



SOMMET SUR LES ADULTES AUTISTES



AUTISTIC ADULTS SUMMIT

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Diversity in Youth and Adults with Autism Spectrum Disorders: Complex Needs in Unprepared Systems

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AUTISTIC ADULTS SUMMIT
November 17-18, 2017
Shediac, NB

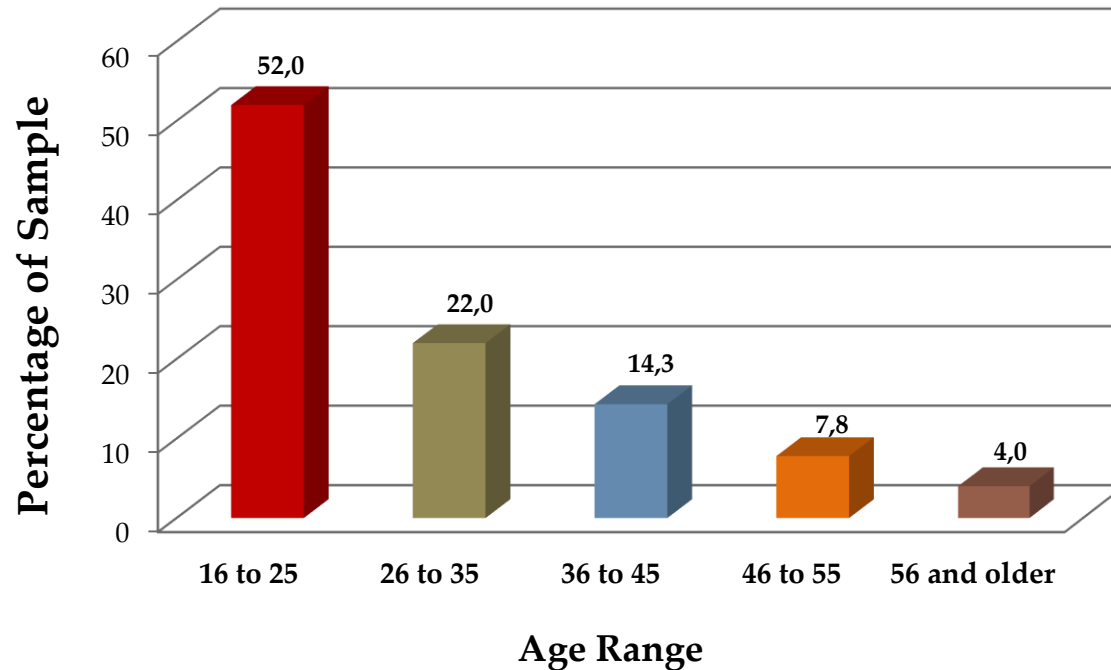
Understanding a Social Model of Disability

- Great strides have been made around the world in recognizing the important role that the environment plays in how well individuals with disabilities function in their homes, places of work and communities
- Social policies, the nature of supports and services, access to those services, and knowledge of a population's needs all shape the communities in which we live
- Using social model of disability, the focus is not only on the needs of individuals, but how well society addresses those needs and contributes to a enabling or disabling experience
- We have long discussed this perspective when considering the needs of children in their school environment— sensory, IEP, education, policies, sense of community, anti-bullying, etc.

Demographic and Diagnostic Information

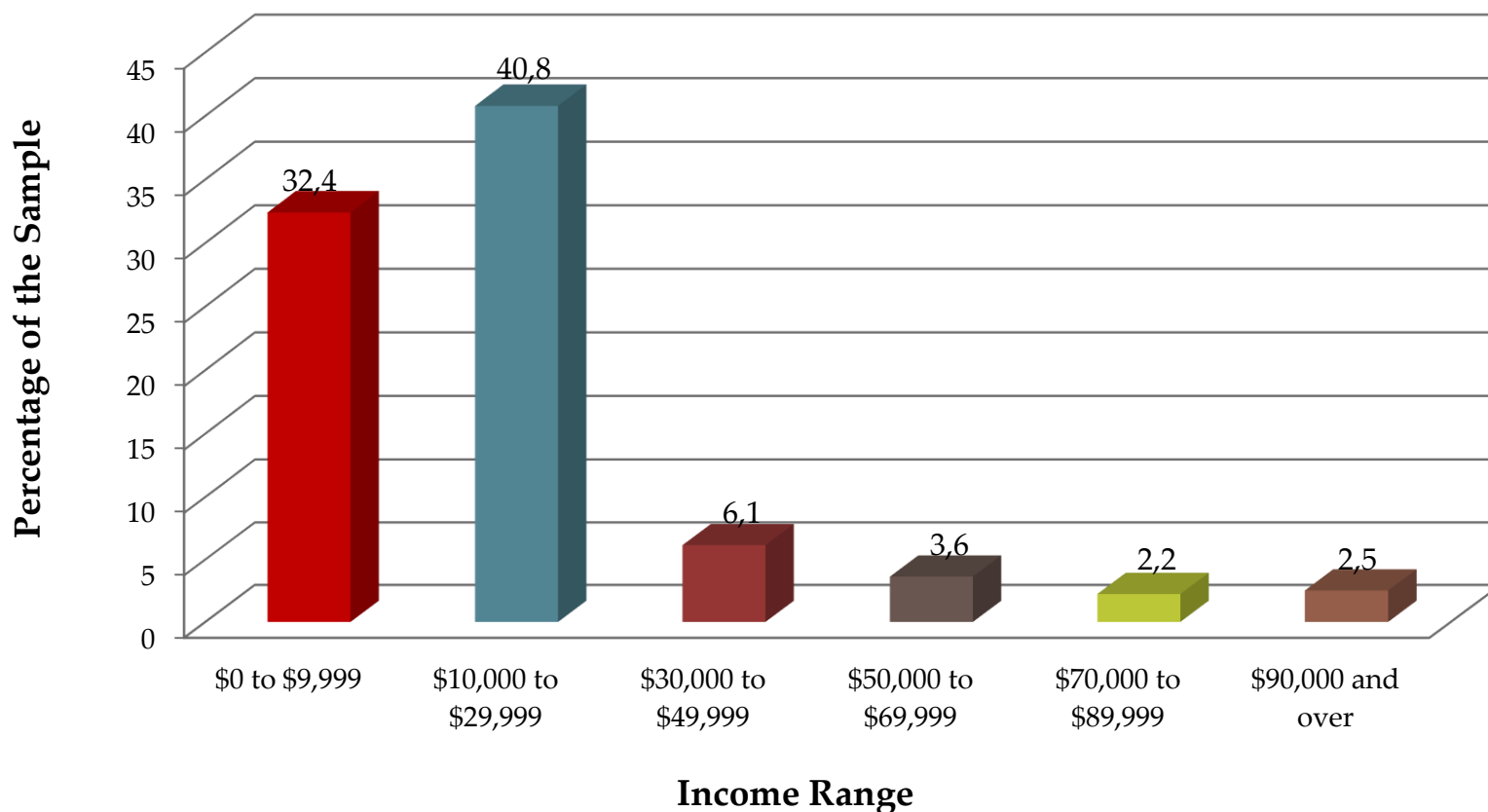
- High-functioning autism, high-functioning PDD, and Asperger Syndrome, comprised 244 individuals (50.8% of sample), 114 individuals had autism (23.8%), 75 individuals (15.6%) had the broad diagnosis of ASD/PDD and 47 were diagnosed with PDD-NOS
- 415 (86.6%) were single, 43 (9.0%) were married, 11 (2.3%) were separated/divorced, and 10 (2%) common-law; 10% had children
- Individuals were widely distributed across the province with 78 (16.3%) in eastern Ontario, 191 (39.9) in central Ontario, 138 (28.8%) in metropolitan Toronto, 55 (11.5%) in south-western Ontario, and 17 (3.5%) in northern Ontario
- All respondents were asked if the individual they were reporting on had been “accurately diagnosed with an intellectual disability; of the entire sample, only 71 (14.8%) reported that they had

Age Distribution of the Sample



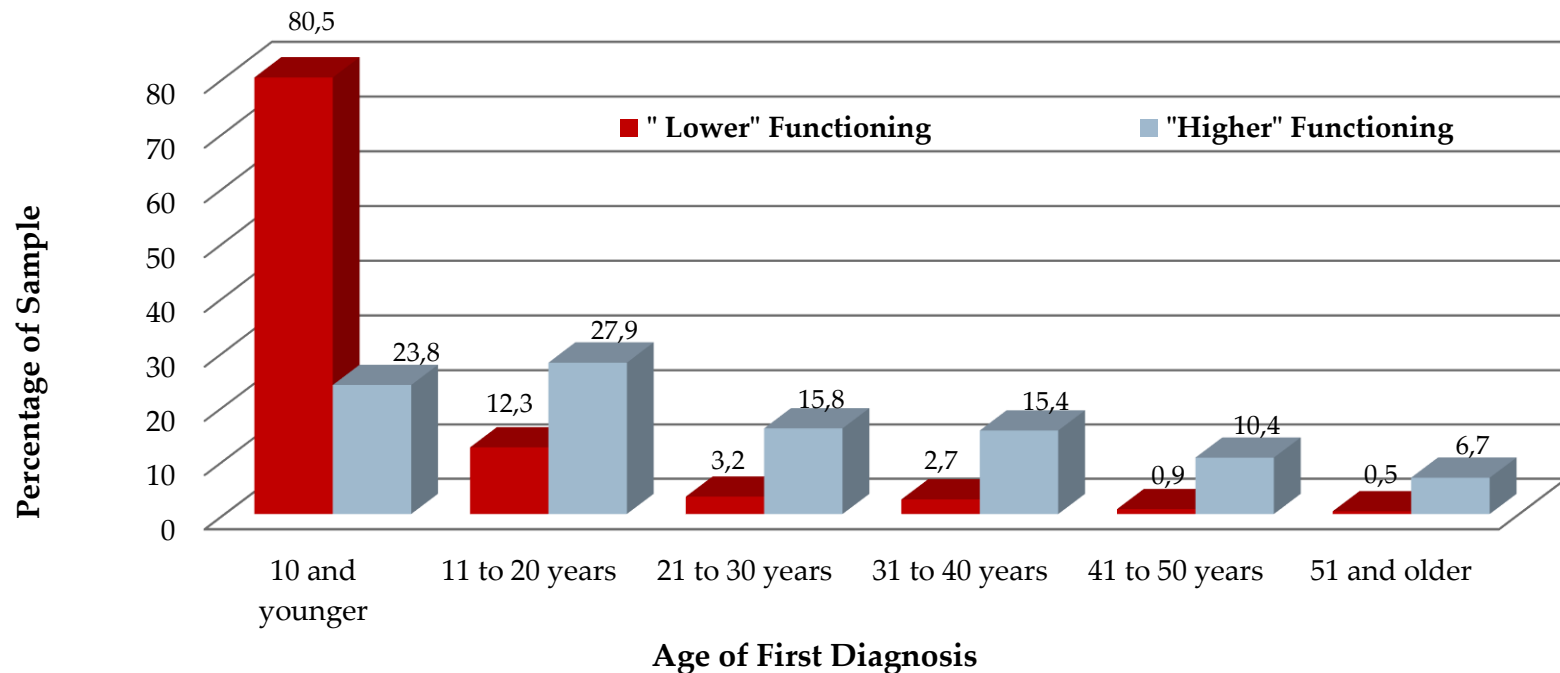
- The study was completed by 480 individuals via case survey method
- This provided data on 348 males (72.5%) and 132 females (27.5%)
- Ages ranged from 16 to 66 years, with an average of 29.11 ($SD=11.86$)
- Of the entire group, 80.6% were 40 years or younger

Annual Income for Adults 20 and Older (N=315)



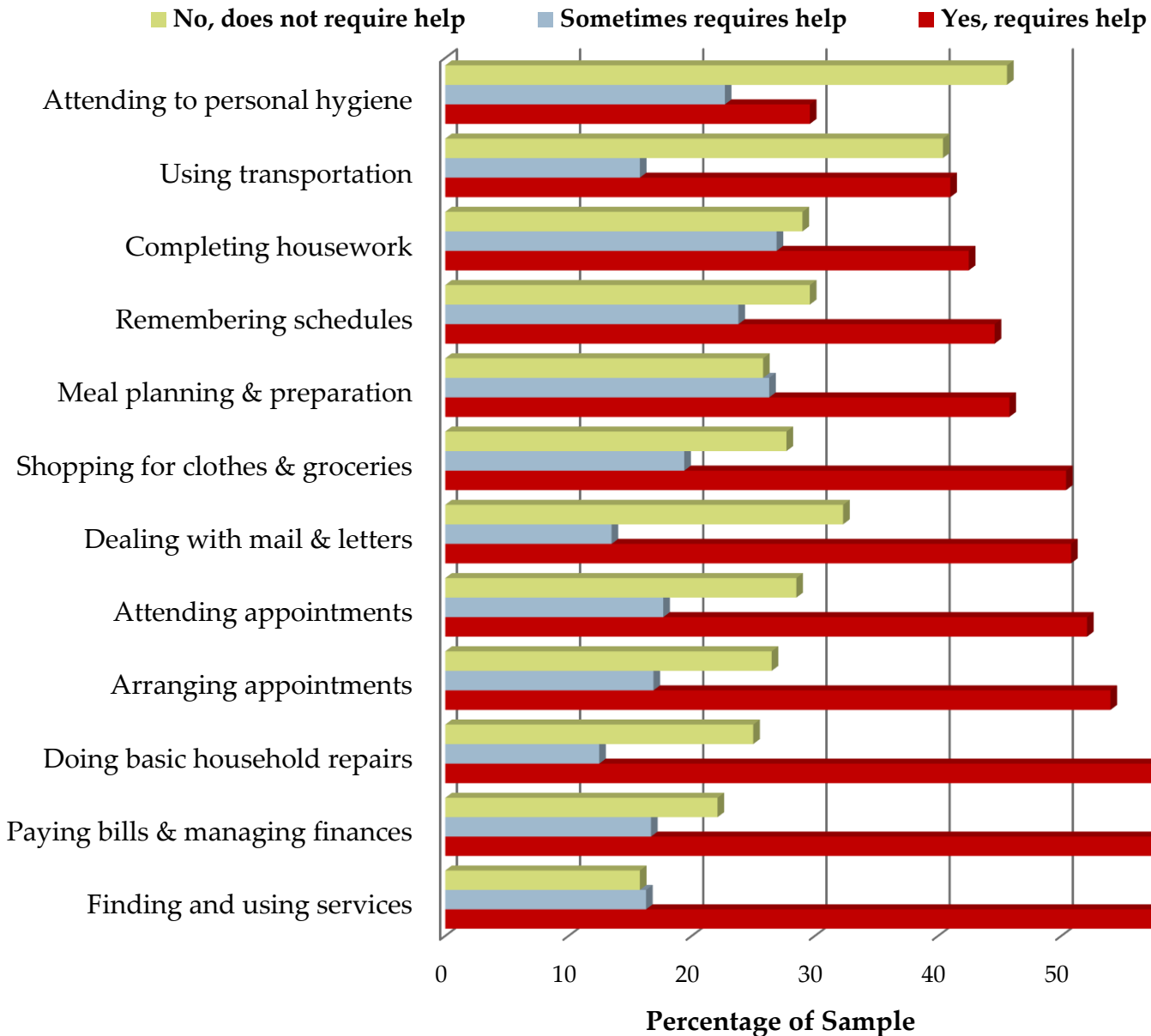
- The largest source of income was ODSP for 209 (58.2%) individuals
- Full-time employment was the primary income source for 50 (13.9%) and part-time employment for 22 (6.1%) individuals
- Source of income was 'family' for 47 (13.1%) and 'other' for 31 (8.6%)

Age of first Diagnosis for those with HFA/AS vs. autism/ASD



- Age of the first diagnosis differed based on the ASD diagnosis given
- Those with the diagnoses of autism at a mean age of 5.1 years ($SD=.51$)
- Those with ASD/PDD (Nonspecific) at a mean age of 9.03 years ($SD=10.17$),
- Those with PDD-NOS at a mean age of 9.66 ($SD=11.24$).
- The mean age of those diagnosed with HFA/AS was 23.51 ($SD=16.03$; $p<.001$)

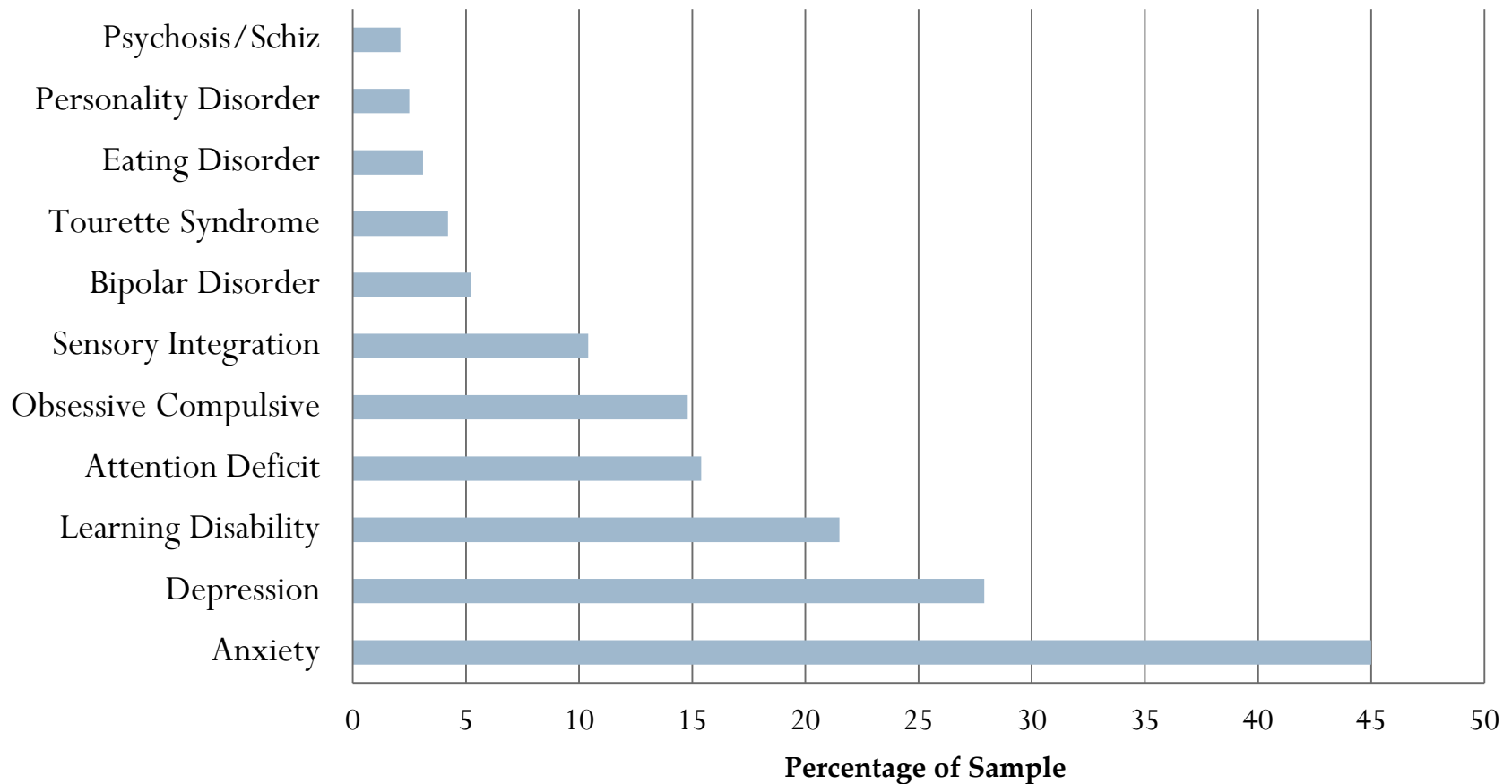
Help Required with Daily Life Skills



Life Skills

- Family members indicated that services and supports in the area of functional life skills are lacking:
 - *“Our daughter’s level of functioning is very low, so she is totally dependent on us for all of her daily needs.”*
 - *“My son needs care and help with every facet of his life.”*
- Many youth and adults themselves identified personal struggles and areas of functioning:
 - *“Since I was diagnosed as an adult over 30, much of my life has been spent fumbling and struggling with these things. I don’t get any more help for these skills than I ever have.”*
- The importance of family and the need for family-focused supports were also highlighted:
 - *“Without the support of my family, I will need assistance and I’m not too sure where I will find it.”*

Frequency of Mental Health and Neurodevelopmental Diagnoses



- In the last decade, 14% of the individuals had a hospital stay (12+ hrs)
- 20% required emergency services for a “psychiatric, psychological or behaviour problem”

Medical Illnesses

| | Frequency of Illness | Percentage of Illness | Percentage of Sample |
|---------------------------------|----------------------|-----------------------|----------------------|
| Brain and spinal cord disorders | 51 | 17.23 | 10.62 |
| Digestive system disorders | 47 | 15.88 | 9.79 |
| Lung and respiratory disorders | 45 | 15.20 | 9.38 |
| Hormonal and metabolic | 31 | 10.47 | 6.46 |
| Musculoskeletal disorders | 31 | 10.47 | 6.46 |
| Sleep disorders | 14 | 4.73 | 2.92 |
| Skin conditions | 12 | 4.05 | 2.50 |
| Weight disorders | 12 | 4.05 | 2.50 |
| Hypertension | 11 | 3.72 | 2.29 |
| Reproductive disorders | 11 | 3.72 | 2.29 |
| Vision and hearing disorders | 11 | 3.72 | 2.29 |
| Liver, kidney and urinary | 6 | 2.03 | 1.25 |
| Blood disorders | 4 | 1.35 | 0.83 |
| Immunological disorders | 4 | 1.35 | 0.83 |
| Cancer | 3 | 1.01 | 0.63 |
| Cardiac disorders | 3 | 1.01 | 0.63 |

Medications

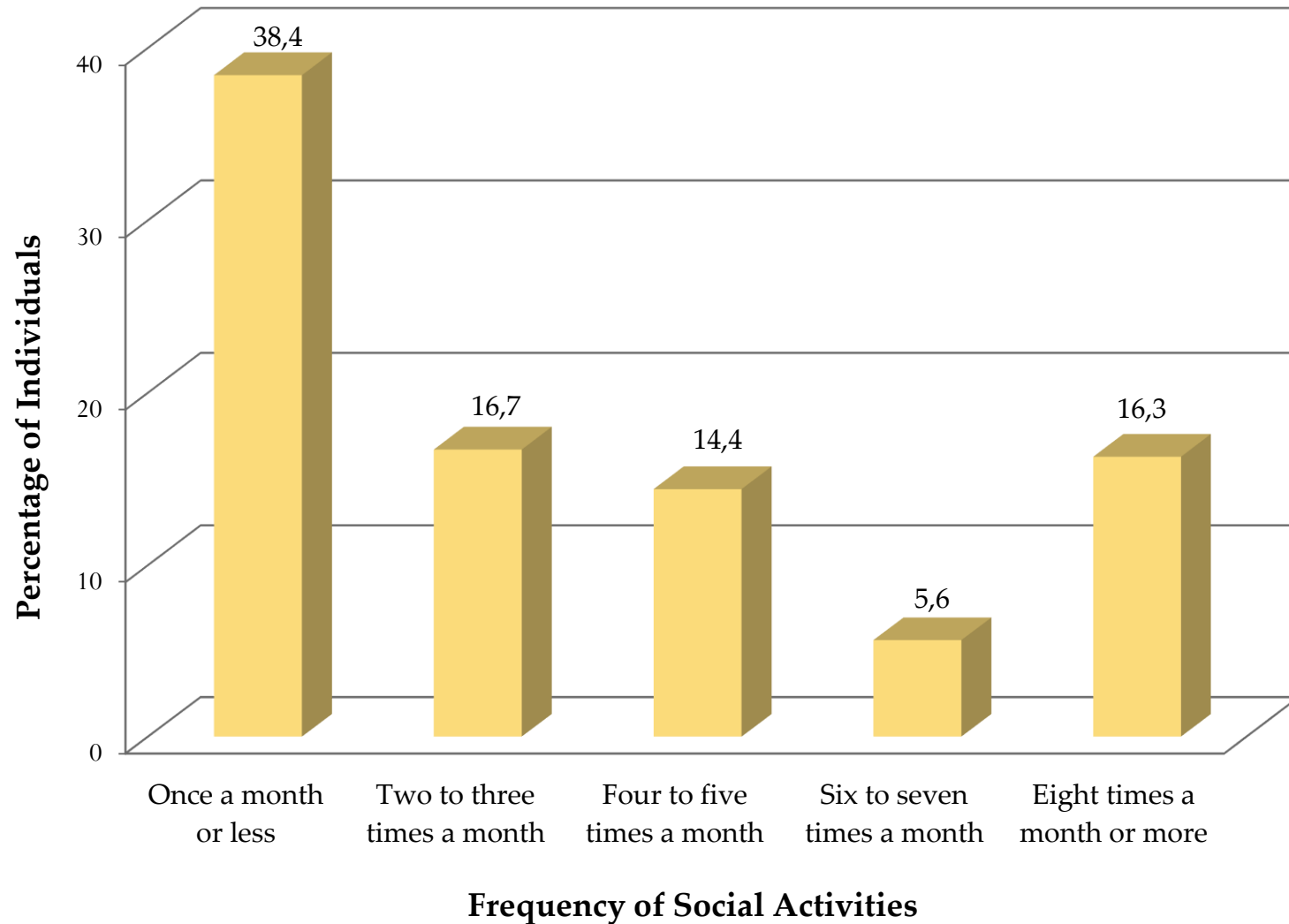
| Medication | Frequency | Percent |
|-------------|-----------|---------|
| Risperidone | 63 | 8.0 |
| Seroquel | 30 | 3.8 |
| Zoloft | 30 | 3.8 |
| Celexa | 27 | 3.4 |
| Prozac | 26 | 3.3 |
| Cipralex | 24 | 3.0 |
| Effexor | 19 | 2.4 |
| Paxil | 17 | 2.1 |
| Lorazepam | 15 | 1.9 |
| Tegretol | 12 | 1.5 |
| Abilify | 11 | 1.4 |
| Clonazepam | 11 | 1.4 |
| Concerta | 10 | 1.3 |
| Divalproex | 10 | 1.3 |
| Wellbutrin | 10 | 1.3 |

- 177 (36.9%) were on no medication, 91 (19.0%) were taking one, 83 (17.3%) were taking two, 47 (9.8%) were taking three, 29 (6.0%) were taking four, 43 (9.0%) were taking five, 7 (1.5%) were taking six, and 3 (0.6%) were taking seven
- The mean number of medications was 1.65 ($SD= 1.76$). A total of 792 prescribed medications were being taken by the entire group ($M = 1.65$; $SD = 1.76$)

Access to Medical Services

- Many family members expressed their frustration locating knowledgeable medical professionals:
 - *“It is difficult to find MDs who will accept patients with ASD...”*
 - *“...last two years multiple health problems that were not investigated properly by his local Dr....Needed to be referred to specialists that do not exist in the area he lives in...lives in underserviced area...”*
 - *“Any medical services through the hospital have been very difficult, as nurses and doctors are very busy and are either unwilling or unable to provide the extra support and/or time needed to avoid major problems....very hesitant to take our son to the hospital...”*
 - *“Medical services for the autistic community are severely lacking. Mainstream doctors don’t know how to test for and treat underlying problems such as digestion and food and chemical sensitivities.”*

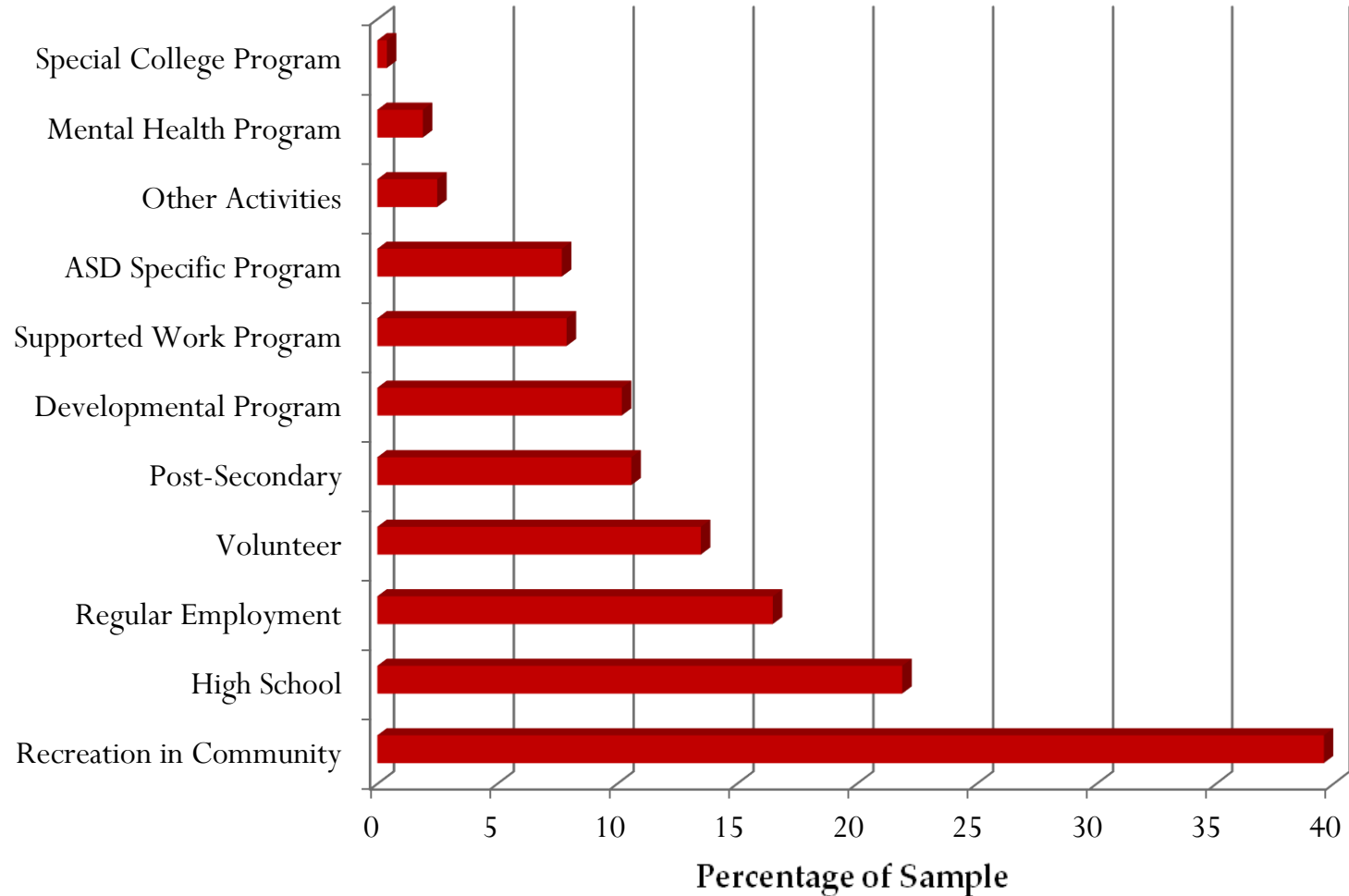
Frequency of Social Activities



Social Interaction

- Family members and individuals were concerned about reluctance to participate in social activities as well as feelings of social isolation:
 - *"We are very concerned about his isolation/reclusion"*
 - *"I generally prefer one-on-one situations. I tend to feel left out, overlooked in groups. Still hard to fit in."*
- Respondents commented on avenues for social interaction:
 - *"Online he is fine and active with a sci-fi role play group, but in person he has great difficulties."*
 - *"My son has 900 friends on Facebook but is rarely invited to any real social activities."*
 - *"I am not too bad one on one with people but any social activity that involves several people is extremely draining for me and exhausts me quickly."*

Daily Activities Reported



- Degree of satisfaction with the daily activities was: “Very Satisfying” 14.8%, “Satisfying” 40.0%, “Neutral/Undecided” 29.6%, “Unsatisfying” 9.9% and “Very Unsatisfying” 5.0%

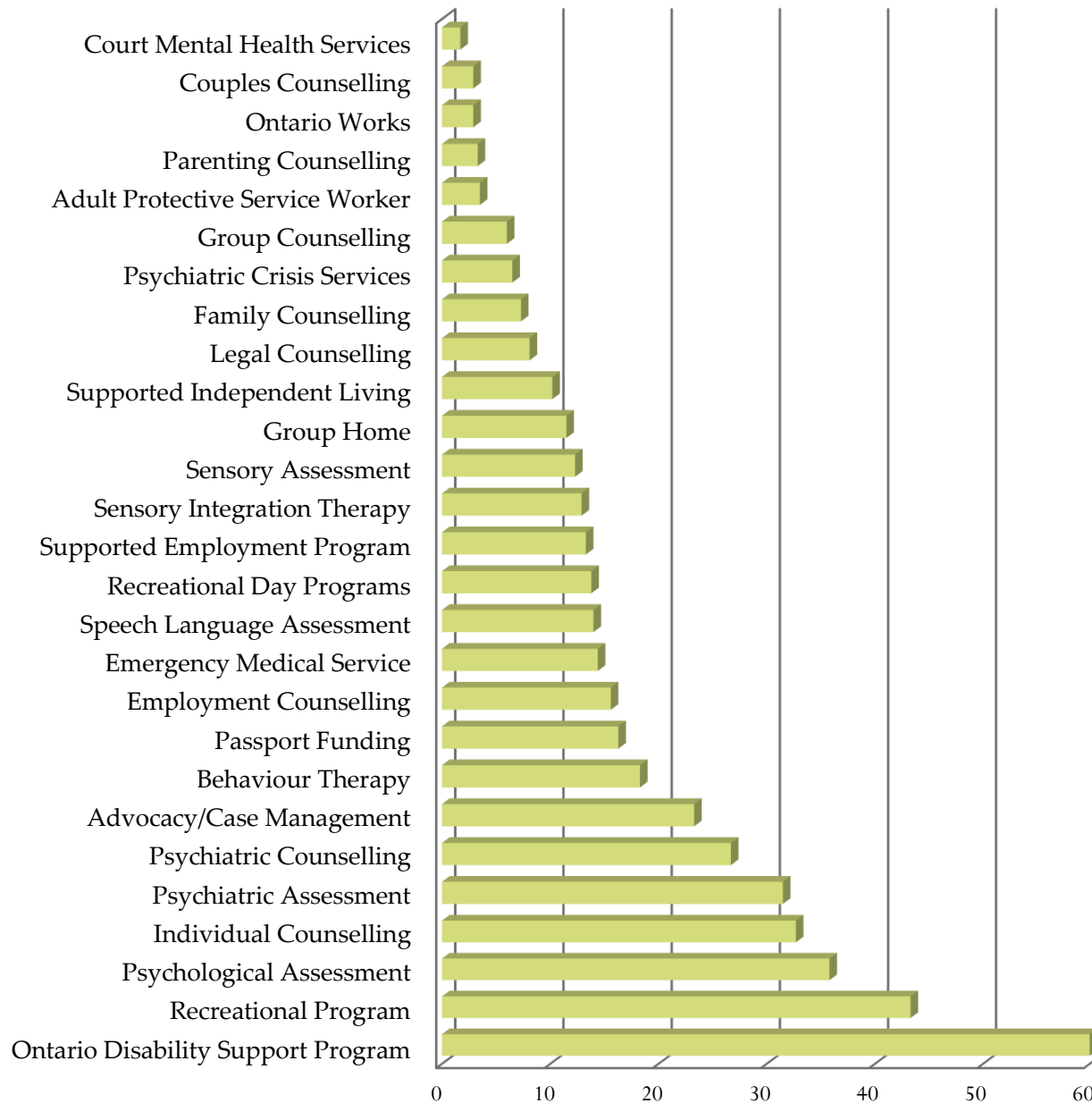
No “Regular Meaningful Activities”

- A category was created for those respondents who indicated that the individual engaged in no regular, structured meaningful activity outside of the home:
 - stays at home with a live-in caregiver
 - listening to music, computer, TV
 - spends the day on the computer or sleeping
 - sits home with mom
 - eats, paces, tears up papers, sometimes gets violent
 - ...in his room night and day will only come out when we are asleep...
- There were 32 individuals (6.7% of the sample) in this category
- 41 individuals (8.5%) reported ONLY chores at home.
- Combining these groups, 73 individuals (15.2%) of the sample had NO regular meaningful or structured activities outside of home

Occupation for Employed Individuals (N=139)

| Area of Employment | Number Employed | Percent of Employed |
|---|-----------------|---------------------|
| Sales & service occupations | 42 | 30.2 |
| Business, finance & administration | 21 | 15.1 |
| Art, culture, recreation and sport | 19 | 13.7 |
| Education, law, social, community, government service | 12 | 8.6 |
| Natural & applied sciences | 9 | 6.5 |
| Management & business owner | 8 | 5.8 |
| Manufacturing & utilities | 8 | 5.8 |
| Natural resources & agriculture | 6 | 4.3 |
| Cannot be coded | 6 | 4.3 |
| Health occupations | 4 | 2.9 |
| Trades, transport & equipment operators | 4 | 2.9 |

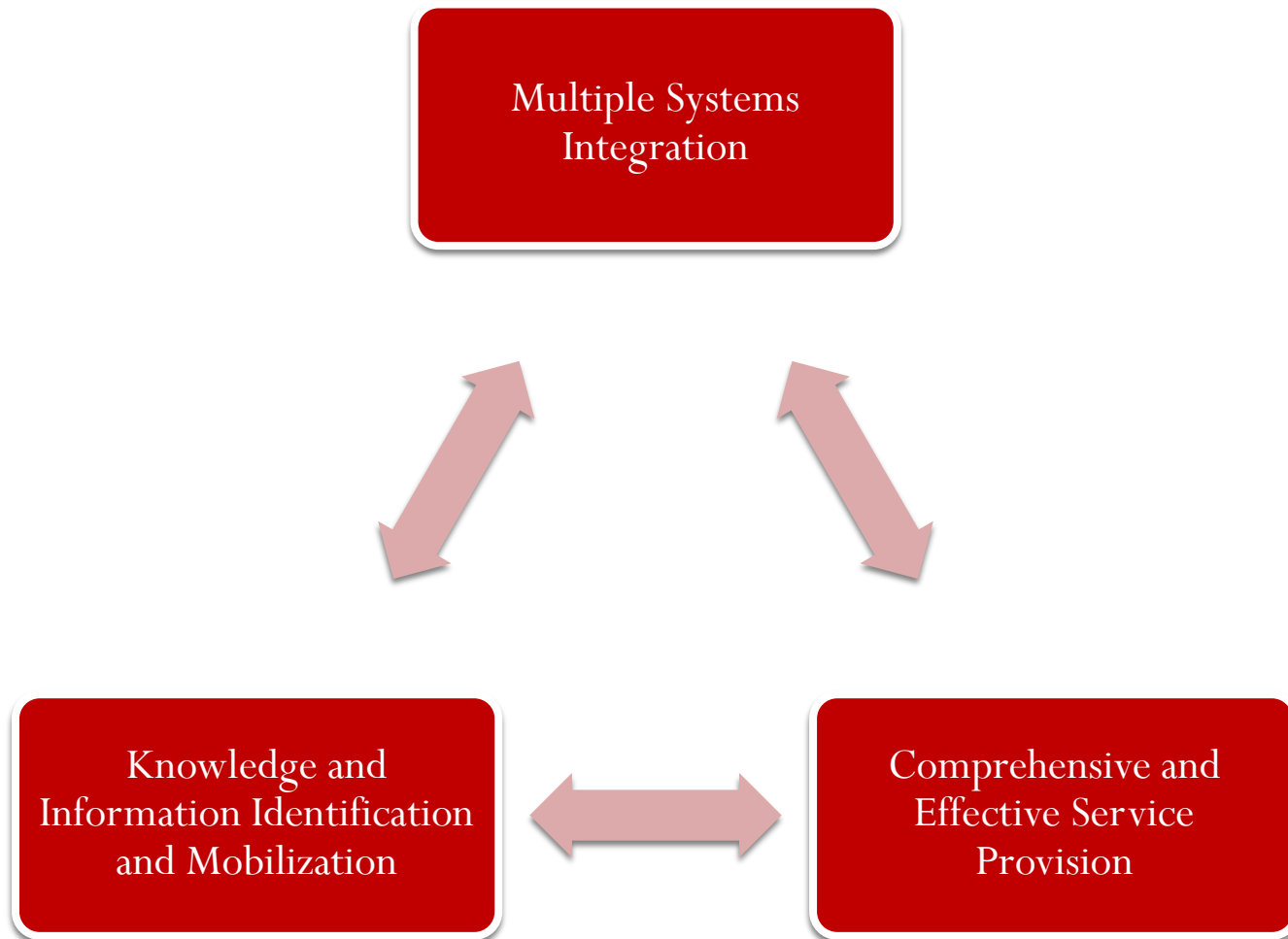
Current Service Use by the Youth and Adults



Finding Services and Supports

- Many expressed their frustration with uncoordinated, severely lacking, or limited services and supports
- Efforts to find and monitor services and supports were often the role of families:
 - *“We have had to fight for every single penny our son receives in support of his dignity, independence, integration, and equality of opportunity... I am completely frustrated by this system and know that the worse is yet to come.”*
 - *“It has fallen to his family to step in and fill the gap in hopes that somebody in [our area] will eventually get off their rear end and recognize he needs some assistance to live the independent life he has chosen...”*
 - *“I worry about long-term planning and financial supports for my [family member] given his ongoing needs.”*
 - *“My parents mostly do that, but I can tell it’s been frustrating.”*

Promoting Effective and Inclusive Services



**MONCTON
EMPLOYMENT &
TRAINING
SERVICES, INC.**





Moncton Employment & Training Services, Inc.

1250 St George Boulevard, Moncton NB E1E 3S1

Tel: (506) 858-9404 Fax: (506) 858-8090

Email: metsinc@nb.aibn.com

Web: www.metsinc.ca



MANDATE

To provide relevant valued services to adults whose primary disability is an intellectual / developmental disability through training, personal development, community placement and employment.



METS History

- ⦿ Established in 1953
- ⦿ Founded by parents
- ⦿ Formally known as “Adult Services Workshop”
- ⦿ Non-Profit Organization



ADAPT Agency

Adult

Developmental

Activities

Programs

Training



Funding

- ⦿ Department of Post Secondary Education, Training & Labour (PETL)
- ⦿ Department of Social Development (SD)



AGENCY BASED SERVICES



Agency based services offer long term activity and training within METS facilities. It features group-based work and personal development activity as well as individualized training all under the supervision of METS staff.



Access to Agency Based Services

- ⦿ Individual must have an Intellectual / Developmental disability
- ⦿ Individual must be between the ages of 19 and 64
- ⦿ Must have approved funding through Social Development or access to alternate funding



Services provided:

- ⦿ Individual and Group based activity
- ⦿ Behavior support
- ⦿ Skill training
- ⦿ Personal Care
- ⦿ Facilitated Community Access
- ⦿ Individual Service Planning
- ⦿ High School Transition Planning



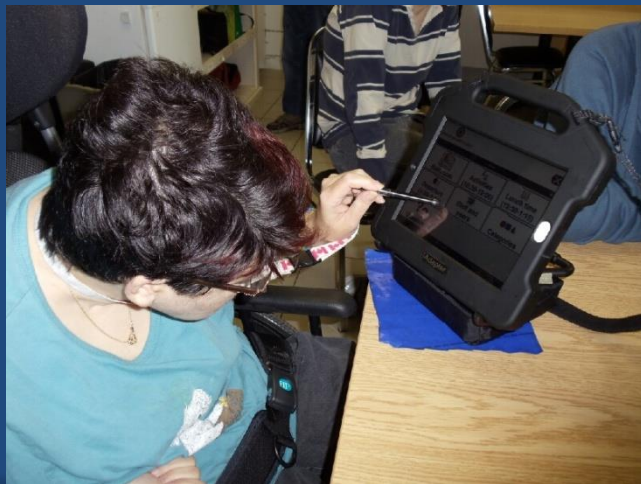
Agency Based Programs

- ⦿ Personal Development Services
- ⦿ Community Facilitation Services
- ⦿ Work Activity Services
- ⦿ Pre-Employment Services



Personal Development Services

Persons within these groups are offered a full day of activity not necessarily featuring work. Group based activity is offered in the following categories: academic/education, leisure, recreation, self help, social, life management, communication, health and physical activities.



Work Activity Service

The Work Activity Service provides a structured, productive environment, using real work activity within a Social Enterprise as the primary training tool. The work activity provided is intended to be labour intensive and, in many cases, is completed by teams of people working together. There are three work activity departments: BC Innovations, Moncton Pallet and The Right Choice Catering.



BC Innovations

BC Innovations is a light industrial environment. Activities include mail-outs, packaging, assembly work, production of promotional buttons, etc.



Moncton Pallet

Moncton Pallet is an industrial environment with activity provided in a warehouse setting. Activities include pallet assembly and production of survey stakes.



The Right Choice Catering

The Right Choice Catering is a food service environment with activity provided in various settings which include kitchen, stock room, and banquet hall. Activities include food preparation, banquet setup, etc. This department also provides opportunities for supported employment.



Employment Skills Development Program

This program provides a direct service link between agency-based work activity services and community employment.

- ⦿ Classroom Based Training
- ⦿ Community Based Work Exposure
- ⦿ Work Activity Tasks



COMMUNITY EMPLOYMENT AGENCY

The Community Employment Agency (CEA) provides support to individuals in obtaining and securing employment in community-based settings. These supports are facilitated through a variety of means and are based on individual need.



Access to Employment Services

- ⦿ Supports people with an intellectual / developmental disability and also persons with a brain injury
- ⦿ Individual is no longer attending school
- ⦿ No age requirement (adult)
- ⦿ No cost to the individual
- ⦿ People can be referred by METS Agency Based Services, SD, PETL, Other Agencies, Schools, Family or Self-Referral



Services provided by CEA:

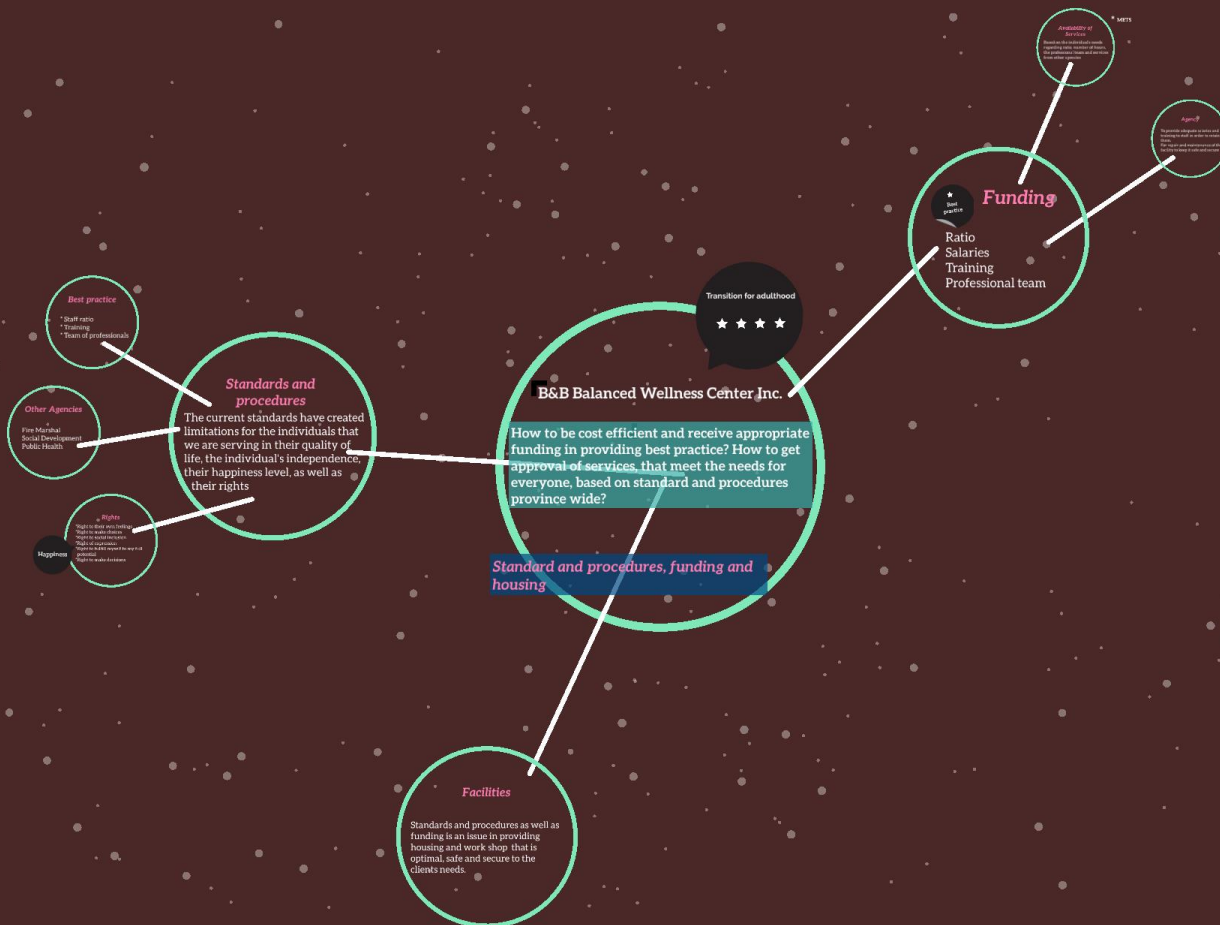
- ◉ Job finding
- ◉ Pre-employment skill training
- ◉ On-the-job trainer support
- ◉ Post-placement monitoring
- ◉ Individual service planning



Community Employment Agency

- ⦿ Current Caseload is approx. 110 individuals
- ⦿ 80 currently employed
- ⦿ Average number of job placements per year - 65







Transition for adulthood



anced Wellness Center Inc.

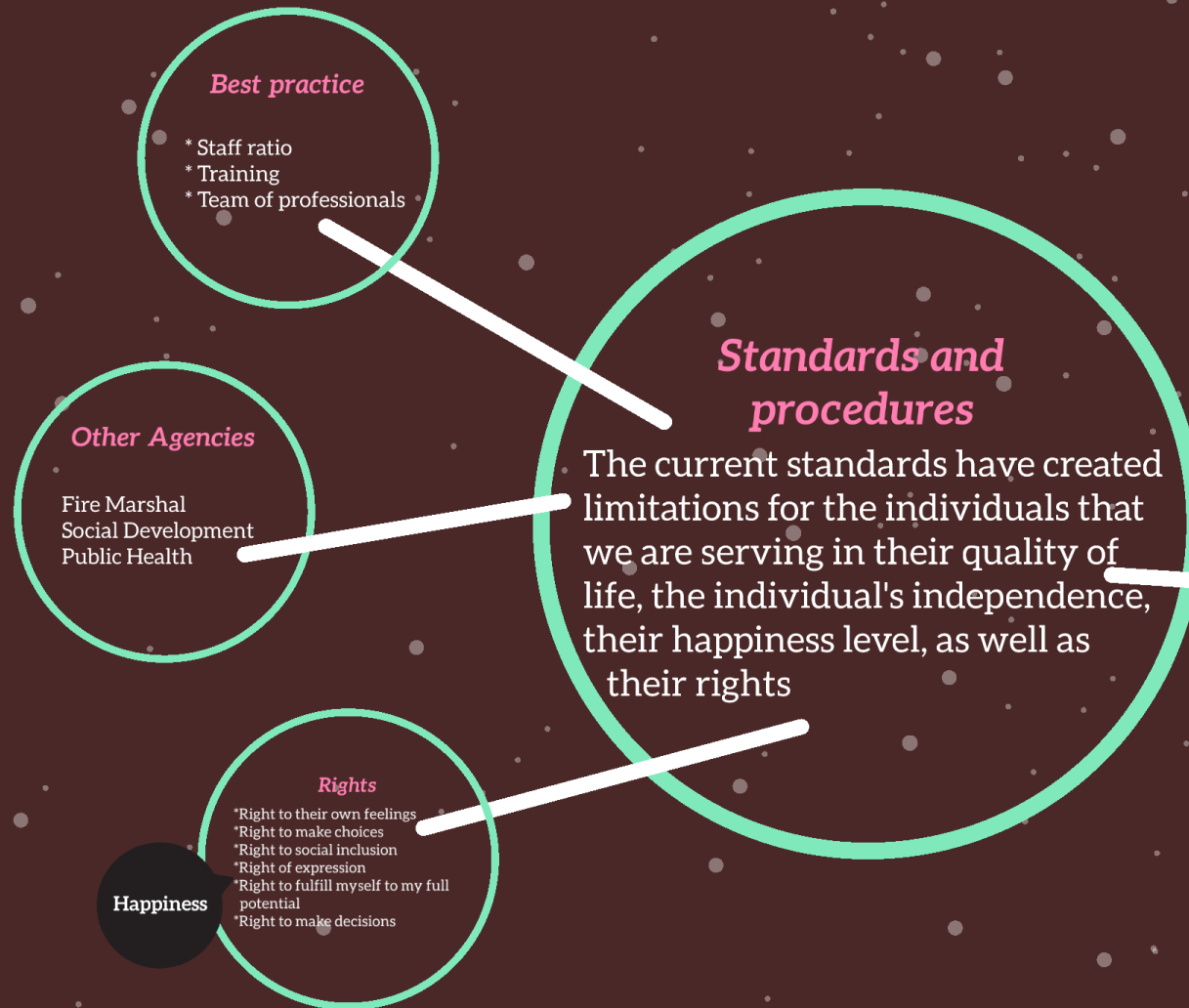
Transition for adulthood



B&B Balanced Wellness Center Inc.

How to be cost efficient and receive appropriate funding in providing best practice? How to get approval of services, that meet the needs for everyone, based on standard and procedures province wide?

Standard and procedures, funding and housing



ing
of professionals

Standards and procedures

The current standards have created limitations for the individuals that we are serving in their quality of life, the individual's independence, their happiness level, as well as their rights

Rights

ght to their own feelings
ght to make choices
ght to social inclusion
ght of expression

Best practice

- * Staff ratio
- * Training
- * Team of professionals



Other Agencies

Fire Marshal
Social Development
Public Health

Happiness

Rights

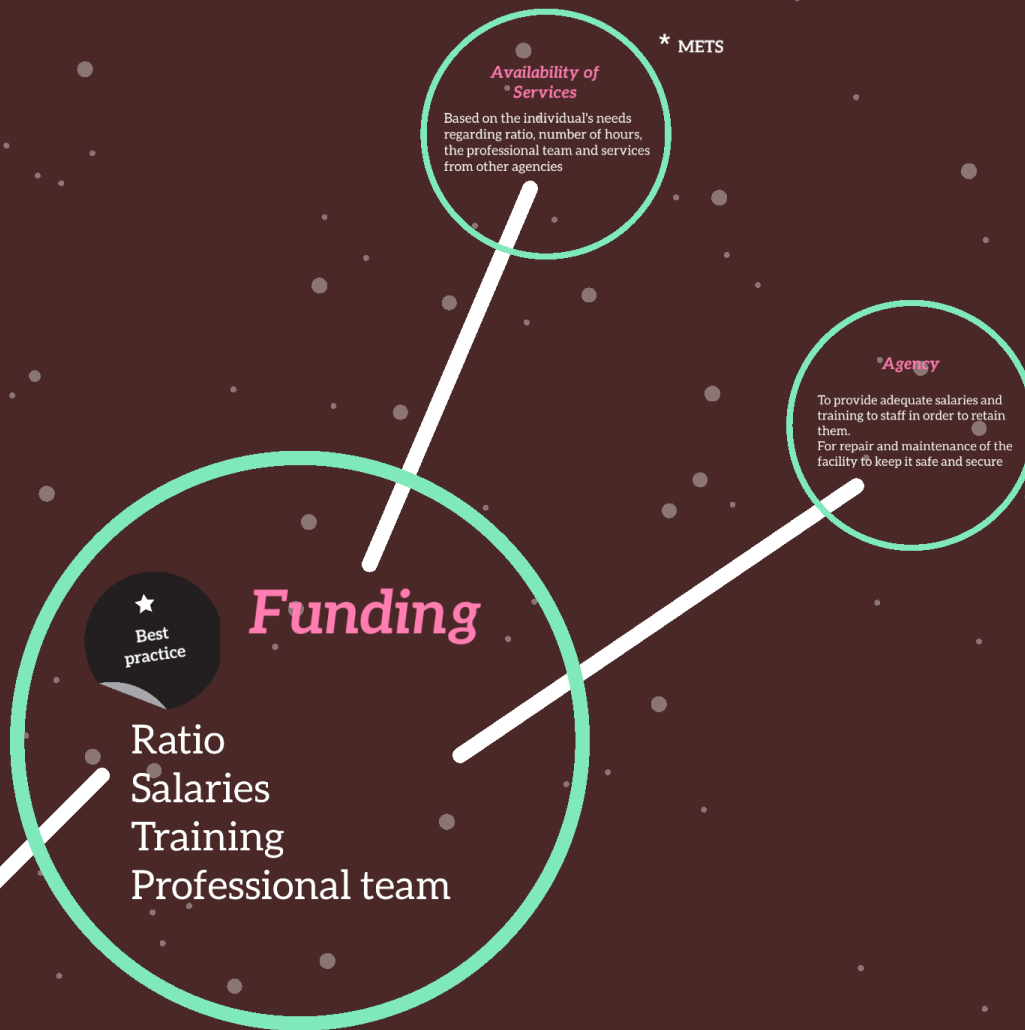
- *Right to their own feelings
- *Right to make choices
- *Right to social inclusion
- *Right of expression
- *Right to fulfill myself to my full potential
- *Right to make decisions

The background is a dark brown color with a pattern of small, light-colored dots. A large, light green circle is centered on the page. A white diagonal line runs from the top right towards the center, passing through the green circle.

Facilities

Standards and procedures as well as funding is an issue in providing housing and work shop that is optimal, safe and secure to the clients needs.

adulthood





Funding

Ratio
Salaries
Training
Professional team

* METS

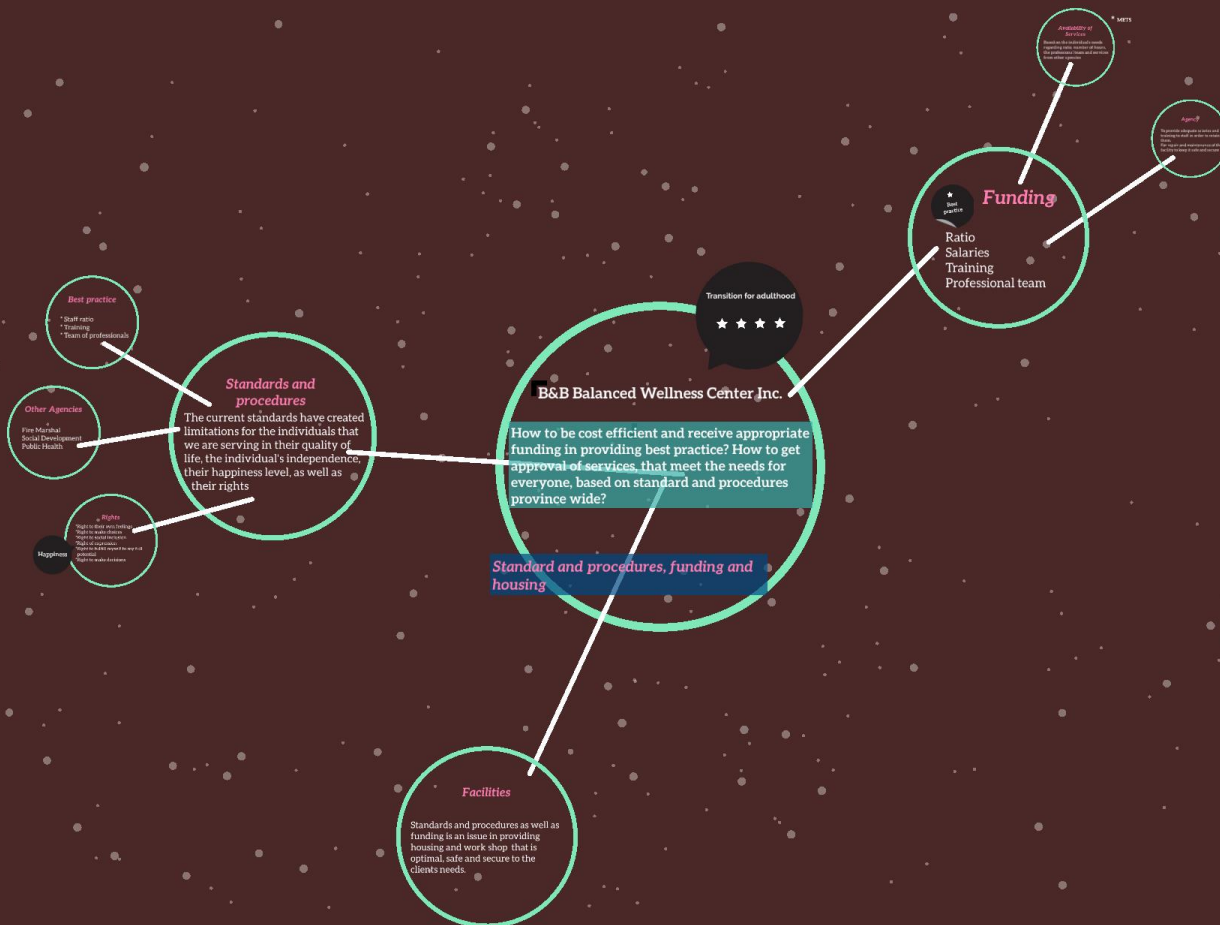
Availability of Services

Based on the individual's needs
regarding ratio, number of hours,
the professional team and services
from other agencies

Agency

To provide adequate salaries and training to staff in order to retain them.

For repair and maintenance of the facility to keep it safe and secure



Mental Health Road Map for Autistic Adults

Presented by: Tom Jackman

Autism Society Newfoundland and Labrador
Autism Canada





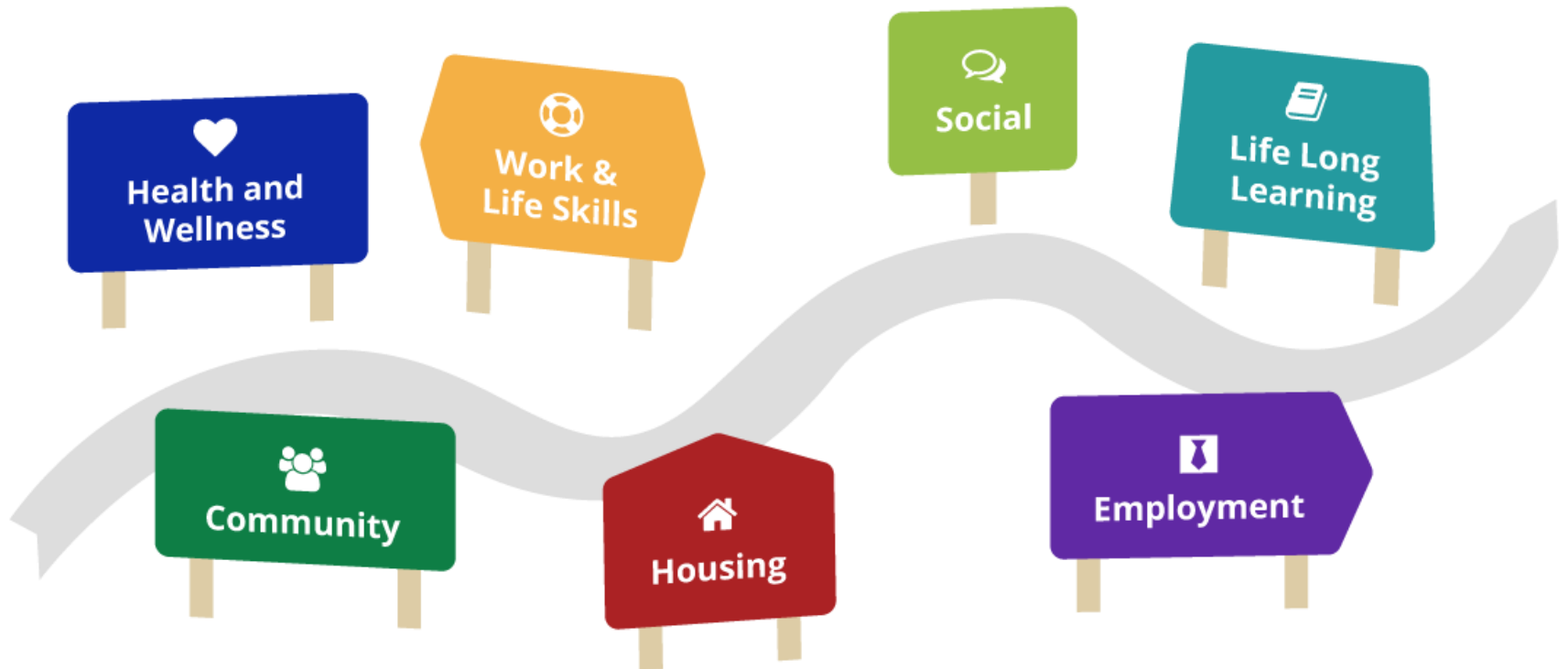
**AUTISM IS THE MOST COMMONLY
DIAGNOSED NEUROLOGICAL DISORDER
IN CANADA: 1 IN 68 CHILDREN.**

"Young people who received services in the child system are often not well supported as they move into the adult system."

Autism Society
Newfoundland & Labrador



Imagine a Life



WHAT PARENTS OF CHILDREN WITH AUTISM WORRY ABOUT MOST

GREATEST CONCERN:

69.3% cite adult independence as their greatest concern.



TRANSITION PLAN:

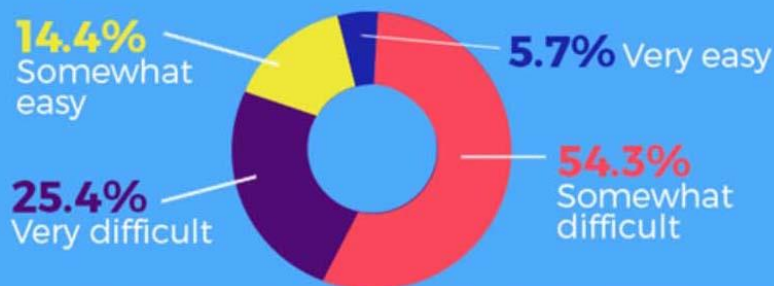
Only **18.4%** have a transition plan to prepare for life after high school graduation.



64.8% do not include any job skills or vocational training as part of their transition plan.

EASE OF ACCESS TO CARE:

Nearly **80%** find access to services difficult



SOCIAL CONNECTION:

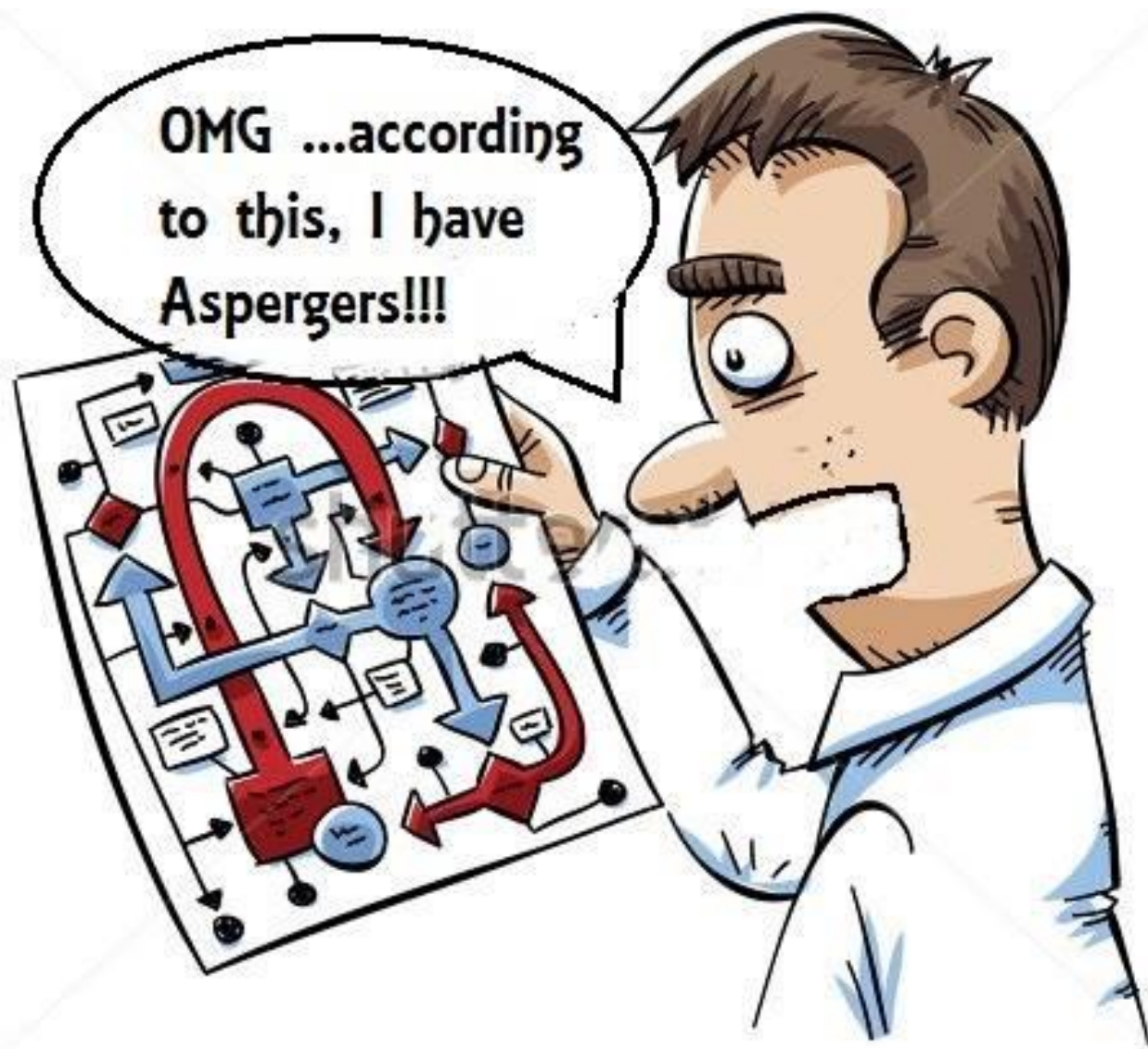


52.6% do not have many friends or a peer group at school.



ROADMAP

FOR ADULTS WITH AUTISM





Big Idea

Most people spend 75-80 percent of their lives as an adult. Autism does not go away when the child leaves school. We need to give our students the skills and supports that they will need to see success as adults in the community, work, and college.

Anxiety disorders are very common amongst people with autism. Roughly 40% have symptoms of at least one anxiety disorder at any time, compared with up to 15% in the general population.

Autism Society
Newfoundland & Labrador



MY ANXIETIES HAVE ANXIETIES.



Why the current focus on adults with ASD?

Prevalence

Costs

No Diagnosis

High rate of Comorbid
disorders

Poor Services



Transitioning to Adult Life



Difficulty in High School

Limited Career opportunities

Reduced Life Experience

Limited Pre-vocational skills

Increased social complexity

Desired Outcomes

Available housing / shelter throughout the transition process

Experience in living independently

Knowledge of budgeting and money management

Knowledge of basic life skills information

Increased sense of personal responsibility

Connections to caring adults

Connections to Education, Recreation, Employment and Health resources



Current Systemic Issues

- Multiple Agencies
- May not have a family doctor
- Who is in Charge?
- Housing
- Social Isolation
- Lack of Adult Advocacy

“The potential of individuals with ASD to become employed and engaged adults is limited more by the failure of the systems charged with supporting them than by the challenges associated with being on the spectrum.”

Peter Gerhardt; Current State of Services for Adults with Autism 2009



**We need to rethink
future planning for
transitioning
autistic people.**

Autistic Adults want
to see appropriate:

Accommodations


Understanding

Treatment

Inclusion

Support

Motivation

The image features a solid tan background. In the center, there is a block of text in a bold, black, sans-serif font. The text is arranged in seven lines. To the left and right of the text, there are stylized black silhouettes of legs and feet, appearing to be in motion. Several thick, diagonal red lines are scattered across the image, some intersecting the text and the leg silhouettes, creating a sense of dynamic movement or breaking through barriers.

EVERY BARRIER THAT AUTISTIC
ADULTS **BREAK DOWN**
TODAY
IS ONE THAT
AUTISTIC CHILDREN
WILL NOT FACE
TOMORROW



“Advocating for what you believe in is crucial.....If you do not ask for it, people assume you don’t need it.”

Capabilities.
Choices.
Communication.
Competency.
Control.



CHOICES. CONTROL.

It's a big deal.



Your life depends on it.

CAPABILITIES APPROACH:

*Can you do
what is important to you?*



EVIDENCE-BASED HAPPINESS

It's a thing.



WHAT IT LOOKS LIKE

Offering choices whenever possible.
Listening to the answers.

- you have an opinion
- I care about you, and I am listening
- you can communicate your thoughts
- you have the power to affect your world



WHERE ARE WE GOING WITH THIS?

Is it expensive? No.

Is it complicated? Not really.

What do we care most about?

What are we currently measuring?



STANDARDS OF SUCCESS

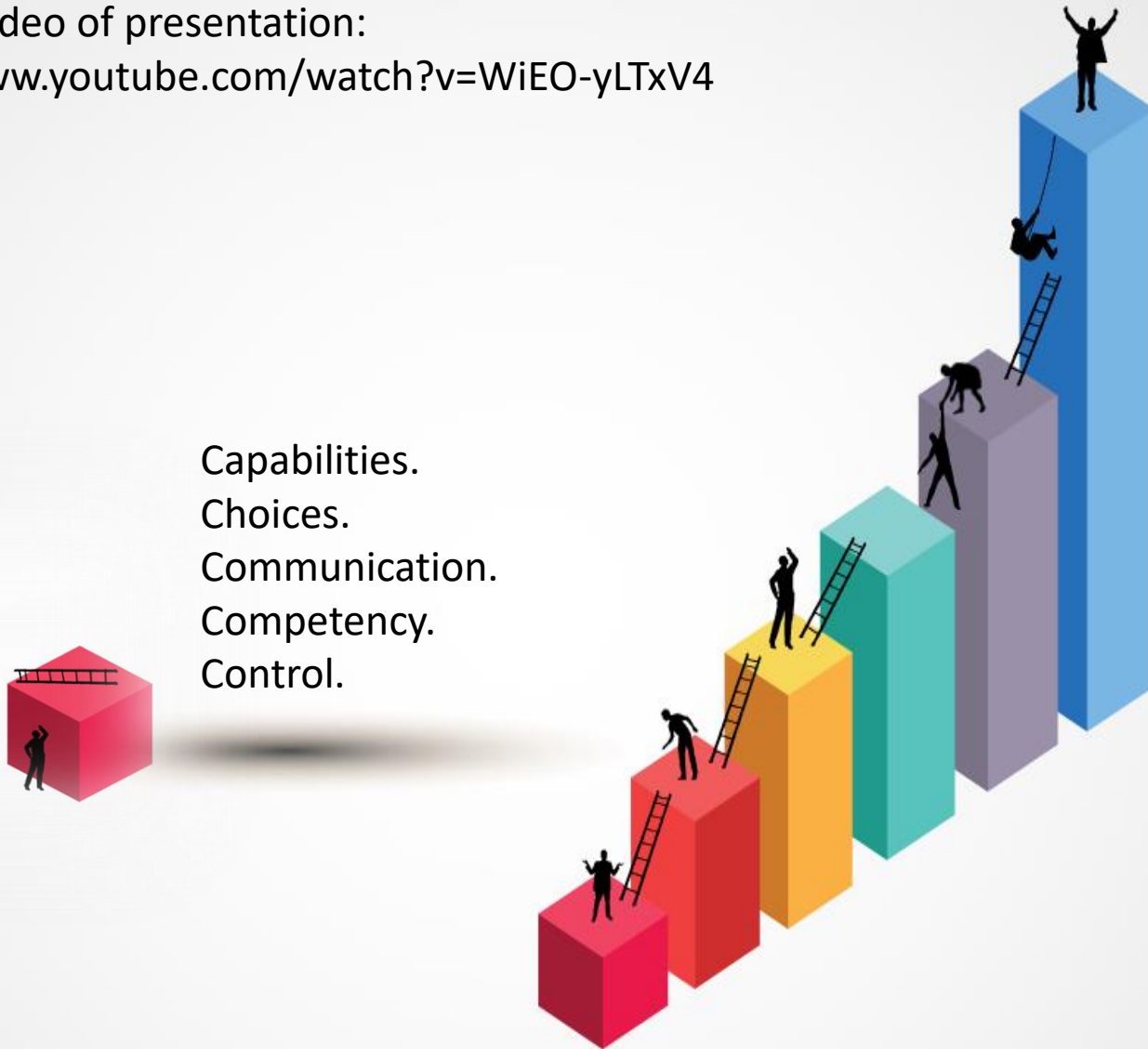
- Improved physical health
- Improved mental health
- Increased communication and self-advocacy skills
- Increased engagement
- Increased independence
- Decreased anxiety and aggression
- Improved staff satisfaction
- More happiness.



Youtube video of presentation:

<https://www.youtube.com/watch?v=WiEO-yLTxV4>

Capabilities.
Choices.
Communication.
Competency.
Control.



**EXPLORING
DISABILITY
AS DIVERSITY:
ABLEISM,
NEURODIVERSITY,
AND AUTISM**

DANA LEE BAKER
PROGRAM IN POLITICAL SCIENCE
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS





A TIP OF THE HAT: SELECTED SOURCES

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WHAT IS ABLEISM?

- Discrimination favoring typical capacities
- Includes attitudes, beliefs, practices, customs, language, infrastructures, and formal policies
- Devalues and limits individuals with disabilities and the disabled
- Barriers take many forms and may not be consciously maintained
- Forgetting *everyone* has both rights and responsibilities (paternalism is discrimination, too)
- Rooted in either actual or presumed capacity difference

WHAT IS NEURODIVERSITY?

- A recognition that (human) brains naturally differ
- An understanding that the range of differences in individual brain function and behavioral traits relate to normal variation in the (human) population
- Often a belief that these variations and differences connect to genomes and the benefits of genetic diversity
- An attitude of celebration of these differences and avoidance of institutionalized or systemic bias

NEURODIVERSITY DISCOURSE BEGAN WITH AUTISM.

- **Heterogeneous**
- **Largely unknown etiology**
- **Little consensus on treatment**
- **Increased incidence and prevalence**
- **Novel experiences of the currently young (or youngish)**
- **Some of the differences experienced as cultural (in an ethnocentric context)**

NEUROTYPICAL SYNDROME

*A neurobiological disorder characterized by preoccupation with social concerns, delusions of superiority, and an obsession with conformity—
Jon Katz*

THERE IS NO KNOWN CURE.

NEURODIVERSITY: WHERE ARE WE NOW?

- Political engagement of neurodiversity still led by autistics
- Ongoing debate with autism focused organizations
- Expanded to include broader spectrum of neurological difference
 - Moving from political to social to cultural (and back)
 - More acceptance of the term and ideas
 - Connection to neuroethics and neuroscience still fraught
- Diversity is a group, not individual, characteristic
- Diversity oriented disability policy moving from instrument to institution

CONSTRUCTION OF CAPACITY

Essentialist

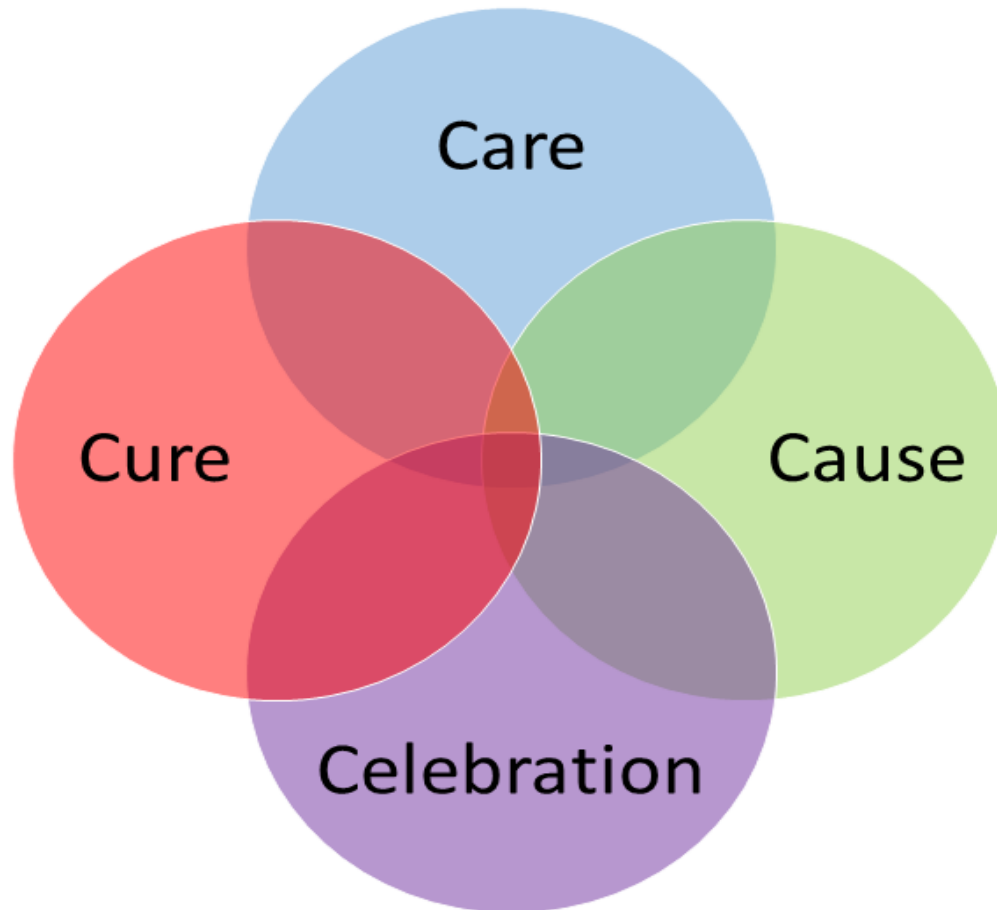


Constructivist

CAPACITY IN PUBLIC

| | | |
|--|-------------------|---|
| | Difference | |
| If considered relevant (and negative) in a given social construct ↓ | ↕ | ↑ With mitigation (Health and social policy) |
| | Impairment | |
| If affecting a major life function ↓ | ↕ | ↑ With accommodations (Education and labor policy) |
| | Disability | |
| If lower status is presumed ↓ | ↕ | ↑ With protection of rights (Civil and human rights policy) |
| | Handicap | |

DISABILITY POLICY: FRAMES, STORIES, VIEWPOINTS

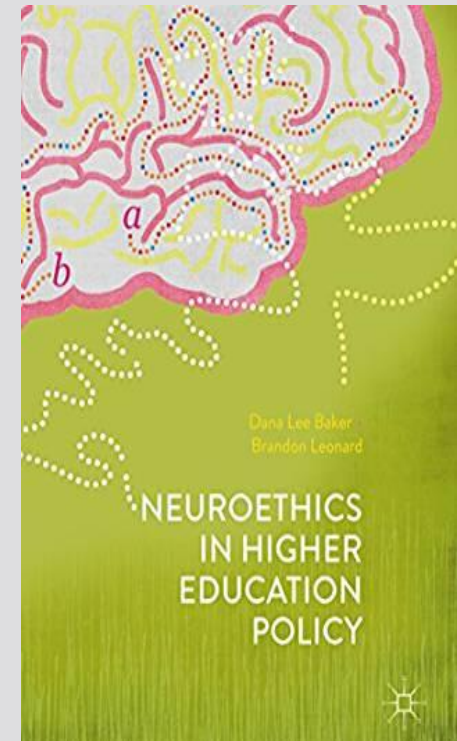
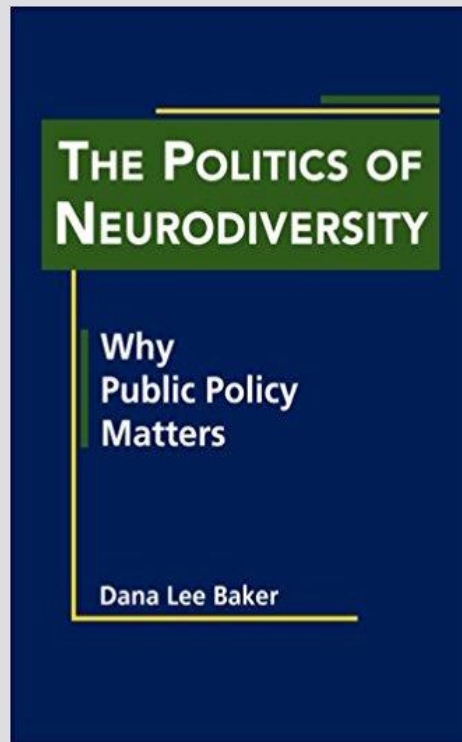
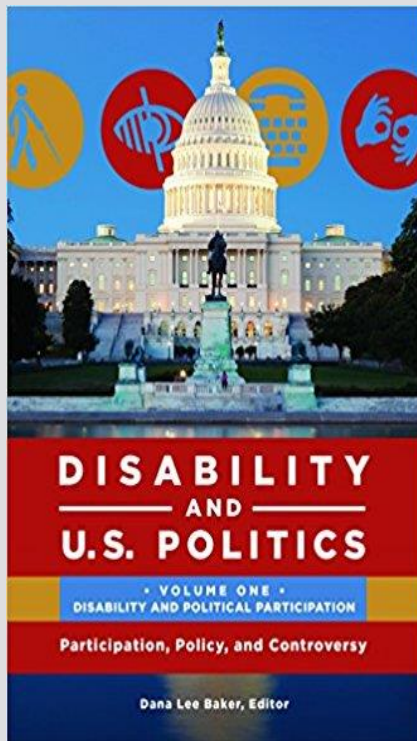


MOVING FORWARD: BUILDING BRIDGES

- **Reconsider references the “medical” model**
 - Based on pervasive negative experiences
 - Largely a straw man
 - Tends to shut down discourse
- **Diagnose barriers, especially specifically disabling or handicapping elements**
 - Do they systematically exist?
 - How are they manifest?
 - What changes can be made to the infrastructures?
 - Can they be put in place without individual identification?

MOVING FORWARD: QUICK FIXES

- **Reconsider correlation (e.g. eye contact and attention).**
- **Radically accept reported environmental concerns.**
- **Reclaim the puzzle piece: definition of fit, not individual.**
- **Attend to use of metaphor or simile.**
- **Remember that any stakeholder may be on the spectrum.**
- **Avoid assuming motivation, intent, or influence.**



FORTHCOMING IN 2019 FROM UBC PRESS:

***INCULPABLE INTENTIONS: YOUTH WITH AUTISM AND JUVENILE JUSTICE PRACTITIONERS* (WITH LAURIE DRAPELA AND WHITNEY LITTLEFIELD)**

FORTHCOMING IN 2020 FROM SPRINGER:







PEOPLE

LOGIN

You have read 1 of 1 headlines

Aaron Bouma: Autism activist and man on a mission

RICHARD BLAQUIERE | 07 Nov 2016













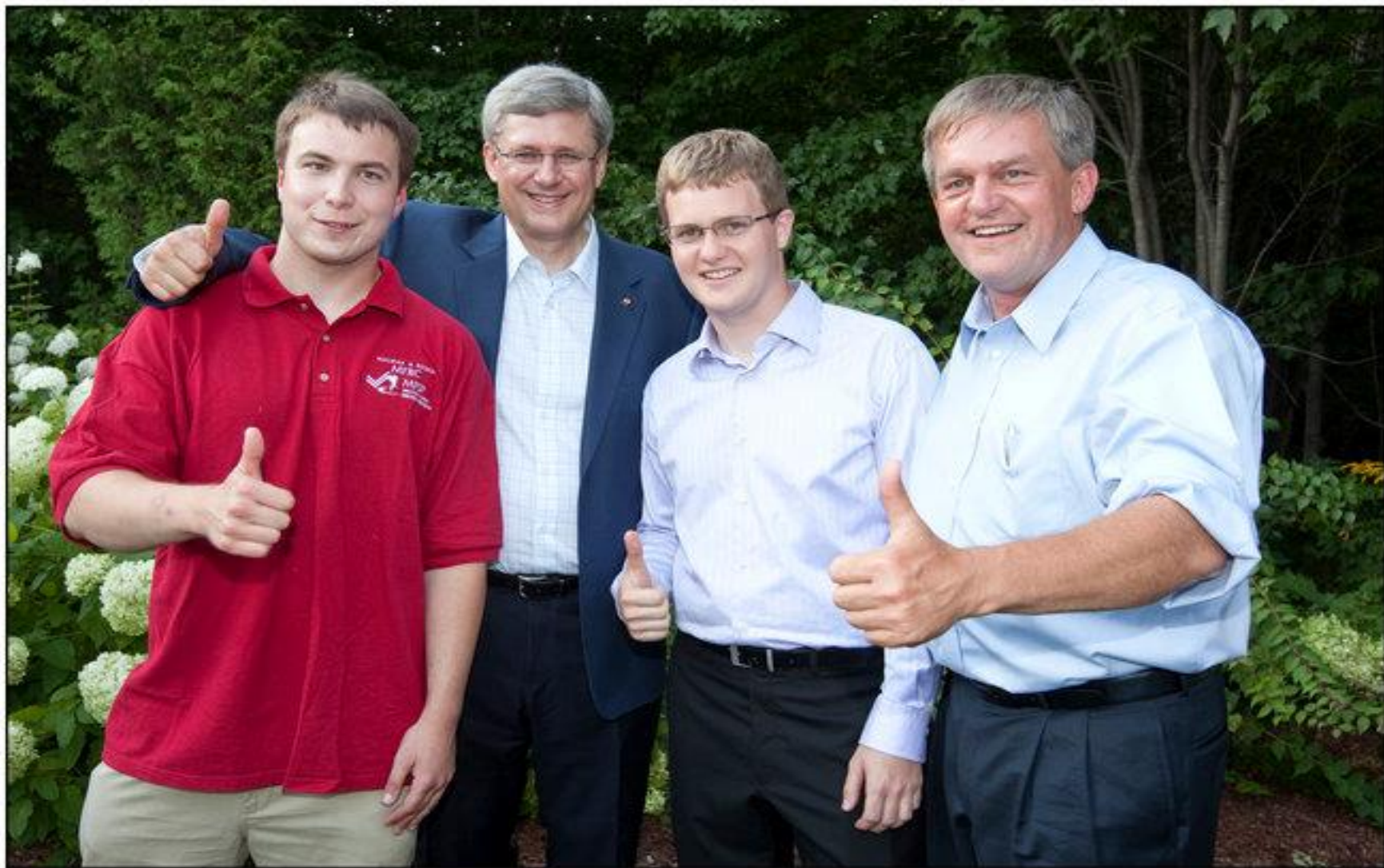








INCLUSION AMBASSADORS







ASD Job Readiness Project

A Joint Program by JVS Toronto and Kerry's Place Autism Services.

ASD Job Readiness Project

CONNECT SUMMIT FLASH PRESENTATION

Date: November 17 – 18, 2017
By: Loren White
Autism Consultant
Kerry's Place Autism Services

ASD Job Readiness Project

A Joint Program by JVS Toronto and Kerry's Place Autism Services.

95% of participants offered
employment this year.

ASD Job Readiness Project

A Joint Program by JVS Toronto and Kerry's Place Autism Services.

What is the ASD Job Readiness Project?

1. Readiness (Weeks 1-8)

- Job Readiness Workshops
- Individualized Employment Counseling
- Job Development

2. Retention (Weeks 9-22)

- Work Placement
- On-Site Transitional Coaching
- Job Retention Workshops

ASD Job Readiness Project

A Joint Program by JVS Toronto and Kerry's Place Autism Services.

Outcomes and Learnings

- 95% of participants offered employment
- Increases participants employability
- Decreases barriers to employment
- Effectively prepares participants for work

ASD Job Readiness Project

A Joint Program by JVS Toronto and Kerry's Place Autism Services.

Maintaining Momentum

Employer Education:

- Accommodations
- Staff Awareness

ASD Job Readiness Project

A Joint Program by JVS Toronto and Kerry's Place Autism Services.

Thank You

ASD Job Readiness Project

A Joint Program by JVS Toronto and Kerry's Place Autism Services.

www.jvstoronto.org/find-a-job/disability-employment-services/



FINDING YOUR NEURO- TRIBE: THE IMPORTANCE OF PEER-MENTORSHIP FOR THE NEWLY-DIAGNOSED

Louise Tardif

November 18, 2017

“Now what? I
didn't sign up
for this!”

Autism discouraging words:

Disorder, disease, incurable, needs to be eradicated, pitiful, burden, defective, puzzling, delayed, poor social skills, stubborn, problems, difficulties, low functioning, severe, disruptive, bad, defective, different, misbehaving, awkward, fixated, weaknesses, uninterested, miserable, limited, obsessed, don't deserve to live, preoccupied, impaired, incessant, unusually intense, dulled, immature, less important than others, no future, cause parents devastation, stress, desperation, fear, frustration, financial problems, guilt, and grief, you need to be excluded, you don't fit in, you don't belong.

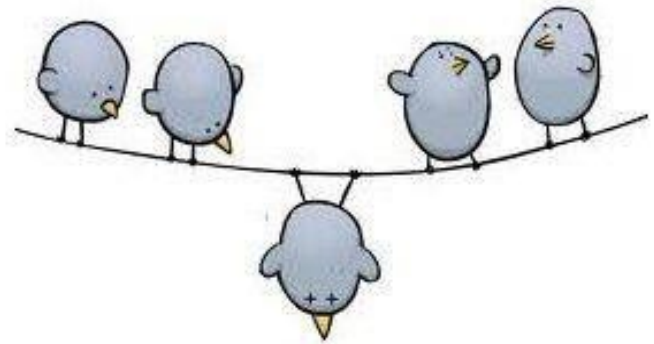


Navigating
two worlds:
“Don’t I
belong?”



Peer navigators are essential towards self-discovery, self-acceptance, and self-compassion for the newly-diagnosed.

never apologize



for who you are

What's next?
What can you
do to help the
newly-
diagnosed?

AUTISM

AWARENESS

APPRECIATION

ACCOMMODATION

ACCEPTANCE

10 facts
about the
Disability
Support Program

Dix faits sur le
Programme de
soutien aux
personnes ayant
un handicap



1

The Disability
Support Program
is offered by the
Department of Social
Development.

Le Programme de
soutien aux
personnes ayant un
handicap est offert
par le ministère du
Développement
social.



2

Offers individualized supports to facilitate meaningful participation in communities.

Offre un soutien personnalisé aux adultes ayant un handicap afin de les aider à participer activement à la vie de leur collectivité.

3

Available
province-wide
since
July 1, 2010

Offert dans toute
la province
depuis le 1er
juillet 2010.



4

Residents of NB between the ages of 19 and 64 with a long term disability and have disability related unmet needs may be eligible.

Les résidents du N.-B âgés de 19 à 64 ans qui souffrent d'une invalidité de longue durée et qui ont des besoins non satisfaits liés à leur handicap.

5

**Offers a
Supported
Application
Process.**

**Offre de l'aide
pour présenter
une demande.**



6

**Provides
personalized,
flexible disability
supports for
persons with a
disability.**

**Offre des
mesures de
soutien
personnalisées et
souples aux
personnes ayant
un handicap.**

7

Program recognizes that effective supports vary from person to person and may change throughout a person's lifespan.

Il reconnaît que les mesures de soutien efficaces peuvent varier d'une personne à l'autre et qu'elles peuvent changer à toutes les étapes de la vie d'une personne.

8

Encourages people with a disability to be directly involved in planning and designing their disability supports.



Encourage les personnes ayant un handicap à participer activement à la planification et à la conception des mesures de soutien les concernant.

9

2 Service Delivery Options

Deux options de prestation de services

Social Worker Managed
La gestion de cas par
un(e) TS

Self-Managed
Supports
Des soins autogérés

10

Collaboration is critical to the delivery of the Disability Support Program.

La collaboration est essentielle à la prestation du Programme de soutien aux personnes ayant un handicap.





Open Sky Co-operative

...building inclusive communities, where all people can thrive and experience well-being and a sense of hope and belonging!

Sackville, New Brunswick





Our Mission:

To work with young adults with Autism Spectrum Disorder and/or mental health challenges, to help develop skills, resilience and new opportunities



a parent,
Executive Director

Margaret Tusz-King, B.Sc.(Pharm), M.Ed.,
Certificate in Co-operative Business
Management



Jenny Longpre
Program Coordinator



Emilie McBride
Farm Coordinator

...and a whole host of others
who bring skills and enthusiasm to our



Christmas Party 2016



We are a charity, dependent upon special gifts from special people!

We are particularly thankful for core support from the Greater Moncton United Way, Co-operators Insurance CED Fund, and partnerships with the Governments of NB and of Canada.



**United Way
Centraide**

**Greater Moncton and
Southeastern New Brunswick**



We created Open Sky in 2011, to meet a gap in services following high school...





We provide a new alternative,
to build skills for wellbeing, independence
and employment, at our organic farm.

It can be difficult to find a workplace that works for you.

Sometimes we can learn new things;
other times, we need to create new options.



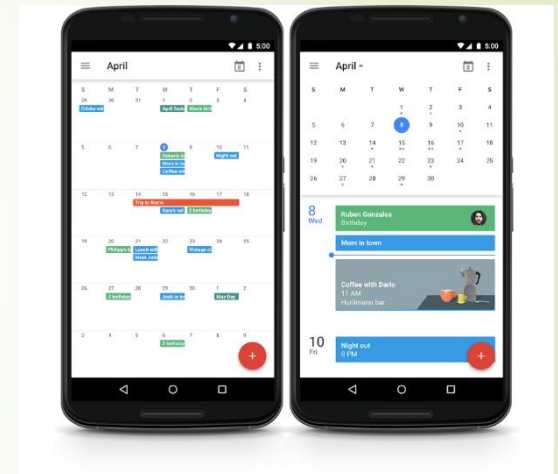


We have created a unique training program, to teach people how to create their own '**employment that works**' by building their own businesses.

Bathroom Cleaning Checklist

Chore: Monday: Friday:

| | | |
|--|--|--|
| Toilet – Scrub bowl Sanitize seat & outside | | |
| Sink & Counter – Clean & fill soap Change hand towel | | |
| Mirror – Clean & polish | | |
| Floor – Vac & Mop | | |
| Trash – Change & take out | | |



We use best practices, such as using visuals, to teach new skills and develop new conceptual understandings.



Hands-on training helps us see what people are good at, and what they are not good at. Then, we help people find their best solutions.



Building social skills improves opportunities for friendships and employment



Interpersonal skills – working with others -
are taught too.

Managing mental health is a significant predictor for long term well-being



Mental Health First Aid CANADA



Our participants have a variety of different skills. We help them build work teams, so they can fill each other's gaps.

In 2016, we helped Powerhouse create their cleaning business.



Our next employment training program: **January 2018 in Sackville**

Training Period:

January 8 to February 1
(Mon, Tues, Thurs, Fri)
noon to 4pm

Business Coaching Period:

February, March 2018
Create a work team to
build a new business
that suits your needs



Want to connect with the Open Sky Employment Program?

1. Call to make an appointment for a visit. Meet us, and then decide if you would like to join in.
2. Fill out our application form
3. We will soon let you know if you are accepted.
4. Then, join us in January! There is no cost for this program.





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or, find us on Facebook or Twitter

THANK YOU!

