



Autism, Law Enforcement & Public Safety: Recognition & Response Session by Dennis Debbaudt 2014

As law enforcement, fire-rescue, EMS, and criminal justice professionals, you are likely to have contact with children and adults who have an Autism Spectrum Disorder (ASD). This training is designed to give you a good, practical understanding of effective approaches when interacting with individuals affected by autism. This training also offers a thorough review of current trends, tips, training options, and video tools that can help you implement instruction at your agency.

Today's session will illustrate autism-related dispatches and field situations, and offer tips, options, and special tactics designed to enhance communication and manage sensory influences that can cause behavioral outbursts by persons with autism in the field and/or the emergency room.

Today's presentation will also focus on persons with ASD who may become involved in the criminal justice system as offenders, victims or witnesses. Persons with ASD will have difficulty understanding the nuance of verbal and nonverbal communications and social interaction. They are perfect targets for victimization such as verbal/physical intimidation and abuse, financial exploitation, sexual abuse and manipulative efforts to engage them in criminal activity. Participants will learn techniques that will improve communication, avoid confusion and help adjust environmental settings to accommodate this population in interview and courtroom settings. Your next case may involve autism.

Your instructor(s) will answer every question or refer you to resources when he/she cannot. This handout supplements information from the *Autism & Law Enforcement Roll Call Briefing*; *Autism, Fire- Rescue and Emergency Medical Services (EMS)*; and *Autism in the Criminal Justice System* videos. The videos and handouts are designed to illustrate basic behaviors and characteristics of children and adults who have Autism Spectrum Disorders. They will also illustrate predictable field and interview situations.

What Is Autism?

Patrol and public safety in the 21st century is very diverse. People with autism are part of that diversity. Autism has seen a dramatic increase and is America's fastest growing developmental disability. Autism is estimated to affect 1 in every 68 children (CDC, 2014). ASD occurs more frequently in males than females— a four-to-one ratio. Autism is more common in children than AIDS, diabetes, and cancer combined. Research indicates that people with developmental disabilities are seven times more likely to come in contact with police than a member of the general public.

Autism is defined as a neurodevelopmental disability. It involves the brain and starts very early in life when the brain is still forming and changing. There is a wide range in intellectual ability for individuals with ASD where IQ's range from below 25 to above 150. Autism involves differences and difficulties in several areas: social interaction, communication, the presence of narrow or repetitive behaviors, and difficulty adjusting to change.

Less Independent Individuals

The term less independent describes persons with ASD that will have difficulty with basic life skills such as safely crossing a street, negotiating a financial transaction, and making sense of social interactions. They will be dependent on parents, siblings and other caregivers to provide the basic necessities of life: food, shelter and, especially, safety.

They may have lower intelligence quotients (IQ) and cognitive abilities. Their child or adult may also be non-verbal or their verbal communications may only be understood by a family member, teacher or

persons that knows them well. Those who are non-verbal may use alternative communication such as American or other Sign Language, Picture Exchange Communications Systems (PECS) or handheld and tablet computers that can speak for them.

All children up to age seven or eight years old will need a caregiver present to manage their safety. Beyond that age, most children have become able to make good decisions regarding basic safety issues, for example: safely crossing a street, visiting a nearby friend's home to play or being able to tell others their name, address and phone number. Their less independent peers with ASD will probably be unable to perform these basic tasks.

These children and young adults will need a caregiver, parents, other family members or educators with them at all times. They may also be non-verbal or their verbal communications may only be understood by a family member, teacher or persons that knows them well. Those who are non-verbal may use alternative communication such as American or other Sign Language, Picture Exchange Communications Systems (PECS) or handheld and tablet computers that can speak for them.

More Independent Individuals

More independent individuals with ASD and Asperger Syndrome' are terms that describe persons who are verbal, may hold jobs, and live semi or fully independent lives. Their IQ level is typically normal or above normal. They will typically be able to fully express needs, use public transportation, learn to drive, may attend college or university and be employed.

Currently, no statistics have been developed about the rate of contacts people on the autism spectrum will have with the criminal justice system. There is little evidence to suggest that persons with ASD will commit crimes at a higher rate than the general population. However, those that do may be held responsible for their actions and will typically be a more independent person with autism or Asperger Syndrome.

Recognition

Autism is not caused by the way parents raise their children. Despite ongoing research, there is no known cause or cure, although people with autism can make remarkable gains. Autism may not be physically obvious. You cannot look at someone and know they have it. Parents and professionals have learned through experience and education how to recognize the common traits of autism. No one expects a responding officer to be able to diagnose autism, but there are some diagnostic behaviors and characteristics you may observe.

Individuals with autism may:

- Be non-verbal, have limited speech and difficulty in expressing needs
- If verbal, may repeat verbatim the words and phrases of others. This is known as echolalia.
- Have trouble with correct speech volume (too loud, whisper, monotone, computer-like vocal intonation)
- Avoid eye contact
- Flee from officer or violate officer's personal space
- Lack fear of real danger
- May be unable to report pain
- Have over or under sensitivity to sensory input
- Avoid or be highly sensitive to touch
- Have sustained unusual repetitive actions; rock back and forth, exhibit finger, arm, or wrist flicking
- Cover their ears or eyes and look away
- Display clumsiness, toe-walk or have difficulty running
- Laugh or giggle at inappropriate times
- Display fascination with and attraction to water

- Be attracted to reflections and shiny objects, i.e. officer's badge, keys, belt buckle or weapon
- Talk to themselves or no one in particular
- Be dressed in clothes inappropriate for the season

Autism may not be physically obvious. You cannot look at someone and know they have ASD. Officer observations and descriptions of the behavior and body language of persons with autism, noted in the above list, have ranged from persons presenting as under the influence of phencyclidine (PCP), methamphetamine or alcohol, to persons having a mental health episode and suspicious persons. If you come to suspect or believe during the field interaction that the person may have autism, ask them if they do. Or ask family members, care providers or neighbors that may be with them or nearby. Disclosure of their ASD may also come during a 911 call from a parent, caregiver, teacher or neighbor.

Additionally, an officer may observe an autism alert or awareness decal, multi-colored puzzle ribbon, or bumper sticker on a vehicle, home or dwelling. Many contain direct alerts that include the words: "non verbal, may not understand commands, may flee". Other stickers or decals may be less direct, such as "I Love Someone with Autism". All will alert you to the presence of a person with ASD. Autism specialty license plates are now offered in many American states highlighting the word "autism". Whenever and wherever observations are made of autism awareness icons or the word autism, the field contact may be autism related.

The child or adult may also wear a medical alert bracelet or tag, or carry an autism information card that a caregiver may provide. A more independent person with autism may verbally disclose their autism and also carry an information card. The less independent child or adult may also carry state-issued identification (ID), have ID information on shoe tags, sewn into garments, silk screened or imprinted on undergarments or display a non-permanent ID tattoo.

Common reasons for autism-related 911 calls

An understanding has emerged from the autism community of the predictability of the sometimes minor, sometimes severe incidents that result in calls for assistance to law enforcement agencies. Beyond dangerous and too often fatal wandering, the following are trends of 911 calls and field contacts with individuals with ASD:

Misinterpretation of parental care

Parent or caregiver actions are misinterpreted or appear as assault. For example, a father picking up and carrying away his crying, kicking, red-faced and teary-eyed five-year-old son may appear to observers as a possible child abduction.

Person is unknown in the area

The person displays unusual behavior in a community setting where they are not known. These behaviors can include someone sitting on a lawn chair or swing, climbing trees, looking into windows of homes and running into traffic. Others may be observed in dangerous places - for instance, river or lake break-walls, fences, cement walls, or bridge-like structures.

Inappropriate social skills such as unwarranted laughing or crying, walking on one's toes while staring into space, turning lights on and off repetitively, and becoming mesmerized by a ceiling fan for endless periods of time are examples of public behaviors that can frighten observant citizens and result in a request for police assistance.

Possible shoplifting and calls to retail locations

Persons with autism may have an obsession to make order of objects. On store shelves, items that are stacked backwards, upside down, or turned around may appear out of order, and attempts to rearrange these items may be seen as shoplifting. Their fascination with water may find them swimming or splashing in mall fountains or in store restroom turning faucets on and off or flushing toilets continuously.

Wandering

There may be calls to find a child or adult with autism who has apparently run away. He or she may be attracted to pools, lakes and other water sources. This topic is discussed thoroughly further on in this training.

Communication

During any interaction, be aware that the person with autism:

- Can become quickly upset with changes in routine for what may appear to be trivial reasons
- May not recognize uniform or marked vehicle nor understand what is expected if they do
- May not understand your verbal commands or use of slang expressions
- May not understand command presence body language and non-verbal communications such as, rolling of eyes, raising of eyebrows, shrugs and hand signals

Officer communication tips:

- Speak in short, direct phrases-verbal bullet points i.e. “Stand up now” or “Get in the car” can be effective.
- Avoid figurative expressions such as, “Cat got your tongue??” or “Are you pulling my leg?”
- Allow for delayed responses to your questions or commands.
- Talk calmly and softly. Repeat and/or rephrase your responses or questions.
- Consider use of pictures, written phrases and commands, and sign language.
- Use low gestures for attention; avoid rapid pointing or waving.
- Model calming body language (such as slow breathing and keeping hands low).
- Model the behavior you want the person to display.

Escalated behavior

Often described in the autism community with terminology such as “meltdown” or “tantrum”, these contacts are perhaps the highest risk situation for the first-responding police officer, come with the potential to result in violent physical confrontations between police and citizens with autism and the potential for civil litigation. While the potential exists for any field interaction to erupt into violence, calls from caregivers seeking assistance to control behavior that escalated from manageable to an aggressive point beyond their control should be considered high risk contacts.

The upset person with ASD may not know the implications of their behavior - they may not understand the consequences of their actions, especially aggressive actions. An officer’s approach may cause people with this condition to flee, sometimes failing to obey an order to stop. Other people with ASD may react by dropping to the floor or ground and rocking back and forth, averting eye contact with the officer. Officers should not interpret their failure to respond to orders or questions as a lack of cooperation or as a reason for increased force. The person may be slow or unable to comply with these requests. For the person with autism, processing a request, command or question and providing an answer or response, even under the best of circumstances, may take fifteen to twenty seconds - or more.

Although persons with autism are sometimes self-abusing, they may escalate into tantrumlike behavior (e.g. screaming, pushing, kicking, hitting) from fear, frustration, or confusion. They be unable to conceptualize meanness or acts of purposeful injury to others. They just want the circumstances to change but do not know how to implement that change. This presents an obvious dilemma to responding officers.

Escalated behavior may be in the form of rocking, pacing, grunting, noisemaking, utterances, running into walls, head-banging or hiding under mattresses or other large objects. They may also aggress to biting, scratching and hair-pulling. These behaviors may be a form of self-stimulation or a sensory reaction to objects and influences in the environment.

These outbursts predictably occur at home, a group home, at school, less frequently at a recreational campus, place of employment or in a community setting. The proximity found in the rooms of most homes and schools only adds to the danger of the situation.

While there may be situations that require quick action - such as a person near traffic, on a bridge or near other dangerous places - be prepared to invest time, keep communications simple and manage the sensory environment to enhance deescalation without use of force. Use your discretion. If you have determined that the person is unarmed, have established geographic containment (person cannot escape from the location and threaten others), and the person is not aggressing into your personal safety zone, invest the extra time to allow the person to deescalate themselves without your intervention.

Officer safety tips:

- Whenever possible, seek information and assistance from parents, caregivers, teachers or others at the scene about how to communicate with the person and deescalate his or her behavior.
- If the individual is holding and appears to be fascinated with an inanimate object, consider allowing subject to hold the item for the calming effect (if officer safety is not jeopardized by doing so).
- Avoid stopping repetitive behavior, unless there is risk of injury to yourself or others. Persons with ASD may display self-stimulative behavior, called stimming, due to their anxiety. These displays can include repetitive twirling of an object or themselves, finger or hand flicking, body rocking, pacing, or talking to themselves.
- Be prepared to witness some persons with ASD engaging in self-injurious behavior (SIB). An example of SIB would be persons striking themselves repeatedly in the upper chest, neck and face producing redness and bruises. Intervention should initially be limited to cases where there are serious injuries such as compound fractures or excessive bleeding occurring. Custody of a person with SIB by police should be of very short duration. In most situations, the person would be quickly reunited with family or caregivers or admitted to a hospital.
- Avoid stopping repetitive behaviors or SIB, unless there is risk of injury to yourself or others.
- Always remain alert to the possibility of sudden aggressive outbursts.

Assess the scene for sensory influences

Since autism is neurodevelopmental disability, it affects the central nervous system and a person's sensory responses to even normal levels of light, sound, touch, odor, and taste. The nerve endings of the person may be taking in too much (hyper-sensitive) sensory information causing the person to quickly flee from the sensory source or too little (hypo-sensitive) causing the person to suddenly move closer to the source. These over and under reactions to the sensory environment are known to affect behavior, can inhibit communications and cause flight from or intrusions into the socially expected personal space of others.

Some persons with hypo-sensitivity may need to be closer to the sensory source in order to experience the full effect. People with autism may be attracted to shiny objects, move into your personal space and actually reach for your badge, radio, keys, belt buckle, or weapon. They may move in closer to smell odors on your body such as, deodorant, perfume, after shave, cigarette or cigar smoke. In extreme cases, they may attempt to lick or hug a responder. The presence of canine partners or mounted patrol may cause either flight or invasions of personal space.

Assess the outdoor or indoor scene for sensory influences. What do you see? Hear? What odors are present? What manageable influences do you bring to the scene? If it is safe to do so, minimize or eliminate the sensory influences of sirens, lights, two-way radios or Nextels, flashlights, canine partners and mounted patrol. If the sensory climate cannot be changed, try to move the person away from noises, crowds, lights and other sensory influences. Use a calming voice, reassuring words and body language in order to move the person into a calmer environment.

Adjustments and scene assessment will need to be made. While it is unlikely that person with ASD will be able to suddenly manage the sensory environment well, your awareness of how the sensory environment can influence the person's behavior will help you manage the scene in a safe manner.

Restraint

Despite your best efforts, you may need to restrain the person with autism and take them into custody. Try to avoid standing too near or behind: the person may suddenly lurch backward. A safer alternative could be an approach by people on both sides holding the upper arm and wrist areas.

Be aware that people with autism may have under-developed trunk muscles (hypotonia) and may not be able to support their airway. Become a champion of that airway. After takedown, turn them on their heart side, get them standing into an upright position as soon as possible to allow normal breathing to occur.

Monitor the person's condition frequently to prevent further trauma or injury. Up to 40% of this population may have some form of seizure disorder. Asthma is also common in this population. The person may not be able to cognitively control or adjust their involuntary adrenaline output, may not understand the futility of resistance and continue an intense struggle.

When the person is contained after restraint, continue the use of calming words and body language, deescalation techniques and sensory scene management, simple words, calming vocal tone and non threatening body language.

Custody and arrest

Once the person with autism is under arrest or in custody for any reason, they may need to be transferred to a jail or secured juvenile or mental health facility.

- Document autism in your initial report and fully brief up and down the chain of command.
- Consider a medical evaluation. Evaluation for injury - the person may be non verbal, not ask for help nor show any indications of pain, even though injury seems apparent.
- Alert jail authorities and suggest an initial isolation facility. A person with autism may be at extreme risk from and to the general prison population.
- Whenever possible, contact parents or caregivers for information regarding best care of, and communication with, the person.

Lost and Wandering

Wandering is perhaps the most frequent ASD related public safety contact. Similarly to patients with Alzheimer's disease and dementia, persons with ASD may wander away from care and, unable to provide their name, address or phone number, enter into dangerous, high risk situations. Less independent adults can wander away from group homes and caregivers, but the majority of lost and wandering calls will involve children; the reporters will be their parents. They are often described as escape artists and runners who are prone to escaping into the community from homes, from schools or while shopping or traveling. They become adept at choosing when to escape, during the night, for example, when parents are sleeping. The escape can also occur when parents and caregivers become injured or incapacitated, ill or otherwise occupied, even briefly: using a restroom, taking a call, caring for a sibling.

The wandering problem is enhanced since runners typically do not conceptualize that they are running away. They may just be returning to a favorite or going back to look at something attractive, recently seen through the car window on a trip. After all, *they* do not feel lost, do not seek help and are very content to be where they are at.

Search and Rescue

Drowning is a leading cause of death for people with autism. Thoroughly search all nearby water sources. They may be unusually attracted to water sources and may be found in or near rivers, lakes, ponds, pools

and fountains. The child or adult will all too often seek out and enter into water sources regardless of their inability to swim. Search permanent or seasonal pools, retention ponds, rivers, lakes and fountains. They may also be dangerously attracted to vehicles and wander into traffic or attempt to enter nearby homes or dwellings. They may wander onto train tracks and elevated places such as rooftops, trees and power grid towers. Search hiding places such as alleys and dumps where they may find refuge under a mattress, between sofa cushions or inside discarded furniture and appliances.

Wandering prevention, alert and mandatory reporting

Parents and families may take measures at home to ensure safety such as higher fences in yards, replacing glass with Lexan or plexiglas and installation of extra locks and alarms, motion and sound sensors. Without knowledge to the contrary, extra locks and the general appearance of the home could appear as evidence of parental neglect or abuse. Law enforcement will need to rule out parental neglect as a cause, but in cases involving children with ASD occurrences of this are low in frequency.

Families with individuals with autism might use systems and techniques that may appear to be neglectful or abusive. If you are unsure of the situation, always investigate with a caseworker that is familiar with the family and the individual.

Autism registries

An increasing number of law enforcement, public safety and emergency call centers are now offering voluntary registration for individuals affected by ASD, especially those that are predictably at risk of escapism and wandering. For those that participate, person-specific information can be accessed quickly via mobile computer or by dispatch.

Examples of person-specific information:

- Name of child or adult
- Current photograph and physical description including height, weight, eye and hair color, any scars or other identifying marks
- Names, home, cell and pager phone numbers and addresses of parents, other caregivers and emergency contact persons
- Doctor contact information
- Sensory, medical, or dietary issues and requirements, if any
- Inclination for wandering
- Favorite attractions and locations where person may be found
- Atypical behaviors or characteristics that may attract attention
- Favorite topics to pursue and calm the person; topics to avoid that cause fear or anger or outbursts
- Approach and de-escalation techniques
- Method of communication, if non-verbal: sign language, picture boards, written word
- ID wear jewelry, tags on clothes, printed handout card or other ID
- Map and address guide to nearby properties with water sources and dangerous locations highlighted
- Blueprint or drawing of home, with bedrooms of individual highlighted
- Any other relevant information

Tracking technology and programs

Communications technology is now being used to track the movements of those who bolt and wander through the use of radio frequency (RF) transmitters worn by the wanderer and receivers used during search and rescue. Although there are costs involved, when used in combination with foot patrols, tracking animals, vehicles and aircraft, RF tracking technology can provide quicker, more accurate and effective ground, air, and water-borne responses.

Fire-Rescue & Emergency Medical Response:

Forced entry into premises may be required. Families often need to lock doors, including interior doors, for safety reasons. Some families need to lock kitchens, bedrooms, or bathrooms in the night. Barred, nailed or locked windows are implemented to keep individuals from trying to elope or wander. Plexiglas or Lexan windows may be in place and present an access problem for rescue. Fences with locked gates also cause access problems for rescue. Be prepared to use bolt cutters. Adults with autism are just as likely to hide like children in a fire situation. Search in closets, under beds and behind furniture.

To move individuals with autism quickly, wrap them in blankets with their arms inside. This will give them a secure feeling and may help to calm them during a rescue. This will also prevent thrashing while trying to escape an emergency situation. These individuals are a bolt risk after rescue. Someone must stay with the individual with autism at all times.

Rescue From Heights

EXTREME CAUTION should be used with any rescue from heights. An aerial tower or platform would be the easiest way to remove an individual with autism. This person may aggress toward the rescuer during this operation. ALWAYS make sure you are secured before you attempt to rescue the individual.

EMS Tips

- 1) Allow for delayed responses to questions.
- 2) Avoid touching, especially around the shoulders and face, unless necessary for the physical exam. Patient may be over-sensitive to touch and cry out or jerk away.
- 3) Evaluate the patient for injury with a thorough secondary exam. They may not report pain because they may have a high tolerance for pain.
- 4) Explain all medical procedures beforehand.
- 5) If restraint becomes necessary, approach from the patient's side. A person may thrust head or body backwards.

Emergency Room Tips

- 1) Upgrade triage; avoid making person wait.
- 2) New environments increase patient anxiety.
- 3) Move person to a quiet exam room.
- 4) Give patient time to settle down and get comfortable.
- 5) Minimize extraneous sensory influences from environment.
- 6) Minimize presence of unnecessary personnel.
- 7) Alert and advise security.

Offender and Victim-Witness Interviews

As crime victims individuals with ASD at any age or independence level, will present as the perfect victim. Individuals with ASD are often unable to explain or explore issues beyond their perspective revealing great difficulty in communicating details and experiences of their victimization. This leads to a lack of credibility and confusion in interview and courtroom situations. If they have not been directly schooled on how to express their human sexuality, conduct business, recognize bullying and manipulative efforts to engage them in criminal activity, they will likely fall prey.

While there is no evidence to suggest that persons with ASD will commit crimes at a higher rate than the general population, the more independent person is likely to be held responsible for their actions more often than those less affected. Rather than presenting as fragmented, nonverbal or unusually odd, the more independent person may appear disrespectful, rude, fidgety, suspicious or deceitful. For example, their inappropriate giggling or laughter, improper vocal tone, echolalia or perseveration on personal interests and lack of eye contact paint the picture of someone trying to evade or mock the system. Standard interrogation techniques that utilize trickery and deceit can confuse the concrete and literal thinking person who has ASD leading them to make misleading statements or false confession. The

friendly interrogator can also overly influence them. Isolated and in a never ending search for friends, the person can easily be led into saying whatever his new friend wants to hear. Follow procedure, but also follow your gut instincts if you feel something isn't quite right with the subject of your investigation. As in the old adage: if the statement or confession is "too good to be true," it probably is.

Investigators should consider the following for offender and victim-witness interviews of a person with ASD:

- Interview care provider, parent, or person who first heard the disclosure of victimization.
- Investigate possibility of multiple victims by interviewing all persons with whom the perpetrator had contact.
- Review all records of assessment.
- Discover person's communication strengths and deficits.
- Interview those who know the individual with ASD to discover how he or she best receives and provides information.
- Discover the time of day or night that the person is most alert. Adjust interview schedule accordingly
- Consider videotaping all interviews.
- Plan questioning based on the person's ability level.
- Use person's first name.
- Speak to adults as adults; children as children.
- Use simple, direct language.
- Deal with one issue at a time.
- Have the individual re-create events in his or her own words—a narrative interview.
- Pre-test by asking a series of unrelated questions to determine a person's ability and potential for lying
- Consider asking a series of unrelated "yes" or "no" questions to determine the style and dependability of the response. Then ask key yes or no questions.
- Make sure both your word choice and the individual's word choice have the same meaning to each person.
- Make sure all individuals understand to whom a pronoun refers when using pronouns.
- Ensure question length is short, direct, and concise.
- Utilize maximum patience as formulating answers takes longer for individuals with ASD.
- Ask for and get permission before repeating questions.
- Become convinced of the person's ability to tell the truth and their ability describe the concepts of the past, present and future.
- Person may have short attention span; take frequent breaks
- Be alert to non-verbal cues indicating the person is confused or does not agree to your statements or questions. Get confirmation through direct questions.
- If the person is nonverbal, it will be necessary to have an autism professional at the interview to assist in gathering information.

Environmental accommodations

Keeping in mind the sensory overloads people with autism suffer from, make adjustments in the environment to ensure a valid and successful interview. For example, keep lighting low; use subdued colors; keep acoustics low, limit distracting images or pictures; eliminate the presence of non-essential personnel; and avoid using perfume, aftershave, or scented soaps.

Patience & Persistence: A plan of action for the interview

The interviewer should develop a plan of action that incorporates patience and persistence on his or her part. The interviewer is interacting with somebody who might not always get the message, question, or

concept straight. Practice patience in all situations when interviewing individuals with autism or Asperger syndrome. Interviewers must understand they will not get the answer necessarily the first time or necessarily during one modality of questioning because of the person's understanding of the context, and your speed and pacing is going to affect it. They are inconsistent processors sometimes. So, they might understand one question perfectly well and then understand the next question not at all. Sometimes interviewers may have to write something down or draw it out and let them look at it. Consider choosing language that is free of jokes, slang, metaphors, jargon, sarcasm or innuendo.

The key is being patient so you don't get them emotionally aroused and upset. Being supportive and continuing to try different methods of communication will help the person with autism to answer in a way that can be understood and make sense to all involved parties.

Community partnership options

Police and public safety professionals can increase safety and reduce liability by creating opportunities to meet people who have autism, their families, and support organizations.

Visit schools, work, recreation facilities, and homes of people with ASD. Invite families, advocates, and supporters to visit your stations and facilities to participate in events. Without compromising safety, let the child or adult try on specialized gear, try out equipment that produces lights or sounds and medical procedures, taking the pulse for example or get inside patrol and service vehicles such as fire-rescue vehicles and ambulances. The goal is to sensitize the person to emergency equipment and procedure. These interactions should be of short duration (15-30 minutes), repeated often (monthly) and be free of any extraneous experiences--music, games, clowns, balloons. Both emergency responders and persons with autism will learn about each other during these controlled, safe, and non-stressful interactions.

These are the best approaches to ensure officer, responder and citizen safety, make the best use of your valuable time and resources, and avoid litigation.

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