

AUTISM SPECTRUM DISORDER AND THE JUSTICE SYSTEM: 2016 PA CONFERENCE ON JUVENILE JUSTICE

ASERT
bringing autism resources together.

PA *autism.org*

Presented by:

Kate Hooven, MS, Justice System Consultant

November 3, 2016

INTRODUCTION

AGENDA

1

- Introduction

2

- What is Autism?

3

- What does the ASERT data say?

4

- So What?

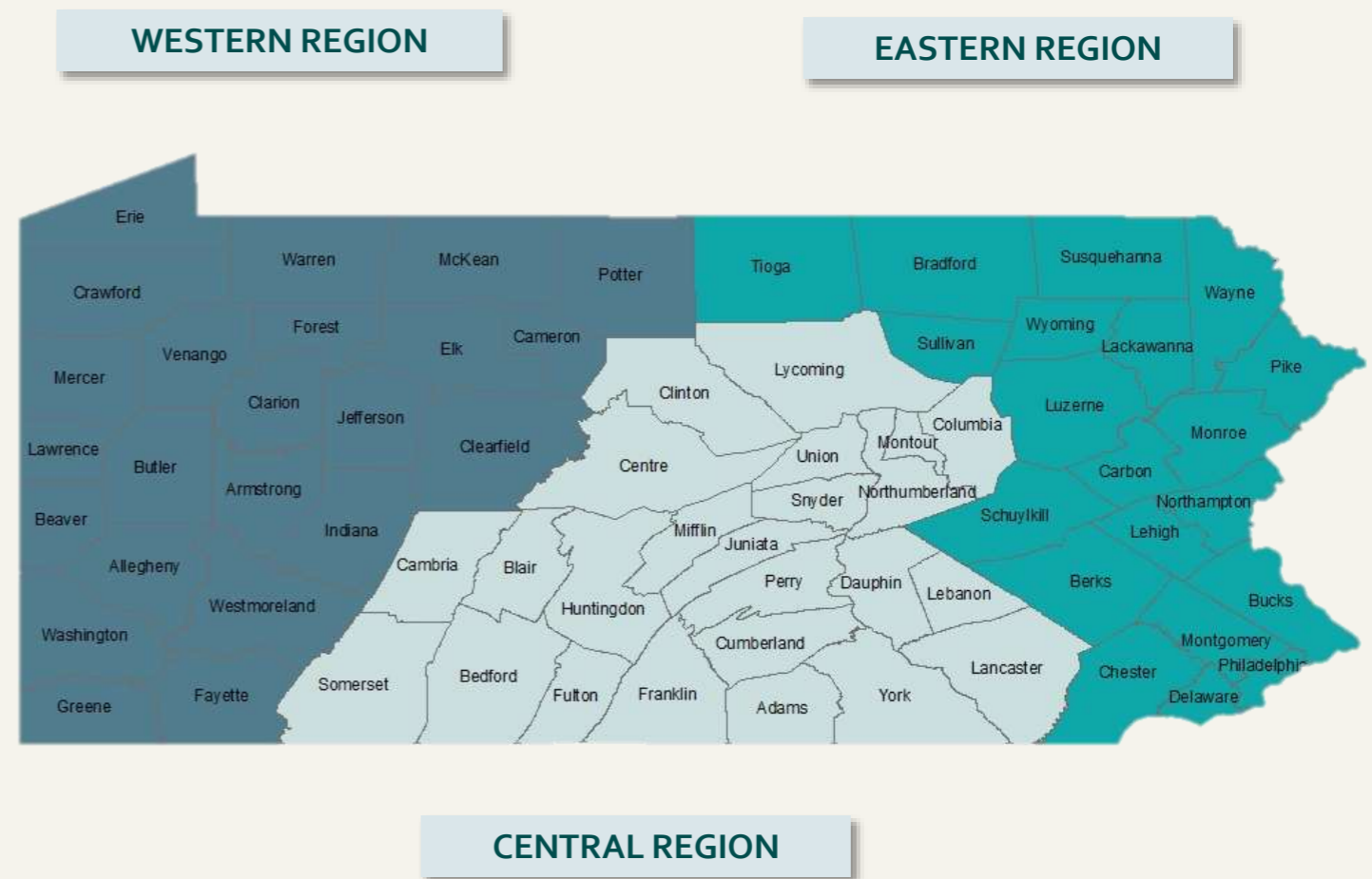
5

- 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.



ASERT EASTERN REGION PROJECTS



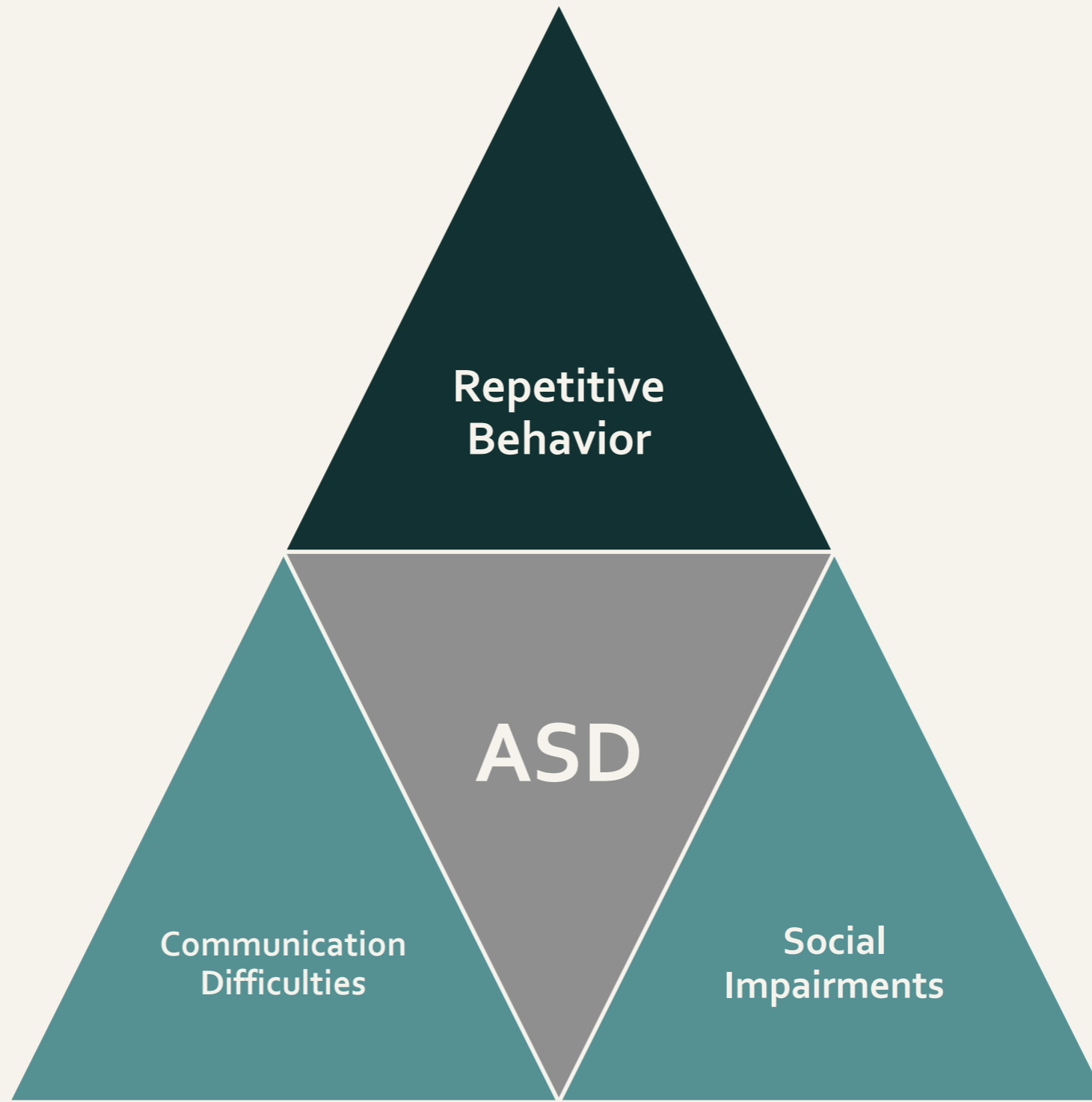
#THEDRESS





AUTISM 101

WHAT IS AUTISM SPECTRUM DISORDER?



MALE V. FEMALE PREVALENCE



1 in 68

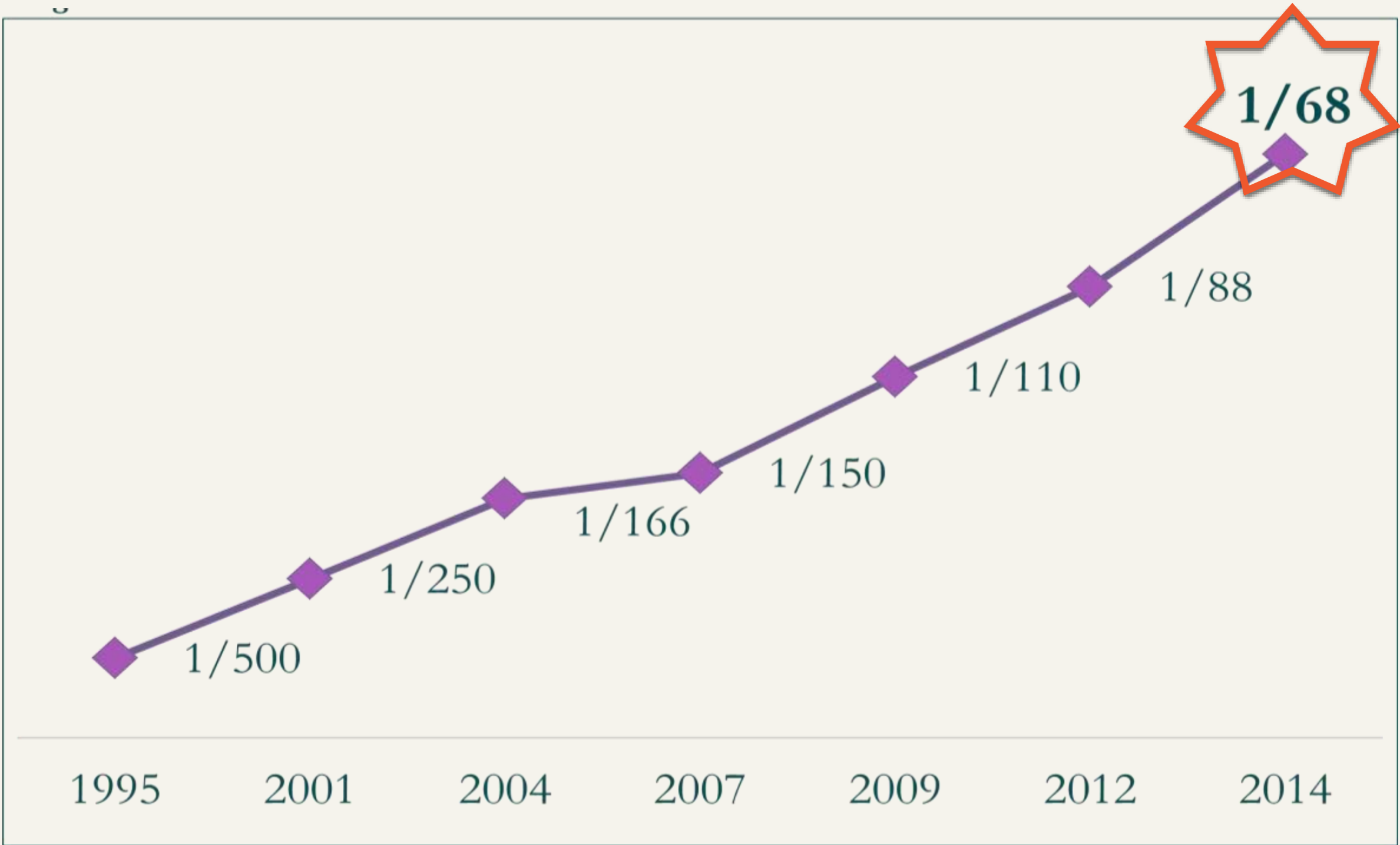


1 in 42

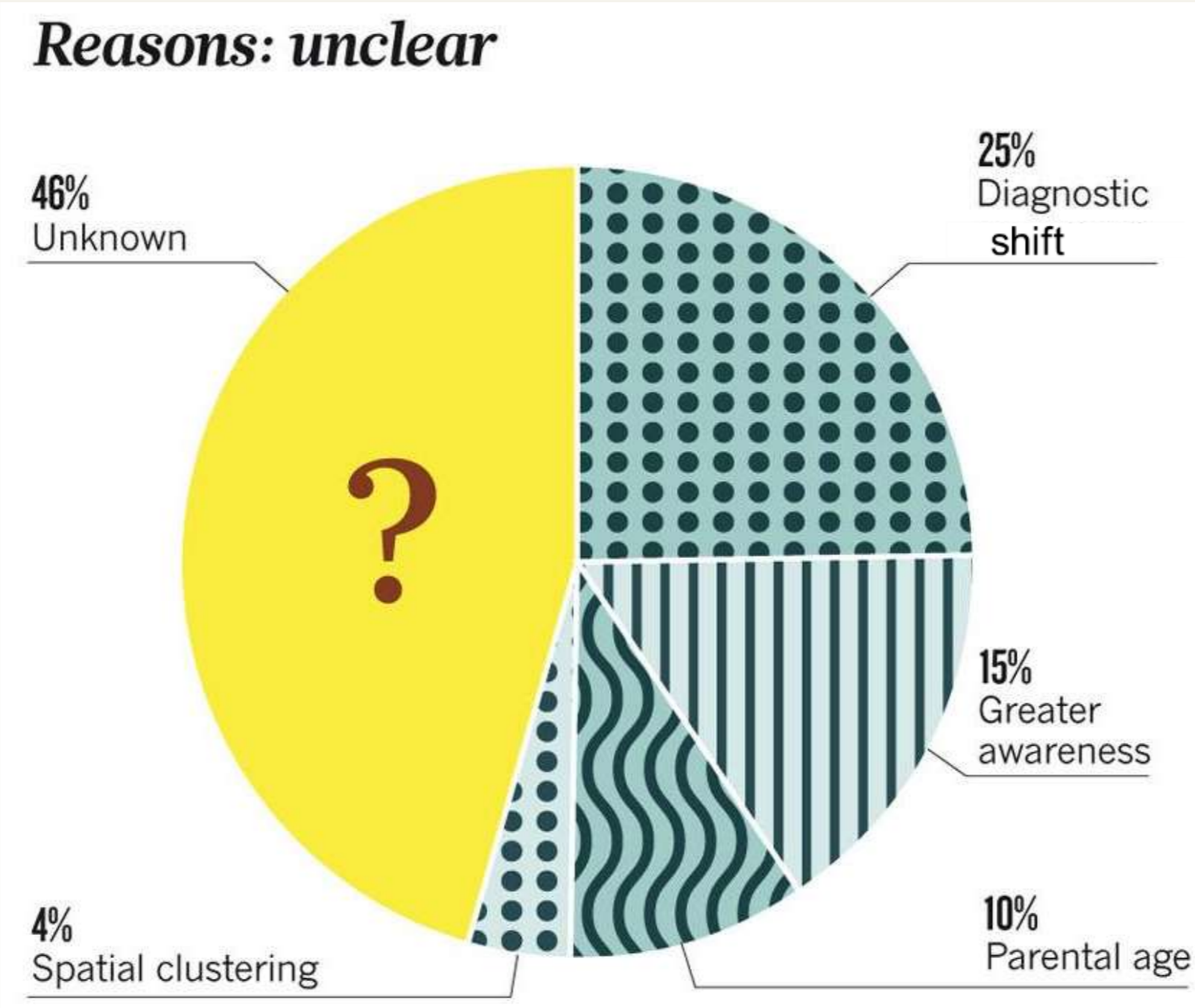


1 in 189

INCREASING PREVALENCE



WHY IS THE PREVALENCE INCREASING?



Source: nature.com

AUTISM IS A LIFESPAN DISORDER



Autism is not a childhood 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

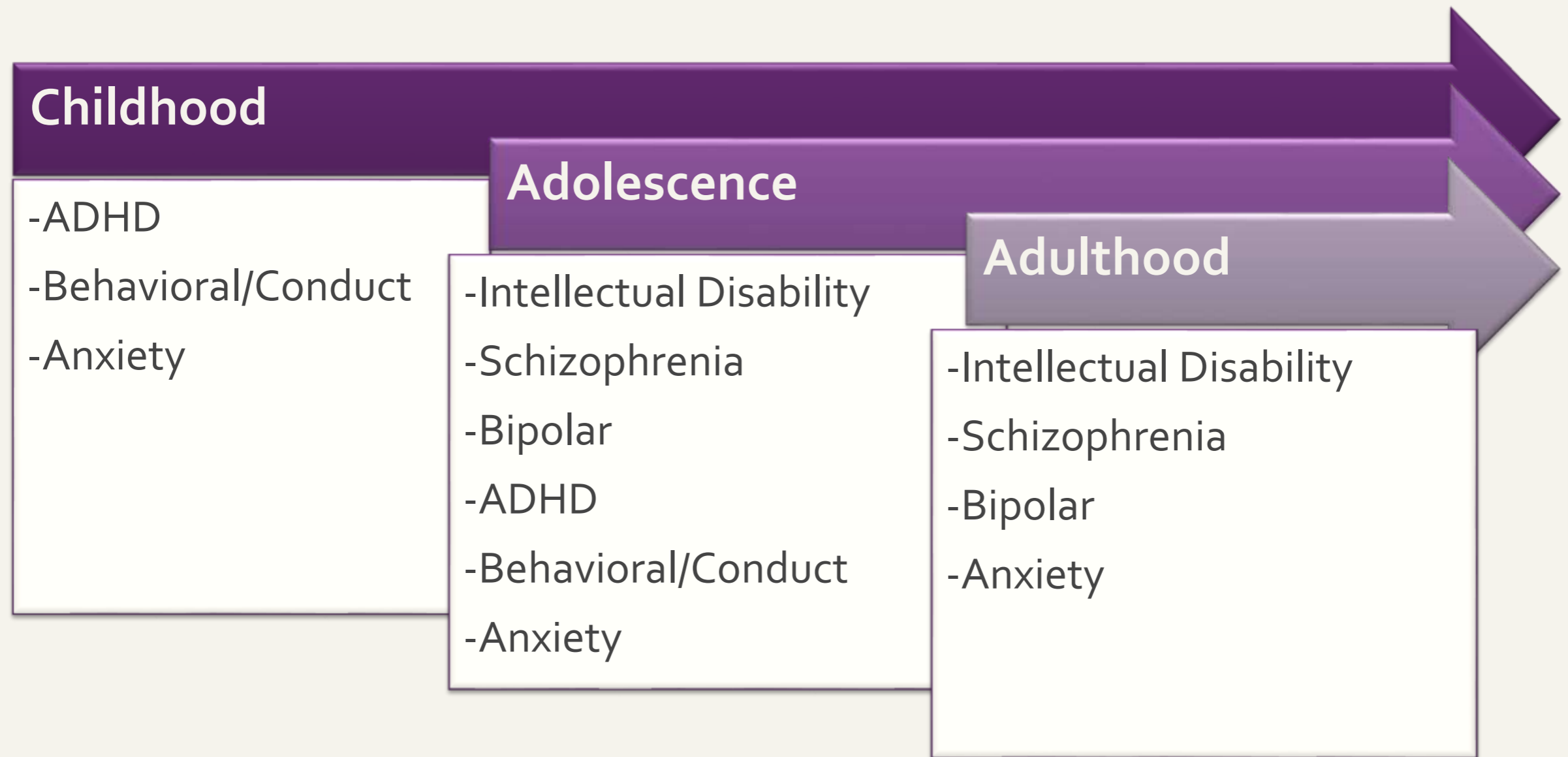
Middle/High School:

Special Ed until age 22 and BHRS services until age 21

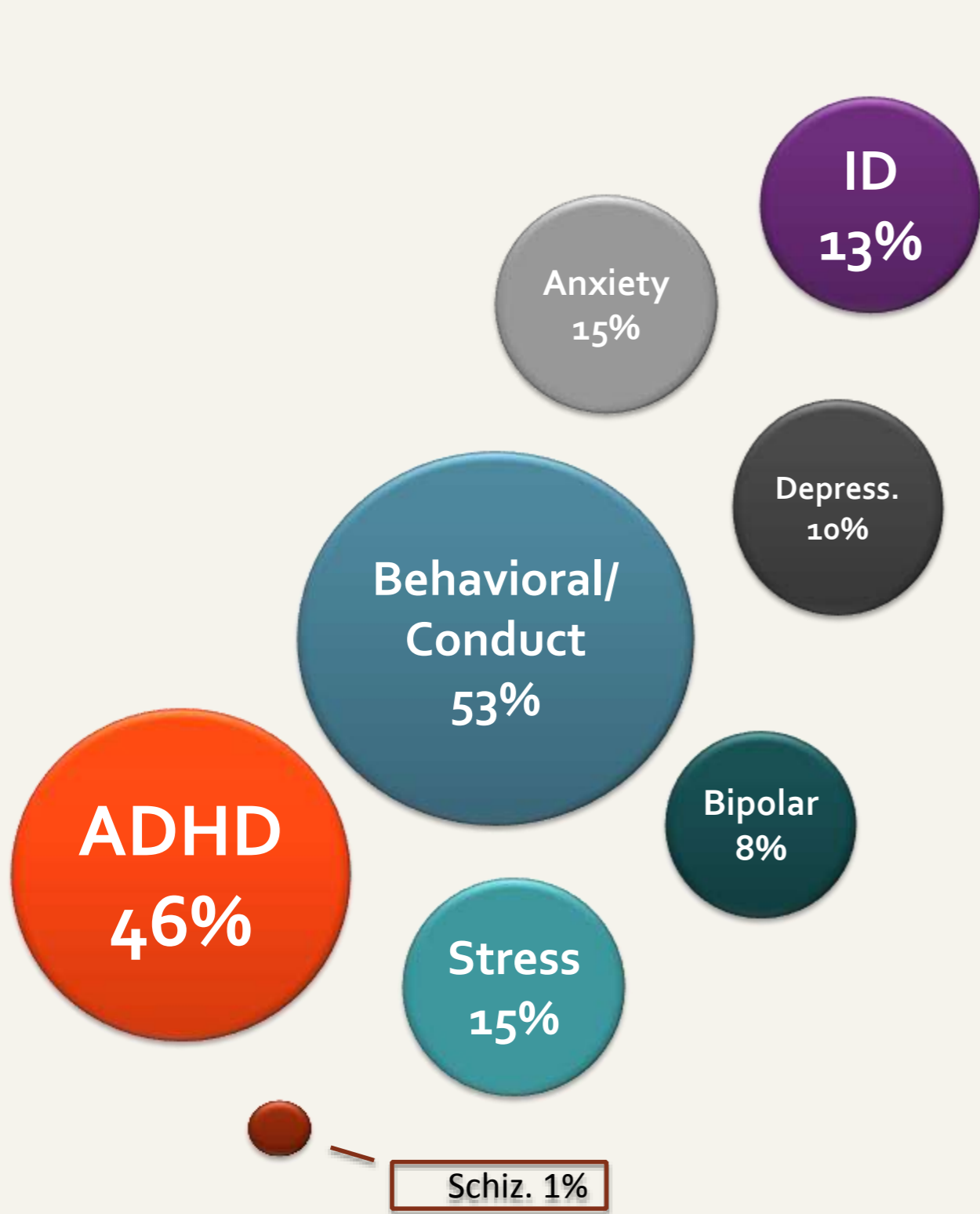
Adults:

~500+ slots for the Adult Autism Waiver and Adult Community Autism Program

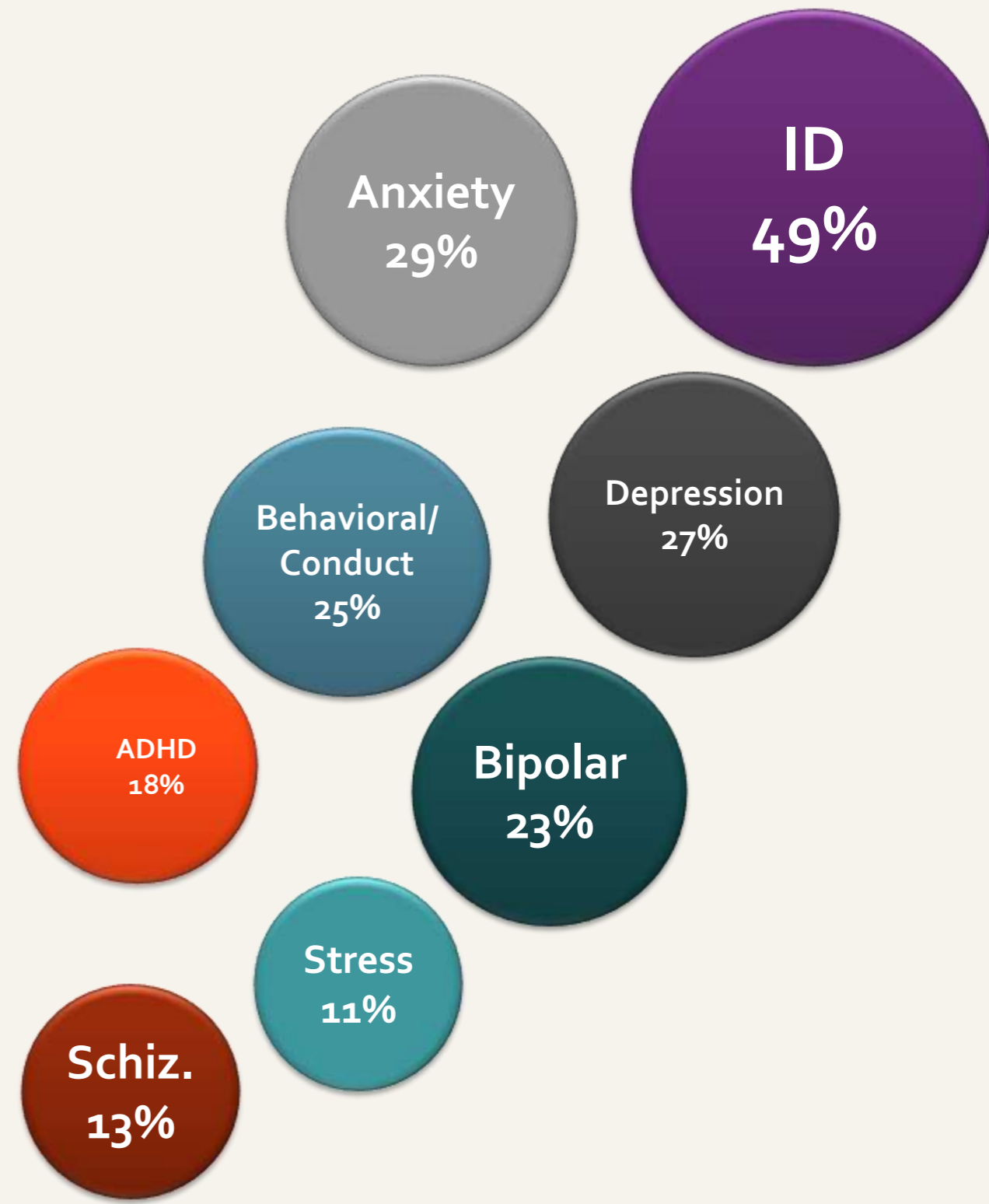
COMORBID CONDITIONS: WHAT AGES ARE WE SEEING THEM?



Source: paautism.org/census



Children and Adolescents (under 21)



Adults (over 21)

Source:
PAutism.org/needsassessment

POLY-PHARMACY

Number of psychotropic medications

Among 33,565 children with autism



64% of children

35% of children

15% of children

Source: Spencer et al., 2013

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



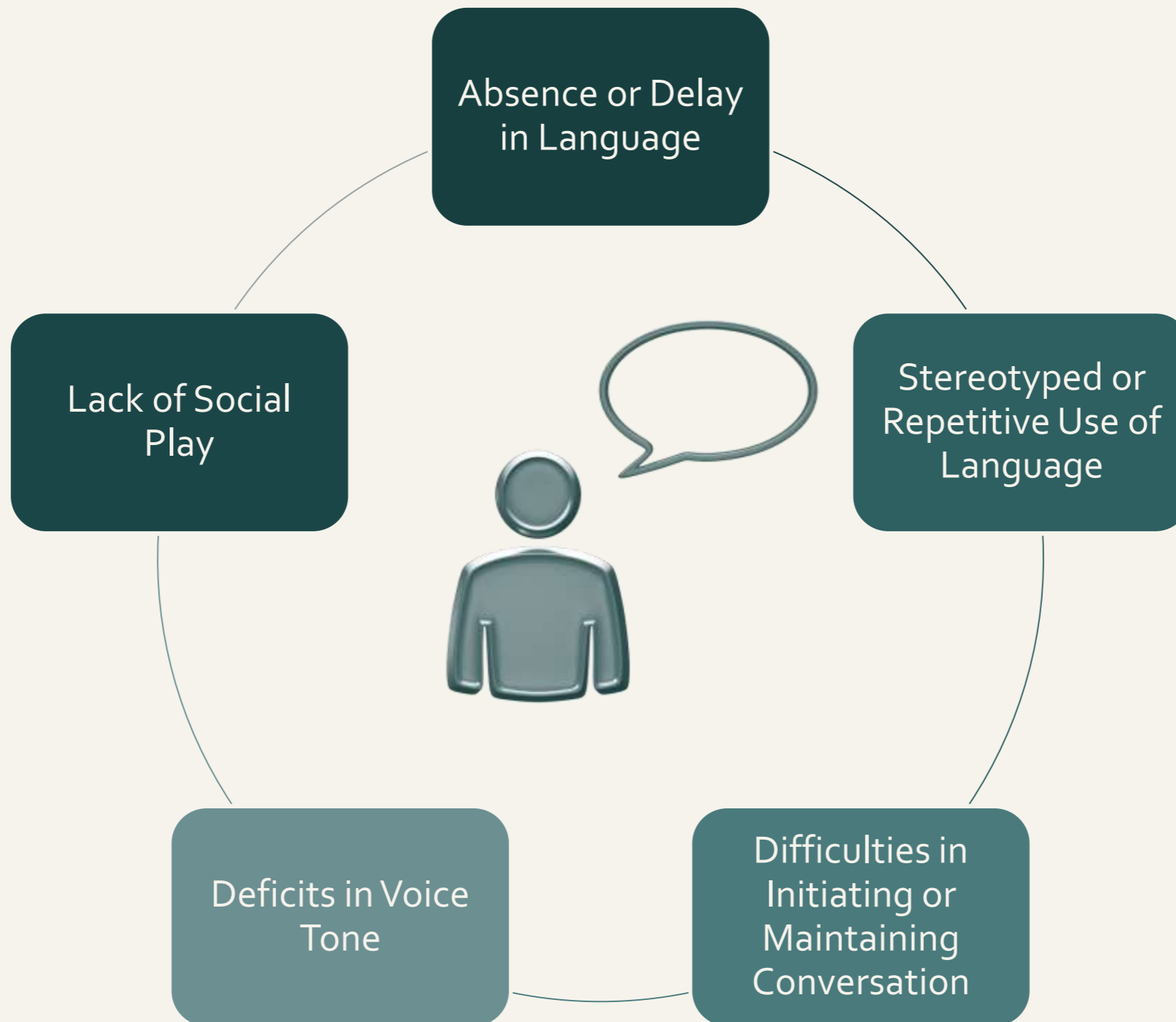
Does not mean they are not listening

Wait for their response first

Smile and engage





















Try to capture attention, but do not force it

SYMPTOM DOMAIN #2: COMMUNICATION DIFFICULTIES



SYMPTOM DOMAIN #2: COMMUNICATION DIFFICULTIES

Tools/Strategies for Lack of/Delayed Language

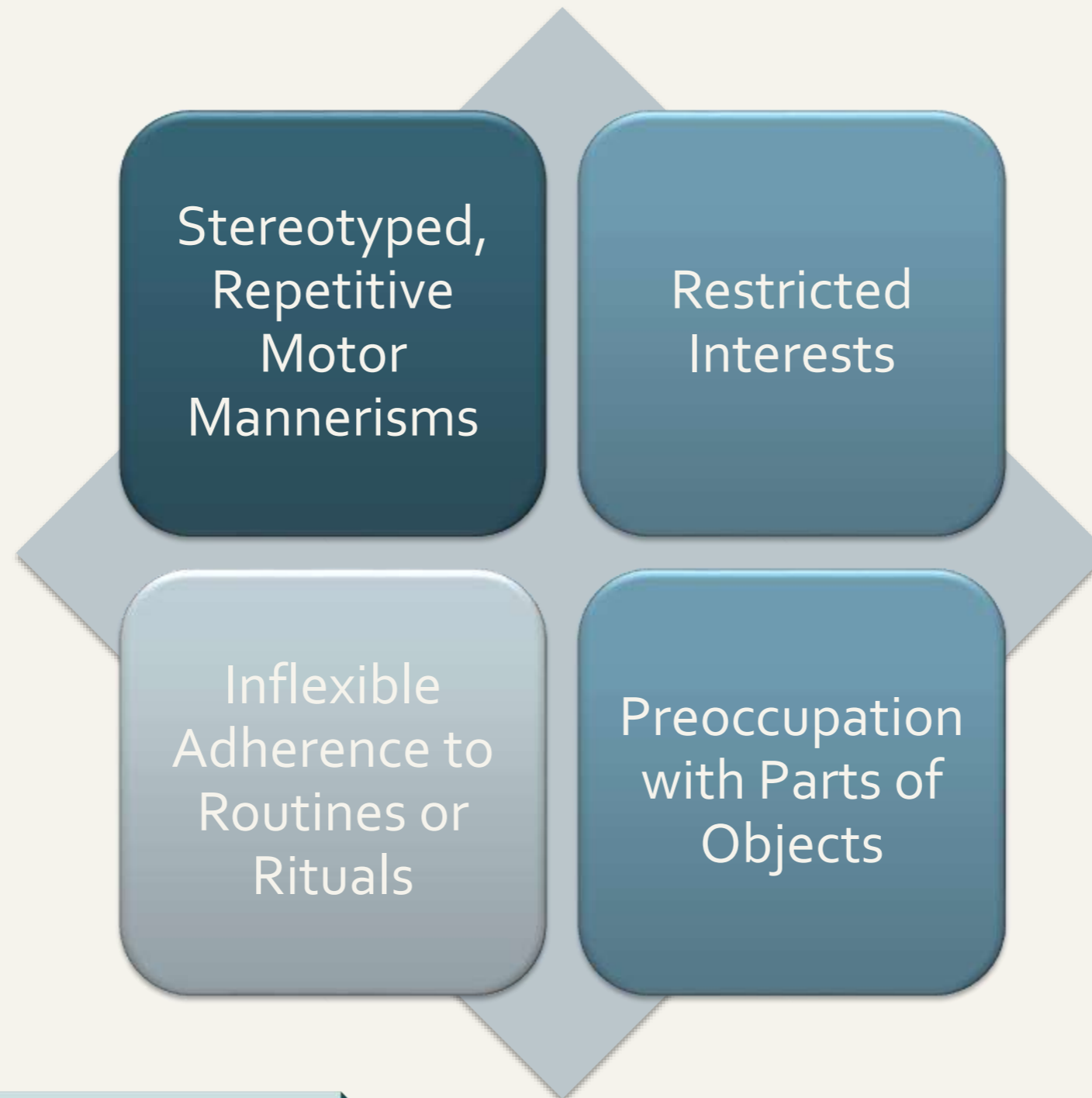
 I want		 I see		 thank you	
 drink	 biscuit	 apple	 coke	 crisps	 banana
 book	 sand	 bricks	 pens	 farm	 puzzle
 shoe	 jumper	 trousers	 coat	 sock	 hat

Alternative Communication

Picture exchange communication system (PECS)

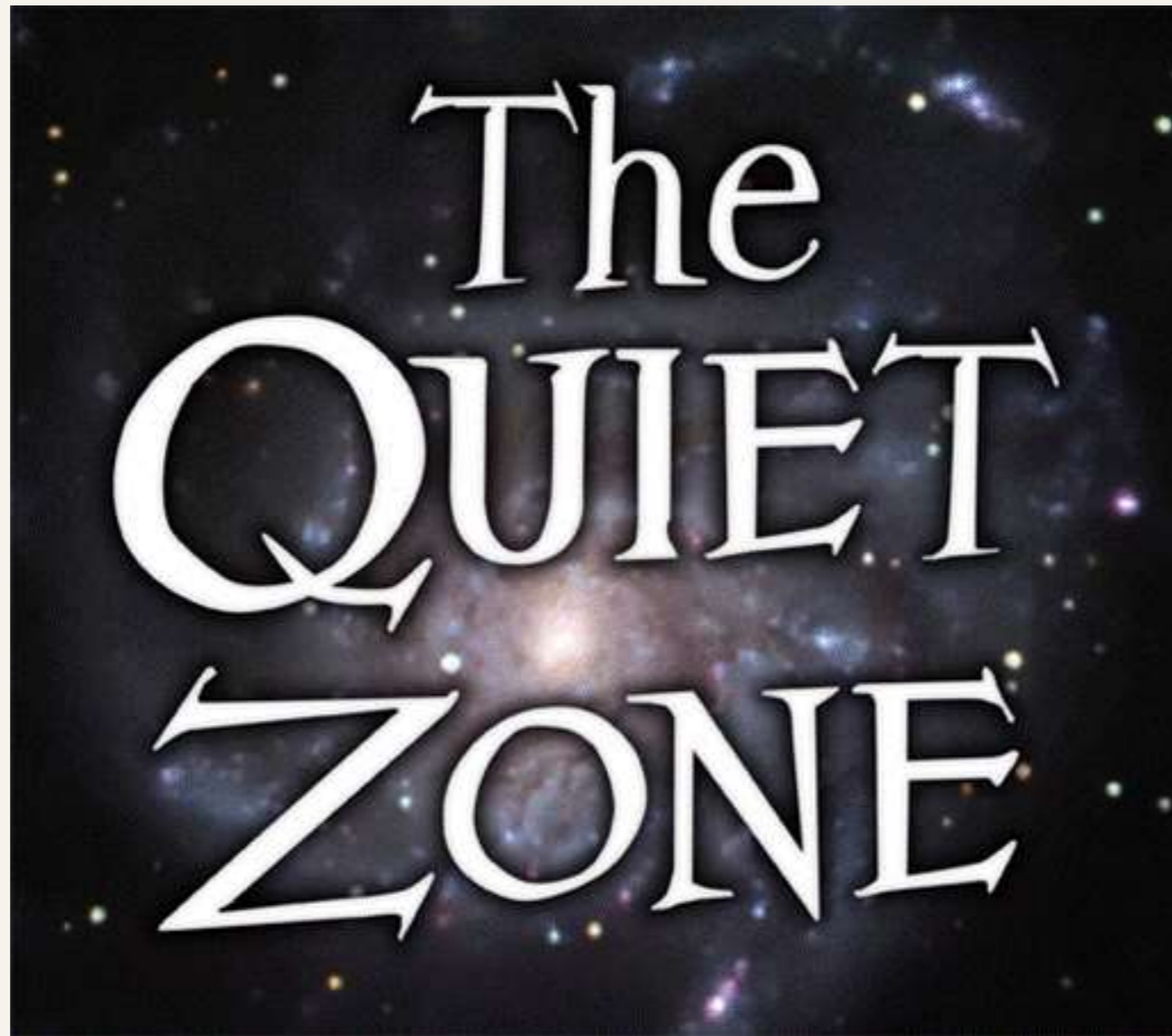


SYMPTOM DOMAIN #3: RESTRICTED OR REPETITIVE BEHAVIOR



SYMPTOM DOMAIN #3: RESTRICTED OR REPETITIVE BEHAVIOR

Tools/Strategies for Repetitive Behaviors

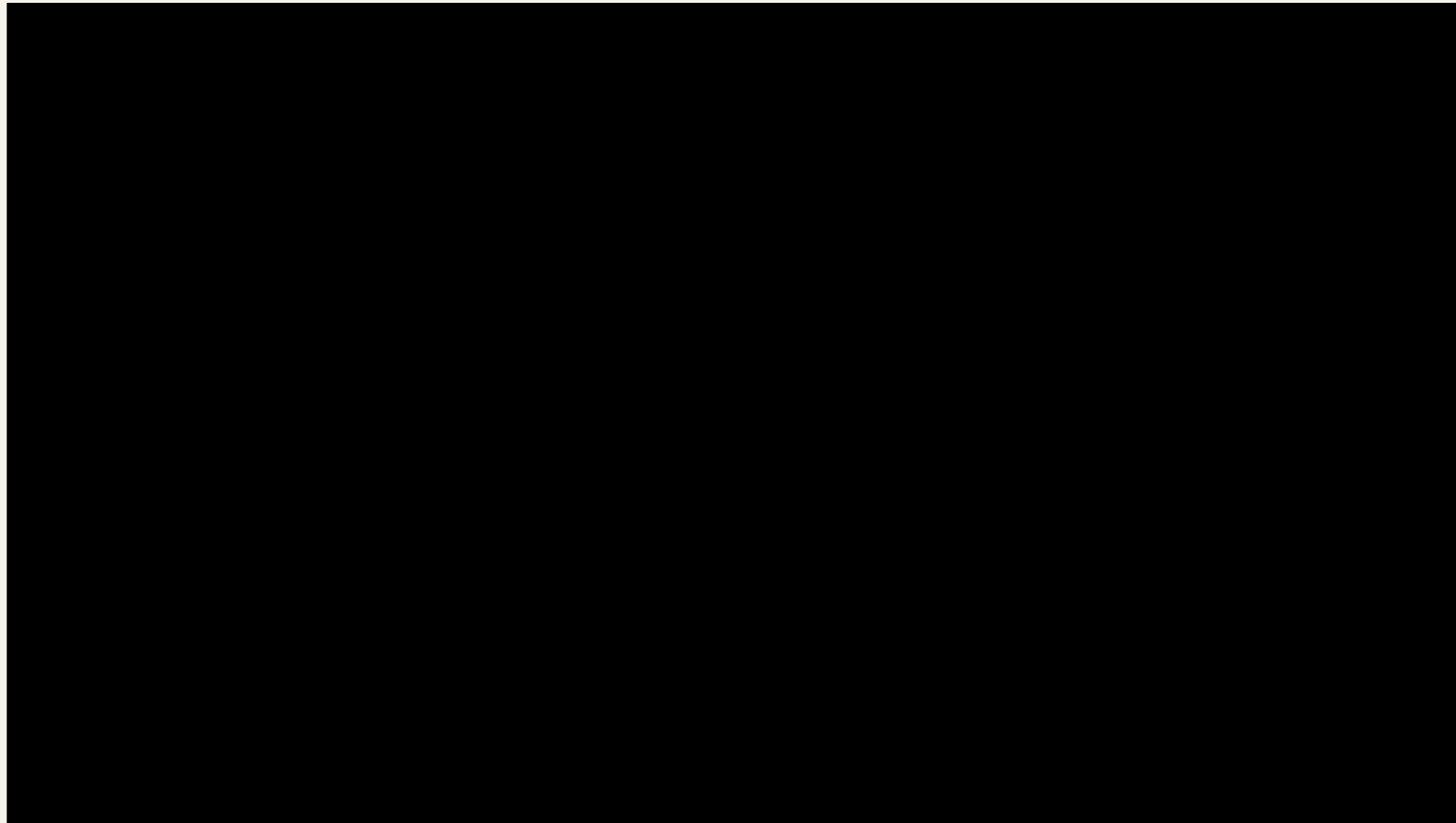


CHARACTERISTICS ASSOCIATED WITH AUTISM

Sensitivity to
Light

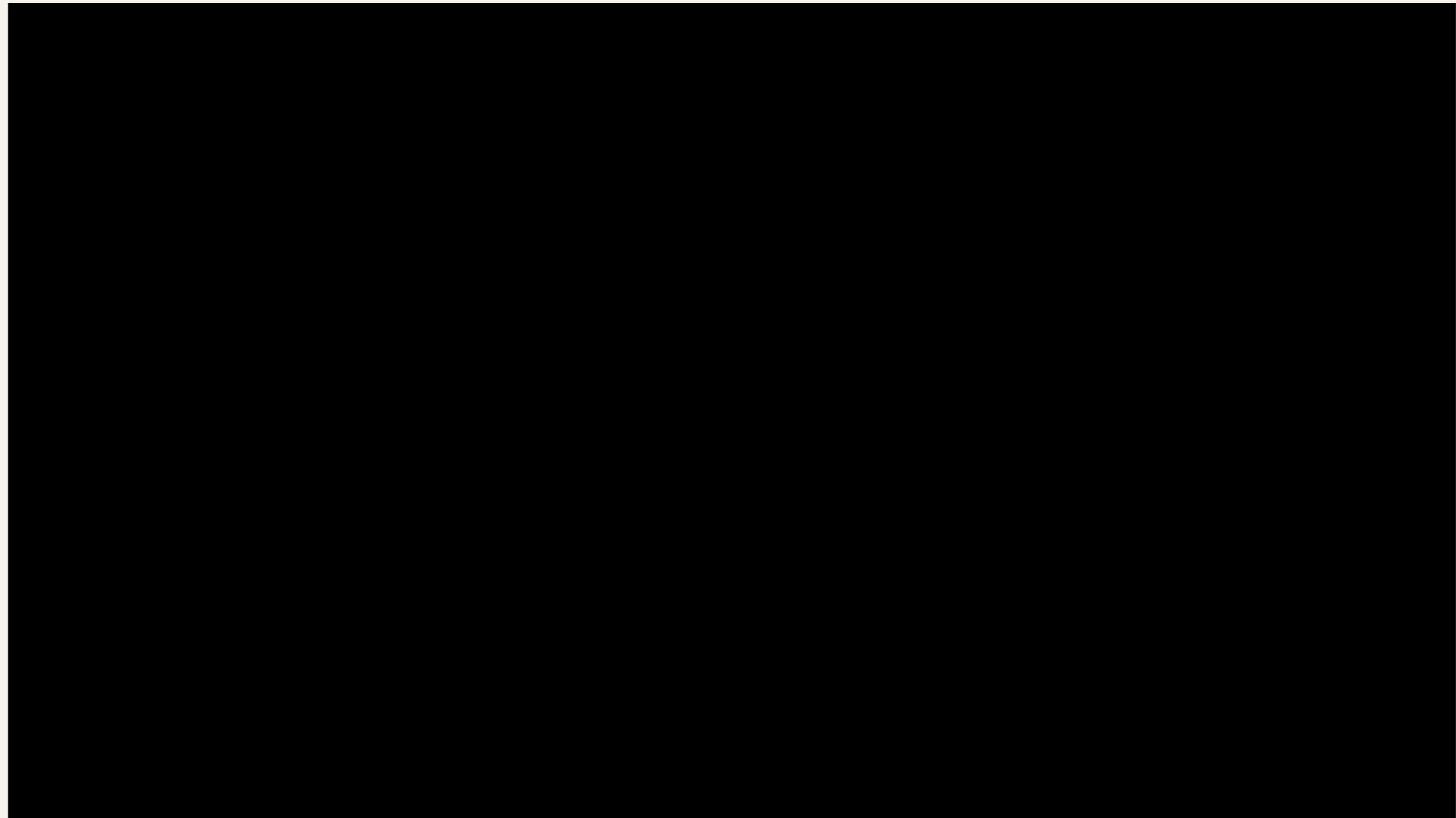
Sensitivity to
Touch

Sensitivity to
Sound



<https://youtu.be/7oe7yNPyf2c>

CARLY'S CAFÉ: EXPERIENCE AUTISM THROUGH CARLY'S EYES



<https://youtu.be/KmDGvquzn2k>

SIGNS OF POSSIBLE OVERSTIMULATION

Flapping

Pacing

Rocking

Scripting

Loud
Verbalizations

OVERSTIMULATION CAN LEAD TO...



Pamela Piscitelli

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

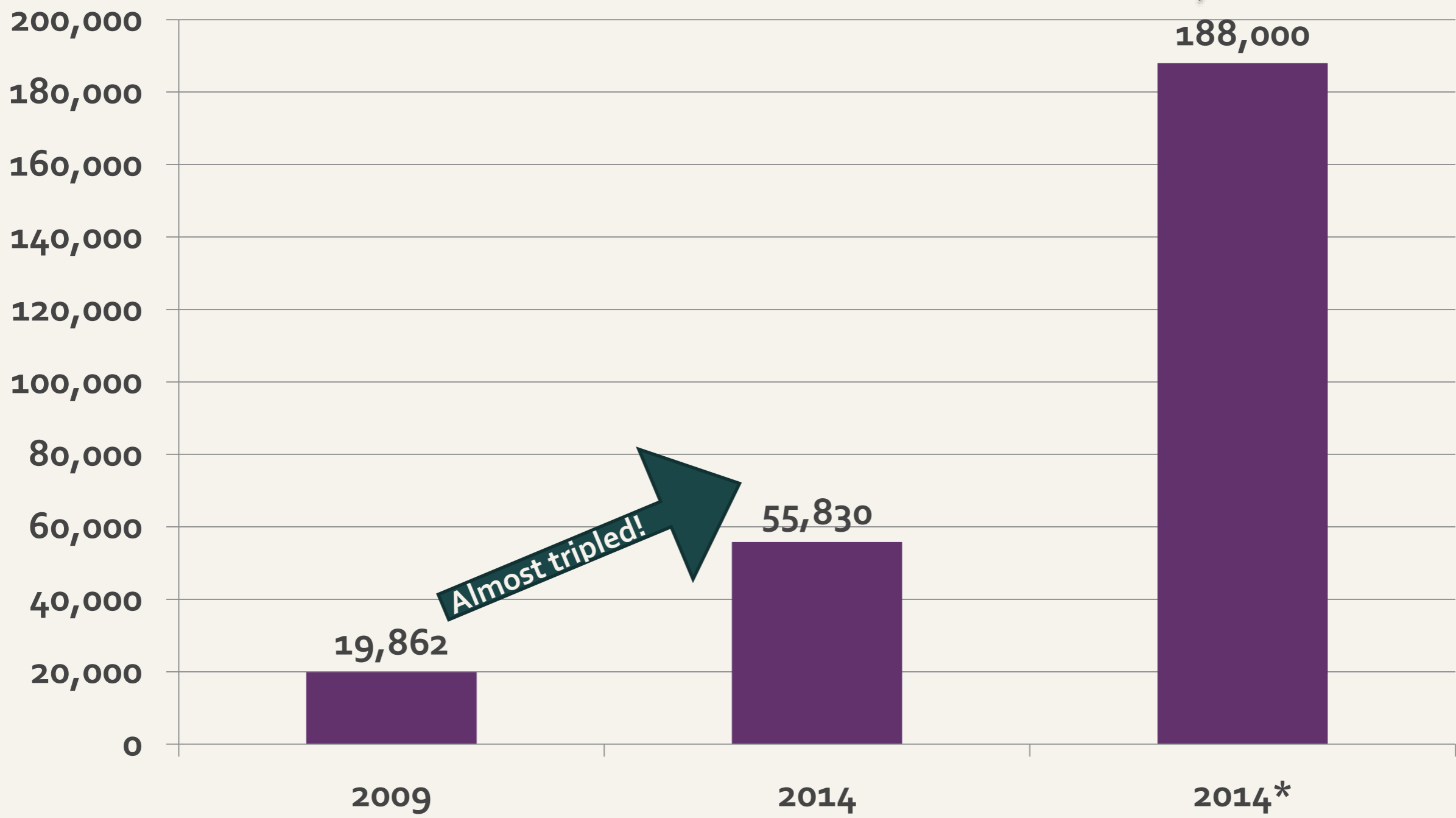
Acceptance by family members

Training of psychologists and psychiatrists in sexuality and ASD

DATA

AUTISM PREVALENCE IN PENNSYLVANIA

Applying CDC Prevalence



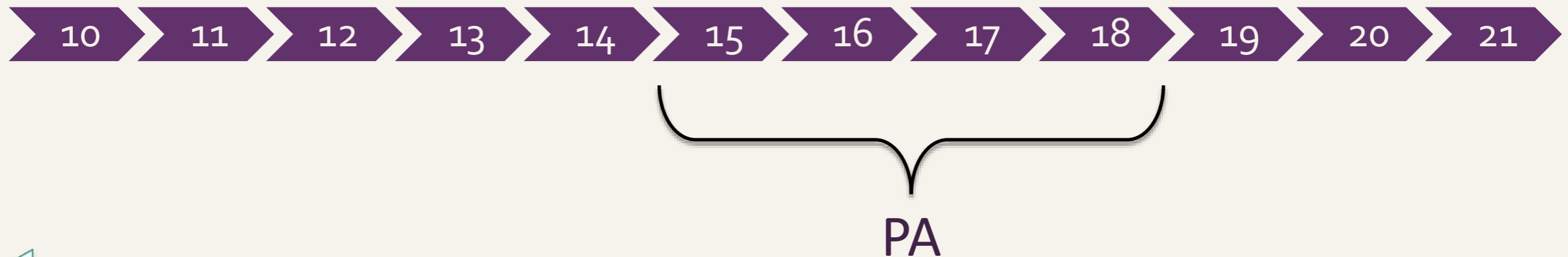
Almost tripled!

JUVENILE JUSTICE CHARGES:

Top 5 Charges

1. *Simple Assault-Bodily Injury*
2. *Harassment-Strike/Shove*
3. *Disorderly Conduct-Fighting*
4. *Simple Assault*
5. *Crime of Violence-Intent to Terrorize*

Ages with Highest Number of Charges



JUVENILE JUSTICE BY CHARGE TYPE:

Offense Against Person

- 48%
- Includes Assault, Harassment, Stalking etc.

Offense Against Property

- 30%
- Includes Arson, Theft, Trespassing etc.

Other

- 22%
- Includes Drug Charges, Driving Offenses, etc.

JUVENILE JUSTICE BY CHARGE SEVERITY:

Felony

- PA-27%

Misdemeanor

- PA-56%

Summary

- PA-17%

SURVEY DESIGN

Where?

Who?

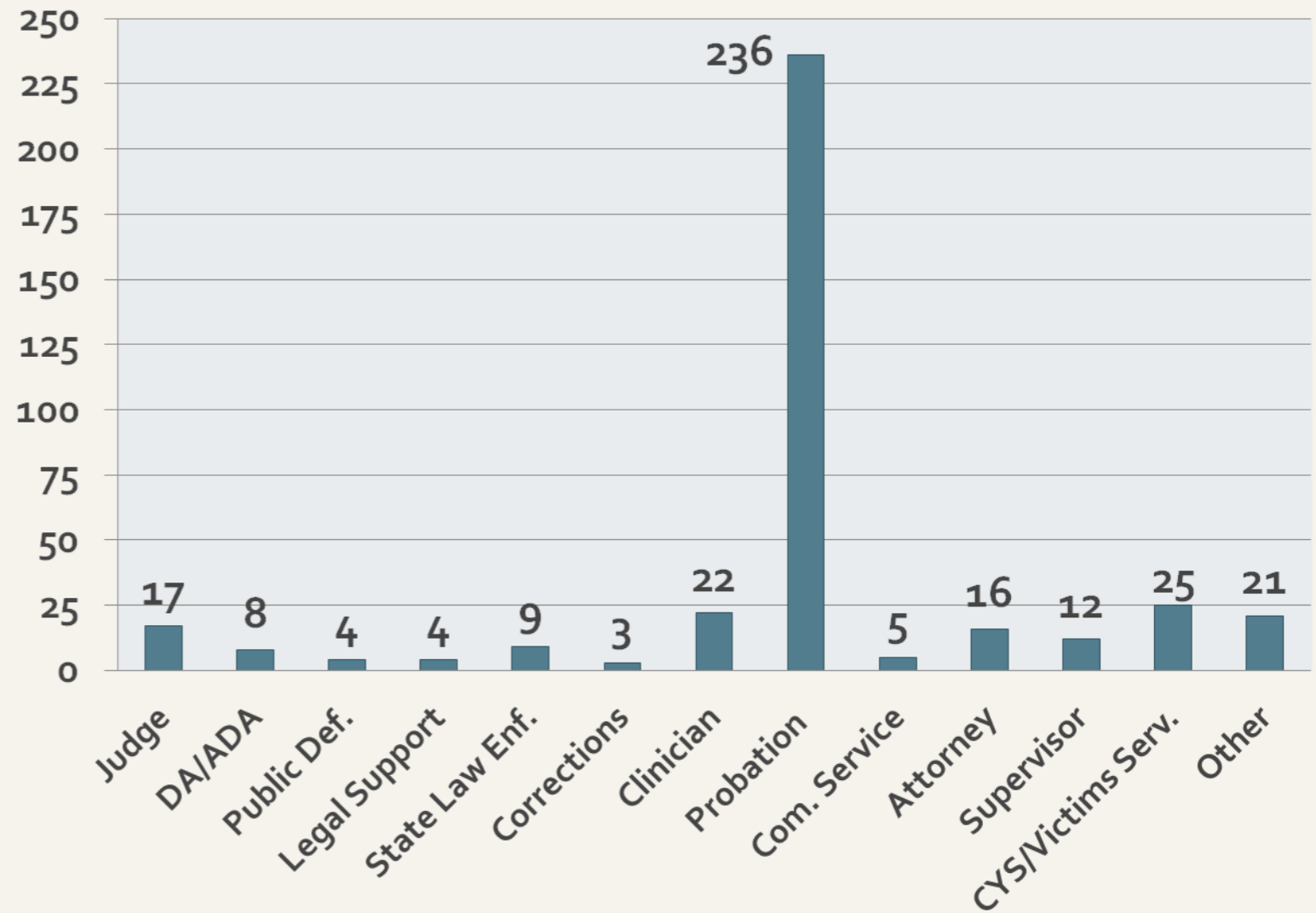
*What do
you need?*

*What do
you know?*

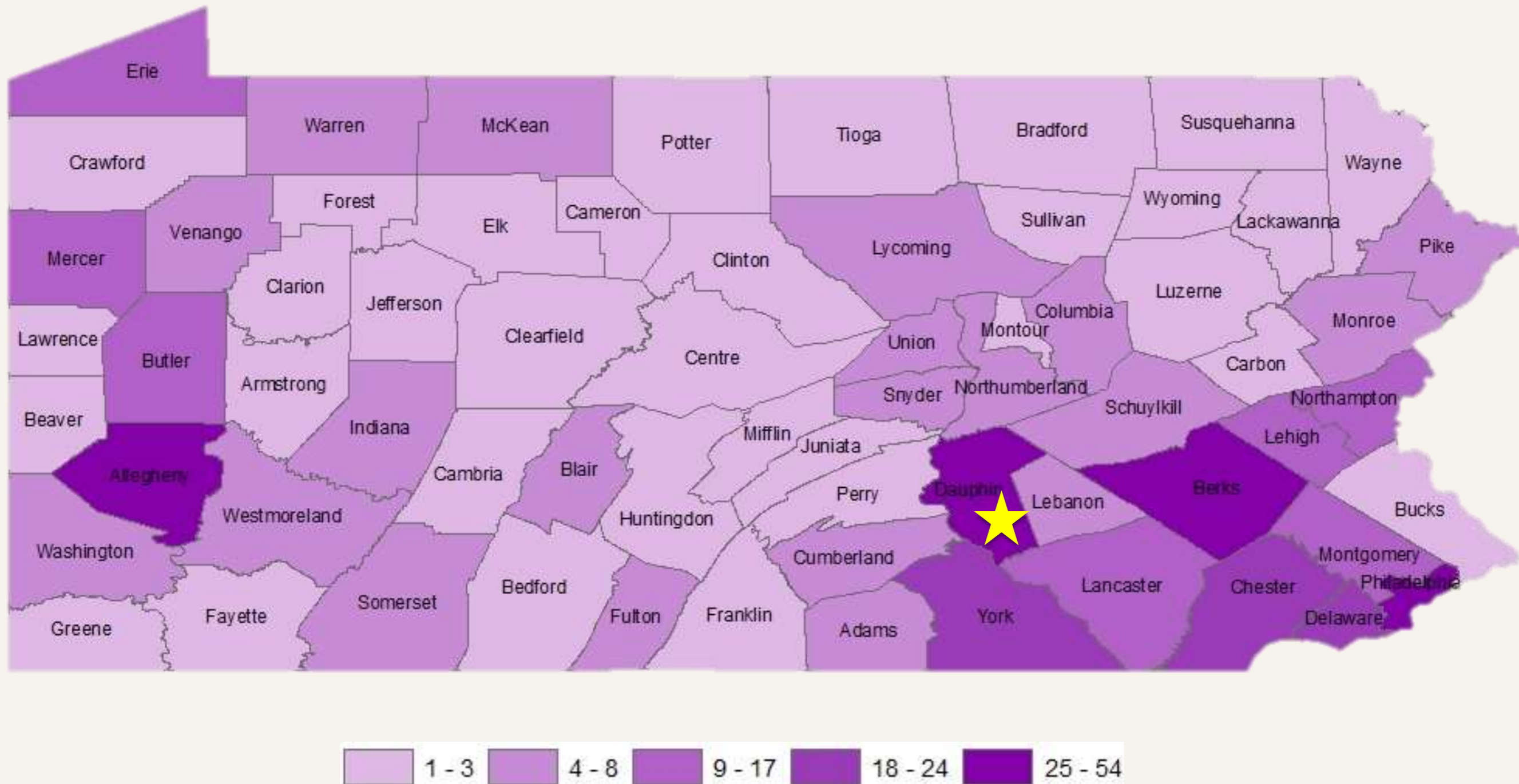
RESPONDENTS

Characteristics

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

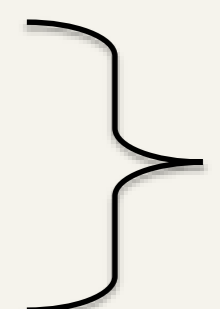


MAP OF RESPONDENTS



GENERAL AUTISM KNOWLEDGE QUESTIONS

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



TRAINING EXPERIENCE



TRAINING NEEDS

Training topic area by priority

Training Topic	Percent
How to communicate with individuals with autism	74%
How to navigate challenging behaviors related to autism	71%
Systems and services available to individuals with autism	70%
Broad training on the core deficits of autism	67%
How to interact with parents/caregivers of individuals with autism	65%
Identifying autism in adolescents	65%

Kate Hooven

SO WHAT?

YOUR ROLE IN THE JUSTICE SYSTEM

SENSORY EXPERIMENT



BALANCED APPROACH TO RESTORATIVE JUSTICE

Community Protection

- Right to safe and secure community
- Being more educated about autism helps to provide safe environment

Accountability

- Accountability to community and victim may look different in person with autism v. neurotypical person

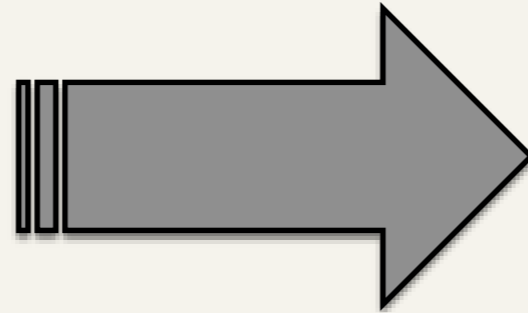
Competency Development

- Competencies will need take to diagnosis into account

Individualization

- Each case presents unique circumstances and the response by the system must be individualized

SAFETY IS THE GOAL



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

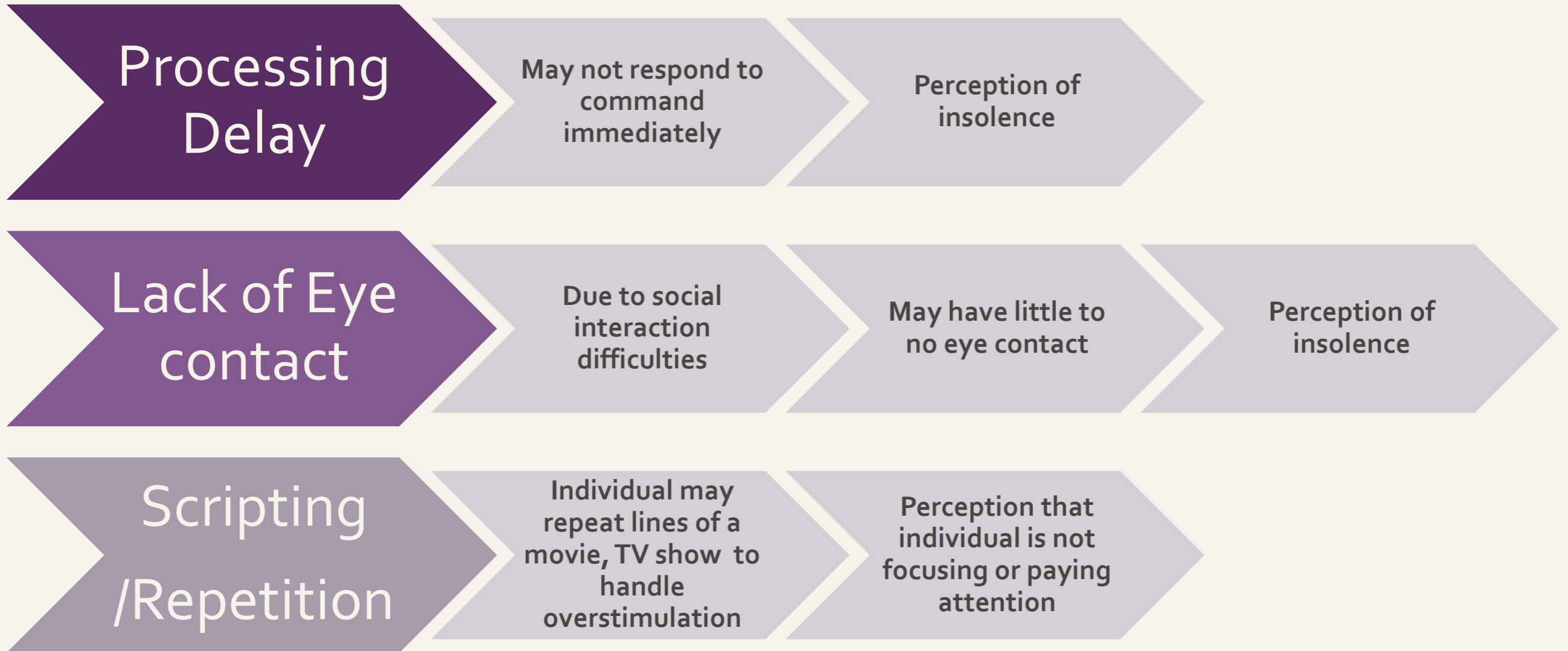
Difficult to respond appropriately

Sensory Issues

Self-stimulating behavior

Perception of being inebriated or high

WHAT MAY IMPACT SAFETY (CONT.)



WHAT MAY IMPACT SAFETY (CONT.)



TRAUMA

Consider Possible Traumas to an Individual with Autism

Bullying

Physical Abuse

Emotional Abuse

History of Restraints

QUESTIONS?

HOW TO APPROACH SOMEONE WITH AUTISM



Slowly and cautiously



Give verbal warnings



Keep your voice quiet and calm



If possible, do not put your hands on the individual



Ask if they understand what you are saying



Ask to repeat back what you said

IN OTHER WORDS...

Be

S.

Stay
calm

A.

Ask
clearly

F.

Facilitate
Understanding

E.

Explain the
Process

R.

Repeat
commands

AN INDIVIDUAL WITH AUTISM MAY:

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

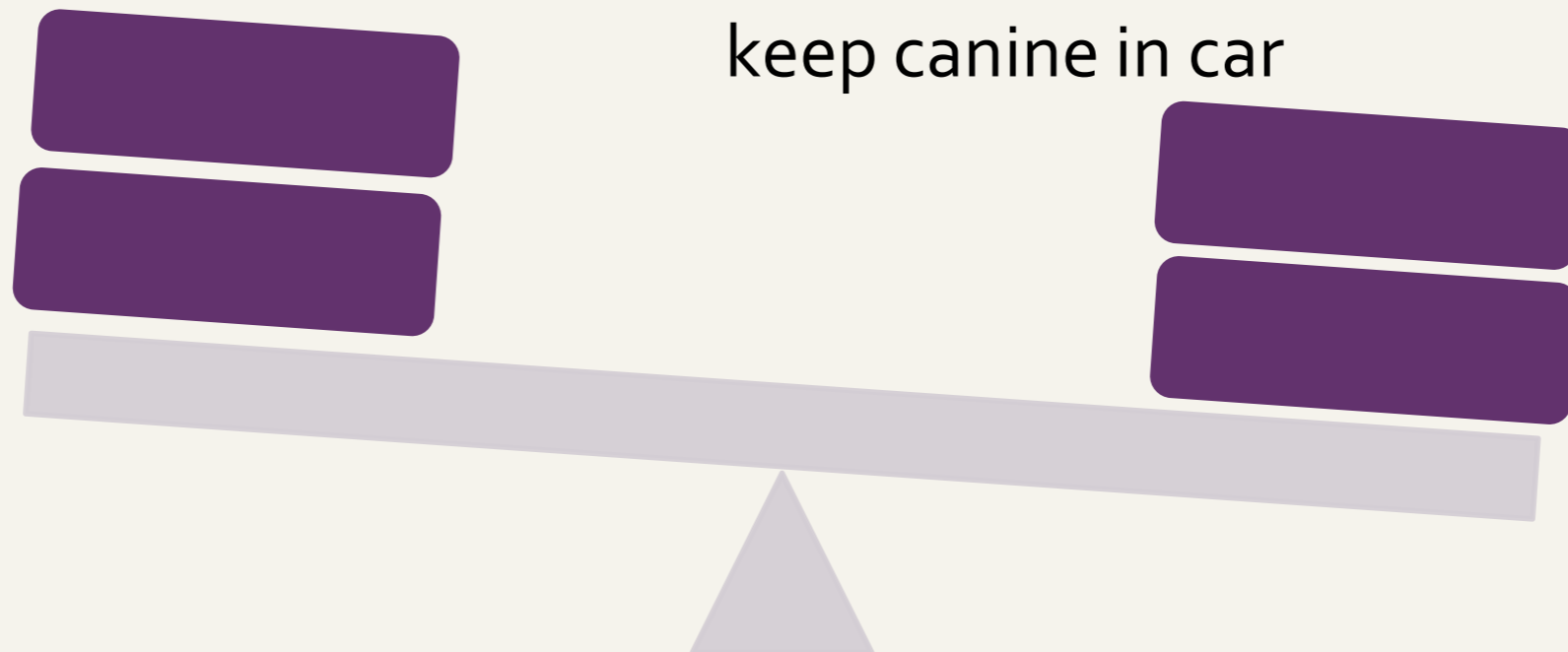
Try to touch your badge, handcuffs, etc.

THE DO'S FOR A POSITIVE INTERACTION

Don'ts

Do's

- 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 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



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



DON'TS CONTINUED

Don'ts

Do's

- Don't force eye contact
- Don't assume lack of eye contact means deception



Ten Domains of De-escalation

1. Respect personal space
2. Do not argue with the person
3. Establish verbal contact
4. Be concise and repeat yourself
5. Identify wants and feelings
6. Listen closely
7. Agree or agree to disagree
8. Set clear limits
9. Offer choices and optimism
10. Debrief individual



Adapted from :

1) Fishkind, A. (2002; 2011). *Calming agitation with words not drugs: 10 commandments for safety*. *Current Psych* (1)4.

2) Richmond et al (2012). *Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup*. *Western Journal of Emergency Medicine*, 13(1).

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



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



SAFETY: EXAMPLE



LANGUAGE

Speak clearly
and concisely

Speak in a
calm, quiet
voice

One
command at a
time

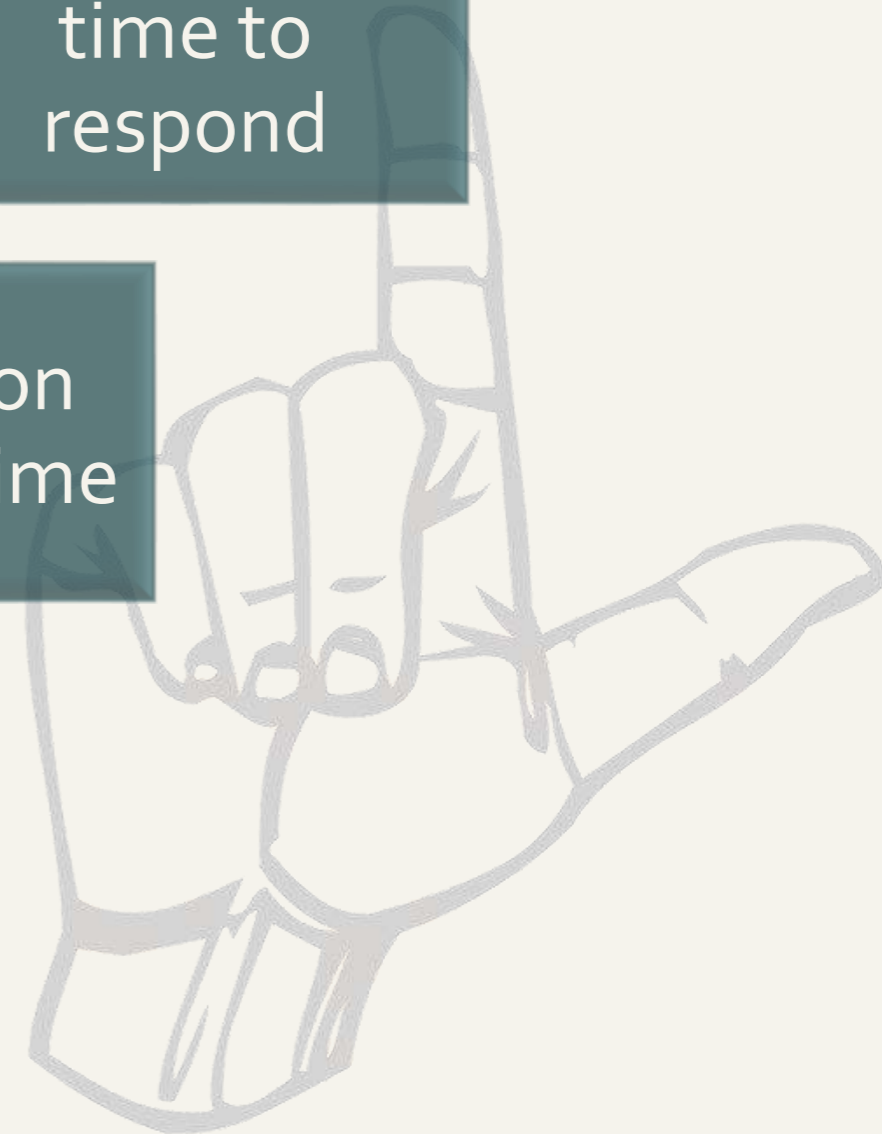
Ask if they
understand

No slang or
abstract
language

Give them
time to
respond

Repeat or
rephrase

One person
talks at a time



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

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

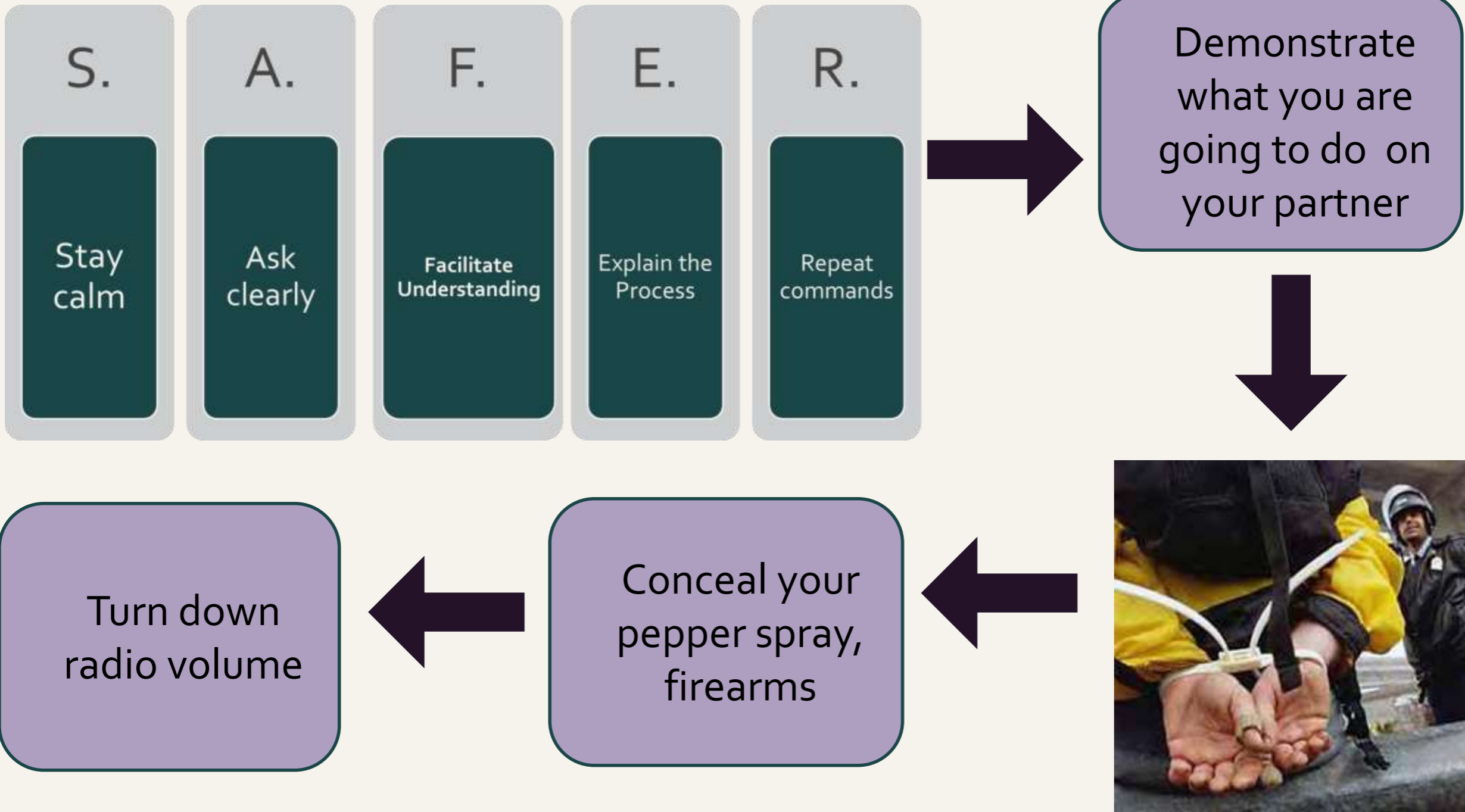
Language Difficulty
May Play a Role

May Need Extra Time
to Process Information

Consider Item Fixation

QUESTIONS?

CUSTODY/ARREST



TRANSPORT



To decrease
anxiety:

Turn down
radio
volume

Turn off
siren

TRANSPORT (CONT.)

Do not be alarmed if you witness the following coping mechanisms:

- Spinning
- Flapping
- Scripting
- Atypical body or facial movements

PROCESSING



Fingerprinting/swabbing
may present sensory issues for an individual with autism

MOTIVATIONAL INTERVIEWING: CHALLENGES



Open ended questions may be challenging



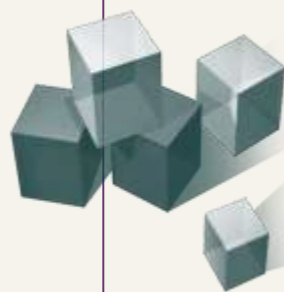
“Chatting” may be difficult due to language deficits



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



SEEKING AN AUTISM REFERRAL



County Psychologist or
Standard Referral
Process

ASERT Resource
Center
877-231-4244

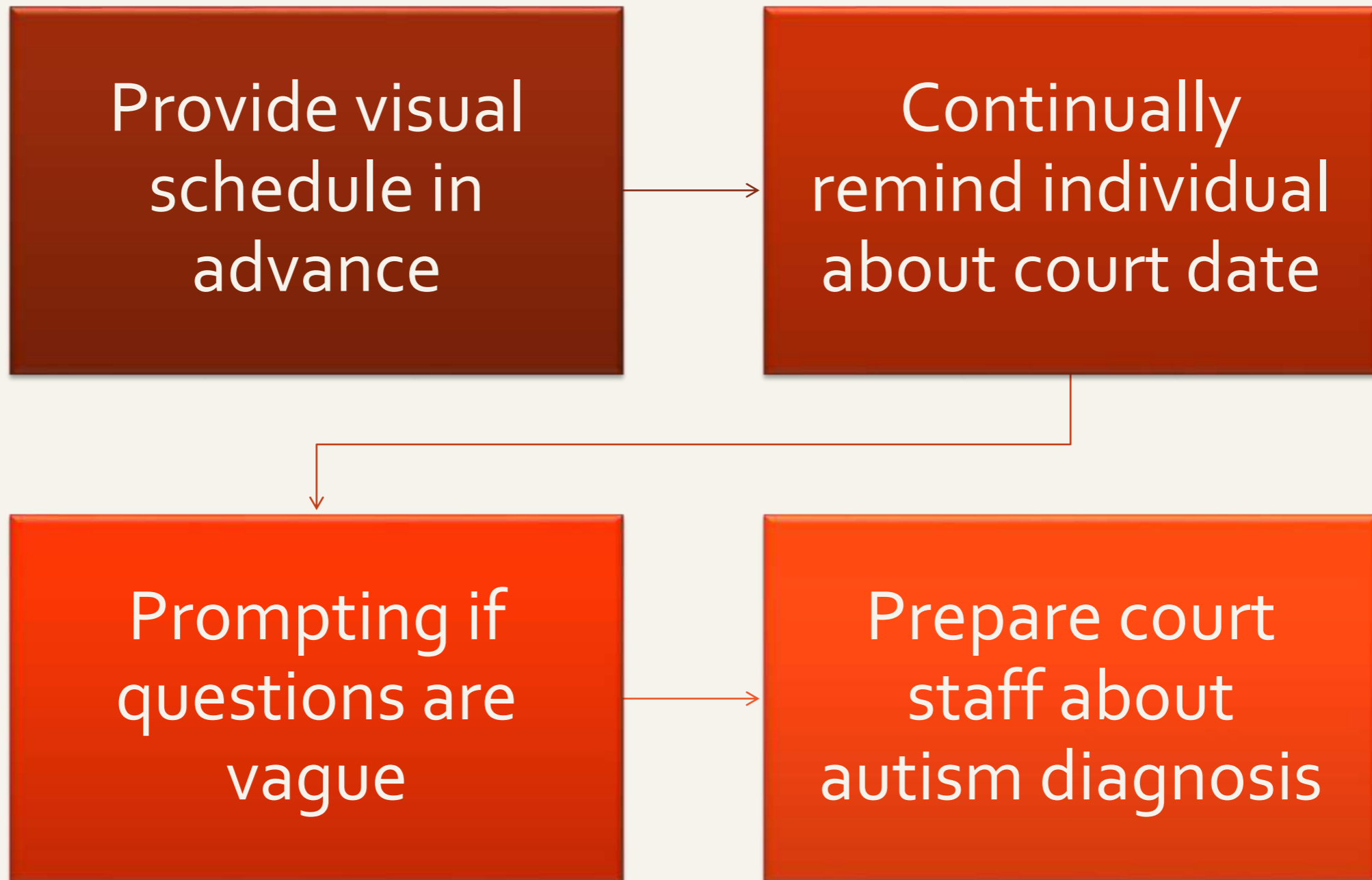
QUESTIONS?

APPEARING IN COURT



APPEARING IN COURT (CONT.)

Tools/Strategies for Supporting Individual in Court



PLAN



Prepare



Learn



Advise



Notify

If called to the home, help parents understand the importance of PLAN for future incidents.

TYPES OF WANDERING

Goal-Directed
Wandering

Fleeing/Bolting

Other

WANDERING STRATEGIES

Alert local law enforcement/EMS about individual's wandering

Alert neighbors and local businesses

Enroll child/adult in swim lessons

Explore areas of fascination in a safe, supervised way

Create Visuals such as Stop Signs by all doors

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



WRAP UP

DOING YOUR OWN RESEARCH

The amount of information on ASD available can be overwhelming.

Make informed decisions while doing your research.



ASAT
Online
www.asatonline.org

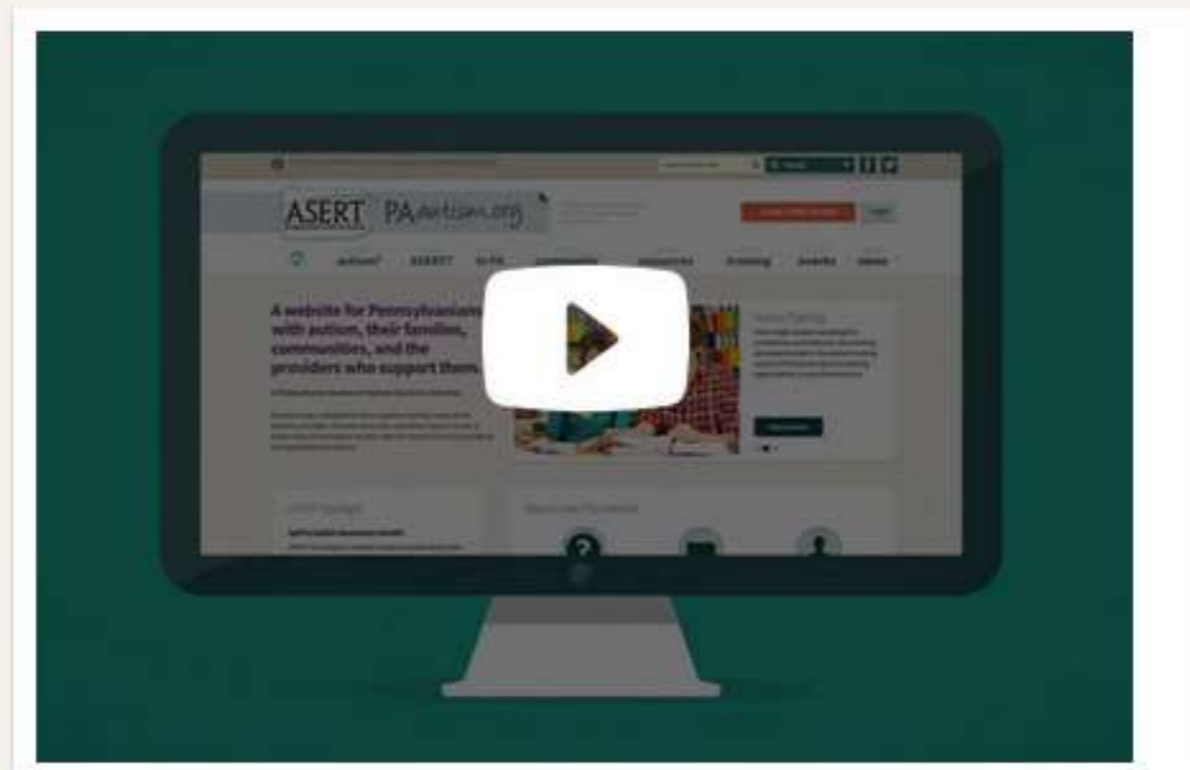
ASERT
www.paautism.org

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





*Pennsylvania's leading source of
autism-related resources and information.*

877-231-4244

Website: www.PAautism.org

Email: info@PAautism.org

ASERT@drexel.edu

*ASERT is funded by the Bureau of Autism Services, PA
Department of Human Services*

