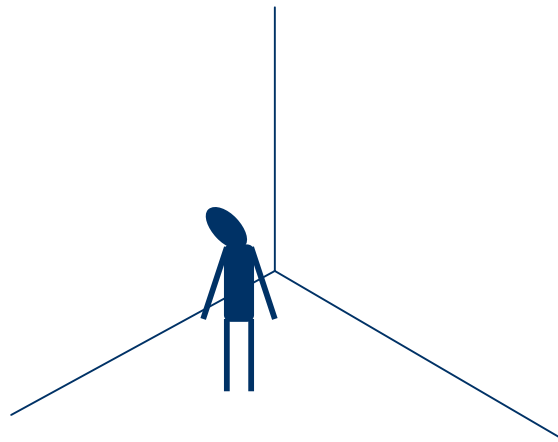


Autism Spectrum Disorders: A Special Needs Subject Response Guide for Police Officers



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Forward

If you've met one person with autism then you've only met one person with autism. Children and adults with autism spectrum disorders are as varied in their interests, personalities, character, temperaments, and communication styles as anyone else. It's possible to have autism and have a cheerful, moody, serious, or cranky personality type. One person with autism might appear relatively comfortable with eye contact and another might panic when looked in the eye. It's even possible to be an affectionate touchy-feely sort of individual, with autism, or to be one that avoids even the slightest touch. Human behavior is far too complex and unpredictable to pigeon-hole anybody. No two persons behave exactly alike, with or without autism.

Regardless of whether we perceive them to be high-functioning, low-functioning, or somewhere in between, there are two identifying features of autism spectrum disorders, along with a tendency to engage in atypical repetitive behaviors, that unite all persons with autism: they all have difficulty with socialization and communication. They often won't understand what's appropriate or safe in a given situation, and they often won't understand what others want or need from them. They also often won't understand that their actions may negatively impact others or even themselves. That is exactly what drives them so often into conflict with other persons and ultimately with the police.

It is the intention of this response guide to provide tools for the recognition of behaviors that might indicate an autism spectrum disorder or closely associated cognitive disability. Though it is not reasonable to expect officers to diagnose in the field, officers can respond more safely and effectively by having a basic understanding of why certain contacts behave the way they do. By learning these concepts and skills, officers can be more effective in dealing with all their contacts. A person in crisis is still a person in crisis, whether they have a developmental disability or not. Everyone in crisis needs more time, more space, and less stimulation to unlock their ability to think and cope under stress. All persons in pain, under the influence, with head injuries, with psychiatric disorders, or simply "locked-up" with fear or rage can benefit from the same communications tips provided herein.

It is my hope to provide police officers with a good set of verbal and nonverbal tools for establishing communication with what can be very challenging contacts, while also providing them with some medical and physical precautions that could make a big difference, during a physical stabilization or arrest. These principles are no different from many principles most officers are already familiar with; however, they are adapted for those contacts that are best understood as having a communications deficit. Not all attempted crisis interventions will work on neurotypical persons and neither will all the interventions discussed in this guide work on all persons with autism spectrum disorders. By learning and understanding these principles of interaction, designed for persons with communication and social disabilities, our chances for success when managing all challenging behaviors are bound to improve.

Joel Lashley, Interventions for Patients with Challenging Behaviors® Instructor
Children's Hospital of Wisconsin

Introduction

In a free society, the police officer is not only an enforcer of the law but 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 need the ability to recognize the signs and symptoms of autism, so they can effectively manage contacts they suspect have autism and Asperger's syndrome.

Of primary importance is the ability to balance the officer's safety needs with the safety needs of the public, including citizens with special needs. Properly trained police officers should be capable of serving and/or managing subjects they suspect may have a communication deficit and/or brain-based disability, so they can know when to slow down, shift gears, and gather necessary resources. Disabled citizens will often require that an officer take a different approach to efficiently and effectively manage what are often times difficult situations for both the officer and a citizen in trouble.

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

Understanding Autism

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

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

Autism Spectrum Disorder (ASD)

ASD is a family of lifelong disorders of the brain that impair a person's ability to communicate and socially interact. People with autism spectrum disorders typically do not fully comprehend nonverbal communication, such as: tone of voice, body language, eye contact, facial expression or personal space. As a result, they are typically socially awkward, have difficulty communicating, recognizing safety hazards, and understanding social norms and the law. Some of the more common terms you will hear used to identify subjects with ASD are:

1. Autism or Autistic
2. Asperger's Syndrome
3. Pervasive Developmental Disorder or Delay (PDD)

Who Has Autism?

People are born with autism. Though they vary in personality just like anyone else, they are not 'made' after birth, by poor parenting, injuries, drug abuse, traumatic experiences, or accidents. Autistic persons or more politely, *persons with autism*, are as varied in their personal interests, levels of intelligence, social interests, and romantic and sexual desires as anyone. Levels of difficulty in communicating range widely. Some may appear virtually impossible to communicate with while others will communicate fairly well.

- 3 out of 4 persons with an Autism Spectrum Disorder are male
- 1 out of 2 are nonverbal or are verbally limited
- 2 out of 5 have seizures [caution: places them at risk for injuries from restraints]
- They are often hypotonic (low-muscle tone) which impairs their ability to breathe under stress, and makes them injury prone, physically weak, and unsteady. [caution: 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: places them at increased risk for injuries from restraints]
- They often have psychological problems related to their condition of social isolation, such as depression and self-destructive behaviors.
- Some are intellectually disabled (mentally retarded), although mental retardation and autism don't necessarily go hand-in-hand. People with autism can have average to above average intelligence. In rare cases, persons with autism can be extremely gifted in the arts and sciences.

Recognizing Autism

As a police officer, you are not expected to diagnose in the field. Sometimes you'll be forewarned that you are going to a disturbance call involving a subject with autism. Often parents or care providers will greet you at the door and tip you off. It's important that we 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 persons that might have autism spectrum disorders in the absence of reliable information, you'll be all the more skillful at managing contacts with autism and other cognitive disabilities. By learning these skills you'll be better equipped to handle all your difficult contacts, whether they have autism or not. You and your special needs subjects will be safer and happier as a result of this new skill-base.

- **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.
- **Repetition:** Repetitive behaviors are a feature of autism. They are often a form of, or related to, stimming and shouldn’t be interfered with. If your contact is verbal, he or she 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:** Most will 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 (latency):** They may react more slowly than others to your commands. Don’t confuse this with stubbornness. It may take several uninterrupted seconds (up to 11 sec.) for them to understand a verbal command and comply.
- **Dissociated speech:** Subjects with autism 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 autism spectrum disorders 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, and don’t force eye contact on your subject with autism.
- **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.

Why are they a Police Problem?

Persons with an ASD are 7 times more likely to encounter the police than other individuals, because their unique communication styles and social characteristics may frighten or disturb some people. The subject with ASD will also sometimes become frightened or over-stimulated and engage in challenging or seemingly offensive behaviors. It is estimated that on 4 out of 5 occasions, police will be called for an autistic subject, due to their unusual behavior, and not because of dangerous or criminal activity.

More often victims

Persons with autism are also more likely to be victimized than other persons. Children and adults are sometimes sexually assaulted by predators who may view them as easy marks, who think they either won't understand they are being violated or be able to testify against their tormentors.

Because of their impaired ability to communicate and socially interact, they 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 autism are often bullied, due to their unique social characteristics.

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.

Increased personal danger

A person with autism experiences the world differently, and learns differently, than a neurotypical (average) person does. That's why they are likely to have an alternative sense of fear. People with autism may exhibit an irrational fear of, or attraction to, glass. They are often attracted to bodies of water and have no fear of drowning. Certain sounds and sights may frighten them, perhaps even some odors or textures, 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 ASD kids and some adults. A lack of fear of strangers 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 autism.

Wandering

Wandering is a common concern for parents, family, and care providers. Because of their alternative sense of fear, many children and some 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 alternative 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 autism 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 many to grasp. 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 autism. 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 autism often do. They might alphabetize magazines at a newsstand or reorganize a shelf in a convenience store and irritate the owner or other customers.

Protect and Restore their Dignity

Persons with autism 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 persons with autism and other disabilities challenged by shop owners and patrons of stores, restaurants, libraries, parks, and other public areas. 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 cognitive disabilities.

Communications Tactics

Verbal Communication

Though roughly half of all persons with ASD are nonverbal, most of them understand some or a lot of their own primary language, e.g., English or Spanish. Most rely heavily on spoken or written words so you'll have to know how to use language to communicate effectively. Use 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 you're alone. Be direct, to the point, give them time to understand and offer praise.

Literal interpretation

Your subject with ASD will likely have an alternative or limited understanding of the world. Though they may be very intelligent, they may not understand slang like, '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 respond 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." Don't say, "Wait out there", "Get in" or "Take a seat".

The Autism Directive Cycle (ADC)

'Address—Direct (to the task)—Control Input—Praise'

- Address:** "John", "Sir", "Ma'am", "Young lady"
- Direct:** "sit in the chair."
- Control input:** Don't allow talking, noise, and other distraction from back-up and bystanders. Gesture toward the chair, tap the chair firmly, and pause up to 11 seconds.
- Praise:** "Good job, thank you", if and when the subject complies.

The autism directive cycle simply cues you to identify the subject (John) and the task (sitting in the chair). Then control input by keeping people, other voices, sounds and harsh lights filtered-out. Follow by praise "good job, thank you", so your subject understands that you have successfully communicated. You will now have a basis for more conversation.

Most people rely on visual and audible cues to understand what other people and the environment expects from them. Persons with various cognitive disorders do not have this ability. Therefore, it's understandable that they might become confused during uncontrolled questioning—meaning questioning uncontrolled for their particular disability. No one would expect a deaf person to be interviewed without a sign-language interpreter present or by someone who didn't know sign-language.

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 drive them into conflict and otherwise get them into trouble. Persons with autism for instance might answer yes and no to the same question, admit guilt for something they have no knowledge of, or deny responsibility for something they've obviously done. They also may not be able to directly testify to something they've seen or experienced. You will need professional support to conduct a reliable investigation.

Open-ended questioning

For your verbal subjects you'll need a strategy for questioning. If they are unresponsive to questioning, or appear confused, you can try open-ended or 'fill in the blank' questioning.

- "Your name is _____?"
- "You are here with _____?"
- "You live at _____?"

Nonverbal Communication

Autism Spectrum Disorder, from the perspective of a first responder, is best thought of as a communication deficit or sensory impairment, just like a vision or hearing loss. Most people rely on both verbal and nonverbal communication. It's easy to understand that 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. 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 autism spectrum disorders 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 only count on for only 7%!

Officer Presence

As a police officer, you've been trained to use a certain police presence and dialog as part of a force option continuum. 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 persons with autism, this form of communication will usually not work. In many cases, it will have the opposite effect. One study suggests that direct or 'forced eye contact' on many individuals with autism will trigger a panic response. The message you will want to communicate nonverbally to subjects with special needs is what officers already convey to the elderly, the infirmed, and children. Your presence for these subjects should include:

- Low and slow hand gestures with hands at belt level.
- Maintaining your distance.
- Staying at the same level, don't tower over them (try kneeling or squatting at a distance of 6 or 7 feet).
- Tone of voice should be calming and reassuring.

Responding to Autism

- First be safe. Make sure you do a proper threat assessment.
- Use unthreatening body language—hands low and slow
- 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. 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 point is to reduce outside stimulation. Give them less of everything — less sound, less light, fewer words, fewer voices, fewer people and fewer distractions.
- Allow them to acclimate. Once you've moved them, allow them to wander around their new environment and touch things as long as they are safe. In a few seconds 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 your contact from stress into 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 also helping you control your subject. It helps keep them calm and in control. If it increases in speed or character, or becomes destructive, then you know your subject is under added stress.
- **Model the behaviors you want to see.** Persons with developmental disabilities may not understand the subtleties of most nonverbal communication, but they may respond to your mood and the gross-motor movements of your body, either negatively or positively. So, if you want them to be still, be still. If you want them to be calm, 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.** When subjects with special needs exhibit inappropriate behaviors like yelling, pounding table tops, or knocking over chairs, you can try responding by ignoring the behaviors. Step back and look bored. If you respond immediately and forcefully then their chosen method of communication—acting-out—has succeeded. You've given them an immediate and predictable reaction. Again, model a calm behavior, give them time to decompress, and then continue with your contact. Try to keep toys, books, chairs, pillows, etc., out of reach. As always, first keep safe, but remember that if you make a big deal out of negative behaviors you will often give them a reason to continue them. Extinction is also effective for neurotypical children and children with autism.

‘If you want them to be still, be still.
If you want them to be calm, be calm.’

- **Personal space is relative.** Stay out of tip-off or kicking range as trained. Proxemics is a form of nonverbal communication like any other body language. Since persons with autism spectrum disorders 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. 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 wear 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 some persons with autism 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. Its 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 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. Most of them can probably read. Try short written notes if your spoken words aren't "getting through."

**'Even if your subject is nonverbal,
they probably can hear and understand
some or all of their primary language.'**

- **Use a normal 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.** Keep your commands brief, clear, and literal (no figures of speech). Speech is stimulus. Persons under stress or in crisis abhor strange voices and sound.

**'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 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. 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 they don't know what you want from them. 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 take care of some basic human needs, such as: pain, cold, heat, thirst, hunger, toileting, and fatigue then see what happens.

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

- **Striking out is communication.** If we get too close, or come up behind a person, we can expect to get a dirty look over the shoulder. The dirty look means "stay back" and is an instinctive, rather than learned, behavior. For persons with autism, 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.
- **'Quiet' hands and feet.** 'Quiet hands' is a common command used to manage children with ASD in the home and school setting. 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. "Stop kicking" or "no kicking" in a firm tone.

- **Tell them the 'rules.'** People with autism are all about routine and the "rules." Average law-abiding citizens fear and/ or respect the law. Persons with ASD rely on and respect "the rules." So for example, you might say, "The rules say I have to put these handcuffs on you." 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: *'Now we are going to get in my car. Sit in the car. Good job. Now I am going to put on your seat belt. Thank you. Now I am going to take you to a hospital. You are safe with me. Quiet hands and quiet feet, please. Thank you. I am going to close the door now.'*
- **Say "good job" to kids 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.
- **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.
- **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. 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 animal defensive reaction. 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 change techniques quickly. There are other passive techniques for breaking off a bite. Considering that biting is a common behavior for autistic persons in crisis, it may be time for police and corrections officers to learn additional passive bite releases (contact Joellashley@chw.org).

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 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.

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 autism 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 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]

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, 4 out of 5 times you'll be handling a subject in crisis who is scared and/or lost, not a criminal. 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.

'when responding to calls involving subjects with autism, 4 out of 5 times you'll be handling a subject in crisis, who is scared and/or lost, not a criminal.'

Medical Precautions

Caution: Subjects with autism spectrum disorders may have at increased risk for injury and death during physical stabilization and violent encounters because the following conditions.

- **Seizures:** 40% are prone to seizures. Be ready to remove handcuffs, belly chains, shackles, leathers, and other 4-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 rolling and that your subject is adequately confined if possible. Remember, you are still dealing with an unrestrained subject.
- **Hypotonia:** Subjects on the autism spectrum 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, 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. Every cop knows about positional asphyxia. Consider all your subjects with developmental disabilities to be at risk.

‘Consider transporting them in an ambulance.
Every cop knows about positional asphyxia. Consider all
your subjects with developmental disabilities to be at risk.’

- **Altered sense of pain;** May have difficulty feeling or expressing pain. This may result in an increased exposure for injury during stabilization.
- **Adrenaline stays up.** Persons with autism 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 you suspect have Intellectual or Developmental Disabilities (mental retardation, autism, prior brain injuries, etc.) just need more time to understand, decompress, and comply.

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

Conclusion

Many of these principles can also be applied to persons with intellectual disabilities (mental retardation), Down syndrome, brain injuries, emotional disorders, situational anxiety, or those experiencing psychological or physical trauma. In certain situations everyone needs extra time to process and extra space to feel safe. Your attempts to move in close and comfort or support may appear like an attack or threatening behavior.

If we fail to recognize what may be obvious signs of cognitive disabilities we can expect to end up in unnecessarily violent encounters. You can also expect to share in the 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 and access to freedoms that healthy people take for granted.

Police professionals will often be the last and best hope a contact with special needs will have to access a thin safety net many have to endure out 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.

Sources of Information

Recommended Reading:

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

Ask and Tell: Self-Advocacy and Disclosure for People on the Autism Spectrum,
Dr. Stephen Shore

Autism for Dummies, Dr. Stephen Shore

The Art of Verbal Judo, Dr. George J. Thompson

Verbal Judo: The Gentle Art of Persuasion, Dr. George J. Thompson
and Jerry B. Jenkins

Tactical Communications Styles for Special Needs Subjects

(Remember to pause between steps)

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."

Handcuffing 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."

8 Steps® 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."

Some Common Commands

Slapping or hitting: "Quiet hands"

Kicking: "Quiet feet"

Biting: "Don't bite." "Stop biting"

Wandering: "Stay right here"

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 your self or in the air (simulation).

Do: Move in and handcuff, search, etc.

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.