



Understanding Core Characteristics of Autism and other Developmental and Intellectual Disabilities

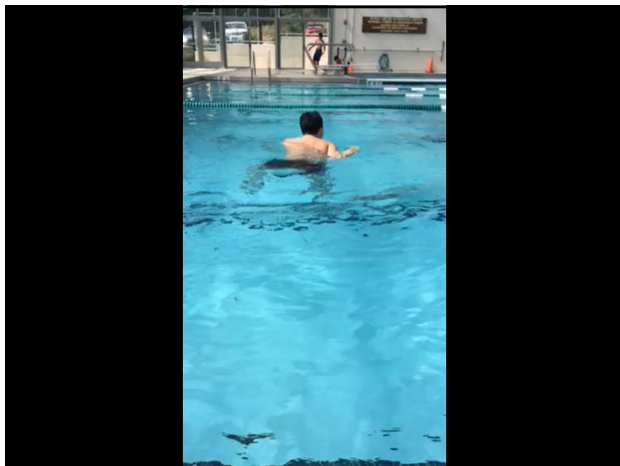



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Why Should You Care?





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Common Core Disability Characteristics

Disability	Visible Characteristics?	Communication /Language Processing Disorder	Sensory Processing Disorder	Social Interaction	Behavior
Autism	N	✓	✓	✓	✓
Cerebral Palsy	Y	✓	✓	✓	✓
Intellectual Disability	Y/N	✓	✓	✓	✓
• Down syndrome	Y	✓	✓	✓	✓
Tourette Syndrome	N	✓			✓
Fetal Alcohol Syndrome	Y				✓




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Spectrum of Supports Needed Traditional Model



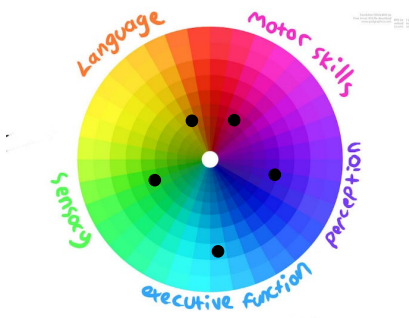
- More impacted by characteristics
 - May need more supports
- Mild characteristics
 - May need fewer supports

Presume intellect
More supports ≠ low intelligence




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Spectrum of Supports Looks More Like This



Spectrum design by Rebecca Burgess



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Prevalence Statistics

- About **1 in 31** children has been identified with an autism spectrum disorder (ASD) according to estimates from the CDC.
 - **1 in 20** boys
 - 1 in 70 girls
 - **1 in 38** children in Maryland
 - 1 in 93 girls
 - **1 in 24** boys in Maryland
 - 1 in 93 girls



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Prevalence Statistics (from CDC)

- **1 in 6** of children aged 3-17 have a developmental disability
 - 1 in 83 have an intellectual disability
 - 1 in 345 have Cerebral Palsy
 - 1 in 700 have Down Syndrome
 - 1 in 162 have Tourette Syndrome



Statistics as of December 2021 from the CDC



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Exercise Time



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Communication/Language Processing Disorder

- May communicate with or without words
- May use alternative mode of communication – iPad or other assistive technology, gestures, sign language, PECS
- May be verbal, but unable to sustain a conversation
- May only cite scripts or use echolalia
- May use repetitive or idiosyncratic language (ASD and Tourettes)
- Articulation difficulties (ID/Down syndrome and Cerebral Palsy)



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Communication/Language Processing Disorder

- May only understand direct language
 - May be able to speak but answers may seem blunt or tactless
 - May be unable to understand sarcasm, metaphors or euphemisms



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Communication/Language Processing Disorder



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Communication/Language Processing Disorder

- May appear deaf and may not respond to verbal cues
- Receptive and Expressive Language may require additional processing time



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Communication/Language Processing Disorder

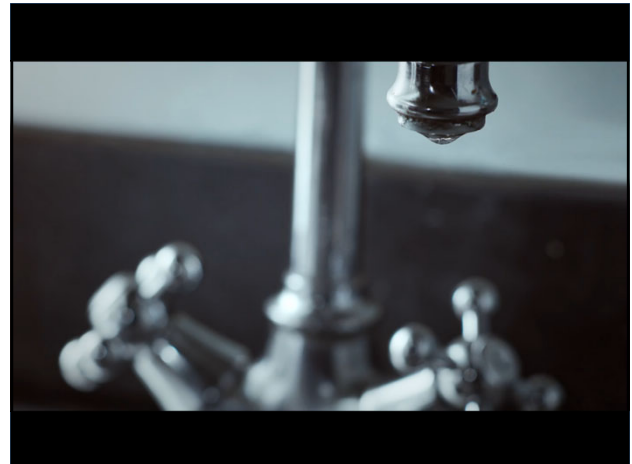


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When Interacting with a Person with a Developmental Disability . . .



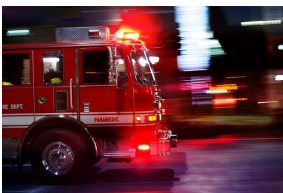
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Sensory Processing

- sensitivity to sound, light and touch
- easily over-stimulated
- under-stimulated
- difficulty with body awareness and balance



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Seizures

Features can be:

- Muscle jerks
- Eyeball twitching
- Staring
- Inability to respond despite consciousness
- One body part twitching

Use caution when using a pen light



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Social Interaction

- May not make eye contact
- May not pick up on social cues or body language
- May not understand personal space
- May be huggers or kissers
- Down syndrome – may be overly social and not recognize the seriousness of situation



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Social Interaction

- May lack social or emotional reciprocity
- May not respond “appropriately” – may laugh or giggle at inappropriate times
- Cerebral Palsy – may not be able to show signs of emotion
- May not develop peer relationships



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Behavioral Effects

- May have obsessive tendencies (passions)
- May act impulsively
- Anxiety creates repetition
- Medication effects



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“Bad Behaviors”

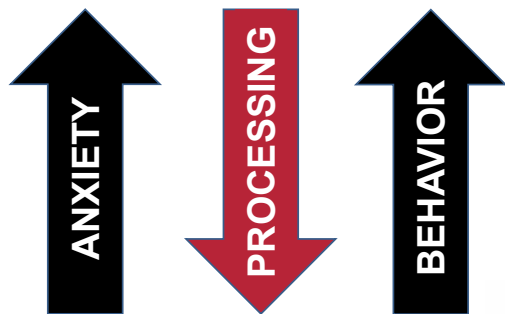
- All “behaviors” should be seen as communication
- People may engage in “acting out” or “aggressive behavior” because of:
 - The inability to communicate ideas, pain or mental health experience in ways that are effective, reliable and universally understandable*
 - Difficulty adjusting to new routine or situation

*From William Stillman, “Presuming Intellect”



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When Interacting with a Person with a Developmental Disability . . .



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Fire/EMS Considerations

Individuals with an I/DD MAY –

- Require more time on-site
- May continue to do something after being told to stop
- Aggress towards or respond violently during a rescue
 - React with “fight” or “flight”




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Fire/EMS Considerations

Individuals with an I/DD MAY --

- Hide when scared – and in unexpected places
- Be attracted to water, lights, reflections, shiny objects, or high places
- Not react well in emergency situations or recognize real danger (heights, may re-enter burning building, touch downed power lines, etc.)
 - Aerial tower or platform suggested to remove the individual from a dangerous height





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Fire/EMS Considerations

Individuals with an I/DD MAY --

- Find non-skid surfaces (such as those found at the rear entrance of an ambulance) frightening or difficult because of the patterns and rough edges

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Fire/EMS Considerations

Individuals with an I/DD MAY --

- Have a high tolerance for pain
- Evaluate for injury toe-to-head





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Fire/EMS Considerations

Individuals with a I/DD MAY --

- Have a poorly developed torso. Positional asphyxia could occur so it is critical to ensure that a prone position is not used.
- Be taking medications. If they wear off, you could see a significant change in behavior.
- Appear to be under the influence of alcohol and drugs.



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Fire/EMS Considerations

The patient may not be the person with an I/DD




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Treating Autism



- Early Intervention
- Therapies
 - Physical
 - Occupational
 - Speech
 - Behavioral interventions
 - Medications
 - Biomedical
 - Special diets
- Some people may need services and supports their entire lives



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Crisis


- Real or Perceived = REAL




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Elopement and Wandering

- 26.7% of all children with I/DD elope
- 49% of children with ASD elope
- 1/3 (more than) cannot communicate their name, address or phone



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Elopement and Wandering


- 71% of deaths related to wandering caused by drowning





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Recommendations You Can Make to Caregivers and Staff

- Personal ID – Identification card, medical ID bracelet, Safety Tat, shoe tag, IfNeedHelp.org
- Contact local dispatch so they will know your family, be aware of your situation, and can list emergency contact information if the person is found wandering
- Alert friends and neighbors
- Have the parents complete a First Responders Form
- Teach your child water safety





- www.pathfindersforautism.org/resources/safety



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IfNeedHelp.org

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Home Obstacles

To protect an individual from elopement or harm, you may find:

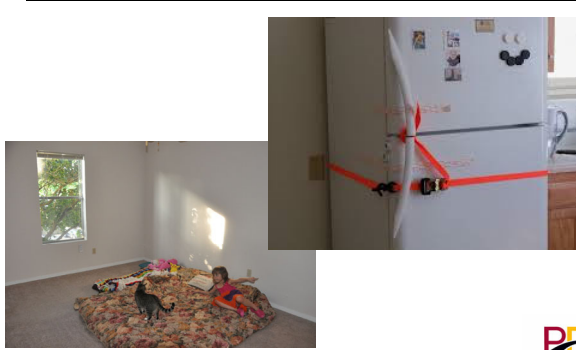
- Additional locks on both interior and exterior doors
- Locks on gates requiring bolt cutters
- Bars on windows





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Home Restrictions/Modifications



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Providing Assistance to a Person with I/DD

- Be patient and give the person space
- Realize the person may not recognize your uniform and that you are there to help them
- Check for ID jewelry, ID card, ID sewn into the individual's clothing, shoe tag



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Providing Assistance to a Person with I/DD

- Wrapping a person in a blanket with their arms tucked inside may help calm them
 - During transport or rescue
 - Pressure can be calming
 - Do not apply too much pressure to torso as muscles may be poorly defined (risk of asphyxiation)
 - Approach from the side as they may throw their head back



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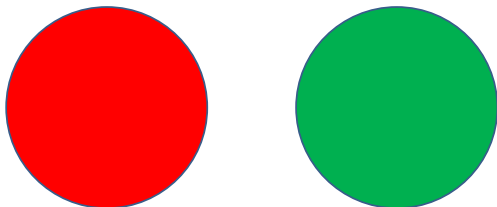
Providing Assistance to a Person with I/DD

- Use simple sentences-avoid metaphors and sarcasm
- Ask questions one at a time
- Give plenty of time for the person to process the information and respond
- Provide multiple communication methods
- Answering individual's questions may minimize anxiety
- If a car accident, check for any communication devices left in the car



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Providing Assistance to a Person with I/DD



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Providing Assistance to a Person with I/DD

- Offer step by step description of your actions
- Demonstrate what you want the person to do, when possible
- For someone with cerebral palsy, consider obtaining vital signs manually instead of with the monitor to limit interfering movement



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Providing Assistance to a Person with I/DD

- Maintain a calm demeanor and voice
- Be alert to signs of increased frustration and try to eliminate the source if possible as behavior may escalate
- Avoid stopping the repetitive behaviors unless there is a risk of injury to yourself or others



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Group Homes

- Not every group home is the same
- Ask to see the person's plan to see if it addresses how to handle different situations
- Remember: "bad behaviors" are communication
- You may need to educate the staff
- People don't need support staff to be **supervised** – they need to be **supported**



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FOR MORE INFORMATION



Shelly McLaughlin, Program Director
smclaughlin@pfamd.org

Neal Lichter, Program Director
nlichter@pfamd.org

www.pathfindersforautism.org

Cpl. Janelle Myers
jmyers@pathfindersforautism.org
443.686.1871

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De-Escalation Strategies

This is not an exhaustive list of de-escalation strategies. If a caregiver is present, ask that person for tips on the person's triggers and calming strategies. Note, not all of these techniques will be effective for each person. You may have to try several of the listed options before discovering what works best for that person.

Communication

- Identify yourself
- Use non-threatening body language
- Call the person by their name
- If the person doesn't use verbal communication, allow them the opportunity to write or type.
- Look to see if the person uses a communication device. If so, they may need to keep it with them.
- Use active listening
- Ask questions one at a time
- Speak calmly
- Speak in short sentences and use direct, literal language – no sarcasm or slang terms
- Have the person go with you to a place where more personal (1:1 communication) can occur
- Understand the person may need processing time and may not be able to respond to questions, commands or instruction immediately
- Consider using pictures or other visuals, gestures, written text
- Let the person know how long you want to talk, and when they get a break. Set a timer so the person can see how long they have until the break. Keep in mind some people may only be able to tolerate 10, 5 or even only 3 minutes at a time.

Redirection

- Redirect using the person's passions (ex. if the person's passion is dogs, talk about your own dog, pull up pictures of dogs on the internet, etc.)
- Is there something you might have in your car of interest to them?

Sensory issues

- Move to a quiet area if possible
- Cut lights and sirens if safe to do so
- Turn down police radio
- If the person seems somewhat "lost in space", allow them to anchor themselves. Offer them to lean on your car, against a guardrail, sit in a chair or on the curb, etc.

Make the person feel empowered

- Remind the person of potential consequences of actions
- Guide the person through problem solving
- Remind the person of coping skills: Ask "when you are feeling this way, what helps you?"
- If possible give the person choices so they don't feel as though they have lost all control of the situation

General techniques

- Slow your movements down and telegraph your movements – state each action you are taking so your movements are predictable
- When doing a physical assessment for injury, go toe-to-head (rather than head-to-toe). This way you are going from least invasive, to most, and that can help reduce anxiety.
- If the person is not at risk for injuring themselves or others, try waiting it out and allow them time to decompress on their own.



Questions Dispatchers and First Responders Should Ask

This is not an exhaustive list, however these questions and tips offer the basics in information gathering when a person with an intellectual/developmental disability (IDD) is involved.

General Questions for the Caregiver

- What is the person's diagnosis?
- What are the person's triggers, fears and passions?
- What coping strategies does the person typically use?
- Does the person have sensory issues? What is their tolerance for lights, sounds, touch?
- What communication methods does the person prefer?
- What assistance does the person need? Do they need time? Support? Space?
- Is the person threatening to hurt themselves or others?
- Is the person on any medications?
- Is the person afraid of police? Will they recognize a police uniform?

Critical Missing - Questions for the Caregiver

- Does your child have a favorite or typical place where they go? (Or has expressed a desire to go?)
- What are your child's triggers, fears and passions? Include specific resources used by search teams – K9s, helicopter, police, police cars, etc.
- Will your child respond to their name?
- Do they have any form of identification on them?
- Do they have sensory issues? What about tolerance for lights, sounds, touch?
- Where are the bodies of water?
- Can your child swim or understand water safety?
- How long has the person been missing? (push for an accurate time frame)
- Is the person on any medications?
- Is the person afraid of police? Will they recognize a police uniform?

Tips when questioning an individual with an intellectual or developmental disability:

- Ask open-ended questions, such as, "What is happening?" or "How can I help you?"
- Avoid questions requiring abstract thinking such as, "How old do you think he was?"
- Do not pretend to understand a response
- Be alert to signs of increased frustration
- Tell the person what actions you are taking
- If the person doesn't use verbal communication, allow them the opportunity to write, type, or use pictures.
- Look to see if the person uses a communication device. If so, they may need to keep it with them
- Ask questions one at a time
- Speak calmly
- Speak in short sentences and use direct, literal language – no sarcasm or slang terms
- Understand the person may need processing time and may not be able to respond to questions immediately
- Expect and allow for rocking or other self-soothing behaviors
- Take your time, there's no need to rush or add undue pressure once you know the person is safe

Should any medical attention be required, notify the medics as soon as possible that the person has an IDD. If medical attention is non-emergent, introduce the medics as though you were introducing a friend of yours to another friend. If you, the officer, have built a rapport with the person, consider riding in the medic with them in an effort to minimize any anxiety or sensory overload.



Critical Missing Persons

If you find an individual with an Intellectual/Developmental Disability (IDD)

Exercise care when looking for identification, labels, shoe tags, etc. Keep your movements slow and tell the person each action you're taking so your movements are predictable. Consider starting from toe to head instead of head to toe (this way you're going from least invasive to most - and that can help reduce anxiety).

Look for the following items:

- State ID
- Look for Emergency Contacts listed on ID (scroll to bottom of soundex)
- Labels in/on clothing
- Shoe tags
- Medic Alert bracelets
- Temporary tattoos

Assess for possible abuse or neglect

- Once you have identified where the person lives, pause before simply taking them back.
- Abuse and neglect are common – individuals with I/DD are 4-10 times more likely to be victimized than the general population. This is the case for both relatives and non-familial caregivers.
- Look in the house for other signs of possible abuse and neglect
- If you suspect abuse or neglect, call the proper agency for an investigation:
 - For children - Child Protective Services (CPS)
 - For adults - Adult Protective Services (APS)

26.7% of all children with IDD elope

49% of children with Autism Spectrum Disorder (ASD) elope from a safe environment

More than 1/3 of children with ASD cannot communicate their name, address or phone number

71% of deaths related to wandering caused by drowning

If you are searching for someone

Questions to ask the caregiver

- Has the person ever eloped before?
- If so, where did the person go?
- Can your child swim or understand water safety?
- Does the person have family/friends or favorite place nearby they might be trying to visit?
- Is the person able to verbally communicate? If no, how does the person communicate?
- Will the person respond to their name?
- Will they bolt and run (do they lack regard for safety/traffic)? Do they like to be chased (think it is a game)?
- What developmental/cognitive age would you describe the person? Would they be able to perform any self-care tasks, ie. going to the bathroom alone, seeking shelter from inclement/dangerous weather, seek out food/water for themselves?
- Is the person on any medications?
- What are the person's passions?
- Is the person afraid of dogs and helicopters, or would K9 and aviation draw him out?
- Is the person afraid of police? Will they recognize a police uniform?

<https://pathfindersforautism.org/resources/safety/>



Critical Missing Persons

...continued

What to do in a search

- Google Map for bodies of water – SEND OFFICERS THERE IMMEDIATELY
- Call in resources to saturate the area
- Get out of the car, go door to door with a photo
- Don't search with preconceived notions of where the person may/may not be
- Push caregivers about the amount of time a person has been missing
 - Let them know they aren't in trouble
 - Changes the parameter of search
- Use media and social media
- Don't let distractions keep you from your search (ex., end of shift)
- Check hospitals – GO THERE
- Pass look-outs on to metro, neighboring jurisdictions, etc.
- Have neighbors check their houses
- Minimum of 2 officers check house (or last place seen) independently
- Use Reverse 9-1-1 / A Child Is Missing to get the information out (this service is an auto-dialer that will call households within a zipcode(s) area and notify residents of critical missing children or vulnerable adults)
- Should any medical attention be required, notify the medics as soon as possible that the person has an IDD. If medical attention is non-emergent, introduce the medics as though you were introducing a friend of yours to another friend. If you, the officer, have built a rapport with the person, consider riding in the medic with them in an effort to minimize any anxiety or sensory overload.