, the participants used the prescribed software; there was a two-week lag in between the first and second tests. The software was set up to include "games," which were representations of social situations, and they were given verbally to the participant through provided headphones, and the participants would click a mouse to respond.

The additional use of the headphone component was very important because diction and inflection of voice is often another deficit commonly associated with autism. Not being able to monitor the tone and pitch of voice is a key piece in social communication, and they can often change the meaning and interpretation of a statement. The participants spent a mean average time of 24.4 hours,  $SD = 5.4$  on each of the games. At the end of the study, the participants were asked to rate their experience, and all of them responded positively to their experience, saying that they would use the program again and continue to use it to practice social skills. In fact, six out of the 10 (60%) participants played more games than were required by the researchers, and three participants played the requested number. The remaining participants either played below the requested number, were unable to load the data onto their computer, or did not attempt to play the game at all.

The researchers discussed that because their evaluation questions were phrased in a positive sense that some of the response data could be skewed. Also the technical

difficulties experienced by the participants may have led to negative feelings about the software, which had they had the chance to try it, the participants may have felt otherwise. Overall, 90% of the participants felt that the software was realistic, relatable, and they reported less stress by practicing in a safe environment in which they controlled.

Nuernberger et al. (2013) conducted a multiple baseline research study about teaching behavior skills to young adults diagnosed with autism. There were three initial meetings and a follow-up check at both four weeks and eight weeks after the first meetings. The study consisted of 3 adult participants who were recruited from an agency that provided services to adults diagnosed with autism. The study was structured into three parts so that each part was built from the successful completion of a prior task. Participants were taught specific social skills, they practiced their acquired skill, and then they were provided with feedback from their partner. To establish a baseline for whether or not their skills were improving over time, while being observed by the researcher, each participant was asked to start a conversation with someone three different times. The conversations were very short, approximately five minutes long. The baseline mean equaled 45%, which was within a range of 10-80% with regard to initiating a conversation. Once the participants received the intervention, their mean average rose to 90%, which was within a range 80-100% improvement with regard to displaying appropriate social behaviors skills.

Verhoeven and Smeekens (2013) conducted a study about the assessment of social skills of young adults diagnosed with autism through role playing. Similar to the many of the intervention-based studies, practicing and observing the mannerisms of neurotypical individuals assisted the individuals diagnosed with autism with modeling

appropriate social behaviors. There were 44 males in the study, ranging from ages 18-35. Twenty-four of the 44 males were diagnosed with autism, while 20 participants were not diagnosed with autism (neurotypical). The participants were involved in 2 role plays relating to social situations, such as meeting a neighbor, and then speaking with their landlord regarding a problem. The individuals diagnosed with autism performed poorly in the areas of negotiation with the landlord, and displaying interest in initiating a conversation with their new neighbor, as well as engaging in conversations with building tenants, were low.

Also noted was the fact that the young male participants in this study had a comorbidity of other disorders that also impacted their conversation skills. There was no assessment for oral and/or intellectual intelligence deficits. The diagnosis of autism was the main criterion for participation in the study. The researchers considered the study to be helpful as it identified differences between a neurotypical approaches to conversation and the ability for adults diagnosed with autism to display appropriate conversational skills.

Strickland et al. (2013) hypothesized that utilizing the Internet-based interviewing skills program, JobTIPS, in addition to simulated reality practice sessions would better prepare young adults diagnosed with an autism spectrum disorder who were contemplating pursuing employment opportunities. Twenty-two males with a confirmed physician's diagnosis of an autism spectrum disorder or Asperger syndrome, ages ranging from 16-19 years, were recruited by mail and display of posters at two facilities that supported individuals diagnosed with autism. The participants were informed that they would be interviewed twice by a human resources representative for the study. Their pre-

test established a baseline for which the researchers could compare rater scores from the interview rating scale that was created to capture the interview characteristics displayed by the participants.

The group was randomly assigned to either the treatment (those receiving the intervention) or the contrast group (those not receiving the intervention). The JobTIPS intervention consists of five topic area modules: (a) determining career interests, (b) finding a job, (c) getting a job, (d) keeping a job, and (e) other job topics. Each participant in the treatment group was instructed to go through each module, which included quizzes, interactive videos, and printable scripts for dialogue practice. Once the modules were completed, the control group participants practiced what they learned in the interactive employment modules. There was a human resources representative playing the role of the interviewer, and the participant played the role of the candidate. For the contrast-group participants, they only interviewed twice with the rater, and they were evaluated using the interview rating scale. The time elapsed between interviews for both the treatment group and control group was seven days. Once the second interview was completed by the treatment group, they then engaged in virtual role plays. During the seven-day time between interviews, the participants were asked to continue to work on the JobTIPS modules.

To determine the effectiveness of the intervention, a mean change score was calculated by dividing the difference of the scores from Interview 1 to Interview 2 by the total number of questions on the scale. With the mean score established, it was calculated that the treatment group showed improvement in displaying appropriate interview skills based on the increased knowledge base, which the study classified as content ( $M = .448$ ,

SD = .341); the control group, however, did not show improvement in the knowledge of appropriate practice ( $M = -.034$ ,  $SD = .17$ ). The participants were also evaluated on how they displayed their acquired knowledge, as the study referred as delivery of skills. The treatment group again showed improvements in their delivery with an  $M = .334$ ,  $SD = .229$  vs.  $M = .0252$ ,  $SD = .463$ , which demonstrates a significant amount of growth in social skill development for individuals with an autism spectrum disorder. By using their new skills when seeking employment, these skills could enhance the probability of an improved interviewing experience.

Finally, a study was conducted by Roux, Shattuck, Cooper, Anderson, Wagner, and Narendorf (2013), using data collected from the National Longitudinal Study 2, specifically Wave 5, which addressed immediate employment outcomes for 620 adults diagnosed with autism. The factors they considered were: (a) having ever been employed, (b) salaries or hourly wages, (c) number of employment options, and (d) types of employment. The majority of the participants were white males around the age of 23. Interestingly, the researchers found that there was a relationship between having a higher household income and improved social skills. The individuals who made the most money had higher social skills and had worked since they graduated, which was dramatically different than their lower-functioning peers in which 12% found employment, but they were poorly paid. Based on the self-reports of the adults, the researchers found that over half of the participants in the study had never been employed, they earned an average of \$8.10 per hour, which is relatively low, and their employment opportunities were limited to menial labor.

**Evaluation of methods.** The literature approached the discussion of autism and employment from qualitative, quantitative, and mixed methods vantage points. The quantitative data was mainly calculated relationships between social skills trainings, interventions, measurements of employment, unemployment, or participation in adult support day programs, after high school graduation employment, as well as comparisons between groups that were utilizing professionally supported employment training programs or actively pursuing employment opportunities individually. The control groups were almost always without the proposed intervention, with the exception of one study where there was a third group who received a modified form of the intervention.

It was fascinating that for some studies the researchers were concerned about establishing the existence of behaviors associated with autism by frequently using the Autism Spectrum Quotient (Baron-Cohen et al., 2001), whereas other studies accepted the participant's self-disclosure of their diagnosis as proof. For the majority of the studies included, parental or legal guardians were asked about the participants' displays of social skills. By giving the opportunity to parents and caregivers to share their experiences, they provided the necessary perspective to see if the interventions were actually improving the participants' quality of life. More often than not, the primary caretakers reported that there were significant positive changes in the participants' home environment. There was also an increased reliance on the usage of social skills interventions through videos, television, simulated practice sessions, or modules. The delivery of the methods for intervention became more convenient as technology advanced.

The qualitative data has given a lived account of the experiences of individuals diagnosed with autism. However, the drawback in the research with this specific

population is that because these are personal accounts, they are specific to the participants and cannot be universally applied to all adults diagnosed with autism. The research was, though, informative in the sense that there was consistency amongst the reports of the participants that living with autism makes social interactions very difficult, and it adversely affects their lives.

### **Gaps in the Literature**

The most notable gap in the research is the low number of participants for each study. Women were continually absent from the studies and, if any were present, it was less than 20%. The Center for Disease Control (CDC) (2014) identified 1 in 68 children being diagnosed with an autism spectrum disorder, with males as frequent as 1 in 48 and females with less frequency at 1 in 189, and subsequently, they were the majority of the participant populations. The fact that there were less females participating in the studies made the possibility of generalizing the results difficult. This is especially true for researchers who would want to apply their findings to all adults diagnosed with autism.

Another gap in the literature, or another aspect of gathering data, is that there are individuals who are diagnosed with autism who do not wish to participate in research studies because they are comfortable with who they are, and they do not feel the need to change. The longitudinal data provided by the NLS2 (2009) was very helpful to the researchers; however, it is necessary for a new longitudinal study to be implemented to track the changes of this population. Using data that was completed five years ago creates an issue regarding accurate information. Additionally, the researchers repeatedly commented about their sample sizes, including the highly motivated adults, both older and young, who were diagnosed with autism.

Hurlbutt and Chalmers (2002, 2004) and Sperry et al. (2005) have shown through their research studies that individuals who are diagnosed with an autism spectrum disorder do have difficulties in communication, social interactions, and reciprocating societally based norms for conversation. Moreover, adults diagnosed with an autism spectrum disorder are unable to display appropriate nonverbal social cues, such as but not limited to, eye contact and appropriate voice noise level. Gantman et al. (2011) posited that “while better social skills, greater functional independence, and maternal involvement in activities predicted higher social engagement, younger adults with autism spectrum disorder who lived at home tended to have fewer peer relationships” (p. 1094), which means that living at home for these individuals could further complicate their experiences with people and peers outside of their home environment. Early intervention in childhood is recommended by the DSM-5 to assist in the development and practice of social skills so that, as the child matures into adulthood, they are equipped with the soft skills necessary to navigate not only their personal lives but also their professional lives.

Nuernberger et al. (2013) suggested that “one goal for individuals with an autism spectrum disorders should be to develop more ‘typical’ conversation skills, including maintaining a conversation topic for more than one exchange and engaging in appropriate non-vocal conversation behaviors” (p. 411). However, some individuals with an autism spectrum disorder diagnosis may not receive or choose not to enroll in support services early in their development, which could make for a difficult transition into adulthood. Also, the individuals who have had services for an extended period of time face transition difficulties, as well, because their support network changes from very intense to self-guided as they mature and move into the workforce or into higher education. It is

imperative for research to continue on this unique population.

The low job rate, as well as inability to find employment despite being intellectually skilled, is a detriment to the quality of life experience for adults diagnosed with an autism spectrum disorder. Colleges and universities can help to reduce the amount of difficulties faced by this population; however, when colleges and universities advertise their services to all students, it depends on how the student feels about his or her diagnosis if they will obtain help or not. Under the ADA (1990), colleges and universities are required to provide opportunities; however, the students do not have to take part in the services if they are not so inclined. More often than not, since they have been receiving services, many choose to not continue with the help. This presents issues for not only for everyday interactions as students, but also when they decide to compete for employment and have not honed their skills prior to interviewing.

Another point interwoven into the research, but not directly addressed, is self-advocacy. Development of those skills along with social communication improvements will be the way for young people with an autism spectrum disorder to navigate the challenges they face as they enter adulthood. The interview process could easily be viewed as an opportunity to practice self-advocacy. Discussing what is important and influential about a person and explaining that a person's personal characteristics are what is best for a prospective employer, shows interviewers that an individual is able to be independent, motivated, and a self-starter.

### **Chapter Summary**

Research information related to young adults diagnosed with an autism spectrum disorder is sparse. Of the literature available, there were more qualitative than

quantitative studies. Reviewing the lived experiences of adults diagnosed with an autism spectrum disorder provided the lived experience of coping with assimilating into societal norms. Furthermore, the multiple studies from Hurlbutt and Chalmers, (2002, 2004) contributed to the significance of this research study by revealing the struggles and difficulties for adults diagnosed with an autism spectrum disorder who were able to find employment. Taylor and Seltzer's (2010) also provided evidence of the hurdles for young adults diagnosed with an autism spectrum disorder, as the high functioning young adults in their study, were less likely to secure employment, than their counterparts who were diagnosed with an autism spectrum disorder as well as an intellectual disability.

The increasing rate of autism spectrum disorder diagnoses represents a significant need for continued research specifically regarding interview behaviors and successful, sustainable employment for young adults diagnosed with an autism spectrum disorder. Current available research discusses child and adolescent development within the school system and does not follow the children into young adulthood. The literature review utilized the limited data available to inform the research question and identify the gap in the current research, which is the employer observations of the communicative and physical social behaviors of young adults diagnosed with an autism spectrum disorder and how those observations contribute to the employers hiring decision. Chapter 3 will provide a methodological research design and framework through which the research questions can be explored.

## **Chapter 3: Research Design Methodology**

### **Introduction**

Attempting to enter into the workforce is a highly competitive and strenuous experience. The pressure to display an enthusiastic attitude, interest in the interview process, and knowledge related to the available position can create distress for a neurotypical candidate. Couple those expected physical/emotional responses with a diagnosis of an autism spectrum disorder, which includes deficiencies related to social interaction, makes for an interview experience that can become complicated and disheartening.

The ability to hold a fluid conversation is a crucial piece of the interview process and the inability to do so can negatively impact the probability of a candidate diagnosed with an autism spectrum disorder from successfully being hired. Conducting a research study of a young adult formally diagnosed with an autism spectrum disorder who participated in a mock interview, and soliciting employer responses as to the positive and negative communicative and physical social behaviors that impact their hiring decision of the young adult, contributed to identifying some of the stressors associated with the interview process.

There are multiple institutions of higher education within the Rochester, NY area, ranging in student population size, public, private, or community colleges, as well as academic focus on liberal arts or technology. Rochester is also home to many scientific, technical, engineering, and mathematical based companies that utilize area college

students as their internship and employment talent pool. Happe and Firth (1994) identified that young adults diagnosed with an autism spectrum disorder are more likely to seek out employment related to the science, technology, engineering and mathematics fields, which makes Rochester a prime location for young adults diagnosed with an autism spectrum disorder to pursue employment opportunities. Given the connection between autism spectrum disorder and the job market for Rochester, NY, utilizing a sample of local employers who had a higher likelihood of interviewing a young adult with an autism spectrum disorder was beneficial in gaining understanding of the employer perspective regarding hiring decisions of young adults diagnosed with autism.

### **Research Participants**

To comply with ethical guidelines for human research, the researcher submitted an expedited research proposal to the St. John Fisher College Institutional Review Board for review. The expedited research study format was chosen because the intent of the study was not to deceive or cause major psychological harm and/or distress to the participants and young man who participated in the mock interview. In fact, the survey was designed with convenience for the participants in mind. Participants had the opportunity to take part in the study at any location of their choosing (i.e., home, work, or library as long as they could connect to the Internet) and use as much time as needed to respond to the open-ended survey questions. The survey was designed to be both computer and mobile friendly, increasing the ease of accessibility to the participants. Had any of the participants experienced difficulties, they were asked to reach out to the researcher and/or a counseling professional to discuss their concerns.

Up to 15 participants were required for this research study as per the approval of the St. John Fisher College Institutional Review Board. Given the qualitative nature of the research study, in addition to utilizing local residents of Rochester, N.Y, the researcher sought to have a participant pool that was diverse, educated, and knowledgeable. To achieve such a pool, a decision in consultation with the dissertation committee was made to specifically focus on attracting participants who are alumni of the Education Doctorate (Ed.D.) in Executive Leadership at St. John Fisher College. Ed.D. program alumni were chosen as the participant pool as they are knowledgeable, educated leaders skilled in producing scholarly prose, in addition to having the skills to write detailed and concise responses to the researcher's survey questions. The researcher contacted the assistant director of Operations for the St. John Fisher College Ed.D. program to request that a participant solicitation email be sent to past candidates of the program.

**Inclusionary and exclusionary criteria.** To be included in the study, participants had to meet all of the following criteria: (a) previously interviewed adults entering the workforce, (b) authority to make full-time status, permanent hiring decisions, (c) no previous experience working or volunteering with a career services or student employment office at the college level, and (d) no previous experience working with or volunteering with a disabilities services office or autism awareness groups. The inclusionary criteria were developed to allow for a diverse group of participants.

The assistant director complied and sent the solicitation e-mail. The participant solicitation e-mail request was sent specifically to alumni from Cohorts 1-6. Candidates from cohorts 7, 8, and 9 were excluded because of the high potential for prior knowledge

about the research study through conversation and group discussion during the researcher's tenure in the Ed.D. program. The text of the e-mail requested that those alumni of the Ed.D. program that were interested in participating in the research survey click on an embedded link in the e-mail that would direct each participant to the research survey created in Qualtrics research software. All participants were informed via the solicitation e-mail that they would be required to view the aforementioned recorded mock interview video and respond to seven open-ended questions. Once the participants had responded to all of the questions, their participation in the study concluded.

### **Research Study Design**

An online survey allowed for ease of access to a broader participant pool, as opposed to scheduling in person interviews. In-person interviews required specific time-slot scheduling per each participant and locating available spaces that were quiet, non-distracting, as well as had Internet access. An online survey tool allowed for the participants to take the survey at a location and time of their choosing. Receiving the participants results from the online survey provided instantaneous results which aided the researcher in content analysis. The online survey was created using St. John Fisher College's Qualtrics software. Seven open-ended questions were included in the survey, as well as the mock-interview video of a young adult diagnosed with autism, which was embedded into the survey. Participants' responses were analyzed individually, qualitatively, in accordance with their assigned pseudonyms. The researcher read each participant response and noted information that supported the significance of the research study. Once the information was identified, the researcher continued to review the

responses for correlations amongst the participants and then identified themes related to the posed research questions.

### **Research Context**

This research study was separated into two phases. Phase one consisted of a video-recorded mock interview between the researcher and a young adult who had been formally diagnosed by a medical professional with an autism spectrum disorder. The young adult and his legal guardian both signed a consent form prior to the start of the recording. The consent form did include the request for permission to use the mock interview video recording as a part of the research survey as well as permission to record the mock interview. The young adult was informed he did not have to dress professionally to participate in the mock interview. Once he arrived with his legal guardian, a hard copy of the consent form was provided and signed by the young man and his legal guardian. A photocopy of the consent form was provided to the young man and his legal guardian as well. Once the consent form was signed, it was then explained to the young man and his legal guardian that he would be asked to respond to a series of general employment questions from the interviewer that were related to a fabricated customer service position. The young man and the interviewer conducted the mock interview inside a classroom at a college campus that included two chairs and a desk. The video was filmed on an iPad and then edited on a MAC book to reduce the video to six minutes. Once the filming of the young adult responding to the interview questions ended, his role in the study was complete. He, as well as his legal guardian, was thanked for their time and the young man was given a small non-monetary gift for his participation.

The second phase of the research study was the engagement of participants in the research study survey. Prior to responding to the seven open-ended research study questions, each participant was required to review the online consent form embedded into the first page of the research survey. Agreeing to the terms and conditions of the online participant consent form, allowed for continuance in the research study. Disagreeing with the terms and conditions of the online consent form took the participant to a separate page that thanked them for their time and closed out their access to the survey. For participants who chose to provide their consent, they were then taken to next page of the survey to provide demographic data about themselves. The demographic data points included (a) gender, (b) age, (c) role in their organization, and (d) type of organization.

Next, participants were asked to review a mock customer service job description for reference. Once they reviewed the customer service position description, they were then asked to click to begin viewing a mock interview video of a young adult. No participants were informed at this point in the survey that the young man featured in the mock interview video has a formal diagnosis of an autism spectrum disorder. The video was six minutes in length and consisted of only the young man and the interviewer. After viewing the video, the participants were then asked to respond in depth to seven open-ended questions related to what they observed of the young man featured in the video. No questions related to the interviewer's social behaviors were asked. Once participants entered their responses, they were thanked for giving of their time, and then asked if they wished to participate in a randomized raffle for one \$50.00 Wegmans gift card.

## **Data Analysis**

Using conventional content analysis as well as analytic induction to glean and capture information from the participants provided firsthand holistic observations of the young man featured in the video. Content analysis provided the opportunity to take the data received review each of the participant's responses and compare and contrast their observations of the young man. Analytic induction of the participant's responses allowed for the researcher to apply participant observations to the posed research phenomena and have data that supported researcher assumptions that there are both positive and negative social behavioral characteristics that impact employer hiring decisions of young adults diagnosed with an autism spectrum disorder. The participant responses shed light on the positive and negative behavioral characteristics potential employers observed while watching a young adult diagnosed with an autism spectrum disorder during the mock interview process. Research regarding the employer perspective on adults diagnosed with an autism spectrum disorder engaging in the interview process is sparse.

By conducting this research study, it provides an awareness of the specific characteristics that impacted whether or not the participants would hire a candidate diagnosed with an autism spectrum disorder. Additionally, this research helped to contribute specific areas of focus for the future creation of programs, workshops, and/or modules for colleges, universities, and assistive programs that want to help their population of students diagnosed with autism achieve gainful employment within the workforce. Capturing this data also allowed the researcher to identify common themes and codes surrounding participant responses and to triangulate the data amongst participant hiring practices.

As each participant response was collected through the Qualtrics survey tool, the researcher read through each participant response multiple times for understanding, clarity, and to identify details that supported the research questions. Based on each of the responses shared by the participants, each question was reviewed individually and aggregated for correlations to the following a priori codes: (a) Physical/body language observations, (b) behavioral observations, and (c) verbal responses. It is important to define each of the codes so that it is clear how the themes were assigned. The physical/body language code refers to the observed initial appearance of the young man while he is interviewing. What do the participants see and think about the young man without hearing any of his responses to the interviewer's questions? Then based upon what they observe, what do they think about his ability to be employed. The behavioral code refers to the non-verbal characteristic in which society has defined as appropriate for engaging in the interview process as well as conversation. For example, when two people are engaged in a conversation, to convey understanding of the other persons shared information, a neurotypical individual may nod their head slightly for agreeance, in addition to looking the individual in the eye to show that they are paying attention.

For a young adult who is diagnosed with an autism spectrum disorder, the reciprocity of non-verbal conversational behavioral characteristics is missing. While physically being present during a conversation or an interview, the young adult diagnosed with an autism spectrum disorder may not be mentally processing the information being communicated to them as fast as anticipated by their neurotypical peer or interviewer. The young adult is listening and processing the information presented to them, however, his or her affect may appear as a blank stare or emotionless, which in turn conveys

disinterest to a neurotypical individual. For the final code, verbal responses, the young man's responses to the interviewer's questions are analyzed for words or examples of previous employment experiences that convey he is able to work with customers to solve problems as well as work in a team setting to accomplish directives set out by the potential employer. These a priori codes are grounded in the "2013 Top Ten Skills for Job Candidates" identified by the National Association of College Employers (NACE) based on the Job Outlook Handbook, 2013. The skills identified are as follows:

1. Ability to verbally communicate with persons inside and outside the organization
2. Ability to work in a team structure
3. Ability to make decisions and solve problems
4. Ability to plan, organize, and prioritize work
5. Ability to obtain and process information
6. Ability to analyze quantitative data
7. Technical knowledge related to the job
8. Proficiency with computer software programs
9. Ability to create and/or edit written reports
10. Ability to sell or influence others

### **Summary**

Once the data was reviewed, the information was analyzed for meanings, concepts, codes, and themes. The qualitative responses from employers/participants were evaluated utilizing conventional content analysis and analytic induction. Conventional content analysis was the best approach for this study because research directly related to

the employers' perspectives regarding autism awareness is limited. Analytic induction allowed for the researcher to delve deeper into the data for rich meaningful content. A priori codes were established from employer identified behavioral characteristics that would result in employment. Themes from the data were closely related to the language used by the participants and the NACE identified behavioral characteristics. The analysis of the data provided context for the purpose and rationale for conducting this research study. The data drove the answers to the research questions as well as offered unanticipated perspectives from the employer observations that could inform future research studies. Chapter 4 specifically explains in-depth the makeup of the participant pool, discusses the employer/participant observations, and how the participant observations impacted their hiring decisions.

## **Chapter 4: Results**

### **Introduction**

The purpose of this study was to shed light on the positive and negative communicative and physical social behaviors of a young adult diagnosed with an autism spectrum disorder during the interview process. Additionally, this research study sought to understand how those positive and negative behaviors displayed impacted the hiring decisions of the participants; who each had experience in making a hiring decision in their current organization or in their past employment. Acknowledging the large population of individuals in the United States that are classified as disabled connects the necessity of this research study to provide information that can benefit both adults diagnosed with an autism spectrum disorder and the training programs/opportunities that prepare them for entering the workforce.

Data provided by the Bureau of Labor Statistics, United States Department of Labor, stated that as of May 2013, 23.1 million individuals in the United States were both disabled and unemployed. Of the 23.1 million individuals who provided their information to the Bureau of Labor, 11.5 million were willing to identify the specific employment barriers which prevented them from becoming employed and sustaining their employment. This data was categorized by men and women and ages 16-64 and 65 and over. Employer attitudes accounted for 8% of the total respondent's rationale for an employment barrier. Considering that 96,000 individuals diagnosed with a disability felt their employer's attitude impacted their ability to earn a living, it is important to consider

how significant the preconceived opinions of employers, prior to the verbal (communicative) and social physical behaviors piece of the interview process, can impact their hiring decisions (United States Department of Labor, Bureau of Labor Statistics). Young adults diagnosed with an autism spectrum disorder can display symptoms of the disorder in a range of ways. Autism spectrum disorder is currently diagnosed by identifying which level of the disorder the individual meets the criterion for; autism spectrum disorder has three levels, each increasing in severity. In this study the young adult interviewee has been previously diagnosed with Asperger syndrome, under the criterion listed in the DSM-4. For the purpose of this study, his diagnosis of Asperger syndrome is consistent with the characteristics listed under a Level 1 autism spectrum disorder diagnosis. A Level 1 autism spectrum disorder diagnosis entails the necessity for support services for encountering social situations; however, individuals diagnosed at this level do not require assistive services.

The Level 1 diagnosed individual is able to accomplish every day basic activities, such as personal hygiene maintenance, eating, utilizing transportation, etc. without the assistance of an aide. Yet, as Level 1 young adults transition into adulthood and seek employment, the fact that they can perform everyday tasks without an aide is not enough to compete on a global scale for employment. Considering the social nature of the interview process, it is evident that researching not only the perspective and experience of young adults diagnosed with an autism spectrum disorder is imperative, it is also important to note the perspective of the employer/hiring manager as well.

## **Demographic Data**

There were a total of 35 people who attempted yet did not complete the online survey. For the nine people who were able to complete the survey, it was disproportionate with regards to gender with 67% of the total participants self-identified as women, 22% male, and 11% as transgender. The majority of the participants, at 56%, self-identified as being employed in upper management roles (such as directors or CEOs), 22% junior management (such as assistant directors), and both not for profit (coordinator, staff member) and middle management (such as associate directors) were 11% each. The private, not for profit, and public sectors were equally represented throughout the survey at 33% of participants identified in those categories. There is a significant amount of participants in the upper management sector; this impacts the total response set to be highly representative of their perspective. Quotes referenced in this chapter are directly from participant responses located within Qualtrics survey responses. The researcher did not use an online software for data analysis assistance with coding and creating themes. Given the small participant pool, the researcher personally coded and developed themes from the data.

## **Coding the Data**

In order to inductively code and develop the themes related the a priori codes established from the Top 10 job characteristics identified by the National Association of College Employers (2013), the researcher separated each participant's responses to each of the questions to break down the data into manageable segments. Next, the researcher took each participant's survey responses to each of the seven open-ended questions and read for key words and phrases that were repeated, related in context, and provided

answers to the research questions. Then by directly examining the participant data, inductive codes were created. Each question was labeled with specific phrases that were related to the statements made by the participants. For instance, the phrase “eye contact” appeared as responses from multiple participants to multiple questions. In order to clarify which circumstance “eye contact” was related to; the researcher had to create various categories to associate the phrase “eye contact” with; such as poor eye contact, good eye contact.

### **Themes**

Based on the data deduced from the participant’s responses, the following interrelated themes were revealed across the data in response to the research questions. Participants were more descriptive of the negative characteristics than positive characteristics displayed by the young man in the video. Participants balanced between politically correct responses while trying to be respectful of the young man’s disability. No participant explicitly stated that they would not hire the young man due to his disability. However, the participants did provide honest observations of how the young man’s negative physical social behaviors (deficiencies) outweighed the positive physical social behaviors that could’ve led to an employment offer. Participants also recognized that while legally they would need to adjust the work setting to accommodate a young adult diagnosed with an autism spectrum disorder, employers could not account for the reactions of other employees or customers who would possibly interact with the young man and not be as respectful as the employer. Overall each theme that resulted from the data provided justification for the purpose of the research study.

**Theme 1.** There are positive behavioral characteristics that impact the interview process for young adults diagnosed with an autism spectrum disorder, such as *friendliness, prudent in thought and demeanor, attempts at eye contact with interviewer, display of reliability, rule-follower personality, appeared as nervous yet personable, factual, patient, and remained consistent regarding a specific topic.* Considering this question only requested positive feedback regarding the employability of the young man, the participants were able to identify the characteristics that they would deem appropriate for the customer service position. They found him to be pleasant and thoughtful about his responses which when interacting with an irate customer or explaining information repeatedly, an individual needs to remain calm and thoughtful. However, while the responses identified positive characteristics, those same responses were attached to physical characteristics that were not favorable for employment.

**Theme 2.** There are negative behavioral characteristics that impact the interview process for young adults diagnosed with an autism spectrum disorder, such as *lack of eye contact, disinterested disposition, socially awkward, not polished enough for sales, lack of personality, nervous, fidgety, disinterested, slurred/distorted speech, poor body posture, and responses lacked depth.* The young man's physical appearance and body movements distracted participants from being able to look at the candidate as a viable employee. Although the participants were informed that this was a mock interview, and the young man had been informed that he did not have to dress professionally, his clothing also played a factor in how he was perceived by the participants.,

**Theme 3.** Employers/hiring managers try to take a holistic view of the candidate's appearance, tone of voice, mannerisms, as well as strengths and areas of improvement into their hiring decisions.

**Theme 4.** The choice to disclose a disability remains subjective. Employers shared that it could be situational in regards to the timing at which the information is shared, the location in which the information is shared, who becomes privy to such sensitive information, and how that information is categorized within the interview process.

**Theme 5.** Although publicized in the media, knowledge about autism spectrum disorder was limited amongst employers who participated in the survey. In response to the posed survey question as to whether or not the behaviors displayed by the young man were consistent with what participants knew to be characteristics of autism spectrum disorder, 33% of the participants stated that they were not sure or did not think that the young man's behaviors were representative of autism.

**Theme 6.** The participants who stated that they would not hire the young man, relied on the job description to support their decision to not offer employment. Those participants did not discuss his physical social behavioral characteristics; so as to appear that their personal bias did not impact their hiring decision. Employers stated that it was whether or not the young man could perform the duties outlined in the job description.

**Theme 7.** Initial employer and hiring manager impressions of the young man were primarily negative and mainly centered around his lack of eye contact. In addition to lack of eye contact, the atypical body contortion of the young man was described

negatively as well; which confirms how much importance is given to the non-verbal and physical appearance of a person going through the interview process.

As stated in the problem statement of this study, when young adults diagnosed with an autism spectrum disorder participate in the interview process, they may present unconventional behavioral characteristics that employers may view as negatively impacting the likelihood of an offer for employment. What was not accounted for in the problem statement was the possibility of positive social physical behavioral characteristics that could be beneficial to the interview process for young adults diagnosed with an autism spectrum disorder. The participants of this study confirmed that there will most likely be barriers to securing successful employment.

The governmental cost of supporting individuals diagnosed with a disability, is not a sustainable model financially or suitable for personal growth into adulthood. It is not lack of trying to seek out employment that inhibits an individual diagnosed with an autism spectrum disorder from being employed. Body language/ social physical characteristics, such as lack of eye contact, tilted head, shaking hands and rubbing feet impacted the participant's decision as to whether or not they would hire the young man featured in the video.

## **Findings**

The participants were open about sharing rationale as to both the positive and negative characteristics associated with their hiring decisions regarding the young man. Discussed in Chapter 2, there are characteristics of a person diagnosed with an autism spectrum disorder that differ from a neurotypical that could improve the workplace; such as intense attention to detail, enjoyment of repetitive tasks and/or assignments

(Bissionette, 2010). The lack of emotional reciprocity for an individual with autism spectrum disorder could alleviate the stress of being yelled at by an irate customer felt by a neurotypical who would more than likely look to try to calm the irate person using kindness. Whereas the individual with an autism spectrum disorder would remain unfazed by the irate customer and look to rectify the problem only, this perspective/ability was highlighted as a characteristic that would positively impact the hiring decision of the participants.

Almost all of the participants stated that their responses would not have changed now knowing that the young man featured in the video is diagnosed with an autism spectrum disorder. However, if the young man was only being considered for a customer service position, as Participant 9 stated, “if I am not familiar with autism spectrum disorder then unfortunately, the interviewee will be crossed off for the second round interview due to the first impression.

Furthermore, as discussed in the findings of question six of the survey, the poor first impression of the young man stayed with Participant 9, in which they stated that “unfortunately, the interviewee will be crossed off for the second round interview due to the first impression. It’s very common for this to happen”. If this is the common practice in our society, there is definite cause for concern for the potential employment success for individuals diagnosed with an autism spectrum disorder.

The initial perspectives of the participants varied between highlighting the young adult’s social awkwardness, the young adult’s potentially having a disability, and negative characteristics about his demeanor, including but not limited to, the positioning of his head off to the side as well as him appearing shy and uneasy. This significant

attention paid toward behavior is common in the ritual of the interview process or even when we meet someone for the first time; assumptions regarding the display of appropriate social behaviors during conversation or the interview process is based on societal norms.

Participants repeatedly commented about the negative aspects of the young man's interview. Participant 3 explained that "the candidate appeared immature and uncomfortable in the interview. I didn't feel he would be a good representation of customer service for the company." Statements regarding the young adult's body language were mentioned in 56% of the participant responses. Moreover, the participants who included comments about the young adult's body language self-identified as female. This is interesting as through societal norms, women are considered to be the nurturing and less inclined to report negative attributes of a younger person. Participant 5 was the only self-identified male who stated "he may have a disability of some sort. Also that he was not confident, his eye contact was lacking." The participant's observations of the young man conveyed disinterest, nervousness, shyness, immaturity, as well as a lack of confidence. However, lack of eye contact with others or continual rapid eye movements are symptom of autism spectrum disorder which cannot be helped. Even if the young man is internally confident in his ability to perform the assigned tasks, to the neurotypical interviewer, the young man is actually not confident in his abilities.

While 56% of participants highlighted negative attributes regarding their first impressions of the young adult, there were also positive characteristics that impacted the participant's impression of the young adult. While Participant 2 mentioned the position of the young adults head being at an awkward angle, she also described the young adult as

calm and courteous. Participant 6 thought that the young adult in the video was “very personable and provided good answers to most questions. Some answers may have been enhanced through more explanation of examples.” Responses were tempered with positive and negative impressions of the candidate.

Interestingly enough, Participant 4 recognized the unfairness in her reaction to the young adult by stating, “At first I thought he was disabled in some way, then I realized that was a bias due to the way his head was tilted to the side and down. I waited with interest to hear his responses and watched for his affect.” Participant 4’s comments for the rest of the survey remained positive especially when specifically asked to highlight the affirmative characteristics that would positively impact the likelihood of the young adult being hired. Since this question specifically asked for participants to only comment on what they overserved, there are no comments related to the young man’s tone, inflection, or choice of responses to the interviewer.

Shifting focus to specifically discussing the positive attributes in which participants observed that would confidently impact their hiring decisions, overall, the participants stated that the young man was able to satisfactorily participate in the interview process. His answers were both appropriate and applicable to the questions asked by the interviewer. Starting out with a reaction to the response time of the young man, Participant 2 commented that the young man’s “responses were given at an appropriate pace. He seems to think before speaking.” In some instances, interviewees are eagerly anticipating their next answer to a question and do not allow for processing time to share correct answers. By the young man utilizing an attribute of autism spectrum disorder, which calls for pauses in speech for time to process information, the potential

employer/participant interpreted the young man's processing time as thoughtful and not a detriment. Moreover, Participant 4 stated that the young man "seemed honest, hardworking, and focused. He describes being interested in work and understands he is not there to make friends." Participant 4's responses are reflective of a potential supervisor who responds well to staff who completes the task at hand without being concerned with office friendships or politics. For an individual diagnosed with an autism spectrum disorder, the ability to clearly and definitively separate non work specific relationships with colleagues from work tasks is a bonus for potential employers.

Considering this question only requested positive feedback regarding the employability of the young man, the participants were able to minimally identify the characteristics that they would deem appropriate for the customer service position. Participant 6 found the young adult to be pleasant and thoughtful about his responses, as well as referring to the young man as "very 'others oriented' which would be a great asset in a customer service setting." Participant 7 went on to share that by the young adult, being "even-keeled, he said all the right things (to try to appeal to a customer's desire)." When interacting with an irate customer or explaining information repeatedly, an individual who has the ability to remain calm and thoughtful during times of stress is ideal for a potential employer.

This refers back to the ability of an individual diagnosed with an autism spectrum disorder to separate the need for an emotional connection and delivering correct results for an assigned task. While the responses identified positive characteristics, those same responses were attached to physical characteristics that were not favorable for employment. Such as Participant's 1 response, "he was jittery, not sitting confidently, and

mumbling through some of his responses.” Participant 5 concurred with Participant 1, stating that most of the young man’s “characteristics were not optimal for employment, but his answers were decent.” Displaying such characteristics can distract the employer from learning about the candidate. Continuing with the statement regarding mumbling during the interview, Participant 1 again made reference to the young man, “appearing disinterested in impressing the interviewer with responses and speaking with a muffled tone. His posture, tone, and eye contact would make a huge difference in the appearance of his interest in the job opening.” Unfortunately, the participants were better able to highlight the negative attributes that would not positively impact their hiring decision. The subjective opinions and assumptions made by neurotypical employers cannot be intrinsically changed. Research studies such as this can assist in bringing about awareness to individuals who are unfamiliar with the difficulties associated with being diagnosed with an autism spectrum disorder.

Participant 4 also commented on the young man’s speech, stating that it was slurred. Now the inaudible speech could be the result of nervousness, discomfort with meeting a new person (interviewer) and/or any myriad of factors. While focused, direct, even expressionless speech are related to the characteristics of autism spectrum disorder, by potential employers recognizing this during the interview process, it could harm the likelihood of being hired for the young adult. The inability to speak clearly and be understood by potential customers or even colleagues is a detriment as well.

Although the participants were informed that this was a mock interview, the young man’s body movements diverted participant’s attention away from being able to look at the candidate as a viable employee. Participants were encompassed by his

appearance and social physical behaviors as if this was an actual interview that the participants were a part of; perhaps that is why the participant's responses were more detailed regarding the negative social physical behavioral characteristics. Repeated sporadic body movements, severe lack of eye contact, as well as the shaking of hands and feet, were interwoven into 78% of the total participant responses. The remaining 12% of participants reflected on the brevity of the young man's responses.

The consensus amongst the 78% was that the young man conveyed a sense of uneasiness with the interviewer, did not make sufficient attempts to utilize eye contact, and that his "fidgeting during the interview, lots of body movement made him appear uncomfortable." Understandably there is expected nervousness during the interview process, although, the extent to which the physical manifestation of emotional nervousness was displayed was beyond accepted societal norms. Participant 7, however, brought up a great point when she shared that while the young man, "did not look the interviewer in the eye; but for a call center position regarding customer service, and this may not be an issue." Participant 4 also mentioned that should the young man take time to first "practice eye contact, work on helpful sales phrases, his honesty and earnestness are assets that employers would appreciate."

Participant 4's sentiments concur with the Nuernbeger, Ringdahl, Vargo, Crumpecker, & Gunnarsson (2013) journal article recommendation for young adults diagnosed with an autism spectrum disorder to invest time and energy on practicing the accepted social behaviors surrounding conversation. This effort put forth in practice could improve comfort level and familiarity with the interview process. Therefore

positively impacting the behavioral and emotional responses displayed by the young adult in future employment endeavors.

When discussing the overall likelihood of whether or not the young man in the video would ultimately be hired or not offered a job, 67% of the participants were likely or more than likely to hire the young adult. Reframing one of the characteristics of autism spectrum disorder, emotional reciprocity, Participant 3 emphasized that the young man was “likely to get hired depending on the product the company is selling. He offered positive response to interview questions regarding appropriately responding to an angry customer.” In the field of customer service it is easy to get stressed out and feel challenged by difficult customers. By being diagnosed with a deficit in emotional reciprocity, the stress associated with negative customers is mitigated. However, the lack of emotional reciprocity could also be construed as a negative as the absence of emotional engagement with the customer could be interpreted as disinterested or boredom. What was refreshing about Participant 3’s statement was her ability as a potential employer to see the positive of what could be considered an undesirable attribute of autism spectrum disorder.

Furthermore, there were contingencies as to what capacity in which the young man’s talent and skills would be utilized within the company. For instance, if he was hired to work in a call center, in which he did not physically interact with customers, he had a higher likelihood of being employed. If he was on a sales floor and was expected to make contact with a myriad of customers, participants were less likely to hire the young man. As an employer, Participant 4 was concerned that “he is not polished in the way sales people are sometimes. Since he is different that can be a real disadvantage. As a

person, who hires lots of people, I know to look past this but others don't."

This is why research such as this study is so important to share that while some employers can look beyond the behavioral characteristics associated with an autism spectrum disorder, more often than not, employers do not look beyond the physical, and a person who processes information differently from a neurotypical expectation, is not offered employment. Participant 2 mentioned that she "would consider him. Perhaps if the organization is looking for a more dynamic personality, he is not the right candidate. His demeanor though lends itself well to dealing with irate customers if the organization is accustomed to hearing from dissatisfied clients." The participant's responses indicated that their hiring decisions were heavily influenced by the situational and how the person would fit into the culture of their organization.

The remaining 33% of participants would not hire the young adult diagnosed with an autism spectrum disorder. Participant 8 described the candidate as unable to "project that he could interface competently with customers and convince a customer that he could help them." The participant responses reveal the biases associated with the decision to hire an individual with a noticeable disability. Due to the societal norms of political correctness, people are more likely not to state that they would not hire someone with a visible disability, for fear that as an employer, they would be shamed by the public. Notably, it would be a blatant violation of the Americans with Disabilities Act, which was created to address this exact type of discriminatory hiring practices. The aforementioned honest statements are key in discovering and sharing what young adults diagnosed with an autism spectrum disorder need to focus on in order to compete in the job market. The current research regarding employment for young adults with an autism

spectrum disorder was missing the very important voice of the employer to shed light on what the true thoughts are regarding young adults with an autism spectrum disorder chances at successful candidacy for employment.

Even if the individual diagnosed with an autism spectrum disorder successfully navigates through the interview process, at what point do they or better yet, should they disclose their diagnosis? Disclosure is subjective and can encompass a multitude of factors. Nevertheless, it is still the responsibility of the employer to provide a work environment that is conducive for their employees to perform assigned tasks. Participant 7 echoed the aforementioned statement when she shared that “disclosure is necessary to identifying accommodations that may be required and helps you to focus on the individuals strengths in relationship to the job being offered.” When asked if disclosure would increase or decrease the likelihood the young man featured in the video would be offered employment, 56% of the participants felt that it would increase the opportunity for employment.

As Participant 4 explained in their survey response, “I would hope it increases because now it is on the table and can be managed well. Otherwise it might be seen as a deficit that does not exist, as in maybe it is physical but perceived as intellectual, or vice versa.” Participant 4 brings up a good point in the sense that the majority of negative attributes that would contribute to not hiring the young man in the video were related to the physical/behavioral observations that distracted the employers. By focusing on the behavioral aspects, the intellectual brilliance of a high functioning young adult diagnosed with an autism spectrum disorder could be overlooked. Additionally, the timing (during the interview or after being hired), location (over the phone vs. in person), and who is

around the table when the disability is disclosed, significantly impacts whether or not the young man would be considered for employment.

The company's mission and goals were also discussed as rationale for increasing the likelihood of the young man being hired. If your company states that it values diversity of people as well as thought, there is no reason as to why this young man should not be considered for employment. Participant 1 explicitly stated "if the company is scared of being sued, they would err on the side of hiring someone having disclosed a disability." Most certainly a company could get sued due to discriminating against the young man due to his disability; which is not only a federal violation, it is also a violation of civil rights.

Autism spectrum disorder is defined by the *Diagnostic and Statistical Manual of Mental Disorders* (5<sup>th</sup> ed.; DSM-5; American Psychiatric Association, 2013) as persistent deficits in social communication and social interaction across multiple contexts; in addition to restricted, repetitive patterns of behavior, interests, or activities. Interestingly, 22% of the participants admitted they were unsure about the characteristics associated with autism spectrum disorder, yet they unwittingly identified specifics earlier in the survey. 11% of participants did not think that any of the behaviors displayed by the young man were consistent with an individual diagnosed with an autism spectrum disorder. Consistent with the findings of the behavioral related questions earlier in the survey, 64% of participants reported observing common characteristics that are associated with autism spectrum disorder. Participant 6 noted "communication issues, some difficulty connecting with the interviewer, difficulty continuing discourse and elaborating on answers" as related autism spectrum disorder characteristics.

Also, Participant 8 described the young man as “smiling the whole time, word pronunciation unclear at times, body language: hands moving about but not to illustrate a point, feet in constant motion.” Lack of eye contact was prominent throughout the entire survey and a key component in the interview process. Participant 9 also made reference to the young adult’s tone as, “monotone voice expression,” which in a customer service position whether at a call center or in-person could be seen a liability of hiring an individual diagnosed with an autism spectrum disorder. Had the young man’s diagnosis been disclosed earlier, 56% of the participants would not have changed their responses. Participant 1, Participant 2, and Participant 4 all agreed that they would still consider hiring and make modifications/accommodations for the young man should he be the successful candidate. Participant 8 did bring up a valid concern that could be shared internally amongst employers, “if I were hiring for a customer service position interacting with the general public, I would not have the luxury of asking the general public to make accommodations for my employees and still patronize my business.” This statement is a reality about perceptions by our society.

While we could train the individual diagnosed with an autism spectrum disorder, the individual’s colleagues, as well as his supervisor, there is no contingency plan for this individuals interactions with the general public. As Participant 9 shares in her response, “if I am not familiar with autism spectrum disorder, then unfortunately, the interviewee will be crossed off for the second round interview due to the first impression. It’s very common for this to happen.” The lack of awareness and tolerance for difference it prominent throughout our society. Rather than take into account the characteristics in which the individual diagnosed with an autism spectrum disorder can bring to a company,

such as, consistency with routine, alternative approaches to problem solving, and an emotionally detached affect to assist in stressful situations or avoiding social politics of the office, this individual more than likely will not make it past the first interview.

## **Conclusion**

As participants noticed the repeated times in which the young man would look away from the interviewer or down at the ground, the participants positive perceptions of the young man's employability diminished. There was a lack of connection established between the interviewer and the young man as well. The reciprocity of emotions was another strongly noticeable characteristic of autism spectrum disorder. Not being able to find a way to bond with others is a significant detriment to individuals diagnosed with an autism spectrum disorder. Society has taught us that the way in which we learn from others is to find commonalities through conversation, shared experiences, and/or lived experiences. For an individual with an autism spectrum disorder, initiating conversations without being prompted to discuss such topics is unlikely to happen. Furthermore, if a person diagnosed with autism is successful in participating in a conversation, the in-depth rich responses we are taught to expect from the other person interested in connecting, are highly likely to be short, concise, and lack facial expression from the individual diagnosed with autism.

Almost all of the participants stated that their responses would not have changed now knowing that the young man featured in the video is diagnosed with an autism spectrum disorder. However, if the young man was only being considered for a customer service position, at least two of the participants would not hire the young man. As Participant 8 stated, "No. If I were hiring for a Customer Service position interaction with

the general public, I would not have the luxury of asking the general public to make accommodations for my employees and still patronize my business". This statement was of particular interest because although the young man may be hired, there could be difficulties in the likelihood that the young man would be able to successfully sustain employment. Furthermore, as discussed in the findings of question six of the survey, the poor first impression of the young man stayed with at least one of the participants whose employment background is in helping young adults with special needs. Unfortunately, she identified that the practice of not hiring an individual diagnosed with a visible disability is all too common. If this is the common practice in our society, there is definite cause for concern for the potential employment success for individuals diagnosed with an autism spectrum disorder.

As stated in the problem statement of this study, when young adults diagnosed with an autism spectrum disorder participate in the interview process, they may present unconventional behavioral characteristics that employers may view as negatively impacting the likelihood of an offer for employment. The participants of this study confirmed that there will most likely be barriers to successful employment and likelihood that the individual will remain employed. Considering the growing unemployment rate and the cost of supporting individuals diagnosed with a disability, this is not a sustainable model financially or personally for those diagnosed with a disability. It's not lack of trying or seeking employment that inhibits an individual diagnosed with an autism spectrum disorder from being employed. Body language/physical characteristics, such as lack of eye contact, tilted head, in addition to, shaking hands and rubbing feet impacted the participant's decision as to whether or not they would hire the young man featured in

the video. There is no way to determine if the participants choose to answer a specific way when the young man's disability was revealed at the end of the survey.

Yet, the participants were open about sharing why they would at least consider hiring the young man. Discussed in Chapter 2, there are characteristics of a person diagnosed with an autism spectrum disorder that differ from a neurotypical that could improve the workplace. The lack of emotional reciprocity for an individual with an autism spectrum disorder could alleviate the stressfulness of being yelled at by an irate customer felt by a neurotypical who would more than likely look to try to calm the irate person using kindness, whereas the individual with an autism spectrum disorder would be more likely to remain unfazed by the irate customer.

## Chapter 5: Discussion

### Introduction

The purpose of this chapter is to discuss the overall findings of this research study related to employer social behavioral observations of young adults diagnosed with an autism spectrum disorder during the interview process and how the employer's observations impact their hiring decisions. Current available research related to social behavioral studies are primarily focused on school aged children. In those studies the children may already be enrolled in developmental programs that focus on improving their ability to display social behaviors. Studies that focused primarily on young adults did not directly address their interview experiences related to employment. Moreover, articles which included both young adults diagnosed with an autism spectrum disorder and their employment experience were sparse and did not share the employer's observations of the candidate. By sharing and informing the public of the social behaviors that can both positively and negatively impact a hiring decision for a young adult diagnosed with an autism spectrum disorder will assist in improving social skills workshops and trainings that are centered on this topic.

As discussed in Hulrbutt and Chalmers (2002) research, high functioning adults who are diagnosed with Asperger syndrome/an autism spectrum disorder desire to be employed, live independently, as well as be consulted and considered experts as to the ways in which to best assist them within the workplace. Additionally, the *Diagnostic Statistical Manual of Mental Disorders*, (5<sup>th</sup> ed.; DSM-5; American Psychiatric

Association, 2013) has redefined the autism spectrum disorder diagnosis which will improve accuracy of diagnosis as well as increase rates of diagnosis. The overall findings suggest that when young adults diagnosed with autism spectrum disorder interview for employment, they will face difficulties, however there are instances in which the aforementioned difficulties could be considered assets and positively impact the hiring decision. This chapter will address the following content areas: (a) discussion, (b) implications for practice, (c) limitations of the study, (d) recommendations for future research, and (e) the conclusion for this chapter as well as the entire dissertation.

## **Discussion**

The data collected within the Qualtrics survey tool revealed that there is a strong correlation between the display of appropriate physical social body language and an increased likelihood of an employment offer. There is an employer expectation that certain physical social behaviors such as eye contact, gesticulation of hands and head to convey confidence, and upright body posture will be displayed by candidates. This expectation is one that has been ingrained as a crucial piece of the employment process. In fact, the National Association of College Employers (NACE), Job Outlook 2015 survey, states that 67% of employers surveyed sought candidates with communication skills; in addition 61% employers sought candidates with strong interpersonal skills. With employers stating these characteristics as key aspects of the hiring process, how is an individual diagnosed with a disorder that inhibits their ability to socially interact with others supposed to be successful in entering the workforce? Furthermore, without being able to display interpersonal, communication as well as physical social skills, there is an increased possibility that the individual interviewing will be less likely to be hired by a

company, despite possibly being qualified educationally or experientially.

Once an individual has submitted a resume and their qualifications match the job requirements, the interview process is a mechanism used to observe the physical social behavioral characteristics of the candidate that would suggest a positive or negative fit within the company. The concept of “fit,” continues to be used as a litmus test for collegiality and personality congruence within the workplace. Griffith et Al. (2012) explained through their interviews with 11 adults diagnosed with Asperger syndrome that due to feelings of not being connected to their workplace, the adults experienced anxiety, depression, and disconnection from their employment. While fit isn’t listed as a required qualification for employment, it is most certainly a contending factor in the hiring decision of employers; which is why people are not hired solely based off submitting a resume and having educational background. Even for part-time employment an in-person or at the very least phone interview is required. Society encourages individuals to reciprocate these physical social behaviors because from childhood we are taught that building and developing a relationship, where a connection is established will positively impact our futures with other people.

As Barbara Bissonnette, discussed in her book, *The complete guide to getting a job for people with Asperger syndrome: Find the right career and get hired* (2013), individuals diagnosed with an autism spectrum disorder struggle in the workplace not primarily because of assigned tasks and responsibilities, it is a neurotypical social behaviors of navigating office politics that can be confusing and discouraging. Office politics refers to the social relationships that are formed within the workplace; i.e. friendships, social lunches, social activities that occur outside of the workplace. For

instance, a neurotypical would consider the beginning of the morning a time to catch up with colleagues, drink coffee, and transition into work mode from personal mode. For an individual diagnosed with an autism spectrum disorder, the meaningless chatter about what activities their colleagues engaged in over the weekend distracts from the assigned task at hand which is work. The workplace for the individual diagnosed with an autism spectrum disorder is where only work occurs and there is no need to engage in frivolous chatter; could be considered a positive in the eyes of an employer as time is not wasted by this employee and their considered to be efficient. However, for a neurotypical colleague, the reaction of the individual diagnosed with an autism spectrum disorder is confusing and could be interpreted as disengaged and rude. Likewise, if the individual with an autism spectrum disorder displayed disinterest in these morning conversations, this could ostracize him or her from the social connections of the workplace therefore impacting the team dynamics when actual work is involved.

There is also a strong correlation found between the display of inappropriate physical social behaviors and a lower likelihood of an offer of employment. As the young man went through the experience of the mock interview, participants commented in detail that his eye contact was inconsistent, his head was tilted at an awkward angle, as well as his responses were difficult to hear and comprehend at times. As participants viewed these behaviors, 67% shared that they would not hire the young man for a customer service position. Participants did acknowledge that there was a possibility in which the young man could have been successful in a call center customer service position, although there was no way the customer calling into the service center, would show the same courtesy as the employer has, to the young man's possible extended pauses in his

responses or low volume and inconsistent inflection of the young man's voice as he responded to customer questions.

Reframing this scenario in the wider scope of employment opportunities for young adults diagnosed with an autism spectrum disorder, provides an opportunity that modified employment accommodations could be made that would create a wider range of employment options. For instance, to set the foundation for the customer calling into a call center for assistance, a pre-recorded message informing the caller of possible extended pauses during their interaction with the customer service representative, may help to provide some sensitivity to the difficulties experienced by young adults diagnosed with an autism spectrum disorder with their voice inflection, volume, and clarity.

A beneficial component of this research study was the transparency of the participants. To be able to collect open and honest feedback from the participants allowed the researcher to give a needed perspective for the autism spectrum disorder community. The researcher did not conduct this study as a deception study in order to solicit responses that were unadulterated. By ensuring that the participants did not know about the young man's diagnosis until the absolute end of the survey, gave the researcher responses that were not clouded with politically correct undertones. Although 33% of participants did state that they could tell that the young man in the mock interview video had some type of disability, autism spectrum disorder was not specifically mentioned by any of the participants until the very end of the survey. The qualitative content analysis method assisted the researcher in bringing forward the pertinent characteristics that should be of focus to practitioners assisting adults diagnosed with an autism spectrum disorder who are interested in obtaining employment.

## **Implications for Practice**

Colleges and universities, employers, adult assistive programs, and adults diagnosed with an autism spectrum disorder can benefit from the data collected in this research study. For instance, the premise of attending college is to ultimately find employment upon graduation. As the student progresses through their freshmen to senior year, colleges and universities are to provide opportunities that will enrich the student beyond the academic rigors of curriculum so that the student would graduate as a well-rounded intellectual. That being said, a college or university could identify a specific department or office that is designed to assist the student outside of the classroom. Typically, there is a college division, entitled student affairs, that is specifically designed with staff that is hired to cultivate the student beyond the classroom. Offices such as disability services, career services, as well as academic support services offices are all created with their foundation being the betterment of the student experience. Again it is important to consider that it is still on the onus of the student to self-disclose their diagnosed disability; or at the very least request testing should the student feel that there is a hindrance to their quality of life. During the college/university recruitment season, offices that support students diagnosed with a disability, market their office as a resource for information and as a helpful office that is designed with the student need in mind. By this specific staff having access to this information, they can create and develop programmatic efforts that enhance the interview experience for a person diagnosed with a disability that impacts their ability to interact socially.

By providing the opportunity for practice and skill building prior to the actual interview experience, the intent is that the young adult is better prepared to interview and

enter into the workforce. An example of an opportunity for practice and skill building would be the creation of a weekly seminar course that provides a detailed timeline that leads up to a formal interview experience, which would take each student through the planning process for an interview. Discussions regarding personal hygiene, appropriate dress, salutations used during conversation with the employer, hand gestures, limiting repetitive physical motions could be included during this seminar course. Also practicing taught skills with peers, faculty and staff could provide instances for feedback as well as behavioral practice for the home.

Another office/student resource within the college and university is career services. The information shared in this study is extremely pertinent to the services provided by this office. The staff could offer an inclusive experience for students with disclosed diagnosed disabilities, an inclusive experience that begins with the crafting of their resume and concludes with a mock interview experience and a mock discussion on disclosure about their disability. There could also be opportunities for just mock interviews, workshops dedicated to interview physical behaviors as well as the inclusion of employers who volunteer their time to share their vantage point of how the student interviewed. Additional workshops or discussions that address personal hygiene, professional dress, as well as the students “elevator pitch” or better known as their short description of their professional self, could lend itself to be beneficial options that lead to the real interview process. During this research study, 44% of participants commented on the unprofessional dress of the young man in the video. Although the participants were told that this video was a mock interview, that information did not seem to detract them from focusing on the young man’s choice in attire. Another component of autism

spectrum disorder is lack in executive functioning, which relates the ability to perform everyday life functions, such as showering, eating, and prioritizing necessary tasks and activities. By career services addressing these activities, prepares the young adult for not only employment but independent living skills as well.

Employers can utilize the results of this study to understand the interview behaviors of potential candidates; especially in the science, technology, engineering, and mathematics fields. The intent of this study was to provide researched observations of the employer perspective which was missing from the research. While there were numerous research studies regarding the observed characteristics of neurotypical interview behaviors that were not applicable to the interview experience of a young adult diagnosed with an autism spectrum disorder entering the workforce. Research studies focused primarily on the deficits displayed by individuals diagnosed with an autism spectrum disorder and provided recommendations as to how these individuals could improve, yet there was no acknowledgment of the lack of emotional intelligence of the employer interviewing these young adults. Additionally, from a legal standpoint, employers should continue to err on the side of providing reasonable requested accommodations for any of their employees to remain in compliance with the Americans with Disabilities Act as well as to ensure respect of the human and civil rights of their employees.

Furthermore, preparatory adult day programs would benefit from implementing the findings of this research study into their programs as it can be useful for the training and development of social and life skills with peers. While the adults enrolled in this type of program may not have the opportunity to enter into a traditional workplace setting, they could still benefit from having the interview experience as well the opportunity to

feel as if they experienced a similar entrance into the workforce as their peers. As for the utilization of the research information to impact the development of social skills, the participants stressed the need for eye contact and a body posture that conveyed a sense of interest in the conversation/social interaction. By continual opportunities for practice, this could positively impact the overall life experience of the young adult diagnosed with an autism spectrum disorder.

Adults diagnosed with an autism spectrum disorder, can gain insight into the prescribed appropriate social physical behaviors identified by employers that could lead to an offer of employment. By reviewing the behavioral characteristics outlined by the participants of this research study, adults diagnosed with autism can incorporate the positive behaviors into practice in conversations with peers, coaches, and/or family members to become acquainted with the societal expectations of the interview process.

### **Limitations of the Study**

This study is not representative of all young adults diagnosed with an autism spectrum disorder. This study features one young man, who is considered to be at a high functioning level, who has a two parent family along with two siblings that are not diagnosed with an autism spectrum disorder. His specific familial background, ethnicity, gender, in addition to educational experience is not representative of all young adults diagnosed with an autism spectrum disorder. In fact the young adult featured in this video embodies characteristics that are closely related to a Level 1 autism spectrum disorder as opposed to Level 2 and Level 3. This study was intended to address observable physical social behaviors that can impact the interview process; which can be applicable to young adults with disabilities contemplating entering the workforce. It is important to note that

the positive characteristics, such as eye contact, open posture, and medium-toned and clear voice inflection, are described by the participants in the study, are both crucial and generalizable to the employment process.

### **Recommendations for Future Research**

This study sets the foundation for continual research regarding young adults diagnosed with an autism spectrum disorder and their experience within entering the workforce. Continuing research on this topic will be crucial and important to develop the social developmental skills needed to compete in the workforce. One recommendation for future research regarding this topic would be to replicate the study with a control group of neurotypical young adults participating in a mock interview. It would be interesting to review employer observations with a control group added into the study. There could be a compare and contrast of the positive and negative physical social behaviors exhibited by both neurotypical young adult and young adults diagnosed with an autism spectrum disorder.

Another area of exploration for future research could be the compliance of employers with the Americans with Disabilities Act. Discussing companies or organizations who have hired young adults diagnosed with autism and the workplace accommodations and experiences of these adults. This study design could inform employer practices as well as provide accurate information regarding employers that are complying with federal law. It would also be interesting if this study addressed civil or human rights lawsuits or disputes filed by adults diagnosed with autism and the rationale for their complaints. That information would provide a legal context from which to examine the employment experiences of young adults diagnosed with an autism spectrum

disorder.

An additional research opportunity could be a five year longitudinal study that chronicles the interview process, the young adults who are hired for employment, and those who are not hired. That study could do a comparison analysis of the employed and unemployed adults. Whether the future researcher chooses to perform a qualitative, quantitative, or mixed methods study, the ultimate research goal should be to provide education to the autism community. It is suggested that a qualitative research study method that reflects the lived experiences of all the young adults in this research study would allow for both information on the interview experience as well as shed light on the unemployment experience of young adults. As discussed in Hurlbutt and Chalmers (2004) research, adults diagnosed with an autism spectrum disorder, have taken on employment opportunities that are below their level of intelligence, just to be employed and make money to survive.

This research study does serve as a foundation for the further exploration as to which communicative and physical social behaviors of an individual diagnosed with autism are observed by employers and how those observed behaviors contribute to the employer hiring decision. Participants in this study were willing to hire the young man, with specific stipulations on his employment; such as not physically interacting with the potential customer, which had the individual specifically sought out a position with limited public interaction, it would not appear potentially offensive to the young man. Moreover, for the participants whose rationale for not hiring the young man included limited/short responses to questions, unpolished demeanor, and lack of social skills, is

directly related to deficits associated with an autism spectrum disorder. Therefore, confirming the research problem and pertinence of this study.

## **Conclusion**

Hans Asperger introduced the concept of autistic psychopathy over seventy years ago and to this day research still continues on the best practices for serving and assisting this unique population. The impetus for this research study stemmed from the observation of young adults enrolled in college, who were performing well academically, yet lacked the social skills to maintain a conversation with faculty and staff. The research questions arose from this experience that begged the questions, what are the positive and negative behavioral characteristics that will impact the hiring decision of employers who interview young adults diagnosed with an autism spectrum disorder? How will these young adults navigate the interview process if engaging in conversations posed stress, anxiety, and discomfort? The participants of this research study provided important information that answered the research questions as well as ignited ideas for continued research opportunities for this population.

With the research complete and the employer perspectives on the social physical behaviors analyzed, it is evident that modifications in approach to the interview process need to be made by both the young adult diagnosed with autism as well as the employer conducting the interview. Research studies, such as Sperry and Mesibov (2005), Allen et al (2010), and Trepaninger (2011) encourage young adults diagnosed with autism to practice social behaviors so that they improve on their social skills to assimilate into a neurotypical framework for conversation. While this may improve the rates of employment for young adults diagnosed with an autism spectrum disorder, consideration

and understanding has to be taken into account for a neurotypical who is asking for major social behavioral changes from adults diagnosed with autism. A combined attempt at understanding the emotional intelligence of both parties involved in the interview process will serve for an efficient, appropriate, and inclusive experience.

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## Appendix A

### Workplace Interactions

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Neurotypical Communication Styles	Autism spectrum disorder Individual Interpretations
Innuendo	Literally listens to exact words used; often misses out on hidden meaning or context
Use of clichés or colloquialisms that have different meanings	Inappropriate or unanticipated response to phrases used
Explanation of duties or tasks under the guise of “common sense”	It is necessary to explain each detail thoroughly and not assume that certain details are inherent
Big-picture focus instead of specific details	Projects or tasks are completed incorrectly, which can lead to annoyance from supervisor and colleagues
Consideration of situational context to understand people’s actions	Everything that happens is based on present facts and not on previous occurrences or memory
Personal impressions based on emotion not fact	Impressions are made in the present and based solely on current experiential factors
Adjustments in behavior to accommodate for other’s feelings in order to be accepted by colleagues	No changes in behavior are made for anyone. The individual acts how they perceive to be appropriate for themselves
Belief that learned environmental/situational cues will impact actions, comments, or thoughts	Abstract details tend appear to be more important; individuals diagnosed with an autism spectrum disorder have to shift their focus to include societal social cues
Stronger emphasis on body language than words	Body language does not convey emotions or feelings to individuals diagnosed with an autism spectrum disorder

Adapted from Bissionette, Barbara, *The Complete Guide to Getting a Job for People with Asperger syndrome: Find the Right Career and Get Hired*