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**An Evaluation of Three Procedures to Achieve Robust Responding for Police Informed
Curriculum for Care Providers of Individuals Diagnosed with ASD**

by

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A Thesis

Submitted to the Graduate Faculty of

Saint Cloud State University

in Partial Fulfillment of the Requirements

for the Degree of

Master of Science

In Applied Behavior Analysis

May 2023

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Abstract

To address improving interactions between the ASD community and police, various assessment formats were analyzed to determine a tool that evokes robust responding (i.e. answers that are varied, informative, and in-depth) from police officers. Within participant analysis and across participant analysis were used to determine which procedure evokes the more robust response. Officer responses were more informative when provided assessments that used open-ended questions rather than close-ended questions. Results also suggest that using multiple question formats for the same information aid in obtaining response diversity.

Keywords: ASD, police, assessment, robust responding, within and across participant analysis

Table of Contents

	Page
List of Figures	4
Chapter	
1. Introduction.....	5
Current North American Laws for Police Training and ASD	6
Efforts to Address Autism and Police Interactions	7
Methodological Variations in Studying Police and Individuals Diagnosed with Autism Interactions	8
Online Surveys	8
Interviews	9
Next Steps	11
2. Method	11
Participants	12
Materials	12
Procedure	14
Coding	15
3. Results	15
Within Participant Analysis	15
Across Participant Analysis	17
4. Discussion	20
References	22
Appendices	25

A. Standard Operating Procedure	25
B. Individual Action Procedure.....	27
C. Leading Action Procedure	29
D. Consent Documents	31
E. Figures	34

List of Figures

Figure	Page
1. Participant 1	34
2. Participant 2	35
3. Participant 3	36
4. Across Participants	37

Chapter 1: An Evaluation of Three Procedures to Achieve Robust Responding for Police Informed Curriculum for Care Providers of Individuals Diagnosed with ASD

News4Jax (Maxwell, 2021) reported that in Brunswick, Georgia, U.S. in September 2021 the Glynn County police responded to a call about a man with a suspected weapon. The young man's name was Rajon Cherry, and he had a preference to hold metal objects, particularly a metal spoon, which he had in hand the night of the call. When officers responded to the call, they were unaware of Cherry's autism diagnosis. Cherry would not comply with officer commands, despite officers shouting instructions for him. Cherry persisted in holding the spoon and engaged in other, seemingly odd behavior such as rocking back and forth. Cherry was tased several times for non-compliance.

Rajon's family later explained that he would not have understood the instructions while they were shouting at him and that the stimming, such as rocking, was sensory (Maxwell, 2021). All of Cherry's behaviors in this scenario (holding the spoon and not letting go, rocking back and forth, not responding to instructions shouted) were not produced as a combative response to police involvement, but rather as part of a collection of autistic behaviors unique to Cherry's repertoire. The family is asking that police service units require autism training to recognize when someone may need a different approach, like Cherry needed.

According to BBCnews (2020), in Glendale, Utah, U.S. in September 2020 police arrived at the home of a 13-year-old boy diagnosed with Asperger's syndrome. The child was on the autism spectrum and experiencing a mental health crisis as he experiences separation anxiety and his mother had been away for work. The mother had called the police and informed them that he was yelling, screaming, and acting out. She needed help de-escalating the situation. She informed the officers that he was not armed. The mother believed the police would use minimal force to

help de-escalate a child. She was instructed to stay outside when officers arrived. Within 5 minutes of waiting the mother heard the officers yell at him to get on the ground and shots were fired shortly after.

In 2018 in Etobicoke, Ontario, Canada (DeClerq, 2018) a 20-year-old autistic male was tackled by multiple police officers in his home in a response to an earlier call that claimed he was pointing a gun at another vehicle while he was riding in his parents' vehicle. The mother and social worker were present when the police arrived at the home. Both the social worker and parent were unaware of what the police had arrived for. The mother tried to inform police officers while they tackled him that he has special needs, but this did not stop officers initially from pinning him down. Later the mother was able to explain to the officers that she had bought him a red toy plastic gun and that he was dancing in the car with it after having opened it. The family did not see him point the toy gun at any of the other vehicles. The social worker shared that he had been very anxious after the incident with the police and wet himself the next time a police cruiser drove by.

Current North American Laws for Police Training and ASD

It is not difficult to find news stories where police officers respond to a call and later learn of a person's diagnosis which may have interfered with that person's ability to respond to commands. Police departments across the U.S. and Canada have started to respond to the public and begun awareness training in disabilities such as autism spectrum disorder.

CALEA (Commission on Accreditation for Law Enforcement Agencies) is an organization that determines the standards for public safety. Police departments need to meet the requirements of CALEA to receive accreditation in both the U.S. and Canada. CALEA outlines initial and annual training requirements for law enforcement agencies. However, there is no

requirement from the Commission for police departments to participate in disability awareness training of any kind.

Although there is no law explicitly asking police departments to participate in this type of training, individual police departments have responded to public demand for training in recognizing various disabilities. At this point in time, however, it is not a part of the standard curriculum for all law enforcement agencies.

Efforts to Address Autism and Police Interactions

The Southern Connecticut State University (SCSU) Police Department (Susanin, 2021) has made efforts to address autism and police interactions during traffic stops. The goal of this training program is to provide both training for the police officers and adults diagnosed with autism in communicating. The police have partnered with a local autism center to create a training video that reviews sensitivities that people with ASD might have and how the standard approach might not be the effective approach. There is also in vivo training where the police officer and driver with ASD can run through a mock pull-over scenario. Providing practice for both the officers and the adults who have volunteered their time to participate.

Connecticut also participates in a blue envelope program that provides both information to the police officer and the driver with autism on how they can best respond in this scenario (Susanin, 2021). According to the State of Connecticut DMV, this program uses a blue envelope that the driver should put their registration in so that when pulled over they have the information they need on how to respond in the scenario. Further, the blue envelope serves as a visual cue for the police officer and also includes information as to how they should respond (e.g., give extra time, understand the individual may appear anxious and avoid eye contact, use simple language).

West Pelzer Police Department in South Carolina also has plans to address Autism and Police interactions in their community (Ready, 2021). The Autism Responder Alert Program provides training for police officers to learn how to identify those with autism, how to respond, and to learn potential reactions. Their goal is to build relationships with the community and prevent any overreactions from the first responder. They have also initiated a sticker program that will go in vehicles and homes to serve as a visual cue for first responders that they may be dealing with someone who has autism.

According to the Autism Society of Minnesota, as of 2020, Minnesota state law requires all peace officers to receive autism training. Officers must receive four continuing education credits, that are board-approved, covering: an overview of autism, behavioral understanding, best practices for interventions, de-escalation, prevention and crisis reduction models, objective review of tools and technology available (Autism Society of Minnesota, 2021).

The work to address the intersection between individuals diagnosed with autism and police officers is in its infancy. To better understand how best to improve these interactions, assessments must be conducted to illuminate what does and does not work when these two populations meet. It is to this literature that we turn now.

Methodological Variations in Studying Police and Individuals Diagnosed with Autism

Interactions

Online Surveys

Salerno and Schuller (2019) surveyed the autism spectrum disorder community on what police should know about people diagnosed with ASD, their views on police knowledge of ASD, and their personal experiences with the police. Salerno and Schuller conducted their surveys online and could be completed by anyone with an ASD diagnosis whether they had experience

with police or not. Salerno and Schuller's community engaged research revealed 75% of participants had at least one interaction with police, 53% had 4 or more interactions with the police, the majority considered their interaction as unfavourable, and many participants considered their interactions with police as adverse.

Salerno-Ferraro and Schuller (2020) surveyed autistic adults across Canada via an online questionnaire that captured their experiences with the police and feedback they had for the police. Communication and sensory sensitivities were identified as the main barriers for the participants. Respondents' feedback for law enforcement officers included: maintaining a calm demeanor with a hands-off approach, if possible, use a low volume and respectful tone of voice, patience with the person diagnosed with ASD, and allow for repetitive movements, avoidance of eye contact, and comforts such as phones, tablets, or other objects that have been identified for comfort. The respondents also agreed that to facilitate productive communication it would be important for officers to be willing to repeat or rephrase unanswered questions slower, contact a parent or caregiver for assistance with communication, and to minimize the use of bright lights and loud noises if possible (Salerno-Ferraro & Schuller, 2020).

Interviews

Rava et al., (2017) conducted phone interviews with youth diagnosed with autism on their experiences with the police. Interviews were first with the youth personally and then with their parents. Mail questionnaires were sent out for those who could not complete interviews by phone. Rava et al., received feedback from youths diagnosed with autism on if they had been stopped and questioned by police for anything other than a traffic stop and if they had ever been arrested. Approximately 20% of autistic youths interviewed had been stopped and questioned by the police and 5% had been arrested. Those who engaged in repetitive movements (e.g.,

stereotypy) had more involvement with the criminal justice system and females diagnosed with autism had fewer interactions with the police.

There is an increase in interaction with law enforcement officers and the ASD community. A knowledge deficit has been identified with law enforcement officers when it comes to training for these interactions. Gardner et al. (2018) noted that most officers in their report had not received training on autism awareness. Officers who did receive prior training felt prepared in their interactions with people diagnosed with autism. However, it was discovered that officers who did receive training were just as likely to handcuff and use force with ASD community, regardless of if they had training or not (Gardner et al., 2018). This knowledge deficit could be addressed through formalized mandatory training included in the curriculum for law enforcement officers.

Crowe and Drew (2021) provided suggestions on how behavior analysts can start anti-racist and anti-disablist work. Regarding the disabled community, they recommended the use of organizational behavior management to teach staff in prisons to better understand disabilities and impairments; and positive behavior intervention supports to support the transition from prison to school, increase positive interactions between staff and inmates, and reduce problem behavior. In teaching staff to better understand disabilities behavior analysts can also address how to de-escalate and communicate effectively to reduce negative relations between prisoners with disabilities and staff. Crowe and Drew addressed challenges with the system such as the lack of access to modified services for those with disabilities (i.e., no funding for interpreters if needed), the use of functional behavior assessments to implement effective behavior intervention plans which could reduce seclusion and restraint use, and the denied access to rights which correlates to higher rate of arrest.

Next Steps

To date, the primary focus of the literature on police and autism interactions has been on increasing the knowledge and training for police officers. This paper does not look to discourage that, but rather to also provide training for the other participants in these interactions, thus adjusting the aggregate product. As an interlocking behavioral contingency, the behavior of all parties involved serve to adjust the outcome (i.e., product) of their responding, and everyone's behavior serves to adjust that of the others. Glenn (2004) explained this phenomenon by describing macro-contingencies which are "the relation between a cultural practice and aggregate sum of consequences of the macrobehavior constituting the practice" (p.142). This refers to the behavior of a culture (i.e., police and autism communities) and how each time a behavior occurs from the group, it adds to the outcome.

When both groups learn from each other and engage in behavior reflective of that knowledge, it serves to adjust the outcome in a manner that benefits both communities. As it stands, the literature has thus far focused on one role of the interlocking behavioral contingency, the police officers, while neglecting the potential role of the care provider who supports the individual diagnosed with autism. The aim of this project is to begin the task of addressing the other elements of the interlocking contingency, starting first with establishing an effective assessment tool to obtain information from law enforcement that would then feed into training programs for care providers. The question asked here is under what conditions (i.e., question format) will different (e.g., more robust) answers be evoked.

Chapter 2: Method

This qualitative study provided retired police officers with a sample story of a police/autism interaction and a set of survey questions. The survey asked a series of open-ended and close-ended questions to assess the response to a fictitious call that illustrates a scenario where an 11-year-old boy is screaming and engaging in property destruction. The parents have called 911 in this scenario as they are unable to deescalate the child on their own as they have previously. The subsequent questions assess variance in the officers' response when provided information such as a diagnosis and specific behaviors that may apply to an individual diagnosed with autism.

Participants

Three retired police officers participated. Participants were informed in their recruitment e-mail of the criteria to participate and the purpose of the study.

Criteria for retired police officers required that they have experience doing general patrol work. It was not required that the police officer have experience working with or responding to calls for people diagnosed with autism. For the purpose of this study, we did not ask for a minimum requirement (in years) in certain specialties as we want to gather data from officers with a range of experience. No incentives or compensation were used to encourage participants to participate.

Materials

The survey was constructed based on various scenarios found in the media in which a police officer is called to a home where an 11-year-old child will not stop screaming and is engaging in property destruction. The parent has been trying to deescalate the child with previously used techniques, but it is not working. When the officers arrive in this scenario, they

find the boy huddled in the corner rocking back and forth. This is the information given initially, officers are asked to describe what their next steps may be.

Subsequent questions assess for a variance in response if officers were provided with information such as a diagnosis, a description of stereotypic behavior, sensitivities to volume and light, and communication impairments. The following questions assess if officers would find this information useful and how it may potentially shape their response. The survey also addresses how might officers respond if a caregiver was able to meet the officer, prior to meeting the child, to provide this information in the circumstances where it was not a caregiver who made the initial call.

Three variations of the assessment are provided, all following the previously described sequence. The first assessment uses 11 open-ended questions asking officers to provide information based on standard operating procedures that they are familiar with (the Standard Operating Procedure variation; see Appendix A). These questions are general and do not concentrate on anticipated actions the individual may take in the scenario, but rather how any officer respond given the circumstances.

The second assessment also uses open-ended questions with language that focuses on individual actions the officer being interviewed would take (the Individual Action variation; see Appendix B). The questions in this assessment are more specific than in the Standard Operating Procedure as they question what actions would the officer take in the described scenario. Unlike the Standard Operating Procedure, this assessment has 10 questions as one of the Standard Operating Procedure probes did not suit Individual Action Procedure.

The third assessment uses the original questions in a closed-ended format with language that leads potential steps for the officer to consider (the Leading Procedure variation; see

Appendix C). Questions in this assessment are structured in a closed-ended format which narrow the officer's response to consider a more specific response and answer yes or no. This assessment also uses 10 questions, rather than the original 11 questions found in Standard Operating Procedure. Similar to the Individual Action Procedure, one of the probes from Standard Operating Procedure did not suit the Leading Procedure assessment.

Procedure

Retired Canadian police officers were recruited using the snowball sampling method. Each retired officer was provided with the purpose of the study, recruitment criteria, and consent documents via e-mail (see Appendix D). Officers who provided their consent were then contacted with a request to interview.

Officers were given an outline of expectations to ensure informed consent prior to the interview. They were informed that this study will address a need to consult police to gather feedback on the information they would require prior to meeting a person for a call when they are responding to a call with someone diagnosed with autism.

Officers were interviewed via Zoom and informed of the procedure of the interview. For research purposes the call was recorded. Prior to recording, officer names on the Zoom interface were changed (e.g., Participant 1) and their webcam turned off manually by the interviewer for anonymity. Once their name has been changed to their assigned participant number and their video has been blocked, the recording started and the researcher then conducted the interview.

The researcher reviewed with participants a mock call regarding a fictitious scenario and then asked a series of open questions in 3 different assessment formats. Participants received the assessments in varying order. Participant 1 received the Standard Operating Procedure assessment first, then the Individual Action procedure, and finally the Leading Procedure. Participant 2

received the Leading Procedure assessment first, then the Standard Operating Procedure, and then the Individual Action Procedure. Participant 3 initially received the Individual Action Procedure, then the Leading Procedure assessment and then finally the Standard Operating Procedure.

Responses to questions and additional details provided were extracted and transcribed from the recordings. All recordings were deleted at the end of the study.

Coding

Interviews were coded using inductive coding. This entails collecting all interviews first and assigning codes to key words that capture the important content from the interview data. Once all recordings were obtained and transcribed, key words and phrases relating to police procedure, policy, and interaction were identified and coded.

Fourteen components of information were identified from the interview data. The 14 components of information identified were: observation of behavior, assessment of environment (i.e. present weapons or threat of danger), ask parents for information regarding history (i.e. condition, medications, name, etc.), using a calm approach/ soft voice, identifying yourself, get to eye level of the child, ask parents what they want police to do, diffuse or de-escalate the situation, use of handcuffs or restraints, safety (i.e. protection of yourself and others), adaptation of communication skills, acceptance of parent communication during the procedure, and liability.

Chapter 3: Results

Within Participant Analysis

In the Standard Operating Procedure, Participant 1 discussed 12 of the 14 (85.7%) components in their response when provided an open-ended questions. In the Individual Action Procedure, which also used open-ended questions, Participant 1 discussed 10 of the 14 (71.4%) components in their responses. In the Leading Procedure, which used a series of closed-ended questions, Participant 1 discussed 6 of the 14 (42.8%) component within their responses. For Participant 1 the assessment which provided the most informed responses was the open-ended assessment that focused on Standard Operating Procedures (see Figure 1). It was the only assessment of the 3 in which they discussed observing behavior. However Participant 1 did not discuss diffusing or de-escalating the situation or liability in their responses during the Standard Operating Procedure assessment. The one assessment in which participant 1 did discuss diffusing or de-escalating the situation and liability in their responses was in the Individual Action Procedure which also comprised of open-ended questions.

In the Standard Operating Procedure, Participant 2 discussed 7 of the 14 (50%) identified components in their response. When provided the Individual Action Procedure assessment, Participant 2 mentioned 3 of the 14 (21.4%) components in their responses. Whereas in the Leading Action Procedure, Participant 2 identified 5 of the 14 (35.7%) components in their responses (see Figure 2). Similarly to Participant 1, the use of open-ended questions with a Standard Operating Procedure assessment provided the most informative set of responses. It was the only assessment in which they discussed assessing the environment for dangers, use of a calm approach or soft voice and diffusing or de-escalating the situation. However the use of close-ended questions in the Leading Procedure was the only assessment in which Participant 2

discussed asking parents what they want police to do and interacting with the child. Participant 2 did not discuss observing behavior, identifying themselves, getting to eye level with the child, use of handcuffs or restraints, or liability in any of their responses.

As seen in Figure 3, in the Standard Operating Procedure, Participant 3 discusses 6 of the 14 (42.8%) components in the open-ended format. In the Individual Action Procedure assessment which also used open-ended questions Participant 3 discussed 11 of the 14 (78.5%) of the components. In the Leading Procedure, Participant 3 mentioned 6 of the 14 (42.8%) identified components. Unlike participants 1 and 2, Participant 3 provided their most informed set of responses when provided the Individual Action Procedure. Although a different procedure provided the most informed responses for this participant, what remained consistent for all participants is that an open-ended question format provided the most informed responses. Participant 3 exclusively mentioned observing behavior, use of a calm approach/ soft voice, asking parents what they want police to do and use of handcuffs or restraints with the use of open-ended questions in the Individual Action Procedure. Participant 3 discussed the same 6 components (assess environment for dangers, ask parents for information, interact with the child, safety of yourself and others, adaptation of communication skills and acceptance of parent communication during procedure) in both the Standard Operating Procedure assessment with open-ended questions and the Leading Procedure with close-ended questions. Participant 3 did not discuss getting to eye level with child, diffusing or de-escalating the situation or liability in any of their responses.

Across Participant Analysis

In the Standard Operating Procedure 1 of 3 (33.3%) participants discussed observing behavior in their response, all 3 (100%) participants discussed assessing the environment, all 3 (100%) participants discussed asking parents for information, 2 of 3 (66.7%) participants

mentioned using a calm approach/ soft voice, 1 of 3 (33.3%) participants mentioned identifying yourself, 2 of 3 (66.7%) participants discussed interacting with the child, 1 of 3 (33.3%) participants discussed getting to eye level, 1 of 3 (33.3%) participants mentioned asking parents what they want police to do, 1 of 3 (33.3%) participants mentioned diffusing or de-escalating the situation, 1 of 3 (33.3%) participants discussed use of handcuffs or restraints, 3 of 3 (100%) participants mentioned safety of yourself and others, 3 of 3 (100%) participants discussed adapting communication skills, 3 of 3 (100%) participants mentioned accepting parent communication during the procedure, and 0 (0%) participants discussed liability (the Standard Operating Procedure; see Figure 4).

In the Individual Action Procedure 1 of 3 (33.3%) participants included observing behavior in their response, 2 of 3 (66.7%) participants discussed assessing the environment, all 3 (100%) participants discussed asking parents for information, 1 of 3 (33.3%) participants mentioned using a calm approach/ soft voice, 1 of 3 (33.3%) participants mentioned identifying yourself, 2 of 3 (66.7%) participants discussed interacting with the child, 1 of 3 (33.3%) participants discussed getting to eye level, 3 of 3 (100%) participants discussed asking parents what they want police to do, 1 of 3 (33.3%) participants mentioned diffusing or de-escalating the situation, 2 of 3 (66.7%) participants discussed use of handcuffs or restraints, all 3 (100%) participants mentioned safety of yourself and others, 1 of 3 (33.3%) participants discussed adapting communication skills, 3 of 3 (100%) participants mentioned accepting parent communication during the procedure, and 1 of 3 (33.3%) participants discussed liability (the Individual Action Procedure; see Figure 4).

In the Lead Procedure no participants (0%) included observing behavior in their response, 1 of 3 (33.3%) participants mentioned assessing the environment, all 3 (100%) participants

discussed asking parents for information, 1 of 3 (33.3%) participants discussed using a calm approach/ soft voice, 1 of 3 (33.3%) participants mentioned identifying yourself, 3 of 3 (100%) participants discussed interacting with the child, 0 (0%) participants discussed getting to eye level, 0 (0%) participants discussed asking parents what they want police to do, 0 participants (0%) mentioned diffusing or de-escalating the situation, 0 (0%) participants discussed use of handcuffs or restraints, 1 of 3 (33.3%) participants mentioned safety of yourself and others, 3 of 3 (100%) participants discussed adapting communication skills, 3 of 3 (100%) participants discussed accepting parent communication during the procedure and 0 (0%) participants discussed liability (the Leading Procedure; see Figure 4).

Chapter 4: Discussion

This study was the first to consider how question formats might produce differentiated responding in police officers in an effort to understand what information would be useful when called to the home of an individual diagnosed with ASD. Two conclusions can tentatively be drawn. First, we could conclude that the study was unable to identify the particular conditions that support the most informative responding. This conclusion is based on the variability of responses both within and across participants as a function of question format. Second, we could conclude that the study proved useful in suggesting multiple question formats when interviewing officers as idiosyncratic differences might play a role in determining what question format was most response-inducing. In other words, some question formats work better for some officers, but not others; in that light, incorporating multiple question formats for the same information could be a safety measure. However, the low n and limited scope of the study prevents such firm conclusions, and instead sets the stage for more work in this area.

Limitations of the research include a limited number of participants. The low number of participants for this preliminary study does not provide a representative sample which may weaken the conclusions. Additional limitations may include that the Individual Action Procedure and Leading Procedure assessments comprised of 10 assessment questions whereas the Standard Operating Procedure comprised of 11, as a result of this variation between the assessments may have skewed results. Finally this study used a convenience sample for participant recruitment which resulted in participants from one municipal location. This may weaken conclusions as it limits the diversity of the sample that data is drawn from.

Directions for future research should include an increased number of participants to strengthen validity of the results, consistency across assessment tool variations to strengthen

reliability of the assessment tools tested, and recruitment of a diverse participant sample to capture response diversity (i.e. recruit retired officers from a variety of police departments). The information from these assessments can be used for police informed curriculum for parents and caregiver curriculum in future experiments.

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Appendix A: Standard Operating Procedure

One evening you receive a call from the dispatcher. A parent of an 11-year-old boy has called explaining that their son is destroying their furniture and other items in their home and continuously screaming. He is throwing and damaging furniture, but he has not hurt anyone. They are struggling to de-escalate him and prevent him from further damaging the property or potentially hurting himself. They said they have dealt with this before but this time they are not able to de-escalate the situation on their own.

- 1) You've received a call with the above information. When you arrive to the call you see the 11-year-old hiding in the corner rocking back-and-forth. What's the typical response?
- 2) What do additional information do you need?
- 3) If the 11-year-old is not responding to a command (e.g., stand-up) what does that mean to you?
- 4) What are the next steps when someone is not responding to a command?
- 5) You've received the call with the above information, but the family has informed you that the child is diagnosed with ASD. Is there anything you can or would do to alter the typical response?
- 6) If the family informs you of possible behavior (i.e., aggression), you may see how does that shape your response?
- 7) How could it shape your response if the family informs you of communication impairments?
- 8) If the family informed you of sensitivities to light, touch, or sound prior to arrival could that shape the response when you arrive?
- 9) What might those potential altered responses look like if you were fully informed prior to arrival?
- 10) If it wasn't the family themselves who called, but you could have the caregiver provide the information prior to meeting the individual, would this be helpful?

11) How would you respond to a parent stopping to provide you information when you arrive prior to seeing the child?

Appendix B: Individual Action Procedure

One evening you receive a call from the dispatcher. A parent of an 11-year-old boy has called explaining that their son is destroying their furniture and other items in their home and continuously screaming. He is throwing and damaging furniture, but he has not hurt anyone. They are struggling to de-escalate him and prevent him from further damaging the property or potentially hurting himself. They said they have dealt with this before but this time they are not able to de-escalate the situation on their own.

- 1) You've received a call with the above information. When you arrive to the call you see the 11-year-old hiding in the corner rocking back-and-forth. What will you do first?
- 2) How will you approach the boy?
- 3) If the 11-year-old is not responding to a command (e.g., stand-up) what will you do next?
- 4) You've received the call with the above information, but the family has informed you that the child is diagnosed with ASD. How do you respond?
- 5) If the family informs you of possible behavior (i.e., aggression) you may see, how would that change your course of action?
- 6) How would it change your course of action if the family informs you of communication impairments?
- 7) If the family informed you of sensitivities to light, touch, or sound prior to arrival could that shape your actions?
- 8) What actions would you take if you were fully informed prior to arrival?
- 9) If it wasn't the family themselves who called, but you could have the caregiver provide the information prior to meeting the individual, would this change any of your responses?

10) How would you respond to a parent providing information when you arrive prior to seeing the child?

Appendix C: Leading Procedure

One evening you receive a call from the dispatcher. A parent of an 11-year-old boy has called explaining that their son is destroying their furniture and other items in their home and continuously screaming. He is throwing and damaging furniture, but he has not hurt anyone. They are struggling to de-escalate him and prevent him from further damaging the property or potentially hurting himself. They said they have dealt with this before but this time they are not able to de-escalate the situation on their own.

- 1) You've received a call with the above information. When you arrive to the call you see the 11-year-old hiding in the corner rocking back-and-forth. Will you physically approach the child right away or ask the parents if there is anything you need to know first?
- 2) Will you ask for additional information from the 11-year old, the parents, or ask both?
- 3) If the 11-year-old is not responding to a command (e.g., stand-up) will you physically prompt them or assess if there is another way to get a response from the boy?
- 4) When he doesn't respond to the commands, what do you need to do next?
- 5) You've received the call with the above information, but the family has informed you that the child is diagnosed with ASD. Will you change any of your responses or continue with the same course of action?
- 6) If the family informs you of possible behavior (i.e., aggression) you may see, will that alter your action or will you continue with the same response if you had not known?
- 7) How might you alter the way you communicate with the boy if the family informs you of communication impairments?
- 8) If the family informed you of sensitivities to light, touch, or sound prior to arrival, will you alter responses as you arrive such as avoid using the siren, lights, or raising your voice?

9) If it wasn't the family themselves who called, but you could have the caregiver provide the information prior to meeting the individual, would you alter your prompts, use of force, lights, sirens, or other actions?

10) If a parent were to stop you as you arrive to provide information about the child will this be too late in the call sequence to alter your responses?

Appendix D: Consent Documents**---PAGE 1---**

The following pages give you a brief description of the project and ask for your consent to participate. No information other than consent is collected on these pages.

Please endorse which of the following are true for you:

Retired police officer in Canada

Minimum 1 year experience in general patrol work

To begin, move to the next page.

---Page 2---

Interlocking Behavior Contingencies: The Intersection of the Autism Community and the Police Consent to Participate

You are invited to participate in a research study about the intersection of the autism community and the police. The purpose of this study is to create police-service-informed curriculum for parents and caregivers of children diagnosed with autism spectrum disorder. This would allow parents and caregivers the opportunity to learn what information would be important to tell a dispatcher, so the officer is informed with all necessary information prior to their arrival.

Benefits of the research would include preparing parents of children diagnosed with autism spectrum disorders to be confident and informed when providing information to the dispatcher, better informed officers prior to arriving to the call, and increased awareness of behaviors that an individual diagnosed with autism may (or may not) display.

If you agree to be part of the research study, you will be provided with a fictitious case study where a police officer is called to address an issue with an autistic youth. You will be asked a series of questions about the survey questions from the perspective of the role of the officer to assess the tool. This will be conducted via Zoom; **your video will be turned off before recording begins (and will remain off) and your name will not appear on the screen.**

Risks or discomforts related to involvement in the study are minimal. The cases are fictitious and no identifying information is collected.

Data collected will remain confidential. Data will be reported and presented as a participant number. During the interview you may refuse to answer any questions. After the completion of the interviews, you will receive your transcribed interviews. At this point, if you wish to expand responses or request omissions to the transcription, you will have 7 days in which to do so.

De-identified transcripts will be retained for secondary research use.

Participating in this study is completely voluntary. Your decision whether or not to participate will not affect your current or future relations with St. Cloud State University, or the researcher. If you decide to participate, you are free to withdraw at any time without penalty.

If you have questions about this research study, you may contact Lauren St. Vincent, lnstvincent@go.stcloudstate.edu, or Dr. Benjamin Witts, bnwitts@stcloudstate.edu. Results of the study can be requested from the researcher.

Writing your full name below indicates that you are at least 18 years of age, you have read the information provided above, you are a retired police officer in Canada, have at least 1 year of general patrol work, and you have consent to participate.

NAME:

---PAGE 3---

Release Form for Use of Photograph/Video/Audio Recording

Interlock Behavior Contingencies: The Intersection of the Autism Community and the Police

We are asking for your consent to use media for and from this study. We would like you to indicate how we can use your media. Please mark/click where you consent for that type of use of your media.

Regardless of your answers, you will not be penalized.

We will not use your media in any way you have not initialed.

Questions regarding this form should be directed to the researchers. Additional answers can be found by contacting the IRB Administrator or an IRB Committee Member. Current membership is available at: <https://www.stcloudstate.edu/irb/members.aspx>

A copy of this form will be provided for your records if you request.

- Use of audio, no video, by the research team to record and analyze data
- Use of transcriptions of audio by the research team to record and analyze data
- Use of transcriptions of audio for publication or presentation in academic outlets

Writing your full name below indicates that you are at least 18 years of age, you have read the information provided above, and you have consent to the indicated use of your media.

NAME:

Appendix E: Figures

Figure 1

Participant 1

Information	Standard Operating Procedure	Individual Action Procedure	Leading Procedure
Observe behavior	Black box		
Assess environment - present danger, weapons, etc.	Black box	Black box	
Ask parents for information - condition, medications, name, etc.	Black box	Black box	Black box
Calm Approach/ Soft Voice		White box	
Identify yourself		Black box	
Interact with child		Black box	Black box
Get to eye level	Black box	Black box	
Ask parents what they want police to do	Black box	Black box	
Diffuse/ de-escalate situation	White box	Black box	
Handcuffs/ Restraint	Black box	Black box	
Safety-Protect yourself and others	Black box	Black box	
Adapt communication skills		White box	Black box
Accept parent communication during procedure	Black box	Black box	Black box
Liability		Black box	

Figure 1. Black boxes indicate occurrence of response under Standard Operating Procedure (1st column), Individual Action Procedure (second column) and Leading Procedure (3rd column) for Participant 1.

Figure 2

Participant 2

Information	Leading Procedure	Standard Operating Procedure	Individual Action Procedure
Observe behavior			
Assess environment - present danger, weapons, etc.			
Ask parents for information - condition, medications, name, etc.			
Calm approach/ Soft Voice			
Identify yourself			
Interact with child			
Get to eye level			
Ask parents what they want police to do			
Diffuse/ de-escalate situation			
Handcuffs/ Restraint			
Safety-Protect yourself and others			
Adapt communication skills			
Accept parent communication during procedure			
Liability			

Figure 2. Black boxes indicate occurrence of response under Standard Operating Procedure (1st column), Individual Action Procedure (second column) and Leading Procedure (3rd column) for Participant 2.

Figure 3

Participant 3

Information	Individual	Standard	
	Action Procedure	Leading Procedure	Operating Procedure
Observe behavior	Black box		
Assess environment - present danger, weapons, etc.	Black box	Black box	Black box
Ask parents for information - condition, medications, name, etc.	Black box		Black box
Calm approach/ Soft Voice	Black box		
Identify yourself	Black box		
Interact with child	Black box		Black box
Get to eye level			
Ask parents what do they want police to do	Black box		
Diffuse/ de-escalate situation			
Handcuffs/ Restraint	Black box		
Safety-Protect yourself and others	Black box	Black box	Black box
Adapt communication skills	Black box		
Accept parent communication during procedure	Black box		
Liability			

Figure 3. Black boxes indicate occurrence of response under Standard Operating Procedure (1st column), Individual Action Procedure (second column) and Leading Procedure (3rd column) for Participant 3.

Figure 4*Across Participants*

Across Participants

Information	Standard Operating Procedure	Individual Action Procedure	Leading Procedure
Observe behavior	1	1	0
Assess environment - present danger, weapons, etc.	3	2	1
Ask parents for information - condition, medications, name, etc.	3	3	3
Calm approach/ Soft Voice	2	1	1
Identify yourself	1	1	1
Interact with child	2	2	3
Get to eye level	1	1	0
Ask parents what do they want police to do	1	3	0
Diffuse/ de-escalate situation	1	1	0
Handcuffs/ Restraint	1	2	0
Safety-Protect yourself and others	3	3	1
Adapt communication skills	3	1	3
Accept parent communication during procedure	3	3	3
Liability	0	1	0

Figure 4. Black boxes indicate 100% responding across participants, dark grey boxes indicate 2 of 3 participants responded, light grey boxes indicate 1 of 3 participants responded and white boxes indicate that 0 participants responded.