

About Autism Spectrum Disorder for Law Enforcement

Autism Society of Minnesota Public Safety Education Series

© 2011 Autism Society of Minnesota



Funding and support for this project were provided by the Minnesota Department of Human Services, Disability Services Division, under Interagency Agreement, Contract 443775, with the Minnesota Governor's Council on Developmental Disabilities and in collaboration with the Autism Society of Minnesota.

WHO IS THE AUTISM SOCIETY OF MINNESOTA?

☐ be informed ☐ be prepared ☐ be involved

Our mission: as an agency of families, educators, caregivers and professionals, we are committed to supporting individuals with ASD and their families.

Our vision: to realize its mission through education, support, collaboration and advocacy.

Established in 1971 as the local presence of the autism community in MN we have provided over 40 years of services and programs that have enhanced the lives of individuals with ASD.

For more information, visit our website at www.ausm.org

TRAINING OBJECTIVES

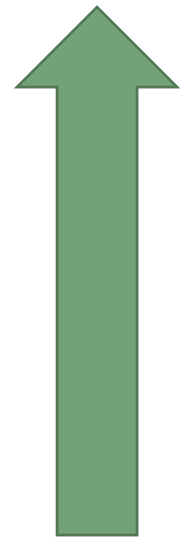
1. Gain a **basic understanding of Autism Spectrum Disorders (ASD)** and be able to recognize an individual with ASD.
2. Leave with **knowledge to enhance response**, interviewing and communication skills with individuals with ASD.
3. Understand **the implications of ASD** in a medical emergency context.
4. Understand the **steps to take to transfer relevant information** to additional professionals.
5. Learn about several of the **strengths of individuals with ASD** and through the understanding of those strengths can contribute to a more positive outcome of an policing situation.

AGENDA OUTLINE

- Why Autism Is Important For Police Officers
- Statistics
- Definition Of Autistic Spectrum Disorder (ASD)
- Triad Of Impairments
- Understanding the Impairments
- Typical Calls for Assistance
- What to Look for When You Arrive on the Scene
- Effective Responses
- Interviewing Techniques
- Share Your Knowledge Upon Transfer
- Final Thoughts

WHY IS IT IMPORTANT TO KNOW ABOUT INDIVIDUALS WITH AUTISM?

- **Persons with disabilities** are involved in the Criminal Justice System at a **much higher rate** than persons without disabilities. (Mayes, T. A.)
- Individuals with ASD may be involved with the criminal justice system **as victims, witnesses or offenders**.
- Calls for incidents may include **injuries to the person with ASD**.
- The lack of social communication skills puts individuals with ASD at a higher risk of **becoming victims of crime** rather than becoming offenders. (National Autism Society, 2010)



RISK

WHY IS IT IMPORTANT TO KNOW ABOUT INDIVIDUALS WITH AUTISM?

- **Misinterpretation:**
 - Emergency calls for someone acting “**odd**”, “**argumentative**”, or “**psychotic**” may actually be an overreaction or misunderstanding by someone who does not understand ASD and is reporting behaviors of a person with ASD.
 - **Locks and bars on windows, locks on doors** may have been installed for the safety of the person with ASD but can be misinterpreted by neighbors or a problem for the responder.
- **Behavior Escalation:**
 - May receive a call with or without police involvement to deal with family situations where emotional or physical behavior of the person with ASD has **escalated beyond the ability of the caregiver or family member** to manage. There may or may not be injuries or threats.

WHY IS IT IMPORTANT TO KNOW ABOUT INDIVIDUALS WITH AUTISM?

- Victimization rates are more than **10 times as high** for sexual assault and more than **12 times as high** as robbery. (Modell and Mak, 2010)
- Individuals with ASD are **vulnerable to manipulation** by others, and because of their lack of understanding of another's motives may become unwitting accomplices to crime.
- But...there is **no evidence** of an association between ASD and criminal offending. In fact, due to the rigid way many people with ASD keep to rules and regulations, they are usually more law-abiding than the general population. (National Autistic Society, 2011)

WHY IS IT IMPORTANT TO KNOW ABOUT INDIVIDUALS WITH AUTISM?

- **Injuries:**

- **Injuries are more common** in individuals with ASD: TBI, injuries to upper body, wounds, burns, fractures and other neck, face or head injuries.
- Approximately **1/3 of individuals with ASD have epilepsy** and experience injuries associated with seizures
- Common calls also include **diabetic conditions, asthma or falls.**



Injuries are more common



1/3 have epilepsy



diabetes, asthma, falls

WHY IS IT IMPORTANT TO KNOW ABOUT INDIVIDUALS WITH AUTISM?

- Persons with ASD, especially children, **may hide out of fear, confusion, or anxiety**. They may hide under or behind furniture, on top of refrigerators, under beds or in closets, or in attic crawl spaces.
- Persons with ASD may **refuse to come out of hiding** even while called as they may not understand who you are and may be frightened.
- Individuals with ASD **may not want to be touched** and will need to have special instructions about the reason for touching them in the emergency situation.
- **Use of a blanket** to wrap them in can be comforting.



WHY IS IT IMPORTANT TO KNOW ABOUT INDIVIDUALS WITH AUTISM?

- **Heights can be a problem** for the ASD individual. Use extreme caution when using an aerial tower or platform as the individual may not understand what you are doing and may flail or fight causing injury to the individual and the responder.
- **Explain what you will be doing**, explain while you are doing it, explain what you did, explain what you will do next. Keep explaining and remain patient. Patience will help in the end as the person will have a better chance of becoming calm and cooperative.
- **Expect the Unexpected!**



WHY IS IT IMPORTANT TO KNOW ABOUT INDIVIDUALS WITH AUTISM?

- There is an **increased risk** of the individual running away or hiding after rescue. Do not leave the individual unattended.
- Individual with ASD may become **fixated on one object** such as your badge as a means of self-calming. Allow any self-calming activities such as rocking, twirling or pacing to continue while remaining attentive and patient.
- **Restraints frighten individuals** and may increase agitation and resistance.
- Be aware that individual **may have hypotonia-- underdeveloped trunk---** when restraining individual.

WHY IS IT IMPORTANT TO KNOW ABOUT INDIVIDUALS WITH AUTISM?

- Individuals with Autism Spectrum Disorders have many wonderful qualities that can aid in assisting in the emergency situation and with an investigation. It will be most useful if responders interpret responses to questions as strengths rather than as challenges or problems.



Genuine/Not manipulative

Unique sense of humor

Honesty

Concrete thinking

Intelligence

Excellent memory

Attention to detail

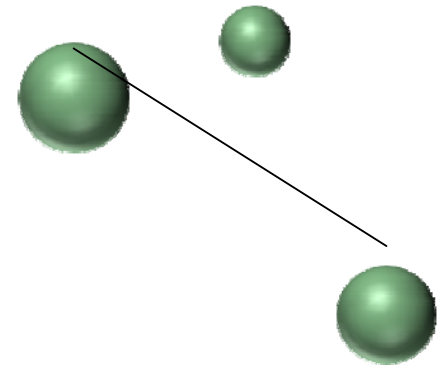
Can be very focused if not over-stimulated

STATISTICS

- Autism Spectrum Disorder (ASD) is the **fastest growing** developmental disability.
- There are **over 13,000 children diagnosed** with autism in Minnesota. This number is **increasing by 17% a year**. (Autism Society of Minnesota, 2011)
- This number **does not include adults**. No prevalence studies have ever been carried out on adults therefore there are currently no statistics on the number of adults with ASD. (Chown, 2010)

STATISTICS

- In 2008 children diagnosed with ASD was 1 in 150. That number is **now 1 in 91**.
- **4 boys** are diagnosed for every girl.
- Comparisons of **growth during the 1990's**:
 - U.S. Population increase: 13%
 - Disabilities increase: 16%
 - Autism increase: 172% (Autism Society of America 2006)

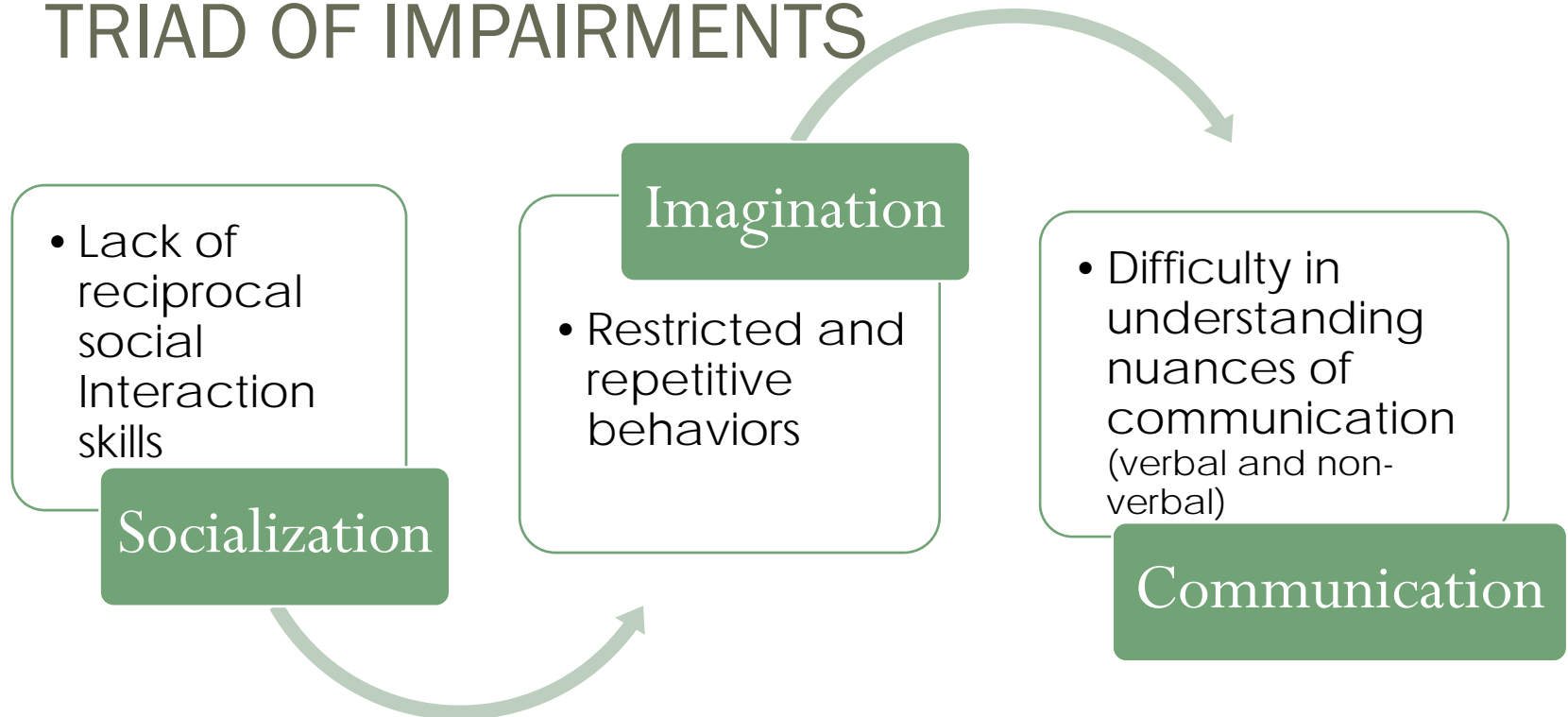


WHAT IS AN AUTISTIC SPECTRUM DISORDER (ASD)?



- ASD is a developmental, neurological and a social communication disorder. It is **not a mental illness** but the individual with ASD can also have one or more co-morbid mental illnesses.
- ASD is considered a **spectrum disorder** because individuals with ASD can have a **wide range of abilities and disabilities** that can vary from non-verbal, low functioning individuals to very high-functioning and gifted linguistically.
- Law Enforcement may hear **different names for the disorder**: Autism, High Functioning Autism (HFA), Asperger's Syndrome (AS), and Pervasive Developmental Disorder-NOS, (PDD-NOS). All are part of the spectrum commonly referred to as autism or ASD.

TRIAD OF IMPAIRMENTS



All individuals with ASD, regardless of the level of functioning, will have disabilities in these three areas. These three areas were identified as the "Triad of Impairments" by Lorna Wing and Judith Gould. (Wing & Gould, 1979)

HOW THESE WILL APPEAR?

- **Socialization:** difficulty with reciprocal conversation or the normal “give and take” of a conversation. Unusual eye contact, unusual social behaviors, flat affect or facial expressions or body language that seem inappropriate or don’t reflect actual feelings.
- **Communication:** confusion over phrases with double meanings or humor, voice volume (loud), may use their own language or phrasing that is hard for others to understand.
- **Imagination or stereotyped behavior:** obsessive about a topic or interest, need for sameness and routine, need for self-stimulation such as rocking, pacing or other repetitive behaviors for self-calming.

ADDITIONAL CONSIDERATIONS

Sensory Integration Difficulties



- High tolerance for pain.
- Insensitivity to temperature changes.
- Over or under-react to stimulus of sight, sound or touch.
- Inability to tolerate loud noises.
- Difficulty with bright lights, especially fluorescents (the noise in fluorescent lighting is sometimes also a problem.)
- Tactile sensitivities. May not want to be touched. Particular fabrics or materials may bother the person.

WHAT KIND OF CALLS CAN YOU EXPECT?

- Disagreements and disputes within the family.
- Physical fights or out-of-control behavior at a group home.
- Truancy.
- Runaways, missing, wandering.
- Curfew violations.
- Inappropriate clothing for the weather.
- Loitering, conflicts in stores or other public places.
- Sexually inappropriate behavior.
- Injuries.

WHAT KIND OF CALLS CAN YOU EXPECT?

- **Medical Emergencies:**

which are not a direct result of ASD such as seizures, strokes, TBI, or hypoglycemia that may present with behaviors similar to those you might see in ASD.

- **Fires:**

Starting fires outside or in the home without understanding the consequences.

- **Water Emergencies:**

Seeking water of all types. This is one of the most common and dangerous of all behaviors. Any water---fountains, lakes, ponds, rivers are a draw and frequently ASD children, adolescents and adults are unable to understand the high risk of danger associated with water.

WHAT KIND OF CALLS CAN YOU EXPECT?

- Fire calls. **Individual cannot be found** and is suspected to be hiding in the house or has run away.
- **Lost person.** Has wandered away or has run away from fear or is hiding due to increased noise, lights, activity and strangers present.
- Fear of person running toward any lake, swimming pool, river or other body of water. **Drowning is the most common cause of death** for people with ASD.
- Individual may have climbed up in tree, on a ledge, roof or other structure **without comprehending the danger.** May need special assistance in getting down.

WHAT KIND OF CALLS CAN YOU EXPECT?

- **At-risk behaviors, dangerous activities:**

Walking in the street, children running into traffic. Climbing into trees, onto roofs, utility poles, window ledges. May jump from heights with little attention to safety or risk of injury. This behavior may have no suicidal intention but simply be a **failure to fully understand the consequences** of those actions.

Seeking **comforting pressure** by lying in unsafe places such as under mattresses, in trash dumpsters, in small, cramped places.



BEHAVIORS TO WATCH FOR WHEN YOU ARRIVE ON THE SCENE

Fight

Flight

Fright

- **Fight, flight or fright** are three behaviors that Law Enforcement can expect as responses from individuals with ASD. (Chown, 2010)
- May **attempt to hide** in order to feel safe in a familiar place.
- May be **non-verbal or minimally verbal**.
- May attempt to **avoid contact and questioning**. This is generally due to the need to avoid a painful experience that is confusing to them.
- **Response time** of person with ASD may be slower.

BEHAVIORS

TO WATCH FOR WHEN YOU ARRIVE ON THE SCENE

- May **respond** in monotone, may appear rude or aggressive.
- May have flat or unusual affect---may seem **odd in the situation.**
- Have unusual pacing, tone, or other **conversational oddities.** May **echo or repeat** words or phrases.
- May **not be able to change the subject** the individual is interested in regardless of suggestion to do so.
- May **not recognize personal space.**
- May have **sensory difficulties** and **unable to focus.**
- May need to **use self-calming behaviors** such as rocking, pacing, flapping hands.
- May **accept blame without understanding** their responsibility or the consequences of their admission.

IMPORTANT REMINDERS



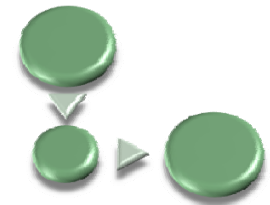
- An individual **may not have been officially diagnosed** with ASD. Others involved, such as friends, family or neighbors may not be aware that the individual has ASD.
- If the person has been diagnosed with ASD, you may observe **other visual cues** or ID—sticker on car, self identifying card, bracelet, communication board, bolted furniture, locked doors and windows, or the person, family, friend or neighbor tells you so.
- Inquire about the existence of any **physical, neurological or mental co-morbid health conditions**.

IMPORTANT REMINDERS

- Communication difficulties prevent persons with ASD from understanding much of another's body language. Since 93% of all communication is body language (facial, spacing, gestures, tones, emphasis, etc.) and 7% of all communication is what is said, you can see how **individuals with ASD simply may not understand what is happening or how to respond.**
- Although the presence of co-morbid psychological or medical conditions may play a role in the incident or in the resulting behavior, it is essential that the officers remember that **the most important factor is the social and communication disability of ASD.** This factor influences all interactions regardless of other conditions.

EFFECTIVE RESPONSES

- If dealing with a child or adolescent, **talk to the parent first**. Ask the parent if child or adolescent is able to communicate verbally. If not, ask the parent to provide any assistive devices that will help in communication. Use familiar ways of communicating with the child.
- If possible do not overwhelm individual with several people at once, **have one officer approach** if the situation is safe.
- **Turn off** lights and sirens.



EFFECTIVE RESPONSES

- Use a **calm, non-threatening manner** when approaching individual.
- Tell individual what the officer will be doing ahead of time and **allow individual time to process information**.
- Be aware that individuals with ASD have **a slower processing speed** and may need more time to think through the question asked and to respond. This is also true of individuals with higher functioning ASD who may appear extremely bright and capable. Do not be misled that these individuals “should” be able to respond in a normal manner because they have a big vocabulary or appear very smart. Give them time to process and to respond.

EFFECTIVE RESPONSES

- **Give clear directions** in a measured tone without a loud voice. Stand slightly to the side rather than directly facing individual in a confrontational way.
- Give only **one command at a time**.
- Ask **short, simpler questions** rather than long or complex questions. Be careful not to ask ambiguous questions. Do not use suggestion.
- **Avoid humor**, idioms, sarcasm, or irony.
- Be careful not to **appear annoyed, irritated or frustrated** as the individual with ASD is likely to view that as anger and respond negatively.

EFFECTIVE RESPONSES

- Be aware the individual may have **a lack of coordination** and may take more time to perform certain requests.
- Understand the individual **cannot generalize from one situation to another** and will not be able to apply examples of previous behavior or the desired behavior of others to the individual's situation.
- Be aware **that transitions are difficult** and aggressive behavior may escalate. Take time to explain calmly what the individual with ASD can expect and be prepared to repeat several times if necessary for the individual to clearly understand. If feasible, take individual aside, allow space and time for behaviors to lessen.

EFFECTIVE RESPONSES

- Be aware that “**reasoning**” with the individual with ASD most likely **will not be effective** as this will not influence them to change their behavior or thinking.
- **Do not engage in argumentative conversation**---individual will not back down or back off.
- Recognize that actions such as pacing, hand flapping, hopping, chewing, twirling or rocking are **necessary self-calming behaviors** for the individual. Allow the individual to self-calm and re-direct if necessary.

EFFECTIVE RESPONSES

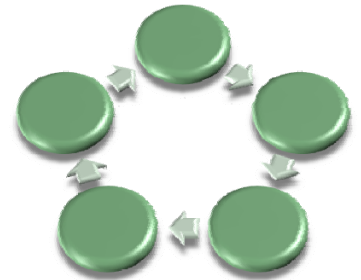
- Recognize the individual may **be behaving as an individual with ASD** rather than as an individual with a criminal or malicious intent.
- Assess if the situation is the result of criminal behavior or if it is the result of behaviors and **misunderstanding** stemming from the disability.
- Recognize that the individual with ASD is vulnerable and may have been put in a situation where they have been victimized due to their **lack of understanding, communication and social skills.**
- Be aware that individuals with ASD **may not view their behavior as being “wrong”** or unjustified and may admit to an offense without possessing the necessary intent.

EFFECTIVE RESPONSES

- Be aware that an individual may not have a sense of danger or risky behaviors and may not be able to **self-regulate or control impulsivity**.
- Recognize that individuals with ASD have a **limited ability to organize and advocate on their own behalf** and consequently autism is not well understood by most of the community. Neighbors, friends and even family members may not understand the behaviors of autism, may react poorly and contribute to the escalation of the situation or may provide officers with erroneous information about the individual.
- Physical restraint should be a last resort to protect the safety of officers and bystanders. Physical confrontation frequently only adds to the **escalation of anxiety and aggression**.
- Be aware that Individuals with ASD often have an **underdeveloped upper trunk**—avoid positional asphyxiation.

INTERVIEWING AT THE SCENE OR STATION

- If the individual is taken into custody, **explain to the next officers** that ASD is primarily a social skills and communication disorder, and help them understand what you know about ASD, the individual and the behaviors that may be expected due to the disabilities.
- **Inform the officers** that the individual may have a high tolerance for pain and a low tolerance for loud sounds or voices, for bright lights including fluorescent lighting, or for sudden and unexpected movement toward the individual.



INTERVIEWING AT THE SCENE OR STATION

- Use **verbal steps** in correct sequence.
- Reframe a question if it elicits an off-topic monologue or fixation. **Use redirection** if the person is persevering.
- Be aware that persons with ASD have an **accurate memory** for facts, uncompromising honesty, and clear, concrete thinking.
- Be aware and inform other officers that it is **highly unlikely** an individual with ASD would **make up victimization** in order to retaliate against someone or because they were mad at another person.

EFFECTIVE TRANSFER OF RELEVANT INFORMATION

- Explain that the individual with ASD may accept blame **without understanding** their responsibility or the consequences of their admission.
- The need to **explain procedures** as many times as needed with clear, logical steps.
- The importance of allowing **extra time** for individual to process information.
- Expected heightened level of anxiety and possible aggression of patient due to **lack of understanding** of situation.
- **Higher need** for calm, for measured responses from personnel. **Extra effort** at comforting and reassuring.
- **Do not allow the person to be placed in the general population but request they be segregated for their own protection.**



EFFECTIVE TRANSFER OF RELEVANT INFORMATION



For the Hospital Staff:

- **Inform hospital staff** that individual has a high tolerance for pain and a low tolerance for loud sounds or voices, for bright lights including fluorescent lighting, or for sudden and unexpected movement toward the individual.
- **Inform hospital staff** of other sensory issues such as tactile or smell and the need for extra sensitivity about touch.
- **Stress the importance** of a private exam room or space away from activity or people. Inform all personnel of the additional considerations needed to prevent problems and decrease patient anxiety.

EFFECTIVE TRANSFER OF RELEVANT INFORMATION

For the Individual with ASD:

- Take the time to explain to individual that **you are leaving** and **what will likely happen** next.
- Try to find something positive in the individual's behavior or responses throughout the situation to encourage them and **provide them with emotional support** before leaving them.
- Remember that all individuals in an emergency situation have fears and anxiety but often have some idea of what to expect. **Individuals with ASD have more fears and anxiety** about the situation than typical and have less or no idea of what to expect next.

A FEW MORE STRENGTHS OF INDIVIDUALS WITH AUTISM



- Earnest and sincere
- Courage
- Fortitude
- Determination
- Punctual
- Logical thinking skills
- Desire for friends and relationships
- Direct

FINAL THOUGHTS

“**U**nderstanding and **E**ducation are the keys to avoiding unfortunate situations. Public understanding of the unique behaviors, associated vulnerabilities, and issues of concern to individuals and families affected by autism will continue to be our most effective weapon against misunderstandings and unfortunate incidents.

We must also empower our loved ones with autism by teaching them to understand the legal system to their fullest capabilities, and to respond as appropriately as they are able when encountering law enforcement officials.”

(Dennis Debbaudt, 2001)



REFERENCES



- Autism Society of Minnesota. www.ausm.org
- Autism Society of America. www.autism-society.org
- Chown, N. **International Journal of Police Science and Management**, Vol. 12, No. 2, 2010, pp 256-273.
- Dennis Debbaudt. www.autismriskmanagement.com
- Mayes, T.A., **Journal of Positive Behavior Interventions**, Vol. 5, 2003
- Modell, S. J. and Mak, S. (2008). **A Preliminary Assessment of Police Officers' Knowledge and Perceptions of Persons with Disabilities.** *Intellectual and Developmental Disabilities*, 46, 183–189.

REFERENCES

- **National Autism Society.** <http://www.autism.org/uk>
- Sobsey, D., & Doe, T. (1991). **Patterns of sexual abuse and assault.** *Journal of Sexuality and Disability*, 9(3): 243-259.
- Sobsey, D. Wells, D., Lucardle, R., & Mansell, S. (1995). **Violence and disability: An annotated bibliography.** Baltimore: Brookes Publishing.
- Wing, L. & Gould, J. (1979). **Severe impairments of social interaction and associated abnormalities in children.** Epidemiology and classification. *Journal of Autism and Childhood Schizophrenia*, 9, 11-29.

ABOUT OUR CURRICULUM DEVELOPERS

- **Kathleen Bischel Beddow, MA** received her Master's degree from Adler Graduate School. As a Parenting Consultant and Parenting Coach, she works with families in high conflict who have been referred through the court system and specializes in helping families with a child or family member with ASD. Kathleen is also a Mental Health Practitioner with Pathways Counseling Center, Inc., St. Paul, MN serving clients with a range of mental illnesses and difficult life circumstances. You can email Kathleen at bisc0021@gmail.com.
- **Jerrod Brown, MS, MS, MA** received his master's degrees in criminal justice, forensics, and clinical counseling from St. Cloud State and the Adler School, and is pursuing a PhD in psychology from North Central University. Jerrod is the director of the forensic mental health, problem gambling and Adult Rehabilitative Mental Health Services (ARMHS) treatment programs at Pathways Counseling Center. Before entering the mental health profession, Jerrod worked in corrections, probation, and security. Jerrod is also the founder and president of the American Institute for the Advancement of Forensic Studies (AIAFS). You can email Jerrod at jerrod01234brown@live.com.

ABOUT THIS PROGRAM AND OUR PARTNERS



Minnesota Department of Human Services—Disability Services Division

Minnesota Governor's Council on Developmental Disabilities

Prompted by these and other statistics and emergency scenarios, the Minnesota legislature appropriated funds in 2010 and the Department of Human Services awarded a grant to the Governor's Council on Developmental Disabilities and the Autism Society of Minnesota (AuSM) to study these issues and create new resources to improve emergency preparedness and response for persons with ASD. Persons with ASD, families, public safety officers and other community members are encouraged to use the following resources to better prepare and become more knowledgeable.

Many thanks to DHS and the Governor's Council for their funding and support for this initiative.