**Title**: Continuity of Careers of Autistic Adults: 14-Year Employment Trajectories through Midlife and into Old Age

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**Introduction**: The employment experiences of autistic adults are varied and include agency-based employment, supported employment, independent employment, or no employment. Little is known, however, about the pattern and stability of these types of employment across time, through late midlife and into old age. In this poster, we document individual patterns of agency-based, supported, and independent employment over time in autistic adults with and without intellectual disability (ID). We focus on “primary” patterns of employment to characterize the careers experienced by autistic adults.

**Method**: The current study used 9 waves of data from an ongoing longitudinal study that followed a community-based cohort (N=406) of autistic adults over 20 years. A consensus coding process was used to categorize the job trajectories of the autistic adults. Participants with 4 or more employment data points post high school exit were analyzed, resulting in a sample of 220 autistic adults (157 with ID, 63 without ID). We determined counts for the number of adults with and without ID in each of the primary patterns of employment, and probed for differences related to ID status. This work provides unique insight into the continuity of employment of autistic adults with and without ID, post high school exit through midlife and into old age.

**Results**: The coding resulted in 5 categories of primary employment patterns among autistic adults: 1) Primarily no work after high school, 2) Primarily agency-based employment, 3) Primarily supported employment, 4) Primarily independent employment, and 5) No clear pattern, i.e., in and out of multiple types of work or in and out of any type of work repeatedly over time. Their career trajectories spanned 14 years, on average (range: 4.5 – 22 years). Among those with ID, the most common primary pattern consisted of agency-based employment (60.5%), followed by no consistent pattern of employment (15.3%), and primarily not working (12.1%). Among those without ID, the most common primary pattern was independent employment (38.1%), followed by not working (20.6%), and no consistent pattern of employment (19.0%). A chi-square test of independence was performed to examine the relation between ID status and employment pattern, and was found to be significant. Surprisingly, however, the chi-square comparison was not significant for the “no work” or “no consistent pattern” groups; thus, those with ID were no more or less likely to be primarily not working or to have no consistent pattern than those without ID.

**Discussion:** Meeting the employment needs of the increasingly large population of autistic adults requires an understanding of life course trajectories across adulthood. The current study extends prior research by examining patterns of employment in autistic adults over more than a decade, on average, and by contrasting those with and without ID, revealing distinct career patterns. The majority of autistic adults with ID consistently engage in agency-based employment, whereas those without ID are most likely to engage in independent employment, not to be working, or be in and out of multiple types of work over time. Previous research has shown, however, that those in independent employment are only working an average of 10 hours a week (Hickey et al., 2024). Unexpectedly, those without ID were just as likely to not work or to have inconsistent work patterns as those with ID. These findings, in particular, may help autistic adults, their families, and service providers to set realistic expectations for future career patterns. These findings should also be discussed in light of the recent federal movement toward competitive employment as the goal for autistic adults with and without ID.

**References:**

Hickey, E. J., Smith DaWalt, L., Hong, J., Lounds Taylor, J., & Mailick, M. R. (2024). Trajectories of competitive employment of autistic adults through late midlife. *Healthcare,* 12(2), 265-278. doi: 10.3390/healthcare12020265.

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