ABSTRACT

COMMUNITY INTEGRATION PROGRAM FOR ADULTS WITH AUTISM: A GRANT PROPOSAL

By

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The purpose of this thesis project was to write a grant proposal to seek funding for a community integration program for adults diagnosed with autism spectrum disorder (ASD). The goal of the community integration program was to improve the overall quality of life for adults diagnosed with ASD, through the adaptation of the Skillstreaming Model. The Skillstreaming Model is a flexible, psychoeducational intervention with behavior modification techniques. A literature review was completed in order to identify the risk factors that the population faced. Additionally, foundations were researched for possible funding opportunities. Ultimately, the Weingart Foundation was selected as the best potential funding source. A grant proposal narrative was then written for the Autism Society of Greater Long Beach/San Gabriel Valley. The actual submission and/or funding of this grant were not a requirement for the successful completion of this project.

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INTRODUCTION

Introduction

According to the American Psychiatric Association (APA; 2013), autism spectrum disorder's (ASD) first diagnostic characteristic is "persistent deficits in social communication and interaction…" (p. 50). This can range from a person being unable to hold a conversation to having poor verbal and nonverbal skills. This is one of the reasons why people with ASD also have trouble developing and maintaining friendships. The second diagnostic criteria is "restricted, repetitive patterns of behavior, interests or activities…" (p. 50). This means that, people with ASD can have fixed behaviors that make it difficult for them to cope with changes (APA, 2013).

Scope of the Problem

Rates of Autism Spectrum Disorder

The rate of ASD, as of 2014 in the United States is 1 in 68 children. Furthermore, boys are more affected by ASD than girls, 1 in 42 and 1 in 189, respectively. Research shows that 31% of children with ASD have an intelligence quotient (IQ) of less than 70, also adding the diagnosis of intellectually disabled. However, 46% of ASD children have an IQ score above 85, showing average to above average intelligence. While 23% of the children are in the borderline range of 71 to 85 IQ (Baio, 2014).

According to the California Department of Education (CDOE; 2013), in December 2013 there were 84,718 students registered with ASD. In contrast to December 2012, there were 78,629 children registered (CDOE, 2012). In Los Angeles County, the census of December 2013 showed that there were 26,432 students enrolled with ASD. Meaning that about 31% of the students with ASD in California, were found in Los Angeles County. The census also showed that in the Long Beach Unified School District (LBUSD) there were 1,316 students enrolled with ASD (CDOE, 2013).

Autism Spectrum Disorder in Adulthood

The rates of ASD demonstrate how diverse the spectrum can be and how many more students are enrolled in school every year with this developmental disability. The statistics also demonstrate that there is an increased rate of the diagnosis and that more services will be needed to help these individuals (Shattuck, Narendorf, et al., 2012). However, there is a much heavier focus on children with ASD when compared to the focus on adults with ASD (Shattuck, Roux, et al., 2012). Standifer (2011) stated that the rates of ASD in adults are unknown due to the fact that the Centers of Disease Control and Prevention (CDC) only monitor the rate in children. Moreover, their data only goes back to 2002 and therefore cannot account for previous generations (Standifer, 2011). The children who are diagnosed with ASD will continue to mature and their needs will develop as they age. ASD is a lifelong developmental disability and the diagnosis itself should not impede individuals from setting goals and reaching them (Graetz, 2010). Graetz (2010) explains that people with disabilities still have the right to "experience independence, equal opportunities and economic self-sufficiency" (p 33). Given the affirmation of facts, community integration programs for adults with ASD are needed.

Purpose of the Project

The purpose of this project was to write a grant proposal seeking funds for the adult ASD population living in the Greater Long Beach area. This program will aim to improve the overall quality of life (QoL) of adults with ASD in the areas of engagement, coping skills and instrumental activities of daily living (IADLs). According to McGinnis and Goldstein (1997), Skillstreaming is a flexible intervention that can be applied in a variety of settings, ranging from academic improvement to daily life care. Skillstreaming is a tool for active learning through the use of action or behavior modification. Young adults diagnosed with ASD have been found to have an interest in building friendships and improving their social skills (Barnhill, 2007; Robledo & Donnellan 2008). By adapting the Skillstreaming model into a community integration group, adults diagnosed with ASD will have an opportunity to gain new skills, engage with fellow peers, and improve their overall QoL.

Target Population

The target population for this grant project was for adults between the ages of 18 and 25 diagnosed with ASD in the greater Long Beach area. The Autism Society of Greater Long Beach/San Gabriel Valley will be responsible for hosting the integration meetings at Prisk Elementary School in the city of Long Beach. The Autism Society of Greater Long Beach/San Gabriel Valley uses facility space at Prisk Elementary for other supportive programs they provide to community members that are affected by ASD.

Agency Description

Autism Society of Greater Long Beach/San Gabriel Valley was founded in 1971 and is part of a national organization. The agency is a non-profit 501 (c) (3) and the board members are volunteers. The mission of Autism Society of Greater Long Beach/San Gabriel Valley is to improve "the lives of all affected by Autism in Greater Long Beach, San Gabriel Valley and Orange County; by empowering individuals with autism, their families, and professionals through advocacy, education, support, and services" (Autism Society Greater Long Beach/San Gabriel Valley, 2014, "Our Mission"). The agency is able to provide education and behavioral referrals to families in their service area. Also, the agency provides support groups for families affected by autism, including parents and siblings (Autism Society Greater Long Beach/San Gabriel Valley, 2014).

Cross Cultural Relevance

When exploring ASD rates among different ethnic backgrounds, there are differences between national and state level rates of ASD. In the United States, there are only four reported ethnic categories, in contrast to state of California where there are seven ethnic categories (Baio, 2014; CDOE, 2013). The United States reports the rates of ASD in children is highest among the Caucasian population and the lowest in the Latino/Hispanic population (Baio, 2014). For every 1,000 children there are 15.8 Caucasian children diagnosed with ASD. In contrast to 12.3 for both the African American and Asian/Pacific Islander populations, the Latino population is reported to have 10.8 children diagnosed with ASD for every 1,000 children (Baio, 2014). However, at the state level, California reports the highest rates of ASD in the Latino/Hispanic population and the lowest in the Native American population. In 2013 there were 34,480 Latino/Hispanic children enrolled with ASD, in comparison to 417 Native American children enrolled with ASD (CDOE, 2013). Baio (2014) suggests that access to health care, resources, and socioeconomic status, could reflect the differences seen across the United States.

Social Work Relevance

In the social work profession, the code of ethics is seen as the foundation of the profession's history. Key values include social justice, dignity, and the importance human relationships (National Association of Social Workers [NASW], 2008). The developmental disability community's goals are to be included, independent and productive (Aventi & Otis, 1994). Both organizations' goals are complimentary, and the social work profession can aid the developmental disability community's goals of reaching independence and inclusion. Social workers would be able to assist the needs of the population through the use of advocacy, political involvement, education and service. The social work profession could begin by providing integration programs for adults with ASD to facilitate inclusion and independence into the community.

Definition of Terms

For this thesis project, the following terms will be defined as:

Autism: Autism has five diagnostic criteria, the first being related to social communication. This means that an individual with ASD can have difficulty holding a two way conversation, abnormal social approaches, and difficulties in maintaining relationships (APA, 2013). The second diagnostic criteria is related to repetitive behaviors or interests. For example, a person with ASD might have trouble adjusting to changes. It is also imperative that the severity of the symptoms to be specified for the first two diagnostic criteria (APA, 2013). The third diagnostic criteria must "be present in the early developmental period" (APA, 2013, p. 50). However, it is important to note that symptoms might not fully manifest until it is demanded socially, (i.e., at school.) The fourth diagnostic criteria states that the symptoms must “cause clinically significant impairment in social, occupational or other important areas…” (APA, 2013, p. 50). Lastly, the symptoms “are not better explained by intellectual disability or global developmental delay” (APA, 2013, p. 51).

Coping: According to Gray (2006), coping is a set of strategies or behaviors that are meant to deal with a problem. Specifically, in a clinical setting, coping is used as cognitive process where an individual is able to learn new behaviors to deal with the symptoms of a diagnosis (Bury, 1991).

Engagement: The National Research Council (NRC; 2001) loosely defines engagement as "sustained attention to an activity or person" (p. 160). However, de Kruif and McWilliam (1999) add that measuring how long attention is held is not the only indicator of engagement. Engagement also includes the behavior used for active learning (de Kruif & McWilliam, 1999).

Incidental teaching: Incidental teaching is a platform that allows discussion of social problems as they surface during the integration program. Both the leaders and members of the group can provide feedback and lead a discussion on the social problem (McGee, Morier, & Daly, 2001).

Instrumental activities of daily living: This involves the ability to be independent. According to Hume and Odom (2007), independence is the ability to engage in a task without the assistance of an adult. IADLs include money management, job attainment, and residential living.

Quality of life: According to Verdugo, Schalock, Keith, and Stancliffe (2005), QoL is a concept that reflects the desired conditions of an individual. This includes the individual's emotional health, interpersonal relationships, self-determination, rights, social inclusion, material well-being, personal development, and physical health (Verdugo et al., 2005).

Role play: Role plays give an individual with ASD the opportunity to observe a new skill and to practice it (McGinnis & Goldstein, 1997). An example of a role play would be how to begin a conversation with an individual (Duncan & Grofer Klinger, 2010). A social story could be used to facilitate the role play.

Self-monitoring: Due to the symptoms of ASD, an individual might have difficulties articulating feelings of depression or anxiety. Self-monitoring could be taught with increasing coping skills and emotion identification techniques (Duncan & Grofer Klinger, 2010).

Skillstreaming: "Skillstreaming is a psychoeducational intervention" (McGinnis & Goldstein, 1997, p. 2). This model has roots in both psychology and education with children. When using this model as an intervention, it can be applied to a variety of settings and populations. McGinnis and Goldstein's (1997) original assumption is that the client is experiencing deficits in their life. However, in this thesis project, the Skillstreaming model will be used for clients that have opportunities for improvement.

Social stories and scripts: According to Duncan and Grofer Klinger (2010) social stories and scripts are specific and can be used for role plays. For example, a script could be used as a tool when beginning a conversation with a peer. Social stories and scripts are vital to assess the social skills of the individual with ASD (Duncan & Grofer Klinger, 2010).

CHAPTER 2

LITERATURE REVIEW

Introduction

The following literature review will focus on the history of ASD as a childhood diagnosis and explore the factors that contribute to difficulty when connecting to others. The literature review will also explore the impact on the QoL that individuals face as they age with ASD. Additionally, the literature review will compare the supportive services in childhood to the services received in adulthood. Furthermore, the review will identify the areas that are affected, when individuals diagnosed with ASD lack supportive services.

History of Autism Research

Leo Kanner is associated with the early history of ASD, however, he was not the first to use “autism” (Kuhn, 2004). A Swiss psychiatrist, Eugen Bleuler, first used "autism" as a symptom to schizophrenia around 1910 (Kuhn, 2004). Nonetheless, the first wave of ASD research began in 1943 and ended in 1965 (Verhoeff, 2013). The first documented case was of Donald T., a boy who was best left alone (Kanner, 1943). He was content to spin objects for hours at a time and uninterested in visitors, including Santa Claus. If he ever spoke, it was mostly meaningless mumbles or repetition of those around him. Whenever Donald was interrupted from his spinning and repetitive activities, he would have tantrums. In time, 10 more cases like Donald’s were described by Kanner and he was able to label the characteristics of autism (Kanner, 1943). Some of the characteristics included aloneness, limitation of spontaneous activity and an obsession with sameness (Kanner, 1943). Soon after Kanner's paper, discussion of the cause or causes of autism were researched. During this period, common knowledge was that a cold, refrigerator type mother caused the aloof behavior in her child. This was brought on by the use of psychoanalytic theory. This theory was commonly used in the United States at the time. However, there were other researchers that believed that ASD was a brain disorder (Rimland, 1964) or a psychogenetic disorder (Despert, 1951). This wave of ASD research was only the beginning to what would be more years of research and development of the diagnosis.

The second wave of ASD research began in 1960 and ended in the 1980s. During this time period, major shifts occurred in research and diagnosis of ASD. Additionally, ASD was also beginning to reach the public at this time through the results of the research (Verhoeff, 2013). The first shift started from the previous focus of social withdrawal, to the focus of language and cognitive deficits. During this time period, neuropsychological tests and longitudinal studies were commonly used (Verhoeff, 2013). Research suggested that the social withdrawal that Kanner's (1943) research provided would lessen with age. However, the language difficulties that children experienced would continue as they aged (Lockyer & Rutter, 1969). Additionally, Rutter and Bartak (1971) suggested that ASD had nothing to do with schizophrenia as it did in previous ASD research. Instead, their research made the argument that social deficits were the effect of having poor verbal and nonverbal skills. Meaning, that social deficits were not symptom of ASD, rather it was a secondary cause. Lastly, another important impact was the addition of ASD criteria to the Diagnostic and Statistical Manual of Mental Disorders-III (*DSM*) in 1980 (Verhoeff, 2013).

The current wave of ASD research began in the early 1980s. It originated with an epidemiological study in London. The study investigated the prevalence of social and language deficits in ASD individuals (Wing, 1981a). The research led to the "triad of social and language impairment" (Wing, 1981a, p. 37). Essentially, tying together Kanner's autism to other less severe forms of social deficits, like Asperger's Syndrome, Wing (1981b) described that although Asperger's syndrome had less severe symptoms, the common concept was the inability to hold a two way conversation. Wing's research led to what we now know as the spectrum. When the *DSM III* was revised in 1987, the language of the diagnostic criteria for ASD also changed. For example, previously "gross deficits in language development" in the *DSM III* developed to "qualitative impairment in verbal and nonverbal communication" in the *DSM III-R* (Verhoeff, 2013, p. 450). In the 1990s, Asperger's syndrome was a separate diagnosis, however because the criteria was very similar to ASD, new changes were made for the *DSM 5*. The addition of Asperger's syndrome to the spectrum created a conflict among researchers. Some researchers argued that Asperger's syndrome was its separate diagnosis as it was indicated by Asperger in 1979 (Asperger, 1979; Rutter & Schopler 1992). However, Wing's research and the very similar diagnostic criteria fused the diagnosis of Asperger's syndrome into the spectrum.

Community Integration and Autism Spectrum Disorder

The Advancing Futures for Adults with Autism (AFAA, 2014) defines four core issues for community integration of adults with ASD. The first core issue identified is the lack of transportation that adults with ASD face in their communities. Many times, the lack of transportation is a barrier for access to the community, employment and socialization. Also, there is a need to educate public transportation officials about ASD in order for services to be provided seamlessly (AFAA, 2014). Secondly, AFAA identifies the need of education to first responders about ASD and what measures are appropriate to take with potential patients. By better preparing our first responders, better communication will take place with ASD individuals (AFAA, 2014). In return, adults diagnosed with ASD should know how to interact with first responders and what are appropriate measures to take in an emergency (AFAA, 2014).

Additionally, there is a need to create public awareness. The focus of ASD remains with children; although it is important, a shift to the adult population is needed. The AFAA estimates that in the next decade, 500,000 children diagnosed with ASD will age into adulthood (AFAA, 2014). Furthermore, the CDC (2004) stated the rate of ASD was 1 in 125 children. The children used for that study were born in the year 1996, making them now at least 18 years of age (CDC, 2014). Lastly, there is a need for recreationally supportive programs for adults with ASD. Most children begin to age out of programs that allow for them to connect and network outside of a school setting (AFAA, 2014). Hume, Loftin, and Lantz (2009) explained that ASD symptoms, in addition to inefficient interventions, can make an adult with ASD dependent on others. Moreover, dependence is experienced in the areas of housing, employment and relationships (Hume et al., 2009).

Howlin, Goode, Hutton, and Rutter (2004) identified that 12% of their 68 participants were considered to have very good outcomes when they reached adulthood.

However, 46% were considered to have a poor outcomes (Howlin et al., 2004). A "very good" outcome was described as the ability to live independently, engage in social relationships and participate in higher education (Howlin et al., 2004). Furthermore, Garcia-Villamisar and Dattilo (2010) found in their study that 37 young adults diagnosed with ASD that participated in a leisure program had a better overall QoL when compared to the control group. The program's focus was to get the individuals involved and to provide an opportunity to socialize. However, Garcia-Villamisar and Dattilo made additional suggestions to their intervention at the end of their study. In addition to allowing space for social interactions, supportive services should include social integration and independence skills. Moreover, Garcia-Villamisar and Dattilo recommended the use of social stories in order to facilitate the process in an intervention. Keeping individuals with ASD engaged in their community will allow for them to make the human connections they need in order to have a better QoL.

Social Challenges and Autism Spectrum Disorder

Socialization

Research suggests that there is a need for socialization opportunities for the adult population diagnosed with ASD (Graetz, 2010; Orsmond, Shattuck, Cooper, Sterzing, & Anderson, 2013). One of the social challenges experienced by ASD adults includes the inability to read other's facial expressions. Walsh, Vida, and Rutherford (2014) found that 16 of their 20 ASD adult participants needed explicit and exaggerated cues of facial expressions in order to identify them. However, reading facial expressions is not the only socialization difficulty experienced by adults diagnosed with ASD.

In one study, 143 caregivers of adults with ASD were given a survey to identify the difficulties that their loved one faced in daily life. The survey included the categories of socialization, employment and residential living (Graetz, 2010). Particularly in the socialization category, 46% of caregivers identified that their loved one diagnosed with ASD did not have a daily opportunity to socialize with non-family members (Graetz, 2010). Also, 31% of caregivers identified that their loved one did not have the opportunity to meet people that are not on the spectrum. For recreational activities, 41% of caregivers reported that their loved one had "once a month or never" opportunities to connect with others (Graetz, 2010, p. 41). Caregivers commented that the lack of transportation and behavior issues were the reasons why their loved one had difficulty socializing outside of family (Graetz, 2010). Another study followed 620 students enrolled under special education with the diagnosis of ASD until they reached young adulthood (Orsmond et al., 2013). Most of the participants were male (85%) and lived with a parent (82%; Orsmond et al., 2013). Also 12.4% were enrolled in college or vocational school, and 12.5% participated in adult day programs (Orsmond et al., 2013). Results showed that 38.6% of ASD adults were more likely to never see friends and 47.2% of them would not get called by friends. Additionally, ASD adults would more likely isolate (28.1%) and not be invited to activities (48.1%; Orsmond et al., 2013).

Muller, Schuler, and Yates (2008) found that their 18 participants collectively shared common themes about socialization and their communities. The participants identified that they often felt isolated in childhood, and that the isolation contributed to other difficulties experienced in adulthood (Muller et al., 2008). When exploring their isolation, participants shared that they did not consider themselves as outgoing people, and this made interactions with others especially difficult. Participants also defined communication as a challenge, due to their lack of knowledge related to sarcasm, explicit, and implicit meanings of messages. Many of the participants shared they feared “chit chat” with others because that conversation lacks structure (Muller et al., 2008, p. 179). Muller et al. also identified another theme among their participants related to their willingness to contribute in their community. Participants shared that they often volunteered, even when social activities were difficult for them (Muller et al., 2008). Some of the participants even volunteered with local agencies as a peer to another ASD individual. Also, the findings identified that individuals diagnosed with ASD wanted to be involved in an intimate relationship (Muller et al., 2008). However, their desire was not only for a romantic relationship, but to also have friends (Muller et al., 2008; Robledo & Donnellan, 2008). The participants reported they often felt they had acquaintances, but not a friend they could reach out to in times of need (Muller et al., 2008).

Robledo and Donnellan (2008) found six dimensions of socialization related to relationship building. Their qualitative study was completed with five adults diagnosed with ASD. The six dimensions were: trust, connection, independence, competence, understanding and communication (Robledo & Donnellan, 2008). Participants described trust as the foundation for any relationship. Additionally, individuals explained that connections and communication involve unconditional love and support. However, participants added that allowing independence is needed in a relationship. Independence will allow for them to make mistakes, while the unconditional support will provide security in the relationship. Another, common theme was competence; the participants did not appreciate micro-management and preferred to be guided (Robledo & Donnellan, 2008). Additionally, the participants reflected that in a relationship they preferred to keep their ASD diagnosis private. Participants explained they preferred to be first known as a person (Robledo & Donnellan, 2008).

Orsmond, Wyngaarden Krauss, and Mailick Seltzer (2004) found in their study of 235 youth and young adults with ASD that only 8.1% of them had at least one friend. Additionally, 46.4% of them reported no peer relationships (Orsmond et al., 2004). However, 74.5% did participate in arranged recreational activities and 24.3% of them had friends in the arranged settings (Orsmond et al., 2004). Arranged settings could include, work, school and spirituality; all of which were arranged by parents or other loved ones in advance (Orsmond et al., 2004). Similarly, Howlin et al., (2004) identified that in their study of 68 adults diagnosed with ASD, 26% of them had a relationship with another individual. Furthermore, Hatton and Tector (2010) described loneliness as one of the commonalties among their four participants. One participant specifically shared that at one point in childhood, it would have been helpful to have been taught how to make friends (Hatton & Tector, 2010). Moreover, another participant shared that the lack of skills related to friendship made him vulnerable in adulthood for financial exploitation (Hatton & Tector, 2010). Lastly, Haertl, Callahan, Markovics, and Strouf (2013) also identified in their study, that teasing in childhood also contributed to the difficulty in building romantic relationships.

Romantic Relationships

When exploring intimate relationships, young adults with ASD want to participate, but have difficulty doing so (Haertl et al., 2013; Hellemans, Colson, Verbraeken, Vermeiren & Deboutte, 2007; Muller et al., 2008; Robledo & Donnellan

2008). Renty and Roaeyers (2006) stated that from their 58 adults diagnosed with ASD that 67.2% of them were single and only 19.0% of them were in a relationship. Comparatively, in another study with 21 heterosexual couples, where the male had the diagnosis of ASD, the women reported higher levels of relationship satisfaction. This occurred when their partner presented with less ASD symptoms (Renty & Roeyers, 2007).

Stokes, Newton, and Kaur, (2007) found in their study of 25 young adults with ASD, that engaging in romantic relationships was difficult for them. This was due to their self-identified inadequacy of social learning (Stokes et al., 2007). The study also found that the ASD young adults that pursued a romantic relationship had continuous courtship behavior. Often times, their courtship behavior lasted longer than that of their peers (Stokes et al., 2007). Moreover, the continued courtship behavior began to unfortunately cross into stalking behavior (Stokes et al., 2007). The participants were unable to recognize that their efforts of courtship were not reciprocated by the person of interest. The participant's lack of awareness of social norms put them in an undesirable position. Unknown to the participants, the behavior that they were displaying was intrusive to the other individual (Stokes et al., 2007). Similarly, Hellemans et al. (2007) identified that in their study of 24 youth and young adults diagnosed with ASD, eight of them needed an intervention in the context of healthy sexual behaviors.

Furthermore, Hatton and Tector (2010) found in their qualitative study of four adults diagnosed with ASD, that there was a common issue related to the topic of touch. The participants shared that touching was a complex matter, especially in a romantic relationship (Hatton & Tector, 2010). The participants clarified that touching was a subjective topic t and the perception of touch varied individually (Hatton & Tector, 2010). Also, one of the participants shared that there needed to be a way to teach ASD youth about healthy relationships and how to keep yourself safe in one (Hatton & Tector, 2010). Comparatively, Byers, Nichols, and Voyer (2013) found in their study of 129 adults diagnosed with ASD, 41% of them had never participated in a romantic relationship lasting longer than 3 months. Also, 59% of the participants were single at the time of the study and 64% of the males had little to no relationship experience (Byers et al., 2013). Furthermore, another study found that 58.3% of the 108 adults diagnosed with ASD were single (Mazurek, 2014). Nonetheless, these results are not surprising as one of the diagnostic criteria of ASD include deficits in social communication and interaction (APA, 2013; Orsmond et al., 2013).

Education and Employment Challenges and Autism Spectrum Disorder

Educational Services in Childhood

When a child is diagnosed with ASD by a multidisciplinary team, the child then qualifies for an Individualized Education Program (IEP) at no cost to the parents and family (Yell, 2006). This is due to ASD being 1 of 13 categories in the Individuals with Disabilities Education Improvement Act (IDEA; 1990). By the implementing the use of an IEP, parents are involved in the education of their child and are able to monitor their progress through the reports made by school staff (Yell, 2006). In a qualitative study, 24 adults with ASD shared that receiving the diagnosis in childhood explained their awkwardness around others (Haertl et al., 2013). The adults also shared that their diagnosis while school-aged explained why they acted differently, but it also explained the reason they were being teased (Haertl et al., 2013), thus, making monitoring and reporting crucial to the successful progress of the child.

However, there is a concern when a child with ASD ages out of the school system and is no longer able to use the services provided by IEP. Adults diagnosed with ASD have reported that they wished there were better transitional services (Haertl et al., 2013). One study explored the services a child receives after graduating from high school. The survey was completed with parents who had an adult child diagnosed with ASD. A total of 680 ASD young adults were represented. The results of the survey identified that 39.1% did not have services in case management or speech therapy as they did while in high school (Shattuck, Wagner, Narendorf, Sterzing, & Hensley, 2011). Nevertheless, when IDEA was reauthorized in 2004, there was a focus to better prepare ASD youth and other children with disabilities for independence after leaving the school system (IDEA; 2004).

Post-Secondary Education Challenges

Carter, Harvey, Lounds Taylor, and Gotham (2013) stated that post-secondary education is seen as an opportunity for youth to improve social and economic benefits in the future. Additionally, ASD youth should participate in post-secondary education in order to have access to those same benefits (Carter et al., 2013). Carter et al. explained that supportive environments would produce better prepared ASD youth into post-secondary education involvement. For example, teams of teachers, social workers and school psychologists can facilitate the process of identifying interests of an ASD youth. Hume, Boyd, Hamm, and Kucharczyk (2014) suggested a strengths-based approach when working with individuals diagnosed with ASD. However, it was strongly recommended for school staff to approach the subject of a post-secondary education before the last year of high school. This recommendation aimed to increase the possibility of ASD youths' interest and involvement (Carter et al., 2013). In return, ASD youth should be involved in college fairs and other similar activities to become aware of their options (Carter et al., 2013).

However, research has found that ASD youth are at a higher risk of poverty due to a lack of engagement in employment opportunities and postsecondary education (Shattuck, Narendorf, et al., 2012; Shattuck, Roux, et al., 2012). Shattuck, Narendorf, et al. explained that there is a gap in the education of ASD youth for transitional services after high school. Howlin et al. (2004) found that only five out of their 68 participants went to college. Also, of those five, only two were enrolled in graduate studies (Howlin et al., 2004). Additionally, Renty and Roeyers (2006) found that in their study of 58 adults diagnosed with ASD, only 14 of them had a college degree. Moreover, Lounds Taylor and Mailick Seltzer (2011) found in their study of 66 young adults with ASD, that only nine were perusing a post-secondary education. Additionally, of those nine, seven were employed part-time (Lounds Taylor & Mailick Seltzer, 2011). Furthermore, Lounds Taylor and Mailick Seltzer stated that the participants that were working and attending school had less maladaptive behaviors. Adults with ASD that are exposed to postsecondary education or vocational studies have been found to live more independent lives and have effective coping skills (Lounds Taylor & Mailick Seltzer, 2011; Lounds Taylor, Smith, & Mailick, 2014; Robledo & Donnellan 2008).

Employment Challenges

Reasearch suggests that socialization and employment opportunities are connected (Graetz, 2010; Robledo & Donnellan 2008). Cimera and Burgess (2011) explain that “employment is one of the primary characteristics of adulthood” (p. 177). However, adults diagnosed with ASD have difficulty attaining and maintaining a job (Barnhill, 2007). In one study, 73% of 143 caregivers of adults with ASD, reported that they are concerned about future employment opportunities. Due to the lack of friends and socialization, caregivers feared about the future and independence of their loved one, as they both continued to age (Graetz, 2010). Also, the difficulties associated with ASD symptoms, limited the work that some adults with ASD would seek (Haertl et al., 2013). For example, adults with ASD are more likely to look for work where social interaction is limited (Haertl et al., 2013). In a qualitative study with 24 adults diagnosed with ASD, they shared that as children they preferred solitary activities (Haertl et al., 2013). Solitary activities included bike riding, reading and baking. Meaning, it was a natural step for the participants to look for employment that would reflect their solitary preference (Haertl et al., 2013). However, the participants identified that if there were more supportive services in the workplace they would be more likely to succeed (Haertl et al., 2013). Nonetheless, other participants of the study shared that they did not want to disclose their diagnosis with their employer. The participants clarified that they had a fear of retaliation from other workers, if they received special treatment from their employer (Haertl et al., 2013).

Cimera and Burgess (2011) studied the monetary benefits of adults with ASD working in the community. The study was completed with 19,436 participants’ data collected from a United States national database of vocational rehabilitation programs. Results found that on average, the participants that were employed made $673.37 monthly (Cimera & Burgess, 2011). Additionally, those that worked produced more benefits than costs. For example, for every one dollar that the individual paid in taxes, they made $5.40 (Cimera & Burgess, 2011). However, the national averages that were produced in the study showed that across the United States, employees with ASD were living in poverty and 6 out of 10 were unemployed. The total data collected from California was from 1,702 participants and of those, only about 46% were employed (Cimera & Burgess, 2011). Also, the ASD adults employed in California had an average monthly earning of $822.20 and worked 26.05 hours a week (Cimera & Burgess, 2011). Meaning, that less than half were employed and those that were employed, were only working part-time (Cimera & Burgess, 2011).

In a similar study with 68 adults diagnosed with ASD, 23 of them held jobs and only three were able to live independently without the support of their parents (Howlin et al., 2004). Comparatively, Renty & Roeyers (2006) found that out of 58 adults with an ASD diagnosis, only 27.6% of them had employment and 10.3% of them were able to live independently. Lounds Taylor and Mailick Seltzer (2011) found that in their study of 66 young adults diagnosed with ASD, 78% of them were residing with their parents and only 6% of them were employed. Furthermore, Byers et al., (2013) found in their study that 27% of their 129 participants lived with their parents. Lastly, Mazurek (2014) found that among the 108 participants, only 19.4% of them lived independently and 26.9% were unemployed. Steady employment at a livable wage is needed in order for an adult with ASD to live independently (Cimera & Burgess, 2011). Barnhill (2007) explained that even with steady employment, the occupation status is low. Meaning individuals with ASD are not attaining jobs at their potential capacity. It was also found that termination of employment can lead to depression, anxiety and poor self-esteem among ASD adults (Barnhill, 2007).

Mental Health and Autism Spectrum Disorder

Self-esteem, depression, and anxiety often are experienced by individuals diagnosed with ASD (Mazurek, 2014; Sterling, Dawson, Estes & Greenson, 2008; Trembath, Germano, Johanoson, & Dissanayake, 2012; Wentz, Nyden & Krevers, 2012). When exploring self-esteem in adolescents and young adults with ASD, individuals often score low on self-esteem questionnaires (Wentz et al., 2012). One study explored the mental health among adults diagnosed with ASD and found that loneliness is correlated to depression, anxiety and poor self-esteem (Mazurek, 2014). Mazurek (2014) identified among the 108 participants, the strongest correlation was found in loneliness and depression. The lonelier an individual with ASD was, the more depressive symptoms were experienced (Mazurek, 2014). It was also found that individuals without friendships experienced more anxiety and poor self-esteem when compared to the participants that had friends (Mazurek, 2014). The study identified that the closer the friendships were, the lower the participants scored in depressive symptoms (Mazurek, 2014). Additionally, positive self-esteem was related to the number friends and relationship quality (Mazurek, 2014).

Mazurek (2014) explained that the results of this study are contrary to the misconception that people diagnosed with ASD do not experience loneliness. Adults with ASD may have difficulty in holding a conversation, but that does not equate to them preferring to be alone (Mazurek, 2014). Comparatively, Sterling et al., (2008) found in their study of 46 adults diagnosed with ASD, 43% had depression. The participants that were found to have depression were considered high functioning. Sterling et al., explained that the participant's awareness of their social deficits contributed to their depressive symptoms. The social deficits that the participants experienced made them aware of how different they are from their peers; thus affecting their ability to function. Additionally, Sterling et al., found that the depression experienced in their participants often co-occurred with anxiety and obsessive compulsive disorder symptoms. Moreover, when the participants were experiencing depression they also practiced ineffective coping skills.

Furthermore, Trembath et al., (2012) found in their qualitative study of 11 adults diagnosed with ASD between the ages of 18 and 35, that anxiety symptoms were a common in their daily life. The participants of the study identified their sources of anxiety, the consequences of their anxiety, and their coping skills (Trembath et al., 2012). The participants shared common sources of anxiety were produced from the environment and interactions with others. One participant shared that crowds (environment) caused his anxiety symptoms (Trembath et al., 2012). Some of the anxiety produced by interactions with others included making eye contact and speaking to authority figures. The participants shared that their anxiety produced an increased heart rate, nausea and even frustration (Trembath et al., 2012). Additionally, when asked about their coping strategies, some of the participants shared coping skills that were thought by professionals (Trembath et al., 2012). However, other participants shared their own coping strategies of distraction and avoidance. Tremath et al., explained that experiences of anxiety in addition to a diagnosis of ASD produce individualized coping strategies. However, the participants of this study lacked coping skills to prevent anxiety symptoms (Trembath et al., 2012).

Lastly, in a study that provided and intervention to address poor self-esteem, 12 participants with developmental disorders; six of them with ASD, completed pre and post evaluations. The intervention that the individuals completed was an online support group. The results indicated that six months after the intervention, participants showed a significant increase of their self-esteem and their overall QoL (Wentz et al., 2012). However, special considerations are to be addressed for an online support group. The literature has shown that adults with ASD often look for socialization opportunities and long for relationships with others (Haertl et al., 2013; Muller et al., 2008). When using an online support group, the participants do not have access to in-person social interactions and the opportunity to have social behaviors modeled to them. Muller et al., (2008) identified among their participants, an expressed a need of modeled social interactions in order to improve their own social skills.

Conclusion

The literature has identified that ASD was first used 1910 and since then, ASD has shifted in the way it is researched and treated (Kuhn, 2004; Verhoeff, 2013). Additionally, there was a recommendation to work with adults diagnosed with ASD and to integrate the population into their communities (Garcia-Villamisar & Dattilo, 2010). Due to the symptoms of ASD, adults with this diagnosis have difficulty in social situations (APA, 2013; Orsmond et. al, 2013). Social challenges experienced by adults diagnosed with ASD can begin with the difficulty in interpreting facial expressions

(Walsh et al., 2014). Additionally, adults diagnosed with ASD lack social opportunities and often do not have close relationships with others (Graetz, 2010; Orsmond et al., 2013; Orsmond et al., 2004). Moreover, this population experiences difficulty in attaining a romantic relationship (Byers et al., 2013; Haerlt et al., 2013; Hatton &Tector, 2010; Hellemans et al., 2007; Mazurek, 2014; Muller et al., 2008; Renty & Roayers, 2006; Renty & Roayers, 2007; Robledo & Donnellan 2008). When exploring the post-secondary and employment opportunities, adults diagnosed with ASD are less likely to achieve a higher education and live independently (Barnhill, 2007; Cimera & Burgess, 2011; Haertl et al., 2013; Howlin et al., 2004; Lounds Taylor & Mailick Seltzer, 2011; Mazurek, 2014; Renty & Roeyers, 2006; Shattuck, Narendorf, et al., 2012; Shattuck, Roux, et al., 2012). Lastly, adults diagnosed with ASD can experience loneliness and thus affecting their mental health (Mazurek, 2014; Sterling et al., 2008; Trembath et al., 2012; Wentz, et al., 2012).

CHAPTER 3

METHODS

Introduction

There is a growing need for community integration programs for adults diagnosed with ASD. This distinct population of adults are often times underserved, and their families become apprehensive about their love one's future, as they both continue to age. This chapter explores the target population, strategies used to identify potential founding sources, the criteria used to select the most suitable funding source, and information of the Weingart Foundation and their requirements for a grant proposal.

Target Population

The CDC keeps records of ASD rates by measuring in the child population, therefore rates of ASD among adults is unknown. Unfortunately, specific rates of ASD among adults in California and Los Angeles County are unavailable. However, in the 2013 school year, there were 84,718 students enrolled with an ASD diagnosis in the state of California (CDOE, 2013). Moreover, the LBUSD identified 1,316 students enrolled in special education diagnosed with ASD (CDOE, 2013). In the next decade 500,000 children with ASD will reach adulthood in the United States (AFAA, 2014). The target population for this grant is adults between the ages of 18 and 25 diagnosed with ASD who reside in the service planning area where the Autism Society of Greater Long Beach/San Gabriel Valley is located.

Identification of Funding Source

The internet was used to search for potential funding sources that aimed to provide funds to the adult population diagnosed with ASD. To begin, the student used search engine Google. Key words in the searches were: grants community integration, grants autism, grants ASD, adult ASD grants, grant socialization programs, grant networking opportunities, grant coping skills, grant engagement skills, grant community based programs, developmental disability group grant, and grant developmental disability. The Google search produced the Weingart Foundation as a potential funding source. Two additional foundations were identified with the use of the Foundation Center database available at a public library. The two potential funding sources were, the Pacific Life Foundation and Maximus Foundation Inc.

Criteria for Selection of Actual Grant

In order to better select the most appropriate foundation for the grant project, the foundation's website needed to provide the goals of the foundation, and relevant categories of interest. This included categories of developmental disabilities, potential programs and restrictions. Furthermore, the website needed to provide a list of past services that were funded, including the agency's information. Lastly, the website needed to provide the guidelines of the grant application.

The Pacific Life Foundation was identified as a potential funding source due to their history of providing funds to agencies that serve in the health and human services i.e., the developmentally disabled community (Pacific Life Foundation, 2014). Additionally, the Pacific Life Foundation has a preference to give to agencies with a large service area. However, the foundation has a preference in their geographic area and may not consider the host agency. The foundation has funded organizations in Orange County and limited national chapter organizations in California (Pacific Life Foundation, 2014).

Secondly, The Maximus Foundation Inc. was identified as a potential funder due to their preference of organizations that promote "personal growth and self-sufficiency" (Maximus Foundation Inc., 2014, para. 2). Additionally, the foundation has a predilection to fund organizations that serve disadvantaged and underserved communities. Moreover, the Maximus Foundation Inc. provides funds to organizations nationally, meaning that the Autism Society of Greater Long Beach/San Gabriel Valley was an eligible agency. Although, the foundation had a list of agencies that received funds in the past, the amount and purpose of the grant were not listed (Maximus Foundation Inc., 2014)

Finally, the Weingart Foundation was identified as a potential funder due to their service in local Southern California Communities (Weingart Foundation, 2014). The Weingart Foundation's website provided their preference target population and lists of past grants. The grant listing included the agency's name and the details of the grant project. Moreover, in its history, the Weingart Foundation has provided $976 million to non-profit agencies in Southern California (Weingart Foundation, 2014).

Description of the Foundation Offering Source

Of the three foundations, the Weingart Foundation was selected based on their values related to the field of health and human services. The Weingart Foundation was founded in 1951 by Mr. and Mrs. Ben Weingart (Weingart Foundation, 2014). Mr. Weingart lived in poverty as a child, however, by the end of his life he was a successful business man. Mr. Weingart was in part responsible for the creation of West Coast’s

Levitt Town, the city of Lakewood, California (Weingart Foundation, 2014). The foundation was Mr. Weingart's response to the need he observed in the community that facilitated his success.

The foundation's core values align with the mission of Autism Society of Greater Long Beach/San Gabriel Valley. Additionally, the Weingart Foundation provides grants for national organizations with local chapters in their geographic service area (Weingart Foundation, 2014). The foundation only grants funds to six Southern California Counties i.e., Los Angeles County (Weingart Foundation, 2014). Meaning, that Autism Society of Greater Long Beach/San Gabriel Valley was eligible. The foundation gives priority to agencies that assist individuals with disabilities, including the developmentally disabled. Furthermore, the foundation offers multiple options for grants and a variety of funding amounts. Lastly, the foundation has funds for programs and general core support, which would cover the costs of salary (Weingart Foundation, 2014).

Needs Assessment

The purpose of the grant project is to increase coping and engagement skills in the adult population diagnosed with ASD. Additionally, the grant proposal project aims to coach individuals on IADLS, in order to increase their independence skills and employment opportunities. Resources used for the needs assessment included a review of the literature and statistical reports of the population. Researchers have estimated that about 48,550 children diagnosed with ASD turn 18 every year (Shattuck, Roux et. al, 2012). Additionally, the adult population has been found to have difficulty in social communication and in the building of relationships (APA, 2013; Graetz, 2010; Orsmond et al., 2013; Orsmond et al., 2004). Due to the difficulty experienced in social communication and interaction, adults diagnosed with ASD are found to struggle in romantic and interpersonal relationships (Byers et al., 2013; Haerlt et al., 2013; Hatton &Tector, 2010; Hellemans et al., 2007; Mazurek, 2014; Muller et al., 2008; Renty & Roayers, 2006; Renty & Roayers, 2007; Robledo & Donnellan, 2008). Moreover, adults with ASD are less likely to live independently and have steady employment (Barnhill, 2007; Cimera & Burgess, 2011; Haertl et al., 2013; Howlin et al., 2004; Lounds Taylor & Mailick Seltzer, 2011; Mazurek, 2014; Renty & Roeyers, 2006; Shattuck, Narendorf, et al., 2012; Shattuck, Roux et al., 2012). Lastly, adults diagnosed with ASD can suffer from various mental health issues (Mazurek, 2014; Sterling et al., 2008; Trembath et al., 2012; Wentz, et al., 2012).

Grant Requirements

The grant application for the Weingart Foundation is a two-step process. The first step is the submission of the letter of inquiry. The Weingart Foundation (2014) accepts unsolicited letters of inquiry throughout the year (However, the foundation has three forms of the letter of inquiry, as each is specific to the type of grant support i.e., core, capital, or general. Once the appropriate letter of inquiry is submitted, the foundation will then invite the grant writer to complete a formal application. However, the foundation will only invite the grant writer if the organization believes that the letter of inquiry matches the priorities and interests of the foundation (Weingart Foundation, 2014).

CHAPTER 4

PROPOSAL NARRATIVE

Mission of Organization

Autism Society is a national organization dedicated to the ASD community and was founded in 1965 by Bernard Rimland, Ph.D. Dr, Rimland is known as one of the first researchers of ASD and his book, *Infantile Autism: The Syndrome and Its Implications for a Neural Theory of Behavio,* was published in 1964 (Autism Society, 2014). The mission of the national organization is to improve “the lives of all affected by autism though education, advocacy, services, research and support” (Autism Society, 2014, “Our Mission”). Since 1965, the society has expanded into local chapters throughout the United States and each agency serves their community (Autism Society, 2014). The Autism Society of Greater Long Beach/San Gabriel Valley was founded in 1971 and uses facility space in two cities; Long Beach and Whittier (Autism Society of Greater Long Beach/San Gabriel Valley, 2014). The location of the Long Beach chapter uses facility space at Prisk Elementary School. In addition to the national organization’s mission, the Greater Long Beach/San Gabriel chapter values the empowerment of ASD individuals (Autism Society of Greater Long Beach/San Gabriel Valley, 2014). The local agency holds support groups for siblings and parents, and publishes newsletters related to ASD. Moreover, the agency provides outreach services for the Spanish speaking community (Autism Society of Greater Long Beach/San Gabriel Valley, 2014). Autism

Society and their chapters are a nonprofit 501(c) (3) and their board of directors are composed of dedicated volunteers.

Proposal Summary

The project name is Community Integration Program for Adults with Autism. The purpose of the project is to give the participants the tools they need in order to successfully build relationships, live independently, and increase their QoL. The program is set to start August 2015 and will run for 1 year. The goal will be to have 12 participants who will be between the ages 18 and 25 living in the Greater Long Beach area. The integration program will accept participants of all ethnic, religious, and cultural backgrounds. Additionally, the program will not discriminate against gender and sexual orientation. In order to determine if the individual would be a good fit for the program, criteria will include their residence, level of severity, and age.

Program Description

The integration program's team will consist of a social worker and two trained social work interns. The social worker will also serve as the program director. The participants of the program will be reached through LBUSD or by their observation of the integration program's advertisement. The social worker will train the interns on the intake process and screening to determine if the individual would benefit from the program. Additionally, the social worker will educate the interns on the material of the program and how to lead a meeting. Once the program director is able to gather at least 12 participants, the program will have its first session.

The interns will be expected to conduct at least three intakes and screening interviews, the program director will interview the remaining participants. The team will contact LBUSD to present the integration program to students over the age of 18 with the diagnosis of ASD. The interns will work with the Autism Society Greater Long Beach/San Gabriel Valley's webmaster to create an online flyer for their social media accounts. Participants of the program will commit to 10 bi-monthly meetings and case management.

The desired outcome of this program is to improve the QoL of the participants through the building of skills related to coping, engagement and IADLs. The improvement of these skills will allow for members to increase their likelihood of independence. Ultimately, the team of social workers would like to empower the participants to enroll or continue on to a post-secondary education or to find employment. Additionally, the team would like to see an improvement of interpersonal skills among the participants.

Target Population

The target population for the community integration program will include adults between the ages of 18 and 25, diagnosed with ASD. The participants will reside in the Greater Long Beach area and will be moderate to higher functioning individuals. The participants of the program will be assessed by the social worker or one of the two social work interns. The participants will be motivated individuals seeking to learn new skills that will improve their overall QoL.

Qualifications of Key Leadership

The program director will be a Licensed Clinical Social Worker (LCSW) from an accredited university with previous experience working with the ASD population. The social worker's goal will be to provide skills training in coping, engagement and IADLs with the adaptation of the Skillstreaming Model. Additionally, the social worker will provide resources to other services in the community including, post-secondary education, resume building, and financial aid.

The interns of the program will be Master of Social Work (MSW) students from an accredited university with an interest working in the ASD population. The primary goal of the interns is to provide support to the social worker in the program's process. This includes, before, during, and after the meeting. Additionally, the interns will be responsible for actively participating in member selection and intake interviews. Due to the offered stipend, the interns will be expected to participate for the entirety of the integration program.

Sustainability

In order for the program to continue, the program director, with the assistance of the professional interns will create a manual with all the needed material of the community integration program. The manual items will include the intake questionnaire, the evaluation measurements, goals and objectives, timeline, and any PowerPoint presentations with their supplementary material. The manual will be compiled and organized with a table of contents. Additionally, the manual will be made available in a portable, USB drive to update or add new items as necessary. The manual will also facilitate in future funding efforts.

Program Objectives

The primary goal of the integration program is to coach the participants on the tools or interventions needed to increase their QoL and independence. Factors that include QoL and independence are; interpersonal relationships, job attainment or post-secondary education, and mental health. The team of social workers at Autism Society of Greater Long Beach/San Gabriel Valley will provide the tools or interventions in a supportive environment based on the Skillstreaming Model. The social work team's objectives are as follows:

Objective 1: To coach the participants on effective engagement skills in order to increase their quality of interpersonal relationships.

With the use of incidental teaching, the participants will be able to seek and maintain interpersonal relationships. The social workers will assess the engagement skills the participants already have knowledge of, and create a goal to reach. The social workers will also model effective engagement skills throughout the integration program. The expected outcome will be the participants' ability to identify effective engagement skills and appropriate scenarios to use them in. Lastly, participants will be expected to practice the skills coached, outside of the group setting.

Objective 2: To use role play with participants in order to increase their effectiveness of interviewing skills.

Role play will be an intervention used to enhance the learning of the participant. The role plays will be completed amongst the participants, but can include the team of social workers. This will create a safe environment for the participants to make mistakes and create opportunities for improvement. The social workers will present the participants a variety of interviews (i.e., group, panel or one on one). The expected outcome will be better prepared interviewees. The participants will reflect on their progress and set up formal interviews.

Objective 3: To educate participants about post-secondary education opportunities.

The city of Long Beach has their own unified school district, vocational schools, two community college campuses and a four year university. The social workers will educate the participants of their options of a post-secondary education and available programs at each campus that can meet their needs. Additionally, the social workers will assist in identifying scholarship opportunities and demystify the financial aid process. The expected outcome will be that participants will be able to identify their preferred career path and set goals through a provided activity checklist.

Objective 4: To coach the participants on effective coping skills related to mental health in order to increase their self-esteem and decrease loneliness.

The social workers will teach the self-monitoring technique by increasing the knowledge of the participants of coping skills and maladaptive behaviors. Participants will be able to identify feelings associated with depression or anxiety. Moreover, participants will also be expected to journal or report on their use of their coping skills during individual meetings. The expected outcome will be that participants will articulate feelings to others in order to further enhance their QoL.

Objective 5: To problem solve and coach participants on IADLs.

The social workers will first assess the participants' level of understanding of IADLs. Once the assessment is completed, the social workers will then present topics such as, money management, residential living, and grocery shopping. Activities will be completed during the meeting and each participant will be responsible for completing the appropriate worksheets and/or activities.

Timeline

August 2015:

1. Autism Society Greater Long Beach/San Gabriel Valley will hire program director.
2. Interview and accept two MSW interns from accredited universities.
3. Train staff on integration program material, community resources and target population.

September 2015:

1. Social worker and interns begin contact with local high schools.
2. Interns will begin media advertisement of the integration program.
3. Conduct initial assessments and intakes of possible participants.
4. Have 12 participants to begin the program.
5. Have the participants complete pre-test.

The following activities will take place October 2015 through July 2016

1. Hold first meeting of the integration program and introductions.
2. Social workers will set individual meeting times with each participant.
3. Assist the participants in setting goals and expectations of the integration program.
4. Continue to host bi-monthly meetings and present new skills to the participants each meeting.
5. The team will meet individually with participants.
6. The team will have weekly meetings to discuss the participants' individual and group progress.

7. The team will also consult with other education programs or high schools of the participants.
8. Terminate with participants and have them complete a program evaluation.
9. Social worker and interns review final evaluations completed by the participants.

Program Evaluation

The community integration program will be evaluated by its participants. After the intake assessment, and before the first meeting, the social worker will ask the participant to complete a pre-test. The participant will also be made aware that the same test will be used at the end of the program for post-analysis. The questions will be given in a Likert scale, with one meaning no understanding, and five meaning full understanding. The test will reflect their self-assessment of their knowledge related to the content covered in the integration program. The content of the test will include subjects of interpersonal relationships, coping skills, engagement skills, and IADLs. Additionally, the pre-test will also ask the participant to write their expectations of the integration program, the staff, and possible goals. Comparatively, the post-test will ask participants to evaluate their satisfaction of the program, the staff, and their goal achievement. Once all post-tests are completed, the team of social workers will compare the pre/post-test evaluations. Additionally, the pre/post tests will be made available to the funder.

Collaboration with Other Agencies

If the participant is currently enrolled in high school or another education program, the participant will have the option to have the team contact his or her school. This option will be presented to them during the intake process in order to create a collaborative effort with school staff. The participant will be able to set their independent goals with the assistance of both their school and the team of social workers. The participant will have to provide written consent in order for the communication process to begin. Additionally, the community integration program will collaborate with employment agencies and other community groups in the area to meet the needs of the participants.

Budget Narrative

The total estimated budget for the grant project is $99,179. This budget includes salary, direct and indirect operating costs. The program will be led by a LCSW from an accredited university with experience working with the ASD population. According to the United States Department of Labor (2013), social workers' median annual wage was $56,510. Benefits for the social worker will be at 30%, totaling $16,953. A stipend will be provided for the social work interns, valuing $3,000 each. Annual salary for the integration program will total $79,463 ($56,510 + $16,953 + [$3,000 x 2 social work interns] = $79,463).

Additional program costs will include office supplies, transportation and administrative fees. Office supplies will include items such as, paper, staplers, pens, printer, projector and two computers estimated at $7,500. Transportation is estimated at $2,000 as the team of social workers will travel to schools and other locations to promote the integration program. Additional funds will be reserved for each participant at $100 each. Annual program expenses for the integration program will total $10,700 ($7,500 + $2,000 + [$100 x 12 participants] = $10,700). Funds allocated for administrative fees will total 10% of the annual budget ($90,163 x .10 = $9,016).

TABLE 1. Project Budget

Expenses	Amount
Salaries and Benefits	
Program Director: LCSW- $28X40hr/wk (FTE)	$56,510
Benefits @30%	$16,953
MSW Interns ($3,000/intern)	$6,000
Total Salaries and Benefits	$73,463
Direct Operating Expenses	
Program Materials	$7,500
Transportation	$2,000
Participant Expenses ($100/participant)	$1,200
Total Direct Operating Expenses	$10,700
Total Program Costs	$90,163
Indirect Expenses	
Administrative Fees @10% overall budget	$9,016
Total Project Cost	$99,179

CHAPTER 5

LESSONS LEARNED

Needs Assessment

Although the rate of ASD is monitored in the childhood population by the CDC, when exploring past data, an increased rate of the diagnosis was present (CDC, 2014). The CDC reported in 2004 that the rate of ASD was 1 in 125 children. Four years later in 2008, the rate was 1 in 88 children (CDC, 2014). Currently, the ASD rate is at 1 in 68 children (CDC, 2014). It is critical to note, that ASD is a life-long developmental disability and it is expected for this population of children to mature into adulthood (APA, 2013; CDC, 2014). In order to propose a program for the adult population diagnosed with ASD, the student researched the available data and literature on the population.

The available research demonstrated that adults diagnosed with ASD often have difficulties in social communication, and that can affect other areas of their lives. The lack of interpersonal relationships, job attainment and poor mental health has been found in the adult ASD population. The APA (2013) reports "only a minority of individuals with autism spectrum disorder live and work independently in adulthood…" (p 56). The student proposed a community integration program for the target population in order to better prepare them for adulthood and increase their involvement in the community.

Identification of Funding Source

The goal was to find an appropriate funding source that would meet the goals and mission of the Autism Society of Greater Long Beach/San Gabriel Valley. First attempts of researching potential funders was proven to be difficult. The first strategy, using the search engine Google was only able to produce one result, the Weingart Foundation. Other potential foundations were quickly eliminated as they did not offer grants to national organizations. Two other search engines used included the Grant website (www.grants.gov) and Autism Speaks (www.autismspeaks.org). The Grants website did not have open grants that would meet the needs of the proposed program. Comparatively, Autism Speaks' grants were research based and did not meet the needs of a community based program.

When only one foundation found to be suitable, the student decided to contact the staff at a public library in order to use the Foundation Center database. The staff at the library were able accommodate and make the database available to the student. The student's prior knowledge of database research was able to produce two additional foundations. However, after comparing the three foundations, the foundation identified by the Google search was found to be the most suitable and appropriate. During the identification of funding source research, the student has become more familiar with research terminology, program and geographical restrictions of the grant proposal process.

Grant Writing Process

Overall, the grant writing process was proven to be difficult, challenging and rewarding. Due to a set of allotted time, the grant writing process requires patience and effective time management. Moreover, it takes a skill to be able to review the available literature, propose a successful program, and identify funding. The grant writing process was a valuable experience and empowering to the student once completed.

The target population and proposed program were interesting topics, however, researching was difficult. Although there were articles focused on adults diagnosed with ASD, the research was limited and heavily focused in the childhood population. Additionally, rates of adults diagnosed with ASD are unavailable. However, the articles that suggested further research for this particular population, were able to provide estimates of future rates.

Another lesson learned was that the proposed program was fairly new and determining goals and objectives was a difficult task. The objectives had to be measurable and fit the needs of the target population. Additionally, the program created had to meet the requirements of the foundation and prove to be self-sufficient for the future. In order to meet that need, the participants will be asked to complete a pre and post-test analysis of the program.

Social Work Implications

When exploring the available data and literature of the adults diagnosed with ASD, the student was able to identify that a social worker could meet the needs of the population. According to NASW preamble, social workers' goals are to increase the QoL of individuals through service and advocacy (NASW, 2008). The community integration program focus was to increase the overall QoL of the adult population diagnosed with ASD in the Greater Long Beach area. Moreover, the social work profession has a set of values placed to meet the needs of individuals, groups, and families (NASW, 2008). The value of *Dignity and Worth of the Person* addresses the social worker's responsibility to identify opportunities of change and allow for client self-determination (NASW, 2008). The community integration program would provide the participants opportunities for change through new skill development.

Lastly, the social work value of *Competence* would also be addressed with the proposed program. Competence as described by the NASW (2008) as a social worker's responsibility to increase their professional knowledge and apply skills in practice. By having the staff support of two MSW interns, the program will not only enhance the lives of the participants, but also, of the interns. The MSW interns will gain new skills that they can later build on throughout their professional career.

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