



Autism Recognition & Response: Specialized Training for Law Enforcement Officers, Fire Fighters, EMT's & Other First Responders

This training will help law enforcement and first response agencies to:

- **Become Americans with Disabilities Act (ADA) Compliant**
- **Increase Officer and Citizen Safety**
- **Enhance Officer Communication and Response Skills**
- **Save Valuable Time and Resources**
- **Avoid Litigation**
- **Build Community Partnerships**

Instructor: Gary M. Weitzen
Executive Director- POAC Autism Services
www.poac.net
Phone: 732-785-1099
Email: onegary@aol.com

Autism 101 for Police Officers & Fire Fighters:

How common is Autism? New Jersey has the highest autism rate ever documented in the United States. On Friday, March 30, 2012 the CDC issued the most complete information on the prevalence of autism spectrum disorders in the United States to date. Across 14 states studied in 2008, the average prevalence rate was 1 in every 88. The study showed that 1 in every 49 children in New Jersey has autism -- the highest rate ever documented in the United States. For boys, the rate is one in every 29.

What is Autism?

Autism is a complex neurological disorder that lasts throughout a person's lifetime. It is part of a group of disorders known as Autism Spectrum Disorders (ASD). Today, 1 in 110 individuals is diagnosed with autism, making it more common than pediatric cancer, diabetes, and AIDS combined. It occurs in all racial, ethnic, and social groups and is four times more likely to strike boys than girls. Autism impairs a person's ability to communicate and relate to others. It is also associated with rigid routines and repetitive behaviors, such as obsessively arranging objects or following very specific routines. Symptoms can range from very mild to quite severe. Currently, there are no effective means to prevent autism, no fully effective treatments, and no cure. Research indicates, however, that early intervention in an appropriate educational setting for at least two years during the preschool years can result in significant improvements for many young children with Autism Spectrum Disorders. As soon as autism is diagnosed, early intervention instruction should begin. Effective programs focus on developing communication, social, and cognitive skills. No two people with autism are the same, so remember to never generalize, such as *People with autism don't speak or like to be around people*, because that simply isn't true in many cases.

There is no genetic test for Autism. The way Autism is diagnosed is strictly by behaviors. The child must show deficits in three different areas: **Social, Communication and Behavioral**.

Difficulty with social interactions is present in many ways. Many individuals with autism do not spontaneously reach out to others to share information or feelings. They often do not know how to engage in simple social interactions, such as sharing an experience with another person. For example, a three-year-old child with autism may not point to an animal so that his sister will notice it, too. Social skill deficits can make the development of intimate relationships quite difficult. This social deficit is one of the hardest obstacles for a higher functioning person with ASD to overcome.

Difficulty with communication is also present in many ways. One of the hallmarks of autism is a delay in or a lack of development of spoken language. Many individuals with autism do develop speech. Their vocabulary may consist of a few words or many words; sentences may be simple (one or two words) or complex. Common speech abnormalities include echolalia (immediate or delayed repeating of information), unconventional word use, and unusual tone, pitch, and inflection. Even when more complex speech is acquired, individuals with autism typically have poor conversational skills. They may also have difficulty understanding common, nonverbal cues

such as body language, facial expressions, and eye contact. They have extreme problems understanding humor and sarcasm- they tend to be very literal. Unfortunately, not all children with autism develop functional speech. However, many of these individuals with autism do learn to communicate through picture boards, computers, sign language, and other augmentative devices.

Unusual behaviors are displayed in a number of ways. Individuals with autism have a restricted range of interests. For example, a six-year-old child with autism may only play with his or her toy train to the exclusion of all other toys. Additionally, people with autism may engage in peculiar, sustained play activities such as spinning the wheels on a toy car rather than pretending to drive it, or finding a shoestring and dangling it in front of his or her eyes for long periods of time. Most have sensory issues that cause them to react in odd ways- i.e. they may hate the smell of a flower, but want to smell and touch a brick wall. Sensory issues is also the major reason so many autistic children have trouble wearing clothes. It is not uncommon for an autistic child to be more comfortable naked than wearing clothes. You may encounter this in the course of your field work. Individuals with autism can also be very resistant to changes in routine. Even a minor change could be a great upset to a child or adult with autism.

Identifying an individual with Autism

* Officers may encounter Autism by one of its many other names. The differences are not important for officers. What is important is that they will be familiar enough to know that these are one form or another of Autism:

- Autism
- ASD -Autism Spectrum Disorder
- Aspergers Syndrome
- PDD- Pervasive Developmental Delay
- PDD NOS- Pervasive Developmental Delay Not Otherwise Specified

* ID methods. Families use any number of ways to help children be identified.

- Medic Alert Bracelets are one way but often individuals with autism won't wear the jewelry because they are sensory defensive.
- Families will thread the ID into a shoe lace, into a belt or as a zipper pull. It may possibly be a necklace.
- Some families put a business card into a small case and put it in a pocket of their children's clothing.
- ID tags are sewn or stamped into the back of collars.
- On vacation or in large crowd settings many of our families create temporary tattoos with the child's name and their cell phone numbers and place it on the upper shoulder.

Associated Features

No single individual with autism will display all of its possible characteristics. Instead, each person will demonstrate a unique combination of symptoms.

- Little or no eye contact
- Acts as though deaf
- Uneven development of skills
- Resistance to changes in routine
- Marked physical hyperactivity and/or extreme passivity
- Lack of demonstration of typical signs of affection
- Little or no apparent fear of real dangers
- Unusual responses to sensations, including a high tolerance for pain
- Inappropriate laughing or crying
- Inappropriate attachments to objects
- Eating, sleeping, and toileting difficulties
- Aggressive or self-injurious behavior
- Savant abilities (present in less than 2% of individuals diagnosed with autism)
- May be non-verbal (approximately 50% of this population is non-verbal)
- May not respond to “Stop” command, may run or move away when approached.
- May toe walk, have pigeon-toed gait or running style.
- May react to sudden changes in routine or sensory input- for example sirens, K9
- May repeat what the officer says.
- Difficulty understanding body language, such as command presence or defensive posture, or facial expressions- any nonverbal cues tend to be lost.
- May be poor listeners: may not seem to care what you have to say.
- May have passive monotone voices with unusual pronunciations.
- May have difficulty judging personal space- may stand too close or too far away.
- May stare at you or present atypical gaze.
- May persevere on favorite topic- especially if uncomfortable.
- Are usually very honest, sometimes too honest- very blunt

Autism and First Responders

Basic Autism Information for Police & Firefighters:

* Individuals with autism are 7 times more likely to come in contact with police than their typical peers.

* Individuals with autism can't be identified by appearance. They look the same as anyone else. They are identified by their behavior.

* Individuals with autism tend to have an under developed upper trunk and are at higher risk of positional asphyxiation. When restraint is required officers need to be aware of this medical fact and act accordingly.

* Some individuals with autism do not have the normal range of sensations and don't feel the cold. They may not seek shelter if lost out in the cold. This should affect the way a search for a lost child with autism is conducted.

* An individual with autism may not respond to directives, and that can be because they don't understand what's being demanded of them, or even just because they're scared, and the fact that they're scared is the only thing they're aware of -- they may not be able to process the language and understand a directive when fearful.

* These individuals may have a weak understanding of cause and effect. They have little concept of consequences.

* 50% of individuals with autism are nonverbal throughout their life span another 20% may present as nonverbal when highly stressed.

* 30-40% of individuals with autism will develop epilepsy or some other seizure disorder by the end of adolescence. Know that when dealing with an individual with autism, they may experience seizures.

* There are certain times of the year that officers will be more likely to receive calls from our families. That would be early June, late August and the end of December. This is because of the special education school calendar. These times are traditional breaks in programming, even in residential schools. Many residential schools CLOSE for breaks. Children who have been placed in residential settings do come home and the family may or may not be able to handle the situation. Some will have been placed due to behaviors that put themselves or others at risk. Another time is during summer camp season. There are new people, a new setting, and less structure. These kids thrive on routine. Any change in routine can cause behaviors to erupt.

* Individuals with autism are strongly attracted to water. Drowning is a leading cause of death among children and adults with autism. Officers should check area pools, ponds and streams when looking for a lost child. Hoses, irrigation systems and fountains would also be very attractive to them.

* When a child or adult with autism becomes missing from their family or caregivers it must be considered a priority in the handling of the investigation. Regardless of age the case should be treated as if a child of tender age has disappeared. Time is of the essence. These individuals are prime targets for abuse and wandering without recognizing dangerous situations.

* Individuals with autism may engage in self stimulatory behavior such as hand flapping, finger flicking, eye blinking, string twirling, rocking, pacing, making repetitive noises or saying repetitive phrases that have no bearing on the topic of conversation. This behavior is calming to the individual, even if it doesn't appear calming to the officer. If these behaviors are **NOT** presenting as a danger to themselves or others it is in the officer's best interest not to interfere with it. Allow it to continue as long as they are safe and safe to be around. Trying to stop it may cause the individual act out aggressively.

* Individuals with autism should be kept away from the general prison population whenever possible, including time in holding tanks. Their lack of understanding of social situations makes them prime candidates for abuse.

Suggested Responses

During law enforcement patrol situations or encounters with persons with autism, the following responses should be considered:

* Talk in direct short clear phrases "get in," "Sit Down", "Wait here", "Go to the car" An individual with autism may take longer to respond to directives, and that can be because they don't understand what's being demanded of them, or even just because they're scared, they may not be able to process the language and understand a directive when fearful. Use short simple words. Wait 3 seconds, and then ask again. Processing requests takes time for these kids. If they are nonverbal or appear to be nonverbal, they may be able to write or type the information you need. Offer a pen and paper or computer. They also may be able to read, so writing questions may be helpful in getting information.

- Avoid literal expressions and random comments, such as 'give my eye teeth to know', 'what's up your sleeve?', 'are you pulling my leg?', 'spread eagle', 'you think it's cool?' 'spit it out'
- Talk calmly and/or repeat. Talking louder will not help understanding. Model calming body language, slow breathing, hands low.
- Person may not understand your defensive posture/body language; may continue to invade your space. Use low gestures for attention; avoid rapid pointing or waving; tell person you are not going to hurt them.
- Avoid behaviors and language that may appear threatening.

- Look and wait for response and/or eye contact; when comfortable, ask to 'look at me'; don't interpret limited eye contact as deceit or disrespect.
- If possible, avoid touching person, especially near shoulders or face; avoid standing too near or behind; avoid stopping repetitive behaviors unless self-injurious or risk of injury to yourself or others. Some, but not all individuals with autism, will become more agitated and possibly aggressive when touched. Talk when you can. If possible write down questions if talking isn't working.
- Evaluate for injury; person may not ask for help or show any indications of pain, even though injury seems apparent.
- Examine for presence of medical alert jewelry or tags; person may have seizure disorder.
- Be aware of person's self-protective responses to even usual lights, sounds, touch, orders, and animals.
- If possible, turn off sirens, flashing lights and remove canine partners or other sensory stimulation from scene.
- If person's behavior escalates maintain a safe distance until any inappropriate behaviors lessen, but remain alert to the possibility of outbursts or impulsive acts.
- Consider use of sign language, or picture or phrase books.
- If you take an individual into custody and even remotely suspect the person may have an autism spectrum disorder, to reduce the risk of abuse, and/or injury, ask jail authorities to segregate the individual and not to place them in the general incarcerated population before a mental health professional has evaluated them.

EXAM TIPS

Move slowly, performing exams distal to proximal. Explain what you plan to do in advance and as you do it.

Explain where you are going and what they may see and who might be there. This may avert unnecessary anxiety and/or outbursts or aggressions from the patient. Individuals who appear not to understand may have better receptive language, which is not entirely evident.

Speak simply; give plenty of time for an individual with autism to respond to questions. A 3 – 4 second delay is not uncommon. Repeat your question and wait

again. Use a calm voice. Be aware that some autistic persons' use of "yes" and "no" to answer questions may be random and misleading. Try inverting your questions to validate the patient's response.

Expect the unexpected. Children with autism may ingest something or get into something without their parents realizing it. Look for less obvious causality and inspect carefully for other injuries.

If possible ask a caregiver what the functional level of the individual with autism is, and then treat accordingly. Stickers, stuffed animals and such which are used to calm young children may be helpful even in older patients.

If a caretaker is present, allowing the caretaker to ask the questions involved in an exam may increase the likelihood of getting information from the person.

Allow a caretaker to ride with the patient if possible. This will reduce anxiety and make your job less difficult.

Don't presume a nonverbal child or adult who seems not to be listening, can't understand.

Proactive Behaviors For First Responders

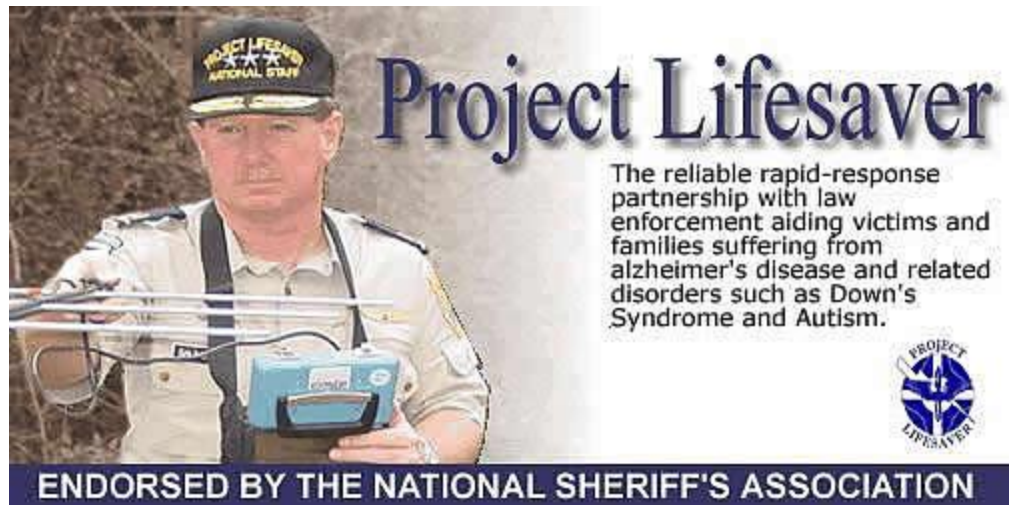
Promote registration of special needs children with the 911 system.

Get out in the community through service fairs and other venues to promote project lifesaver, child identification cards and any other programs you may have.

Police departments, schools, and parents can use programs like DARE to develop positive relationships between community police officers and students with disabilities. These relationships have been proven to reduce negative interactions with the police, make the disabled child and family feel like part of a larger welcoming community, support families and assist educators. Allowing officers to spend an additional 10 - 15 minutes each month in these Special Education Classrooms is the most effective, least expensive training they will ever have an opportunity to participate in. This hands on work is critical to the officers in the field.



For more information on POAC please call us at 732-785-1099 or visit us on the web at www.poac.net . All of POAC's programs and services are free of charge to participants.



What is Project Lifesaver?

Project Lifesaver is a national program that uses radio technology to help locate missing persons. Participants wear a bracelet, equipped with a transmitter, which can aid specially trained Sheriff's Officers in locating them once reported missing. The bracelet requires daily monitoring by the caregiver.

Who is Eligible?

County residents, who are prone to wandering due to illness or disability, (for example: Autism, Alzheimer's). A caregiver must live with participant and be able to check the bracelet battery signal daily.

What does the bracelet look like?

The bracelet is approximately the size of a large wristwatch.



Where can I get information?

In NJ Project lifesaver is run through your counties sheriff department. The application process is slightly different in each county. In some cases you may have to start the application process with another county agency- Please see contact information for the counties at the end of this page.

How much does it cost?

The initial cost for the bracelet transmitter and battery is approximately \$285. There is a monthly cost of \$9-\$15 for a new bracelet and battery. There are some funds available for families in need who cannot afford the cost, so do not let the cost keep you from calling.

How do I apply?

Atlantic County: To obtain an application, call the Atlantic County Sheriff's Department at 609-641-0111.

Bergen: For more information, please contact the Sheriff's Community Outreach Unit at (201) 646-3020 or download an application at Bergen County Sheriff's web site www.bcsd.us

Burlington County: To obtain an application, call the Burlington County Sheriff's Department- Senior Services Unit at 609-265-5796.

Camden County: For more information contact the Camden County Department of Health and Human Services at (877) 222-3737.

Cape May County: For more information contact the Cape May Sheriff's Department at (609) 463-6420

Cumberland County: For more information contact the Cumberland County Sheriff's Department at (856) 451-4449

Essex County: For more information contact the Essex County Division of Senior Services at (973)-395-8375

Gloucester County: For more information contact the Gloucester County Sheriff's Department at (856) 384-4600

Hudson County: For more information contact the Hudson County Sheriff's Department at (201) 915-1300

Hunterdon County: For more information contact the Hunterdon County Sheriff's Office at (908) 788-1166 or Hunterdon County Division, the Senior Services at (908) 788-1361

Mercer County: For more information contact the Mercer County Sheriff's Department at (609) 989-6111

Middlesex County: To obtain an application, call the Middlesex County Department of Human Services at 732-745-4186 and ask for an application for the Project Lifesaver Program.

Monmouth County: To obtain an application, call the Monmouth County Office on Aging at 732-431-7450 and ask for an application for the Project Lifesaver Program.

Morris County: For more information contact the Morris County Sheriff's Office at 973-285-600 or download an application from their web site www.mcsheriff.org

Ocean County: Contact the Sheriff's Office of Emergency Management at (732) 341-3451

Passaic County: For more information call the Sheriff's Community Policing Division at (973) 389-5920

Salem County: For more information contact the Salem County Sheriff's Department at (856) 935-7510 x8375

Somerset County: For more information contact the Somerset County Sheriff's Department at (908) 231-7140

Sussex County: For more information contact the Sussex County Sheriff's Department at (973) 579-0850

Union County: For more information contact the Union County Sheriff's Department at (908) 527-4000

Warren County: For more information contact the Warren County Sheriff's Department at (908) 475-6309

Name of child or adult with autism: _____

Nickname if any: _____ Date of birth: _____ Height: _____

Weight: _____ Eye color: _____ Hair color: _____

Scars or identifying marks: _____

Medical conditions: _____

Address: _____ City: _____ State: _____

Zip: _____ Home phone: _____ Other phone: _____

Method of communication, if non verbal: sign language, picture boards, written word, etc:

Identification worn: ex: jewelry/Medic Alert[®], clothing tags, ID card, tracking monitor, etc:

Current prescriptions (include dosage):

Sensory, medical, or dietary issues and requirements, if any:

Inclination for wandering behaviors or characteristics that may attract attention:

Favorite attractions and locations where person may be found if missing:

Likes and dislikes (include approach and de-escalation techniques):

Medical Care Providers:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parents/Caregiver name: _____ Home phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell phone: _____

Other contact info:

Emergency contact name: _____ Home phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell phone: _____

Other important information:

Why Should Our Department Make POAC our Charity of Choice?

POAC serves the Law Enforcement and First Responders Communities:

POAC has been providing free training to law enforcement and first responders for nearly a decade. **We have trained over 14,000 First Responders FREE OF CHARGE.** We have provided training for officers from every county in New Jersey. Every few months, we receive a phone call or email telling us that our training has been instrumental in actually saving a child's life. Officers and departments tell us the training is some of the best they had in their careers.

POAC serves the Autism Community:

All year long, throughout New Jersey POAC Autism Services offers FREE services and events, which are life altering for those with autism and their families. We provide over 200 free events each year including free parent and teacher training and free recreational events for children and adults with autism and other developmental disabilities. Everything from surf camps, horseback riding and sport leagues are provided to anyone with a developmental disability.

Please consider having POAC as the beneficiary of your next charity event. (Golf outing, Dinner, etc)

More About POAC:

- ✓ 95.5 Cents of every dollar POAC receives goes back into services
- ✓ No participant is ever charged to attend any of our 200 plus events each year
- ✓ POAC receives no government funding
- ✓ All Money Raised By POAC Stays Right Here in NJ, Providing Services in the Local Community

If you would like to help POAC *Make A Difference Now*, or to schedule an upcoming training for your department please contact us at 732-785-1099, or email us at info@poac.net. Visit our web site, www.poac.net for more information.

