

Wednesday Plenary Session

Safety Skills for People with Asperger Syndrome


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Objectives:

1. Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities
2. Discuss the ethical issues related to persons with developmental disabilities
3. Identify and emphasize attitudes that enhance the opportunities for persons with DD to achieve their optimal potential
4. Develop strategies to promote community inclusion in meeting the needs of persons with developmental disabilities

Notes:



Safety Skills for People with Asperger Syndrome
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People with AS are more likely to:
 Among other things

- Face bullying in & out of the home
- Get lost
- W&er or run away
- Self injure
- Commit suicide
- Walk into dangerous situations
- Become victims to sexual assault & abuse
- Have physical & mental injuries
- Face sexual abuse
- Be bullied Self-medicate

WHY??

- Executive Functioning
- Cognition & Language Challenges
- Sensory Integration Dysfunction

Executive Functioning

The executive functions are a set of processes that all have to do with managing oneself & one's resources in order to achieve a goal. It is an umbrella term for the neurologically-based skills involving mental control & self-regulation.

Organizing & Prioritizing



Executive Functioning

Self-Regulation

Me Stressed?



Focusing, Sustaining, & Shifting Attention



Executive Functioning

Processing Speed



Executive Functioning

Problem Solving / Think Flexibly



Executive Functioning

Self monitoring, impulsivity



Speech & Language Challenges

Theory of Mind
Literal Thinking
Non-Verbal Communications

Theory of Mind (Perspective Taking)

The ability to attribute mental states—believes, intents, desires, pretending, knowledge, etc. – to oneself & others & to understand that others have mental beliefs, desires, etc. different from one's own.

Premack, D. G.; Woodruff, G. (1978)

Sheldon: Why are you crying?
Penny: Because I'm stupid!
Sheldon: That's no reason to cry. One cries because one is sad. For example, I cry because others are stupid, & that makes me sad.

The Big Bang Theory

Theory of Mind (Perspective Taking)

If I can't consider your perspective, how will I know if you mean me harm?



Literal Thinking

- Inability to read between the lines or pick up on cultural or professional jargon.
- Misperceptions can be very dangerous & frightening & confusing.

"What's the worst thing that can happen to my daughter?"
"She could go blind."
"OMG!!" (mother passes out...)

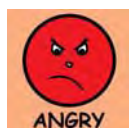
"I'm so mad at you, I'm going to shoot you."
"HELP! I better shoot you first!"

Non-verbal

I don't understand!



? =
>



Sensory Integration

The brains ability to properly assimilate, regulate, & coordinate sensory information

If we underreact or overreact to sensory information &/or if we crave too much or avoid too much sensory information, we might not feel pain, recognize injury, become fretting hypochondriacs, experience vertigo, run into things, not recognize bad food by smell or taste, self-injure etc. etc.

**Safety Supports
People with ASD need to~**

Learn

- o Problem solving
- o Concept of theory of mind & how to use it
- o Use cognitive behavior theory to assist with co-morbid issues that arise
- o Directly teach safety skills.
- o Role play scenarios. Check the comprehension. Use pictures, videos, etc. to make your point. Goal is not to scare, but to make aware.

**Safety Supports
People with ASD need to~**

Learn

- o As much about the hidden social rules & rituals as possible. Among the most important:
 - o Bathroom etiquette (quite different for males than females)
 - o The implication (even if unintended) of various clothing & behavior style
 - o Flirting, pick up lines, dating rituals, NO MEANS NO (both sexes need to underst& this)

**Safety Supports
People with ASD need to~**

Learn

- Sensory integration (SI) & self modulation
- See OT &/or PT for SI diet
 - <http://www.anatbanielmethod.com>
 - <http://www.integratedlistening.com>
- How to build & maintain a healthy self-esteem
- To meditate or build-in self some kind of anxiety relief
- To recognize a problem before it occurs (this will take much practice and is predicated on other high order thinking skills, which must also be learned!)

**Safety Supports
People with ASD need to~**

Learn

- To identify depression & other co-morbid states s/he might experience & learn how to h&le them
- To identify proper physical states that can be objectively measured such as: blood pressure; healthy BMI; the appearance of breaks, sprains, etc.; & hopefully, the feeling of healthy vs. unhealthy body (or normal feeling vs. abnormal).
- To understand definition of medical terms & indications such as pain levels, reaction of mixing medications, types of medications appropriate & types that make the ASD physiology compromised, emergency needs & normal aches & pains.

**Safety Supports
People with ASD need to~**

Be Aware

- Listen to their instincts
- Observe surroundings
- Don't look lost, even if that's the reality
- Dress & act conservatively
- Find local authorities, hospitals & shelters – know how to access those services
- Note- is someone stalking or spying
- Make certain s/he is not behaving overtly different in situations that demand a certain etiquette, e.g. airport security, shopping malls, etc.

Safety Supports
People with ASD need to~

Be prepared

- Research & learn as much as possible about whatever situation s/he is about to encounter
- Carry cell phone with GPS & emergency contact information
- Study & deduce who is likely to be most helpful
- Keep ID cards & AS information h&y (for emergency responders)
- Plan exit strategy – how to leave suspicious area without raising attention

Safety Supports
People with ASD need to~

Share your experience

- Join a travel group or tour bus
- Let others know your schedule
- Check in & have others check in with you
- Contact local autism groups ahead of time to establish contact person in case of emergency
- Possibly with a therapy / protective dog
- Ask trusted advisor for assistance with anything that concerns or ails

Safety Supports
People with ASD need to~

Learn

- Not to w&er too far away from safety zone. It's tempting at all ages!
- To swim & learn water safety
- Proper safety skills for the sport or hobby of their interest e.g., helmets with horses & bikes, insect repellent & walking stick for hikes, etc.
- Self-defense skills that will work within their limitations & accentuate their strengths

Safety Supports
People with ASD need to~

Recovery from victimization

- o Re-learn how to accurately asses risk
- o Acknowledge what you can & cannot control in the world (& your life)
- o Listen to people who see the value & strengths you posses
- o Try to create meaning out of your negative experiences (exs: help others recover, volunteer)
- o It is normal for recovery to take longer than you want it to

~ Br&on Lyon, LMSW, ACSW, BRAINS, LLP

Select Resources

Autism Risk & Safety Management - Dennis Debaudt a great guy, ex-cop & dad of a son with autism
Autismriskmanagement.com

Brains Potential, LLC www.brainspotential.com BRAINS offers both comprehensive assessment & integrated treatment for children-adults providing services for many areas including anxiety, depression, ADHD, autism, aspergers, sensory integratin disorders, developmental disorders, PTSD, & adjustment disorders to name a few.

National Autism Association - Check out their safety link nationalautismassociation.org

Liane Holliday Willey - aspie@aspie.com & on FB Liane Holliday Willey, EdD

Special Resources for Females

Attwood, Tony (2006). *Asperger's & Girls. Future Horizons.*

Gould, Judith & Ashton Smith, Jacqui. (2011). *Diagnosis or Misdiagnosis? Women & Girls with Autism & PDA*

Kopp S, Gillberg C. *Res Dev Disabil.* 2011 Nov-Dec;32(6):2875-88. Epub 2011 Jun 12.

Marshall, Tania (2013). <http://taniaanmmarshall.wordpress.com> Great blogs on females with ASD.

Nichols, Shanna (2008). *Girls Growing Up on the Autism Spectrum: What Parents & Professionals Should Know About the Pre-teen & Teenage Years* Jessica Kingsley Publishers.

Simone, Rudy (2010). *Aspergitris: Empowering Females With Asperger Syndrome.* Jessica Kingsley Publishers.

Willey, Liane Holliday (1999). *Pretending to be Normal: Living with Asperger's Syndrome.* Jessica Kingsley Publishers.

Willey, Liane Holliday (2012). *Safety Skills for Asperger Women: How to Save a Perfectly Good Female Life.* Jessica Kingsley Publishers.

The following are 25 field response tips for officers:

1. Make sure the person is unarmed and maintain a safe distance because they may suddenly invade your personal space.
2. Talk calmly and softly.
3. Speak in direct, short phrases such as: "Stand up now." or "Get in the car."
4. Avoid slang expressions, such as: "What's up your sleeve?" or "Are you pulling my leg?"
5. Allow for delayed responses (10-15 seconds) to your questions or commands.
6. Repeat or rephrase.
7. Consider use of pictures, written phrases/commands, sign language or computer images.
8. Use low gestures for attention; avoid rapid pointing or waving.
9. Examine for presence of medical alert jewelry or tags, or an autism handout card.
10. Model calming body language (such as slow breathing and keeping hands low)
11. Model the behavior you want the person to display.
12. A person with autism may not react well to changes in routine or the presence of strangers, even a uniformed responder.
13. Officers should not interpret the person's failure to respond to orders or questions as a lack of cooperation or a reason for increased force.

14. Seek information and assistance from parent or others at the scene about how to communicate with and de-escalate the person's behavior.
15. Avoid stopping repetitive behaviors unless there is risk of injury to yourself or others.
16. 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).
17. Evaluate for injury: person may not ask for help or show any indications of pain, even though injury seems apparent.
18. Be aware that the person may be having a seizure
19. Be aware of person's self-protective responses and sensitivities to even usual lights, sounds, touches, orders, and animals - canine or mounted patrol
20. If possible, turn off sirens and flashing lights and remove canine partners, crowds, or other sensory stimulation from the scene
21. If person's behavior escalates, use geographic containment and maintain a safe distance until any inappropriate behaviors lessen
22. Remain alert to the possibility of outbursts or impulsive acts
23. Use your discretion. If you have determined that the person is unarmed and have established geographic containment, use all available time to allow the person to deescalate themselves without your intervention.
24. If in custody, alert jail authorities. Consider initial isolation facility. Person would be at risk in general prison population.

25. REMEMBER: Each individual with autism is unique and may act or react differently. PLEASE contact a professional who is familiar with autism. (Debbaudt & Legacy, 2005)

Autism & Law Enforcement Contacts:

Autism is America's fastest growing developmental disability. The rate of autism has seen a dramatic increase. Autism is estimated to affect as many as one in every 88 children (CDC-NCBDDD, 2012). Research indicates that people, who have developmental disabilities, including autism, will have up to seven times more contacts with police than a member of the general public. (Curry et al, 1993)

Children and adults with autism now live, work, go to school and recreate in the community. Law enforcement professionals will have field interactions with children and adults with autism, their parents and care providers. Autism Recognition, Response and Risk Management training sessions are designed help officers make these interactions safer, less stressful, and more informed.

People with autism are as different from each other as we all are. They may inherently present autism spectrum-based behaviors and characteristics in different combinations and degrees.

Each person will have a different level of independence as well. Some persons with autism will have a caregiver with them at all times. Others will live semi or fully independent lives. Both may have public safety or criminal justice contacts. You will hear terms such as low functioning autism, high functioning autism, and Asperger syndrome to describe the condition. In most cases, the person will have difficulties following your verbal commands, with reading your body language, and will have deficits in social understanding. As with Alzheimer's patients, children and adults with autism may wander away from care and into danger .

Whether as offender or victim-witness, persons on the autism spectrum will present dilemmas in the interview and interrogation room. Their concrete answers, conceptions, and reactions to even the most standard interrogation techniques can cause confusion for even the best trained, seasoned veterans. Autism-specific training can help criminal justice professionals save time and resources and avoid taking misleading statements or false confessions.

Autism Recognition, Response and Risk Management training sessions will help law enforcement, emergency response, and criminal justice professionals recognize the behavioral symptoms and characteristics of a child or adult who has autism, learn basic response techniques, learn about the high risks associated with autism, and will offer suggestions and options about how to address those risks, increase officer and citizen safety, and avoid litigation.

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For direct training, curriculum and video development, contact:

Dennis Debbaudt at 772-398-9756 (son with autism may answer phone) email ddpi@flash.net web: autismriskmanagement.com and debbaudtlegacy.com