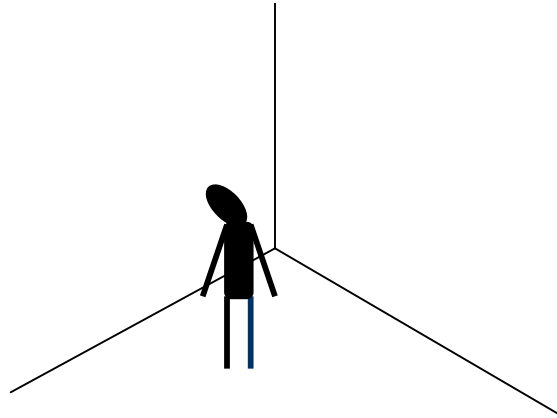


Autism Spectrum Disorders: A Special Needs Subject Response Guide for Police Officers[©]



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Foreword

In a free society, the police officer is not only an enforcer of the law but also a protector of the people. This is especially true when managing the needs of our most vulnerable citizens, such as children, the elderly, and those with physical, emotional, and/or cognitive disabilities, like autism spectrum disorders (ASD). Police officers, corrections officers, and all public safety personnel could benefit from the ability to recognize the characteristics of ASD so that they can effectively manage people with ASD whom they come into contact with.

When interacting with people with ASD, it is important to balance the officer's own safety needs with the safety needs of people. If an officer encounters a person with ASD in trouble, they need training in order to know how slow down, shift gears, and employ the necessary resources. Doing this assists with efficient and effective management of potentially difficult situations for both the officer and the person in trouble.

Capt. Gary T. Klugiewicz (Ret.), Milwaukee County Sheriff's Office

Introduction

Children, youth, and adults with autism spectrum disorder (ASD) are as varied in their interests, personalities, character, temperaments, and communication styles as anyone else. Human behavior is far too complex to pigeon-hole anyone. It is therefore generally not a good idea to stereotype people with ASD. In reality, no two persons behave exactly alike, but what we know about people with ASD is that they tend to display unusual repetitive behaviors and have difficulty with socialization and communication.

The repetitive behaviors may include acclimating behaviors, like wandering around unfamiliar spaces and/or touching things and people; self-stimulatory movements, such as hand-flapping and spinning; and/or organizing behaviors, such as lining up, stacking or otherwise handling and arranging objects. Often these behaviors help to calm their anxiety and/or focus their attention. More than likely, they are related to behaviors common to everyone but simply look and feel different than what we're used to.

The socialization difficulties include trouble understanding what's appropriate or safe in a given situation. People with ASD often will not understand what others want or need from them. They may also not understand that their actions or words may negatively impact others or themselves. Difficulty with natural social concepts and values is usually what gets them into trouble with others, including the police.

The communication difficulties include both expressive and receptive language disorders. About half of everyone with ASD either cannot speak or they have difficulty speaking. If they are able to verbalize, they might have trouble describing what has happened or why they are acting the way they are. To make things even more challenging, their ability to interpret nonverbal communication is typically impaired.

This guide will outline some verbal and nonverbal strategies police officers can use when interacting with a person with ASD and cognitive delays (mental retardation). In addition, it will provide medical and physical precautions recommended for use during a physical stabilization or arrest. No crisis intervention is effective on everyone, whether they have ASD or not. Some people just can't be talked-down before things go wrong, but most can be managed successfully and that includes people with ASD. By learning and using these strategies, we can expect consistently better outcomes when interacting with people we know have ASD, with people we think might have ASD, with people who are cognitively delayed, and even with neurotypical people (those without cognitive or developmental disabilities). In fact, virtually all of these principles can be applied to anyone in crisis, because everyone in crisis needs more time to process information and less stimulation while they process it.

Joel Lashley, Children's Hospital of Wisconsin

Understanding Autism

Autism—‘State of being alone, cut-off, isolated.’

The word “autism” describes a condition of social isolation. A person with autism is partially or completely cut-off from the surrounding world by an inability, or significantly impaired ability, to communicate and socially interact with others.

Autism Spectrum Disorder (ASD)

The American Psychiatric Association’s DSM-IV manual (APA 1994), uses the term “Pervasive Development Disorders” (PDD) to refer to a set of five distinct disorders to describe the various forms of autism. Since that diagnostic manual has been published, however, many authors prefer to use the term “autism spectrum disorder” (ASD) instead of the earlier “Pervasive Development Disorders” (PDD). In any case, both ASD and PDD refer to five pervasive development disorders: Autistic disorder, Pervasive Developmental Disorder, not otherwise specified (PDD-NOS), Rett’s syndrome, Asperger’s syndrome, Childhood Disintegrative Disorder. The symptoms of ASD are listed in three domains. These domains are: 1) qualitative impairments in social interaction, 2) qualitative impairments in communication and 3) restricted, repetitive, and stereotyped patterns of behavior, activities and interests. People with ASD may not fully comprehend nonverbal communication. As a result, they may not understand changes in tone of voice, body language, eye contact, facial expression or personal space. This expresses itself as a social awkwardness and with difficulty in communication. Most importantly, people with ASD may have difficulty recognizing safety hazards, in understanding social norms, and the law.

Glossary of Common Terms

Autism	A complex developmental disability that typically appears during the first three years of life and affects a person’s ability to communicate and interact with others (ASA, 2009).
Autism Spectrum Disorder	Severe and pervasive impairment in thinking, feeling, language, and the ability to relate to others ranging from a severe form, called autistic disorder, through pervasive development disorder not otherwise specified (PDD-NOS), to a much milder form, Asperger syndrome. They also include two rare disorders, Rett syndrome and childhood disintegrative disorder (NIMH, 2009).
Low-functioning	No speech or significantly limited speech. May have extreme repetitive behaviors; display self-destructive and/or acting-out behaviors under stress.
Moderate-functioning	Some speech but difficulty communicating. Some repetitive, inappropriate, and seemingly irrelevant speech and/or self-destructive or acting-out behaviors under stress.
High-functioning	Verbal. Communicate well, but trouble with physical coordination and compliance when under stress. Poor judgment due trouble recognizing social cues. May have difficulty recognizing dangerous situations.
Asperger’s Syndrome	A form of ASD where the individual affected is high-functioning.
Pervasive Developmental Disorders (PDD):	Also known as “Autism spectrum disorder” (ASD).

Who Has Autism?

Prevalence

The prevalence of ASD has increased over the last forty years from 4-5 per 10,000 (Lotter, 1966) to an estimated at 1 in 150 children (Rice, 2007). People are born with ASD, although it may not be recognized until later in life.

Cause

There is no known single cause for autism, but it is generally accepted that it is caused by abnormalities in brain structure or function. Researchers are investigating a number of theories, including the link between heredity, genetics and medical problems (ASA, 2009c). There are no medical tests for diagnosing autism. An accurate diagnosis must be based on observation of the individual's communication, behavior and developmental levels (ASA, 2009b).

Characteristics

People with ASD have differing personalities, personal interests, levels of intelligence, social interests, and romantic and sexual desires just like everyone else. Levels of difficulty in communicating vary widely. Some may appear virtually unable to communicate, while others will communicate fairly well. Here are some common characteristics and data about people with autism:

- Three out of four persons diagnosed with an Autism Spectrum Disorder are male.
- One out of two is nonverbal, verbally limited, or won't speak under stress.
- Two out of five have seizures. (Caution: This places them at risk for injuries from restraints) (Debbaudt & Legacy, 2004).
- Many are hypotonic (low-muscle tone) which impairs their ability to breathe under stress, and makes them injury prone, physically weak, and unsteady. (Caution: This places them at increased risk for positional asphyxia and injuries from restraints).
- They often have impaired sensory input, affecting their ability to perceive levels of light, sound, pain, cold, heat, and touch. (Caution: This places them at increased risk for injuries from restraints) (Debbaudt 2001).
- They often have psychological problems, such as depression and self-destructive behaviors, related to their condition of social isolation.
- Some are intellectually disabled (mental retardation), although mental retardation and ASD don't necessarily go hand-in-hand. People with ASD can have average to above average intelligence. In rare cases, people with ASD may be extremely gifted in the arts and sciences.

Recognizing Autism Spectrum Disorder (ASD)

As a police officer, you are not expected to diagnose in the field (Debbaudt & Shore, 2008). Sometimes you'll be forewarned that you are going to a disturbance call involving a subject with ASD. Often parents or care providers will greet you at the door and tip you off. If you know this, it's important to ask loved ones and care providers how your subject communicates and how to proceed. Usually they will give you information that is helpful. That being said, if you can recognize people that might have ASD in the absence of reliable information, you'll be all the more skillful at managing them. By learning these skills you'll be better equipped to handle all your difficult contacts, whether they have ASD or not.

Stimming

Most people self-stimulate or ‘stim’ when under stress. We tap our feet, drum our fingers, wiggle our leg, tug an earlobe or otherwise fidget in some way that is recognizable or ‘socially acceptable’. Stimming for persons on the autism spectrum may appear unusual and is often characterized by hand-flapping, finger-flicking, body rocking or twirling; and sometimes even audible stimming, like off-key humming, repetitive speech (e.g. ‘yes, yes, yes, yes, yes’) and other sounds by mouth (Debbaudt 1996).

Repetition

Unusual repetitive behaviors are a feature of ASD. They are often related to stimming and shouldn’t be interfered with. If your contact is verbal, the person may repeat themselves or repeat what you say (echolalia). They may need to get up and sit down repeatedly. They may twirl or compulsively handle objects, or line them up in patterns.

Acclimation

Everyone acclimates to new environs (Lashley, 2008). Most of us just momentarily look around the room. People with ASD will often acclimate physically with an unfamiliar environment. They may wander around looking at or touching things and people to make sure their new environment is safe. They may also invade your personal space without warning.

Delayed response or latency

They may react more slowly than others to your commands. Don’t confuse this with stubbornness (Debbaudt 1996). It may take several uninterrupted seconds (up to 11 seconds) for them to understand a verbal command and comply.

Dissociated speech

Subjects with ASD may reply with seemingly meaningless answers to your questions or discuss irrelevant topics. Don’t let this frustrate you. It is best understood as an attempt to reach out, socialize, or establish communication.

Unusual tone of voice

Persons on the autism spectrum often have an unusual tone of voice. Since tone and volume are a form of nonverbal communication they may have difficulty with this. Their voice may not demonstrate an appropriate level of fear or anger for the situation. They might also have a monotone quality to their voice, sometimes described as a ‘robot voice’. They may also be inappropriately loud or soft-spoken for the situation, and/or interrupt or talk-over others.

Lack of eye contact

Subjects with ASD often make little or no eye contact. They may appear to be ignoring you or failing to pay attention. Don’t mistake unusual or inappropriate eye contact as disrespect (Debbaudt 1996). And don’t force eye contact on a person with ASD as it may frighten them.

Unusual or unbalanced gait

Subjects may appear unsteady or exhibit toe-walking. They may be clumsy and have difficulty balancing especially when over-stimulated. People sometimes mistake them for being intoxicated for appearing to stagger (Debbaudt 1995).

Why are they a Police Problem?

People with developmental disabilities are at least 7 times more likely to attract the attention of the police, because their unique communication styles and social characteristics may frighten or disturb some people (Curry K, Posluszny M., Kraska S, 1993). People with ASD sometimes become frightened or over-stimulated and engage in challenging or seemingly offensive behaviors. Most often, police will be called for an autistic subject due to their unusual behavior, rather than dangerous or criminal activity.

More Often Victims

People with ASD are also more likely to be victimized than other people (Mansell, Sobsey, Wigosh, & Zawallich, 1997). Children and adults are often sexually assaulted by predators who view them as easy marks, who think they either won't understand that they are being violated or won't be able to testify against their tormentors. For sexual predators, they are probably the single most vulnerable population. Studies have revealed that over 90% of both males and females with developmental disorders experience sexual abuse, yet only 3% are estimated to be reported (Valenti-Hein, D. & Schwartz, L., 1995).

Because of their impaired ability to communicate and socially interact, people with ASD may be more likely to be victims of institutional abuse in group homes, treatment facilities, nursing homes, schools, hospitals, and residential facilities. Children and adults with ASD are often bullied due to their unique social characteristics. Personal abuse rates for adults are thought to be much higher than average (Mansell, Sobsey, Wigosh, & Zawallich, 1997).

On the street, criminals sometimes take them as easy marks for robbery, pick-pocketing, and other property crimes. They might also be used as drug mules; for retail theft, and otherwise intentionally placed in dangerous situations that they are not aware of (Debbaudt & Legacy, 2004).

Increased Personal Danger

A person with ASD experiences the world differently, and learns differently, than a neurotypical (average) person does. That's one reason why they are likely to have an alternative sense of fear. People with ASD may exhibit a fear of, or attraction to, glass. They are often attracted to bodies of water and have no fear of drowning (Debbaudt & Legacy, 2004). Certain sounds and sights, or perhaps even some odors or textures, may frighten them, but at the same time they might have no fear of opening a door in a moving car or darting into heavy traffic. Wandering off is a big problem with children and some adults with ASD. A lack of fear of strangers also places many of them in all sorts of dangerous situations.

Danger

Risks associated with deep water, strangers, traffic, railroad crossings, heights, tripping hazards, broken glass, poisons, chemicals, pharmaceuticals, edged weapons, firearms, and fire hazards will often have little or no significance to persons with ASD.

Wandering

Wandering is a common concern for parents, family, and care providers. Because of their alternative sense of fear, many children and adults with autism are prone to wandering. Many can be very creative in finding a way through a window or locked door. Police can expect to get calls about persons with autism wandering away. Remember, they are often attracted to pools, ponds, lakes, streams, and beaches. Be sure to check pools and waterways in the vicinity after a report of a missing person with autism.

An Alternate Sense of Personal Modesty

As we grow older, most of us develop a sense of personal modesty about our bodies. The degree of modesty varies greatly depending on one's culture, upbringing, and instinctual behavior. People with ASD may develop a sense of personal modesty much later in life than neurotypical persons, and some may never develop modesty at all. The concept of nudity or private parts may be difficult for people with ASD. Inappropriate touching of self or others, public nudity, and even public masturbation may occur on rare occasions.

Unusual Behaviors

Because of 'stimming' and other behaviors most would consider odd, store owners, library workers, restaurant staff and others might sometimes call the police out of a lack of understanding about ASD. Suppose you were working at a fast food place and a customer was rocking in his chair, lining up sugar packets on the table, and humming off key in monotone, you might become frightened and at a loss for what to do. Organizational or lining-up behaviors are something persons with ASD often do. They might alphabetize magazines at a newsstand or reorganize a shelf in a convenience store and irritate the owner or other customers.

What you can do: Protect and Restore their Dignity

Persons with ASD are learning to function in society, despite the barriers we sometimes place in front of them. They have the same rights and freedoms as everyone else, which includes free access to public places. Police officers can expect to find the freedoms of people with ASD and other disabilities challenged by shop owners and patrons of public places. Police officers can take those opportunities to educate civilians about persons with special needs and their right to be free from harassment and intimidation. When the behaviors of persons with special needs might be dangerous or inappropriate (short of criminal behavior) officers will have an opportunity to educate the subject with developmental and/or cognitive disabilities.

Verbal Communication

Though roughly half of all people with ASD are nonverbal, most of them understand some or a lot of their own primary language, e.g., English or Spanish. Most people rely heavily on either spoken or written words so you'll have to know how to use language to communicate effectively. Address them by their name if you know it. It's not just polite but practical. It may be the only way for them to understand that you are talking to them and not someone else—even if they're alone. Be direct, to the point, give them time to understand by using lots of long pauses, and offer praise when they comply.

Literal Interpretation

A person with ASD is likely to have an altered or limited understanding of the world. Though they may be very intelligent, they may not understand slang such as, "Are you putting me on?" They are also likely to literally interpret what you say. For instance, you may want them to wait in the next room so you might simply ask them to "wait outside". They might react by walking out into the parking lot. If you ask them to take a seat they might pick up a chair. If you ask them to jump in the car they might take a running jump into the back of your squad and injure themselves. To avoid these problems you should slow down, verbally complete your thoughts, and *close the loop* in your verbal directions. Do say, "Wait in the hall", "Sit in the car", and "Sit in the chair." Also try one word directions, like "sit", "stand", "walk", "and "stop".

The Autism Directive Cycle (ADC) aka the Crisis Directive Cycle (CDC)

Most people rely on visual and audible cues to understand what other people and the environment expect from them. People with ASD tend not to have this ability. Therefore, it's understandable that they might become confused during questioning.

'Address—Direct—Control input—Praise'

The autism directive cycle is a technique designed to cue your subject, identify a task, and control input, by keeping audible distractions filtered-out (Lashley, 2008). Adding praise words like "good job" and "thank you" completes the communication cycle by letting your subject know that he or she has complied. Example: asking a subject to sit.

- ***Address (cue):*** "John", "Sir", "Ma'am", "Young lady"
- ***Direct (to the task):*** "Sit in the chair." Gesture toward the chair and/or tap the chair firmly, and pause up to 11 seconds.
- ***Control input:*** Don't allow talking, noise, and other distraction from back-up and bystanders.
- ***Praise:*** "Good job. Thank you". (*If and when the subject complies*).

Without questioning controlled for their particular communication needs, subjects with ASD may become confused, misunderstand directions or questions, and provide unintentionally misleading, conflicting, or irrelevant information during retail and other transactions. That can ultimately get them into trouble. Persons with ASD might answer "yes" and "no" to the same question, or they may admit guilt for something of which they have no actual knowledge. Similarly, they may deny responsibility for something they've obviously done. They also may not be able to describe something they've seen or experienced. Police Officers will need professional support to conduct a reliable interview and investigation.

Let them take the lead

People with Aspergers and other forms of autism will often sound uncooperative or appear evasive. A feature of autism is often a kind of single-mindedness, where the subject appears concerned only about their own interests. For instance, you may need to question someone about a domestic disturbance and he might insist on discussing his video games instead.

Officer: "John, did you break the kitchen windows?"

John: "I have a new video game".

Officer: "John, tell me about the windows".

John: "It's a racing game."

Officer: "But what about the windows?"

John: "My mom bought the game for me."

Though it sounds like John is simply attempting to evade the officer's questioning, he is more likely attempting to communicate. Communication and social concepts are part of what people with autism have difficulty with. They may offer irrelevant or off-topic information because communications concepts like prioritization and relevance are difficult for them to grasp. One way we can manage this behavior is by letting them lead the conversation.

Officer: “John, why did you break all the windows?”

John: “I have a new video game.”

Officer: “What kind of video game?”

John: “It’s a racing game, called Supercars.”

Officer: “Is it fun?”

John: “You can make your own car.”

Officer: “Yes. Show me your new video game. Then let’s talk about the windows.”

Allowing someone with autism to take the lead can help you successfully communicate. If the scene is safe, allow him or her to discuss their interest first then follow with your questioning and directions. By relating on a personal level they will be more likely to stay on track and take an interest in your ultimate goal, which is as always, to generate voluntary compliance.

Officer: “Ok John, thanks for showing me the game. It’s time now for you to answer me. Who broke the kitchen windows?”

Remember, the information you receive may not be reliable. They may answer yes or no to the same question and even unintentionally implicate themselves or others. However, the more rapport you establish the more likely it is your subject will listen and take direction. Any subsequent investigation of a crime is best done in cooperation with experts and your subject’s family and care providers. Remember to be thorough in your initial report and state specifically how many times the subject answered yes and then no to the same question, as well as any other inconsistencies and their context.

Questioning Strategy

If a person with ASD is able to talk, but fails to answer your question, try the ‘fill in the blank’ questioning strategy. Here are some examples.

- “Your name is? _____”
- “Your address is? _____”
- “Your telephone number is? _____”
- “You came here with? _____”

Note: Children with ASD are often taught to memorize their name, address, and telephone number. However they may answer in a quiet tone of voice, and speak quickly. If this is the case try saying “Speak slowly”.

Nonverbal Communication

For first responders, it is useful to conceptualize Autism Spectrum Disorder as primarily a communication deficit (Lashley, 2008). The senses are affected in a sense that gives many persons with ASD an increased or decreased sensitivity to light, sound, smell and/or touch. Most people rely on both verbal and nonverbal communication. If we want to provide information or instruction to a blind person we have to do it by sound or touch, i.e., speech, feeling with the hands, or Braille. And, if we communicate with a deaf person we have to do it by sight, i.e., sign language, lip reading, gesturing, or writing.

From Verbal Judo we learn that only 7% to 10% of communication is words—spoken words that convey data and content. 33% to 40% is tone and volume of voice. That leaves up to 60% of communication being purely visual, e.g., body language, eye contact, facial expression and personal space. Persons with ASD are limited in what they can interpret from nonverbal communication. That means if a person has an impaired ability to understand nonverbal communication then you have to rely more heavily on words to communicate. In some cases, you'll have to rely on your spoken or written words (and in some cases pictures) to do 100% of what you normally count on for only 7% to 10%!

Officer Presence

As a police officer, you've been trained to use a certain police presence and dialog as intervention options. As trained, your body posture, tone of voice, eye contact, and interrogative language serves you well on most contacts. All of these are a form of nonverbal communication. It's what you rely on initially to get your message across and control a contact. When dealing with subjects with ASD traditional officer presence may not work—it may even backfire. The message you will want to communicate nonverbally to subjects with special needs is what officers already naturally convey to the elderly, the infirmed, and children. Your presence for these subjects should include:

- Low and slow hand gestures with your hands at belt level.
- Maintaining your distance.
- Indirect and unthreatening eye-contact.
- Staying at the same level and not towering over them. For smaller people, children, and for adults sitting or lying, try kneeling or squatting at a distance of 6 or 7 feet.
- Tone of voice that is calming and reassuring.

*'If you want them to be still, be still.
If you want them keep their distance, back up.
If you want them to relax, be calm.'*

Written and Graphic Communication

When attempts at verbal communication are unsuccessful, it may be helpful to attempt written communication. Write simple, clear, printed messages and offer it for them to read. If safe, provide a pen and paper for them to answer you. Even if they display what you might consider to be low-functioning behaviors, your subject may have the ability to read. You can also attempt simple drawings to facilitate communication.

Responding to Autism

Here are some further guidelines for responding to persons with ASD:

- ***First be safe.*** Make sure you do a proper threat assessment. Don't endanger yourself or others needlessly. As in any other situation, make sure weapons and other dangers take priority.
- ***Manage your back-up.*** Have your back-up approach quietly and stay back a few extra feet. Their presence is added stimulation you don't need when verbally de-escalating a subject with autism. Lights, sirens, fast approaching vehicles, even a loud handy-talkie may send them into crisis (Debbaudt & Shore, 2004). Back-up should be alert, out of direct sight, and "out of mind."

- ***Move them away from the scene, or move the scene away from them.*** The goal should be to reduce outside stimulation. Give them less of everything — less sound, less light, fewer words, fewer voices, fewer people and fewer distractions. If you can't isolate the scene, move the subject (Debbaudt & Shore, 2008).
- ***Don't interfere with their environment.*** Expect them to lash out if you move their property, turn off their television, etc., without permission (Debbaudt, 2008). Persons with ASD order their environment to their expectations. Predictability, order, and routine are often how they manage stress and anxiety.
- ***Allow them to acclimate to a new environment*** (Lashley, 2008). Once you've moved them to a new location, allow them to wander around and touch things, as long as it's safe. In a few seconds or so they will usually become familiar with their new environment. Acclimation behaviors are actually helping you control your subject. If you interfere, you may push them from simple to full-blown crisis.
- ***Don't interfere with stimming.*** Persons with ASD will exhibit what looks like bizarre self-stimulating behaviors, like hand flapping, twirling their body, rocking, jumping in place, handling an object and other things. Stimming is actually helping you control your subject. It helps keep them calm and in control. If their stimming increases in speed or character, or becomes destructive, then you know your subject is under added stress and you can take steps to address problems.
- ***Model the behaviors you want to see*** (Debbaudt & Shore, 2008). People with ASD may not understand nonverbal communication, but they may respond to your mood and the gross-motor movements. So, if you want them to be still, be still. If you want them to relax, be calm. If you want them to stay back, maintain an appropriate distance from them and from your partners. You can also model physical activity. For instance, you can model sitting, standing or walking.
- ***Affect their behavior by extinction.*** Extinction is defined as: “the process of eliminating or reducing a conditioned response by not reinforcing it.” People with ASD may act-out when stressed. Examples of acting out include: yelling, pounding table tops, throwing things, or knocking over chairs. Often if you ignore the acting-out behaviors, the behaviors will stop. In order to ignore the behavior, the police officer could step back and look bored. Conversely, reacting immediately and forcefully to acting-out behavior will more likely reinforce it. Instead, use the technique of modeling calm behavior, give them time to decompress, and then continue with your contact. When they are aggressive, try to keep toys, books, chairs, etc., out of reach. Extinction may not be practical in all situations, but remember that if you make a big deal out of acting-out behaviors you may actually increase them.
- ***Personal space is relative.*** Stay out of kicking range as trained. Proxemics is a form of nonverbal communication like any other body language. Since persons with ASD often do not have an instinctive sense of personal space, they might invade yours. Be ready for it. Guard your weapons. They can be attracted to shiny or otherwise interesting objects. If you have foreknowledge of what you're getting into, then leave your badge, name tags, pens, and other non-essential items in your squad or cover up with a jacket. Keep your hands empty if it's safe to do so — there will be time for notes later.
- ***Don't expect eye contact or other appropriate body language.*** They often won't look at you or display an appropriate expression. They may spontaneously smile, frown, scowl, or wear a blank expression. Don't look for too much meaning in what you see on the face.
- ***Don't force eye contact on them.*** There is evidence that looking at persons with ASD in the eye can trigger a fight or flight response. Proceed with your contact, but don't attempt to fix your gaze on their face or force them to look you in the eye. Some persons with autism may not be overly affected by eye contact. Other children and adults may learn to accept eye contact over time, but it's not your place to train your subject. It's your place to manage them safely. (Dalton KM, Nacewicz BM, Johnstone T, Schaefer HS, Gernsbacher MA, Goldsmith HH, Alexander AL, Davidson RJ., 2005)

- ***Don't equate the inability to speak with deafness or illiteracy.*** Even if your subject is nonverbal, they are still likely to hear and understand some or all of their primary language (English/ Spanish/ etc.). In fact, your spoken commands may be your only means of communication.
- ***Use a normal tone and volume of voice*** until you gauge their reaction. If your voice appears to startle or frighten them then decrease your volume. If your first attempts to communicate have failed, you can try increasing your volume slightly. Keep your tone of voice soft and unthreatening. They might not be able to interpret emotion from your voice, but in case they can, you want to sound unthreatening. Slow your pace and speak clearly.
- ***Use an economy of words (Lashley, 2008).*** Keep your commands brief, clear, and literal (no figures of speech). Use concrete words and phrases as much as you can, and avoid words or terms that may be abstract or difficult to understand. Use short sentences. Speech is stimulus. Persons under stress or in crisis abhor strange voices and sound. One word commands can be surprisingly effective in some cases, e.g., sit, stand, scoot, walk, and stop.

“Only one responder should do the talking and don’t allow unnecessary talking around the subject.”

- ***Remember to give them extra time.*** Silently pause up to 11 uninterrupted seconds to allow the person to answer or comply after a command or question. You can go onto the next thing once they’ve responded or answered. They often need extra time to process. If you interrupt them while they are thinking or ‘processing’ you will confuse and frustrate them.
- ***State the obvious.*** Tell them who you are and what you want (Lashley, 2008). Because they often can’t interpret nonverbal communication your uniform and badge may have no meaning for them; or because of their living situation, they might never have learned what a police officer is. You’ll need to tell them up front who you are and that you are there to help them. Be informal, slow, clear, and casual. Again, give them time to process by pausing between concepts.

“Hi, I’m Jim” [pause]
 ”I am a police officer.”[pause]
 ”I am a helper” [pause]
 ”I will take you home”.

- ***Dispel their fear.*** Assume that they don’t know what you want from them (Lashley, 2008). All they know is that you are in their face. Tell them, "I am here to help you," "I will take care of you," or "I will take you home," depending on the situation. Anticipate the problem and alleviate their anxiety.
- ***Don't read meaning into words alone.*** Gauge your success by their physical responses to your commands, not their words. If you ask them to sit, they might say, "Starbucks" because their mother always tells them to sit down during their daily trip to Starbucks. They may repeat what you say back to them (echolalia). They might answer yes then no to the same question. Higher functioning individuals might quote the law to you when you are interfering, in their mind, with their right to move freely. Be prepared to read between the lines.
- ***Look for a cause.*** Subjects with autism will act-out if they have no other means of telling you what’s wrong. Attempt to first take care of their basic human needs, such as pain, cold, heat, thirst, hunger, use of the bathroom, and fatigue and then see what happens.

“Subjects with ASD will act-out if they have no other means of telling you what’s wrong.”

- ***Striking out is communication.*** For example, if we get too close or come up behind a neuro-typical person, we generally will expect to get a dirty look. The dirty look means “stay back” and is an instinctive, rather than a learned, behavior. For persons with ASD, that instinct will often translate into a backhand or choking movement. It is often a simple flinch response. If they can’t say it with their mouth, or show it on their face, their instinct is often to physically strike out with their hands (Lashley, 2008).
- ***“Quiet” hands and feet.*** “Quiet hands” is a common command used to manage children with ASD in the home and school setting. Therefore, it’s a command many children and adults will be familiar with. If one is striking out or kicking, try the “quiet hands” or “quiet feet” command in a stern moderate tone. Also “stop hitting” or “no kicking” in a firm tone.
- ***Tell them the ‘rules.’*** People with ASD are all about routine and the *rules* (Debbaudt & Shore, 2008). Average law-abiding citizens fear and/ or respect the law. Many persons with ASD are taught to rely on and respect “the rules.” So for example, you might say, “The rules say you have to come with me.” Often a phrase including “the rules” will successfully signal them to comply.
- ***Tell them what’s next.*** After you’ve made your initial contact, keep a running narrative with lots of pauses. “*Now we are going to get in my car. [pause] Sit in the car. Good job.[pause] Now I am going to put on your seat belt. Thank you. You are safe with me. [pause] I am going to close the door now.*” Keep the dialog, going no matter how silent they are or how much they self-stimulate. It doesn’t feel natural, but it’s probably helping you and your subject immensely.
- ***Say “good job” to children and adults alike.*** It may sound odd to say “good job” to an adult, but it represents praise they’re likely to be familiar with from childhood and perhaps even in their current living situation. By praising them with the phrase “good job” you’re building rapport and validating for them that they are doing what you want.
- ***Keep in mind that they have an altered sense of pain.*** Many persons on the autism spectrum can be repulsed by certain textures and calmed by others. Irritation from certain fabrics has been described, by some persons with autism, as painful. They might have a broken arm or other severe wound and not exhibit a pain response, such as screaming, crying, or guarding. Some may be comforted by a bear hug, but the same person might shriek at a soft touch on the shoulder, as if in pain.
- ***Over-sensitivity to smell*** may be the cause of vomiting and even acting out behaviors. If something makes most people sick, they simply tell us. They may act-out if it’s their only means of escaping irritating smells. They can be overly-sensitive not just to unpleasant odors, but to normal food smells, exhaust fumes, and perfumes.
- ***Pain compliance will not work reliably,*** either because they can’t feel it, or because they can’t make the causal connection between your actions and the pain (Lashley, 2008). For instance, they likely won’t get the connection between their action (biting) and your action (pressure point). Rapid Multiple Officer Stabilization involving the manual control of the limbs, e.g., Star Tactic (biting caution) and the blanket-escort hold, is your best method of controlling the actively violent unarmed subject that you suspect might have autism. Wrist compression come-along tactics may injure the subject without ever achieving the desired result of compliance. When you “crank down” on the wrist, they might not wince or cry-out even if you break their wrist! Because they are often hypotonic (low-muscle tone) they are even more susceptible to this type of injury, as are children and elderly persons.
- ***Biting is a common defensive behavior — don't get bitten!*** Biting is probably the most basic defensive reaction of all vertebrates. All humans will bite under certain conditions. When attempting to physically control persons on the autism spectrum, stay clear of the mouth. Should physical control become necessary, the best defense against a bite is to prevent it by stabilizing the subject’s head before the subject’s teeth can make contact with your body. If you do get bitten, mandibular or hypoglossal pressure points are worth a try, but be prepared for them to fail and to change techniques quickly. There are passive techniques for breaking off a bite. Considering that biting is a common behavior for autistic persons in crisis, it may be a good idea for police and corrections officers to learn passive bite releases.

Intermediate Weapons

Aerosols

If your subject has an altered sense of pain, OC or CS spray, foam, or pepper balls will also likely fail as a means of control. Remember that they are also likely to be hypotonic (low muscle tone) and have respiratory problems already. Consider that before using pepper spray. Again, take your time and be ready to ‘change gears’ when you think you have a subject with special needs.

(Caution: Subjects with ASD are often hypotonic (low muscle tone) and may have difficulty breathing under many circumstances).

TASER®

An initial TASER® Probe Deployment will likely create momentary incapacitation that could enable officers to quickly move in and stabilize an autistic subject armed with an edged or blunt force weapon. Remember, one must presume that pain compliance resulting from a drive stun with the cartridge removed will be unsuccessful. Again, a person with ASD may even feel the pain created by a drive stun without the cartridge without making the causal connection between his action (holding a weapon or potential weapon) and the resulting pain. (Source: Lt. Davie Nickels, Appleton, WI, Police Department, Master TASER® Instructor).

Impact Weapon

A baton strike may be useful as a means of disarming or creating dysfunction, should such a level of force become necessary. Be prepared for a baton strike to fail as a method of pain compliance or as a method of psychological control. Be ready to change your method and/or level of force quickly, depending on the circumstances. (Source: Gary T. Klugiewicz, Capt. (Ret.) Milwaukee County Sheriff’s Office. Master Impact Weapon Instructor).

(Caution: Remember that subjects with autism are often hypotonic (low muscle tone) and are at increased danger for musculoskeletal injuries.)

Officer Safety First

An officer must always do what they must to protect themselves or others. By having a thorough knowledge of what you’re up against, your actions will have a better chance of a successful outcome for both you and your subject with autism. When responding to calls involving subjects with autism, four out of five times you’ll be handling a subject in crisis who is scared and/or lost, not a criminal (Debbaudt & Rothman, 2001). Questions regarding the use of pain compliance techniques, control devices like OC Spray and Electronic Control Devices, as well, impact weapons on special needs subjects should be discussed with your department experts on the use of force and the individual weapon systems involved.

Medical Precautions

Subjects with ASD may be at increased risk for injury and death during physical stabilization and violent encounters because of the following conditions

- **Seizures:** 40% are prone to seizures. Be ready to remove handcuffs, belly chains, shackles, leathers, and other four-point restraints from subjects experiencing seizures. Serious musculoskeletal injuries can occur if a subject is mechanically restrained during a seizure. A subject experiencing a seizure is also generally incapable of intentionally resisting or fighting. Make sure you have back-up on the way and that your subject is adequately confined if possible. Remember, you are still dealing with an unrestrained subject.

- **Hypotonia:** Subjects on the ASD are often hypotonic, meaning they have poor or ‘low’ muscle tone. They may be more easily injured (bruising, broken bones, internal bleeding) than subjects with normal muscle tone. It also may render them physically weaker and easier to physically stabilize.
- **Support and constantly monitor breathing:** Because they are often hypotonic (low muscle tone), they may have difficulty breathing under stress. Also, their chest muscles may be weak and have difficulty supporting even their own weight, in some positions. Position your handcuffed subject on their side in the lateral recumbent (low-level fetal) position, meaning slightly bent at the waist and knees. If it’s safe, sit them up. Consider transporting them in the lateral recumbent position in an ambulance. Consider all your subjects with developmental disabilities to be at risk for positional asphyxia.

*“Consider transporting them in an ambulance.
Avoid positional asphyxia. Consider all
your subjects with developmental disabilities to be at risk.”*

- **An altered sense of pain:** People with ASD may have difficulty feeling or expressing pain. This may result in an increased exposure for injury during stabilization.
- **Adrenaline stays up:** People with ASD need lots of extra time to cool down. It may feel like they’re never going to stop acting-out, but that’s never the case. No one ever stays ‘up’ forever. If handled properly and given extra time and space, subjects whom you suspect of having ASD just need more time to understand, decompress, and comply.

Police officers are trained to do a thorough initial medical assessment (IMA) and to continuously monitor all violent subjects after they are stabilized. If you do your IMA as trained, your subject with ASD will be as safe as possible, while in your custody.

Conclusion

The purpose of this response guide is to assist in the recognition of ASD and provide strategies for interacting with a person with ASD. It is reasonable, however, to use many of the principles, tactics and techniques discussed in this document for people with other intellectual and developmental disabilities, for example: mental retardation, Down syndrome, history of brain injuries, emotional disorders, situational anxiety, or those experiencing psychological or physical trauma. Most people can benefit from extra time to process information and the extra space to feel safe and less anxious. Recognition of ASD and the subsequent use of the strategies outlined in this guide should result in fewer behavioral outbursts from the people Police Officers are challenged to serve and protect. Failure to recognize the signs of ASD may lead to unnecessarily violent encounters and officers may end up sharing responsibility for many encounters gone bad. Children and adults with challenging behaviors due to neurological, psychological, and physical disabilities rely on the police to keep them safe and enforce their rights to be treated with dignity and respect.

Police professionals will often be the last hope a person with special needs will have to access a thin social safety net. Most have to endure daily life in a community that can be actively hostile to our most vulnerable citizens. Caring for them humanely and successfully is one of the highest callings of police work. Don’t rush through the process and don’t let anyone rush you. Time and patience are the best tools you have to help them and yourself, when the police and subjects on the autism spectrum are forced into conflict.

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Recommended reading

Autism, Advocates, and Law Enforcement Professionals: Recognizing and Reducing Risk Situations for People with Autism Spectrum Disorders —Dennis Debbaudt

Beyond the Wall: Personal Experiences with Autism and Asperger Syndrome –Dr. Stephen Shore

Understanding Autism for Dummies —Dr. Stephen Shore

Disaster Preparedness for People on the Autism Spectrum and Their Supporters—
Dr. Stephen Shore. Article in Autism and Asperger’s Digest, March – April, 2006.

Verbal Judo: The Gentle Art of Persuasion –Dr. George J. Thompson

Verbal Judo: Redirecting Behavior with Words –Dr. George Thompson

Websites

Children’s Hospital of Wisconsin, www.chw.org

CorrectionsOne, www.CorrectionOne.com

PoliceOne, www.PoliceOne.com

The Milwaukee County Sheriff’s Office,
<http://www.county.milwaukee.gov/OfficeoftheSheriff7719.htm>

The Milwaukee Police Department, www.ci.mil.wi.us/police

The Autism Society of Southeastern Wisconsin, www.asew.org

About the Author



Joel Lashley has worked for twenty years as a crisis intervention teacher, defensive tactics instructor, and healthcare safety and security professional in Milwaukee, Wisconsin. He is currently the training facilitator for Children's Hospital of Wisconsin's Department of Security Services, where he develops and provides training for security, clinical, nursing, behavioral health and social work and social outreach staff on clinical violence, crisis intervention, and the behavioral challenges of patients with special needs, including Autism Spectrum Disorders. Joel has trained law enforcement officers, corrections officers, child protective service professionals, psychiatrists, physicians, and educators. He is also the father of an adult son with autism.

Mr. Lashley is also a National Associate of the Verbal Judo Institute, and a certified instructor in Wisconsin Principles of Subject Control® and Interventions for Patient's with Challenging Behaviors®. He is also certified as a Crisis Intervention Team member through the National Alliance on Mental Illness (NAMI) and the Milwaukee County Sheriff's Training Academy.

Joel is an experienced public speaker, having lead or participated in seminars on the management of subjects with ASD at police departments, training academies, juvenile detention facilities, schools, and hospitals. He presented an Advanced Seminar at the American Society for Industrial Security (ASIS) 54th Annual Seminar in Atlanta in 2008, entitled *Violent Patient De-escalation and Restraint Programs for Hospitals*. Joel was co-winner along with Dr. Norah Johnson from Children's Hospital of Wisconsin's Department of Education Services, of the award from the U.S. Centers for Disease Control's *Paint the Country Purple Challenge* in the category of *Most Creative* new autism program at the Autism Society of America's (ASA) 39th National Conference, in Orlando, in 2008. They also co-presented on Behavioral Challenges in Autism at the ASA 40th National Conference, in July 2009.

Joel has been previously published on subjects ranging from the handling and transport of prisoners in the clinical environment to the management of police contacts with people with autism. He writes the *Treatment and Outreach* column for CorrectionsOne.Com. His articles have also been printed in the *Journal of Healthcare Safety and Security* and the *Directions* newsletter published by the International Association for Healthcare Safety and Security (IAHSS). His articles and quotes have also been featured in *Law Enforcement Technology* magazine, PoliceOne.Com, FireRescue1.Com, and Homeland1.Com.

Joel has consulted on various subjects, including autism, to hospitals and healthcare systems, police departments, juvenile detention facilities, schools, and crisis intervention training and certification companies. To contact Mr. Lashley for referrals for training your sworn and non-sworn personnel, to develop your department's defensive tactics instructors, or to learn about training opportunities for police officers in Wisconsin, you can email him directly at joellashley@chw.org.

Tactical Communications Styles for Special Needs Subjects
(Remember to pause between steps)

Tactical 8-Step® Identifying a Lost Subject

1. “Hello
2. My name is Jim.
3. I am a police officer.
4. I will help you.
5. Give me your ID card please.
6. Good job, thank you.
7. I will call someone to take you home now.
8. Wait here with me. Good job, thank you.”

Tactical 8 Step® Inappropriate Behaviors
(loitering example)

1. “Hello
2. My name is Jenny.
3. I am a police officer.
4. You have been here too long.
5. I will help you get home.
6. Give me your ID card, please.
7. Go home now, please (if safe or escort).
8. Thank you.”

Handcuffing a Compliant Subject

- “The rules say I have to put these handcuffs on you.
- These are handcuffs (Tell-Show-Do*)
- They will keep you safe.
- Sit in the car.
- Good Job, Thank you.”

Some Common Commands

Slapping or hitting: “Quiet hands”

Kicking: “Quiet feet” or “Stop kicking”

Biting: “Don’t bite” or “Stop biting”

Wandering: “Stay right here”

(Moderate volume, firm tone)

***Tell-Show-Do**

Tell: “I am going to handcuff you.” Or “I am going to search you.”

Show: *Show the subject what you are going to do. Model it on yourself or in the air (simulation).*

Do: *Move in and handcuff, search, etc.*

Tactical 8-Step Initial Contact Model® Developed by Dr. George Thompson, Verbal Judo Institute.
Adapted for special needs by Joel Lashley, Children’s Hospital of Wisconsin.
Contact joellashley@chw.org for additional copies, comments, suggestions, or to schedule training for police, corrections, social workers, and juvenile detention officers.