

# ***THE ADOLESCENT AND YOUNG ADULT ACTIVITY CARD SORT AS A TRANSITION ASSESSMENT TOOL FOR INDIVIDUALS WITH AUTISM SPECTRUM DISORDER***

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## BEGINNING WITH ACKNOWLEDGEMENTS AND THANK YOUS

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Children and youth with autism and their families and the school staff members who have participated in our studies.

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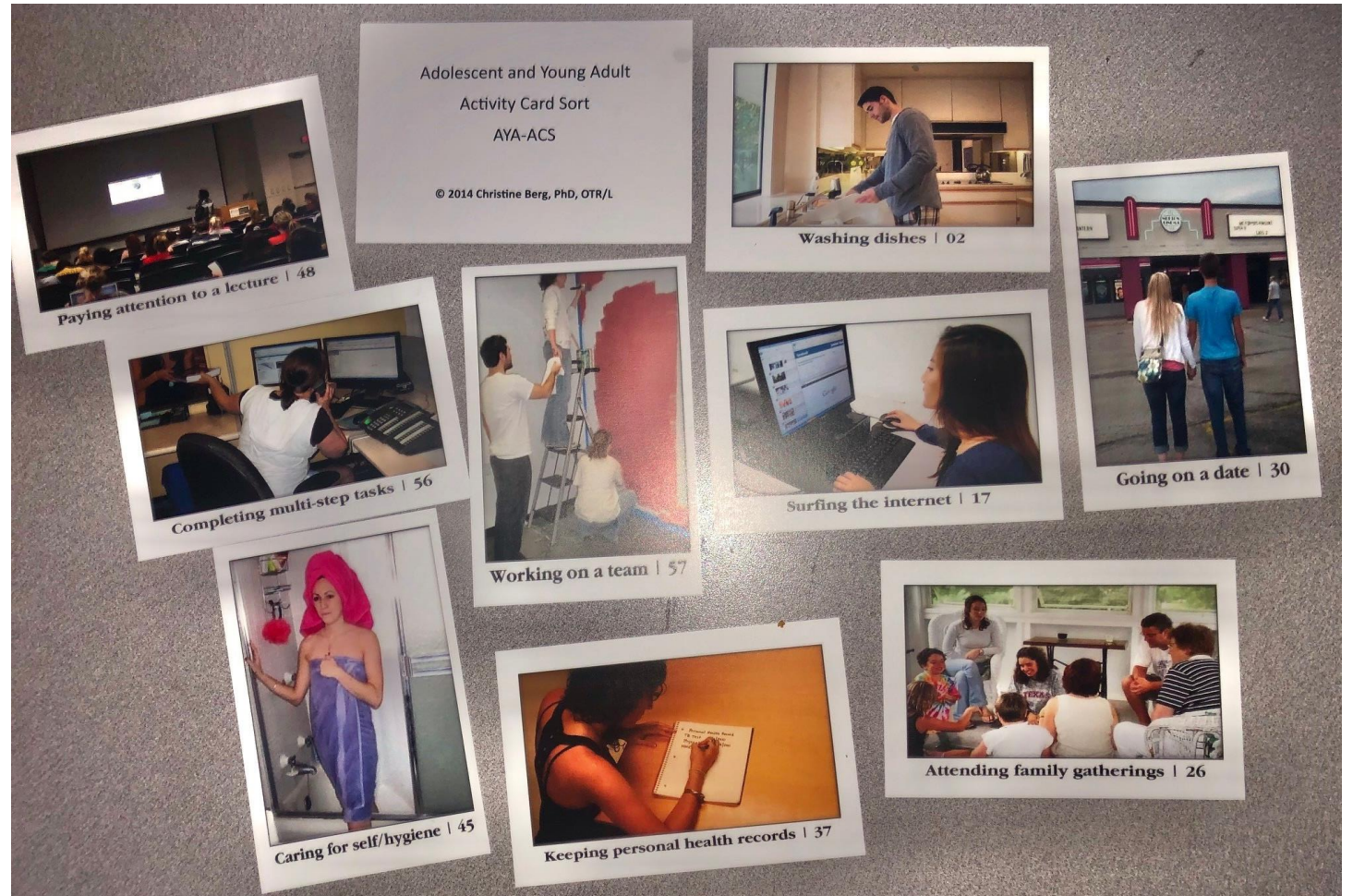
# TRANSITION ASSESSMENT





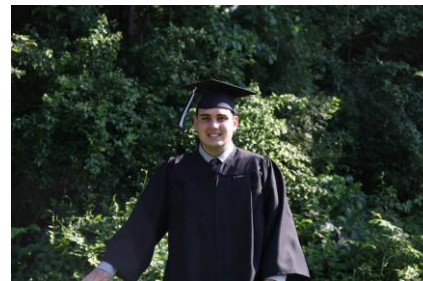
# DEVELOPMENT OF THE CARD SORT

- Developed from occupational therapy by Berg, McCollum, Cho & Jason (2015)
- Captures subjective experience without literacy demands through use of captioned photographs
- Activities selected from literature of young adult activities, developmental theorists, and young adults selected and added names to activities
  - Chores
  - Leisure
  - Social
  - Education
  - Work
  - Health and Wellness
  - Parenting





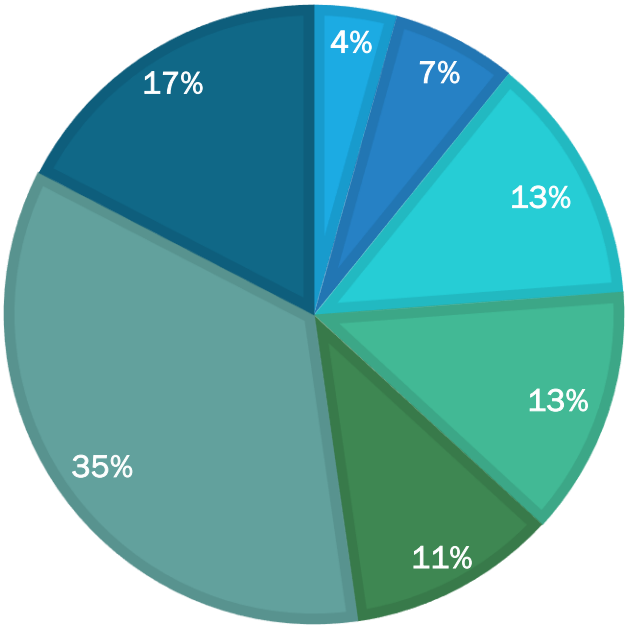
# CSESA FOLLOW-UP



# PARTICIPANT DEMOGRAPHICS

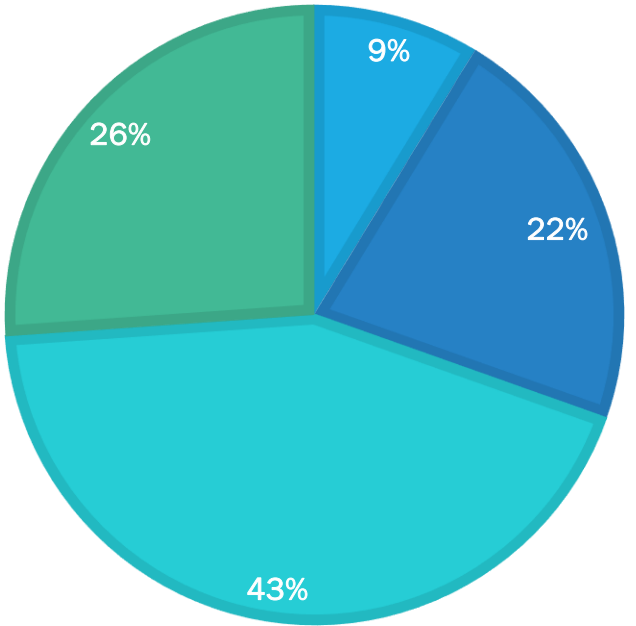
Characteristic	M(SD) or %
Age	20.11(1.39)
Exited High School	74.2
Gender (% Male)	78.5
Ethnicity( % Non-Hispanic)	84.8
Race (%White)	77.2
Co-Occurring Diagnoses	
Anxiety disorder	35.9
ADD/ADHD	28.3
Depression	12.0
Intellectual disability	8.7

FAMILY INCOME



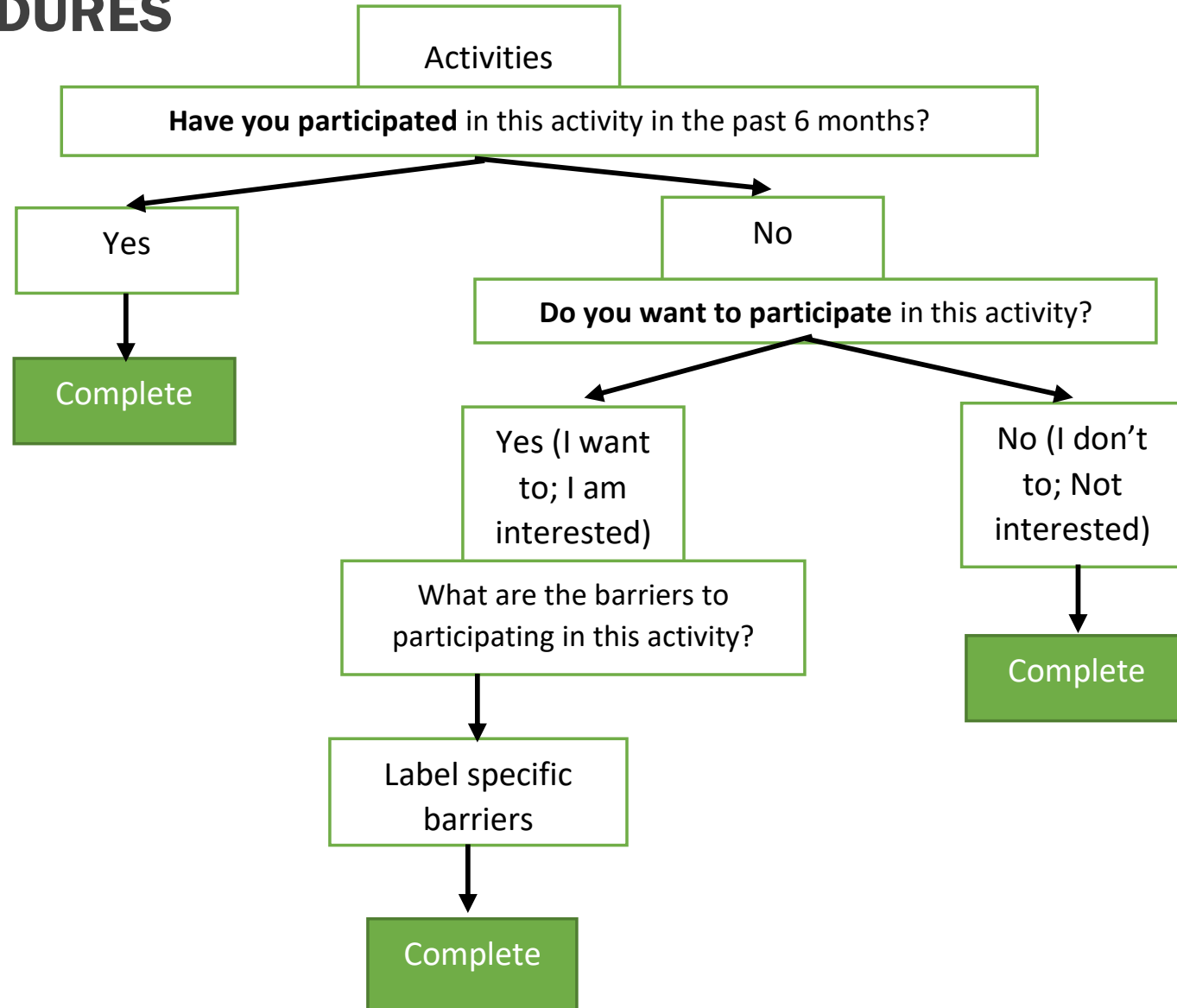
< \$20k  
\$20k-\$41k  
\$40k-\$59k  
\$60k-\$80k  
\$80k-\$99k  
>\$99k

MATERNAL EDUCATION



High School Graduate  
Associate Degree/Technical Training/Partial College  
Bachelo'rs Degree

# CARD SORT PROCEDURES



## AYA-ACS List of Activities

**Think about the activities that you have done in the past 6 months.**

Do you do the following activity?

If no, we want to know why.

<b>Obligatory Chores</b>	<b>YES</b>	<b>NO</b>	<b>I want to; I am interested; <i>cite barriers to participation (See list of barriers)</i></b>	<b>I don't want to; I am not interested</b>
1. Grocery or clothes shopping				
2. Washing Dishes				
3. Doing laundry				
4. Doing general household chores				
5. Driving				
6. Using public transportation				
7. Paying bills				
8. Signing a lease or contract				
9. Cleaning the bathroom				
10. Cooking (no microwave)				
11. Helping others				





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## CARD SORT VISUALS



NO



YES

## CARD SORT PARTICIPATION BARRIERS

Not Able To	Makes Me Uneasy	Health Problems
It's Too Hard	Need Support From Others	Never Thought About It

Not Able To	Makes Me Uneasy	Health Problems
<input type="checkbox"/> Physical space is not accessible (stairs, heavy doors) <input type="checkbox"/> Costs too much money <input type="checkbox"/> No transportation <input type="checkbox"/> Not available in my child's community <input type="checkbox"/> Never had the chance <input type="checkbox"/> Location (hard to get to; too far away) <input type="checkbox"/> Others do it for them <input type="checkbox"/> Difficulty fitting it in their schedule	<input type="checkbox"/> Too crowded <input type="checkbox"/> Too noisy <input type="checkbox"/> Lighting bothers them <input type="checkbox"/> Environment too hot/cold <input type="checkbox"/> Temperature bothers them <input type="checkbox"/> Unpredictable weather <input type="checkbox"/> Feeling nervous/scared	<input type="checkbox"/> Difficulty seeing <input type="checkbox"/> Difficulty hearing <input type="checkbox"/> Fear of falling <input type="checkbox"/> Poor strength <input type="checkbox"/> Tired/low energy <input type="checkbox"/> Poor health <input type="checkbox"/> Pain <input type="checkbox"/> Doctor says no <input type="checkbox"/> Not wanting to fall
It's Too Hard		Need Support From Others
<b>Mentally:</b> <input type="checkbox"/> Difficulty remembering <input type="checkbox"/> They forget to do it <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty learning new things <input type="checkbox"/> Difficulty reading written signs <input type="checkbox"/> Difficulty following directions <input type="checkbox"/> Difficulty understanding what people say <input type="checkbox"/> Talking and being understood by others <input type="checkbox"/> Trouble figuring out how to do this activity <input type="checkbox"/> Can't get organized enough to do this  <b>Emotionally:</b> <input type="checkbox"/> Difficulty controlling their feelings <input type="checkbox"/> Difficulty controlling their behavior <input type="checkbox"/> Difficulty getting motivated to do this <input type="checkbox"/> Beginning this activity is difficult		<input type="checkbox"/> Attitudes of people toward them <input type="checkbox"/> No one to do it with <input type="checkbox"/> Need help from others to do this
		Never thought
		<input type="checkbox"/> First time they have thought about doing this





# CSESA FOLLOW-UP CARD SORT

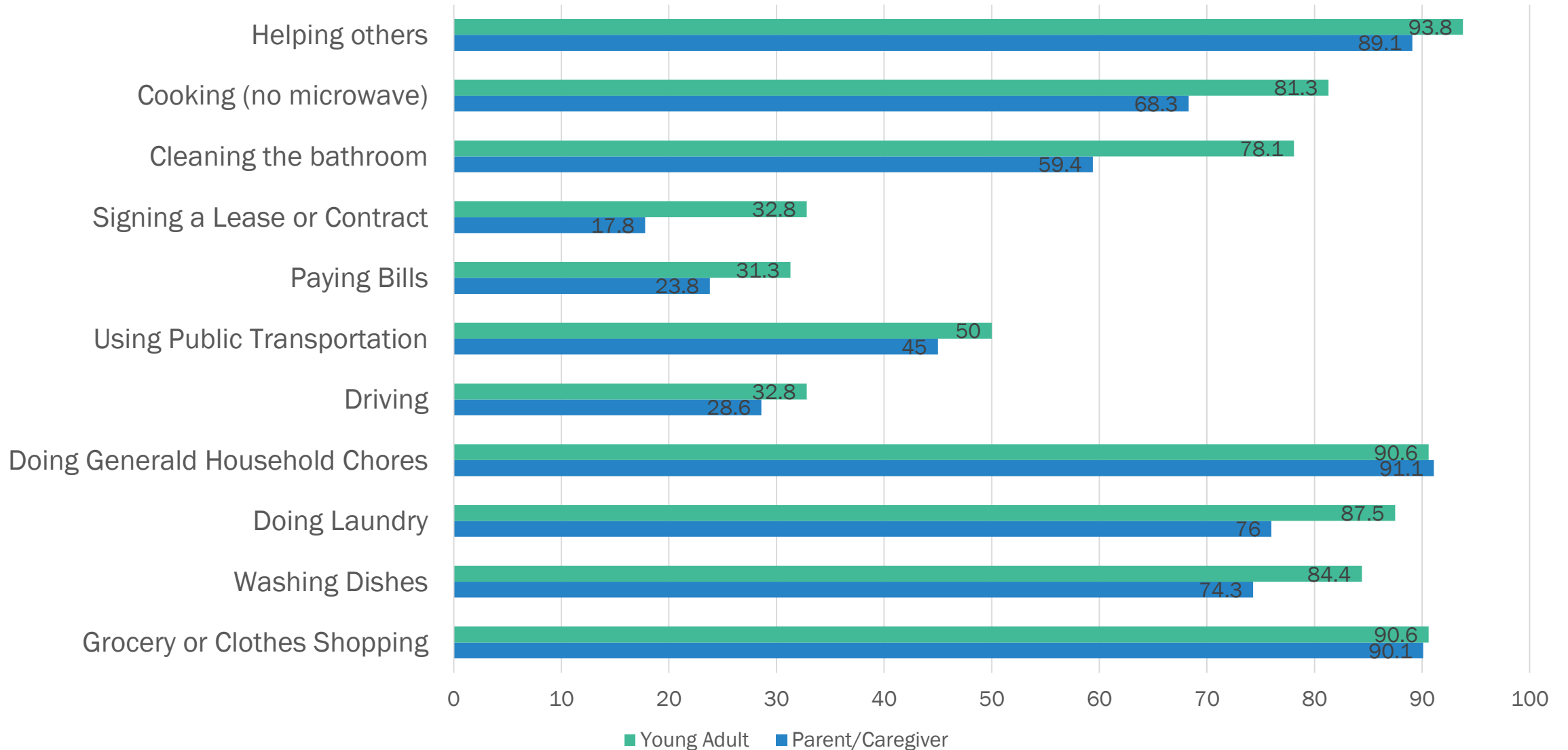
PARENT AND YOUNG ADULT

## OBLIGATORY CHORES



1. Grocery or clothes shopping
2. Washing Dishes
3. Doing laundry
4. Doing general household chores
5. Driving
6. Using public transportation
7. Paying bills
8. Signing a lease or contract
9. Cleaning the bathroom
10. Cooking (no microwave)
11. Helping others

# OBLIGATORY CHORES



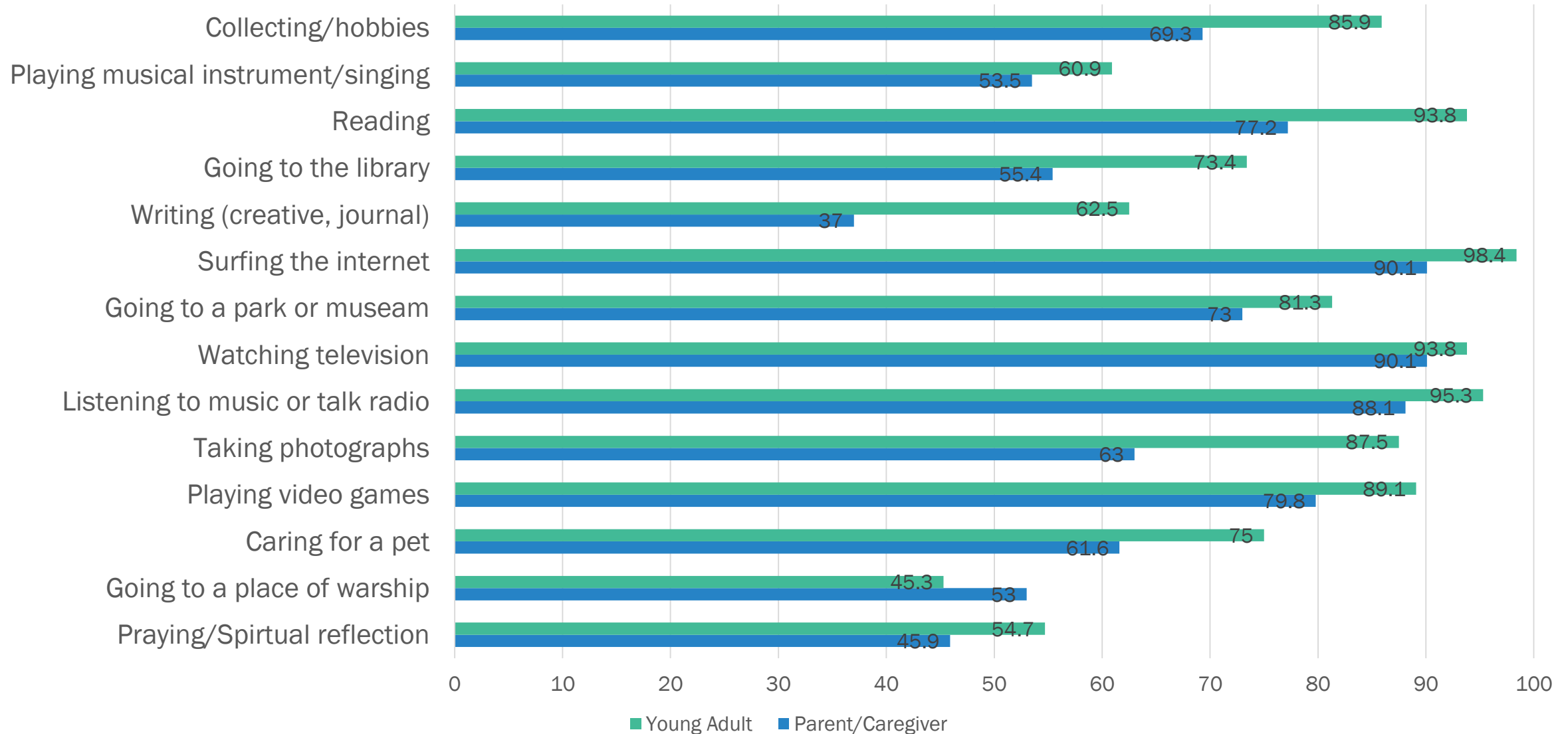
## LEISURE



12. Collecting/ hobbies
13. Playing musical instrument/ singing
14. Reading
15. Going to the library  
(books, videos, music, computers)
16. Writing (creative, journal)
17. Surfing the internet
18. Going to a park or museum
19. Watching television
20. Listening to music or talk radio
21. Taking photographs
22. Playing video games
23. Caring for a pet
24. Going to a place of worship
25. Praying, spiritual reflection



# LEISURE



## SOCIAL



26. Attending family gatherings

27. Calling/texting/ social media

28. Meeting new people

29. Going out to a restaurant

30. Going on a date

31. Being in a long-term relationship

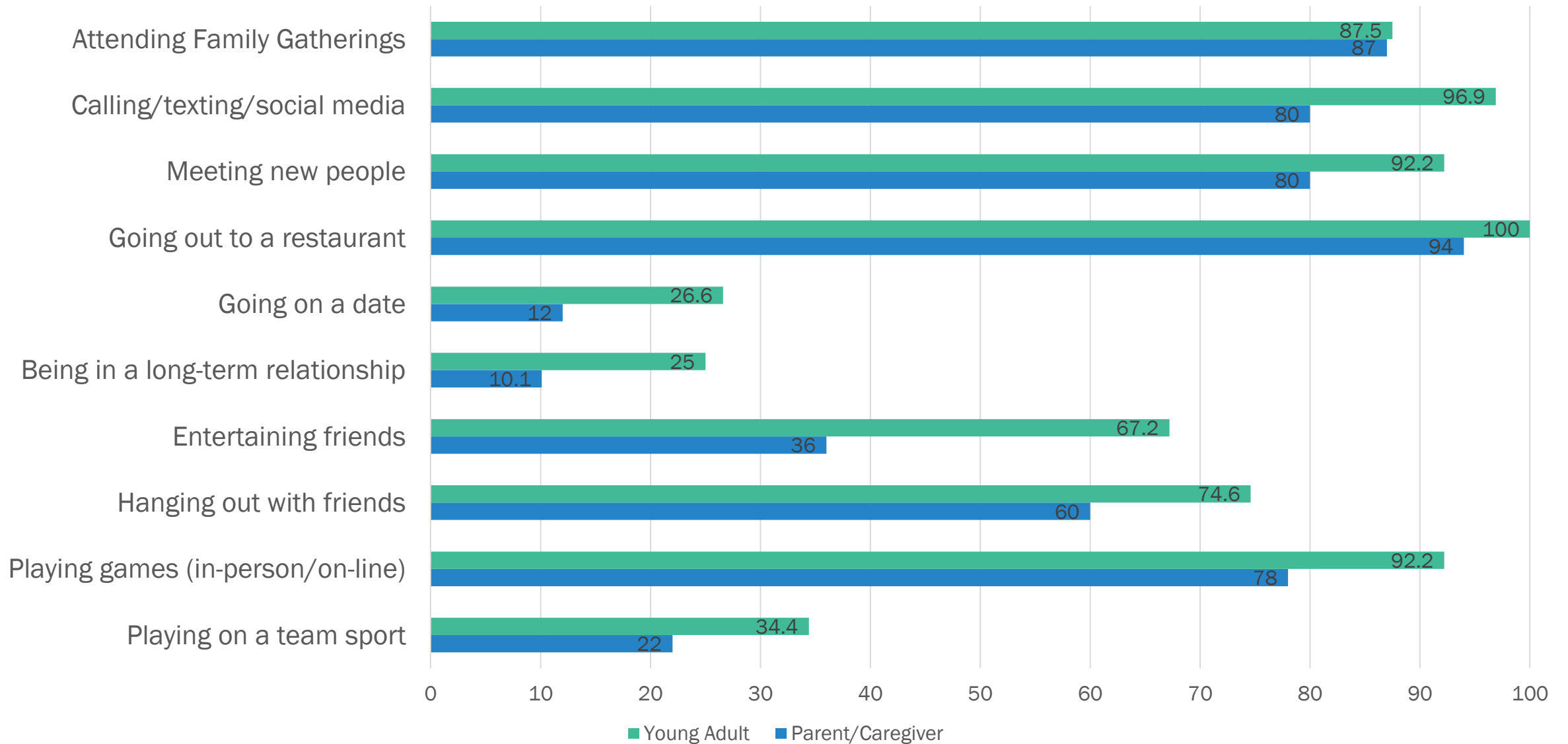
32. Entertaining friends

33. Hanging out with friends

34. Playing games (in person/ on-line)

35. Playing on a team sport

# SOCIAL



## HEALTH, WELL-BEING, OR FITNESS



36. Taking prescribed medications

37. Keeping personal health records

38. Addressing personal health

39. Receiving health support from family

40. Relaxing, meditation

41. Exercising/fitness indoor

42. Exercising/ fitness outdoor

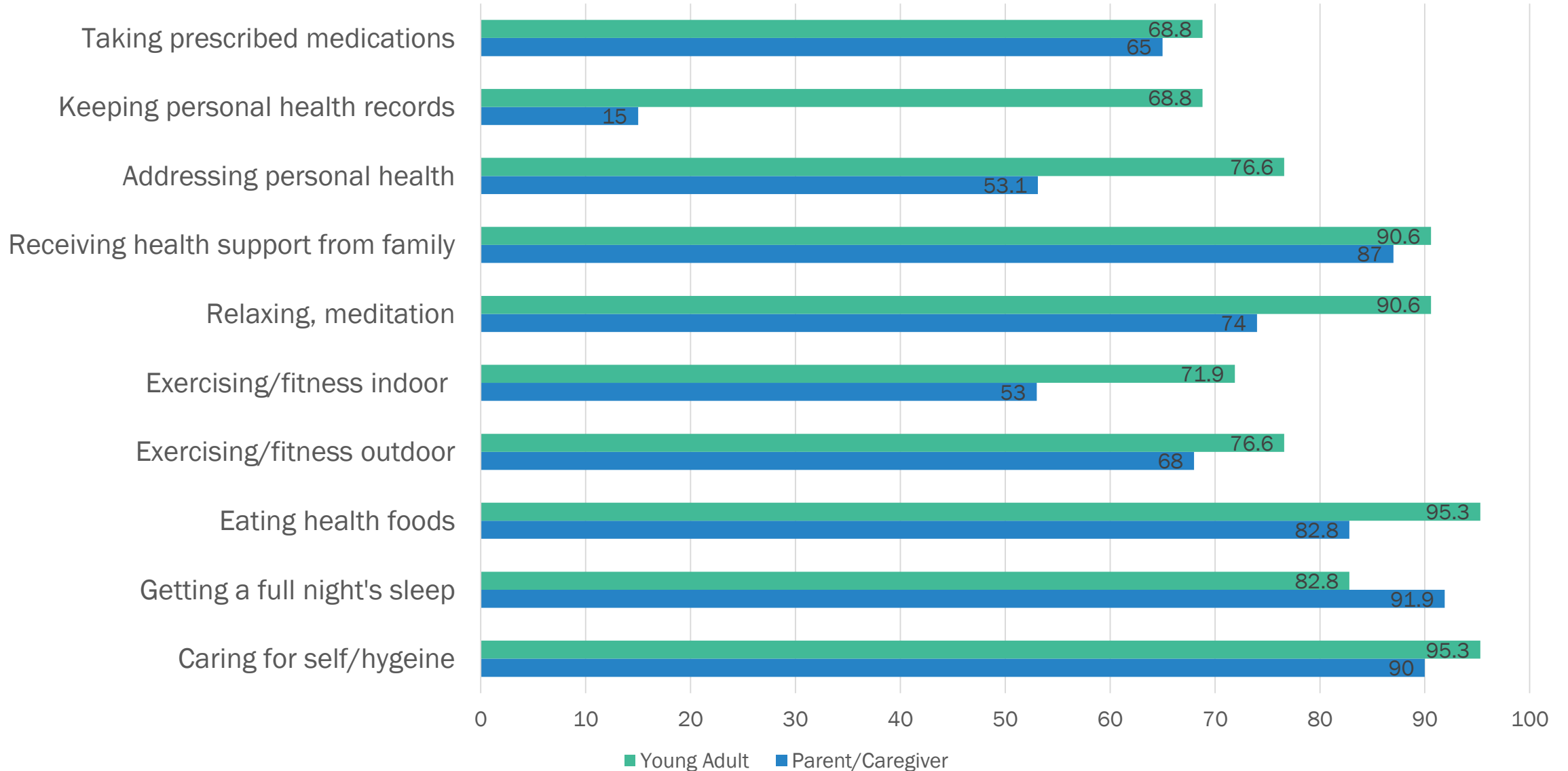
43. Eating health foods

44. Getting a full night's sleep

45. Caring for self/hygiene



## HEALTH, WELL-BEING, OR FITNESS



## EDUCATION AND LEARNING



46. Studying written text

47. Using a computer for schoolwork

48. Paying attention to a lecture

49. Leading a group discussion

50. Managing monthly costs

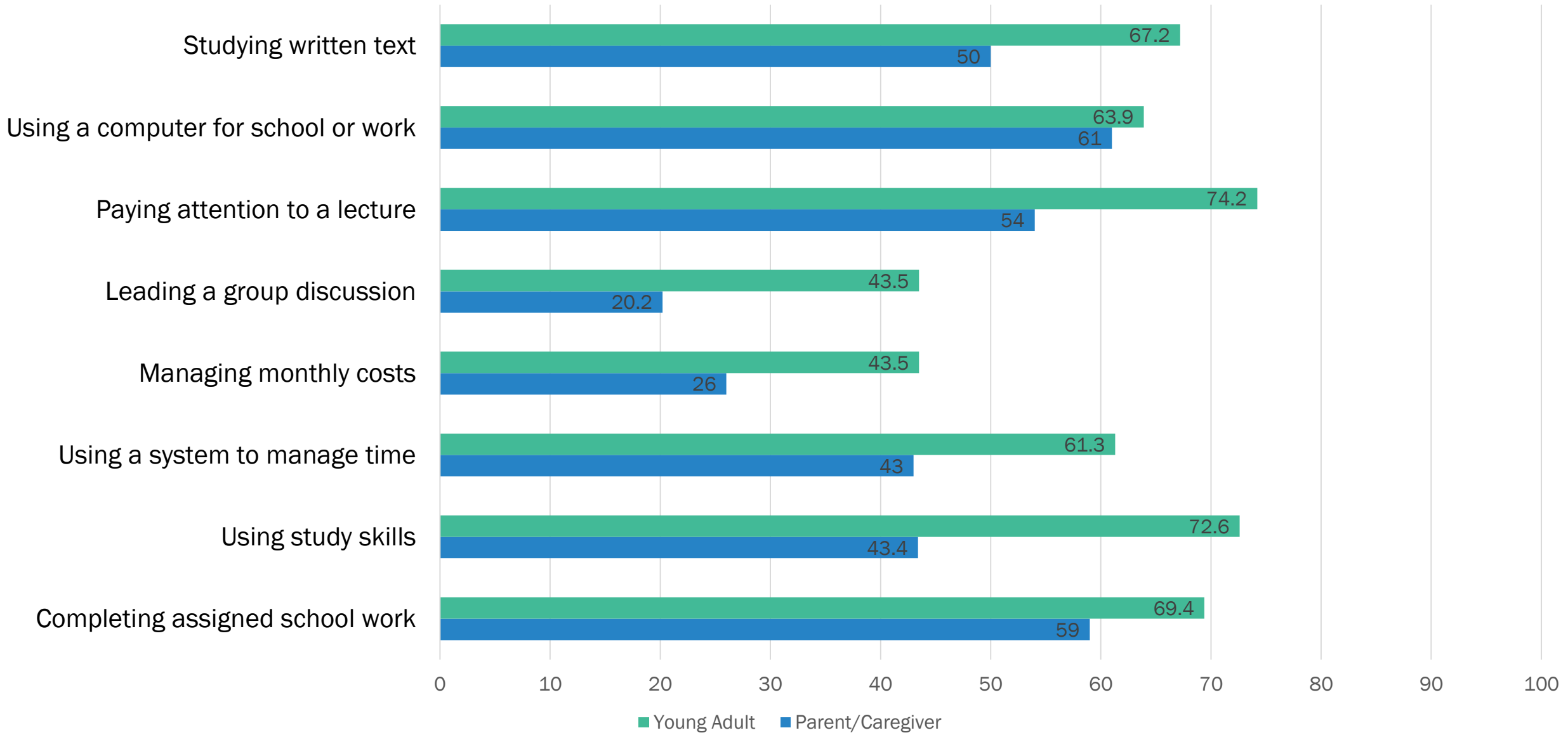
51. Using a system to manage time

52. Using study skills

53. Completing assigned schoolwork



# EDUCATION AND LEARNING



## WORK



54. Applying for a job

55. Communicating with supervisors

56. Completing multi-step tasks

57. Working on a team

58. Using work technology / equipment

59. Monitoring your work progress  
(keeping up with tasks)

60. Meeting work deadlines

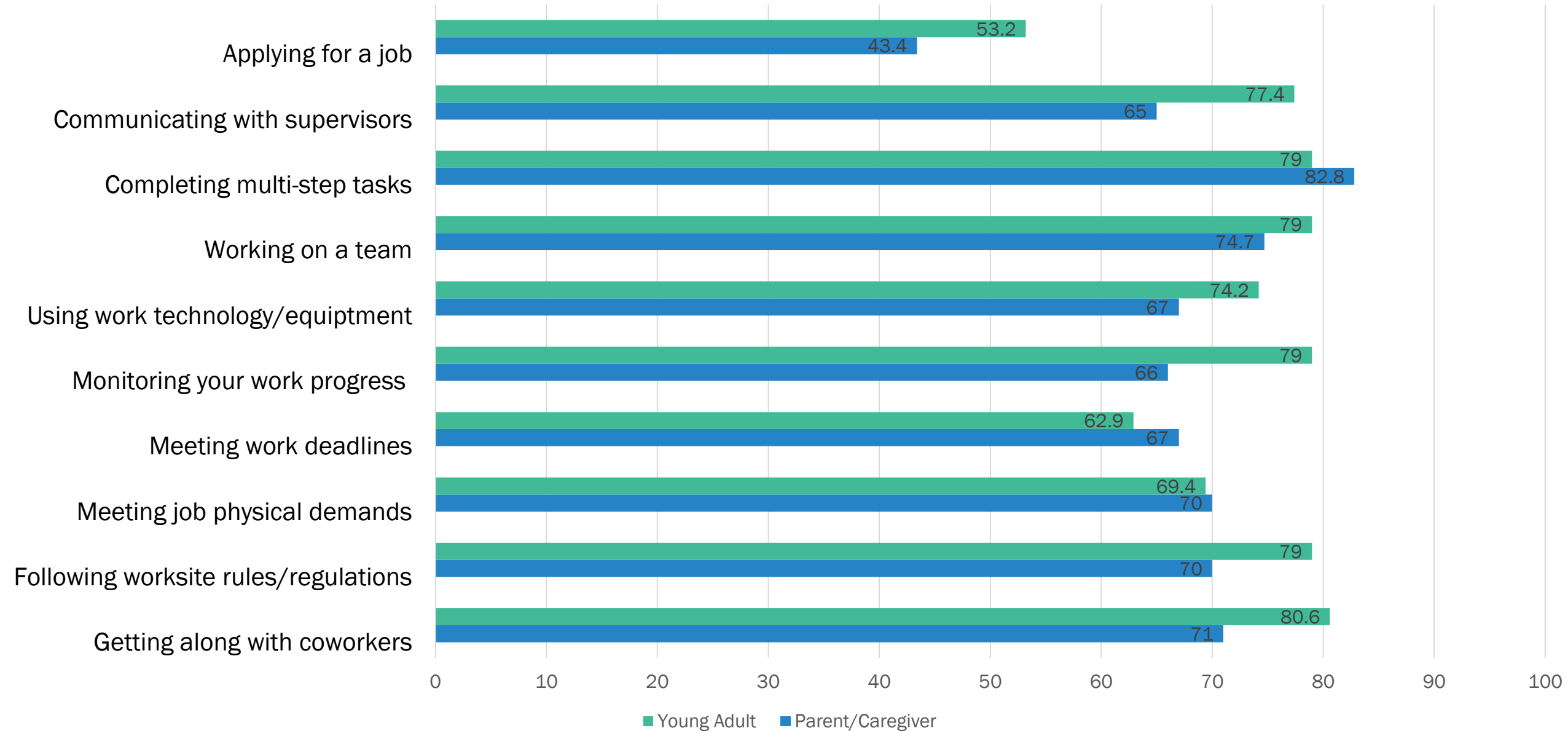
61. Meeting job physical demands

62. Following worksite rules/ regulations

63. Getting along with coworkers



# WORK



# 10 MOST FREQUENT ACTIVITIES

## Young Adults



### Leisure

- Surfing the internet
- Listening to music



### Social

- Going out to a restaurant
- Calling/texting/social media
- Meeting new people



### Health and Well-being

- Eating health foods
- Caring for self/hygiene



### Chores

- Helping others
- Doing general household chores

## Parents



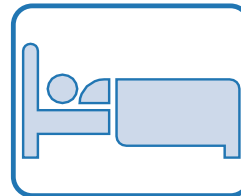
### Leisure

- Surfing the internet
- Watching television
- Listening to music



### Social

- Going out to a restaurant
- Attending family gathering



### Health and Well-being

- Getting a full night's sleep
- Caring for self/hygiene
- Receiving health support from family



### Chores

- Helping others
- Doing general household chores

## 10 LEAST FREQUENT ACTIVITIES

### Young Adults

- Being in a long-term relationship
- Going on a date
- Paying bills
- Driving
- Signing a lease or contract
- Playing on a team sport
- Leading a group discussion
- Managing monthly costs
- Going to a place of worship
- Applying for a job

### Parents

- Being in a long-term relationship
- Going on a date
- Keeping personal health records
- Signing a lease in contract
- Leading a group discussion
- Playing a team sport
- Paying bills
- Managing monthly costs
- Hanging out with friends
- Writing (creative, journal)

## WHAT ARE YOUNG ADULTS MOST INTERESTED IN?



Driving



Paying Bills



Going on a Date



Being in a long-term relationship



Managing monthly costs



Keeping personal health records

## WHAT DO PARENTS SAY THEIR YOUNG ADULTS ARE MOST INTERESTED IN?



Going on a Date



Being in a long-term relationship



Entertaining Friends



Hanging out with friends



Applying for Jobs



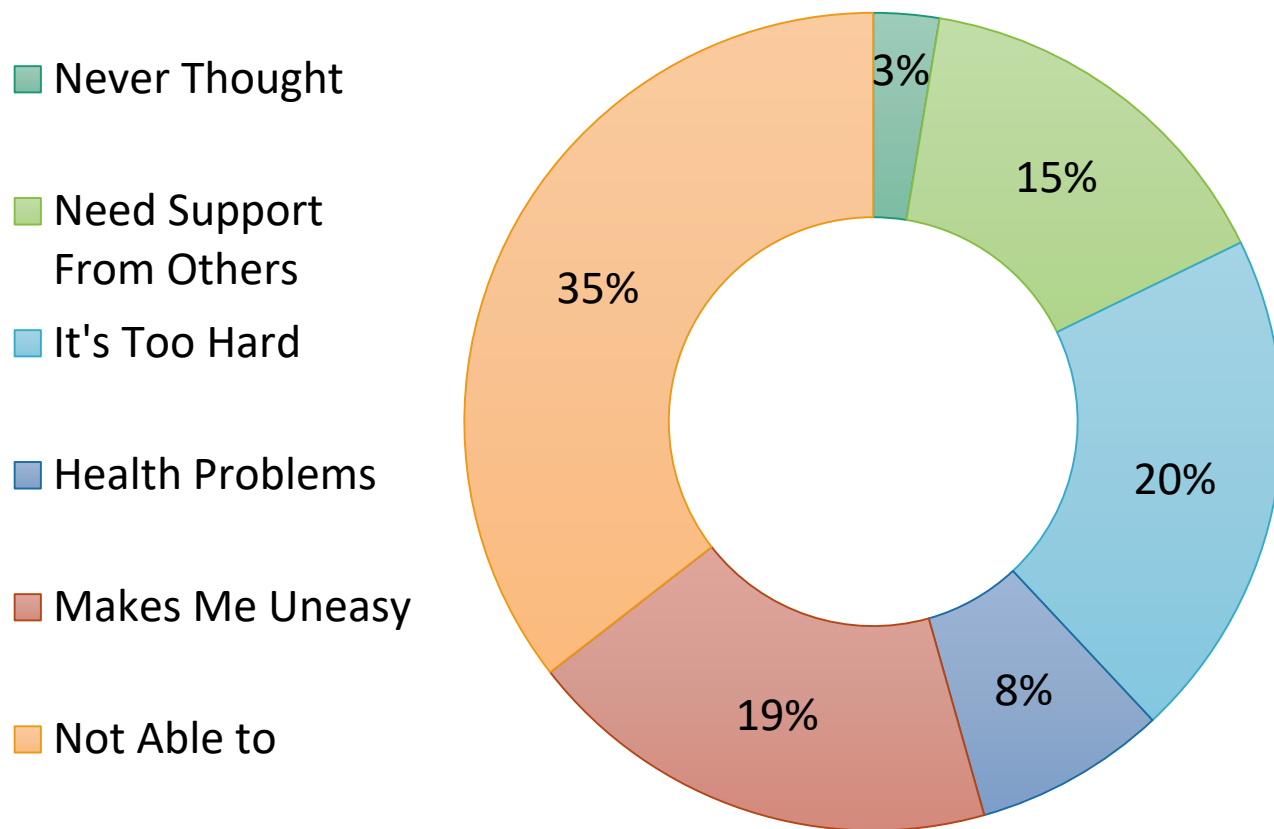
Driving



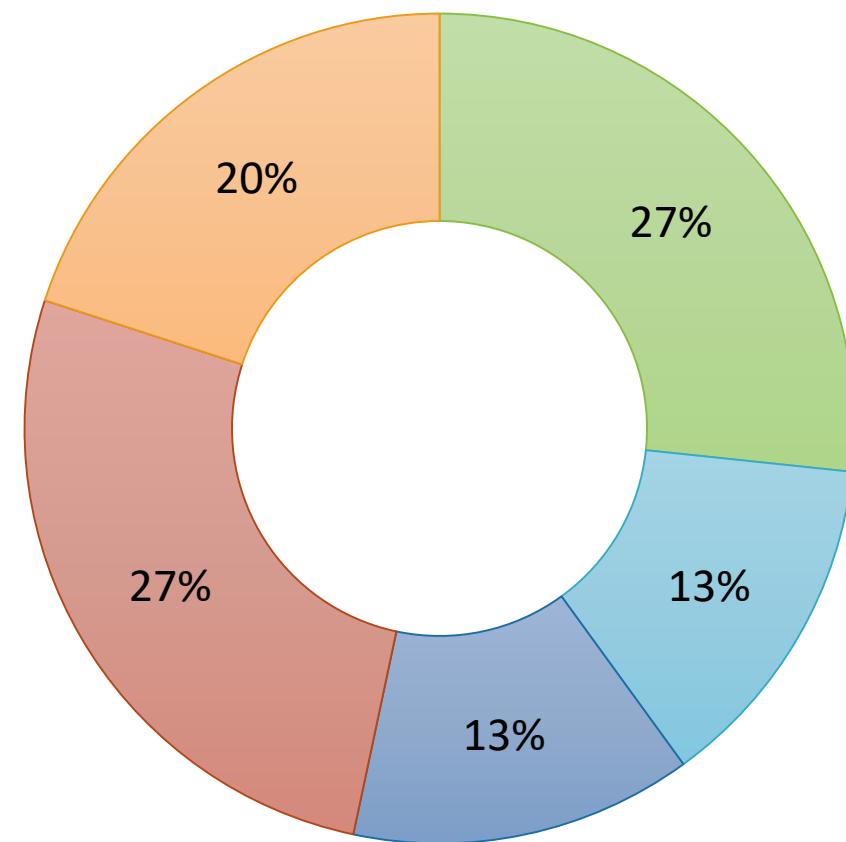
Not Able To	Makes Me Uneasy	Health Problems
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# What are the barriers to DRIVING?

Young Adults



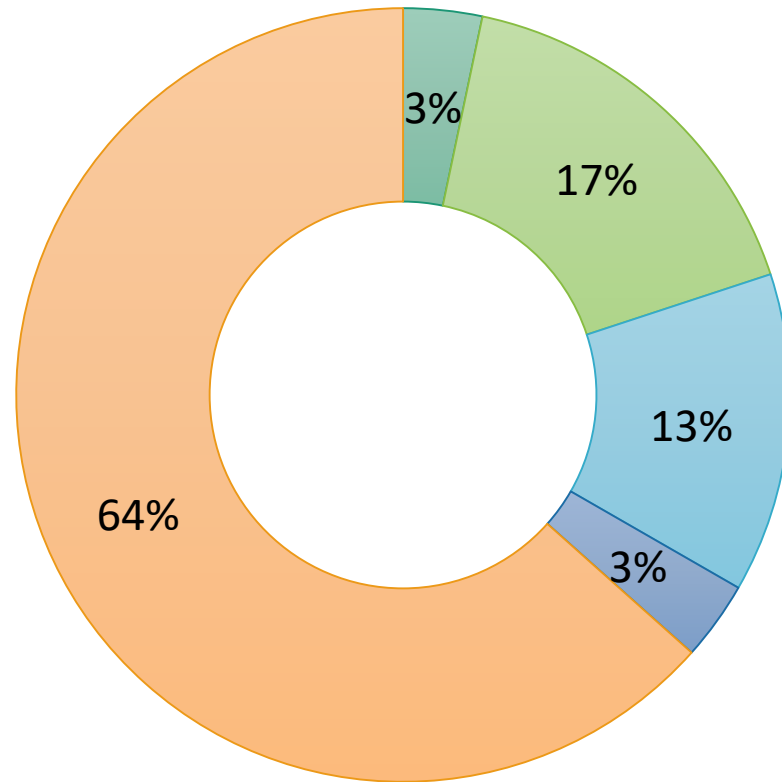
Parents



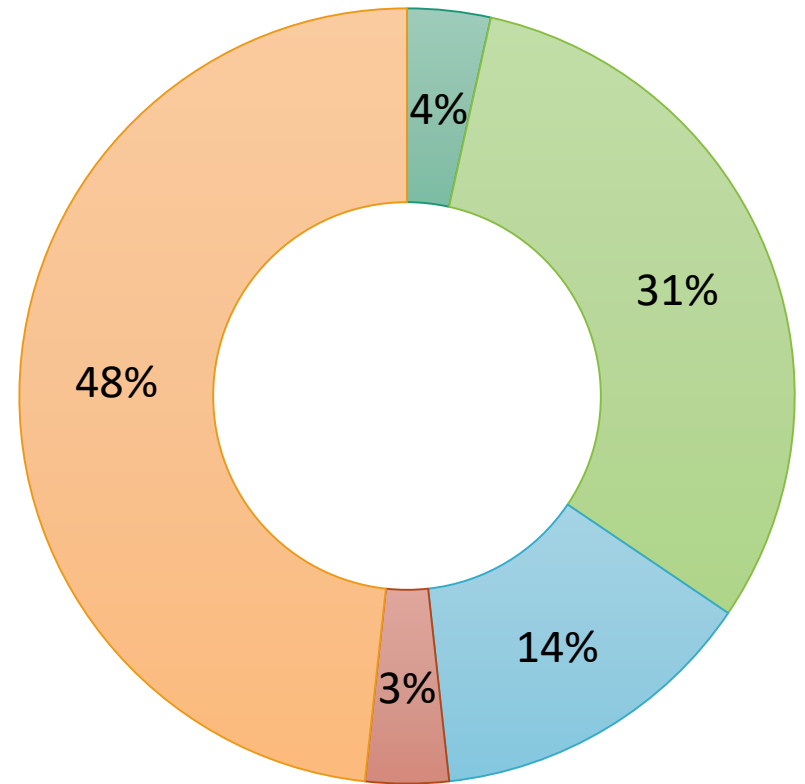
# What are the barriers to PAYING BILLS?

Young Adults

- Never Thought
- Need Support From Others
- It's Too Hard
- Health Problems
- Makes Me Uneasy
- Not Able to

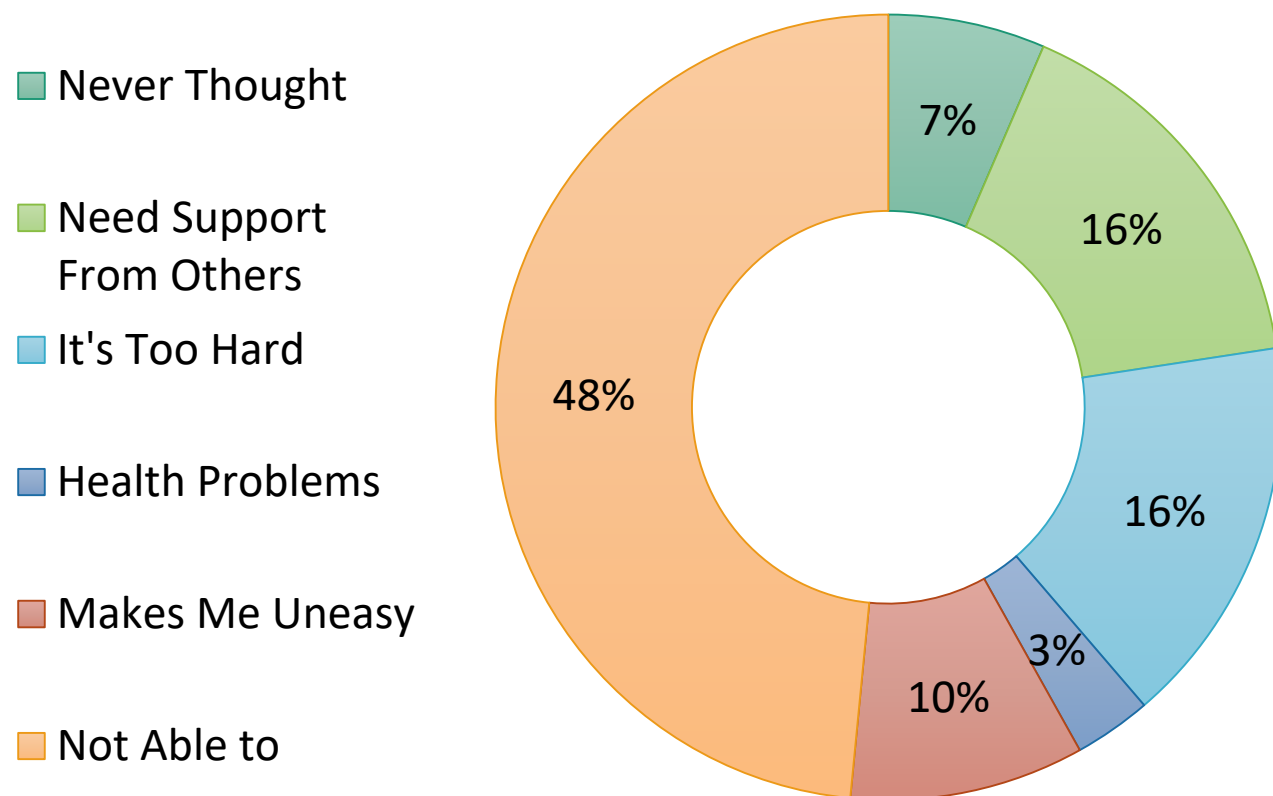


Parents

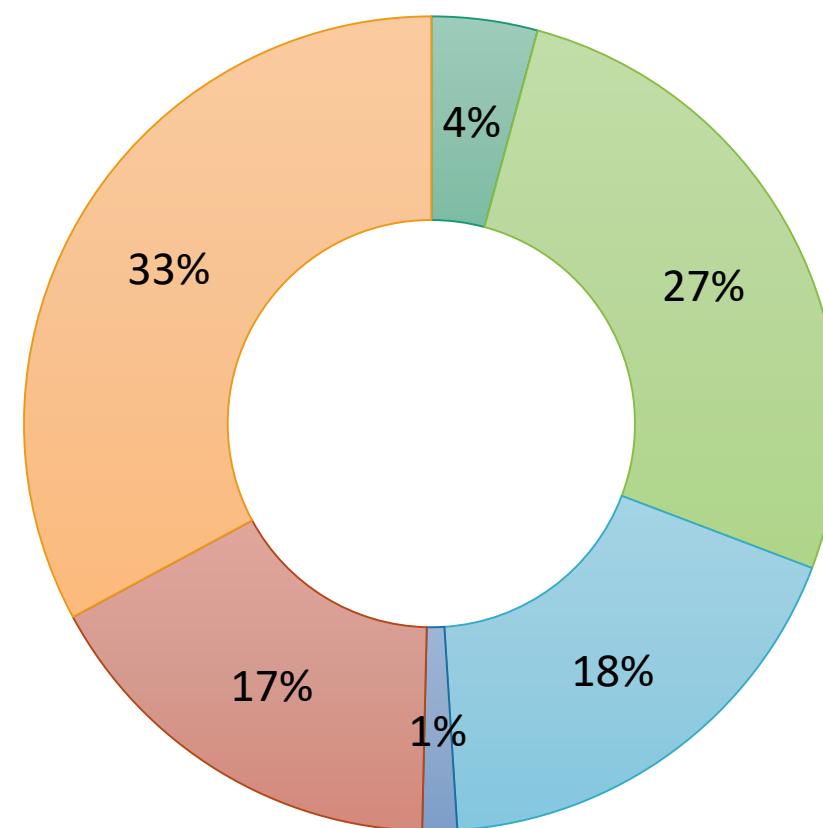


# What are the barriers to GOING ON A DATE?

Young Adults

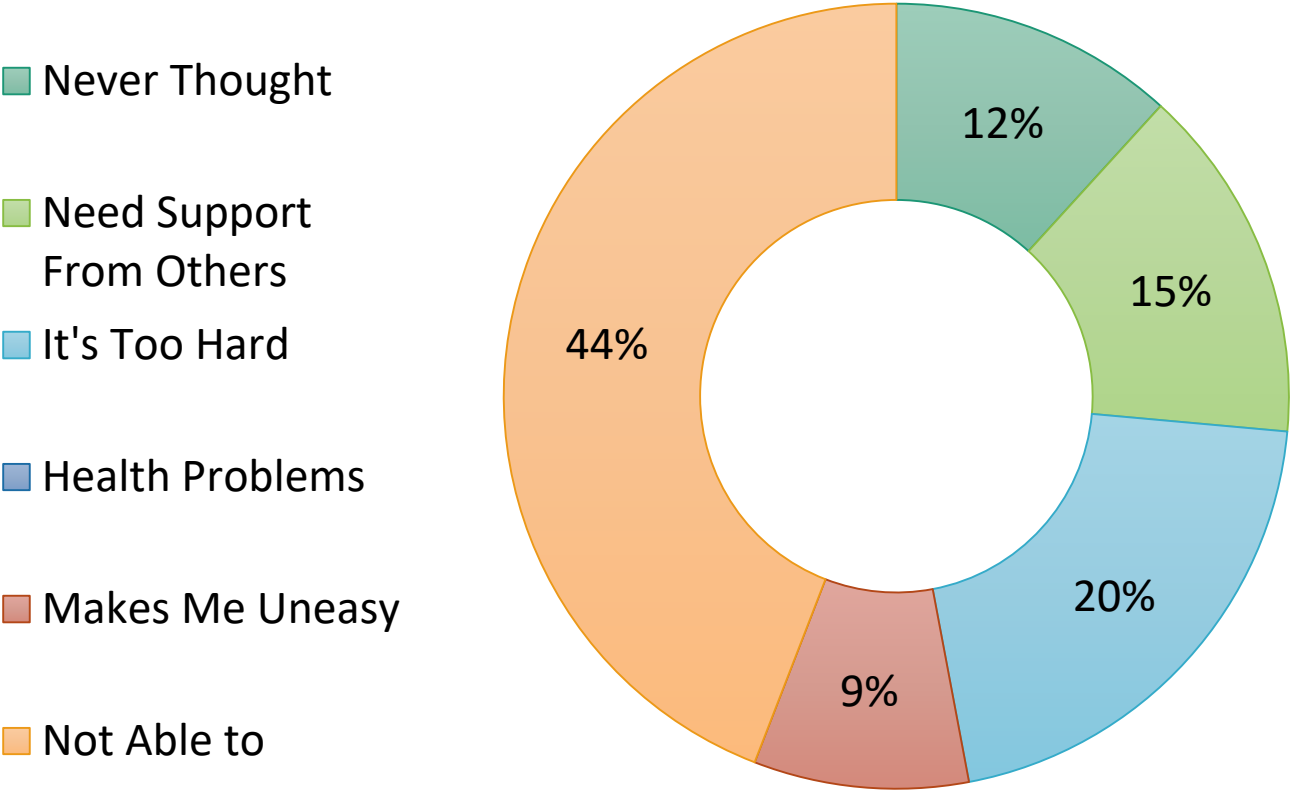


Parents

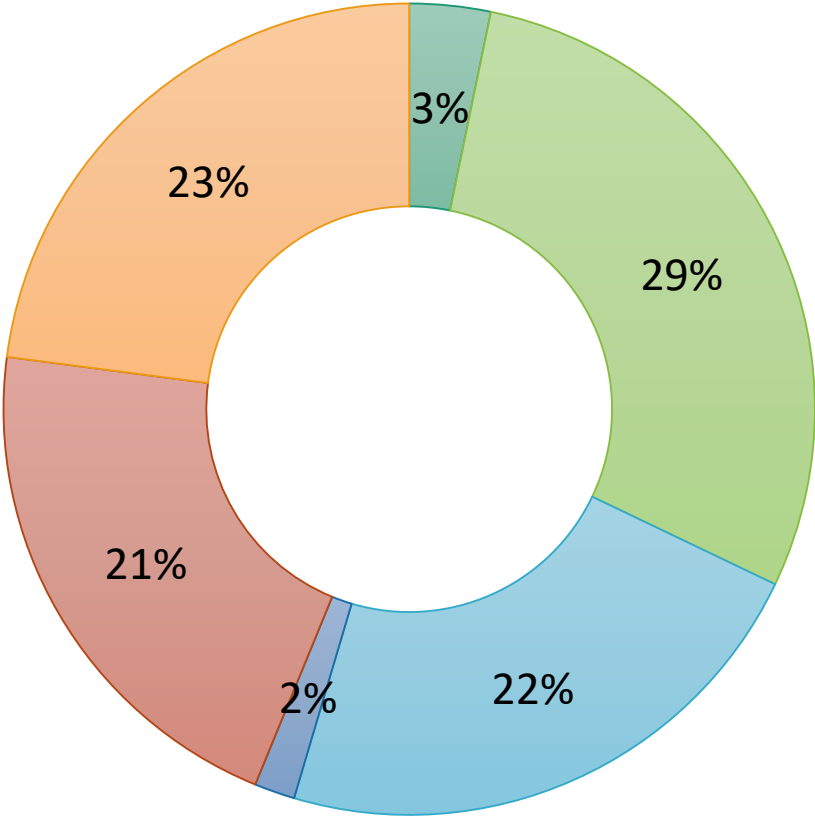


# What are the barriers to BEING IN A LONG-TERM RELATIONSHIP?

Young Adults



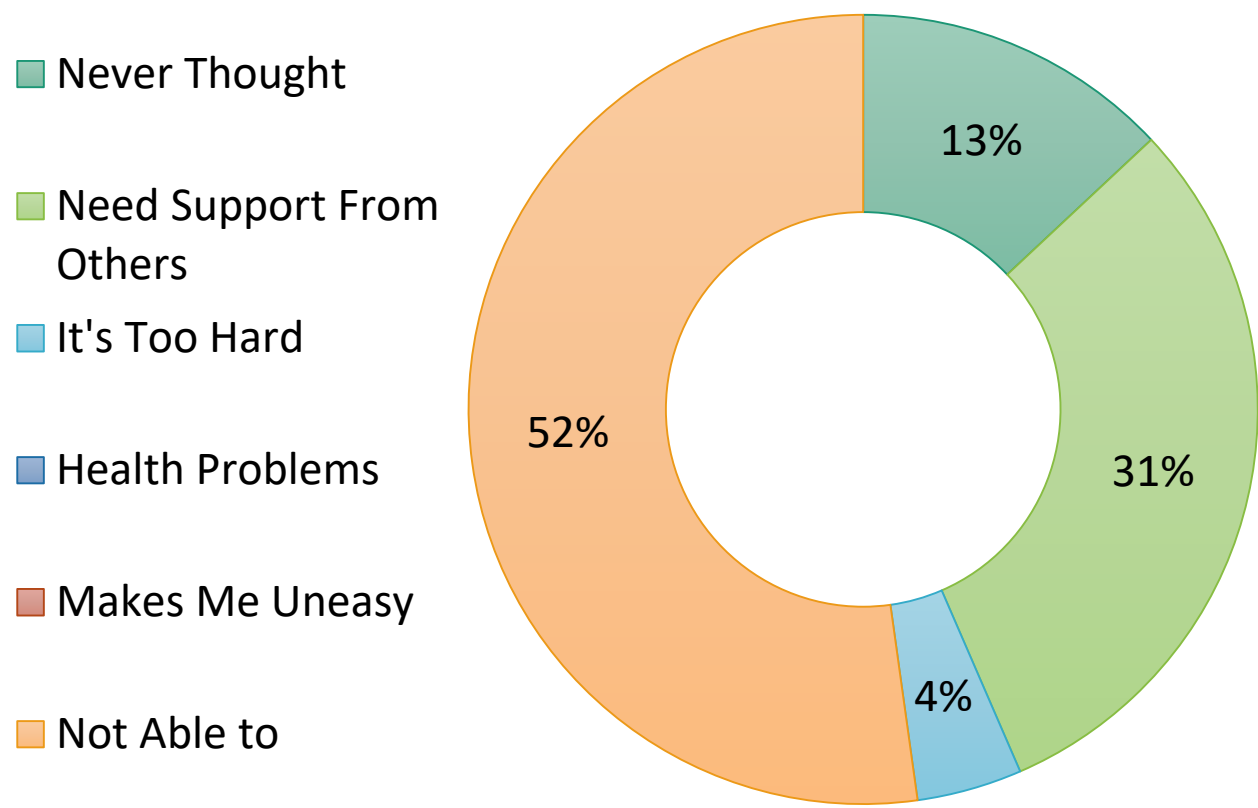
Parents



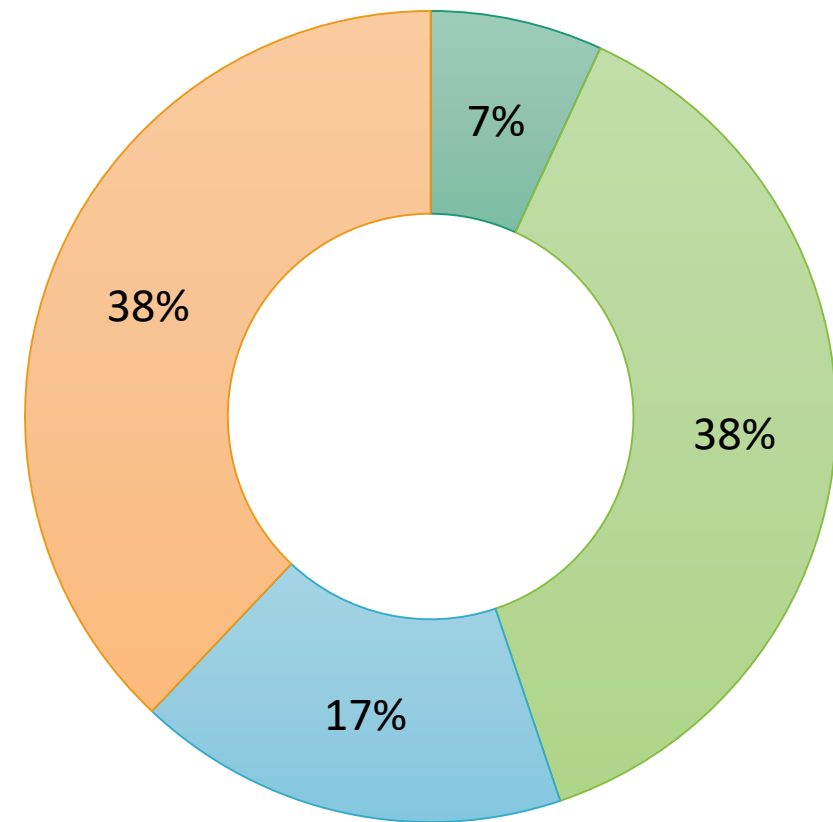


# What are the barriers to MANAGING MONTHLY COSTS?

Young Adults

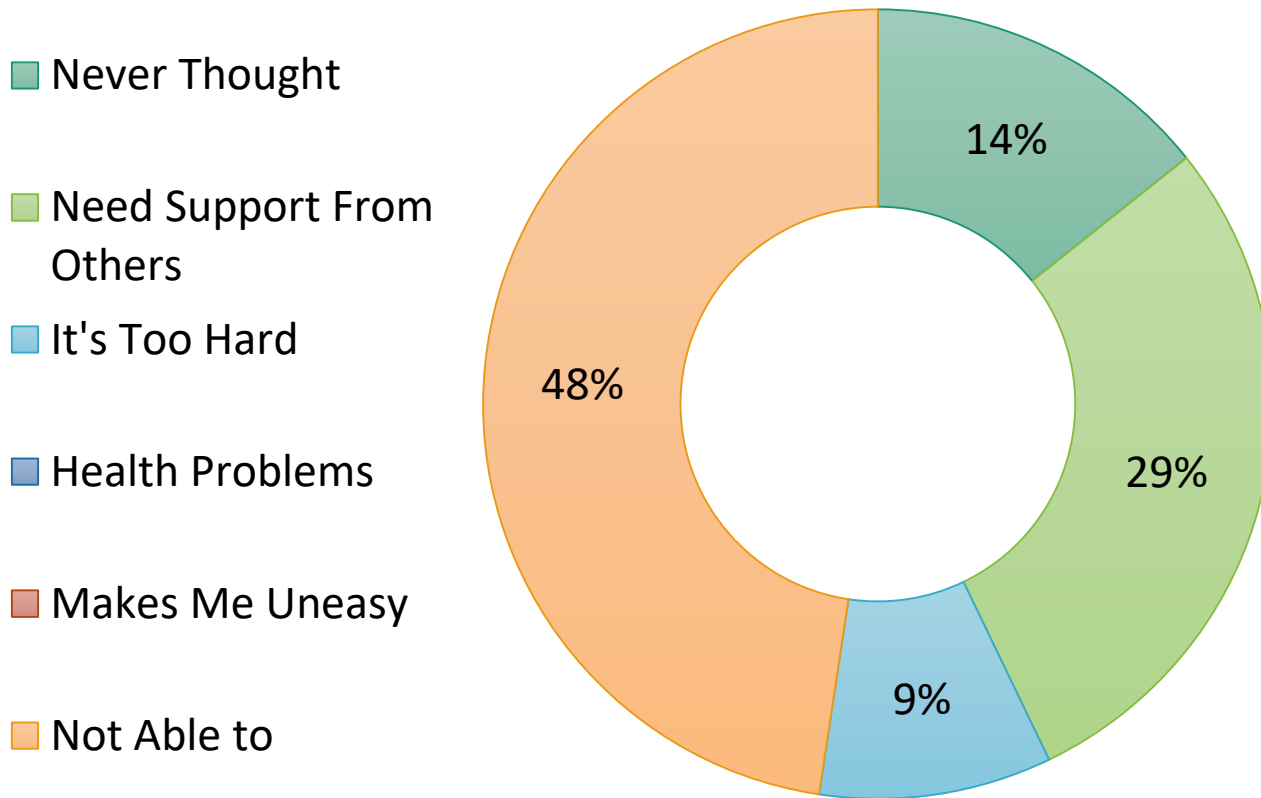


Parents

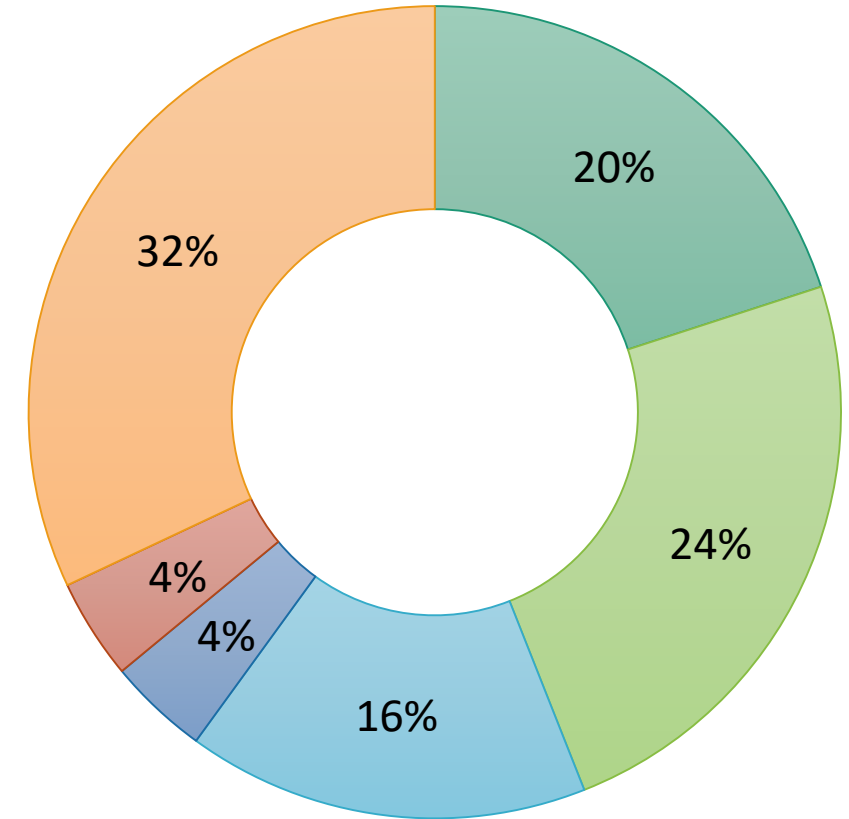


# What are the barriers to KEEPING PERSONAL HEALTH RECORDS?

Young Adults

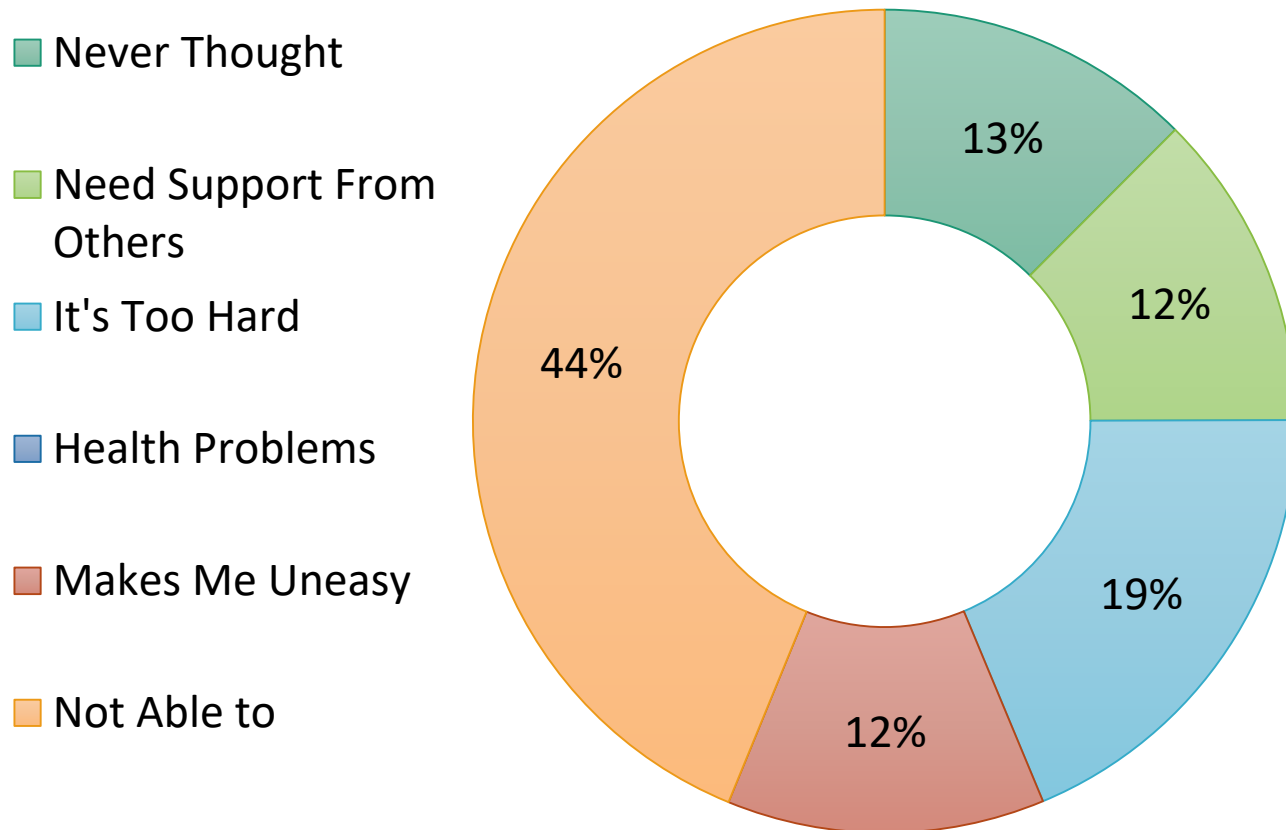


Parents

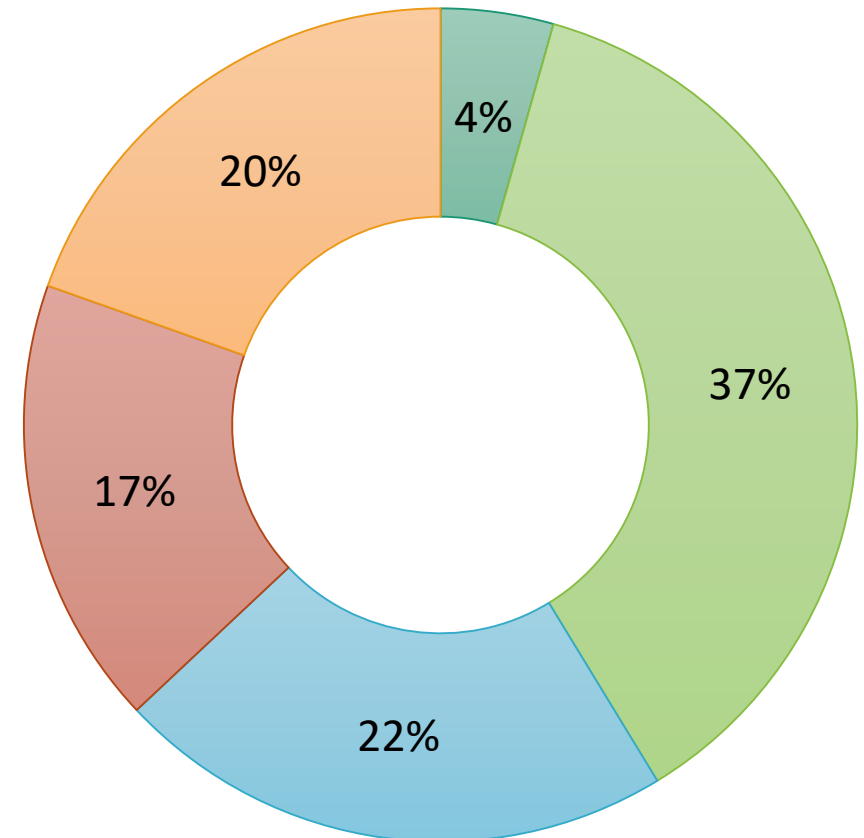


# What are the barriers to ENTERTAINING FRIENDS?

Young Adults

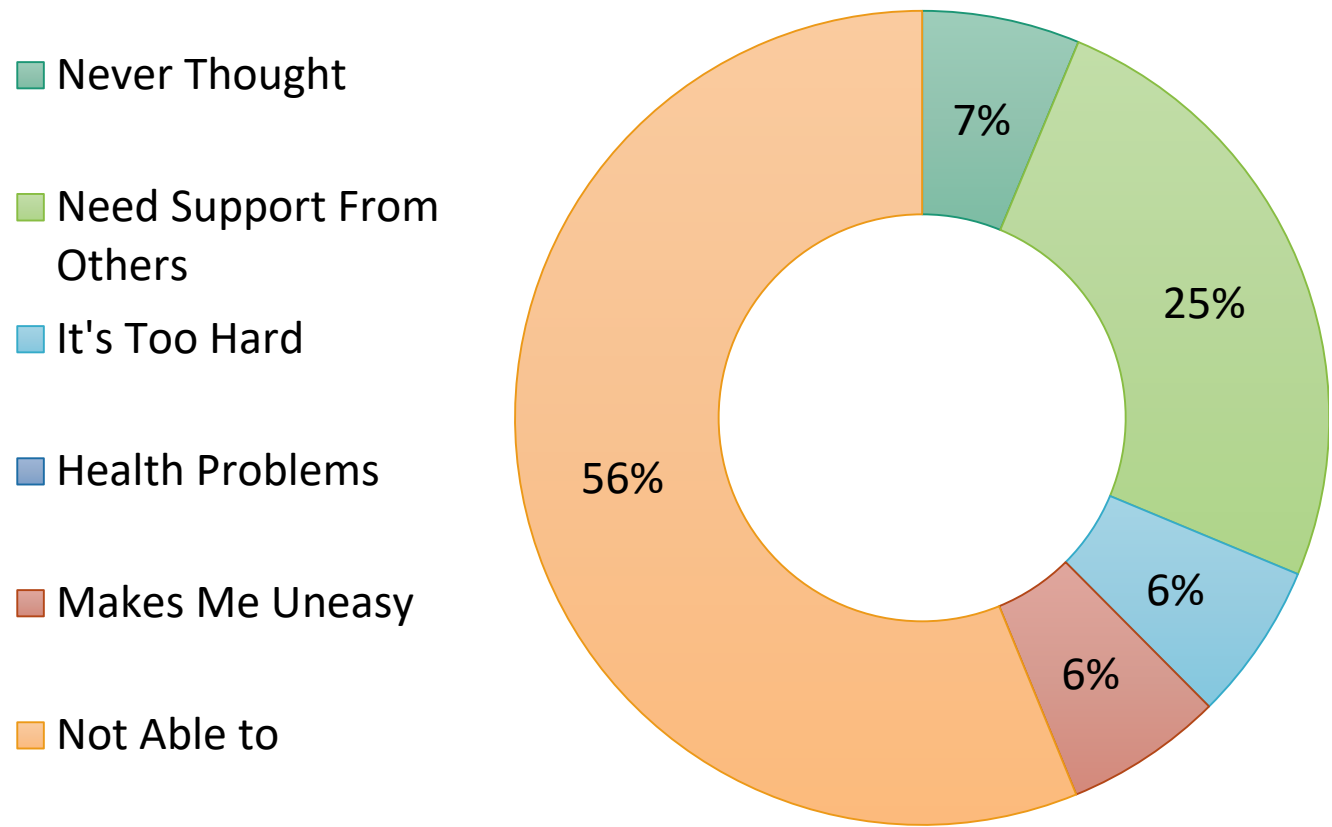


Parents

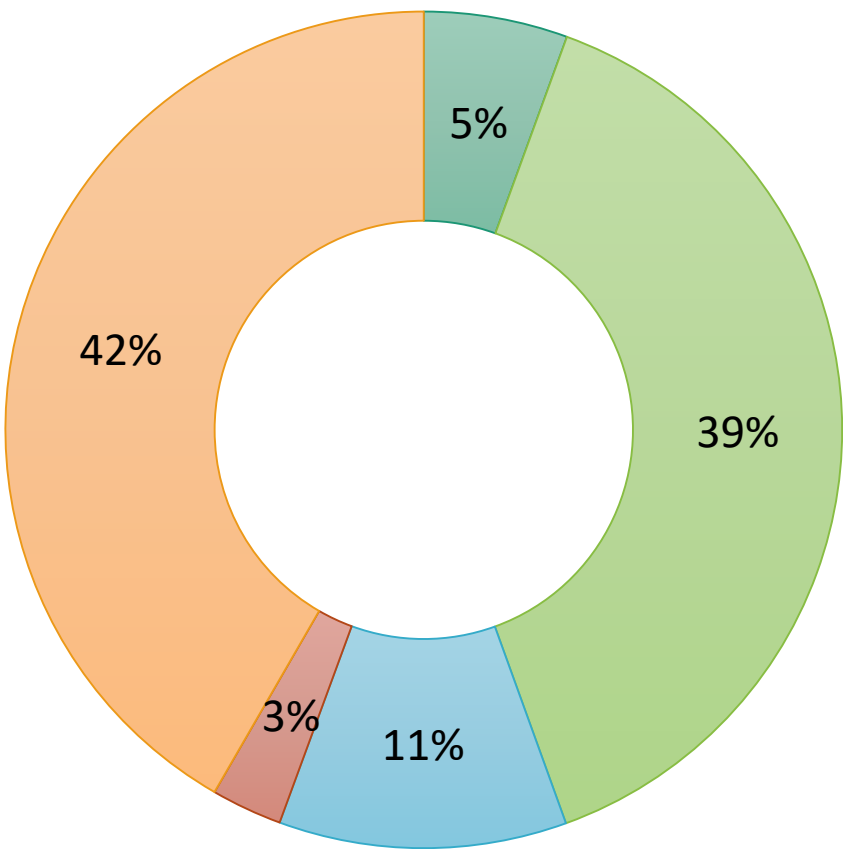


# What are the barriers to APPLYING FOR JOBS?

Young Adults



Parents



## TIPS FOR WORKING WITH YOUTH AND ADULTS

Easy to administer

Sometimes cues are taken too literally

Sometimes saying “yes” to all to be “right”

Examples may be necessary (“What are personal health records”?)

Parents and students do report differently

Level of engagement



## YOUR TURN! HOW COULD YOU USE THIS TOOL?

IEP development

Program Planning

Progress Monitoring

Discussions about interests and  
barriers

Other ideas?



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DEMONSTRATION

