

CIT Newsletter

Portland Police Bureau's Crisis Intervention Team

Phone 503-823-0823
Fax 503-823-0289
Planning and Support Division
www.portlandpolicebureau.com

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Autism—A Closer Look

Autism is a developmental disability that is often overlooked and very often misunderstood. Autism is known by several other names:

- Aspergers Syndrome
- Pervasive Developmental Delay
- Autistic Spectrum Disorder

The definition of autism is: a serious disorder of behavior and communication.

Try and imagine a person who does not know society's rules and has no concept of boundaries that we live with every day.

It's been said that 15 out of every 10,000 children are affected, and boys are four times more likely to be autistic than girls. The characteristics are noticed in the first three years. There is no specific test for autism.

Oregon has one of the highest rates of autism in the U.S., and people with autism are more likely to come into contact with law enforcement than others their age.

Signs of Autism:

- Abnormal ways of relating to other people.
- Unusual attachment to inanimate objects.
- Impulsive behavior with no real fear of danger.
- Repetitive movements.
- Difficulty in communicating thoughts and ideas.

Behavioral Indicators:

- Lack of eye contact.
- May get physically close to someone – little awareness of social boundaries.
- Talking to oneself.
- Being loud.
- Unusual patterns of movement.
- Unusual responses to touch.
- Unusual verbalization.
- Recites "canned" responses.
- Body language appears stilted.
- Vocal inflection flat or sing-along.
- Flat affect.

Recommended ways to approach a person with Autism:

- Be calm and approach in a quiet non-threatening manner.
- Use concrete, simple language.
- Avoid touching, if possible.
- Ask questions that are simple and direct.
- Wait for a response/repeat.

Autism Workshop sponsored by the Autism Society of Oregon

On Monday May 10, 2004, Dennis Debbaudt will be coming to Portland to give a three-hour workshop on Law Enforcement Encounters with Autistic People. Debbaudt's workshops teach police officers how to interact with autistic people, and make it a more positive encounter, and less stressful for both sides. The workshop will be at Portland Adventist Hospital from 0900-1200 hrs. Anyone can call 503-988-6413 (CIT Coordinators Office) for reservations. There is no cost to anyone who wants to attend, as the Autism Society is paying his appearance fee.

Debbaudt is a recognized expert on the topic, who also has a son who is autistic. He is the author of several articles on this topic including:

- Avoiding Unfortunate Situations (Way/SAC,1994)
- Autism, Advocates and Law Enforcement Professionals: Recognizing and Reducing Risk Situations for People with Autism Spectrum Disorders. (Jessica Kingsley Publications, 2003).

Federal Legislation Introduced to Help End Youth Suicide

The following is copied from the NAMI website (<http://www.nami.org>):

"On Monday, March 8, 2004, Senators Mike DeWine (R-OH), Christopher Dodd (D-CT), and

Gordon Smith (R-OR) introduced the Youth Suicide Early Intervention and Prevention Expansion Act of 2004 (Senate bill 2175). A week earlier, Sen. DeWine had convened a hearing that made patently clear that youth suicide represents a public health crisis in our nation.

About every two hours, a young person under the age of 25 commits suicide. Suicide is the third leading cause of death in youth aged 10 to 24. Studies show that 90 percent of youth that commit suicide were suffering from a diagnosable and treatable mental illness at the time of their death. It is difficult to imagine the unthinkable pain that parents and family suffer when a child is lost to suicide. This legislation - S.2175 - will help state and local governments and non-profit organizations address this public health crisis by assisting in prevention strategies. These strategies will help ensure that services reach youth and their families in their communities, in schools, juvenile justice systems, substance abuse programs, mental health programs, foster care systems and other child serving organizations.

Grants authorized under this legislation will help reduce youth suicides through statewide screening for youth at risk for emotional or behavioral disorders and early intervention with links to community-based mental health and other appropriate services. It promotes accountability from those awarded grants by requiring an evaluation of and reporting on the effectiveness and efficacy of the suicide prevention and early intervention activities. Those awarded grants must also develop community awareness campaigns on risk factors associated with your suicide and the care available from early intervention and prevention services.

The Senate bill (S.2175) was introduced and referred to the Senate Health, Education, Labor, and Pensions (HELP) committee."

For more information on the bill, go to <http://thomas.loc.gov> and type in the bill number.

Involuntary Hospitalization and Treatment

There are often questions about what the law says when it comes to people being forced into a hospital to get treatment. The simple answer is to read ORS 426 *Mental Health and Developmental Disabilities; Alcohol and Drug Abuse*. In addition, there is a great resource available to you titled "Mental Health Law in Oregon/A Guide for

Consumers and Families" from the Oregon Advocacy Center. The following are excerpts regarding involuntary hospitalization and treatment.

Involuntary Hospitalization and Treatment:

In Oregon, an adult can be hospitalized involuntarily in five ways.

1. Civil Commitment. In a civil commitment, a person has a hearing before a judge. If the judge finds the person has a mental disorder and is a danger to self or others or is unable to care for his/her basic needs, the person can be hospitalized for up to 180 days.
2. Guilty except for insanity. If a person is charged with a crime and is found guilty except for insanity, the person may be placed under the jurisdiction of the Psychiatric Security Review Board (PSRB) for a term equal to the maximum prison sentence for the crime.
3. Fitness to proceed in criminal case. A person can be hospitalized involuntarily if charged with a crime and there is a question about whether he/she is able to understand the charges or help with the defense. The person may be hospitalized for an evaluation or to await a change in his/her condition.
4. Sexually Dangerous. A person may be hospitalized involuntarily if a judge finds the person is a sexually dangerous person. The judge can make this decision only if a person is convicted of a sexual offense and only after an evaluation and a hearing.
5. Guardian Admission. If the person has a guardian and the guardian admits the person to a hospital. The guardian has this authority only if the guardian was appointed by a judge and the guardianship includes the right to make this decision.

Next issue in June

Please contact Ofc. Paul Ware (503-988-6413) or the Planning and Support Division (503-823-0283) with suggestions for articles. The CIT newsletter is published six times per year by the Planning and Support Division, Portland Police Bureau Chief Derrick Foxworth and Mayor Vera Katz. Address is 1111 SW 2nd Ave., Room 1552, Portland, Oregon, 97204. FAX 503-823-0289. Web address: www.portlandpolicebureau.com.