

AUTISM SPECTRUM DISORDER and EMERGENCY RESPONSE

Autism Society of Minnesota Public Safety Education Series



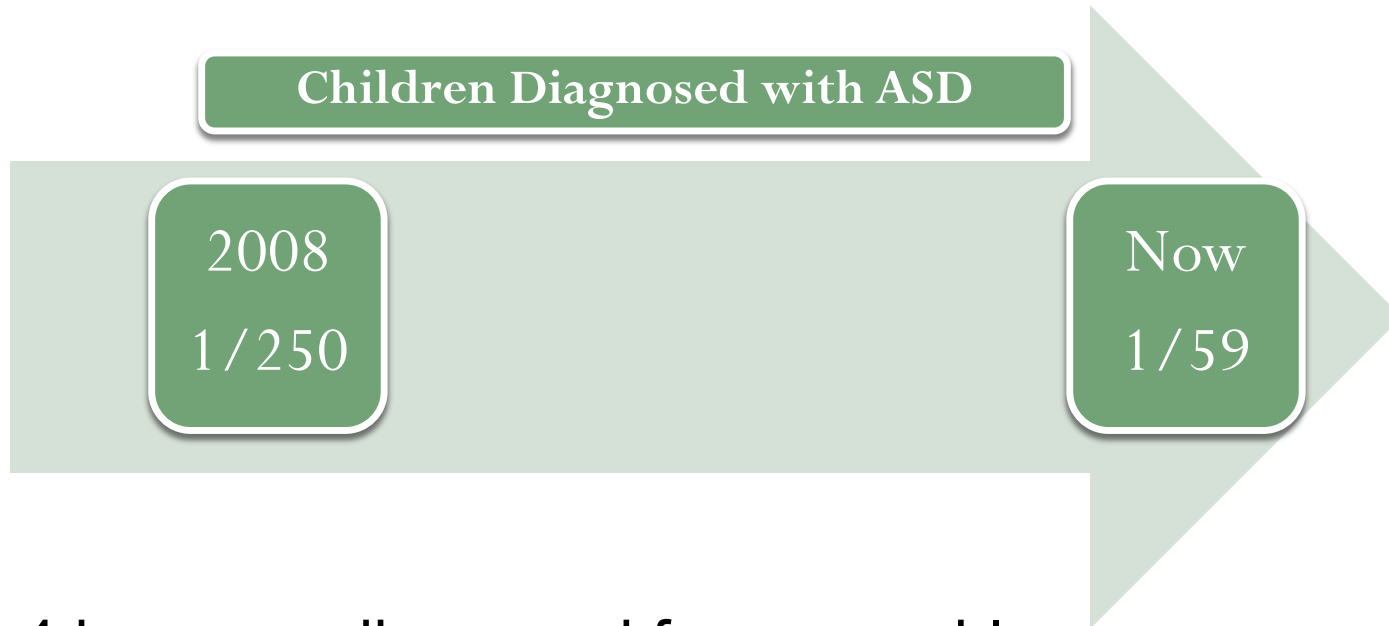
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Minnesota Board of Peace Officer Standards and Training

- The Autism Society of Minnesota – AuSM® is a continuing education sponsor as approved by the Board of Peace Officer Standards and Training. This course, Autism Spectrum Disorders for Law Enforcement, course number 10393-0001 has been approved by the POST Board for continuing education credit. Peace officers who successfully complete this course will receive 2 credit hours of continuing education.
- The sponsor of this course – AuSM, has written policy for the investigation and resolution of allegations of classroom discrimination. This policy applies to all faculty, instructors, administrative staff, and students. A copy of the policy may be obtained from the sponsor by contacting the Executive Director of AuSM, Ellie Wilson.
- ewilson@ausm.org
- 651-647-1083 ex14

The STATS



- 4 boys are diagnosed for every girl
- Occurs in all socio-economic groups
- Higher prevalence in refugee populations*
- Heritable component; cause unknown
- Do not “outgrow”; effects in adulthood

CO-EXISTING MEDICAL CONDITIONS

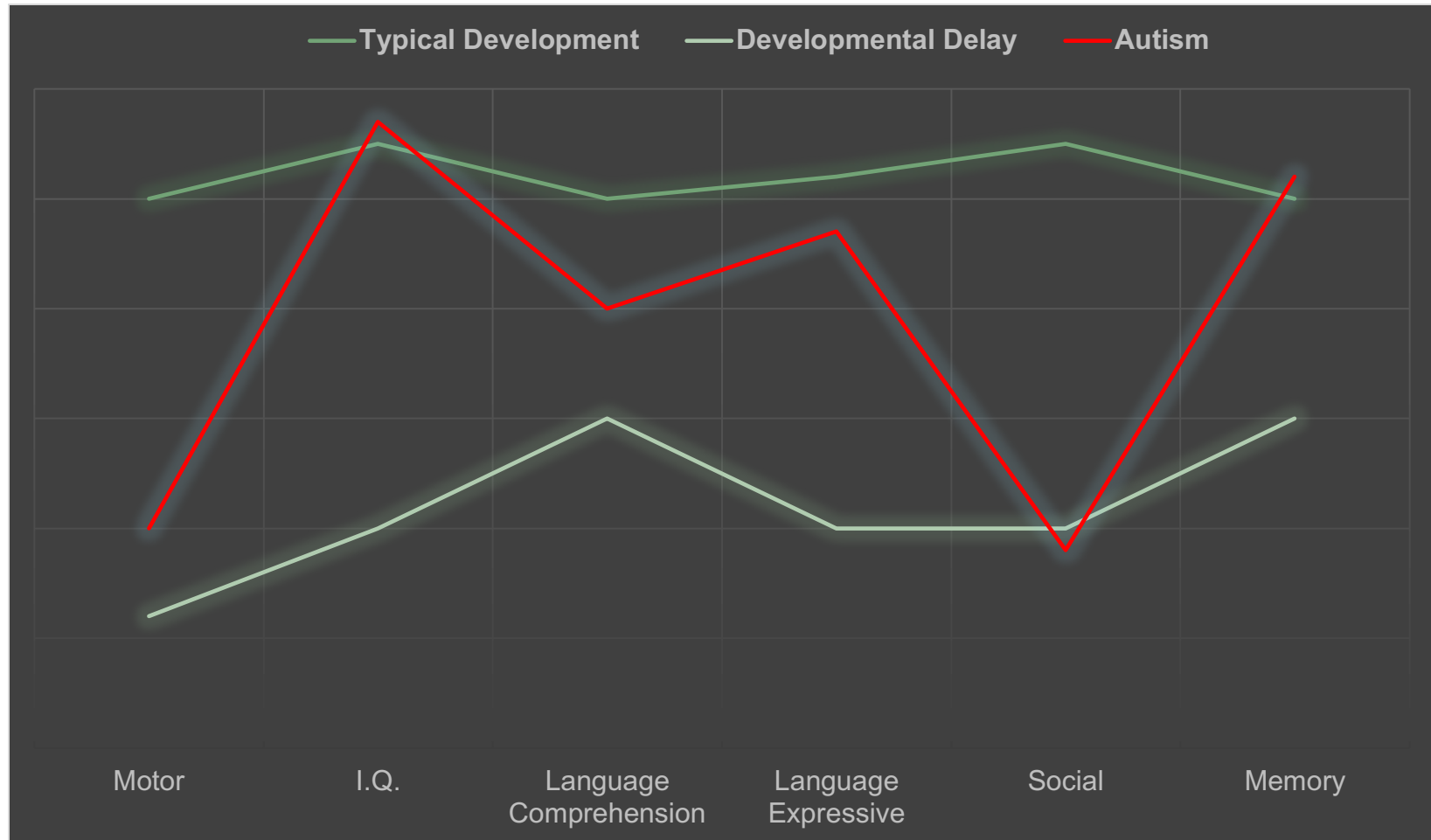
- Attention Deficit Disorder
- Epilepsy/Seizure Disorder (30%)
- Intellectual Disability (35%)
- Anxiety Disorders (75%)
- Mood disorders – Depression, Bipolar disorder

WHAT IS AUTISM SPECTRUM DISORDER (ASD)?

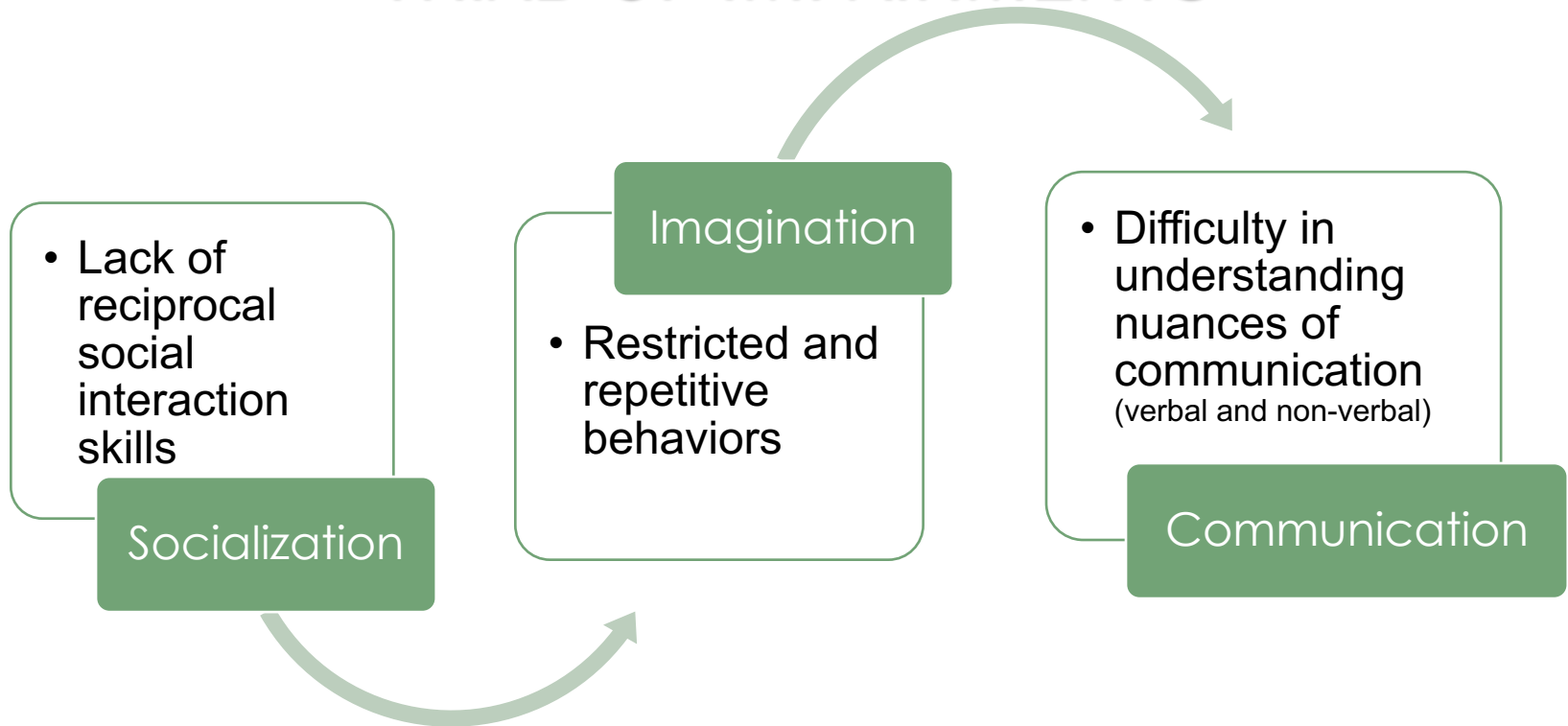


- ASD is considered a **spectrum disorder** because individuals with ASD can have a **wide range of abilities and disabilities** that can vary from non-verbal, low functioning individuals to very high-functioning and gifted linguistically.

Patterns in Typical Development



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 WILL THE DIFFERENCES APPEAR?

- **Communication:**

- Non-verbal or no functional communication: 10% -15% (only)
- Difficulty with nonverbal communication: tone, body language, expressions (input and output)
- Repetitive language or scripting
- Literal




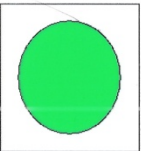

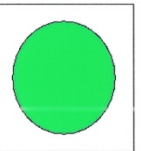



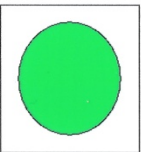

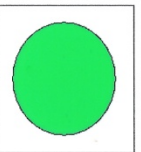
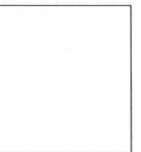

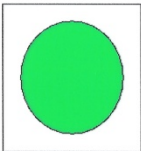
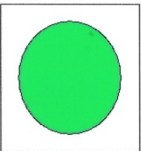
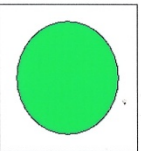

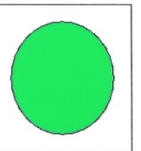

HOW WILL THE DIFFERENCES APPEAR?

Socialization:

- Lack of “give and take” in conversation
 - Response to name
- Unusual eye contact
- Unusual social behaviors
- *Theory of mind**
- Difficulty learning from their peers in the same way a neuro-typical person does



The Urinal Game: Which to Choose???

	1	2	3	4	5	6
A						
B						
C						

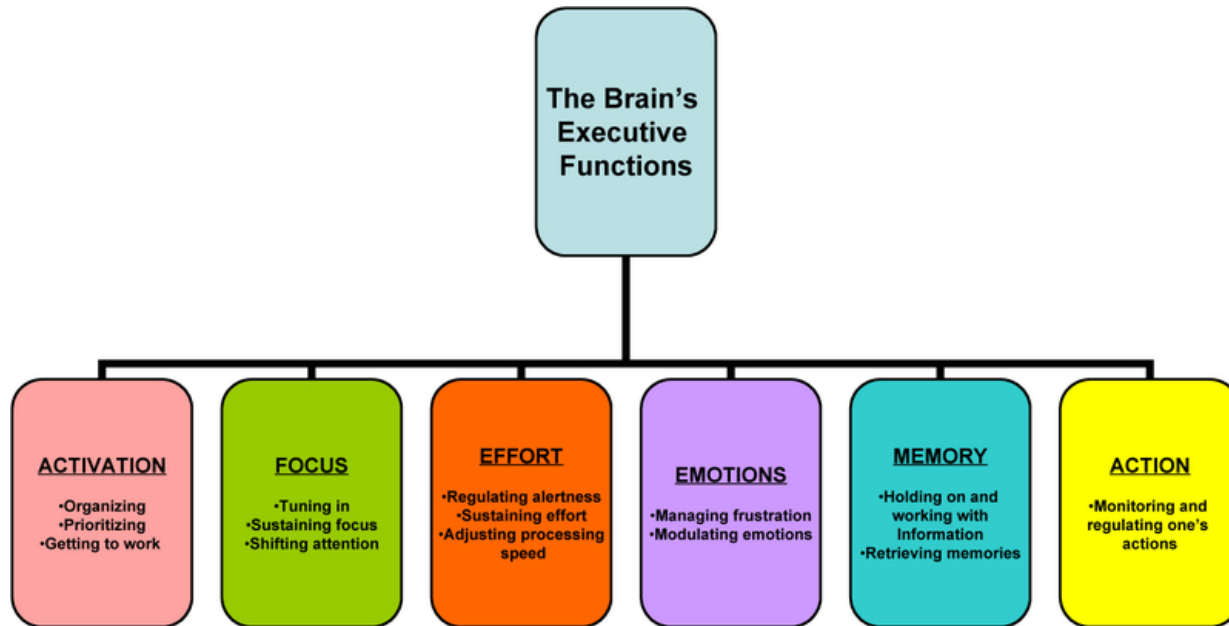
(Peter F. Gerhardt, Ed.D., "Sexuality and Sexuality Instruction with Learners with ASD")

HOW WILL DIFFERENCES APPEAR?

- **Imagination or stereotyped behavior:**
 - Obsessive about a topic or interest
 - Rigid interpretation of rules or routine
 - Difficulty generalizing past experiences to new ones
 - Need for self-stimulation for self-calming*
 - Rocking
 - Pacing
 - Flailing
 - Other repetitive behaviors



Executive Function



Affects ability to understand time, multiple step processes, and transitions.

Sensory Processing

How many senses do we have?

1. Tactile/Somatosensory System: touch
2. Visual System: sight
3. Auditory System: hearing
4. Gustatory System: taste
5. Olfactory System: smell
6. Vestibular System: balance
7. Proprioceptive System: body position and pressure
8. Interoceptive System: internal

Everyone experiences sensations differently

Hypersensitive vs. Hyposensitive behavior

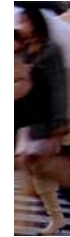
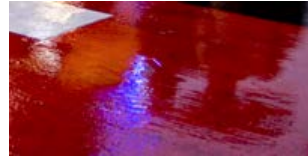
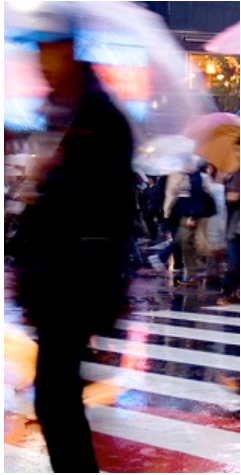
Sensory Processing and Regulation

- Self-injurious behavior
- People with autism will often stray from home
 - Elopement and wandering
- If searching for an individual with ASD, consider nearby bodies of water
 - Individuals with ASD are drawn to water, even those who cannot swim
 - Drowning is one of the leading causes of death for children & developmentally delayed individuals with ASD

Sensory Management



SENSORY INPUT



Specific Behaviors



- ❖ Yelling/Swearing
- ❖ Hitting
- ❖ Withdrawal
- ❖ Using threatening words

Underlying Deficits

- ❖ Emotional consistency
- ❖ Poor understanding of the situation
- ❖ Low frustration tolerance
- ❖ Unaware of feelings of others
- ❖ Does not understand how to interact appropriately
- ❖ Unable to communicate needs

ASD and Criminal Justice System

- ❖ “Because of the behavioral, social, and communicative challenges associated with ASD and poor problem solving skills, there is a high probability that, at some point in their life, a person with an ASD may become involved with the criminal justice system as a suspect, a victim, or a witness.”

Debbaudt, D. (2002)

- ❖ Research shows that with a prevalence rate of 1% of the population, the risk of an individual with ASD becoming a victim of crime is **7 times higher** than for persons without ASD.

Chown (2010)

- ❖ 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)

WHAT KIND OF CALLS CAN YOU EXPECT?

- ❖ Emergency medical response
- ❖ Commenting on a person's clothing then striking up a conversation and not knowing when to stop
- ❖ Needs a charger for their electronic device and they are all being used...high anxiety situation could result in an escalation of behavior.
- ❖ Perseverating questions:
 - ❖ Example: anxiety-causing discussions about airplane safety-terrorism

WHAT KIND OF CALLS CAN YOU EXPECT?

- **Inappropriate behaviors:**
 - Peeping in windows.
 - Stalking or following someone.
 - Older teen or adult with ASD approaching a child to initiate play.
 - Loitering, problems in stores or other public places.
 - Public vs. private behaviors: sexually inappropriate

WHAT KIND OF CALLS CAN YOU EXPECT?

- **Misinterpretation.** Emergency calls for someone acting “odd”, “argumentative”, “drunk”, “high” 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.
- **Behavior Escalation.** May receive a call 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.

WHAT KIND OF CALLS CAN YOU EXPECT?

- **Lost person:**

Wandering. May then become disoriented and truly lost.
They may not realize they are lost.

- **Real or suspected abduction, abuse, neglect:**

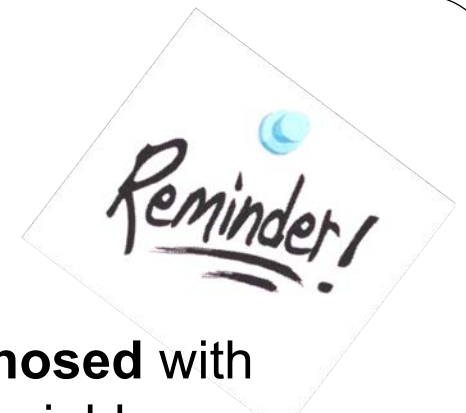
Caregiver may be responding to behavior in an appropriate manner that may be viewed differently by observers who are not knowledgeable about ASD.

Examples:

Person with ASD wandering around a mall and appearing to be following individuals.

Bystander reports suspicious behavior

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, you may observe other **visual cues or ID**—sticker on car, self identifying card, bracelet, communication boards, bolted furniture, locked doors and windows, or the person, family, friend or neighbor tells you so.



BEHAVIORS TO WATCH FOR WHEN YOU ARRIVE ON THE SCENE



- **Fight, flight or fright** are three behaviors that healthcare providers can expect as responses from individuals with ASD. (Chown, 2010)
- May be **non-verbal or minimally verbal** (changes with degree of escalation)
- **Response time** of person with ASD may be slower.

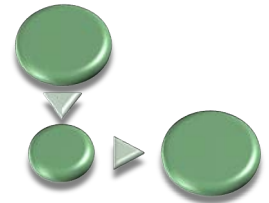
EFFECTIVE RESPONSES

- **Approach** with as few professionals as possible. Turn off lights, sirens, pagers, radios, as individuals with ASD may be sensory-sensitive. This means that noise, lights and many people around can increase anxiety and stress and escalate behavior.



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.
- ❖ Ask the **adult** if they have a guardian, attorney, social worker that can be of assistance



Use language that is Concrete, Literal, “Positive” and Explanatory

Communication supports: Adjust Language

Write the following words in alphabetical order
(the order they come in the alphabet)

! A B C D E F G H I J K L M N O P Q R S T U V W X !

~~apple~~ pumpkin log river fox pond

1. aelpp
2. ikmnpvu
3. gl
4. eirrv
5. fox
6. dnop

INTERVIEWING THE PERSON WITH ASD



- **Give clear directions and ask direct questions.** Tell them what you want them TO do, rather than what not to do.
- Supportive stance, **reinforce listening instead of eye contact.**
- Avoid humor, idioms, sarcasm, or irony. **Ask clear, specific and direct questions.** Be careful not to ask ambiguous questions.
- Ask **short, simpler questions** rather than long or complex questions.

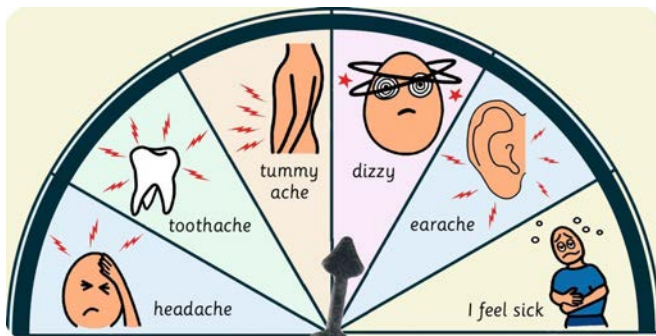
INTERVIEWING THE PERSON WITH ASD



- Be careful **not to appear annoyed, irritated or frustrated** as the individual with ASD is likely to view that as anger and respond negatively.
- Use **sequential commands** in reference to your treatment plan.
- **Demonstrate procedures** you are going to perform.
- Explain, Explain. **Explain Everything.**
- Re-explain---however long it takes or however many times---**with patience.**

Communication Alternatives

- Written tasks or directions
- Step by step processes, single task or a full “story”
- Reinforcement for repetitive questions
- Getting “unstuck”



CONSIDERATIONS

- ❖ Be aware that **transitions are difficult**. Escalation or aggressive behavior may be a product of their inability to cope with the transition.
- ❖ Timers and visual supports may mitigate transition anxiety.



Sensory/Environmental Accommodations

- ❖ Lower lighting
- ❖ Reduce noise
- ❖ Provide plenty of opportunity for movement
- ❖ Limit distracting pictures or images
- ❖ Limit those in room to those who are essential
- ❖ Avoid touching the person with autism
- ❖ Consider using an autism professional as an expert consultant as you would with sign language, foreign language interpreter, etc.

Self Regulation Strategies: Self Monitoring Techniques

5

- The Incredible 5 Point Scale

(Kari Dunn Buron and Mitzi Curtis)

4

- ❖ Allows individual to assign a number to an emotional response

3

- ❖ The 5 point “scale” can be used for many purposes across many environments

2

- ❖ Involves the participation of the individual

1

- ❖ Facilitates self-monitoring

5

**Physically Hurtful or Threatening Behavior
Against the Law!**

4

**Scary Behavior
Fired from job, suspended from school, may also
be
against the law.**

3

**Odd Behavior
May get fired, other people feel uncomfortable,
Not against the law.**

2

**Reasonable behavior
People enjoy your company
“Social Event” (lunch, parties, board games...)**

1

**Very Informal Social Behavior
Saying “Hi” or waving to someone**

Tips: Behavior - Incredible 5-Point Scale

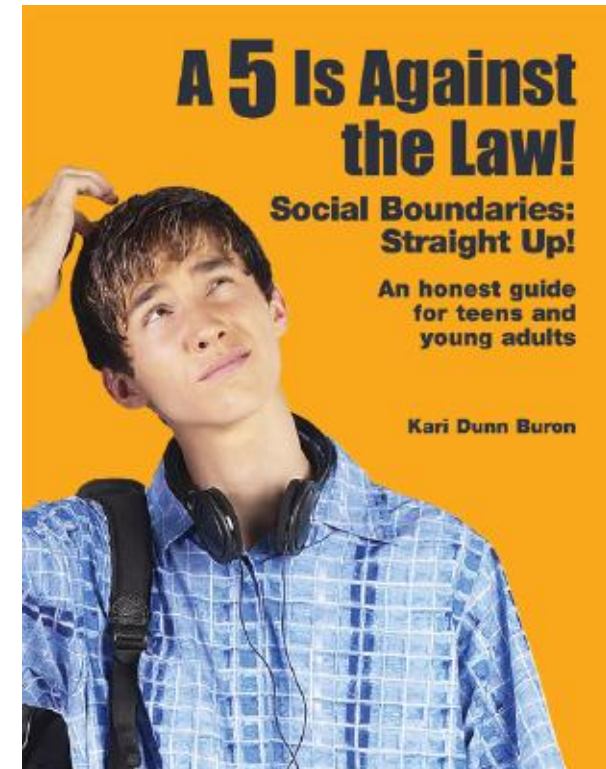
Controls emotional reactions

Person participates

Identifies problem

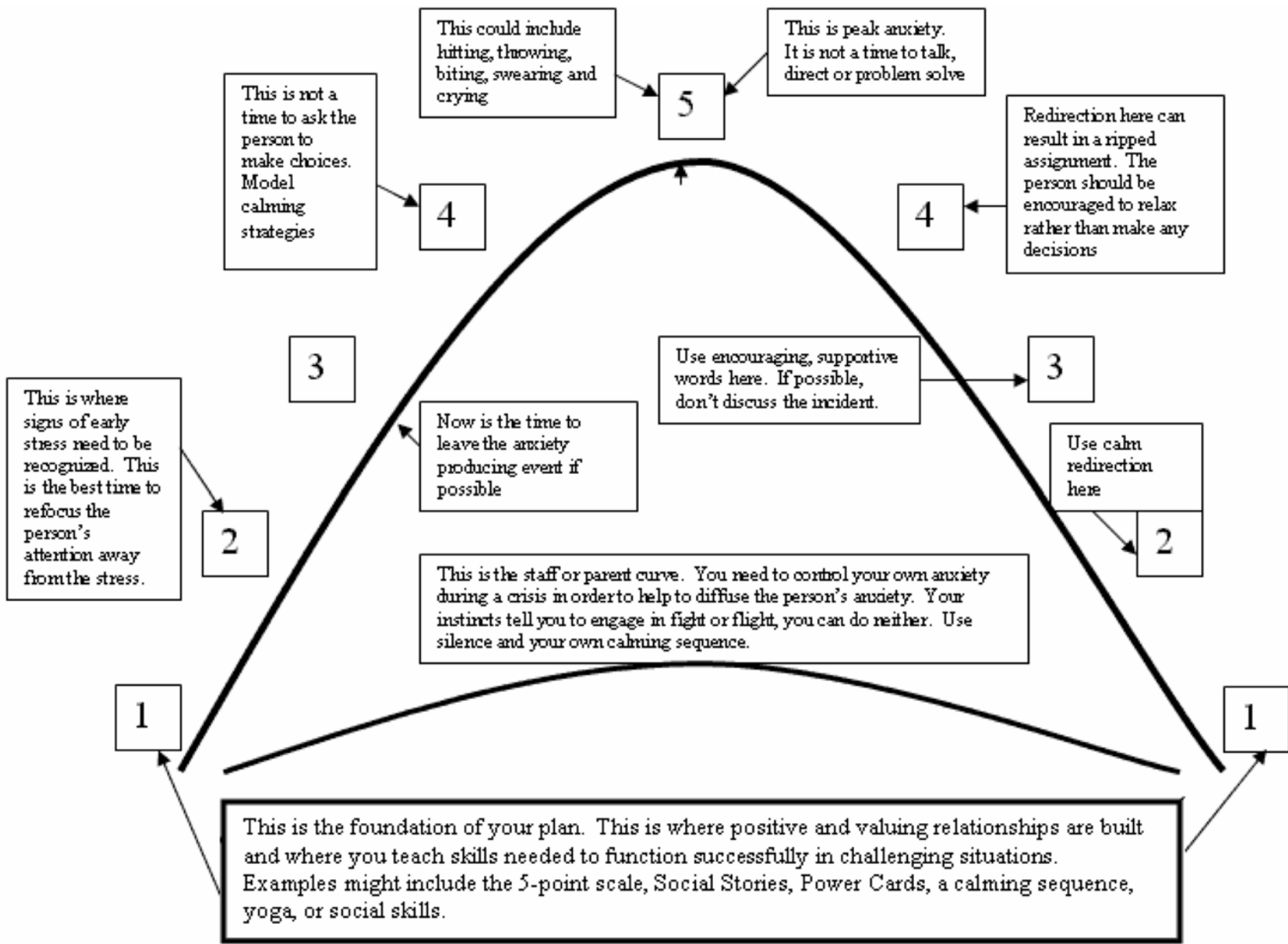
Enhances alternative, positive behavior

www.5pointscale.com



Signs of escalation

- Reference to schedule or routine
- Repetition of scripts from movies or books, or decreased language
- Increased intensity of repetitive behaviors, such as rocking
- Inappropriate laughter
- May seek increasing amounts of reassurance, repetitive questions
- Self-injury



CONSIDERATIONS

- ❖ It can be easier to control the environment than to control the person.
- ❖ Remove the crowd rather than the individual
- ❖ Clear the bus/train instead of struggling to remove the individual
- ❖ Attempting to remove the individual could escalate the situation

RESTRAINING INDIVIDUALS WITH ASD

- Restraints frighten individuals and may increase agitation, resistance and possible injury.
- NO prone restraints.
- Physical altercations tend to complicate the situation not control it.
- Alternative restraints



RESTRAINING INDIVIDUALS WITH ASD

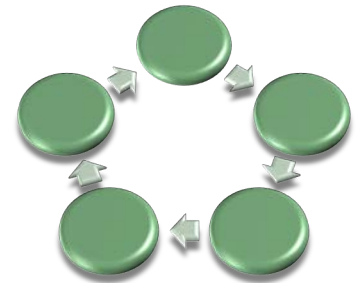
- **Do not leave unattended** once restrained. Individual may become agitated and not recognize danger to themselves or struggling.
- **Continue to calm the individual.** Remain vigilant to their reaction to your treatments and adjust.
- **Reaffirm** good behaviors.

Examples – I like the way you are sitting still.

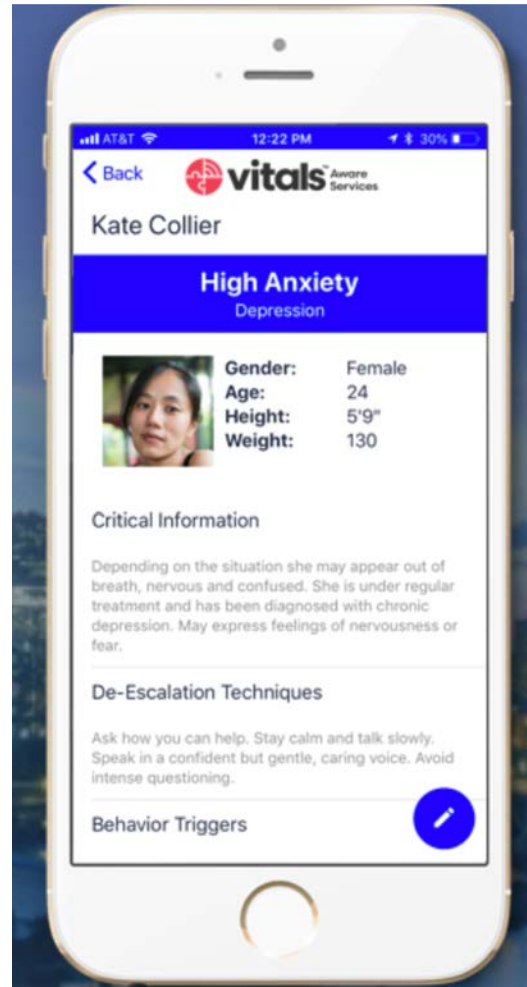
I like the soft voice you are using.

INFORM YOUR COLLEAGUES

- ❖ If the individual is taken into custody or emergency department, **explain to the next responders** 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.



The VITALS App



FINAL THOUGHTS

There is a significant need to be better informed and better equipped to ensure positive outcomes in emergency situations involving the growing number of people with ASD.

Whether it is because of unique attributes or the vulnerability of persons impacted, ***the risk of an individual with ASD having an emergency encounter is at least 7 times higher than a neuro-typical person.***



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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

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
- Kieble, D.R., **Autism Preparedness for EMS Professionals.** Presentation Handout and Lecture Notes. 2009-2010. www.autismems.net
- Mayes, T.A., **Journal of Positive Behavior Interventions**, Vol. 5, 2003

REFERENCES

- 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.
- **National Autism Society.** www.autism.org
- 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.

OUR PARTNERS

The EP Essential Initiative is supported and funded by DHS and the Governor's Council of Minnesota.



Minnesota Department of Human Services—Disability Services Division

Minnesota Governor's Council on Developmental Disabilities