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IPS for Autistic Individuals

International IPS Learning Community Annual Meeting 2025

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Presentation Outline

- I. What is Autism?
- II. Autistic Workers-Strengths, Barriers, Statistics
- III. Supports
- IV. Solomon Lab Studies
 - I. DDS Employment Grant
 - II. NIMH R34
- V. Advancing this work in the Future
 - I. Next Steps
 - II. Adaptation of the Fidelity Scale
 - III. IPS Trainers' Reflections
 - IV. The Power of Job Support

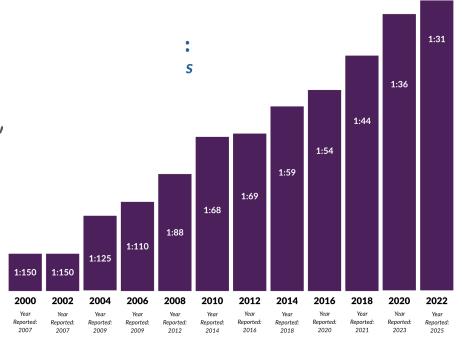


What is Autism?

Neurodevelopmental disorder Fastest-growing developmental disability in the world (CDC)

- Surprisingly common (1 in 31)
- 4:1 ratio men to women
 Co-occurring conditions like ADHD,
 Anxiety, Depression may be present

Environment may play a role Presents differently in each individual



Autism Prevalence Over Time

Autism Diagnostic Criteria (DSM-5)

Autism is characterized by two core domains according to the Autism Diagnostic Criteria (DSM-5) that can differ from individual to individual in its presentation and degree of severity

Criteria A: Social communication and social interaction

 Three subcategories that all must be met for diagnosis



Social-emotional reciprocity:

Autism: Criteria A1

 A_1

Criteria A Subcategory 1: Differences in social-emotional reciprocity, Examples include:



Tendency toward flat affect / monotone voice



Difficulty initiating conversation (outside of areas of interest)



Difficulty with small talk (may use pre-scripted lines and may be described as "confusing" and "exhausting")



Difficulties with back and forth conversation (particularly in context of small talk)



Autism DSM-5: Criteria A

Nonverbal Communication



Autism: Criteria A2



Criteria A Subcategory 2: Differences in nonverbal communicative behaviors used for social interaction, Examples include:



Difficulty intuitively understanding non-verbal social cues (body language, gestures)*



Tendency to minimally communicate through facial expressions/body gestures. Dislike of eye contact**



Difficulty moderating tone and/or volume of voice

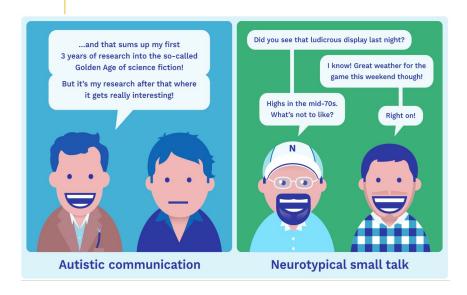


Verbal and non-verbal presentation fragmented (not aligned)

Neurodivergent insights

Autism DSM-5: Criteria A

Relationships



Autism: Criteria A3



Criteria A, Subcategory 3: Differences in developing, maintaining, and understanding relationships

Examples:



Difficulty initiating and developing allistic friends*



Difficulty maintaining friendships**



Difficulty with shared imaginative play (shared group projects that require high reciprocal input/output)



Difficulty with contextshifting***



Autism DSM-5: Criteria B

- Restricted repetitive patterns of behavior, interests, activities
- Four subcategories, two must be met for autism diagnosis



Autism: Criteria B

"Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following. 2 of the 4 subcategories must be present to meet criteria B.

"Stereotyped or repetitive motor movements, use of objects, or speech"



Examples: stimming or engaging in echolalia, re-using phrases repetitively, lining up objects or toys, creating elaborate organizational systems and collections. These activities function to self-soothe.

"Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior"



Security in routines. Difficulty with unexpected changes (particularly if they are not self-initiated changes).

Particular rituals (ways of greeting, morning routines, rituals before exams, etc.). Deviation from these rituals creates significant distress.

Neurodivergent insights

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Autism DSM-5: Criteria B cont.







Autism: Criteria B

"Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following. 2 of the 4 subcategories must be present to meet criteria B.

"Highly restricted, fixated interests that are abnormal in intensity or focus" *



Examples: A tendency to learn A LOT about an area of high interest. This serves to self-soothe, and the person enjoys talking about this topic (may tend to turn all conversations back to this topic). Play a significant part of a person's identity.

"Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment"

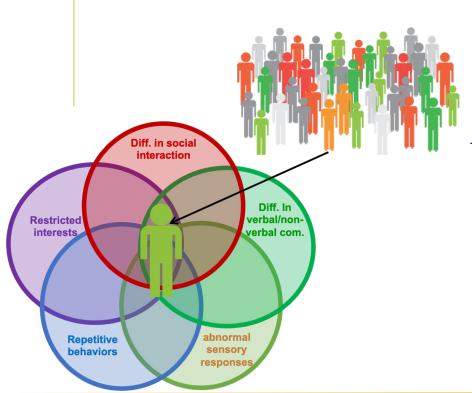


Examples sensory sensitivities to light, sound, touch, food textures or taste OR hypo (less response) to sensory input.

Interest in visual patterns, craving tactile experiences (touching surfaces, smelling objects).



What Does Autism Really Look Like?



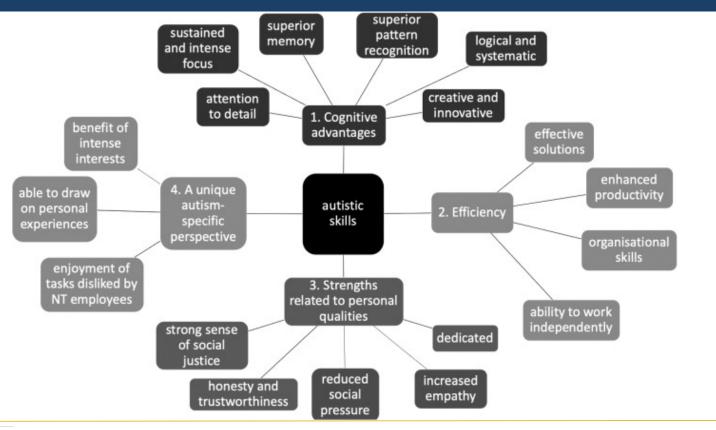
Functioning in different areas of life will be variable

→ Some might need support in specific areas, while others might be very independent and require minimal support

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Strengths and Abilities of Autistic People



Barriers and Support Needs in the Workplace for Autistic Employees

Key Challenge Areas to Employment For Autistic Individuals

- Social-communication and interaction difficulties.
- •Executive functioning and adaptive skills difficulties.
- •Sensory sensitivities and need for accommodations.
- Career identification and job fit.
- •Stigma and stereotypes from society.

Barriers and Support Needs in the Workplace for Autistic Employees

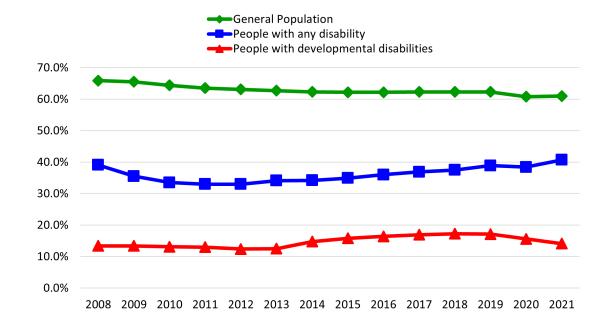
Workplace Activities Requiring Additional Support

- Initiating and staying on task
- Managing breaks and lunchtime appropriately
- · Asking for help when needed
- Adapting to changes in routine
- Meeting supervisor expectations
- Navigating social interactions with coworkers and the public:
 - Accepting feedback or corrections
 - Recognizing appropriate conversation topics
 - Building professional relationships



California: Low Employment Rates for Persons with Developmental Disabilities

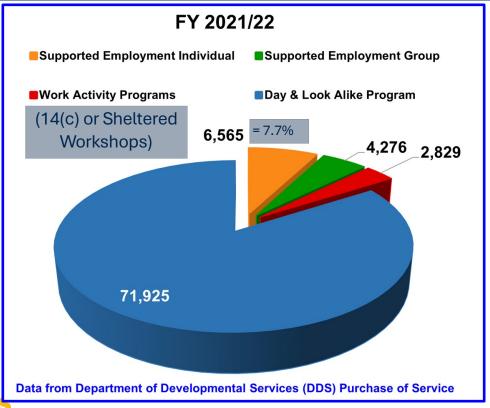
"According to California Employment
Development Department (EDD) data, only 13% of working age regional center clients received wages—most of them working part-time and many earning sub-minimum wage."







Supported Employment Rates for Californians Served by the State



"Even though people want to work, and we know how to support them to work, most service growth has been largely non-work programs...most people who become adults go into nonwork programs instead of employment services."



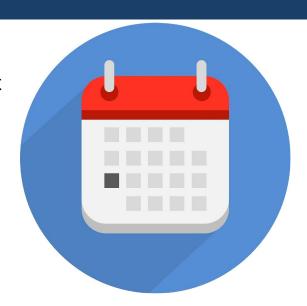


Supporting Neurodiverse Individuals in the Workplace: Practical Tips and Novel Approaches



Onboarding

- Team training
 - Let existing employees know of plan to attract qualified autistic candidates
 - Provide education about autism
- Job offers should include direct communication with new employees with clear next steps
- Immersive onboarding process
- Establish predictability in schedule, location, expectations
- Support for autistic workers should be individualized to their unique strengths and challenges



Mentorship Through Natural Supports

- Identify a mentor/liaison to check in as needed with the employee
 - Set up a specific time each day to meet
 - Keep meetings short (<3-5 mins)
 - Support employees during social misunderstandings or unexpected changes
- Have current autistic employees give tips to new ones and connect these employees



Potential Workplace Adjustments

- Flexible work patterns (Start and finish times)
- Mitigate sensory overload
 - Permit noise-cancelling headphones, frequent breaks, desks in quieter places
 - Differentiate between sensory reactions and challenging behaviors
- Utilize assistive technology
 - Examples: speech-to-text software for handwriting difficulties; audio recorders for note taking
- Side-by-side person to work with employee if needed

Great resource for information about workplace accommodations:

Job Accommodation Network (https://askjan.org/)

Communication Strategies

- Provide clear, timely feedback
- Focus on strengths and celebrate goals
- How to give directions:
 - Be clear and concise
 - Use pictures and written directions
 - Break tasks into small pieces
 - Explain, demonstrate, and then ask employee to do it themselves – allow adequate time to process
- Consult families/support systems for advice
- Avoid complex or figurative language, jargon, abbreviations





Top Tips for Employers from Autistic People

- Provide regular feedback
- Assign tasks with clear structure
- Give opportunities to ask questions and provide clear answers
- Explain unwritten rules about culture or protocols
- Provide thorough onboarding process with a support plan that indicates roles of co-workers and includes a building tour
- Make reasonable adjustments (but don't treat autistic workers differently)
- Provide a buddy or mentor who understands the company and autism





Supported Employment in California & Autism

- Only 8% of people with developmental disabilities in California currently receive supported employment services.
- This is ironic given that...



International Studies Suggest That Providing Employment Support Works Best

Program	Country	Authors	Employ. Rate	Details
Supported Employment Program	UK	Howlin, Alcock, & Burkin, 2005	67%	8-year longitudinal study on supported employment found that individuals had better CIE placements, higher wages, and employment rates
Action main- d'oeuvre (AMO)	Canada	(Martin & Lanovaz, 2021)	62%	Supported employment for autistic adults looking for CIE. Their support included job development, job coaching, and assistance in connecting with businesses.
Project ABLE (Autism: Building Links to Employment)	Ireland	(Lynas, 2014)	56%	Used a "place then train" supported employment model to serve autistic youth and adults. The program included support at various employment phases e.g., job seeking, placement, training, maintenance, and career advancement.

Existing Studies Of Supported Employment For Autism In The US

Prospective investigation of autistic individuals that received supported employment services and studied their success in obtaining CIE over a 23-month period.

CIE rate of 82% (Wehman et al., 2012).



Adaptation of Project SEARCH to SEARCH+ASD—a school-to-work transition model that combined classroom employmentrelated instruction with internships at a single host site (e.g., hospital).

CIE rate of 73% (Wehman et al., 2020).



Existing Studies Of Supported Employment For Autism In The US

Small hospital-based trial that implemented Individualized Placement and Support (IPS) model in autistic adults. CIE rate of 100% (McClaren et al., 2017).





Community-based trial of IPS in Illinois that included individuals with a broad range of developmental disabilities and mental health issues.

Enrolled 10 supported employment agencies (without autism expertise). CIE rate of 36% (Noel et at., 2018).



California Department of Developmental Services (DDS) Pilot Employment Grant

• Evaluated the **Individualized Placement and Support (IPS)** model in autistic adults and those with intellectual disabilities (ID) in a pilot study.



Why we selected IPS:

- Most widely disseminated and validated supported employment model for severe mental illness and other conditions (26/28 RCTs

 – showing higher CIE rates vs. treatment as usual with improvements to over 55%).
- Promotes getting jobs quickly w/o lengthy training.
- Suitable for persons of all ages.
- More cost effective, w/less emphasis on consumers with ID than other models (e.g. Project SEARCH and Customized Employment).
- Doesn't exclude individuals with mental health challenges.
- Addresses the critical missing step between internships and true competitive paying work.





1https://ipsworks.org/

Eight Core Principles of IPS and Differences from Models used in DD

The employment specialist (ES) does intake, job development, and ongoing support.

ES supervisors manage < = 10 ESes.

Supervisors train ESes in the community when ESes are learning job development.



Smaller caseloads
<20 clients/caseload);
ESes have time to make
6 employer contacts in the
community.

Fidelity reviews @ 6 & 12
- To assess service quality
& adherence to IPS
principles. We were looking
for a GOOD score (100).

Key Study Questions

Can IPS be implemented with fidelity in the DDS system?

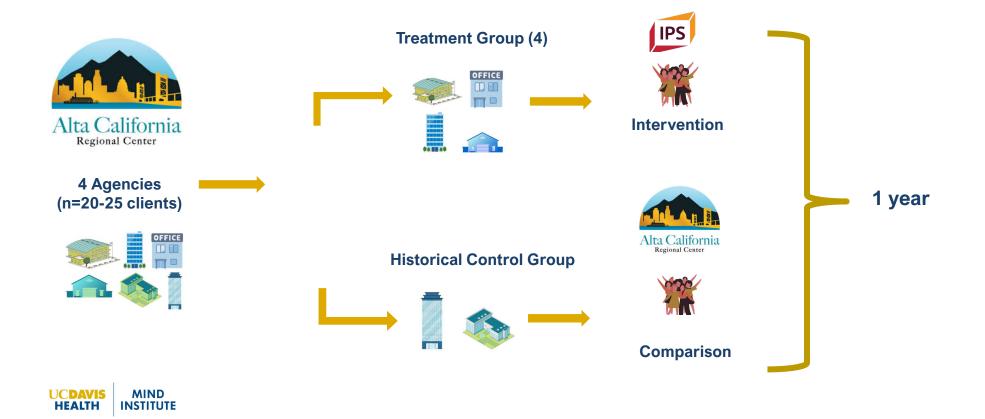


Does IPS improve employment outcomes for clients?





Employment Grant: Study design



Methods

Participants	n = 21 (from 4 agencies)		
Age	Range 20-52; <i>M</i> = 30; <i>SD</i> = 19		
VIQ	Range 59-132; <i>M</i> = 97; <i>SD</i> = 19		
Gender	Male: 13 (59%) Female: 8 (36%)		
Ethnicity	White or Caucasian (62%). Black or African American (14%). Hispanic or Latino (10%). Mixed (9%). Prefer not to answer (5%).		

Preliminary Results: DDS Pilot Project- Key Project Findings





^{*} As of 03/2025 13 CIE placements; employment success rate of 62%.

DDS Pilot Project-Key Project Findings

Job placements:

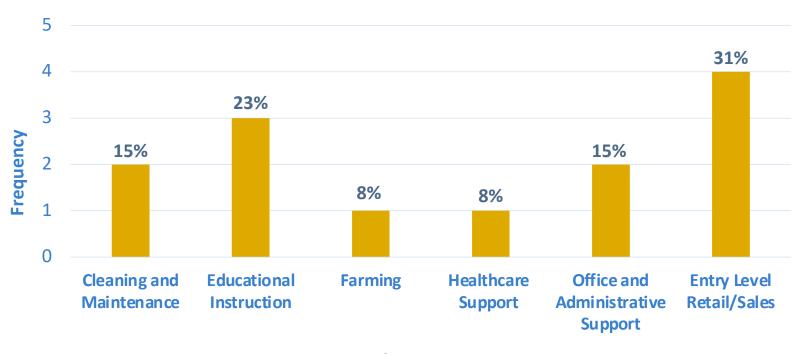
- Hourly pay rate: \$16 to \$32; average \$18.83
- Benefits received: 6/12 received benefits (e.g., sick leave, PTO, Medical insurance, retirement package).

Hours Worked Per Week

- 40% worked 5-10 hours
- 20% worked 11-30 hours
- 40% worked more than 30 hours



DDS Pilot Project-Key Project Findings



Job Sector

New Funding Based On Promising Results



New funding: 3-year National Institute of Mental Health (NIMH) grant (R34MH138725).















Aim 1: Adaptations Of The IPS For Autism; Qualitative Feedback/Focus Groups

October 2024. Focus groups to identify facilitators and barriers to IPS adaptation for autistic adults in California. Community-informed guidelines shaped discussions (Brookman-Frazee, et al., 2012).

- Consumer participants (n=13)
- Parents/carers (n=4)
- Employment specialists (n=4)
- Supervisors (n=6)

Data analyzed with Rapid Assessment Procedures model (McNall & Foster-Fishman, 2007).

➤ Based on focus group findings, we developed a consumer support toolkit (CST) consisting of model adaptations.







Aubyn Stahmer, PhD



Aim 1: Adaptations Of The IPS Model For Autism; Qualitative Feedback/Focus Groups





Reported Model Strengths

- IPS client-centered approach
- · Rapid job search
- Community-based job development which yields good placements & a bank of potential jobs for agencies
- Continued client support
- IPS produces employment rates higher than typical

Reported Implementation Challenges

- Integration of model into existing agency structure (e.g., documentation, reimbursement)
- Inadequate training to reach better than GOOD fidelity
- Agency leadership not adequately informed about the model
- 6 employer contacts per week is difficult
- Staff turnover and staff training for new ESes



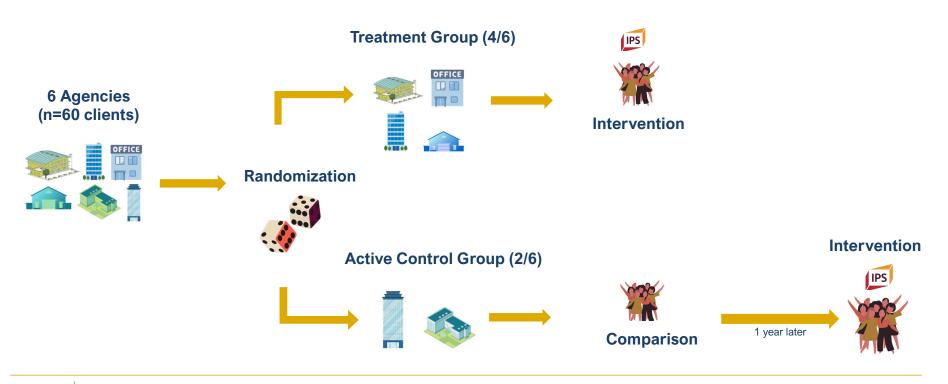
Key adaptations/enhancements to IPS for autistic adults - Consumer Support Toolkit (CST)



For a comparison chart of IPS model and adaptations



Aim 2: Hybrid Type I Trial of IPS for autistic adults in the community





Thus far...

1

IPS has strong potential to improve employment outcomes (57% vs. CA rate of 13-20%).

2

The core IPS principles worked in the DD system with only minimal adaptations.

3

System-level barriers are the biggest challenge to implementation:

- Incompatibility with agency structure.
- Insufficient agency training.
- Coordinating funding streams.
- High ES turnover.

4

Employment success may depend less on individual consumer factors/traits (self-efficacy, work motivation, adaptive functioning, and executive) and more on contextual and systemic factors.

How has your life been with your job in the past few months?

"It's been really good. I enjoyed it a lot and learned some new skills like how to manage a vineyard." "...I was able to handle stress much more easier now thanks to my therapist and employment specialist."

"I think I've done well in returning to work after being unemployed for a long time." "I have been more independent, have more money, so I can spoil myself and my dog, and probably ...a little more happy."







Next steps and future directions

- 1 Execute IPS-AUT trial. Agencies randomized and training to begin.
- 2 Continue to investigate mediators or mechanism of effectiveness (e.g., family involvement).
- Continue advocating for funding changes that support integration and sustainability of IPS within the DD service system.
- Examine potential IPS enhancements:
 - Cognitive training for those with ongoing problems (Thinking Skills for Work – Dr. Susan McGurk).
 - Inclusion of peer mentors into job development and long-term supports.
 - Technology-based tools to reinforce job-related skills and independence.

Fidelity Scale

STAFFING	
1. Caseload size	Doable & Optimal Practice
2. Employment services staff	Doable & Optimal Practice
3. Vocational generalists	Doable & Optimal Practice
ORGANIZATION	
Integration of rehabilitation with mental health thru team assignment	Not Feasible
2. Integration of rehabilitation with mental health thru frequent team member contact	Not Feasible
3. Collaboration between employment specialists and Vocational Rehabilitation counselors.	Not Feasible
4. Vocational unit	Doable-Needs Explanation
5. Role of employment supervisor	Doable & Optimal Practice
6. Zero exclusion criteria	Doable-Needs Explanation
7. Agency focus on competitive employment	Doable & Optimal Practice
8. Executive team support for SE	Doable & Optimal Practice



SERVICES	
1. Work incentives planning.	Doable & Optimal Practice
2. Disclosure.	Doable & Optimal Practice
3. Ongoing, work-based vocational assessment.	Doable & Optimal Practice
4. Rapid search for competitive job	Doable & Optimal Practice
5. Individualized job search.	Doable & Optimal Practice
6. Job development—frequent employer contact.	Doable & Optimal Practice
7. Job development—quality of employer contact.	Doable & Optimal Practice
8. Diversity of job types.	Doable & Optimal Practice
9. Diversity of employers.	Doable & Optimal Practice
10. Competitive jobs.	Doable & Optimal Practice
11. Individualized follow-along supports.	Doable & Optimal Practice
12. Time-unlimited follow-along supports.	Doable & Optimal Practice
13. Community-based services.	Doable & Optimal Practice
14 Assertive engagement and outreach by integrated treatment team	Doable & Optimal Practice

IPS Trainers' Reflections on using IPS for Autism vs. SMI-1: (Downing, Llorente, McGurk)

Treatment System:

- Frustrating siloed care in DD vs MH system
- Excessive use of adult work experiences, internships, and classes not resulting in CIE, perhaps motivated by how reimbursement is structured (it is more profitable for agencies to hold onto consumers as long as possible!)
- Agencies not able to integrate development and support functions required and need to have a paradigm shift to believing everyone can work
- Wide range of competence of providers:
 - Service providers with reluctance to truly embrace client needs and interests
 - Preference for sticking with set asides and internships
 - Fear that clients will fail at some jobs and that is a bad thing
 - Many would benefit from additional education about autism

IPS Trainers' Reflections on using IPS for Autism vs. SMI-1: (Downing, Llorente, McGurk)

Consumer characteristics:

- Have a very wide range of skills and interests with more interest in detail-oriented work
- Often live with families, suggesting this would be an important piece of employment
- Autistic consumers with mental health problems (e.g. depression, anxiety, and ADHD) and no regular providers
- Consumers sometimes sound like they understand things more than they actually do
- Optimism as agencies work to partner better with independent living services
- Some already possess strong existing relationships with benefits counselors

Team 2024 & 2025: Individualized Placement and Support for Autistic Adults (IPS-AUT)



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