AUTISM SPECTRUM DISORDER AND THE JUSTICE SYSTEM

Presented by:

Kate Hooven, MS, Justice System Consultant

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INTRODUCTION
AGENDA

1. Introduction
2. What is Autism?
3. What does the ASERT data say?
4. So What?
5. What’s Next?
WHAT IS THE ASERT?

**Autism Services Education Resources & Training**

- Funded by the Bureau of Autism Services, Pennsylvania Department of Human Services.
- A unique partnership of public and private entities.
- A key component of the BAS strategy for supporting individuals with autism and their families throughout Pennsylvania.

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ASERT PAautism.org

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ASERT EASTERN REGION PROJECTS
#THEDRESS
AUTISM 101
The word Autism is derived from the Greek word “autos” meaning “self”.

Leo Kanner, 1943
HISTORY OF AUTISM: DSM CLASSIFICATION

1987
DSM-III-R criteria for diagnosing autism

1994-2000
DSM-IV and DSM-IV-TR expand autism definition and include Asperger Syndrome

2013
DSM-5 collapses all autism diagnoses into one diagnosis: Autism Spectrum Disorder
 WHAT IS AUTISM SPECTRUM DISORDER?

Repetitive Behavior

Asd

Communication Difficulties

Social Impairments

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MALE V. FEMALE PREVALENCE

1 in 68
1 in 42
1 in 189
INCREASING PREVALENCE


1/500  1/250  1/166  1/150  1/110  1/88  1/68
Why is the Prevalence Increasing?

Reasons: unclear

- 46% Unknown
- 25% Diagnostic shift
- 15% Greater awareness
- 10% Parental age
- 4% Spatial clustering

Source: nature.com
Autism is a lifespan disorder and does not go away in adulthood, though the symptoms and presentation may change.
Service Systems Access by Age

**Pre-Elementary:**
EI services are available until age 5

**Elementary:**
Special Ed and BHRS services

**Middle/High School:**
Special Ed until age 22 and BHRS services until age 21

**Adults:**
~500+ slots for the Adult Autism Waiver and Adult Community Autism Program
Comorbid Conditions: What Ages are We Seeing Them?

Childhood
- ADHD
- Behavioral/Conduct
- Anxiety

Adolescence
- Intellectual Disability
- Schizophrenia
- Bipolar
- ADHD
- Behavioral/Conduct
- Anxiety

Adulthood
- Intellectual Disability
- Schizophrenia
- Bipolar
- Anxiety

Source: paautism.org/census
Children and Adolescents (under 21):

- ADHD: 46%
- Behavioral/Conduct: 53%
- Anxiety: 15%
- Stress: 15%
- Bipolar: 8%
- Schizophrenia: 1%

Adults (over 21):

- ADHD: 18%
- Bipolar: 23%
- Behavioral/Conduct: 25%
- Stress: 11%
- Schizophrenia: 13%
- Anxiety: 29%
- Depression: 27%

ID: 49%

Source: PAautism.org/needsassessment
POLY-PHARMACY

Among 33,565 children with autism

64% of children
35% of children
15% of children

Number of psychotropic medications

Source: Spencer et al., 2013
Diagnosing Autism Spectrum Disorder

Important Factors for ASD Diagnosis

- Early Detection
- There is NO Medical Test
- Standardized Assessment Examine Behaviors
- Diagnosis Team Specializing in ASD
- Caregiver Awareness of ASD Signs
**POTENTIAL CAUSES AND RISK FACTORS**

Currently there is no singular proven cause of ASD.*

Research is still being established in this area

* Source CDC.gov
Symptom Domain #1: Social Interaction

1. Lack of Attention to Faces
2. Reduced Eye Contact
3. Lack of Social Reciprocity
4. Difficulty in Receiving and Expressing Emotions
5. Difficult in Developing Peer Relationships
6. Difficulty in Using Nonverbal Social Communication
SYMPTOM DOMAIN #1: SOCIAL INTERACTION

Tools/Strategies for Little/No Eye Contact

- Does not mean they are not listening
- Wait for their response first
- Smile and engage
- Try to capture attention, but do not force it

[Image of faces with text annotations]

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Symptom Domain #2: Communication Difficulties

- Absence or Delay in Language
- Stereotyped or Repetitive Use of Language
- Difficulties in Initiating or Maintaining Conversation
- Deficits in Voice Tone
- Lack of Social Play
**Language**

- Speak clearly and concisely
- Speak in a calm, quiet voice
- One command at a time
- Ask if they understand
- No slang or abstract language
- Give them time to respond
- Repeat or rephrase
- One person talks at a time
ECHOLALIA

Immediate Echolalia
“Do you have ID?”
“Do you have ID?”
*Keep in mind when giving a choice, they may always repeat the last choice.*

Delayed Echolalia
“Do you have ID?”
“Can you hear me now? Good.”
Symptom Domain #2: Communication Difficulties

Tools/Strategies for Lack of/Delayed Language

Picture exchange communication system (PECS)

Alternative Communication
Symptom Domain #3: Restricted or Repetitive Behavior

- Stereotyped, Repetitive Motor Mannerisms
- Restricted Interests
- Inflexible Adherence to Routines or Rituals
- Preoccupation with Parts of Objects
Symptom Domain #3: Restricted or Repetitive Behavior

Tools/Strategies for Repetitive Behaviors
CHARACTERISTICS ASSOCIATED WITH AUTISM

- Sensitivity to Light
- Sensitivity to Touch
- Sensitivity to Sound

https://youtu.be/7oe7yNPyf2c
SIGNS OF POSSIBLE OVERSTIMULATION

- Flapping
- Pacing
- Rocking
- Scripting
- Loud Verbalizations
Overstimulation can lead to...

- Tantrums (e.g. yelling, flapping)
- Eloping (running away)
- Self Injurious Behavior (biting self, hitting head)
- Aggression
DATA
AUTISM PREVALENCE IN PENNSYLVANIA

2009: 19,862
2014: 55,830
2014*: 188,000

Applying CDC Prevalence
JUVENILE JUSTICE CHARGES: PA

Top 5 Charges

Theft
Harassment-Strike, Shove, Kick
Simple Assault-Causing Bodily Injury
Theft by Receiving Stolen Property
Aggravated Indecent Assault

Ages with Highest Number of Charges

10 11 12 13 14 15 16 17 18 19 20 21

PA
### JUVENILE JUSTICE BY CHARGE TYPE: PA

<table>
<thead>
<tr>
<th>Charge Type</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offense Against Person</td>
<td>48%</td>
<td>Includes Assault, Harassment, Stalking etc.</td>
</tr>
<tr>
<td>Offense Against Property</td>
<td>30%</td>
<td>Includes Arson, Theft, Trespassing etc.</td>
</tr>
<tr>
<td>Other</td>
<td>22%</td>
<td>Includes Drug Charges, Driving Offenses, etc.</td>
</tr>
</tbody>
</table>
JUVENILE JUSTICE BY CHARGE SEVERITY: PA

Felony

- PA-27%

Misdemeanor

- PA-56%

Summary

- PA-17%
Survey Design

Who?

Where?

What do you need?

What do you know?
**Respondents**

- 365 Respondents
- Representation from many systems and professions
- Largest proportion of respondents from probation

![Bar chart showing the distribution of respondents by profession.](chart.png)
Map of Respondents
## General Autism Knowledge Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Percent Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading facial expressions may be difficult for people with autism.</td>
<td>88%</td>
</tr>
<tr>
<td>Individuals with autism often have a set of focused and specific abilities or skills.</td>
<td>88%</td>
</tr>
<tr>
<td>Generally individuals with autism do not easily understand or relate to the feelings and thoughts of others.</td>
<td>78%</td>
</tr>
<tr>
<td>Autism affects both males and females equally.</td>
<td>54%</td>
</tr>
<tr>
<td>Many individuals with autism do like being touched.</td>
<td>36%</td>
</tr>
<tr>
<td>The symptoms of autism do not change with age.</td>
<td>19%</td>
</tr>
<tr>
<td>Most people with autism can easily understand sarcastic language.</td>
<td>6%</td>
</tr>
<tr>
<td>People with autism generally make good eye contact with other people.</td>
<td>5%</td>
</tr>
</tbody>
</table>
TRAINING EXPERIENCE

Received Training
27%

Did not Receive Training
73%
ASD & SEXUALITY
SEXUALITY AND ASD: BACKGROUND

- Difficulties with interpersonal relationships
- Impact of communication deficits
- Curiosity about sexuality
- Impact of social isolation
- Rejection from their peer group
- Access to sex education may be an issue
INAPPROPRIATE SEXUAL BEHAVIORS

- Lack of socio-sexual knowledge
- Confusion about privacy and intimacy
- Issues of consent
- Restricted interest and sexual obsessions
PREVENTION: SEX EDUCATION

- Limits and boundaries
- Appropriate and inappropriate behaviors
- Theory of mind and notion of consent
- Illegal behaviors and their consequences
- Body parts, hygiene, self-esteem, intimacy, steps in a relationship, expression of emotion, communication and positive relationships
Preventative Strategies and Resources

- Guidance and support in friendship abilities
- Prevention of bullying
- Guidance on aspects of puberty and sexuality
- Self-acceptance
- Acceptance by family members
- Training of psychologists and psychiatrists in sexuality and ASD
Kate Hooven

SO WHAT?
YOUR ROLE IN THE JUSTICE SYSTEM
SENSORY EXPERIMENT
SENSORY OVERLOAD: EXAMPLE
SAFETY IS THE GOAL

A better understanding of autism will help keep you, the individual, and the community safe.

A better understanding will help prepare you for interacting with individuals with autism to better support them and their families.
What May Impact Safety

- Misreading Social Cues
  - May not understand sarcasm
  - May not understand seriousness
  - May not understand friendliness

- Difficulty understanding Social Rules
  - Difficult to respond appropriately

- Sensory Issues
  - Self-stimulating behavior
  - Perception of being inebriated or high
**What May Impact Safety (cont.)**

**Processing Delay**
- May not respond to command immediately
- Perception of insolence

**Lack of Eye contact**
- Due to social interaction difficulties
- May have little to no eye contact
- Perception of insolence

**Scripting /Repetition**
- Individual may repeat lines of a movie, TV show to handle overstimulation
- Perception that individual is not focusing or paying attention
WHAT MAY IMPACT SAFETY (CONT.)

**Emotional Regulation**
- May not be able to handle stressful situation
- May have meltdown or tantrum
- Perception of purposeful disruption

**Executive Functioning**
- Deficits in organization, planning
- Difficulty organizing thoughts
- Poor impulse control
Consider Possible Traumas to an Individual with Autism

- Bullying
- Physical Abuse
- Emotional Abuse
- History of Restraints
An Individual with Autism May:

- Act deaf, not respond to your commands or his/her name
- Have an impaired sense of danger
- Have a heightened flight or fight response
- Avoid eye contact
- Have heightened sensory perception
- Not tell you if they are hurt
- Be drawn to water
- Engage in repetitive behavior
- Try to touch your badge, handcuffs, etc.

Source: Debbeudt, Dennis. Autism Safety Education & Training: aset911.com
HOW TO APPROACH SOMEONE WITH AUTISM

1. SLOW DOWN!
   - Slowly and cautiously

2. Give verbal warnings

3. Keep your voice quiet and calm

4. If possible, do not put your hands on the individual

5. Ask if they understand what you are saying

6. Ask to repeat back what you said

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IN OTHER WORDS...

Be

S. Stay calm
A. Ask clearly
F. Facilitate Understanding
E. Explain the Process
R. Repeat commands
SAFETY: EXAMPLE
**Miranda Rights**

“..anything you said can and will be held AGAINST you…”

- Miranda Rights are extremely wordy
- Language is vague and could be confusing
SEARCHES

Provide adequate warning and thorough explanation

Sensitivity to touch make body search difficult

Disrupting property in searches may upset need for routine
SEARCHES (CONT.)

Additional Considerations

- Language Difficulty May Play a Role
- May Need Extra Time to Process Information
- Consider Item Fixation
CUSTODY/ARREST

S. Stay calm
A. Ask clearly
F. Facilitate Understanding
E. Explain the Process
R. Repeat commands

Demonstrate what you are going to do on your partner

Turn down radio volume
Conceal your pepper spray, firearms

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To decrease anxiety:

- Turn down radio volume
- Turn off siren
Do not be alarmed if you witness the following coping mechanisms:

- Spinning
- Flapping
- Scripting
- Atypical body or facial movements
Fingerprinting/swabbing may present sensory issues for an individual with autism
**The Do’s For A Positive Interaction**

**Don’ts**

- Do maintain a safe distance
- Do look for autism identifiers (bracelet, card)
- Do remain calm
- Do reassure that you are there to help
- Do model the behavior you are requesting
- Do turn down/off radio, siren, lights and keep canine in car

**Do’s**
Do’s CONTINUED

Don’ts

Do’s

• Do ask if they are hurt
• Do use pictures or visuals if possible
• Do ask if they have autism
• Do recognize that change is very difficult

Source: Debbaudt, Dennis. Autism Safety Education & Training: aset911.com
AND THE DON’TS

Don’ts

• Don’t stop repetitive behavior if not injuring self or others
• Don’t touch the individual
• Don’t take preferred items or objects if not dangerous
• Don’t use quick or sudden movements
• Don’t give too many commands or choices
• Don’t interpret their silence or failure to respond as non-compliance

Do’s

Source: Debbaudt, Dennis. Autism Safety Education & Training: aset911.com
Don’ts Continued

- Don’t force eye contact
- Don’t assume lack of eye contact means deception
De-escalation techniques that may help resolve a crisis:

- Attempt to reduce stimulation
- Keep your voice calm
- Avoid overreacting
- Listen to what the person is communicating
- Do not argue or contradict the person
- Express support and concern
- Do not force eye contact
- Do not prevent, block ritualistic / repetitive behavior, unless behavior is dangerous

Ask how you can help

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De-escalation techniques that may help resolve a crisis:

- Keep stimulation level low
- Move slowly approach from the front
- Offer options instead of contingencies or taking control. Use First / Then approach
- Avoid touching the person unless you ask permission
- Be person and supportive
- Give verbal or visual cues before initiating any action
- Give the person space
Communication in Crisis Situations

- Keep in mind that behavior, verbal or nonverbal, can be extremely powerful.

- Some individuals with ASD may not be able to speak; however, they still communicate.

- Communication methods can include: gestures, motor movements, boards, talkers, facial expressions, and vocalizations to name a few.

- Keep in mind that for all people (both verbal and nonverbal) behavior can be a powerful means to express a need, feeling, or preference.
Motivational Interviewing: Challenges

- Open ended questions may be challenging
- "Chatting" may be difficult due to language deficits
- Individuals with autism may be rigid in their thoughts and behavior
- Eliciting empathy may be a challenge
- Cognitive behavioral skill building techniques may not be as effective for someone with autism.
MOTIVATIONAL INTERVIEWING

Tools/Strategies for Motivational Interviewing

Positive reinforcement versus confrontation will be the best motivator.

Find some type of activity, hobby, interest that the person has and use that as a motivator.

Make an appropriate referral to an expert who has experience working with people living with autism.

Take into account the impact autism has in all areas when developing a case plan.
**INTAKE INTERVIEW**

- Allow extra time
- Be specific
- Ask one question at a time
- Do not use sarcasm, idioms, metaphors
- Have parent present if possible
- Have as many records as possible
- Consider wait times for evaluations

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[ASERT PA autism.org](https://asertpa.autism.org)
SEEKING AN AUTISM REFERRAL

County Psychologist or Standard Referral Process

ASERT Resource Center
877-231-4244
APPEARING IN COURT

- Increased Stress
- Language Issues
- Metal Detector
- Extra Processing Time
- Victim Empathy
- Courtroom Attire
Tools/Strategies for Supporting Individual in Court

- Provide visual schedule in advance
- Continually remind individual about court date
  
- Prompting if questions are vague
  
- Prepare court staff about autism diagnosis
Aspects of the Intake Process may be stressful and challenging

- Strip search
- Exam
- Urinalysis
- Questioning
- Locking doors

May need a quiet room to decompress

Provide warning and visual process if possible
DETENTION/PRISON: NEW ROUTINE

Tools/Strategies for Coping with a New Routine

[Image: Daily Schedule]

1. Arrive at school
2. Check in
3. Reading
4. Writing
5. Math
6. Recess
7. Journal
8. P.E.
9. Lunch
10. Art
11. Shared reading
12. Bus
DETENTION/PRISON: NEW ROUTINE

Tools/Strategies for Easing Transition

- Allow individual to shower alone or with few others around
- Provide extra supervision in the gym
- Allow individual to be in the front or back of the line
- Allow for alone time after group activities
- Assign appropriate chores
DETENTION/PRISON: NEW ROUTINE
Tools/Strategies for Easing Transition

During room search, try to keep the room as it was.

Understand, hygiene may be a challenge.

Provide visuals as much as possible.
DETENTION/PRISON: ATTENDING SCHOOL

Make staff aware of individual’s diagnosis

Provide visual schedule and supports during school hours

Communicate with home school

Allow for breaks
RULES OF PROBATION

Be specific
- Provide examples
- Be literal

Provide Visuals
- Next to each rule

Sensory issues
- Electronic bracelet may be a challenge
- Consider community service options
TYPES OF WANDERING

- Goal-Directed Wandering
- Fleeing/Bolting
- Other
WANDERING STRATEGIES

1. Alert local law enforcement/EMS about individual’s wandering
2. Alert neighbors and local businesses
3. Enroll child/adult in swim lessons
4. Explore areas of fascination in a safe, supervised way
5. Create Visuals such as Stop Signs by all doorsy
If called to the home, help parents understand the importance of PLAN for future incidents.
EATING AND FOOD SENSITIVITIES

Texture friendly foods

Consider the brand

Sensory friendly environment

What was eaten at home?

Have their favorites available

Specific utensils

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CLOTHING

- Clothing and shoes brought from home
- Sensory friendly clothing
- Let them pick out their clothes
- Be aware of tags, decals, and stitching

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WRAP UP
The amount of information on ASD available can be overwhelming.

Make informed decisions while doing your research.

ASAT Online
www.asatonline.org

ASERT
www.paaautism.org

CDC
www.cdc.gov
Creating a paautism.org Account

A website for Pennsylvanians with autism, their families, communities, and the providers who support them.
FOLLOW-UP TRAINING?

Email us! ASERT@drexel.edu

Call us! 215-571-3181 or 215-571-3449
ASERT is funded by the Bureau of Autism Services, PA
Department of Human Services