

The Autism Population and Wandering:

People with autism have challenges with communication skills and safety awareness making wandering a **potentially fatal behavior**. Wandering may also be referred to as elopement, bolting, and running. Wandering risks include drowning, traffic injuries, exposure, dehydration, hypothermia, falls and encounters with strangers.

IMPORTANT FACTS

- Nearly half of children with autism will wander.
- Wandering occurs across all settings and types of supervision.
- Accidental drowning accounts for over 90% of lethal outcomes.

SEARCH AND RESCUE CHECKLIST

- Treat each case as CRITICAL. People with autism face immediate risk.
- SEARCH WATER FIRST. It can take 20 seconds for a person to drown.
- Seek air support to check backyards (pools), if available. Use Google Maps to search for bodies of water.
- Interview caregivers; they know best the areas their client/loved one may be seeking.
- Notify local transit police ASAP.
- Obtain/circulate photo to searchers.
- Ask if the person wears a personal tracking device. If so, immediately initiate tracking measures.
- Ask if the person will respond to his/her name when called.
- Ask about the person's preferences that may assist in search efforts (music, fast food, favorite characters, the voices of loved ones).
- Ask about person's dislikes/fears or sensory issues that may keep person in hiding (dogs, sirens, aircraft, lights, shouting).

WHEN CHILD/ADULT IS SUCCESSFULLY RECOVERED:

- Bring caregiver to the recovery site as quickly as possible.
- Maintain a calm and relaxed environment.
- Avoid the use of restraints.
- Speak in a normal tone of voice using simple phrases.

For more information visit <https://NationalAutismAssociation.org/>

Disability Resources

Regional Centers: LA County has 7 Regional Centers, which provide and coordinate services and supports for individuals with developmental disabilities

- **San Gabriel/Pomona RC:** El Monte, Monrovia, Pomona, and Glendora within the county of Los Angeles. (909) 620-7722
- **Eastern Los Angeles RC:** Alhambra, East Los Angeles, Northeast, and Whittier within the county of Los Angeles. (626) 299-4700
- **South Central Los Angeles RC:** Compton, San Antonio, South, Southeast, and Southwest within the county of Los Angeles. (213) 744-7000
- **Harbor RC:** Southern Los Angeles county including Bellflower, Harbor, Long Beach, and Torrance (310) 540-1711
- **Lanterman RC:** Central Los Angeles county including Hollywood-Wilshire, Burbank, Glendale, and Pasadena (213) 383-1300
- **Westside RC:** Inglewood and Santa Monica-West within the county of Los Angeles (310) 258-4000
- **North L.A. County RC:** East Valley, San Fernando, and West Valley within the city of Los Angeles: (818) 778-1900

Crisis Response Project (CRP), "The Mobile Crisis Team"
www.ciwp-crp.org The Crisis Response Project provides intensive crisis prevention, emergency response intervention, and follow-up services as support for Regional Center consumers. West Los Angeles: 310-337-2825 South Central Los Angeles: 323-291-0902

LA Found: A countywide program for individuals at risk of wandering. It features a system of trackable bracelets that can be located using receivers carried in LA County Sheriff's Department helicopters and designated ground units. To learn how to qualify for a bracelet, caregivers can visit www.lafound.lacounty.gov

National Autism Association: www.NationalAutismAssociation.org
The leading organization on autism-related wandering prevention and response. An excellent online resource with free, downloadable Tool Kits for parents and first responders.

Autism Society of Los Angeles: www.AutismLA.org (562) 804-5556

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FIRST RESPONDERS GUIDE

AUTISM COMMUNICATION AND DE-ESCALATION TACTICS FOR FIRST RESPONDERS



PREPARED BY:
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Autism

- Autism spectrum disorder (ASD) is a developmental disability that can cause significant challenges in social interaction, speech and behavior. The effects of ASD and the severity of symptoms are different in each person.
- Autism is the fastest growing developmental disability in the nation.
 - 1 in 54 individuals is diagnosed with autism
 - Male to female ratio is 4:1
 - Causes are unknown
- People with autism are **seven times more likely to have police encounters than the general population.** A 2019 study of autistic adults found 53% of participants had experienced four or more interactions with the police since childhood.
- Many behavioral traits of autism can mimic criminal behavior, including drug or alcohol abuse and willful noncompliance, leading to misunderstandings between these individuals, the public and police.
- Due to limitations in communication and the potential for sensory “meltdowns” encounters can escalate quickly.
- Using specific tactics for this population can result in successful outcomes for first responders and citizens.

POSSIBLE SIGNS OF AUTISM

- Lack of eye contact or staring too closely.
- Repetitive behavior, including hand flapping, pacing, repeated phrases from TV, movies, and songs.
- Self-injurious behavior: hitting, biting, pinching, or scratching self.
- Over or under-sensitivity to pain. Might not be able to indicate even severe injuries.
- Physical instability, unsteady gait, or unclear speech which could be mistaken for intoxication.
- Echolalia: might echo what you're saying.
- Difficulty following directions.
- Limited or no ability to speak, may appear deaf.
- Inappropriate emotional responses – excessive laughing or crying.
- Hypersensitivity to loud/sudden noises and flashing lights. May cover ears, yell, or vocalize to drown out sounds.
- Might flee the scene and attempt to hide out of fear or overexcitement.
- Highly suggestible and literal - might innocently answer “Yes” to “Are you on drugs?” if they are taking vitamins or prescription medicine.
- Might have difficulty making a transition from one place or activity to another.
- No fear of danger – running into traffic or water.
- Lack of personal boundaries: might attempt to touch or smell first responders.
- Unable to comprehend the risks of non-compliance, resulting in fight/flight response.

RESPONDING TO A CALL

- Minimize sensory input (siren, strobes, K9).
- Involve caregiver if the situation allows.
- Allow the person to engage in repetitive behaviors (jumping, flapping, singing, pacing). This can be their way of trying to calm themselves.
- Assign one person to speak.
- Speak calmly, using short, concrete sentences. Keep volume low, if possible.
- Allow up to 20 seconds of response time before repeating a question.
- Give as much space as possible. Going hands-on will likely cause escalation or attempts to flee the scene.
- Check for Project Lifesaver or ID bracelet, shoe/clothing tag.
- Distract and redirect: talk about preferred subjects/offer preferred objects to help gain compliance.
- Prepare to wait longer than normal. Arrange to be cleared of time constraints, if tactically permissible.
- If direct questions don't work, start a sentence and allow person to finish it. For example: “Your name is ...” “You live at ...”
- If no verbal response, offer an iPad, smartphone, or pen and paper to see if person can type or write. Ask for address, phone number, mom and dad's name.
- Take note of any special interests and use these to engage (YouTube, Anime, Disney, trains).
- Try physically modeling your commands: “Do this.”
- Use rewards: “If you get in the car, **then** you can have a snack/see Mom, etc.”
- To minimize anxiety, make a visual action list to map out the next steps for the individual:
 1. Get in car
 2. Ride to police station
 3. Have snack
 4. See Mom