

Hill, E.L. (2014). Commentary accepted for publication in response to 'Maladaptive personality at work: Exploring the darkness' (N. Guenole). *Industrial & Organizational Psychology*, 7, 163-166. (Society for Industrial & Organizational Psychology)

Linking clinical and industrial psychology: Autism spectrum disorder at work

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From the perspective of a non-industrial psychologist involved in understanding the barriers to employment for those with clinical conditions (defined under the Neurodevelopmental Disorders code in DSM-V; American Psychiatric Association, 2013), Guenole's paper 'Maladaptive personality at work: Exploring the darkness' provided an interesting perspective and struck a number of chords. I will contextualise these within our knowledge of the experiences of those with an autism spectrum disorder (ASD) obtaining, and maintaining employment. As a preface, ASD is diagnosed on the basis of delayed or atypical development of social interaction and communication, as well as repetitive and restricted activities and interests (DSM-V: American Psychiatric Association, 2013). ASD is currently believed to affect around 1% of the population (Charman et al. 2006) and has long been seen as a spectrum. This spectrum includes affected individuals ranging from those with a severe learning disability and/or little to no language ability to intellectually highly able and linguistically competent individuals who, nonetheless, struggle to function in their daily lives at a level commensurate with their intellectual ability and other competencies. It is such individuals that form the basis of the content in this commentary and their difficulties can involve understanding other people's motivations, organising and monitoring their own thoughts and actions, as well as securing and maintaining any form of employment, particularly a position that reflects their abilities. Indeed, Martin Knapp and his colleagues have estimated that the lifetime cost for each individual with ASD without intellectual disability is approximately £800,000 (Knapp, Romeo & Beecham, 2009), with their recent figures showing this to be higher, reaching more than £900,000 (\$1.46 million) in the UK for this subgroup of the autism spectrum (work in progress at LSE and the University of Pennsylvania carried out by Ariane Buescher, Zuleyha Cidav, Martin Knapp and David Mandell, see <http://blogs.lse.ac.uk/healthandsocialcare/2012/04/09/professor-martin-knapp-autism-costs/>).

Turning now to Guenole's article, the dimensional view of personality disorders is one that resonates with the ASD perspective since the difficulties of those with an ASD are dimensional and are seen to a lesser, but measurable, extent in the broader autism phenotype (BAP), that is in the close biological relatives of those with a diagnosed ASD (e.g., Sucksmith, Roth & Hoekstra, 2011). Like all of us, those with an ASD have a varied range of peaks and troughs in their abilities. Sub-clinical as well as clinical characteristics of the autism spectrum, including a narrow-focus of interest, skill in technical areas such as computer programming or translation of languages can all be particular assets in certain roles and can be characteristic of the autism spectrum, highlighting the relevance of understanding such characteristics when recruiting and supporting individuals who have disclosed an ASD in the work place. Of course, best practice implies that similar techniques should be used, where appropriate, in supporting any staff member. The hybrid personality model included

in Section III (for further study) of DSM-V resonates with the (sub)clinical trait approach identified in ASD which can help to understand the particular strengths and difficulties of those struggling in the work place and allow for appropriate adaptations to be put in place in order to support an employee to achieve their full potential, avoid presentee- or absenteeism. While adaptations are generally thought of in relation to employment itself, they are likely also to be appropriate in the recruitment process, from drafting the person specification (e.g., does the role really require someone to have high ‘emotional intelligence’?), to the interview process (e.g., providing a work placement, asking concrete rather than abstract questions such as “tell us a specific example of when you X”), to the induction process (e.g., providing additional meetings with a line manager and a timetable which breaks down the specific tasks to be addressed during each week day).

This leads onto the question of selection assessments. To my knowledge, we know nothing about how these affect selection opportunities of those with an ASD. However, given the difficulty that this population has in securing an interview for an advertised job, it is unlikely that reliable data is available. I would expect that it would be likely that following selection assessments, those with an ASD would be screened out of a shortlist on the basis that one would expect that their performance or personality would be deemed to lack ‘emotional intelligence’, organisation and flexibility and would show a narrow focus. While some of these are likely to be the case in individuals with an ASD, equally some of these characteristics are key in particular job roles (e.g., computer programming, statistical analysis).

What of the likely specificity of performance profile on selection tests for those with ASD? Again, as no data are, to my knowledge, available, we can only speculate. Components of personality assessments (including The Personality Inventory for DSM-V; Krueger, Derringer, Markon, Watson & Skodol, 2013) reflect items included in self/parent reports requiring the endorsement of autistic traits. For adults the relevant measure here is the self-report Autism Spectrum Quotient (AQ; Baron-Cohen, Wheelwright, Skinner, Martin, Clubley, 2001) which while not a diagnostic tool per se is reported to have good to excellent discriminative validity, discriminating between those with and without ASD in at least 80% of cases (see Allison, Auyeung & Baron-Cohen, 2012). Concerns regarding the ability of those with an ASD to self-report, i.e., to show insight into their behaviours, have largely been shown to be unfounded provided appropriate checks are in place (e.g., Hill, Berthoz & Frith, 2004). Thus, based on the assumption that adults with ASD are able to accurately reflect their own behaviours and emotions, selection tests ought to provide equally reliable data about those with an ASD as they do for those not on the spectrum. Given the broader remit of these selection tests in comparison to measures such as the AQ, I would not expect such selection / personality tests to show specificity in terms of identifying an autism specific profile. This ought to assuage the concerns of some that such tests would be used as a ‘secret screener’ for a clinical disorder.

Consideration of the proposed DSM-V maladaptive trait model, suggests that those with an ASD, or those on the broader autism phenotype with relatively high numbers of autistic traits would score highly on each of these six domain level traits. Taken briefly and in turn, adults with ASD¹ typically self-report higher than expected symptoms of *negative emotionality* of effect such as anxiety and depression (e.g, Berthoz et al., 2013), and often report that their mood can be misunderstood. *Detachment*, or withdrawal, has been a commonly used

¹ All studies relate to those considered ‘high functioning’; i.e. without an intellectual (learning) disability.

adjective to describe those with an ASD who often report a preference for being alone or an extreme effort, with cost, when engaged in group situations. *Antagonism* is, perhaps, less likely to be seen in those with ASD, although some behaviours which are likely to be described as autistic social ineptness, at least in some individuals, can sometimes be interpreted as a form of antipathy, antagonism or self-importance with negative consequences and thus might be assumed to indicate antagonism. *Disinhibition* is a commonly reported behaviour for those with an ASD and has been linked to poor executive functions, an umbrella term relating to behaviours that are involved in planning and decision making and are at times atypical in those with ASD (see Hill, 2004 for a review). Disinhibition refers to the inability to refrain from acting in a particular way when this is inappropriate, such as continuing to shred documents when this is no longer necessary. *Compulsivity*, is a further characteristic that can be seen in those with ASD since these individuals often have a specialist area of interest (referred to as restrictive and repetitive or as obsessional), and are well documented as having difficulties in instinctively understanding that others will not necessarily have the same thoughts, beliefs and desires as oneself (e.g., Frith & Frith, 2006)². Finally, *psychoticism* would also be endorsed highly in an interpretation of those with ASD given its interpretation as exhibiting “...a range of odd or unusual behaviors and cognitions...” (p13) which is, generically, one way that typically developing individuals describe those with ASD (and, inevitably, vice versa).

Given the above, it might be tempting to conclude that those with an ASD would not be good employees. However, the opposite can very much be the case. Granted, appropriate training for employees and line managers as well as appropriate adaptations can be needed and these might change over time. However, these adaptations are typically relatively simple to include, generally arise from common sense, can be highly effective and are relevant for all sorts of people protected under legislation (including the UK’s Equality Act, 2010). Examples of such adaptations include flexible working hours in order to avoid rush hour travel (when this leads to absence from work), use of noise cancelling ear-phones (when the general noise of an open plan office is too distracting due to auditory sensitivity), provision of a buddy, mentor or job coach and the use of direct, sensitive feedback (see, for example, case studies and adjustment tips in Hill, McIntosh & Perkins, 2011; Hill, Dockery, McIntosh & Perkins, 2012).

Given the example of autism above, when support is needed this is best provided within the framework of both an understanding of the work environment and the causes and consequences of the clinical condition. Without a doubt, the relationship between clinical and industrial psychologists will be beneficial and productive on both sides in order to develop understanding, place individuals in the most suitable roles and provide the most appropriate adaptations for each individual. It is often the frustration of those working at the clinical interface that their expertise cannot easily be translated into relevant non-clinical contexts. Given the importance of employment for the social and economic health of both individuals, societies and nations, this is an important goal. Thus, I believe that Guenole’s aim to “... stimulate discussion of maladaptive personality traits at work to quicken the introduction of these new ideas into work related personality research...” (p.5) is a worthwhile endeavour. There will, inevitably, be some difficulties/compromises to be made. One striking one is the use of nomenclature. While Guenole outlines a range of labels (including his chosen term,

² Note, however, that many adults with ASD are able to learn, or work out how another’s thoughts, beliefs etc may differ from their own. Often the difficulty appears to be doing this in a rapidly changing situation such as a conversation.

‘maladaptive’), arguably the term considered most appropriate within the clinical research world is ‘atypical’. This aside, understanding of the strengths (as well as difficulties) of those with an ASD in the workplace is proven to benefit both the individual and the workplace and highlights the importance of clinical and industrial psychologists working together in both research and applied settings.

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