

# **CRISIS INTERVENTION - IDENTIFYING THE ROLE OF CLINICIANS AND LAW ENFORCEMENT DURING A CRISIS**

Katie Jasnieski, MA, LMHC  
Chief Clinical Officer  
Swanson Center

Detective Sergeant James Lear  
LaPorte County Sheriff's Office

# AGENDA

- 
- Understand the needs, characteristics, and strengths of individuals with autism and apply them to intervention strategies when working with individuals in crisis.
- 
- Use a person centered and trauma informed approach when responding to a person in crisis.
- 
- Interpret distress behaviors and address the cause of the behavior to de-escalate the situation.
- 
- Assess risk of behavior and identify preventive strategies to mitigate risk.
- 
- Manage your own emotional responses to crisis situations.
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- Use your communication skills to be supportive and strengthen your interventions.
- 
- Identify what clinicians can do to support law enforcement when responding to an individual in crisis.
- 
- Identify a process for support and learning at the end of a crisis situation and preparing for the next crisis.

**NEEDS:  
ALTHOUGH THIS CAN SOMETIMES  
FEEL CHALLENGING, IT IS  
IMPORTANT TO RECOGNIZE THREE  
VERY SIMPLE FACTORS THAT  
INDIVIDUALS WITH AUTISM HAVE:  
SAFETY, ACCEPTANCE AND A  
SENSE OF COMPETENCE.**

# SAFETY

Individuals with ASD commonly have difficulty regulating sensory information.

Individuals with ASD are literal thinkers and need concrete expectations and consistency.

# ACCEPTANCE

We all want to feel accepted. This means feeling valued and celebrated, knowing that people believe we are doing our best and feeling like people are interacting with us with dignity.



# COMPETENCE



For anyone to feel competent, they need to engage other people and activities, build on acquired skills, gain a sense of mastery and tackle uncertainty.



When setting goals for the people we support, we need to remember that we should not let “the current reality become the permanent reality.”

# CHARACTERISTICS OF AUTISM

# SOCIAL COMMUNICATION AND INTERACTIVE SKILLS

Avoids or does not keep eye contact

Does not respond to name by 9 months of age

Does not show facial expressions such as happy, sad, angry, and surprised by 9 months of age

Does not play simple interactive games like pat-a-cake by 12 months of age

Uses few or no gestures by 12 months of age (for example, does not wave goodbye)

Does not share interests with others by 15 months of age (for example, shows you an object that they like)

Does not point to show you something interesting by 18 months of age

Does not notice when others are hurt or upset by 24 months (2 years) of age

Does not notice other children and join them in play by 36 months (3 years) of age

Does not pretend to be something else, like a teacher or superhero, during play by 48 months (4 years) of age

Does not sing, dance, or act for you by 60 months (5 years) of age



# RESTRICTED OR REPETITIVE BEHAVIORS OR INTERESTS

Lines up toys or other objects and gets upset when order is changed

Repeats words or phrases over and over (called echolalia)

Plays with toys the same way every time

Is focused on parts of objects (for example, wheels)

Gets upset by minor changes

Has obsessive interests

Must follow certain routines

Flaps hands, rocks body, or spins self in circles

Has unusual reactions to the way things sound, smell, taste, look, or feel

# OTHER CHARACTERISTICS

Delayed language skills

Delayed movement skills

Delayed cognitive or learning skills

Hyperactive, impulsive, and/or inattentive behavior

Epilepsy or seizure disorder

Unusual eating and sleeping habits

Gastrointestinal issues (for example, constipation)

Unusual mood or emotional reactions

Anxiety, stress, or excessive worry

Lack of fear or more fear than expected



**STRENGTHS**

# INDIVIDUALS WITH AUTISM MAY DISPLAY A RANGE OF STRENGTHS AND ABILITIES THAT CAN BE DIRECTLY RELATED TO THEIR DIAGNOSIS

- Learning to read at a very early age (known as hyperlexia).
- Memorizing and learning information quickly.
- Thinking and learning in a visual way.
- Logical thinking ability.
- May excel (if able) in academic areas such as science, engineering and mathematics as they are technical and logical subjects that do not heavily rely on social interaction.
- Having an extraordinarily good memory (being able to remember facts for a long period of time).
- Being precise and detail orientated.
- Exceptional honesty and reliability.
- Being dependable in regards to schedules and routines.
- Having an excellent sense of direction.
- Be very punctual.
- Strong adherence to rules.
- Able to concentrate for long periods of time when motivated.
- A drive for perfection and order.
- A capability for alternate problem solving.
- A rare freshness and sense of wonderment.

# PERSON CENTERED AND TRAUMA INFORMED APPROACHES

A person-centered and trauma-informed approach is essential when responding to a person in crisis as it focuses on providing care that is empathetic, individualized, and sensitive to the person's unique experiences and needs.



# PERSON-CENTERED APPROACH

1. **Individual Focus:** The approach centers around the person, recognizing their strengths, values and preferences. It emphasizes treating the individual with respect and dignity, ensuring that they feel heard and validated.
2. **Empowerment:** The goal is to empower the individual by involving them in decision making, respecting their autonomy, and promoting a sense of control during the intervention. This can help reduce feelings of powerlessness and promote resilience.
3. **Holistic View:** It takes into consideration the whole person, including their physical, emotional, social and cultural context. By understanding their background, you can offer support that is more meaningful and effective.

# TRAUMA-INFORMED APPROACH

1. **Understanding Trauma:** A trauma-informed approach recognizes that people in crisis may have a history of trauma, which influences their behavior and responses. This approach acknowledges the impact of past trauma on the present situation and aims to minimize re-traumatization.
2. **Safety:** Establishing physical and emotional safety is a key component. Creating a calm and supportive environment helps reduce anxiety and stress, making it easier for the person to communicate their needs.
3. **Collaboration and Trust:** Building trust is crucial when interacting with someone who may have experienced trauma. Providing clear information, being consistent, and involving the person in the decision making fosters a sense of safety and trust.
4. **Sensitivity and Compassion:** Being sensitive to potential triggers, using non-judgmental language, and actively listening are vital. It is important to avoid confrontational or authoritative approaches that may escalate the crisis.

By combining these two approaches, responders can create a supportive environment that prioritizes the individual's needs and well-being, while being mindful of any past trauma that may influence their current experience. This can help to de-escalate the situation and promote healing safety, and empowerment



**HOW DO YOU DEFINE A  
CRISIS?**

According to the National Alliance on Mental Illness (NAMI), a crisis is “any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community”.

PEOPLE WITH  
IDD, INCLUDING  
AUTISM, ARE 7  
TIMES MORE  
LIKELY TO COME  
INTO CONTACT  
WITH  
EMERGENCY  
RESPONDERS  
THAN THE  
NEUROTYPICAL  
POPULATION.



**FALLEN ANGELS.** A snapshot of recent autism tragedies, clockwise from top left: **Harmony Kizer Thompson**, 11, was found drowned in a Denver lake. **NeeGee Fiefe**, 4, was found in an Indiana pond. **Draven Graham**, 11, was found in an Ontario river. **Isaak Moon**, 4, died after falling from a bedroom window in Boston. **Onnex Thompson-Hall**, 6, was located in a pond in New York state. **Dahud Jolicoeur**, 5, was found in a waterway near his home in Florida.

Source: National Council on Severe Autism, 2022

**PRIMARY  
REASONS FOR  
CALLS FOR  
SERVICE**



# AUTISM 911 CALLS

## Mental Health Emergency

- Meltdown or Behavioral Outburst
- Elopement

## Medical Emergency

- Medical Concern
- Minor non-emergency events

# SENSORY MELTDOWNS

- Not to be confused with tantrums or bad behavior.
- Upsetting to experience and to watch.
- Signs:
  - Gnawing
  - Physical agitation or looks like in pain
  - Slurred speech
  - Hitting self repeatedly



# MENTAL HEALTH/MELTDOWN TRIGGERS

- Change in routine
- High demand, overwhelming situations
- Communication breakdown
- Extreme sensory input
  - Pain, visual stimulation, auditory stimulation, pressure, temperature

# ELOPEMENT

- Major risk factor
- Can be to run away or to access something
- Attracted to bodies of water
  - Drowning is a major cause of death
- May end up in odd locations





# BEHAVIORAL CRISES



# **MEDICAL CONCERNS**

## Common medical conditions:

- Gastrointestinal/dietary issues
- Pica
- Epilepsy/seizure disorder
- Sleep disorder
- Mood/anxiety disorders
- ADHD

Pain can be a trigger for increased self-injury or aggression

# NON-EMERGENCY EVENTS

- Recognize and respect that this is an emergency to the individual.
- Reiterate content heard.
- Avoid leading or “why” questions.



**REACT  
APPROPRIATELY  
TO DISTRESS**

**VALIDATE**

**ARE YOU  
FIGHTING IT TOO?**



# **INTERPRETING DISTRESS BEHAVIORS AND ADDRESS THE UNDERLYING CAUSES TO DE-ESCALATE THE SITUATION**

1. Recognize signs of Distress: Observe body language, facial expressions, tone of voice, and physical cues. Common distress behaviors may include withdrawal, increased agitation, restlessness, crying or aggression actions.
2. Assess the Situation: Determine possible triggers for the distress. These could include unmet needs (hunger, pain, discomfort), emotional stressors (fear, frustration), or environmental factors (loud noise, crowding).
3. Stay Calm and Empathetic: Use a calm soothing tone of voice. Demonstrate empathy and understanding by validating the person's feelings without judgment.
4. Provide Space and Safety: If the individual appears overwhelmed, create a safe environment by reducing stimuli. Ensure both the individual and others are safe.

5. Use Clear, Simple Communication: Avoid complex language. Use short, direct sentences and give the individual time to process the information and time to respond. Ask questions that can help them express their needs.
6. Offer Choices and Control: Giving the distressed individual a sense of control can help reduce anxiety. Offer limited, simple choices to help them feel empowered.
7. Address the Root Cause: Once the underlying cause is understood, address it directly.
8. Validate and Reassure: Let the person know their feelings are valid, and offer reassurance that they are safe and that you are there to help.

# ASSESS RISK AND IDENTIFY PREVENTATIVE STRATEGIES

1. Risk assessment.
  - a. Understand individual triggers.
  - b. Evaluate communication needs.
  - c. Behavioral cues.
  - d. Environmental assessment.
  - e. Medical factors.

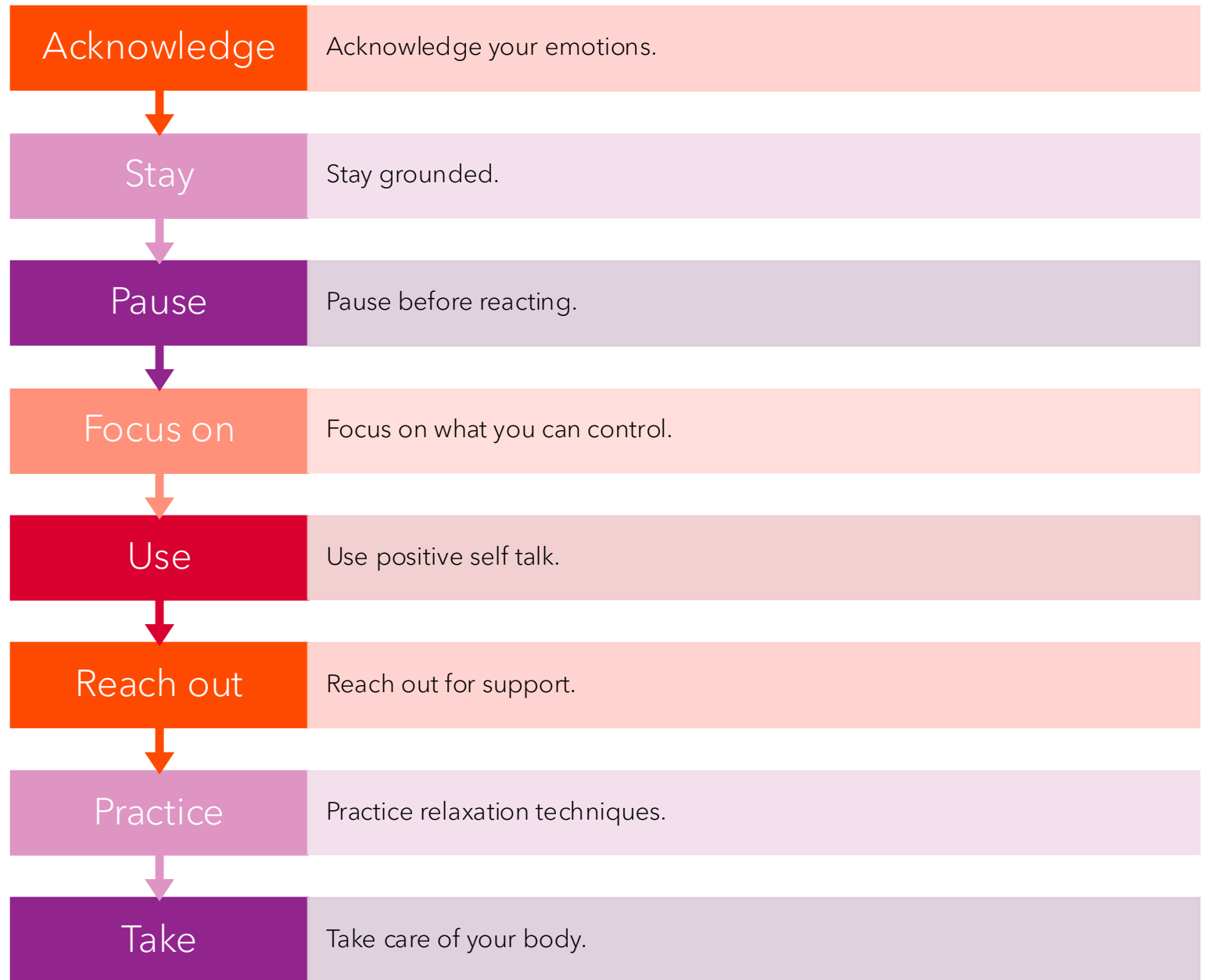
## 2. Preventative strategies.

- a. Create a predictable environment.
- b. Develop personalized coping strategies.
- c. Implement visual supports.
- d. Train caregivers and staff.
- e. Enhance communication.
- f. Desensitization and gradual exposure.
- g. Crisis plan development.



3. Proactive relationship building.
  - a. Establish trust.
  - b. Positive reinforcement.
4. Environmental modifications.
  - a. Reduce sensory overload.
  - b. Safe space.

# MANAGE YOUR EMOTIONAL RESPONSES DURING A CRISIS



# SOCIAL STRATEGIES

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Sensory Needs

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One communicator and team

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Calm, clear, confident communication

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Interests as tools

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Advocate involvement

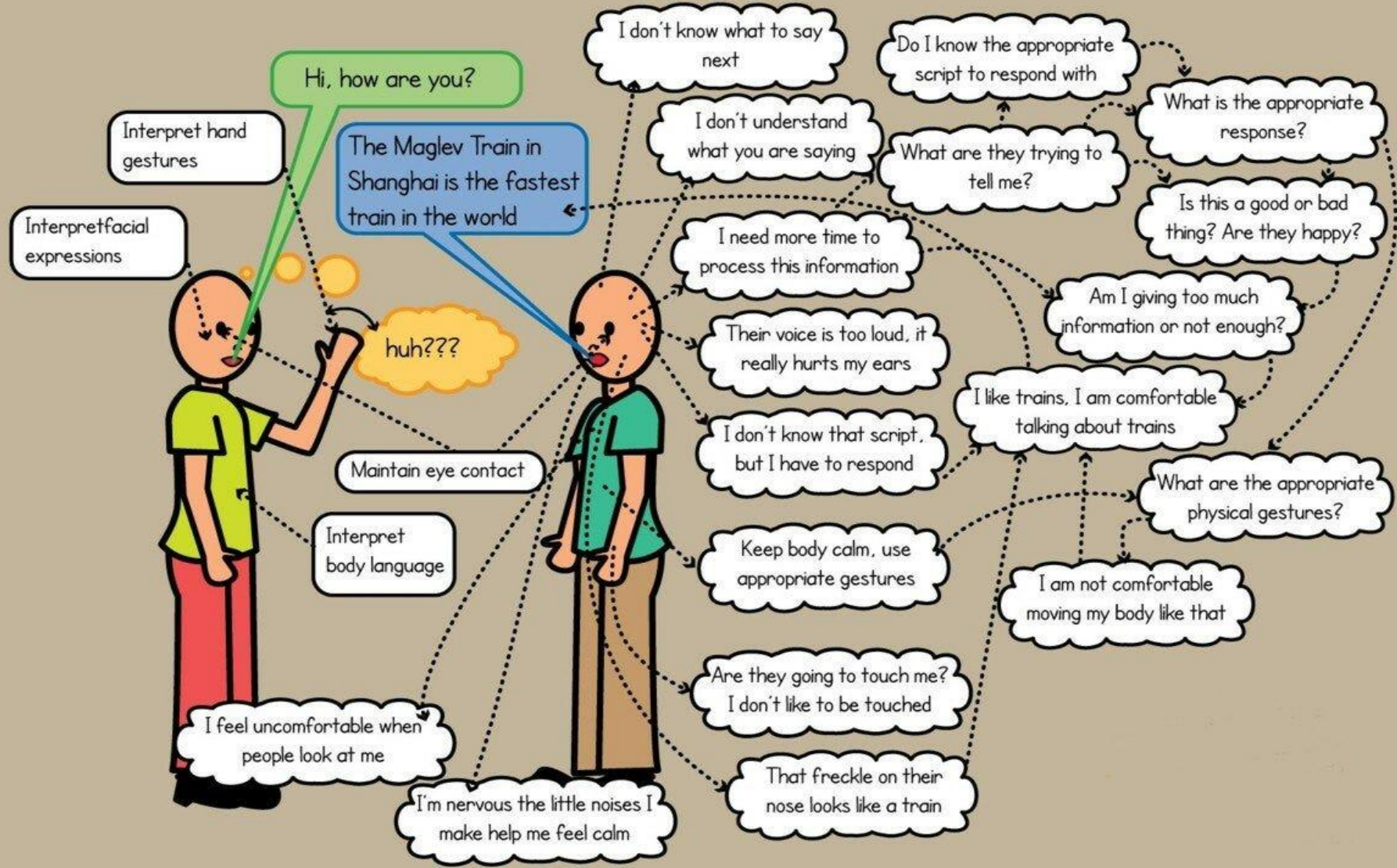
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Loop back with patient, family, agency

# ONE COMMUNICATOR, ONE TEAM

- One responder as main communicator
- Staged approach whenever possible
- Set on the same page with other units:
  - Who will be main communicator?
  - Who will approach first?
  - When will additional officers come to help?

# communication and autism



# CALM, CONFIDENT COMMUNICATION

A calm approach will always be more effective than a forceful approach.

1

Slow, patient,  
and confident

2

Explain, Show,  
Do

3

Assure you are  
here to help

4

Time, breaths  
and tips to calm

# HOW DOES THE PERSON COMMUNICATE?

- Don't assume communication skills based on presentation.
  - Yes/No
  - Nonverbal
  - Scripting vs. Rudeness
  - High anxiety → harder communication
  - Challenges with feeling identification



# PROMOTING SUCCESSFUL COMMUNICATION

1-step instructions

Pair visuals whenever possible

Be concrete

Give ample response time

Acknowledge and praise cooperation

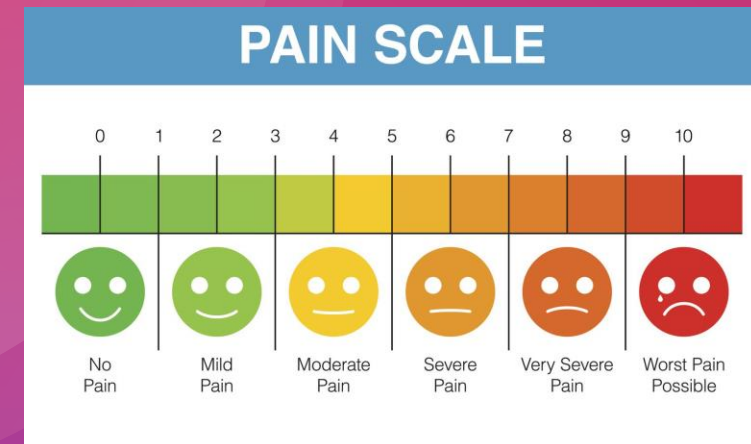
Communication aids

Remind of "Safe hands" or "hands keep us safe"



# TIPS FOR ASSESSING PAIN

- Prompt placing comfort items on pain area
- Sudden increased self-injury towards body area
- Visual scales



# INTERESTS AS HOOKS

What are they?

Elopement:

- Have they eloped to access interest?
- Where is the closest water source?

Behavioral or Medical crisis:

- Is person in crisis because cannot access interest?
- Can you share or discuss interest to help person calm?



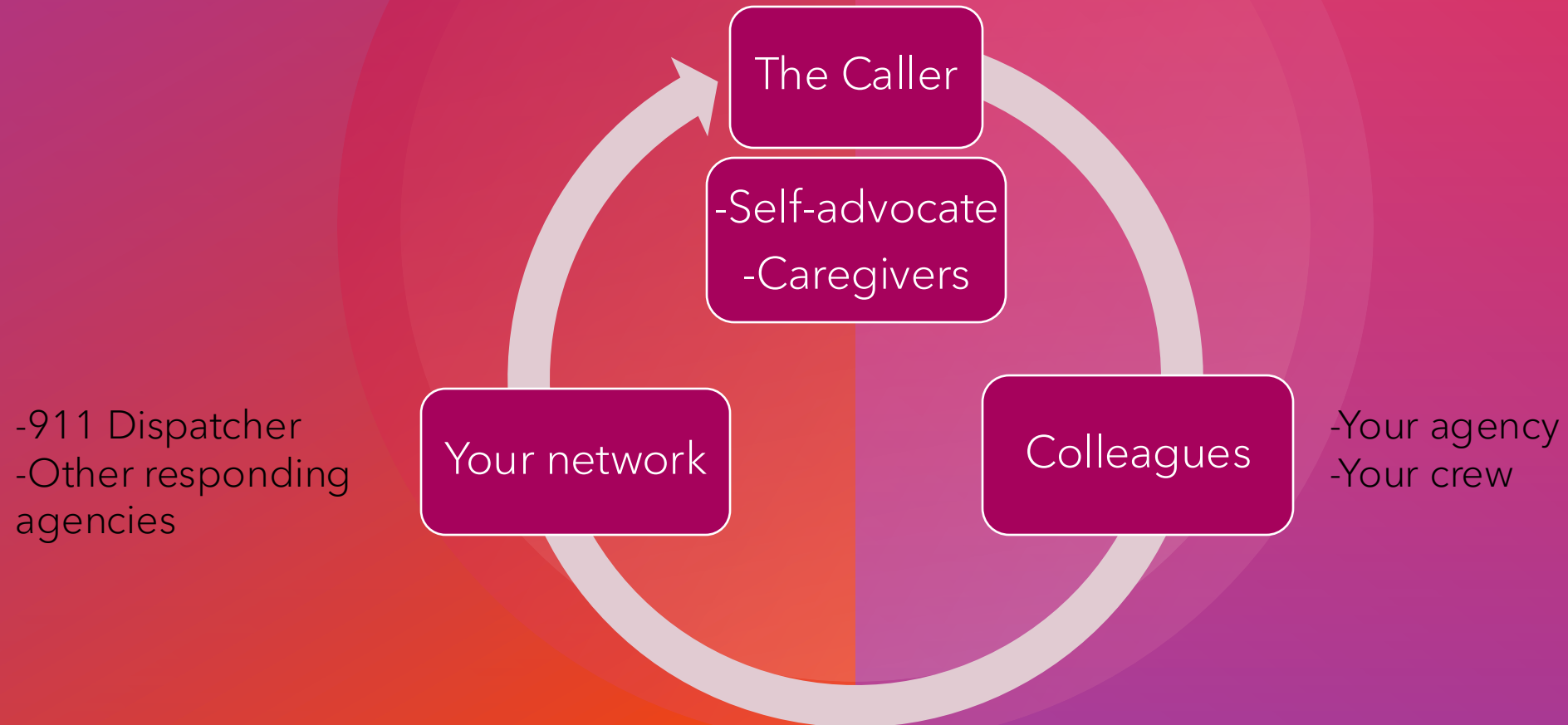
# ADVOCATE INVOLVEMENT

Example questions to ask:

- Origin/trigger of this event?
- What do you think you (r client/loved one) needs right now?
- Communication ability and aids?
- Sensory to avoid (sirens, etc), touch reactivity
- Topics or objects to avoid?
- Topics or objects that help calm?
- How to interact successfully?



# CLOSING COMMUNICATION LOOPS









# PREPARING FOR NEXT CRISIS

- Wellness Recovery Plan
- Local Crisis Stabilization supports
- Contact local community services board

**Wellness Recovery Action Plan (WRAP®)**

Traffic Light

WRAP® is a mental health recovery education curriculum authored by Mary Ellen Copeland. This "Traffic Light" handout was created as a visual illustration of Action Planning during different stages of health. Please visit [www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com) to learn more about WRAP®.

	Daily Maintenance Plan:
	Triggers & Action Plan:
	Early Warning Signs & Action Plan:
	When Things are Getting Worse & Action Plan:
	Crisis Plan:
	Post Crisis Plan:

**The goal of Action Plan is to get back to "Me Well."**

# POSTVENTION

- Postvention is prevention!
- What is your process after a crisis situation to provide support to all who were involved in that experience?
- Debriefing
  - COPING Model
  - Critical incident stress debriefing

# THE POWER OF TRAINING



January 27, 2023

**AUTISM AWARENESS TRAINING  
PROVIDES LAW ENFORCEMENT  
WITH SKILLS AND KNOWLEDGE  
THAT IS ESSENTIAL FOR  
HUMANIZED CARE, SUPPORT AND  
EFFECTIVE COMMUNICATION.**

Effective training can help officers better understand and respond to the needs of their communities, as well as ensure their own safety and the safety of those around them.



Intellectual and  
Developmental  
Disabilities

Presented by: Amy Collier, LICM, FBC, 3991011  
Faculty, Division of Therapy Services

**THE POWER OF  
COLLABORATION!**

# References:

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<https://ctrinstitute.com/blog/basic-needs-for-people-with-autism/>

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