AUTISM AND LAW ENFORCEMENT:
WHAT YOU NEED TO KNOW

By Jennifer Haughey, BA

A five year-old boy, all alone in Starbucks, who will only say, “Not by the hair of my chinny, chin, chin.”

An 18 year-old young man pulled over for speeding and when the officer says, “Can I see your license?” his reply is, “No.”

A four year-old boy alone on a city bus, running up and down the aisle; he is completely non-verbal.

A 13 year-old boy on the sidewalk near a fatal accident who won’t leave when an officer tells him to go; instead he logically says, “This is a public sidewalk. I haven’t committed any crimes. I have the legal right to be here.”

What do all these people have in common? AUTISM. The four- and five-year-olds managed several locks and other obstacles to elope from their homes, one wanting to get a cake pop from the Starbucks that he and his father frequent, the other following the pattern of people getting on the bus he had watched from the view out his bedroom window. The 18 year-old simply answered the officer’s question, not realizing what the officer meant was that he should show his license to the officer. The 13 year-old did not understand the authority figure of an officer in a uniform with a badge and a gun and looked for a logical reason why he could not be on that sidewalk.

What is Autism?
Autism Spectrum Disorder (which includes Asperger’s Syndrome and Pervasive Developmental Disorder, also known as PDD) is a neurologically-based developmental disorder. It begins in early childhood and is a lifelong disability. It affects people in three main areas: difficulty with communication, difficulty with social skills (including difficulties making judgements), and repetitive patterns of behavior (including sensory responses, difficulty with change and/or being out of their routine, and doing things over and over again).
These areas can be affected mildly to severely, thus the term, “spectrum.” It affects males four times more often than females. Currently, one in every 68 children is diagnosed with Autism Spectrum Disorder. Despite ongoing research, there is no known cause or cure at present, although we do know it is not caused by poor parenting.

**Signs of Autism**

- Lack of eye contact
- Might not understand personal space; may invade yours
- Difficulty interacting with others
- Use limited or odd facial expressions; may laugh or cry at inappropriate times
- Difficulty taking someone else’s perspective
- Difficulty communicating; may be non-verbal or have limited speech
- Might repeat words or phrases
- Difficulty expressing their needs and/or feelings
- Respond with answers unrelated to stated question
- Might not read or use non-verbal communication (facial expressions, tone of voice, body language, etc.)
- Are very literal
- Difficulty with changes and/or transitions
- No fear or understanding of danger
- Crave predictability/sameness
- Might be fascinated by certain topics, toys or objects
- Repetitive speech, play or movements
- Sensitive to touch, sound, bright lights/visual stimulation, or might be attracted to them
- Might seem insensitive to pain
- Might demonstrate self-stimulating behavior such as rocking, spinning, hand-flapping, fidgeting, jumping, etc.
- Might seek sensory input, including deep/heavy pressure
- Attracted to water

**Effective Strategies When Interacting With People With Autism**

- Speak calmly and softly.
- Use short, direct phrases to tell them what is expected such as, “Sit in the chair,” or “Walk to the car.”
- Give extra time for them to process and respond to what you’ve said (sometimes up to 15 seconds before they are able to respond).
- Avoid figurative expressions such as, “Are you pulling my leg?” or “What’s up?”
- Be as literal as possible; do not use sarcasm or nicknames, avoid asking vague questions.
- Repeat and/or rephrase your directions.
Consider the use of pictures, sign language, written communication, etc. (they are often visual thinkers).
Model calming body language (deep breaths, hands low, sit down, etc.).
Model the behavior you want them to do.
Predict transitions (“One more minute, then we are going to get in the car.”) or any changes before they happen.
Giving choices can be helpful. For example, “Do you want to sit on the couch or at the table?”
Avoid trying to stop repetitive behavior unless there is risk for injury.
If environment is safe and contained, allow the person who is escalated to de-escalate on his/her own; limit talking and do not touch him/her.
Evaluate for injury; their perception of pain is often different; seek medical attention if unsure.
Seek information from a caregiver or parent at the scene.
If possible, turn off sirens and flashing lights and remove crowds or other sensory stimulation.
If they are in custody, alert jail authorities and request isolation as they would be at risk in the general prison population.

Additionally, people with autism might:
- Inappropriately approach or run towards officers.
- Flail against medical procedures in an emergency situation.
- Attempt to re-enter dangerous environments, such as fires and car accidents.
- Become upset with changes in routine.
- Not recognize your uniform or marked vehicle, or understand what is expected of them.
- Not understand your verbal commands or use of slang expressions.
- Experience sensory overload, which could cause them to flee from lights, sirens, canine partners, aromas or even a light, comforting touch.
- Often be attracted to water; in case of elopement, search bodies of water first.

Remember, each person with autism is unique. Seek a professional who is familiar with autism if a caregiver cannot be reached.

Jennifer Haughey, BA, has been a part of the Easter Seals Midwest Autism Services team for more than 25 years. She has a degree in Special Education, and is a former classroom teacher for children with autism. Currently, she provides presentations to teachers, police officers, other first responders and community members. She conducts Autism Diagnostic Observation Schedule (ADOS) assessments, conducts autism screenings in the classroom, performs consultations with teachers/school staff, leads friendship skills groups, and provides in-home parent training.

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When should I think about going to counseling/therapy?

Counseling is often associated with a mental health disorder, such as depression, anxiety, PTSD or alcoholism. However, counseling is not just for someone with a mental health diagnosis. All of us go through challenging times in which additional support can be helpful. Counseling is a self-improvement tool that helps individuals improve their quality of life by building on strengths to tackle life’s challenges. Here are a few signs that you could benefit from seeing a counselor:

- **Your feelings:** Everyone feels not-so-great sometimes. But if you experience any of the following more than occasionally, then counseling may be a good option to consider: sadness, anger, hopelessness, feeling “burned out,” over-stressed, fear, anxiety, apathy, feeling numb, mood swings.

- **Your thoughts:** Just like our feelings, we all have negative thoughts sometimes. If you notice your thoughts are more negative than positive, it may be a good time to seek help. Or, if you keep having recurring thoughts about something that happened, or even flashbacks, counseling can help.

- **Your behaviors:** When our mental health is less than optimal, it can affect how we act.
A few behaviors to look out for are angry outbursts, low frustration tolerance, isolation, over-reliance on substances (alcohol, food, cigarettes, caffeine), conflict with family, friends or coworkers, lack of enjoyment in everyday activities, ritualistic behaviors (having to do something over and over again to decrease stress).

- **Your Body:** Our emotional health affects our physical health, too. Here are some messages from your body that might be telling you it's time to focus on your emotional wellbeing: insomnia or hypersomnia, lack of energy, feeling constantly on-edge, tense-ness, chronic pain, frequent headaches, tiredness, over/undereating, frequent illness.

**Why does counseling work?**
Spend a few minutes searching “counseling effectiveness” on the Internet and you will find countless research studies and publications that talk about how counseling is effective. But why?

**It’s a place to talk!**
- Why does talking help? The psychological term *catharsis* means “to release emotions that are stored inside.” Often, venting, or getting it out, can help a person feel better. Talking to friends and family may help too, but friends and family often have their emotions, biases and opinions. Counseling is helpful because the counselor is not a friend or family member, and can remain neutral and non-biased when working with you. Also, since counseling is confidential, you know that what you say during your sessions stays in-session, which isn’t always the case with friends and family.
- Licensed mental health professionals (counselors or therapists) go through rigorous education and training to learn specific techniques and approaches to use to help you through your situation. So talking to a counselor is not quite like talking to a friend or family member; both types of support are helpful, but different.
- There are many different types of mental health professionals. A few of the common ones are Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Marriage and Family Therapist (MFT), Psychologist (PhD or PsyD), which is not to be confused with a psychiatrist. Psychiatrists hold a medical degree, usually MD or DO, and primarily prescribe medication.

Within these ‘types’ of therapists, there also are different modalities or styles of counseling, much like there are different genres of music or styles of art. Counselors, much like professional musicians and artists, are ‘trained’ in a specific counseling style. But just like art or music, each counselor blends a variety of styles, as well as his/her personal touch, to bring you a unique experience.

**It’s not just a place to talk…you can also:**
- Learn new ways to cope with stress or whatever your current challenges are.
- Gain insight into yourself, your thoughts, feelings, behaviors, relationships, and more. The more insight you have, the more you are able to take charge of your life and make active choices towards your well-being.
- Learn how to change the way you think, feel or respond to situations.
- Learn techniques for stress management and getting through challenging times.
- Define and work towards goals to improve your overall mental health.
- Learn more about ways to optimize your mental health; knowledge is power!
- Work through traumatic situations or vicarious trauma. As you are well aware, witnessing traumatic situations, even when you aren’t involved, can affect your emotions or overall wellbeing.
- Learn about how things from your past may possibly be affecting you today.

**If I go to counseling, can’t I lose my job?**
I would argue that choosing not to go to counseling during a tough time could potentially cost a person his/her job. Think about it: if a person is feeling depressed, not sleeping or eating well, is constantly tired, angry or forgetful, and lacks motivation... this could really negatively impact the job environment.

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But if this same person seeks counseling early on, he/she could work to decrease these symptoms, feel better, and do an even better job at work. Which person do you think would be more likely to lose his/her job? And, the good news is, counseling is confidential. So if you choose to go to counseling, your Department won’t know; your mental health is your private business, much like your physical health.

Is counseling really confidential?
Yes! Most people are aware of HIPAA, the federal law that mandates all healthcare providers to follow strict guidelines for privacy and confidentiality. Mental health providers fall under the HIPAA umbrella, as your mental health is a part of your overall health.

There are a few exceptions from HIPAA in which confidentiality cannot be guaranteed, which include the following: imminent harm to self or someone else (for example, if you are actively suicidal/homicidal or know someone who is), child and/or elder abuse, and in emergency situations (for example, if you have a heart attack in the waiting room, your therapist is allowed to give your basic info to the first responders).

You must sign a release of confidential information for a health provider to talk to anyone outside of these limitations. To learn more, you can always look at what is called The Notice of Privacy Practices at your next doctor (or counseling) appointment.

Another legal statute that protects clients and consumers of mental health services is The Doctrine of Privileged Communication. The concept of “Privileged Communication” refers specifically to legal situations and states that even in legal situations, mental health professionals may not disclose any information acquired from a person while consulting with him/her in a professional capacity, e.g. counseling.

In Missouri, clients receiving mental health services are protected by legal statutes under the Doctrine of Privileged Communication. MO statutes 337.636.1 and 337.540.1 are two examples; each type of mental health professional is covered under different statutes. Missouri statutes specifically state that information related to counseling is not to be disclosed unless the client has provided written consent, the information requested pertains to a crime, or there is suspected child/elder abuse or neglect.

Visit [www.moga.mo.gov](http://www.moga.mo.gov) to learn more about these statutes.

How do I find a counselor for me?
- You can start by looking at “Finding Your Mental Health Resources” in this edition of Street Talk.
- If you are dealing with a specific issue, diagnosis or concern, you can do an internet search such as “best counseling interventions for ______” and then research a local counselor who specializes in that approach.
- You may also have a preference for age, gender, spiritual vs. non-spiritual, etc., and that is ok! The most important thing about finding a counselor is that you feel you can connect with whomever you choose. It is normal to feel nervous or even uncomfortable during the first session. But, if after a few sessions, you feel you haven’t ‘clicked’, it may be a good idea to talk with your therapist about it, or find a different counselor that you feel you click with more.

Sarah Buehner holds a Masters in Social Work and is a Licensed Clinical Social Worker. She is the wife of a police officer, who is also a former military police officer. Sarah provides counseling to individuals, couples, and families at her private practice, Awakened Life Counseling, LLC. One of Sarah's specializations is working with Law Enforcement Officers and their families.
FINDING YOUR MENTAL HEALTH RESOURCES

Here are some resources you can check out for individual or family counseling. These lists aren’t exhaustive of every option that might work well for you. Be sure to check with your department’s EAP to learn what services are available to you…possibly at no cost!

EAPs
Some of the EAPs (Employee Assistance Programs) that serve police departments in the metropolitan area are E4 Health, PAS (Personal Assistance Services), and BJC EAP.

Online Searches
Many therapists list their practice in online databases where you can read about their experience, areas of expertise, fees, types of insurance they accept, etc. Therapists are not required to list on these sites; they choose to have their practice information listed. Here are two sites to help you search for and learn more about a particular clinician.

- Psychology Today – This is a nation-wide site. Enter your zip code, then narrow your search with specific criteria such as issues of concern, insurance, therapist’s gender, etc.
- PsychotherapySaintLouis.org is a local, professional membership organization. Click “Find a Therapist” and select your search criteria. Each listing includes a description about the provider’s experience, approach to counseling, etc. Many listings include a link to the provider’s web site.

Look for these law enforcement-specific therapists in your EAP or insurance provider list

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<tr>
<th>Sarah Buehner, MSW, LCSW</th>
<th>Craig F. Politte, MA, LPC</th>
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BEHIND THE BADGE: THERE’S AN ELEPHANT IN THE ROOM

By Susan Lewis Simons, David Cohen

Two years ago, a Deputy made an appointment with a psychiatrist because he felt he was suffering from depression and sleep deprivation. He needed help. Because of heavy traffic, he was 15 minutes late for his appointment. The doctor refused to see him. The Deputy became desperate and told the receptionist that if the doctor did not see him he would “pull this .45 off my hip and blow my brains out in your waiting room.” The receptionist told the Deputy’s wife to take him to the emergency room. On the way to the ER, the Deputy told his wife he would lose his career if he walked through the ER doors, but that he would lose his life if he didn’t.

At that point he remembered Susan Lewis Simons, with Under the Shield, Inc. and a Warrior Survival training class he attended. His wife took him home to get Susan’s number. Today, that Deputy is healthy, happy and very much a family man because he reached out to a place he knew to be safe, and where he was able to receive the help he needed.

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Suicide in Law Enforcement is a real problem. Some say the numbers are going down, but in reality, officers may be getting more creative in their methods, making it difficult to call something a suicide. In fact, many “line of duty” deaths may in fact be suicide.

One Officer contacted Under the Shield because he was considering suicide. When asked about a plan, this Officer stated he was out on a traffic stop and actually thought about stepping back into traffic, making his suicide look like an accident. He said that his family would be taken care of if he did that, rather than have them face the stigma of suicide.

Most agencies will tell you they have programs available to help with mental health for their officers. Employee assistance programs are necessary but they often don’t meet the needs of Law Enforcement. One officer said he refused to go to EAP because he was required to sign a release allowing his agency to see his file. Another officer, after an officer-involved shooting, was placed on disability because he did not feel bad about the shooting. Many mental health professionals do not understand the mindset of Law Enforcement Officers.

The reality is we must start with training to do a better job of educating officers in the academies. We train our officers to be “problem solvers.” However, we don’t teach them that they can’t solve everyone’s problems, and we don’t teach them how to solve their own. According to Ken Holland, senior emergency services specialist at the National Fire Protection Association, first responders believe that since we are called to help everyone else, we should not need help. No one wants to admit he/she has an issue, but as Holland says, the cumulative effects of the day-to-day stress “without having a way to offload some of that stuff, is obviously becoming a larger issue.” This is written from a firefighter perspective, but applies as well to law enforcement and military.

We refer to this offloading as “emptying the garbage can.”

Stress, divorce, substance abuse and suicide are high in law enforcement because of all the “garbage” an officer encounters. Psychological garbage includes everything the officer witnesses on a daily basis both on duty and off duty. Psychological garbage breeds distress much the same as garbage breeds maggots.

Law enforcement officers know their chosen profession is stressful. During a stress management class, one psychologist told the class that it was stressful because “you are over-invested, so you need to stop it.” Until we acknowledge and verbalize at all levels that law enforcement is a lifestyle, not a job, we will not be able to lower the “statistics” of suicide, domestic violence, substance abuse, etc. in law enforcement. These are not “personal issues.” What happens personally impacts the officer professionally, and what happens professionally impacts the officer personally.

I remember providing training in a state trooper academy many years ago. While sitting in the classroom, I heard veteran troopers tell the recruits to keep their personal and professional lives separate, giving recommendations such as, “When you get home, imagine hanging your gun belt on a hook outside the door. When you go in, you are no longer a cop, but the father, husband, brother, or son.” I thought about the hypocrisy of their statements, knowing the issues these troopers were dealing with.
Stress management can no longer just be seen as just a checkbox on the administrative checklist. When we approach departments with our 8-hour training, we frequently hear, “We have already covered that topic.” When we ask about changing the program, we often hear the response, “We’ve always done it this way.” This is no longer acceptable.

Without proactive, resiliency-based and up-to-date training for our officers, we will continue to see significant numbers of suicides, incidents of domestic violence and increased substance abuse, just to name a few, in law enforcement. Because law enforcement is a lifestyle, any training must include spouses, significant others and family members.

Our goal at Under the Shield is to meet the “unique” needs of law enforcement personnel and their family members by providing support through confidential services, education, and public awareness.

We hope you will visit us at www.undertheshield.com. For more information, contact Susan at susan.simons@undertheshield.com or 334-324-3570. Contact David at david.cohen@undertheshield.com or 205-936-9025.

Susan Lewis Simons is President and Founder of Under the Shield, Inc. and Under the Shield Foundation. She is considered a leading expert in Law Enforcement, Public Safety Stress and Critical Incident Response. Susan has provided instruction at the FBI Law Enforcement Academy, for the US Marine Corps 3rd Battalion, 23 Marines/Lima Company, the US Air Force in Europe, as well as numerous other keynote and guest lectures. She was a consulting clinician in New York City post-September 11, 2001, working with the Police Organization Providing Peer Assistance and is a train-the-trainer for the International Critical Incident Stress Foundation.

David Cohen is retired from the Mountain Brook, AL Fire Department, where he most recently served as the Fire Marshal. He holds an Associate Degree in Fire Science, a Bachelor Degree in Allied Health Administration, and a Master of Arts in Human Services Counseling. David is a graduate of the National Fire Academy Executive Fire Officer Program. He currently serves as a stress coach, peer counselor and mental health professional for Under the Shield, a non-profit organization that provides confidential services to law enforcement, military and other first responders who may be suffering from post-traumatic stress.