

**Autism: Anxiety, Aggression  
and De-escalation**

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**Why Training is Important**

- The behavior of individuals on the autism spectrum is often misunderstood.
- Wandering/bolting/eloping is common in individuals with an autism spectrum disorder.
- It is VERY likely you will encounter individuals with an autism spectrum disorder.
- Knowledge is power.

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**Mortality in ASD**

- Children and young teens with ASD are 40 times more likely to die from injury than the general child population. Drowning is the most common fatal injury among children with autism.
- People diagnosed with an autism spectrum disorder die at an average age of just 36. For the general population, life expectancy is 72.

Dr. Guohua Li (Center for Injury Epidemiology and Prevention, Columbia University), American Journal of Public Health

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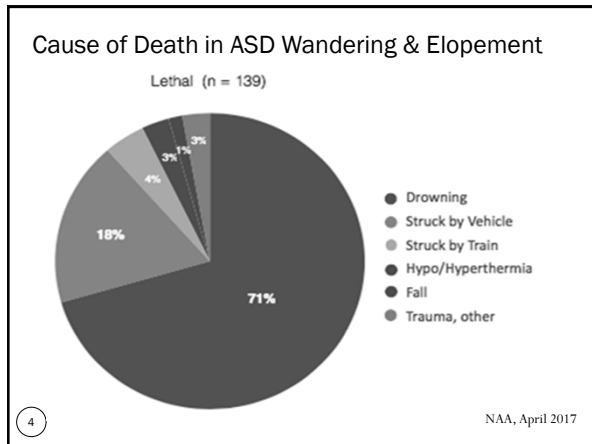
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### Autism Spectrum Disorders

- Incidence is 1 in 59 ranging from mild to severe
- Most on the Spectrum look like everyone else
- More prevalent in boys (4:1), but girls are often undiagnosed
- About 50% have some degree of cognitive impairment and many are gifted
- 40% of ASD have seizures
- Cause is biological/genetic-multiple genes
- T-Gen in Phoenix has led groundbreaking research efforts
- There is NO CURE but we can improve management

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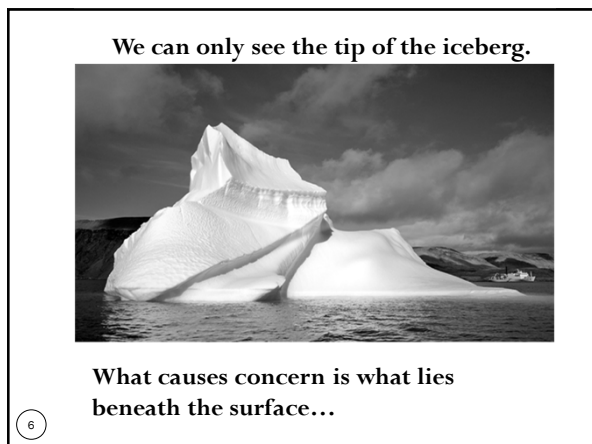
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**Social**

- Lack of awareness of others' presence
- Anxiety around others-cannot predict or understand others' emotions, behavior or reactions
- Very literal
- May not understand danger in a situation
- Heightened response to "trivial" change or routine

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**Social**

- Unaware of social rules-cannot read their intentions
  - Personal space
  - Things you think but don't say out loud
  - Misunderstand or miss social cues
- Lack of awareness of others' feelings
  - Sympathy but not empathy
  - Mind Blindness-cannot understand how others think or see others' perspectives

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**Communication**

- Difficulty understanding verbal commands; they think in pictures
- Problems with verbal concepts and explanations
- Literal and concrete
- Voice lacks expression
- Asks lots of questions
  - Not getting information
  - Seeking predictability
- Delayed processing of verbal information
  - 7 second average delay

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### Communication Strategies

- Ask caregiver for strategies, if available.
- Minimize verbal information.
- Accept little or no eye contact.
- Avoid slang.
- Be aware that information is taken literally.
- Explain what you are going to do and model on someone else if possible.
- Speak slowly and use simple language:  
Stand up .....Sit down.....Go to...

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### Communication Strategies

- Phrase instructions positively and descriptively:  
“Stand in place” instead of “Don’t move”
- Phrase questions to discover possible scripted/ memorized responses.
- Ask individual if they can write answers down- offer paper and pencil.
- Allow a longer time to respond.
- May need to use visual prompts. Write down a or pictures and show them.

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### Executive Functioning: Organization & Sequencing: Problem Solving

- Difficulty with organizing their day, work, activities, tasks
- Don’t know where to start, how many to do or when finished
- Don’t know where to put things
- Don’t know where to go or what to do next
- Difficulty generalizing
- Difficulty with self-control (self-regulation)

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### Organization Strategies

- Numbered lists help to organize tasks and jobs.
- Step by step visual directions including the word "Finished" at the end, followed by then next location, e.g., "Go to desk"
- Provide boxes, bins, etc. so there is a tangible place to put things, if not, they may land on the floor!
- Provide or show a visual schedule so they can see the sequence of events/activities
- Provide multiple picture examples of things that serve a common function, e.g., kitchen chair, easy chair, desk chair, recliner, lawn chair
- Assign numbers to intensity of emotion:  
Anger Scale 1-5

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### Behaviors/Need for Sameness

- Very hard time with transitions/changes
  - Poor prediction skills
- Easily upset and confused
- Free time is hard as it is unstructured
- Memorize the world
- Rituals and routines reduce anxiety
- Isolation and refusal to avoid change
- Special interests/obsessive topics

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### Autism Affects Sensory System

- These individuals may be overly or under responsive or sensitive to:
  - Sights
  - Sounds
  - Touch
  - Smells
  - Taste
  - Movement

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**Sensory Calming Strategies**

- Stay calm and reduce stimuli (e.g., noises, etc.) as much as possible.
- Avoid touch (especially light touch) possible.
- May need to leave immediate area. Direct the individual to a safe place away from the problem situation.
- If possible, turn off strobe or flashing lights.
- If possible, turn off loud noises (siren).
- Limit crowd intrusion.

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**Imagine**

- Not being able to *communicate*.
- Being in *pain* but not able to tell anyone.
- Feeling *anxious, confused, and frightened* but not knowing why.
- Feeling this way *every day*.

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**Reactions we see**

- The world becomes confusing and the surroundings unpredictable with change:
  - → panic attacks
- When confused or unsure, they become anxious and will ask questions repeatedly
- They have difficulty processing spoken language which anxiety worsens
- They misunderstand social cues and have a limited understanding of social expectations and acceptable behavior

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### Reactions we see

- They do not understand how others think, cannot predict intentions or reactions of others
- They will often be afraid to act or will act without understanding the consequences
- They may blame others and accuse them of being unfriendly, threatening, rude, or strange
- They may say “yes” to anything just to escape the situation

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### Reactions we see

- Avoidance/Anxiety/Stress behaviors surface and panic occurs:
  - They may scream, repeat words/phrases, or strike out (to self or others)
  - They may drop to the ground and curl up
  - They may hit their head on the ground or hurt themselves (hit, bite, scratch)
  - They are afraid, don't know what to do or what is happening-overload
  - They often run

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### Reasons for Assistance Calls

- Person is acting “weird” and no one recognizes him.
- Wandering/Elopement.
- Person’s behavior is escalating.
- Parent’s actions are misinterpreted.
- Person is throwing rocks, running into traffic, and/or running into other people’s homes.
- Person is looking into windows of houses (“Peeping Tom”).
- Person is rearranging/“ordering” store displays.
- Person is following a customer around the store.

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### Response to Calls for Possible Abuse

- Well-meaning citizens can easily misinterpret a parent's actions.
- What looks like an abduction/abuse situation may be a parent simply trying to maintain control of child.
- These types of calls are quite common and require a deliberate and cautious response and investigation.
- Just because a child runs does not mean they are being neglected.

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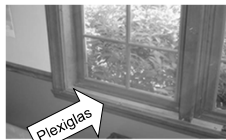
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### Be Alert to These 911 Reports

- Runners: Climbing Out Window, Over Fence
- Running or Standing in Traffic
- Outside in Freezing Rain Wearing Only Shorts or Nothing at All
- Entering Other People's Homes
- Common Childhood EMS Calls



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### Risks

- Make sure person is unarmed and maintain a safe distance.
- Person may not recognize badge, uniform, or marked vehicle.
- Person may be attracted to shiny objects and reach for badge, radio, keys, belt buckle, or weapon.

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### Complications at the Scene

- Strobe Lights
- Sirens
- Flashing Lights/Spotlights
- Quick Pace
- Number of Responders
- Physical Touch and Confinement
- Attitude

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### How to manage the situation

- YOU have the right to remain silent-now use it!  
They cannot understand what you are saying;  
do NOT hammer them with questions.
- Write down your words and show it to them
- Pictures speak a thousand words-draw them
- If you need to talk:
  - do it calmly, without anger
  - use only key words
  - Allow at least 7 seconds to process
  - Use one of their interest areas to gain attention  
and prompt predictability

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### How to manage the situation

- Stop moving toward the person-back up one step
- Wait-then quietly reassure
- No Threats, No Discussion of Consequences, No Extra Language, No Apologizing
- Approach from the side, if possible
- Rather than grabbing them, extend your hand and allow them to take it-give them time.
- Significant sensory issues will escalate the situation-touch, noise, bright flashing lights.  
Turn off the lights and sirens, if possible.

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### How to manage the situation

- If you have a blanket and can do it, wrap them tightly. Deep pressure calms the nervous system.
- Sometimes a preferred object will instill calm.
- Try to get someone familiar with the student involved to give you direction
- Your calmness will be supportive

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### Interviewing

- Ask specific, clear, concrete questions.
- Avoid questions that end with a “yes” or “no” answer.
- Allow time to process information.
- Be aware individual may just repeat last word heard in question.
  - Were you with your family or John?
  - Were you with John or your family?

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### If You Need to Restrain

- *Keep in mind that individuals with autism have very low muscle tone and are especially susceptible to “positional asphyxia.” It is critical to continually monitor the person if a take down is necessary, as well as during the whole time they are in custody (Debbaudt, 2002).*
- Person may have a seizure disorder.
- The arrest may re-escalate the person’s behaviors.

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### Custody: If Crime Has Been Committed

Reduce Risk of Abuse, Injury, or Both

- Alert jail authorities that the individual has autism.
- Person could be at risk in general incarcerated population.
- Segregate the individual.
- Is an ID “24-hour hold” placement needed for the individual? \*

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### Remember

- If Possible, Limit Number of Personnel
- Maintain Calm Scene
- Every Person is Different
- Seek Advice from Caregiver
- Allow for Calming Strategies
- Explain Slowly and Don't Overwhelm
- Model Action or Command
- Avoid Head/Shoulder Area
- Check Thoroughly for Injury
- Stay Patient, Don't Give Up

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### AUTISM

- Approach the person in a quiet, non-threatening manner.
- Understand that touching the person with autism may cause the protective “fight or flight” reaction.
- Talk to the person in a moderated and calm voice.
- Instructions should be simple and direct, avoiding slang.
- Seek all indicators to evaluate the situation as it is unfolding and be willing to adjust your actions accordingly.
- Maintain a safe distance until any inappropriate behaviors lessen but remain alert to the possibility of outbursts or impulsive acts.

Debbaudt and Rothman, 2001

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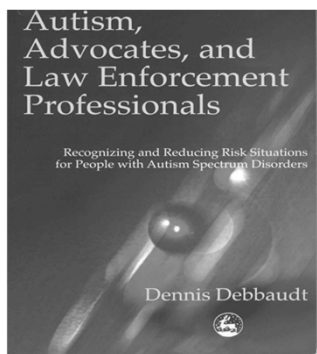
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**Reference**



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