

2022 State Roundtable Report

Autism and the Dependency Courts



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"One doesn't have to operate with malice to do great harm. The absence of empathy and understanding is sufficient."

~~Justice Kevin M. Dougherty

Background

The Centers for Disease Control and Prevention (CDC) describes Autism Spectrum Disorder (ASD) as a developmental disability that can cause a wide range of challenges in social interaction, communication, and behavior. The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) defines ASD as the occurrence of persistent impairments in social interaction and the presence of restricted, repetitive patterns of behaviors, interests, or activities. The CDC estimates one in forty-four (1:44) children are diagnosed with Autism. ASD was 4.2 times as prevalent among boys as among girls. Overall, ASD prevalence was similar across racial and ethnic groups. Additional ASD statistics and information can be found at the following link: https://www.cdc.gov/ncbddd/autism/new-data.html

During his tenure as the Administrative Judge of Family Court in Philadelphia, Pennsylvania Supreme Court Justice Kevin M. Dougherty saw first-hand the potential adverse outcomes children and adults faced when interacting with the court and justice system. With this first-hand experience, Justice Dougherty was committed to changing how systems interact with these individuals. After his ascension to the Pennsylvania Supreme Court, along with the persistent encouragement of Autism advocate and former Pennsylvania Speaker of the House of Representatives Dennis M. O'Brien, Justice Dougherty began his reform efforts.

In February 2020, at the Pennsylvania Conference of State Trial Judges, the issue of Autism and the Courts took center stage via a four-hour educational session. 186 Judges from across Pennsylvania attended the session. This session was the first time the issue of Autism was highlighted at the Conference.

Following the educational session's success, in April 2020, the Pennsylvania Supreme Court and the Pennsylvania Department of Human Services (DHS) launched a statewide initiative focused on helping judges better understand and communicate with individuals with Autism Spectrum Disorder (ASD). The initiative, led by Supreme Court Justice Kevin Dougherty on behalf of the Court, was a monumental effort.

The initiative was a first-of-its-kind partnership and hoped to provide practical guidance, best practices, and resources to judges managing cases involving an individual with Autism, as well as court information and services for families. No other state in the country or country in the world's judiciary has prioritized this issue system-wide. Given that reality, it is not surprising that public participation and media coverage has been

significant (with 40+ media articles, local news segments, and editorials being developed). Clearly, ASD is a diagnosis faced by many and needs additional awareness and support.

As a first step, Justice Dougherty led a series of virtual listening tours through one State Roundtable and five Regional Roundtables. The Roundtables included panel discussions, allowing regional representatives to express their unique thoughts and experiences regarding the intersection of Autism and the Courts.

Regional Roundtable Panelists included:

- Social/Human Service Professionals
- Court and Justice System Professionals
- Family Members
- Self-advocates and Individuals on the Autism Spectrum
- Community Members

The Roundtables were open to the public and included an opportunity for dialogue between panelists and public attendees. A total of 1,241 individuals attended the listening tours. The overarching goal of each Roundtable was to understand better ASD and how it impacts a person's life experiences, particularly in the courtroom. The listening tours provided a forum to educate as well as collect input. The audience and panelists identified possible next steps to help improve the judicial system for individuals diagnosed with ASD or Mental Health.

These included:

- Early Disclosure
- Awareness
- Education
- Further Actions

"If you meet one person with Autism, you have met one person with Autism."
~~Unknown

Additional information regarding the State and Regional Roundtables can be found at the following link: https://www.pacourts.us/learn/autism-and-the-courts

In July 2021, the Office of Children and Families in the Courts (OCFC) conducted a Pennsylvania Dependency Court Judges survey. The survey gathered information regarding whether children or parents with ASD attended dependency proceedings. Eighty-two percent (82%) of responding judges indicated having hearings in which a person with ASD. One hundred percent (100%) of respondents reported the individual diagnosed was a child. Thirty-eight percent (38%) of respondents indicated the individual diagnosed was a parent. Clearly, individuals with ASD are represented in the Dependency Court System.

With this additional information, several planning sessions occurred. From these planning sessions, the decision was made to continue the work by focusing on Pennsylvania's most vulnerable children and families. As such, the focus turned to the child dependency system. This system, already successful in many reform efforts, seemed the logical next step for several reasons. First, the structure existed through the Children's Roundtable and the Office of Children and Families in the Courts to manage a large-scale reform effort. Second, and more importantly, there was consensus that helping children and families at their earliest contact with the justice system would likely reap the best outcomes.

As a result, on September 23, 2021, the Pennsylvania State Roundtable commissioned the Autism and the Dependency Courts Taskforce. The Taskforce was asked to examine how the dependency court system could become more aware and responsive to the needs of children and parents diagnosed with ASD. Supreme Court Justice Dougherty, now leading all of Pennsylvania's Dependency Court Improvement activities, continued to lead the Autism work, including the newly created Taskforce.

The Taskforce includes a variety of respected Pennsylvania Dependency Judges, Juvenile Court Hearing Officers, Attorneys, Children and Youth Administrators, and State partners. Several Taskforce members also brought the perspective of lived experience having raised children diagnosed with Autism.

In an effort to have representation reflective of Pennsylvania's diversity, members were selected from rural and urban communities, all regions of the Commonwealth, and all Leadership Roundtables. Members had varying degrees of knowledge regarding Autism and a significant interest in the topic. In addition, all selected members had an exceptional understanding of the Child Dependency and Child Welfare Systems and a sincere desire to support policy and practice reform.

The Taskforce identified its primary goal as follows:

 To provide a positive dependency court experience for children and parents with ASD by increasing professional awareness and responsiveness.

The overall vision of the Taskforce includes:

- Bringing awareness and education to our justice system,
- Being able to identify a child or parent with a diagnosis of Autism,
- Creating a "Road Map" resource that any county can use to begin their ASD system analysis and reform, and
- Implementing practice and policy reforms that support positive experiences for all children and parents diagnosed with ASD within the Pennsylvania dependency system.

Over the past six months, the Taskforce met virtually every month. In addition, Taskforce members participated in an in-person Autism Summit. Each virtual meeting consisted of a short ASD educational presentation followed by rich discussions amongst Taskforce members on the presented topic.

These topics included:

- Autism 101: Kathy Hooven, Justice Project Coordinator, Autism Services Education Resources and Training
- Reconceptualizing Autism: Dr. Stacy L. Nonnemacher, Ph.D., Clinical Director, DHS/Office of Development and Programs/ Bureau of Supports for Autism and Special Populations
- Evaluations, Services, and Support Available through the Education System: Stephanie Hoesly, M.Ed., BCBA, Intermediate Unit 1, Training Consultation Staff specializing in Autism/Behavior, Trauma-informed trainer
- An Overview of Diagnostic Evaluation, Interventions, and Resources:

 Dr. Scott Myers and Dr. Cora Taylor, Geisinger Medical System and School of Medicine.

"When individuals are exhibiting a certain behavior, they are trying to communicate something."

~~Dr. Stacy Nonnemacher, Ph.D.

"Where better to start than with our children." ~Justice Kevin M. Dougherty

On March 29 – 31, 2022, the Taskforce attended an in-person Autism Summit. The Summit provided invaluable insight from several presenters. Presentations included:

Neurodiversity: Dr. Wendy Ross and Associates, Drexel University

Lived Experience: A Parent Panel: Police Officer Roz Talley, Philadelphia, David Fine, Esquire, Co-Founder of the Vista School for Autistic Children, and David Knauss. Retired State Worker

Autism Services Cliff Panel: Dianne Malley, Director of Transition Pathways, Michele Walsh, Executive Assistant to Deputy Secretary Jon Rubin, Scott Talley, Director, Bureau of Children's Behavioral Health Services, Office of Mental Health and Substance Abuse Services, and Dr. Stacy Nonnemacher, Clinical Director, Bureau of Supports for Autism and Special Populations

In addition, Taskforce members prioritized three overarching strategies. The first strategy focuses on the need for a comprehensive education plan that would target legal, child welfare, and local Children's Roundtable professionals. This strategy includes advanced educational sessions and a potential video resource. The second strategy focuses on developing a "Road Map" to help local communities navigate the complex issues facing children and families with Autism as they interact with helping systems. This Road Map would support the identification of system strengths and gaps. The Road Map would also provide a structure, much like the one used by the Taskforce, to examine and improve local systems. The third strategy focuses on creating a tool that would help assess the physical environment of agencies and courts that serve children and families diagnosed with ASD.

Taskforce members were assigned to one of three Autism Summit working sessions to develop action steps for each strategy. Each group analyzed the assigned topic and then developed resources and recommendations for the 2022 State Roundtable. The resources and recommendations were then shared with and approved by all Taskforce members. The strategies and action steps are outlined below.

- Autism and the Dependency Court's Educational Plan would include,
 - I. A web-based overview on ASD for all professionals in the child welfare and dependency court system;
 - II. An advanced in-person education for Judges, Juvenile Court Hearing Officers, and Child Welfare Administrators:
 - III. A web-based advanced session for attorneys practicing cases in dependency; and
 - IV. An educational video.
- Local County Roadmap A step-by-step guide to assist Local Children's
 Roundtables in assessing local needs and implementing strategies to enhance
 the experience of children and parents diagnosed with ASD as they engage with
 the Child Dependency and Child Welfare Systems. (Appendix A)
- Environmental Analysis Tool A tool to help identify opportunities for potential environmental and practice change at county courthouses and child welfare agencies with the goal of creating a more Autism-friendly experience for dependent children and their parents. (Appendix B)

Mentioned in the Environmental Analysis Tool is a document entitled *ASSIST: Autism Sensory Strategies, Information, and Toolkit.* (Appendix C) This document provides an overview of possible sensory system issues which persons with ASD may experience. Understanding these sensory issues can help systems design enhancements that foster a more helpful experience for children and adults with ASD.

Data:

Finally, the Taskforce spent considerable time examining the need for data specific to Autism and Dependency Courts. After extensive research and discussion, it became clear that Pennsylvania-specific dependency court data of this kind did not exist. After much discussion, it was determined that the only place to capture this level of data would be the Common Pleas Case Management System (CPCMS). As such, staff met with the Administrative Office of Pennsylvania Court's Information Technology Director. After conferring with IT staff, it became clear that collecting dependency court Autism data is possible.

Data collection was discussed during the 2022 Spring Leadership Roundtables (LRT). LRT members gave numerous examples of how they might use the Autism data regarding individuals within the dependency system. Some of these ideas included rearranging dockets to accommodate any special needs, creating sensory spaces in courthouses and agencies, making adjustments inside the courtroom (lighting, sounds, etc.), alerting courthouse and agency security staff, and ensuring comfort dogs are available to mention a few. Others stated the data would inform their local system reform conversations.

Finally, LRT members questioned how the data would be entered and collected. LRT members expressed the need to ensure dependency data on individual parties was restricted to those professionals legally permitted to access such data. Taskforce members are hopeful that SRT members will be able to provide suggestions for accurate and useful data collection.

Conclusion:

The Autism and the Dependency Court Taskforce has accomplished much during its first year. This includes a survey of judges regarding the frequency of parties diagnosed with ASD entering their dependency courtrooms, the identification of Taskforce goals and strategies, the education of Taskforce members, the development of potential tools to assist local communities, and the development of an education plan for statewide dependency court and child welfare professionals.

Taskforce members understand that their efforts and those of the State Roundtable will bring awareness, understanding, and reform to help Pennsylvania's children and parents diagnosed with ASD as they interact with the Dependency System. Taskforce members also believe their work and that of the State Roundtable will create a blueprint for other states and counties interested in this issue. The enormous responsibility and opportunity this carries are not lost on Taskforce members.

2022 Recommendations

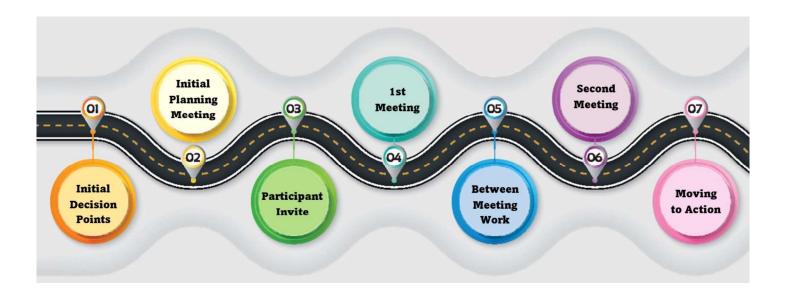
The Autism and the Dependency Court Taskforce respectfully submits to the Pennsylvania State Roundtable the following recommendations:

- 1. Approval and implementation of the Autism and the Dependency Courts Education Plan as outlined in the report;
- 2. Approval and distribution of the Environmental Analysis Tool to Leadership Roundtable Judges and Child Welfare Administrators;
- 3. Approval and distribution of the Local County Roadmap to Leadership Roundtable Judges and Administrators; and
- 4. Continued analysis and development of strategies to improve the court and child welfare experience of children and families diagnosed with ASD.

"We all have different gifts, so we all have different ways of telling the world who we are."

-Mr. Rogers

Autism & the Dependency System County Roadmap



What is the County Roadmap?

The Autism & the Dependency System County Roadmap is a step-by-step process that counties can use to understand, identify, assess, and enhance services for persons with Autism Spectrum Disorder (ASD). While focused on abused & neglected children and their families, this Roadmap can be adapted for a broader population.

How should the Roadmap be used?

The Roadmap is a guide for discussion, learning, and planning. The Roadmap is best used in a multidisciplinary team planning process that includes a variety of perspectives. The Roadmap was designed following the process used by the State Roundtable's Autism and the Dependency Courts Taskforce.

Who should be included in the Multi-disciplinary Team?

Because ASD covers such a large span of possible challenges and strengths, counties are encouraged to be inclusive in their Multi-disciplinary Team membership. Additionally, because the Roadmap's focus is on improving the experience of individuals in the child welfare and child dependency system, the team's leadership should come from the highest possible person in both the Court and Child Welfare systems. To the extent possible, team members should be decision-makers in the county. When possible, these leaders and multi-disciplinary team members should hold this issue as one of their priorities and volunteer for this work.

It is highly recommended that all the following perspectives be included in local teams:

- ⇒ Court Leadership: Judge (with authority to make system/policy changes)
- ⇒ Child Welfare Leadership: CYS Director
- ⇒ Legal Professionals: Guardians ad Litem, Parent Advocates, Solicitors, Hearing Officers, Court Administrators, Bailiffs/Sheriff Deputy (court security staff), Tip Staff
- ⇒ Child Welfare Professionals: Caseworkers, Supervisors, Managers

Leadership, knowledge experts & persons with lived autism experience:

- ⇒ Child Welfare Independent Living staff
- ⇒ Autism Services
- ⇒ Mental Health
- ⇒ Intellectual Disabilities
- ⇒ Education (Special Ed, Alternative Schools)
- ⇒ Persons with ASD
- ⇒ Parents of children with ASD
- ⇒ Police (Pennsylvania State Police, Municipal Police)
- ⇒ Juvenile Probation

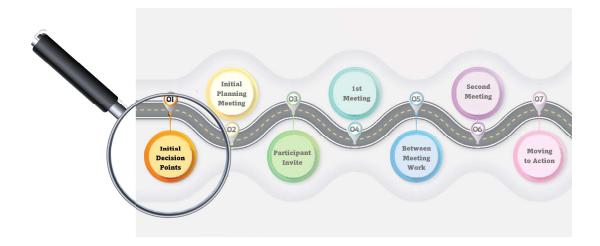
Other possible perspectives: The list below identifies views that would be helpful in the work. These individuals can be but do not have to be members of the multi-disciplinary team, but their perspectives should be shared with the team.

- ⇒ Commissioners/County Executive
- ⇒ Substance Use Experts
- ⇒ Pediatricians/Medical Societies
- ⇒ Domestic Relations
- ⇒ Court Administration
- ⇒ Transportation Representatives



Step-By-Step

Step #1 - Initial Decision Points



These initial decisions will likely be made by the Judge and Child Welfare Administrator

- Do we know what Autism is?
- Do we know how many children or parents involved in the child welfare and/or dependency system are diagnosed with ASD?
- We know this is a statewide issue, but is it a priority for our county?

Once the decision is made to prioritize this issue in the county, proceed to step #2.



Step #2 - Initial Planning Meeting



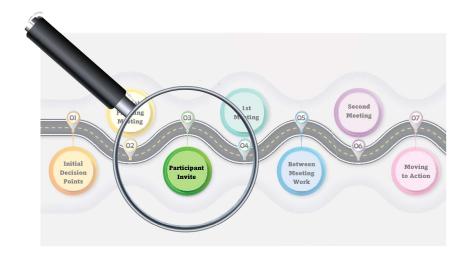
This initial planning meeting is for the Team Leaders, and a select number of persons identified help initiate the process. At a minimum, this group should include the judge, child welfare administrator, an autism expert, and staff person(s) identified to facilitate the work.

Initial decision points for this group:

- Do we know what Autism is?
- What available autism data do we have specific to children and families in our county, our child welfare agency, our dependency courts, and our schools?
- Will this group be a sub-group of our Local Children's Roundtable?
- Using the list on page two of this guide, do we want to identify specific individuals
 for this work, or do we want to do an open invitation and see who expresses
 interest? (see example email)
- What are our initial goals/outcomes?
- When do we want to hold our first meeting?
- How often should we meet?
- How long should each meeting be?
- Do we want to hold virtual or in-person meetings?
- If virtual, who will set up the meetings?
- If in-person, who will host the meeting space?
- Will our work focus on child welfare and dependency court or be more expansive?

Once the group has at least initial answers to the above items, move on to Step #3. 14

Step #3 - Invitation to Participate



- Invite participants to a meeting (see example email/letter). This invitation is best coming from the judge and child welfare administrator if possible.
- Create an agenda for the first meeting. Please keep it simple. (see example 1st meeting agenda)
- Decide who will lead the meeting or specific agenda discussion items.



Step #4 - First Meeting



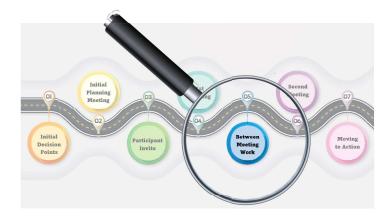
- Hold the meeting.
- Explain the focus of the group and the initial goals. (see example group goals)
- Explain why team members were selected: their interest, their influence, their knowledge, their ability to get things done, etc.
- Explain the expectations of team members. Two of the most significant include being open to learning and different perspectives; and mandatory attendance of members.
 Your work will build from one meeting to the next. Missing meetings will slow your progress.
- First, seek to understand. There is a tendency to jump to solutions before being clear on the issue. Resist doing that. First, seek to understand.
- Gain a sense of team members' Autism understanding (encourage the safe space concept/rule in the meeting. No question is off-limits. We are all learning together.)
 Many will not fully understand Autism or Autism Spectrum Disorder (ASD), and that's okay.
- Encourage open discussion regarding how persons with ASD experience agencies and courts (or other entities, depending on the scope of your team's work).

- Share the ideas generated in Step 2 (2). Make any changes needed with the larger group's input.
- Encourage the concept of this being a shared learning/growing experience. Gather ideas for future education of team members.
- Assign a task for team members Ask each team member to identify autism services available in the county or used by children/families even if the service is in another county. Ask team members to provide this information to an identified staff person before the next meeting.
- This assignment has two purposes. It gets team members vested in the work immediately with a request that isn't overly time-consuming or burdensome. It provides valuable information regarding what services, supports, and gaps may exist.

Provide the next meeting date, time, and location.



Step #5 - Between Meeting Work



Begin the development of a County Specific Resource Catalogue

 The assigned staff person creates a list of services identified by team members to be shared at the next meeting.

Add additional members, if needed, based on meeting #1 discussions

Identify education topics and speakers - Keep this short, no more than 15 minutes of your meeting time. This limited presentation time is essential. You want to enhance your team's knowledge, but you do not want your meetings to become education sessions solely. This group is about understanding and implementing strategies to help children and parents with ASD. Example meeting educational topics might include, but are not limited to, the following:

- Autism 101 What is it?
- Autism and our Schools
- How is Autism Diagnosed?
- What happens when children turn 18 or 21?
- What do parents of children with Autism have to tell us?

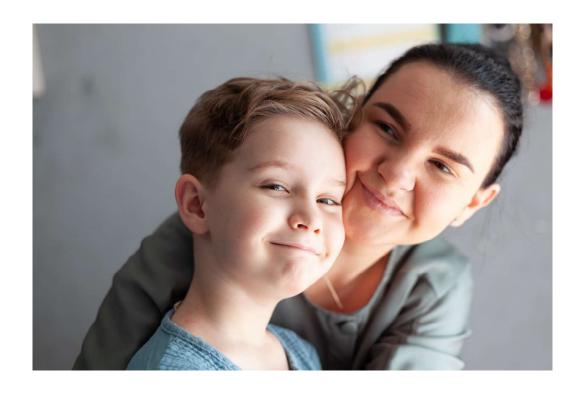
Create the next meeting agenda

Send meeting reminder and agenda (do this about one week before the next meeting)

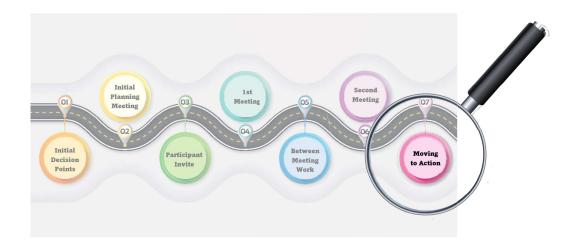
Step #6 - Second Meeting



The agenda for your second and subsequent meetings will likely come naturally from your first meeting. The process, topics, and priorities should be based on the information you gather locally. Caution: Do not move on to solutions or strategies until the team fully understands the challenges. (see example second meeting agenda)



Step #7 - Moving to Action



Once you have a good idea regarding services, supports, gaps, and challenges for individuals with ASD in your county systems, it's time to determine what you can do to enhance the experience of individuals with ASD.

Your team must move to action beyond simply learning or discussing the issues.

Action that is doable, measurable, and successful motivates team members.

Depending on the size of your team, select one or two (no more than that) actions that can be easily accomplished and will have a significantly positive impact on individuals with ASD and their experience with the child welfare agency and court.

Examples of Action might include:

- Education for child welfare and dependency system professionals
- Education for community members
- A forum to hear from persons with ASD
- Conducting an Environmental Analysis of your child welfare agency and court
- Developing a comfort dog program
- Developing a peer support program
- Implementing a process to collect data

Measure the impact of the actions you implement.

dependency system. Opening communication and making simple changes to the physical environment can lead to This Analysis Tool is intended for Local Children's Roundtables led by the Lead Dependency Judge and Children and Youth Administrator to improve the experiences of children and families diagnosed with autism within the tremendous success for everyone within the dependency court system.

The Autism and Dependency Court Taskforce created this tool to promote systemic change across the state of Pennsylvania. The options, strategies, and guidelines were intentionally designed to be simple and positively impact as many children and families as possible.

their courtrooms and child welfare agencies to create a friendlier environment for children and families with autism Current statistics show that 1 in 44 children have a diagnosis of autism. This tool will assist counties in analyzing

The first step in making system change begins with communication and preparation. Communication will be vital to obtaining the needed information for planning, including input from the children and families that we serve.

Communication and Preparation

Questions	Yes	No	Yes No Options/ Strategies/Guidelines
Does your county have a way to communicate to the Judicial Officer the possible			Check the CPCMS dropdown for possible indications of autism.
unique/individualized needs of a child who has a diagnosis of autism?			Create an agreed-upon communication method between the Age and court so the Judicial Officer is provided the child's individualized.
			needs ahead of time.
			Be sure a greeter is ready and willing to meet the child/family.

ency lized

	 Provide a list to parents/caregivers of reminders to assure the child's needs are met before the court (similar to what the school provides before PSSA testing) Get a good night's sleep Eat a healthy meal Follow schedules or routines as much as possible (including medication schedules) Review the Social Story or Video
Physical E	Physical Environment Analysis
Going to the Co	Going to the Court Room or Meeting Place
ind parents in your county have n resources sensitive to sensory ble?	 Practice the trip to the courthouse or CYS agency before court or appointment times Consider the weather that is occurring that day- is it thundering, and is that a trigger
Does your courthouse have a metal detector at the entrance?	 Consider planning for individuals with autism by Using an alternative entrance Silencing the machines Allowing fidgets and other comfort toys past the security point Allowing assistive technology beyond the security point
Do you need to use an elevator to access the courtrooms and waiting areas?	Consider planning for individuals with autism Offering stairs Change the location of the hearing or meeting

Heari	ing an	ring and Meeting Rooms
Questions	Yes No	Options/ Strategies/Guidelines
Does your courtroom have:		Consider offering:
 Ability to adjust the lighting (bright lights/dimmer switch) Variety of seating options to support someone with sensory challenges Sensory toy box (fidgets, etc.) Quiet area or ability to have music Place to charge assistive technology Picture Exchange Communication System (PECS) Noise-reducing headset or disposable earplugs Snacks Comfort dogs 		 Sensory toy kits (ASERT Handout) Alternative quiet room Noise-canceling headphones Alternative seating (egg chairs, spinning chairs, wobble seats) Comfort dog - if the child/family is comfortable with having a comfort dog
Do you know who in your courthouse can provide basic adjustments to the physical environment?		 Who can: Adjust the blinds Adjust the temperature Adjust the lighting Bring the Comfort dog

Do you have alternative ways to have the	Considerations:
hearing or meeting?	 Virtual hearings Hybrid of virtual/in-person In Chamber Hearings Hearings at the school or other location the child is comfortable (in extraordinary situations only) Use a quiet room Judicial Officer questioning to minimize trauma and assist with the focus of the proceedings; "Tell me something good." Judicial Officer sitting with the child or family
Do you allow a child's designated support person into the courtroom/appointment with them?	Find out who the child's support person is and allow them to be in the courtroom/office with them. This could include a provider or a relative who can help the child communicate and help alleviate any anxiety.
Do you allow a child to have a special place in the courtroom?	 Consider having a safe spot within the courtroom, such as: Alternative seating (bean bag chair, egg chair, etc.) The child sitting in the jury box, if available The children walking around during the hearing
Can the court adjust the time of the hearing to accommodate the child's best time of day?	 Consider having children diagnosed with Autism as the first hearing of the day to prevent long wait times or delays. Ask caregivers if the child has a time of day that is best for interactions and schedule the court hearing at that time.

Me	Ini	tor	onitoring Progress
Questions	Yes	No	Yes No Options/ Strategies/Guidelines
Does your courtroom/agency have a suggestion box for feedback?			 Consider having a brief survey about the physical environment of the courthouse/agency for all participants to complete and use the results to guide changes. Anonymous survey with a locked box for responses Provides a built-in Continuous Quality Improvement/ Monitoring



ASSIST:

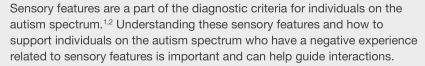
Autism Sensory Strategies, Information, and Toolkit







Introduction to ASSIST



While there are several variations of terms to describe sensory features^{3,4} and different patterns of sensory features^{5,6}, in these handouts, we will discuss three types: hyper-reactive, hypo-reactive, and sensory integration. The first portion of ASSIST will define these terms and introduce the seven senses.



Next, a dedicated handout for each sense is provided to describe the potential sensory-related behaviors or responses commonly associated a hyper-reactive response, hypo-reactive response, or difficulty with sensory integration. *Keep in mind that every person has individual experiences so a responses may vary.*

- If an individual on the autism spectrum and/or their family identifies specific senses that are important to support, the handouts will be useful to guide your collaboration with them to identify strategies or adaptations that may be helpful.
- If you do not know of specific senses that need support, use these handouts as a proactive guide to best support individual on the autism spectrum should they need these sensory supports.

Further, each handout includes considerations that can be helpful in situations when the individual on the autism spectrum encounters a police car or an ambulance, and/or when in a crowded area, shelter, or home. These are a few environments that justice professionals may be interacting with individuals on the autism spectrum, so it is important to have access to strategies in adapting or preparing the environment to best support sensory needs.

The final portion of each sensory handout involves toolkit suggestions. These are items or strategies that justice professionals can have accessible.

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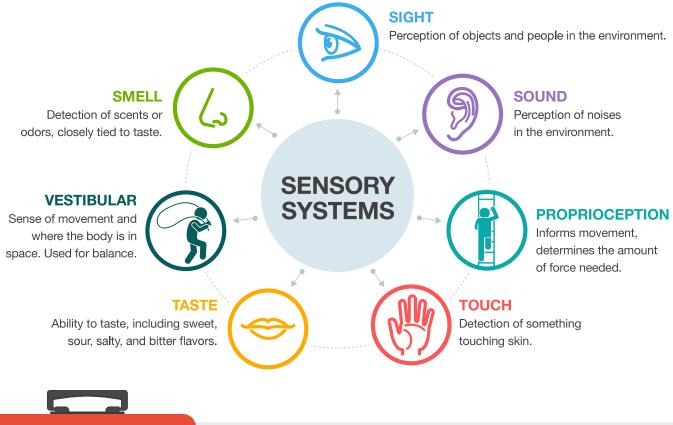
Sensory Features:

Hypo/Hyper Reactivity to Sensation or Combining Sensations

Hyper-reactive: Reacts strongly to stimuli that other people would not notice

Hypo-reactive: Does not react, or barely reacts, to stimuli that would bother other people

Poor Sensory Integration: Difficulty integrating two or more senses simultaneously such as sound and sight (e.g.: Hearing something and looking at it), or touch and sight (e.g.: Feeling something and looking at it). Poor praxis or difficulty using the body to figure out how to perform tasks and actions is one result of poor sensory integration.





SENSORY TOOL KIT:

A set of items and/or resources used to support people on the spectrum, their families, and providers in meeting sensory needs.





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Sight and Strategies

Hyper-reactive	Hypo-reactive	Sensory Integration
 May cover/close eyes to avoid bright lights and colors.¹ 	May seem unaware of the visual environment.	 Directions may require individuals to follow sight and sound can be a challenge.⁴
 May dislike flashing lights and bold colors.¹ 	 May have difficulty finding things in a visually busy environment.¹ 	 May experience dizziness trying to follow visual cues while moving.⁵

ENVIRONMENT/CONTEXT CONSIDERATIONS



Police Car/Ambulance:

- Strong, bold colors can be overwhelming (color lights, clothing, walls).^{2,3}
- Patterns on walls, clothing, furniture can be distracting and disorienting.^{2,3}
- Sudden changes in light can be alarming; provide a warning before turning on bright lighting (patrol car and ambulance sirens).^{2,7}
- If using an unmarked car with a sunroof, keep shade closed.²
- For sunlight from windows, if available, can use window shades or covers.²
- Filling out paperwork can be a stressful task due to the small text; provide opportunities to or the option to fill out the paperwork with larger text or help to write the information for the individual.



Crowds/Shelters

- Patterns on walls, clothing, furniture can be distracting and disorienting.^{2,3}
- Individuals may need extra time to acclimate to changes in light intensity (turning lights on/off, natural light to artificial light).^{2,3}
- Adjust room lighting to be darker or dim the lighting.^{3,6}
- If available, use shades to dim overhead fluorescent lighting.⁶
- Be mindful of light glare reflecting off of flooring, TVs, computers, tablets, phones, and other reflective surfaces.^{2,3}
- Filling out paperwork can be a stressful task due to the small font and dense text; provide movement breaks or the option to fill out the paperwork with larger and concise text.







SENSORY TOOL KIT



Use a phone to show pictures and create a sequence of steps for what the individual should expect to happen.³



Sunglasses to alleviate brightness.



Lava lamps and slow-moving videos or projections can reduce stress.⁶

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Smell and Strategies

Hyper-reactive

- May only eat certain foods, show discomfort or fear of foods due to the smell.¹
- May be aware of smells others do not notice.²
- May experience physical discomfort or nausea from certain smells.³

Hypo-reactive

- May be unaffected by strong smells.²
- May not notice unpleasant smells.²
- May seek to smell items or fixate on objects with certain smells.⁶

Sensory Integration

 Closely related to taste system which can impact consumptions of meals.⁵

ENVIRONMENT/CONTEXT CONSIDERATIONS



Police Car/Ambulance:

- Be aware of strong smells and take steps to limit them.⁴
 - Limit presence of strongsmelling food or drink, including gum or mints, in the car.⁴
 - Can cut side of air freshener bag instead of fully opening it, or choose air fresheners with a more neutral or mild scent.⁴
 - -Be aware after getting gas for a vehicle that scent could be too strong.
 - Scent from alcohol wipes, disinfecting sprays, or hand sanitizer could be overwhelming.

- -Avoid using strong smelling lotion, perfume, or cologne.^{3,4}
- Time the consumption of food or coffee to avoid odor on clothes.³
- Social story of potential experiences prior to entering a car or ambulance.¹
- Allow opportunities to open windows if scents are too strong inside, or to close windows if in traffic near areas with stronger scents (i.e. gas stations, other cars, food stops, cigarette smoke nearby, etc.)



SENSORY TOOL KIT



Essential oils or other pleasant smelling items (also have an item to put the scent on as appropriate including cotton ball, perfume strip, or other items).⁷



Calming music.3



Notepad and pen to ask and record the individual's preferred calming smells and any overwhelming scents/smells.



Have unscented soap options and unscented garbage/trash bags in car or center available.^{8,9}



Offer a variety of scented hand sanitizers.9



Crowds/Shelters

- Wear odor-neutral deodorant, avoid strong smelling lotion, perfume, or cologne.⁴
- Social story of potential experiences prior to entering shelter or crowded space.¹
- Able to move into a room or area further away from eating spaces like cafeterias.
- If possible, offer a shelter room/space with a window that can be opened/closed as needed.
- Scent from alcohol wipes, disinfecting sprays, bleach, or hand sanitizer could be overwhelming - give a warning if possible prior to cleaning a room/space or post a sign on the door outside of the room to indicate when it was cleaned.
- Be mindful of trash areas with some scented garbage bags being overly scented/ fragranced.

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Sound/Auditory and Strategies

Hyper-reactive

- May be sensitive or respond negatively (cry, flee, etc.) towards loud or unexpected sounds.^{1,2}
- May be bothered by sounds that others do not notice, such as buzzing lights or crinkling paper.
- May cover their ears or physically avoid the sound.^{1,2}

Hypo-reactive

- May appear unaffected or unresponsive to sounds.²
- May not respond to their name, or to other auditory cues.
- May enjoy making repetitive sounds.³
- May create loud sounds through banging or clapping.

Sensory Integration

- Closely related to vestibular system; loud sound can impact movement.¹²
- Difficulty following directions requiring sound and sight.¹³
- Individual may turn head away while listening.
- May have challenges listening to directions when being touched.¹¹
- May cover their eyes as a means of blocking out the sound due to sensory disintegration.

ENVIRONMENT/CONTEXT CONSIDERATIONS



Police Car/Ambulance

- Reduce loud or piercing sounds¹:
 - Turn down radios/intercom and handheld radios to a minimal volume.
 - Turn cell phone alarms and ringtones to silent or vibrate.
- Provide warnings of potential loud noises, such as sirens or alarms, before they occur.
- If police or service animals are present, provide warning about potential noises such as barking and be aware it could be overwhelming for an individual.
- Provide fidget toys (stress ball, putty, etc.)⁸ or have a preferred object for comfort available.¹
- Play music that the individual or caretaker notes is calming for them.^{4,5,6}

- Ask caregiver what words or visuals can help explain that sounds are "safe" or "okay".⁵
- Be mindful that talking too much can be frustrating and overwhelming. If direction is needed, it should only be provided by one person at a time.⁷
- Use a gentle tone and use direct questions at a slow pace.8
- Ask individual or caregiver what is comforting for the individual and what would help them relax.⁸
- Have a notepad available so that individual can write responses instead of talking.⁸



Crowds/Shelters

- Competing sounds can be an issue (i.e., multiple radios/songs on, people talking, etc.). 6,7
- Low intensity or common sounds can be frustrating (i.e., people crunching food, sniffling, whistling, computer sounds, fluorescent light buzzing). 5,6,7
- Give time to acclimate to sounds first by separating with distance or a door/another space first.⁵
- Provide fidget toys (stress ball, putty, etc.)⁸ or have a preferred object for comfort.¹
- Ask individual or caregiver what is comforting to him/her and what would help them relax.8
- Ask caregiver what words or visuals can help explain that sounds are "safe" or "okay".⁵





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Noise-cancelling headphones (short-term strategy, long-term use can increase sound sensitivity). 1.5



Fidget toys (stress ball, putty, etc.)8 or have a preferred object for comfort.1



Visual supports or index cards with simple images to explain directions.1



Phone to play a preferred song or music on repeat for comfort.^{4,5,6,8}



Social Story of potential experiences prior to entering police car/ambulance (https://paautism.org/resource/what-are-social-stories/). 9,10



Remember to speak slowly and give time for a response to questions. You may have to repeat yourself. No more than one person should be talking at a time.

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Taste and Strategies

Hyper-reactive

- May avoid certain foods.^{1,2}
- May have restrictive diets that require accommodations.²

Hypo-reactive

 May be less aware of bitter or sour tastes.²

Sensory Integration

- Taste system works closely with smell system.²
- Texture of food can impact satisfaction and enjoyment of food.⁵
- Individuals with known sensory challenges with smell, taste, and proprioception are more likely to refuse food.³

ENVIRONMENT/CONTEXT CONSIDERATIONS



Police Car/Ambulance:

- Be aware that an individual may be lethargic if he/she avoids foods and has not eaten or had a drink recently.³
- Be mindful of the foods or drinks that you may have had in your car that could cause an aversive/upset response from an individual.³
- Speak with individual or parent/
 caregiver about normal meal/snack
 time and routine, food sensitivities,
 and food/drink preferences if individual
 will need food (i.e., if individual
 had blood loss from injury, or will
 require blood drawn and will need
 nourishment).¹
- If someone has any health conditions (e.g.: dietary restrictions, allergies, diabetes, etc.), make sure to be aware of what foods an individual may need, or what foods to avoid.⁴
- Be mindful if an individual needs to eat and drink with medication and possible taste/flavor interactions with the medication and the food/drink.
- It may be challenging for an individual to have his/her meal time/snack routine or preferred brand of snacks changed or interrupted.¹
- Allow for increased time during meal times or snack breaks as the individual adjusts to the new environment.¹



SENSORY TOOL KIT



Have some snacks available (i.e., bread-based, starchy, or salty snacks).⁷



Notepad and pencil to record individual's preferred/non-preferred foods and scents, and normal meal/snack time and routine.



Have cup and straw options available.

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Crowds/Shelters

- Be mindful that areas with a variety of foods and scents could be overwhelming for an individual - consider offering a spot further away from strongly scented foods and drinks.²
- Identify when a person's typical meal times or snack times are, and be mindful that interruptions or changes to that routine can be challenging or upsetting for an individual.¹
- Consider providing snacks that an individual can store in his/her room in case public eating areas are too overwhelming.^{2,3}
- If in a shelter, consider the available foods and what an individual will be able

to eat and drink on a daily basis due to sensitivities (ask individual or caregiver/parent about preferred and non-preferred foods and drinks).^{2,3}

- Consider having options for toothpaste flavors as some of the mint-based flavors can be too overwhelming (i.e., consider sweet-based flavors like vanilla or chocolate as options).⁷
- Have a variety of cups and straws available for individuals who may have difficulties with drinking or with maintaining grips on cups.
- Allow for increased time during meal times or snack breaks as the individual adjusts to the new environment.¹





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Touch and Strategies

Hyper-reactive

- May be sensitive to touch, avoid certain clothing, avoids touching tactile substance (e.g. peanut butter).^{1,2}
- May dislike crowded areas due to risk of being accidentally touched.^{1,2}
- May have an intense reaction to light touch.^{1,2}

Hypo-reactive

- May not seem to notice touch, pain, or temperature.^{1,2}
- May enjoy rough deep pressure on the skin (hugs,pressure).^{1,2}

Sensory Integration

- May not be aware or notice light touch; sense of sight helps notice touch sensation.⁵
- May have difficulty holding and grasping items; challenges related to integrating touch and proprioception.⁵
- May have difficulty concentrating and listening to instructions when being touched due to discomfort.8
- The touch system works closely with vision and movement to help guide and direct the body.

ENVIRONMENT/CONTEXT CONSIDERATIONS



Police Car/Ambulance:

- Physical touch can feel painful and uncomfortable; provide a warning before initiating procedures requiring physical touch.¹
- If physical touch is necessary, demonstrate that touch on a partner if possible.
- Various textures (clothing and bedding fabric, medical gloves, furniture) may cause discomfort/pain and lead to avoiding/ pulling away from textures.^{1,3}
- If police dogs are present, reassure the individual that the dog will not bite them.
- Individuals may react strongly to being touched on or near cuts, bruises, or injuries, or they may seem not to notice such injuries.
- Individuals may try to avoid or remove unfamiliar textures (face mask, gowns, gloves, bandages). Allow individuals to touch materials or instruments with their hands before using elsewhere on the body.³



Crowds/Shelters

- Inadvertent physical touch in crowded spaces (bumping into, brushing up against people) can cause physical pain and distress.¹
- Individuals may have different preferences for texture of foods and may express dissatisfaction with food that is unrelated to taste and due to texture.¹
- Individuals may react strongly to being touched on or near cuts, bruises, or injuries, or they may seem not to notice such injuries.
- Various textures (clothing and bedding fabric, medical gloves, furniture) may cause discomfort/pain and lead to avoiding/pulling away from textures.^{1,3}







SENSORY TOOL KIT



Provide options for fidget toys with different textures such as rubbery, stretchy, smooth, plastic, beaded, etc.⁷



Visual cues during dressing, such as a mirror, can help visualize touch sensation⁶



Provide options and a variety of textures for blankets, qowns, masks.⁵



Social story for putting on hospital attire and wearing a facemask; a social story provides information in simple language and pictures to inform the individual about different processes and what to expect (https://paautism.org/resource/what-are-social-stories/).4

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Proprioception and Strategies

Hyper-reactive	Hypo-reactive	Sensory Integration
■ Generally not observed	 Movements may appear clumsy or awkward.¹ May bump into objects while moving.¹,⁵ May have difficulty holding small objects, or applying correct pressure when holding items like a pencil.⁵ May play or interact too roughly with peers.⁵ 	■ May have poor postural control.²

ENVIRONMENT/CONTEXT CONSIDERATIONS



Police Car/Ambulance:

- May have difficulty with signing documents due to too much/too little force when holding the pen/pencil and when writing on the paper.3
- Before getting in the car, provide time to do wall pushups or jumping activity.⁶
- Provide a weighted blanket or other weighted item to place on lap while seated.
- Make sure to keep space clear of any fall/trip hazards.
- If filling out paperwork, provide movement breaks or breaks to relax hands and posture.



Crowds/Shelters

- Provide an arm's length distance of personal space.9
- Have heavy work options between activities or tasks (options can include helping to set up chairs or carrying a heavy item.4)
- Provide a weighted blanket or other weighted item to place on lap while seated.⁷
- Make sure to keep space clear of any fall/trip hazards.
- Schedule movement breaks (examples: wall push-ups, jumping activities, or yoga) if doing a task that requires sitting for an extended period.^{3,10}

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SENSORY TOOL KIT



Weighted blanket, lap pad, or wrist/ankle weights.^{7,8}



Stretch bands (i.e., can be used as fidgets to pull with hands in opposition or can be placed around chair legs to push against, can wrap around door handle for pulling/stretches, etc.).⁶



Box with sand for increasing weight against hand muscles.⁶



Fidget toys or stress balls.3



Soft lead 2B pencils (if individual is writing too hard and creating holes in paper).³

 https://www.amazon.com/Tombow-Drawing-Pencil-Graphite-12-Pack/dp/B00AQENMQ⁴



HB pencil (if individual is writing too lightly and handwriting is illegible).³

 https://www.amazon.com/AmazonBasics-Pre-sharpened-Wood-Cased-Pencils/dp/ B071JM699P?ref_=fsclp_pl_dp_3

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Vestibular and Strategies

Hyper-reactive	Hypo-reactive	Sensory Integration
 May fear of leaving the ground easily susceptible to motion sickness¹ 	 May not be aware of their own movement such as rocking.^{1,5} 	 Vestibular system is closely related to the auditory system; loud noises may cause vestibular dysfunction such as dizziness.⁴
 May avoid actions requiring movement or appear clumsy¹ during movement. 	 Enjoy intense movement such as rocking or spinning without getting dizzy.^{1,3} 	 Vestibular system also related to visual system; can experience dizziness while tracking or scanning.⁷ The vestibular system works closely with the visual
■ Difficulty changing directions while moving. ^{1,2,3}	GIZZY.	and proprioceptive (body sense) systems for balance. It is also important for keeping the body upright in sitting or standing.

ENVIRONMENT/CONTEXT CONSIDERATIONS



Police Car/Ambulance:

- Provide warning before starting to move the vehicle or initiating sudden turns.
- Avoid routes with road work or construction to avoid frequent stop and go movements or bumpy roads.^{1,3,4}
- May not sustain eye contact during verbal directions or conversation.^{1,3,7}
- Individual may lose balance or become dizzy while the vehicle is moving; take extra precaution when starting, stopping/braking, or turning the vehicle.³
- Provide extra time or be prepared for a delay in response with following directions requiring body movements.⁴
- Getting into and out of vehicles may cause loss of balance or clumsiness during movement. 1,2,3
- Allow the opportunity to sit in passenger seat instead of backseat; or to have access to a window for air.¹⁰

- Being placed on a stretcher and then moved backwards into an ambulance may be challenging.^{9,10}
- Making sure the person has a seat belt on for more stability while seated.^{9,10}
- Consideration of balance needs: if individual is handcuffed, perhaps an officer could provide walking support or have the individual's hands in front of his/her body instead of behind his/ her back.²
- Consideration that clumsiness/stumbling or ability to follow finger-eye movements during tests may be due to vestibular difficulties, not drunkenness or due to concussion.^{2,6}
- Communication may be impacted; individual may have difficulty concentrating or responding when experiencing motion sickness 8



Crowds/Shelters

- May need to provide space to allow movements such as jumping and spinning because a person may need movement to stay calm or to be alert.⁵
- Steps or uneven ground may be challenging to navigate and cause imbalance.^{1,2,3}
- Provide seating options that provide support/stability or opportunities for movement like a rocking chair or cushion.⁵
- If a shelter has bunk beds, consider the option of the bottom bunk to allow the person to be closer to ground if the person has a fear of gravity. ^{1,3}
- Make sure to have railings or have someone walk with them when going up/down stairs to assist with maintaining balance.^{1,3}
- Ask the individual or caregiver (if needed) about preference for using stairs, elevator, or escalator.





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Chairs or large exercise balls that rock can be relaxing and calming for hyporeactivity to movement as long as an individual can maintain his or her balance on the chair or ball (some individuals also prefer chairs that spin).¹¹



Provide stable four-legged seating with back support and limited movement for hypersensitivity.⁵



Provide a nausea bag in vehicles for motion sickness.



Provide a heavy blanket or bean bag chair to provide touch and pressure input to an individual's body to help calm an overreaction to movement.⁵



Provide opportunities to walk around or do light exercise to help support attention and focus.5



Play preferred music to help soothe and calm.9

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