

RISK

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Municipal Employee Guide to Autism Awareness



**Michigan Municipal Risk
Management Authority
Administrative Advisory Committee**

MUNICIPAL EMPLOYEE GUIDE TO AUTISM AWARENESS

Autism Spectrum Disorder is no longer viewed as a strictly behavioral disorder, but a complex, neurobiological condition affecting multiple areas of a person's overall functioning and learning capacity.

PURPOSE

This guide is intended to provide municipal employees with a basic understanding of autism and some of the consequential behaviors that may be experienced. Michigan Municipal Risk Management Authority recommends that all municipal employees be trained in autism awareness so that they may be better prepared to provide quality services in an efficient and understanding manner to all of the citizens they serve.

ABOUT AUTISM

Autism Spectrum Disorder (ASD) is a neurobiological disorder that typically affects development within the first three years of life

and is characterized by deficits and symptoms in the following areas:

- Impaired communication ability (person may be verbal, partially verbal, or non-verbal)
- Impaired social interaction
- Restricted and/or repetitive interests; includes repetitive actions and/or verbally repeating words, phrases, or sentences (e.g., persisting on a topic)
- Sensory issues, such as over- or under-stimulation

In addition to the behavioral issues, which have been the primary means for diagnosing an ASD, more recent research has identified a higher incidence of medical, genetic, metabolic, immunologic, and neurologic problems in persons with ASD (Herbert, 2005). Consequently, ASD is no longer viewed as a strictly behavioral disorder, but a complex, neurobiological condition affecting multiple areas of a person's overall functioning and learning capacity.

SIGNS AND CHARACTERISTICS OF AUTISM

Employees may notice specific characteristics or behaviors in someone and sense that something is not quite right. Follow your instincts. The following is a partial list; people with autism may exhibit other characteristics or varied levels of these characteristics. Remember: *no two people have the exact same characteristics of autism.*



SIGNS AND CHARACTERISTICS OF AUTISM—CONTINUED

According to the websites of First Signs (<http://www.firstsigns.org/concerns/flags.html>) and the CDC (<http://www.cdc.gov/ncbddd/actearly/milestones/index.html>), the following are possible signs of ASD:

Communication:

- Difficulty expressing needs or wants
- Difficulty communicating in a functional or meaningful way
- May cry or laugh for no apparent reason
- May struggle to process instructions or other forms of communication, or may seem to take a long time to understand an instruction
- May demonstrate echolalia, which is the repeating back of words or phrases heard (from peers, parents, teachers, television, or other sources of verbal or media input)
- Difficulty or inability to engage in joint attention (i.e. share interest or objects with others, follow gazes, point, gesture, or interact socially)

Behavior:

- May line up, spin, or show inappropriate attachment to toys or objects
- May have frequent tantrums, aggression, or self-injurious behaviors (SIB)
- May demonstrate repetitive, stereotypic self-stimulatory (stimming) behaviors. This repetitive behavior can be in the form of actions (such as spinning, hand flapping, twitching fingers, etc.) or in the form of repetitive conversation (such as repeating

words, phrases, sentences, reciting parts of movies over and over, etc.); it is behavior that does not seem to have a purpose, and interferes with daily living.

- May resist change—desire sameness

Social:

- May appear aloof, deaf, or want to be alone
- Difficulty taking another's perspective or reading another person, and in reading body language, facial expressions, or gestures (tendency to take others literally)
- Difficulty starting or sustaining a conversation
- Difficulty with peer relationships
- May not make eye contact

Other:

- Sensory processing issues: hypo- or hypersensitive to sensory inputs
- Particular about food choices and textures
- Physically over- or underactive
- Over- or under-sensitivity to physical pain
- Difficulty with fine and/or gross motor skills
- Limited or no eye contact
- Skills are fragmented or splintered—individual may be exceptionally strong in some areas while deficient in others (e.g. outstanding math skills but difficulty with reading and comprehending a book or story)
- Physiological issues—may have gastrointestinal issues, food allergies, and/or other medical concerns

Remember: no two people have the exact same characteristics of autism.



One person with autism may be very verbal, bright, and engaged, while another might be non-verbal, intellectually challenged, and almost entirely self-absorbed.

AUTISM DIAGNOSIS

New Criteria for Autism Spectrum Disorder (ASD)

The diagnostic criteria for autism changed in 2013. The change was made after 19 years of research and clinical practice. The last update to the autism diagnosis was in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. The American Psychiatric Association has just published the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*.

Changes include:

- The diagnosis will be called Autism Spectrum Disorder (ASD), and there no longer will be sub-diagnoses (Autistic Disorder, Asperger Syndrome, Pervasive Developmental Disorder Not Otherwise Specified, and Disintegrative Disorder).
- In DSM-IV, symptoms were divided into three areas (social reciprocity, communicative intent, restricted and repetitive behaviors). The new diagnostic criteria have been rearranged into two areas: 1) social communication/interaction, and 2) restricted and repetitive behaviors. The diagnosis will be based on symptoms, currently or by history, in these two areas.
- Note that individuals diagnosed under DSM-IV criteria will maintain their existing diagnosis; it should not change.

Source: American Academy of Pediatrics: <http://aapnews.aappublications.org/content/early/2013/06/04/aapnews.20130604-1>

WHAT THE ASD DIAGNOSIS CHANGES LOOK LIKE

DSM-5 Diagnostic Criteria for Autism

Screening

The American Academy of Pediatrics (AAP) endorses early identification of developmental disorders as being essential to the well-being of children and their families. Early identification of developmental disorders through screening by health care professionals should lead to further evaluation, diagnosis, and treatment. Early identification of a developmental disorder and its underlying etiology may affect the medical treatment of the child and family intervention planning for his/her parents.

Screening for ASD typically occurs during a well-child visit with the pediatrician or family physician. The screening tool may be completed by the parent and reviewed/verified by the practitioner.

What Are the Symptoms of Autism?

They say “if you’ve met one person with autism, you’ve met one person with autism,” and they are absolutely right. That’s because *the appearance of autism can vary from person to person*. One person with autism may be very verbal, bright, and engaged, while another might be non-verbal, intellectually challenged, and almost entirely self-absorbed.

In addition, people with autism seem to be more prone to other problems not listed in the diagnostic criteria. These problems include sensory dysfunction, sleep disorders, self-abusive behavior, and more. *The only symptoms all people with autism do have in common across the spectrum are challenges, disabilities, or delays in the area of social communication.*



With such a wide range of possible symptoms, how is it possible to identify a child or adult with autism?

To understand what autism looks like, you can take a look at the diagnostic criteria used by doctors and other practitioners, which is published in the official diagnostic manual. You might find it more practical, however, to look through the more user-friendly list from The National Institute of Mental Health. While this list is a useful starting place, it's not a substitute for professional evaluation. A child may well reach his milestones at an early age and still qualify for an autism spectrum diagnosis – or, on the other hand, appear to have several symptoms and not be autistic at all. That's because autism spectrum disorder looks different in every child, and while some children may develop typically for a while and then develop symptoms, others may have obvious symptoms from infancy.

Very early indicators include:

- no babbling or pointing by age 1
- no single words by 16 months or two-word phrases by age 2
- no response to name
- loss of language or social skills
- poor eye contact
- excessive lining up of toys or objects
- no smiling or social responsiveness

Later indicators include:

- impaired ability to make friends with peers
- absence or impairment of imaginative and social play

Autism spectrum disorder looks different in every child, and while some children may develop typically for a while and then develop symptoms, others may have obvious symptoms from infancy.



It is important that all municipal employees have a basic understanding of the issues surrounding autism and the potential behaviors which can be displayed by an individual.



- stereotyped, repetitive, or unusual use of language
- restricted patterns of interest that are abnormal in intensity or focus
- preoccupation with certain objects or subjects
- inflexible adherence to specific routines or rituals

These Signs May be Seen in a Person with Autism

It's important to understand that no one or two of these symptoms alone is an indication that a child is autistic. What's more, it can be very tough for someone to determine, for example, how much "lining up of toys" is excessive, or how much smiling is normal. There is also the possibility that some of these symptoms can be caused by physical issues; for example, not responding to a name could very well be a symptom of a hearing impairment. To properly diagnose autism, professionals use a set of specific tests that actually measure a child's symptoms. They may also decide that a child should undergo testing for hearing impairment or speech issues that are unrelated to autism.

MUNICIPAL EMPLOYEE INTERACTION

As noted above, autistic behavior can take many different forms, and can exhibit different behaviors. It is important that all municipal employees have a basic understanding of the issues surrounding autism and the potential behaviors which can be displayed by an individual.

The following provides some basic guidelines when encountering individuals who may have characteristics associated with autism.

It is important to remember these individuals may not understand the law, know right from wrong, or know the consequences of their actions.

TIPS FOR INTERACTING WITH PEOPLE WITH AUTISM

- Use calm body language
- Give him/her space
- Use simple and direct language
- Speak slowly; you may have to repeat questions



TIPS FOR INTERACTING WITH PEOPLE WITH AUTISM—CONTINUED

- Use pictures/computer if non-verbal
- Allow extra time for responses
- Seek advice from others on the scene who know about autism and call emergency contacts
- Contact a family member and/or caregiver
- Use concrete terms
- Give lots of praise
- Do not attempt to physically block self-stimulating behavior
- Remember that each individual with autism is unique and may act differently than others

TIPS FOR FIRST RESPONDERS WHEN INTERACTING WITH PEOPLE WITH AUTISM

People on the autism spectrum may:

- not understand what you say
- appear deaf
- be unable to speak or speak with difficulty
- engage in repetitive behaviors
- act upset for no apparent reason
- appear insensitive to pain
- appear anxious or nervous
- dart away from you unexpectedly
- be attracted to shiny objects (i.e. badge)
- repeat what you say

- be attracted to water (i.e. pools, ponds, rivers, lakes, etc.)
- engage in self-stimulating behaviors (i.e. hand flapping or rocking)

These individuals may not understand the law, know right from wrong, or know the consequences of their actions.

FACTS ABOUT AUTISM

- Autism now affects 1 in 88 children, and 1 in 54 boys.
- Boys are nearly five times more likely than girls to have autism.
- Autism prevalence figures are growing.
- Autism is the fastest-growing serious developmental disability in the United States.
- Autism costs a family \$60,000 a year on average.
- Autism receives less than 5% of the research funding of many less-prevalent childhood diseases.
- There is no medical detection or cure for autism.

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This autism awareness guide has been created by MMRMA in cooperation
with the Autism Alliance of Michigan.

The following MMRMA Risk Control Advisory Committees
have provided their input and endorsement:

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