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Different Not Less: An Evaluation of the Autism Training Curriculum for the Kentucky Department of Criminal Justice Training

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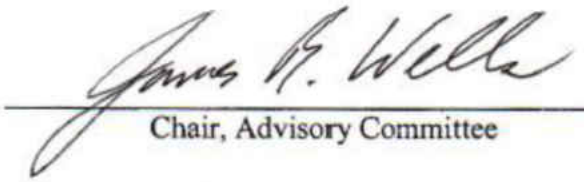

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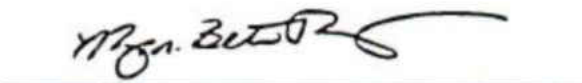

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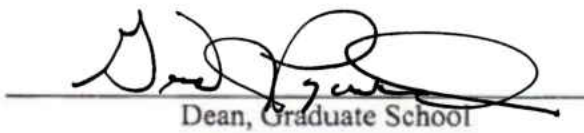

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Different Not Less: An Evaluation of the Autism Training Curriculum for the Kentucky Department of Criminal Justice Training

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DEDICATION

This thesis is dedicated to my inspiration, BG. Buddy, without you I would not see the world as clear as I see it today, you have touched my heart and continue to teach me every day. I love you very much and will never forget anything that you taught me.

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ABSTRACT

Autism spectrum disorder is one of the largest growing neurological behavioral disabilities in the United States, with a rise in diagnoses from 2012 (1 in 88) to present day (1 in 68). Studies have shown that individuals with disabilities are more likely to be victimized. Thus, the increasing diagnoses of ASD increases the chance that a victim of crime will have ASD. Police officers should have a working and growing knowledge of ASD from day one, for this reason. This exploratory study uses a literature review of autism spectrum disorder in order to develop an evaluation to analyze the curriculum from Kentucky's Department Of Criminal Justice Training. The author, along with four subject matter experts, evaluated the training curriculum on autism spectrum disorder. The evaluations were used to determine whether or not police officers from the DOCJT are receiving the proper training on autism spectrum disorder. Results are conclusive of the hypothesis; police officers from Kentucky's DOCJT need further training on autism spectrum disorder.

TABLE OF CONTENTS

CHAPTER PAGE

I. Introduction....1
II. Literature Review....6
III. Methodology....15
IV. Results....21
V. Discussion....26
Bibliography....32
Appendices....35
A. Sample of Letter to Subject Matter Experts....35
B. Sample of Subject Matter Evaluation Checklist....37

LIST OF TABLES

TABLE PAGE

1. Severity Levels for Autism Spectrum Disorder……8

2. Distribution of Responses……21

3. Hypothesis Test Summary……24

Chapter 1

Introduction

Autism Spectrum Disorder, or ASD, is one of the world's fastest growing neurological behavioral disabilities. Dr. Eugene Bleuler first used the term "autism" in 1908 (Mandal, 2014) to describe a patient with schizophrenia. Autism's literal meaning is "Morbid self-admiration and withdrawal within self" (Mandal, 2014). In the 1940's, psychiatrists such as Leo Kanner, and Hans Asperger, individually studied groups of children that had difficulty with social skills, responding to stimuli, resistance to adaptation, and communication problems or echolalia (Mandal, 2014). These children became the basis for the knowledge that we have today on Autism and Asperger Syndrome.

There were, and still are, many theories as to what causes autism spectrum disorder. The characteristics that these children were displaying were theorized, at first, to being the result of a parenting problem. Autism research gained importance and momentum in the 1980's. The causation of this disorder had started to move away from the false idea of parenting problems and more towards a natural genetic causal theory.

Common terminology for someone with ASD or other mental/behavioral disabilities has often been, "mentally retarded". It is of importance to note that this term is no longer considered an acceptable diagnosis for anyone of any disability, nor is it an acceptable word in general. The mentally disabled community tends to take great offense to this terminology, as it is derogatory. The most updated edition of the Diagnostic and Statistical Manual of Mental Disorders, 5th ed., (DSM-V) has also completely removed the term from its index.

Autism spectrum disorder can be misdiagnosed as multiple other disorders such as schizophrenia, attention-deficit/hyperactive disorder, or a number of communicatory disabilities. Most common misdiagnoses occur when not enough symptoms of autism spectrum disorder have become visible. The DSM-V states that sometimes those with ASD can be diagnosed with schizophrenia based off of a simple misunderstanding between the patient and doctor. The example that is given in the DSM-V is the doctor asking "Do you hear voices when no one is around?" and the patient responds "Yes," because they hear voices on the radio (American Psychiatric Association, 2013).

In 2009, ASD was diagnosed at a rate of 1 out of 110 children (Teagardin, Dixon, Smith, and Granpeesheh, 2012). In 2012, studies showed that ASD diagnosis rate increased to 1 out of 88 children (Debbaudt, 2012). The Autism Speaks Organization has statistics that say that Autism currently affects 1 out of 68 children, specifically, 1 in 42 boys and 1 in 189 girls. The overall increase of ASD diagnoses is believed to be due to the improved knowledge on the disability, and not necessarily that the rate of diagnoses is actually increasing. There are also some studies that state some environmental factors such as Organophosphates (Brown, 2013; Kroncke, Willard, and Huckabee, 2016) could cause a higher risk of an individual being born with ASD. There is no cure for ASD, and specific causes are unknown. However, there are a few causes that have been proven to be complete myths such as bad parenting and vaccinations.

One of the largest struggles for the community with autism spectrum disorder is proper communication. Not being able to communicate with a person can lead to many different difficulties. Children with severe ASD will not understand why you don't understand what they are trying to telling you or vice versa. The problem with this

(depending upon the individual) is that it could lead to violence as a form of communication. For example, if a non-verbal person wants you to move out of their way, they could shove you to move you.

A second issue is individuals with ASD are not able to understand some social constructs/conceptions. Social constructs/conceptions are the meanings, ways of communicating, and overall ideas of how our society works that a society as a whole has created over time. Examples could simply be how to treat another person, how to share with one another, or even what it means to be a social service worker. An individual with ASD would not be able to understand the concept that some social service workers, like police officers, have power to be able to tell you that you need to do something in some situations. Not understanding social constructs, and not being able to properly communicate, can easily lead to issues if the police officers do not fully understand the individual with ASD either.

Instances in which police officers have mishandled situations when dealing with a person diagnosed with ASD occur around the country fairly often. On July 8, 2016, there was a 911 call because the caller believed that there was a man with a mental illness in the streets with a gun threatening to hurt himself. The caller noted that a second man was also in the street, trying to help the man with the mental illness. Commander Emile Hollant and Officer Jonathan Aledda responded to this 911 call. Commander Emile Hollant saw an object in the hands of Arnaldo Rios, who has a severe form of autism, and was unsure of what it was. Commander Hollant headed to the car to get binoculars so that he could better identify the object before moving forward. During this time, Officer Jonathan Aledda shot three times with an assault rifle. Officer Jonathan Aledda aimed at

Arnaldo Rios, because he was under the impression that the object in Arnaldo's hand was a gun. The result from Aledda firing three times was two misses, and one bullet in Charles Kinsey's right leg. The object that Arnaldo Rios was holding was a shiny silver toy truck. (Rabin, 2016; Rabin, 2016)

While Charles Kinsey was in the hospital, media interviewed him on what had happened. A Huffington Post article describes the events from his point of view, which can be backed up by the viral video taken from a bystander on the sidewalk nearby. Charles Kinsey was in the street with Arnaldo Rios when the police had responded. Charles had instantly lain down in the middle of the street, between the police and Arnaldo Rios, with his hands straight up in the air. Charles Kinsey identified himself as a Behavioral Specialist assigned to be the caregiver of Arnaldo Rios. Charles Kinsey also told the police Arnaldo had a toy truck that he was playing with. Officer Jonathan Aledda eventually fired three shots regardless of this information. (Wing, 2016)

Breaking this story down piece by piece, it is argued by many criminologists that there are many issues within the Criminal Justice System or the policing profession that could have led to this situation unraveling the way it had. Specifically, attention should be drawn to the fact that Jonathan Aledda, the officer firing the assault rifle, aimed to shoot at and kill a man diagnosed with a severe form of autism spectrum disorder. This story, in addition to working with children diagnosed with severe forms of autism spectrum disorder, has led to questioning whether or not the police in Kentucky are prepared to deal with an individual with ASD, especially during a crisis.

The purpose of this study is to evaluate whether or not the police in Kentucky are prepared to work with an individual diagnosed with ASD. Autism spectrum disorder is a

very complex neurological behavioral disorder that still has more questions, than answers, surrounding it. Therefore, the information that can be learned on this disorder is crucial. Police lacking knowledge on how to work with an individual with ASD could be the difference in life and death.

Chapter 2

Literature Review

Autism Spectrum Disorder is a very complex neurological disorder in which other disorders or mental illnesses can be co-diagnosed. The complexity and variability of ASD tends to create misunderstandings between the individual with ASD and a police officer that may be called. There would be great appreciation for police understanding what ASD is, symptoms of ASD, and how severity can range. Literature on the knowledge of ASD, or another mental illness, in relation to police departments show a strong theme that hints that the average police officer is not equipped with proper knowledge. The literature on ASD in the criminal justice/policing field is lacking in specificity, which will be obvious through this review.

Autism spectrum disorder is a very complex behavioral disorder that differs from case to case. There are four main criteria that the diagnosis for ASD is based off of, according to the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-V). The first criterion is "Persistent deficits in social communication and social interaction across multiple contexts" (American Psychiatric Association, 2013, p. 50). These contexts could be any of the following categories: social-emotional reciprocity, non-verbal communicative behaviors used for social interaction, and in developing, maintaining, and understanding relationships (American Psychiatric Association, 2013). Secondly, diagnosticians look for "Restricted, repetitive patters of behavior, interests, or activities" (American Psychiatric Association, 2013, p. 50). This is explained in four categories: stereotyped or repetitive motor movement, insistence on sameness, highly restricted, fixated interests that are abnormal in intensity or focus, and hyper- or

hyperactivity to sensory input or unusual interest in sensory aspects of the environment (this is also known as 'stimming' or self-stimulatory behavior) (American Psychiatric Association, 2013). The categories included in the second criterion are listed with examples that are, again, inclusive but not limited to what is listed. The third diagnostic category of ASD is "Symptoms must be present in the early development period… typically recognized during the second year of life (12-24 months of age)" (American Psychiatric Association, 2013, p. 50). Lastly, "Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning" (American Psychiatric Association, 2013, p. 50).

The DSM-V clearly states that the examples of behavioral deficits for each category of diagnostic criteria are not exhaustive but illustrative. These examples consist of: "abnormal social approach and failure of normal back-and-forth conversation… poorly integrated verbal and nonverbal communication… difficulties adjusting behavior to suit various social contexts… echolalia… extreme distress at small changes," (American Psychiatric Association, 2013, p. 50). It is also clarified that there needs to be deficits in each of the categories from the first criterion, as well as currently or historically falling into two or more categories in the second criterion (American Psychiatric Association, 2013). It is also extremely important to understand that the DSM-V states that ASD is a behavioral disability, and not an intellectual one (American Psychiatric Association, 2013). Those with ASD are often diagnosed with an intellectual disability as well, but it will be different from case to case. For example, someone with

less severe ASD could have a more severe mental disability than someone with severe ASD. Severity of ASD is gauged on a scale of 1 to 3 as noted in table 1.

Table 1: Severity Levels for Autism Spectrum Disorder

Severity level	Social communication	Restricted, repetitive behaviors
Level 3 "Requiring very substantial support"	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.
Level 2 "Requiring substantial support"	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication.	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.
Level 1 "Requiring support"	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.	Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

Source: American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington, DC, Autism Spectrum Disorder, p.50-59.

Level 1 is "requiring support," Level 2 is "requiring substantial support," and Level 3 is "requiring very substantial support" (American Psychiatric Association, 2013, p. 52). In the table shown below, there is information describing possibilities of how severely or mildly the criteria meeting actions of the individual are affecting his or her life (American Psychiatric Association, 2013). The more severe the individual's life is being affected due to social communication deficits and restricted/repetitive behaviors, the higher on the scale of severity the individual will be

The DSM-V, in the section on ASD, also discusses diagnoses that autism spectrum disorder is commonly mistaken for. The disorders on the list consist of: Rett

Syndrome, Selective Mutism, Language Disorder, Social Communication Disorder, Intellectual Disability without ASD, Stereotypic Movement Disorder, Attention-Deficit/Hyperactive Disorder, and Schizophrenia (American Psychiatric Association, 2013). The similarities between ASD and these other disorders are described, as well as how/when someone can rule one or the other disorder out. Some diagnoses, such as with Rett Syndrome, may take a couple years to be able to rule one-way or the other.

With the increased understanding of Autism, it is logical that there would be an increase in training for first responders, more specifically police officers. This logic comes from the fact that those with disabilities are more likely to become a victim of a crime (Chovanec, 2013; Council of State Governments, 2002; Laan, Ingram, & Glidden, 2013; Chown, 2009; and Teagardin *et al.*, 2012). There are not a lot of studies that discuss police involvement with persons diagnosed with ASD, (Chovanec, 2013; Laan, Ingram, & Glidden, 2013; Chown, 2009; Teagardin *et al.*, 2012; Crane *et al.,* 2016; Debbaudt, 2012; Debbaudt, 2006; Taylor, Mesibov, and Debbaudt, 2012; Kroncke, Willard, and Huckabee, 2016; and Police Interactions, 2009). All of the articles seem to agree that there is a need for training on these topics when it comes to police officers in the basic academy.

Crane (2016) surveyed three hundred ninety-four police officers, along with an unknown number of people from the ASD community, in a study about whether or not police knew how to work with a member of that community. According to the study, 91% of the police officers thought that further training on the topic of ASD would be extremely useful, and only a minority (42%) thought they had enough training. The surveys that were returned from the ASD community also shared that further training for

the police would be beneficial due to police departments' lack of knowledge. These feelings were backed by some shared experiences of police handling individuals with ASD incorrectly (Crane *et al.,* 2016).

A second study on police officers in Europe looking at the United Kingdom finds similar information as Crane *et al.* "Unless police respond appropriately… a person with autism may suffer extreme stress, officers will be unable to do their job effectively, disability discrimination legislation may be breached, and there will be a risk to the safety of the person with autism and to the officer(s)" (Chown, 2009, p. 257). Incorporating this with the understanding that "existing research suggests that persons with developmental disabilities are between 4 and 10 times more likely to become victims of crime than those without such disabilities" (Chown, 2009, p. 257), police are very likely to have to work with persons with disabilities regularly. Even though there is technically a mission to understand ASD and for the Criminal Justice System to work better with this community, the training is lacking.

Acknowledging that the previous two studies were done out of the country, there are also research articles (Taylor, Mesibov, and Debbaudt, 2009; and Debbaudt, 2012) that state police lack training on the concept of ASD in the United States as well. These research articles give information that could help police when working with individuals diagnosed with ASD. "Autism is America's fastest growing developmental disability…" (Debbaudt, 2012, p.), therefore it is very important for first responders to understand how to work with and help these individuals.

There were two informative articles found (Police Interactions, 2009; and Debbaudt, 2006) that gives information about help centers that could be useful to police

officers when dealing with a high-intense situation involving an individual with ASD. These articles call for an increase in formal police training on Autism Spectrum Disorder for police officers.

A 1998 article inquired whether or not police officers are learning enough in their training academy. The article broke down the whole training academy to look at what was and was not needed in the academy. The information that was of importance to this study was the number of hours that were actually dedicated to those with mental disabilities. The academy was based on 300 hours of training, and only 4 of those hours were dedicated to training on the mentally disabled.

Another study (Teagardin *et al.*, 2012) tested 82 police officers with a pre-test and post-test to see if the training in Ventura County on Autism was comparable to a new training by the Sahara Cares Foundation (Teagardin *et al.*, 2012). The police officers were broken up into an experimental group of 42 and the control group of 40. The experimental group was shown a training video on how to work with individuals diagnosed with ASD. The control group received the normal training from Ventura County instead of watching the video (Teagardin *et al.*, 2012). The groups were also given a short test before and after training to gauge which group had a better understanding of ASD and how to work with individuals with the diagnosis. The experimental group outscored the control group at the post-test by 53%. This was noted to be statistically significant ($p < 0.001$). Overall, the results of the study indicated that the training on ASD in Ventura County is not completely preparing officers' for their jobs dealing with this population (Teagardin *et al.*, 2012).

The Council of State Governments produced the Criminal Justice/Mental Health Consensus Project in 2002. This project states requirements that police departments should follow when training on mental illnesses/disabilities. The Consensus Project suggests that police officers should receive about 8-15 hours of training on Mental Illness and Mental Disabilities (Council of State Governments, 2002). There is no real suggestion on how that training should be broken down, but it states that this should be the minimum to properly prepare an officer for that type of situation. The Consensus Project also states that there should be constant in-service trainings to refresh officers and teach them about newer findings in this field.

Laan *et al.* surveyed 70 agencies in the southeastern United States using the Censensus Project which showed that the median range of training for mental illness was about 6.5 hours of training. The authors then suggest that this is not enough time to cover mental illness as a whole, regardless of ASD, when compared to the Criminal Justice/Mental Health Consensus Project (Laan *et al.,* 2013). There is no way that the officers are receiving enough training because some of the characteristics of Autism cannot be covered in a generalized course on mental illness (Laan *et al.,* 2013). The authors suggest further evaluations of trainings for police on the topic of Autism. They also suggest a combination of requirements be used when evalutating a training (Laan *et al.,* 2013).

Lastly a pre/post-test from the Autism and Law Enforcement Coalition (ALEC) to evaluate effectiveness of the police training found that the ALEC information that the police officers were taught during this experiment was greatly helpful. The study shows a great jump in understanding of ASD from the pretest to the post-test (Chovanec, 2013).

This article agrees with the other articles discussed in the literature review, and concludes there is a need for an increase in police training on ASD in the United States.

There is a strong theme amongst the literature that the average police officer is not properly prepared to work with an individual diagnosed with ASD. The literature, for the most part, is vague in evaluating police training for autism spectrum disorder. The more specific evaluations in the literature review were even vague on what to actually fix in the training. The articles discussed mental illness as a whole instead of specifically ASD, or they simply stated that the trainings could be improved but did not suggest what should be changed. There is a need for studies that show specific weaknesses in trainings that will allow specific departments to improve the curriculum so officers can be better trained.

This evaluation of Kentucky police training curriculum on ASD from the Department of Criminal Justice Training will attempt to add to the literature by adding some specificity on how well a department is trained for ASD. This study will give an updated evaluation form for which different departments can rate their training curriculums on ASD. This evaluation will allow researchers, readers, and departments to see specifically the items that are not being covered on autism spectrum disorder. Problems within the curriculum will then be able to be addressed and fixed. This will have a similar effect as the Laan *et al.* (2013) study, but will allow for a more specific view.

It is also important to note that this study could indirectly assist organizations that approve of training curriculums. The International Association for Continuing Education and Training, along with the Commission on Accreditation for Law Enforcement

Agencies (CALEA) approved and accredited the training curriculum for the DOCJT. If the police officers do not receive adequate training on ASD, under the approval of an organization such as IACET and CALEA, then it is very possible other departmental training curriculums on ASD approved by IACET and/or CALEA are also inadequate. These organizations do not just accredit law enforcement training curriculums in the United States, but for other countries as well. This means that there is a possibility that both national, and international police trainings on ASD are lacking information.

The literature at hand is lacking in a sense, not necessarily from lack of studies, but a lack in specificity. The literature is vague in the specificity of the mental illness/disability that needs improved training, or it is vague in specificity of how to improve the training. This exploratory evaluation will be able to point to what is and isn't covered in the trainings done in Kentucky. This study will be able to fill some of the gaps in the literature by adding specificity to it while also adding a new base line for police training evaluations.

Chapter 3

Methodology

The objective of this exploratory study was to determine whether or not the training curriculum from Kentucky's DOCTJ is properly covering basic ASD information. This study was an exploratory study because no one has critiqued law enforcement training to this level before. This goal was accomplished by first acquiring the curriculum that is used in current trainings on autism spectrum disorder by the DOCJT. Materials pertinent to this study were then obtained and distributed to expert evaluators to compare the curriculum materials to the evaluation created from the literature. The responses were collected, totaled and averaged out for an overall score of information on ASD that is covered by the DOCJT's training curriculum.

The DOCJT conducts basic academy training for police and sheriffs throughout the state except for the Kentucky State Police, Louisville-Metro Police, Lexington Police, and the Fayette County Sheriff's department. This organization is responsible for community policing education for one hundred eighteen counties of the one hundred twenty total counties, or 98% of the policing education for the state. The impact of this department on the state's education is immense, which makes this study of great importance.

Kentucky law requires that an Open Records Request must be filled out in order to receive government documents. Once, the Open Records Request was turned in, the training manual was received. The training manual was sifted through to find the proper materials. Four sections were thought to have information in them pertinent to the topic. The criteria used to determine the pertinence of the sections was if the section had any

chance of having information about working with mental illness or handling an individual in crisis. These sections that were deemed pertinent were: Response to Mental Illness, De-escalation Techniques, Effective Communications Practical Applications, and Use of Force Practical Applications. The references for each section were examined and then obtained based on the pertinence of the references. The pertinence of the references was deemed from which references actually had information on working with individuals that had mental illness or individuals in crisis. Once the references for the sections that were important were obtained, they were sifted through to find the specific sections of the references that were applicable.

A request letter (Appendix A) was created for the subject matter experts. "Subject Matter Experts" are individuals who are experts on the topic that is being studied based upon their experiences on the subject. The individuals, for this study, had spent their lives/careers working with or studying ASD. The request letter accurately described how contact information for each of these individuals was obtained, why they were chosen for the position of subject matter expert, why their help was needed in evaluating the curriculum references, and a set of instructions. The letter instructed these individuals to read through the curriculum references that were obtained and in their own opinion, state whether or not items from the evaluation checklist were covered in the references.

The evaluation checklist form was created from the literature applicable to this study. The Tempo Model, the Consensus Project of 2002, and the DSM-V were used to create the evaluation. The Tempo Model is a curriculum model on mental illnesses for police officers in Canada that was constructed by Terry Coleman and Dorothy Cotton. The Consensus Project states, as discussed in the literature review, the United States

guidelines for what a police officer should be trained on, and for how long in regards to mental illness. The DSM-V, discussed in the literature review, while not a curriculum, was used for descriptive knowledge on ASD. This manual gives diagnosable criteria for different sets of disorders and mental illnesses. The DSM-V was able to give specific examples of behaviors that are portrayed by an individual with ASD, versus the other models used that were not ASD specific.

Twenty-one items were constructed to form the evaluation checklist (Appendix B). These items that were used in the evaluation are all dichotomous. Dichotomous variables were used because the information seemed to either be in the curriculum or not at all. Nineteen of the items were chosen from those items that were found to be the most important from the Tempo Model, and the Consensus Project. These were the best two models that could be found that had anything relevant to a curriculum model for mental illness or autism spectrum disorder. The specific items that were chosen were deemed important when they were present in both of the two curriculum models. These items were then reworded if necessary, because they were originally about mental illnesses as a whole, and not specifically autism spectrum disorder. For example, item number four originally stated "Does the curriculum cover how to approach a person with Mental Illness?" and it was changed to "Does the curriculum cover how to approach a person with Autism Spectrum Disorder?" Often times, ASD is put together with other mental illnesses or disorders; therefore they were relevant, just not as specific as desired.

The other two items numbers eighteen and nineteen, were extracted from the DSM-V instead of the curriculum models. Item number eighteen discusses the understanding of self-stimulatory behavior (stimming) and its importance, because this is

something that all individuals with ASD partake in. Stimming is an action that is not consistent from one individual to another; it all depends on what the sensory needs of the specific individual are. These actions can sometimes seem rather violent to an unknowledgeable individual. Item number nineteen discusses the difference between suicide intent and self-harm. This ties into item eighteen because some of the self-stimulatory behaviors can be harmful to the individual's self. There is also a large difference between wanting to hurt oneself and wanting to kill oneself, this is something that needs to be clarified because the use-of-force allowed would change between the two scenarios. Those working with individuals diagnosed with ASD need to know that just because that individual bangs their head multiple times on the ground or a concrete wall, they are not necessarily trying to commit suicide.

The evaluation instrument was reviewed by autism spectrum expert Dr. MyraBeth Bundy. Dr. Bundy, from Eastern Kentucky University, was able to give feedback on the direction of the instrument being used. The content validity was confirmed through Dr. Bundy and the subject matter experts being able to work through the study. The face validity of this instrument was strong in the fact that it was able to complete the goal that it was created for, evaluating the curriculum of the basic police academy on autism spectrum disorder.

The evaluation checklist, letter of request, and curriculum references were then sent to four subject matter experts by using Google Drive. Google Drive allowed for the information to be uploaded into secure folders online. Each folder was labeled with the proper individual subject matter experts' name. The link to their corresponding folder

was sent to each of the subject matter experts. The experts just needed to download the files, read through them, and fill out the evaluation.

Contact with the experts was gained through the Eastern Kentucky University Psychology Department, the Cabinet for Health and Family Services in Kentucky, and autism spectrum disorder based service organizations. It was desired that the subject matter experts had varying responsibilities (i.e. professor, doctor, case manager, social worker, etc.) so that they would have varying opinions, even though they would all experts on autism spectrum disorder. The individuals needed to all be experienced in their respective fields, meaning that it was undesired to have someone who had just started their respective careers to be a part of this evaluation. It was very much needed for the individuals to have experience and have developed their own working knowledge of ASD and not just what they have read in a book or news article.

Nine subject matter experts' contact information was obtained through discussion with the Cabinet for Health and Family Services, Eastern Kentucky University's Psychology Department, and autism spectrum disorder based service organizations. However, five of these individuals did not respond or stated that they did not have time to complete the evaluation. Only four Subject Matter Experts responded to this study, thus resulting a 44% response rate. The four SME's that were a part of this study are Ms. Cooper-Puckett, Dr. Campbell, Dr. McChane, and Judy Harrison. Ms. Cooper-Puckett works in the Cabinet for Health and Family Services as the Director for the Office of Autism, which makes her incredibly knowledgeable of what autism spectrum disorder is. Dr. Campbell is a professor at the University of Kentucky in the Education and Psychology Dept. where he teaches students on various topics, including autism spectrum

disorder, from the undergraduate to professional levels. Dr. McChane is a medical doctor, pediatrician, with an expertise in ASD. Judy Harrison is a Nurse Practitioner with Key Assets Kentucky, an organization that works mostly with children diagnosed with autism spectrum disorder.

The four subject matter experts, and myself, evaluated the information separately from one another. The data were then combined into a SPSS database. The SPSS Database is a spreadsheet that allows for an individual to label columns as different types of variables when in variable view. Column one was a string variable allowing the name of the evaluator to be typed in. Columns two through twenty-two were dichotomous variables representing each Item on the evaluation. Dichotomous variables allow for only two options as a response, in this case it was a "yes" or "no" response. Variable twenty-three in the database was the total score that the evaluator had given the training curriculum based upon the evaluation.

The outcome of the evaluation shows where the DOCJT succeeds and where it fails when training its recruits on ASD. The database was able to break down how many evaluators marked "yes" or "no" for each item. These responses were put into SPSS as "1" for a response marked "yes", or "0" for a response marked "no". This shows which items are and are not covered in the training curriculum. The total scores were averaged together to give an overall total score between the five subject matter experts' evaluations. The percentage that was obtained from the total score, was averaged and indicates exactly how much of this basic information on ASD is covered by Kentucky's DOCJT.

Chapter 4

Results

The evaluation was performed to see the strengths and weaknesses of the DOCJT's training on autism spectrum disorder specifically. When the subject matter experts completed the evaluations, they emailed back the completed evaluations. The evaluations were then placed into a SPSS database. SPSS allowed for easier analyses of the data obtained from the study. The results from the analyses would indicate the degree to which the DOCJT's training curriculum covers autism spectrum disorder.

The items were put into the program as variables, and the responses to each item were either a yes or a no. There is no right or wrong answer in this evaluation; the responses were opinionated based off of the materials the subject matter experts received. Either the subject matter expert believed that the information was covered and checked yes or wasn't covered and they marked no. Table 2, below, indicates the percentage of respondents that stated "yes" and "no" to each of the items on the evaluation.

Table 2: Distribution of Responses

Item Description	Yes	No
1. Does autism spectrum disorder have its own training course in the DOCJT (Department of Criminal Justice Training)?	0%	100%
2. Does the training curriculum cover the differences between mental illness and developmental disabilities?	40%	60%
3. Does the curriculum state that Autism Spectrum Disorder is a developmental disorder and not a mental illness, even though they can be co-diagnosed in one person?	0%	100%
4. Does the curriculum cover how to approach a person with Autism Spectrum Disorder?	80%	20%
5. Is there information covering the misconceptions towards persons with Autism Spectrum Disorder?	0%	100%
6. Does the training curriculum cover the relationship between Autism Spectrum Disorder and physical violence towards others?	0%	100%

Table 2: Continued

Item Description	Yes	No
7. Does the training curriculum cover how to properly integrate a person's Autism Spectrum Disorder into the implementation of the use-of-force model?	20%	80%
8. Does the training curriculum cover how to make an assessment of severity of a person's Autism Spectrum Disorder?	0%	100%
9. Does the training curriculum cover verbal and behavioral cues of Autism Spectrum Disorder?	20%	80%
10. Does the training curriculum cover side effects of common medications used for individuals with Autism Spectrum Disorder?	0%	100%
11. Does the training curriculum cover how to recognize characteristic crisis behaviors for Autism Spectrum Disorder?	0%	100%
12. Does the training curriculum cover possible causes of crisis behavior for Autism Spectrum Disorder?	20%	80%
13. Does the training curriculum cover de-escalation technique skills for individuals with Autism Spectrum Disorder?	0%	100%
14. Does the training curriculum cover local hospital-based psychiatric services?	20%	80%
15. Does the training curriculum cover the function of local ASD agencies, and which to contact for assistance?	0%	100%
16. Does the training curriculum cover the importance of info sharing protocols between police and community based services for autism spectrum disorder?	20%	80%
17. Does the training curriculum cover Americans with Disability Act 1990?	80%	20%
18. Does the training curriculum cover what 'stimming' (self-stimulatory behavior) is?	0%	100%
19. Does the training curriculum differentiate between suicidal intent and self-harm?	0%	100%
20. Does the training curriculum cover when to physically intervene with a person with ASD in crisis?	0%	100%
21. Does the training curriculum cover how to properly interview persons with Autism Spectrum Disorder?	40%	60%

Twelve, or 57%, of the items were agreed upon between all of the experts (Items 1, 3, 5, 6, 8, 10, 11, 13, 15, 18, 19, and 20). There was a 100% agreement between every evaluator that these items were not met by the training curriculum references. These items cover topics such as: whether ASD had its own course or was covered under an umbrella course such as mental illness, which ASD can be co-diagnosed with other

disorders or illnesses, de-escalation techniques for someone with ASD that is in a heightened state of mind, and the knowledge of local ASD based organizations that could offer assistance.

The other nine items exhibited variances from expert to expert. Items 7, 9, 12, 14 and 16 had one individual vary from rest of the raters in their response. There was an 80% agreement that the item (7, 9, 12, 14, and 16) was not discussed in the curriculum, while 20% said that the item was discussed. These items included topics such as: causes of crisis for individuals with ASD, the, certain types of behavioral or verbal cues that could hint to a police officer that the individual has ASD, and how to integrate the fact that an individual may have ASD into the use-of-force model.

Items 4, and 17 also had 80% agreement and 20% of responses deviate from the rest of the raters' responses to the item. The difference with these two items was that the majority of experts responded, "yes" versus a "no" response. These two items discussed whether or not the curriculum covered the information on how to approach an individual with ASD, and information on the Americans with Disability Act 1990.

The last two items (Items 2 and 21) were split as close down the middle as possible. There were 60% of the experts stating that the items were not found in the references while 40% believed the items were covered. These two items covered whether or not the curriculum covered the differences between developmental disabilities and mental illness, and whether or not the curriculum covered how to interview an individual with ASD.

When scoring the evaluation, the points from each evaluation were added into a new variable column called "Total_Score". From this column, the totals were then

averaged together to get an overall score. Each item was worth one point, as no one item was necessarily deemed more important than one another. Adding the scores and averaging out the total revealed that the DOCJT got an average score of 3.4 out of 21 or 16.19%. In other words, when averaging out the totals, it was found that the evaluators as a whole believed that the DOCJT covered 16.19% of the information that was on the evaluation in their curriculum. This means the DOCJT covers a few items but then only touches on a couple others. The training curriculum does not really give most items the attention they deserve.

To assess differentiations in the total scores by the different subject matter experts, a non-parametric analysis of variance was conducted. The Independent-Samples Kruskal Wallis Test was conducted to see if the distribution of the "Total_Score" variable were significantly different by evaluator. There was no significant difference ($p > 0.05$), and therefore the null hypothesis was not rejected. The results from this test, seen below in table 3, suggest that there is no real difference in the curriculum evaluations between subject matter experts.

Table 3: Hypothesis Test Summary

Hypothesis Test			
Null Hypothesis	**Test**	**Sig.**	**Decision**
The Distribution of Total_Score is the same across categories of Evaluator	Independent-Samples Kruskal-Wallis Test	.406	Retain the null hypothesis

The test suggesting that the variance is negligible, gives the evaluation a sense of reliability. Four subject matter experts on ASD, and myself, all agree on the evaluation, without having any discussion about the items. The overall findings of this evaluation

suggest that the DOCJT's training on ASD is severely lacking. Results are indicative that the curriculum does not give the police recruits the education on autism spectrum disorder that they need before graduating to the field.

Chapter 5

Discussion

There are many implications that can be taken from the data received from the study. This data indicates exactly what is covered, partially covered, and isn't covered by the curriculum. There will be critiques of this study, but the critiques do not show reason to disregard the data, or its implications from this study. The data that was gathered from the subject matter experts indicates that the DOCJT training curriculum does not cover basic ASD information.

DOCJT received a score of 3.4 out of 21 (16.19%), which is an extremely low score, and considered to be a failing score by many grading scales. What this means is that the DOCJT does not give a proper education to its recruits on autism spectrum disorder. There is a strong likelihood that many will leave the training academy at DOCJT and not have any real understanding of the disorder, how to help someone with the disorder, or how to work with someone with the disorder in a crisis. Argumentatively and objectively, this is widely unfair to the ASD community.

When looking at the study results to see which items were covered, there are only two that really stand out. These items stood out because they are the only two items that are nearly unanimously a "yes" response. The training seems to cover the Disability Act of 1990 (item 17), and how to properly approach someone who has ASD (item 4). After these two items are removed from the average, there are 1.4 (3.4-2=1.4) items that would be leftover from the average score. The score that is leftover is most likely made up of partially covering a couple of items. Items such as "interviewing someone with ASD", and "what the difference is between a mental illness and a behavioral disorder" are

believed to be two of the briefly covered items. There are possibly more items that are partially touched on, but with how split the responses to the items are, it is hard to tell which item is touched on and which is not.

The data indicate that the training covers legal aspects surrounding disabilities and how to approach someone with ASD. This is indicated by the two items that received a nearly unanimous "yes" response. The data also indicate that the curriculum does not go into real detail about specifics on ASD, what it was, how it works, and how to help someone with ASD. This understanding is indicated by the couple of items that are based on specifics that have mixed responses from evaluators. Overall, the study shows that the curriculum does not cover any real knowledge about ASD or how to interact with an individual with ASD. Police not having the knowledge of how to interact and help an individual diagnosed with ASD is problematic. The problem with not having the proper education when holding a social service position such as a police officer is that it could lead to similar situations discussed earlier. While the incident in Miami, Florida was not deadly, it was intended to be if the police officer had not missed his target. This incident is not the first of its kind, and will most likely not be the last.

Limitations with this study include the number of respondents to the evaluation. With only a 44% response rate, this study might still have some strength to it, but it could have been stronger. It is believed that actually being able to meet with more of the individual experts might have helped increase the response rate. The more experts that one has on a study such as this will allow for better tests of significance and reliability to be concluded. This would allow for a more detailed result of how successful or weak the

training is. The inclusion of a Likert scale instead of using dichotomous responses would have added to the strength and specificity of the data as well.

Another limitation is that the evaluation might not have been as in-depth as it could or should have been. Even though the idea of this exploratory research project was not to go extremely in-depth, one could argue that it should have. A more in-depth study could have the author sit in on the trainings, or watch a video of one, to see exactly what is discussed about ASD. From there, the author could compare that data to a more extensive list of items that should be covered in the training. A more in-depth study could have revealed more specific weaknesses in the training while also highlighting the successes.

This study does not take into consideration the politics that fall into the creation of the police training academy. There have been numerous task analyses done upon which this training academy is based off of. These analyses consist of interviewing police officers around the state to gather what they do the most, that way the training is more efficient. There is a possibility that Kentucky police officers do not need to work with individuals with autism spectrum disorder nearly as much as other states. This could lead to training on mental illnesses and disorders such as ASD to be pushed to the bottom of the list in terms of importance.

Next steps, or improvements, for this research would be to sit in on the trainings that cover ASD from the DOCJT, and possibly give a pre/post-test to the individual recruits after they have gone through the training. Using the information that is received and collected, a qualitative analysis could be performed on the lecture recorded from the sit in. A quantitative analysis could be conducted, as well, on the pre/post-tests that are

gathered. However, based upon this analysis, unless the training materials are actually changed, there is no reason to do this, and it would actually be a waste of time at this current juncture. The low scores from the evaluation give no real reason to believe that the police are actually receiving a proper education on autism spectrum disorder.

Another step would be to continue this research with other training departments in the state (Kentucky State Trooper Academy, Lexington Police Department, and Louisville Metro Police Department), and throughout the country. Training curriculums accredited by CALEA, and/or IACET should especially be evaluated. CALEA, and IACET accredited the DOCJT's training, and it still failed to educate on autism spectrum disorder. Therefore, it is possible that there are more curriculums under their accreditation that will fail an evaluation. The overall goal would be to have an idea of where the whole state, or country, is on the coverage of trainings on ASD for police in the basic academy. This would then allow for experts on the subject to be able to help the police identify what is lacking so that their recruits could get the education they need in order to prepare themselves for working with all individuals.

Currently, in its infancy, there is a brand new organization that has developed in Lexington Kentucky. WKYT shared a story about a young woman named Abbey Love, and how she worked to create this new organization. Abbey is a student at the University of Kentucky, working on her Doctorate degree in Educational Psychology. Abbey Love and Chief Mark Barnard, of the Lexington Police Department, met over coffee. Chief Barnard listened to the Abbey and her team, and saw the need for improved training on ASD before the new police cadets hit the streets. From there, Chief Barnard, Abbey, and her team started to work together to properly train police officers in Lexington's basic

academy on ASD (Rayford, 2017). This study further demonstrates that programs like what Abbey Love is starting are much needed. The article from WKYT discusses how Abbey, and her team are also putting on meet and greets between Fayette County Police Department/Sheriff's Department and those of the autism community in Fayette County.

Autism Spectrum Disorder is the world's fastest growing neurological behavioral disorder. With organizations estimating that Autism Spectrum Disorder affects 1 out of 68 children, the growth in the amount of diagnoses is hypothesized to be due to a number of variables, but there is not certain cause of ASD, and there is also no cure for ASD. With the large increase in ASD diagnoses, there is a high probability that police officers will come into contact with an individual diagnosed with ASD. This is because of the increase in diagnoses and because individuals with mental illnesses/disabilities are more likely to become victimized by crimes. This makes autism spectrum disorder training that of the utmost importance. Autism spectrum disorder should be one of the top priorities for police recruits to be trained on.

The DOCJT website states that the mission t is "To provide quality law enforcement training and advance the delivery of law enforcement services in Kentucky." (2017, DOCJT) The bottom line is that the department of criminal justice training is not fulfilling its mission statement in regards to autism spectrum disorder. If law enforcement does not have all of the tools that they need to do their job, then they will not be able do what society needs them to do. Law enforcement can only keep members of society truly safe if they are able to understand every aspect of society. This, by many, is an impossible job, but it is truly impossible without the correct training.

The results of this study suggest that autism spectrum disorder is undertrained on. With only three hours of mental illness training, this disorder probably isn't the only one that is undertrained on. This evaluation can and should be revised to look specifically at other mental illnesses and disorders to evaluate if they are also undertrained on. Secondly, it is possible that this is not the only department that is undertraining recruits on ASD. Since CALEA and IACET signed off on this curriculum while undertraining on ASD, CALEA and IACET have probably signed off on other curriculums, nationally and internationally, that undertrains on ASD. For the ASD community to be safer, those in charge of keeping society safe need to be educated. CALEA and IACET not being properly educated on the disorder and being able to accredit trainings lacking knowledge only causes further problems, and it solves nothing.

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Appendix A:
Sample of Letter to Subject Matter Experts

February 1, 2017

To Whom It May Concern:

I am a Master's Student at Eastern Kentucky University in the Criminal Justice Program. I am currently studying the curriculum for basic training for police officers in Kentucky. Based on both personal and academic experiences, I am curious as to what the curriculum for the basic academy training included on Autism Spectrum Disorder.

Dr. MyraBeth Bundy, from Eastern Kentucky University, has referred me to you. I am highly interested in your opinions on this topic considering your expertise in the field of Autism Spectrum Disorder. Having expert opinions, such as yours, on the information that I have collected would be invaluable to the study. Included in this packet are all the references from the training book that are actually pertinent to this study, as well as an evaluation checklist that was created from literature.

Your participation and input into assessing these materials is essential to us in critiquing the training materials used by the Department of Criminal Justice Training. The data that you will be supplying will be valuable to the Autism community and constructive in helping the Kentucky Police becoming better prepared to help their citizens. My hope in doing this study is that more departments, and states might take a look at their curriculums to better keep those of the ASD community safe. There needs to be less incidents such as the one in Florida involving Charles Kinsey and Arnaldo Rios.

This evaluation is completely voluntary, and you can let me know if you do not want to complete this. Your names will not be connected to any specific answers that you give. The answers will only be reported in an overall mean score. There are 53 pages that need to be reviewed in total; it should only take you 2-3 hours to complete. The only item I need returned to me is the filled out Evaluation Checklist. You can save the evaluation as: **Your_Name_SME** and email it to me.

Please review the enclosed materials, and if you have any problems completing your analysis, please feel free to contact me at: **(502)608-9490 or via E-mail at** joseph_ellis39@mymail.eku.edu.

We look forward to receiving your completed materials by February 24, 2017.

Sincerely,

Joseph A. Ellis
B.S. Criminal Justice
B.S. Police Studies
Graduate Research Assistant

Deadline for return of completed materials: February 24, 2017 (your prompt response is appreciated!)

Appendix B:
Sample of Subject Matter Evaluation Checklist

Training Curriculum Evaluation on Autism

Evaluators Name:_____

Item Description	Yes	No
1. Does autism spectrum disorder have its own training course in the DOCJT (Department of Criminal Justice Training)?		
2. Does the training curriculum cover the differences between mental illness and developmental disabilities?		
3. Does the curriculum state that Autism Spectrum Disorder is a developmental disorder and not a mental illness, even though they can be co-diagnosed in one person?		
4. Does the curriculum cover how to approach a person with Autism Spectrum Disorder?		
5. Is there information covering the misconceptions towards persons with Autism Spectrum Disorder?		
6. Does the training curriculum cover the relationship between Autism Spectrum Disorder and physical violence towards others?		
7. Does the training curriculum cover how to properly integrate a person's Autism Spectrum Disorder into the implementation of the use-of-force model?		
8. Does the training curriculum cover how to make an assessment of severity of a person's Autism Spectrum Disorder?		
9. Does the training curriculum cover verbal and behavioral cues of Autism Spectrum Disorder?		
10. Does the training curriculum cover side effects of common medications used for individuals with Autism Spectrum Disorder?		
11. Does the training curriculum cover how to recognize characteristic crisis behaviors for Autism Spectrum Disorder?		
12. Does the training curriculum cover possible causes of crisis behavior for Autism Spectrum Disorder?		
13. Does the training curriculum cover de-escalation technique skills for individuals with Autism Spectrum Disorder?		
14. Does the training curriculum cover local hospital-based psychiatric services?		
15. Does the training curriculum cover the function of local ASD agencies, and which to contact for assistance?		
16. Does the training curriculum cover the importance of info sharing protocols between police and community based services for autism spectrum disorder?		
17. Does the training curriculum cover Americans with Disability Act 1990?		

Training Curriculum Evaluation on Autism (continued)

Item Description	Yes	No
18. Does the training curriculum cover what 'stimming' (self-stimulatory behavior) is?		
19. Does the training curriculum differentiate between suicidal intent and self-harm?		
20. Does the training curriculum cover when to physically intervene with a person with ASD in crisis?		
21. Does the training curriculum cover how to properly interview persons with Autism Spectrum Disorder?		