

Proper training with pervasive developmental disorder

Updated research paper

Professor: Mike Scott

Course: NMD 498-capstone

Date:

Name: Colin Weed

Gmail: colin.weed@maine.edu

Phase 1

What is Autism Spectrum disorder(ASD):

What is Autism spectrum disorder: Going into more detail ASD is a developmental disability caused by differences in the brain. These differences are complications with the left parietal lobe(located on the top of the brain, its main function is the management of taste, hearing, sight, touch, and smell.) and the temporal lobe(located behind the ears its main functions are understanding language, face recognition, memory, facial recognition, object recognition). People who have ASD tend to have problems with social communication and interactions, restricted or repetitive behaviors or interests, different ways of learning, moving (physical implications), or paying attention (specify parietal). All these characteristics can happen to someone without ASD but for someone who has autism, these implications can make life very challenging.

Levels of ASD:

There are three levels of autism spectrum disorder and each person with ASD is diagnosed with either level 1 being the lowest and level 3 being the highest or more severe level.

Level 1. On the autism spectrum disorder this level is considered to be the mildest form of autism. An individual within the level 1 category tends to be higher functioning (individuals who can speak, read, write, and handle basic life skills like eating and getting dressed). Mainly individuals classified in level 1 tend to have a hard time reading social cues (eye gaze, facial expression, voice, tone) or saying the wrong things at not the right time. An example of this can be when receiving a hug we find that comforting while an individual in this level may find that awkward or weird.

Level 2 of ASD will contain more of the noticeable problems or issues an individual may have. Problems with verbal and social communication are much more pronounced than level 1. Also behavioral problems such as random outburst or saying things at the wrong time occur much more frequently than level 1. So it's recommended that these individuals are required to have a bit more support from another person. The goal with the support is to help correct these behavioral problems as much as possible because without correction these issues could become worse and become more prominent. Additionally individuals within this level will tend to have a more narrow interest and also have repetitive behaviors (when an individual repeats a certain action or behavior this can be because they find enjoyment in it), which can make it difficult for them to function in certain situations. member because they may have Other issues a person with ASD may have are:

- Tends to speak or communicate in simple sentences

- Struggles with a nonverbal form of communication (eye contact, personal space, paying attention).

Level 3 Requires Substantial support which means there has to be an individual with a person in level 3 because this is considered to be the most severe category of autism. The individuals in this area will experience the same type of symptoms from categories 1 and 2 but to a much more extreme degree. They would require help even with the simplest things such as getting dressed, bathing, personal hygiene, eating food, learning in school, acquiring a job. Additionally will have problems expressing themselves both verbally/non-verbally; this can make it very difficult for an individual to interact socially, and deal with change/focus. A person in this category will have a very limited ability to speak clearly and will rarely start interactions with other people. They will also only socialize with very direct social approaches from others. Individuals with level 3 could also have noticeable disabilities such as not being able to walk, talk, or show any control over their body.

Diagnosis:

Diagnosing people with autism spectrum disorder can be more on the challenging side since there are no medical tests to prove if they have it or not, and things such as blood tests can not show evidence of ASD. Doctors tend to look at a child's behavior and development to make a diagnosis of ASD. Sometimes ASD can be seen even at the earliest age of 18 months of age. By the age of 2, the diagnosis is considered to be much more reliable. The most reliable diagnosis is when the individual is a bit older where behaviors and such are easier to notice. The only issue is some people get diagnosed later in life in their teens or even as adults so they're not given the help they need.

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Treatment:

There is no medical treatment to cure autism spectrum disorder but there are ways to reduce the symptoms. This is so that the symptoms don't interfere as much with the daily activities an individual may have. Places such as Lincoln Health, Maine Medical Center, and Memorial Hospital, are all prime examples of places where people with ASD may go to receive treatment. There are many types of treatments for ASD such as:

Behavioral:

- The main focus is changing behaviors by understanding what happens before and after the behavior. Behavioral approaches have the most evidence for treating symptoms of ASD. These approaches are used by most educators and health care professionals. A very effective form of treatment is called Applied Behavior Analysis (ABA). ABA refers to a set of principles that focus on how behaviors change, or are affected by the environment, as well as how learning takes place. So the goal is to encourage the desired behaviors while not encouraging the undesired behaviors. The term behavior refers to skills and actions needed to talk, play, and live. There are 2 types of teaching when an individual with ASD goes through ABA. They are Discrete Trial Training (DTT)
- Developmental
- Educational
- Social-Relational
- Pharmacological

- Psychological
- Complementary and Alternative.

How to tell if an individual has Autism spectrum disorder:

When trying to identify if an individual has ASD there are many signs and symptoms which could indicate a person has autism. Between every individual with ASD the symptoms can vary from person to person but it's also not unlikely that some individuals may experience the same exact issues. People with ASD often have “difficulties with communication, and connecting emotionally and socially with others” (<https://ada.com/signs-of-autism/>). They also may process things such as sound taste, sight, smell, touch, and hearing (sensory information) differently compared to your average individual. When doctors or specialists look for signs of autism the most

a common way is to look at developmental milestones such as “babbling at the age of 18 months”, or “forming small sentences at 2 years of age”. If an individual has not reached any of these milestones then it's a high probability that they have ASD.

Signs of ASD in young children:

The age range for the behaviors/skills listed below is between the ages of 2-5 years of age.

- Not expressing emotion
- Difficulty reading different emotions
- Not seeing attached to parents
- Lacking interest in socializing with others
- Repetition of words/actions

- Having meltdowns
- Physically aggressive behavior

Signs of ASD in older children/teens:

The age range for the following behaviors is for children after the ages of 5 and their teenage years.

- Have a narrow range of interest
- Not making eye contact
- Difficulty with social interactions
- Avoid physical contact
- Not understand emotion

Signs of ASD for adults:

- Difficulties with social interactions
- Avoid eye contact
- Problems with understanding facial expressions/body gestures
- Not understand changes in Tone
- Comforted by rules and routines
- Be others under or overstimulated by sensory information
- Have a good memory and recall of facts

ASD identifying the physical signs:

An individual with ASD may have more physical implications that may make it easier for a person to identify if they have autism spectrum disorder. Usually these physical implications such as mobility problems (unable to walk properly so the use of a cane or wheelchair is required) or things such as random uncontrollable muscle spasms. These implications tend to follow under the more severe cases of autism spectrum disorder. A more common formality people notice is unusual physical characteristics such as asymmetrical (having parts that fail to correspond to one another in shape, size, or arrangement) faces, wide-set or broad foreheads, or different-sized ears. These are known as dysmorphic features (abnormal differences in body structure). Not all individuals with ASD have dysmorphic features as discussed above each individual will be affected differently.

There is a very interesting Youtuber with the name “The Aspie World” (<https://www.youtube.com/watch?v=xloNofFpvBk>) and he has autism spectrum disorder. The purpose of his channel is to help people grasp a better understanding of what autism may be from its most severe to very minor. He’ll talk about his experiences with ASD and how similar or different his life is compared to another individual. In a video named “How to identify ASD, he talks about 5 simple physical signs a person with ASD may have.

1. Rocking from side to side is a form of comfort known as stimming. They use this to become comfortable or calm when overwhelmed (sensory overload), excited, or even in calm situations.
2. Hand flapping “happy hands”: This is another form of stimming meant for also calming and relaxing. This usually is common in children or young teens but sometimes adults with ASD tend to use it too.

3. Eye contact: the struggle with eye contact is due to the common stress of social communication. (80% of people with ASD struggle with this)
4. Social anxiety disorder: discussed above people with ASD find most to all forms of communication to be very stressful and overwhelming and this is a key feature to notice when interacting with someone who has autism.
5. Zoning out: People with ASD tend to have a very high focus on a certain object or a certain thought. So when trying to communicate with an individual with ASD you may not receive a response because they are not focused on you but on something else.

Violence/aggression in Autism:

Second Phase

As discussed, autism is a developmental disorder characterized by persistent difficulties in things such as social communication/interactions in addition to repetitive patterns of behaviors or certain interests. Also forms of aggression/violence are well known in an individual with ASD. (What is aggression?) Aggression can be characterized as a behavior that is threatening or could cause physical harm to another individual. The harm or violence may be verbal (examples being threatening or cursing after another person), or can be physical (examples being hitting, biting, throwing objects, any to all physical harm). Studies show that compared to all other disabilities individuals with autism spectrum disorder indicate higher rates of aggression being shown. A study of children and teenagers with autism found that 68% had been aggressive to a caregiver, and 49% had been aggressive to someone else, at some point. This study took place at the University of Virginia by a psychologist named Micah Mazurek. (Webinar: Understanding Aggression in Autism,). As individuals with ASD grow older most

aggressive behaviors tend to mellow down and are able to control they're more aggressive actions. Another study found that roughly 15 to 18 percent of adults who have autism spectrum disorder showed aggressive actions towards other individuals. Since their age, size and strength , teens and adults with autism when showing aggression can severely injure their families, caregivers, or even the people around them. As president of the National Council on Severe Autism, a nonprofit advocacy group, Escher hears from parents whose teenage or adult children have hurt them. "I hear from single mothers who are alone and taking care of their sons, who are sometimes 200 to 300 pounds. They [the mothers] get beat up on a regular basis. And they have nowhere to go." The most dangerous situations that can come from an individual with autism are altercations with the police. In a confusing situation, misleading information, an officer not being able to accurately assess the situation, a case with someone with asd can lead to a violent altercation very quickly. An example of a violent altercation was on September 9th, 2020 where A police officer in Salt Lake City shot a 13-year-old boy with an autism spectrum disorder on Friday after his mother called 911 seeking help for her son, who was experiencing a mental health crisis. The 13 year old boy was having a mental breakdown which is normal for children with autism but when the officer came in to assess the situation the boy was yelling and threatening him. Not knowing the boy had autism or any type of disabilities the officer chose lethal force to subdue the situation. Luckily the boy survived after 4 gunshot wounds. But this outcome came because this boy with ASD was showing aggressive behavior. Not all situations end up like this but it's important to show how far these issues can be taken.

Triggers aggression/violence:

Children, teens, and adults that are diagnosed with ASD are prone to have outbursts. Aggressive behaviors can be found in levels 1-3, these aggressive tendencies can happen regardless of what an individual is classified at. Level 1 these tendencies aren't as common because individuals in this classification tend to have a better understanding of their behavior and actions. While it's much more common in levels 2 and 3 because individuals classified in these levels have more issues with trying to control their behaviors and actions. A person with autism can be perfectly calm minded one second then the next they could be showing raging and aggressive behaviors or physical actions. If these actions are happening in a public area then not only are they putting other people in danger but themselves as well. Some forms of anger and aggression are **hitting and kicking**(cause of tantrums involves hitting with hands, feet, or any objects), **biting**(with the use of teeth, biting is known as a stress reliever for people with ASD but it can also be used in a way for violent actions. If bitten disinfect the area for reduced risk at infections), **Scratching**(with the use of hands once again if scratch disinfect the area for less risk of infection.), **Property destruction** (People with autism when having a violent outburst might find objects that are within reach of them may be thrown, hit, or damaged as a way of coping with the issue that has made them upset.), **Self-harm**(As a coping mechanism, individuals with ASD may bang their heads against walls, pull their hair, or attempt to injure themselves by scratching or hitting parts of their bodies. Here are a few triggers that can cause an individual with ASD to lash out in a aggressive or violent way:

- Being swamped by multiple tasks or sensory stimulation:

- Multitasking is very common in our day of age but as minimal as it may be for an individual with ASD this can cause them a serious amount of stress. They can find it very difficult to do more than one task at a time.
- Other people's behavior:
 - A person with autism may take extreme offense to something as a simple joke or sarcasm. Being ignored as well whether it be by accident or on purpose can be a prevalent trigger as well. Also they could copy someone else's behavior such as they may take sibling play fighting as actual fighting.
- Having routine and order disrupted:
 - As discussed, autism causes people to process and function differently. It's stress relieving if a person with ASD can have a strict daily schedule. But when that schedule gets disrupted in a sort of way that can cause a
 - huge disruption in their comfort zone. Having them be uncomfortable can lead to an outburst.
- Difficulties with employment and relationships despite being intelligent in many areas:
 - Many autistic individuals report feeling like their talents and capabilities are often overlooked and unappreciated by others. Employers may not sympathize with their needs because of the knowledge that they have a disability. People who are uninformed about that person having autism
 - might dismiss their attempts at friendship or communication which can lead to frustration, stress, or even sadness which are all factors that can lead to aggressive behaviors.
- Intolerance of imperfections in others:

- Both physically and mentally, the individual may have stressors indirectly caused by people. Big noses may be one. High-pitched voices or people who speak too fast may be another. Allowing them to express these pet peeves may result in further understanding of their anger-related behavior.
- Build up of stress:
 - Everything previously listed can potentially add up to this one. Individuals who have not taken steps towards managing anger can have a hard time dealing with built-up stress. Many autistic individuals must be taught how to process their stress and emotions.
- Too many things going on simultaneously:
 - Children and adults can be overwhelmed when forced to perform too many tasks all at once. Frustration is the first response, then anger, and eventually lashing out at themselves or anyone else in the vicinity. The overwhelming sensation isn't easy for them to deal with.

Stressful situations and deescalation:

What is stress? Stress can be defined as any type of change that causes physical, emotional or psychological strain. Stress is your body's response to anything that requires attention or action. This type of human reaction is a normal part of life everyone experiences. Everyone has different stress triggers. Work stress tops the list, according to surveys. Forty percent of U.S. workers admit to experiencing office stress, and one-quarter say work is the biggest source of stress in their lives. Some common forms of stress are: Divorce, Loss of a job, Increase in financial obligations, Getting married, Moving to a new home, Chronic illness or

injury, Emotional problems (depression, anxiety, anger, grief, guilt, low self-esteem), Taking care of an elderly or sick family member, Traumatic event, such as a natural disaster, theft, rape, or violence against you or a loved one, Exam preparation, Job interview, depression, high blood pressure, heart disease. Your stress level will differ based on your personality and how you respond to situations. Some people let everything roll off their back. To them, work stresses and life stresses are just minor bumps in the road. Others literally worry themselves sick.

When you are in a stressful situation, your body launches a physical response. Your nervous system springs into action, releasing hormones that prepare you to either fight or take off. It's called the "fight or flight" response, and it's why, when you're in a stressful situation, you may notice that your heartbeat speeds up, your breathing gets faster, your muscles tense, and you start to sweat. This kind of stress is short-term and temporary (acute stress), and your body usually recovers quickly from it. Since fight or flight is a natural human instinct the only goal is survival, which can make a person not think about the consequences of their actions until after a situation has concluded. That's why it's very important for law enforcement or first responders to prioritize a calm and safe environment rather than a dangerous and chaotic one. When provided with a safe and calm environment it becomes much easier to deescalate whatever dangerous or harmful situation is going on. Deescalation is the reduction of the intensity of a conflict or potentially violent situation. When someone with autism is having a violent outburst or trouble controlling their behaviors the goal is to help relax or deescalate what's going on.

- Communication: Speak as clearly and calmly as possible, also speaking in shorter sentences can help. By limiting your communication, the person is less likely to feel

overloaded by information and more likely to be able to process what you say. Talking about alternatives or trying to relate to their thinking can also calm a person down.

Support the person to communicate their wants, needs and

- physical pain or discomfort by using visual supports. Some people use communication boards to indicate how they are feeling.
- Redirection of behavior: Tell the person what they need to do instead of the behavior as calmly as possible. While doing this provides positive reinforcement for the first sign of cooperation.
- Remove physical and sensory discomfort: One of the leading causes of autism outburst or violent acts is the individual being overstimulated. This could lead to them becoming much more stressed and violent. The best thing to do is try to remove any extra noise or objects as much as possible without making the individual uncomfortable.
- A few other ideas to keep in mind when calming an individual with ASD down are:
 - Try to reduce stressors by removing distracting elements, going to a less stressful place or providing a calming activity or object.
 - Remain calm, as his behavior is likely to trigger emotions in you.
 - Be gentle and patient.
 - Give him space.
 - Provide clear directions and use simple language.
 - Focus on returning to a calm, ready state by allowing time in a quiet, relaxation-promoting activity.
 - Praise attempts to self-regulate and the use of strategies such as deep breathing.

- Discuss the situation or teach alternate and more appropriate responses once calm has been achieved.

Phase 3:

What is PDD:

PDD, or Pervasive Developmental Disorder, is a term used to describe a group of neurological disorders that affect an individual's ability to communicate, socialize, and interact with others.

PDD is also sometimes referred to as "atypical autism" or "autism spectrum disorder, not otherwise specified (ASD-NOS)".

The category of PDD includes a range of disorders, including Autism Spectrum Disorder (ASD), Asperger's Syndrome, and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS). These disorders share common characteristics, including impaired social interaction, communication difficulties, and restricted or repetitive behaviors and interests.

Autism Spectrum Disorder (ASD) is the most well-known disorder within the PDD category. It is a neurodevelopmental disorder characterized by impairments in social communication and interaction, as well as restricted and repetitive patterns of behavior, interests, or activities. ASD can be diagnosed in early childhood and may impact an individual's ability to form relationships, communicate effectively, and engage in social interactions.

Asperger's Syndrome is a subtype of ASD that is characterized by social impairment and restricted interests, but with no significant delays in language development or intellectual ability. Individuals with Asperger's Syndrome may have difficulty with nonverbal communication and may struggle with understanding social cues.

PDD-NOS is a diagnosis given to individuals who do not meet the full criteria for ASD or other specific developmental disorders but still exhibit some of the characteristics of these disorders.

PDD-NOS can be a diagnosis of exclusion, meaning it is given when an individual shows some characteristics of ASD but not enough to meet the full criteria.

The causes of PDD are not entirely understood, but research suggests that genetic and environmental factors may play a role. Some studies have identified genetic mutations and abnormalities in brain structure and function in individuals with ASD. Other studies have identified environmental factors, such as prenatal exposure to certain chemicals, as potential risk factors for developing PDD.

Treatment for PDD typically involves a combination of therapies and interventions aimed at addressing the individual's specific needs and challenges. These may include behavioral therapy, speech and language therapy, occupational therapy, and medication for comorbid conditions such as anxiety or attention-deficit/hyperactivity disorder (ADHD).

Violence/aggression in PDD:

Individuals with PDD (Pervasive Developmental Disorders) may become aggressive for a variety of reasons. Here are some potential reasons why aggression may occur:

- Communication difficulties: Individuals with PDD may have difficulty communicating their needs and wants effectively. This can lead to frustration and anger, which can manifest as aggressive behavior.
- Sensory processing issues: Many individuals with PDD have sensory processing issues, which can cause certain stimuli to be overwhelming or uncomfortable. This can lead to a

fight-or-flight response, where the individual may react with aggression to avoid the uncomfortable stimulus.

- Difficulty with transitions: Individuals with PDD may struggle with changes in routine or unexpected events, which can cause anxiety and frustration. This can also lead to aggressive behavior.
- Difficulty with social interaction: Individuals with PDD may struggle with social interaction and may not understand social cues or expectations. This can cause frustration and anxiety, which can also lead to aggressive behavior.
- Co-occurring mental health conditions: Individuals with PDD may also experience co-occurring mental health conditions, such as anxiety or depression. These conditions can increase the likelihood of aggressive behavior.

Not all individuals with PDD exhibit aggressive or violent behavior. However, for those who do, it's important to identify the triggers and develop strategies to manage and prevent aggressive behavior. This may involve working with a therapist or behavior specialist to develop a plan for identifying and managing triggers, teaching coping strategies, and addressing any underlying emotional or sensory issues.

Triggers aggression/violence:

Individuals with PDD (Pervasive Developmental Disorders) may become aggressive in response to a variety of triggers. Here are some potential triggers that may lead to aggressive behavior in individuals with PDD:

- Sensory overload: Many individuals with PDD have sensory processing issues, where certain stimuli can be overwhelming or uncomfortable. This can include loud noises, bright lights, certain textures or smells, and other sensory input that can cause distress. When this happens, individuals with PDD may react with aggression in an attempt to remove or escape the uncomfortable stimulus.
- Frustration: Individuals with PDD may have difficulty expressing their needs and wants effectively, which can lead to frustration and anger. This can be compounded by difficulty with problem-solving and flexibility, which may make it challenging to find alternative solutions to problems. In turn, this can lead to aggressive behavior.
- Change in routine: Individuals with PDD may struggle with changes in routine or unexpected events, which can cause anxiety and frustration. This can be especially true for individuals who thrive on routine and predictability. When changes occur, individuals with PDD may react with aggressive behavior in an attempt to regain a sense of control or predictability.
- Social interaction: Individuals with PDD may struggle with social interaction and may not understand social cues or expectations. This can cause frustration and anxiety, which can lead to aggressive behavior. For example, if an individual with PDD is having difficulty communicating with peers or is being teased or bullied, they may react with aggressive behavior as a means of self-protection or retaliation.
- Co-occurring mental health conditions: Individuals with PDD may also experience co-occurring mental health conditions, such as anxiety or depression. These conditions can increase the likelihood of aggressive behavior.

It's important to keep in mind that triggers can vary greatly between individuals, and what triggers one person with PDD may not trigger another. Understanding an individual's specific triggers and developing strategies to manage and prevent aggressive behavior is an important part of supporting individuals with PDD. This may involve working with a therapist or behavior specialist to identify and manage triggers, teach coping strategies, and address any underlying emotional or sensory issues.

How to identify someone with PDD:

PDD (Pervasive Developmental Disorder) refers to a group of disorders that affect communication, socialization, and behavior. These disorders are typically diagnosed in early childhood and are often characterized by a range of symptoms that can vary in severity. Here are some ways to identify someone with PDD:

1. Look for social and communication difficulties: People with PDD may have difficulty with social interactions and communication. They may struggle to make eye contact, have trouble understanding nonverbal cues, and may have delayed or unusual language development.
2. Observe repetitive behaviors or fixations: People with PDD may engage in repetitive behaviors or have fixations on certain topics or objects. They may also have difficulty adapting to change or transitions.
3. Pay attention to sensory issues: People with PDD may have sensory sensitivities, such as being hypersensitive to certain sounds, textures, or smells.

4. Consider the presence of other conditions: People with PDD may also have other conditions, such as anxiety, depression, or ADHD.

It's important to note that PDD can manifest in different ways and may not be immediately obvious. Diagnosis typically involves a comprehensive evaluation that considers a range of factors, including behavioral symptoms, medical history, and family history.

In terms of physical features that may make it easy to identify someone with PDD, there are no specific physical characteristics associated with the disorder. People with PDD may have physical features that are typical of their gender, age, and ethnicity. It's important to focus on behavioral symptoms and other indicators when identifying individuals with PDD.

Stressful situations and deescalation:

Deescalating violent altercations involving individuals with PDD (Pervasive Developmental Disorders) can be challenging for police officers, as it requires an understanding of PDD and the ability to communicate effectively with individuals who may have difficulty understanding verbal communication. Here are some strategies that police officers can use to de escalate violent situations involving individuals with PDD:

- Establish rapport: Establishing rapport with the individual is an important first step. This can be done by introducing yourself, using the individual's name, and speaking in a calm and reassuring voice.

- **Assess the situation:** Assess the situation and identify any potential triggers or underlying issues that may be contributing to the individual's aggressive behavior. This may include sensory overload, frustration, anxiety, or a lack of understanding of the situation.
- **Use clear, concise communication:** Use clear, concise language and avoid using jargon or complex terms that may be difficult for the individual to understand. Use visual aids, gestures, or other forms of nonverbal communication to help convey your message.
- **Listen and validate:** Listen to the individual's concerns and validate their feelings. Let them know that you understand their perspective and that you are there to help.
- **Use positive reinforcement:** Use positive reinforcement to reward the individual for exhibiting calm behavior. This may include praise, compliments, or rewards for compliance.
- **Consider sensory issues:** Individuals with PDD may have sensory issues that can contribute to aggressive behavior. If possible, consider modifying the environment to reduce sensory stimuli that may be overwhelming or uncomfortable.
- **Involve a trained professional:** In some cases, it may be necessary to involve a trained professional, such as a crisis intervention team or a mental health professional, to assist in de-escalating the situation and providing ongoing support and intervention.

It's important for police officers to approach situations involving individuals with PDD with empathy, understanding, and patience. If you are unsure how to approach a situation involving an individual with PDD, seek guidance from a trained professional or a supervisor.

What is rise articulate:

Articulate Rise is a cloud-based e-learning website that has an authoring tool that allows users to create engaging and interactive online training content. Rise enables users to design and develop mobile-friendly and responsive courses that can be accessed on any device, including desktops, laptops, tablets, and smartphones. Rise comes equipped with a variety of templates and pre-built content blocks, making it easy for users to create professional-looking and visually appealing training modules with minimal effort.

Rise features a drag-and-drop interface that allows users to easily add multimedia elements such as images, videos, and audio files. Additionally, Rise's interactive content blocks, including quizzes, interactive timelines, and process diagrams, help users to create engaging and effective learning experiences for their audience.

One of the advantages of Rise is its flexibility and scalability. Users can easily create courses of varying lengths and complexities, depending on their needs, and can quickly update and modify their content as necessary. Rise courses can also be exported in multiple formats, such as SCORM, Tin Can API, and HTML5, making them compatible with most learning management systems (LMS) and accessible to a wider audience.

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