

Methods for Dealing With Persons Who Have Autism

I. Definition

Autism is a developmental disability that first manifests before the age of three and seriously impairs development of communication and social skills. People with autism also have a restricted range of behaviors (e.g., frequent engagement in repetitive behaviors such as hand flapping or pacing) and interests. Autism is thought to be a spectrum disorder, which manifests on a continuum that may also include Asperger's Syndrome and Pervasive Developmental Disorder Not Otherwise Specified, two developmental disabilities similar to autism. The degree of impairment in autism can range from mild to severe and individuals with autism function with varying degrees of independence.

Males are four times more likely to have autism than females.

II. Behavioral Profile Elements for Individuals with Autism

- a. May also have a seizure disorder.**
- b. May have an unusual gait (e.g., pigeon-toed or toe walk).**
- c. May react to sudden changes in routine or to sensory input (e.g., loud noises like sirens, flashing lights) with an increase in repetitive or bizarre behaviors such as hand-flapping, hitting self or screaming (temper tantrums are an expected response to fear, confusion or frustration).**
- d. May run or move away when approached and not respond to “stop.”**
- e. May be nonverbal (up to 50% of this population), may communicate with sign language, picture cards or gestures. If verbal, may often repeat what is said to them by others.**
- f. May have difficulty recognizing and repairing communication breakdowns such as responding to requests for clarification; may not understand or accept statements from others. May have difficulty understanding jokes or sarcasm.**
- g. May seem argumentative, belligerent or stubborn by saying “no!” in response to all questions, or constantly asking “why?”**
- h. When uncomfortable may engage in repeated questions, arguments, or apparent ramblings about favorite topics.**
- i. May have flat monotonous voice with unusual pronunciations, may have difficulty using the correct volume for the situation (e.g., may be too loud or too soft).**
- j. May seem like a poor listener, lack of eye contact may make it seem like the person is not listening or hiding something.**
- k. May have difficulty interpreting body language, such as defensive posture or facial expressions.**

l. May have difficulty judging appropriate boundaries of personal space and may stand too close or too far away.

m. May have difficulty seeing things from a different point of view; may have difficulty predicting other's reactions to their behavior.

n. Are usually very honest, blunt and not tactful; do not lie well.

o. May not recognize danger or injury; may have limited help-seeking skills, may be unable to distinguish between minor and serious problems, may not know where/how to seek help; may be unable to provide important information or answer questions.

p. May not recognize police vehicles, badge or uniform or understand what is expected of them when interacting with the police (e.g., may be unaware that keeping hands in pockets or suddenly reaching into a pocket without explanation will be viewed as threatening).

III. Methods to Deal with Persons Who Have Autism

a. Evaluate for injury, person may not ask for help or experience normal pain even though injury is obvious.

b. Look for medical alert jewelry or tags; person may have a seizure disorder.

c. If possible, contact family member or caregiver and seek advice about how to communicate with individual as well as possible techniques for helping the individual calm down.

d. Use direct, short phrases emphasizing key words such as "Stand up. Go to car." Allow for delayed responses to questions or commands and positively reinforce appropriate responses.

e. Avoid non-literal expressions such as "what's up your sleeve?" or "are you pulling my leg?"

- f. Speak calmly and repeat commands. Speaking louder will not improve understanding. Model calming body language (e.g., slow breathing and keeping hands low).**
- g. Avoid language or behaviors that could appear threatening. Use low gestures to get attention, avoid rapid pointing or waving, and assure person you do not intend to hurt them.**
- h. Look and wait for response or eye contact, may prompt “look at me,” but do not interpret limited eye contact as deceit or disrespect.**
- j. Consider use of sign language and picture or phrase books if available.**
- k. Be aware of person’s self-protective responses to lights, sounds or touch.**
- l. If possible, turn off sirens and flashing lights, remove canine partners, onlookers and other sources of sensory stimulation from the scene.**
- m. If possible, avoid touching the person, especially near shoulders or face; avoid standing too close in their personal space; do not stop person’s repetitive behaviors (e.g., hand flapping or pacing) as engaging in these behaviors should help the individual calm down.**
- n. If person’s behavior escalates, maintain a safe distance until behavior decreases but stay alert to possibility of additional outbursts or impulsive acts.**
- o. If person’s actions become self-injurious or a threat to yourself or others, physical restraint may become necessary. Because people with autism often have an underdeveloped trunk, abdomen, and shoulder muscles, do not cross their arms in front of them or hold them from behind as this may compromise their diaphragm. For the same reason do not place them on their stomach.**

p. A more effective restraint method is to have people on each side of the individual hold the upper arms and wrists. After placing the individual on the ground, they should be released and provided with safe space to continue engaging in repetitive behaviors for self-calming.

q. If someone is taken into custody and it is suspected that they may have autism, to reduce the risk of injury or abuse, ask jail authorities to segregate the individual from the general population prior to a mental health evaluation.

Reference:

Debbaudt, D. (2002). Autism, advocates, and law enforcement professionals: Recognizing and reducing risk situations for people with autism spectrum disorders. London: Jessica Kingsley Publishers