Proper training with pervasive developmental disorder

Professor: Mike Scott

Course: NMD 498-capstone

Date:

Name:Colin Weed

Gmail:[colin.weed@maine.edu](mailto:colin.weed@maine.edu)

Link to project: <https://rise.articulate.com/share/YPE894XmLhK0ttuBetsB3YvJKBzF32QR#/>

**Table of contents:**

(Semester 1 contents)

* Abstract ……………………………………………………………..page(3)
* Introduction…………………………………………………………..page (3-4)
* Problem statement……………………………………………………page(4)
* Importance to New media……………………………………………page(5)
* Background…………………………………………………………..page(5-7)
* Audience……………………………………………………………..page(7)
* Literature review/research…………………………………………...page(8-29)
* The prototype………………………………………………………..page(29-30
* Timeline……………………………………………………………..page(30-32)
* Original proposal……………………………………………………page(33-39)
* Original CUGR proposal……………………………………………page(40-47)

(Semester 2 contents)

* Revised proposal/CUGR……………………………………………page(48-55
* Deployment plan……………………………………………………page(56-59
* Assessment plan…………………………………………………….page(60-63)
* Data from survey……………………………………………………page(64-74)
* Analysis of deployment…………………………………………….page(75-78)
* Analysis of assessment……………………………………………..page(79-81)
* Self evaluation……………………………………………………...page(82-83)
* Work cited………………………………………………………….page(84-88)

**Abstract:**

Everyone looks, acts, feels, and thinks differently but what about people with autism? Of the world's population, roughly 1% is known to have autism spectrum disorder (Therapeutic pathways, January 2nd 2021). So it's understandable that most people may have some confusion of what autism is or how to interact with a person who has this disability(a physical or mental condition that limits a person's movements, senses, or activities). This misconception of not being able to identify and properly communicate with an individual with any type of autism can make violent altercations with them more prominent. This project aims to use an e-learning program to attempt to train individuals on how to identify, safely seduce, and communicate with someone specifically with pervasive developmental disorder.

**Introduction:**

Autism spectrum disorder or ASD is developmental disability caused by differences in the brain. 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 lobe). All these characteristics can happen to someone without ASD but for someone who has autism, these implications can make life very challenging. There’s also different forms of ASD, one in particular being pervasive developmental disorder (PDD). PDD can be characterized as delays in the development of social and communication skills. Individuals diagnosed with PDD have a difficult time communicating with other individuals and not being able to process the emotions of others and themselves. These complications make it more common for these individuals to have more violent tendencies not only to themselves but to others as well. The question arises on how are they going to identify, safely seduce, and communicate with an individual with PDD?

The purpose of this capstone project is to develop an interactive training program utilizing Articulate Rise platform, primarily intended for law enforcement. The program will delve into PDD, providing in-depth knowledge on how to identify individuals with PDD, communicate effectively, and how to safely de-escalate any type of situation. The topics will be exhaustively researched and discussed in the accompanying paper. The training program will feature engaging modules,including informative videos, and interactive quizzes/questions to help make sure the user is retaining the information being presented . Upon completion of the program, viewers will have the opportunity to provide feedback on its usefulness. By exploring these specific topics, this program has the potential to reduce the risk of violent altercations and potentially save lives.

**Problem statement:**

The problem is with people with PDD there is an overall increased chance of them having a possible violent altercation with not only an individual but with law enforcement as well. It’s unfortunate to talk about but these altercations can lead to the death of an individual due to either a misdiagnosis of the individuals or the failure to properly calm down the person with PDD.

**Importance as a New media capstone:**

The use of a training program created with Rise Articulate to educate police officers about PDD (Pervasive Developmental Disorders) is a prime example of how new media can effectively enhance and streamline learning. Previously, police officers may have attended in-person training sessions or read printed materials to obtain knowledge about PDD. However, with the increased availability of digital technologies, training programs can provide an engaging and interactive way to deliver information. The training program utilizes visuals, interactive quizzes, and other multimedia elements to illustrate the characteristics and behaviors related to PDD. This method helps police officers to develop a deeper understanding of the disorder and increase their empathy and sensitivity towards individuals with PDD. Overall, the use of a training program created with Rise Articulate for police officers on PDD is an exemplary demonstration of how new media can enhance the efficiency and effectiveness of training, improve knowledge retention, and heighten awareness and understanding of complex issues.

**Background:**

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 and the temporal lobe. 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. All these characteristics can happen to someone without ASD but for someone who has autism, these implications can make life very challenging. The diagnosis can be decided between the ages of 18 months and 2 years of age. (CDC March 28th, 2022). Also forms of aggression/violence are well known in an individual with ASD.

PDD stands for Pervasive Developmental Disorders, which is a group of conditions that affect an individual's ability to socialize, communicate, and interact with others. These disorders are usually diagnosed in childhood and can affect various aspects of an individual's development, including language, motor skills, and cognitive abilities. The term PDD is no longer used as a formal diagnosis in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th edition), which is the primary diagnostic reference used by mental health professionals. Instead, the DSM-5 categorizes these conditions as Autism Spectrum Disorder (ASD) and related disorders.Individuals with PDD often struggle with social interactions, communication, and sensory processing. They may have difficulty understanding nonverbal cues, maintaining eye contact, or initiating and sustaining conversations. Additionally, they may have sensory sensitivities or repetitive behaviors.

(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. Having individuals gain a better understanding of what autism is and knowing how to identify an aggressive action from someone with ASD can help reduce violent incidents which is the goal of this project.

**Audience:**

The primary audience for the training video on people with PDD (Pervasive Developmental Disorders) would be police officers who may come into contact with individuals with these conditions in the course of their work. This could include patrol officers, detectives, and other law enforcement personnel who work in the community.

Secondary audiences for the video might include other professionals who work with individuals with PDD, such as healthcare providers, social workers, and educators. Family members and caregivers of individuals with PDD could also benefit from the video's content, as they may need to communicate with law enforcement personnel in emergency situations.

Overall, the training video on people with PDD is designed to increase awareness and understanding of these conditions among law enforcement personnel and help them develop skills to interact more effectively and sensitively with individuals who have PDD. By doing so, the video aims to improve outcomes and reduce misunderstandings and conflicts between law enforcement and individuals with PDD.

**Literature Review/Research:**

**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 then 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.

**Bill Mitchell contact for online deployment Campus police**

**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/agression 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](https://www.webmd.com/balance/normal-grieving-and-stages-of-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.

**The prototype:**

As my capstone project focuses on developing a training program on PDD for police officers, I chose to create an infographic that specifically addresses the forms of aggression and triggers associated with PDD. This infographic serves as a condensed and visually appealing resource for police officers to quickly reference and review on-the-go.

One of the main benefits of using an infographic in this context is that it presents complex information in a clear and concise manner. This is especially important for police officers, who often have to absorb a large amount of information in a short amount of time. By presenting information in a visually appealing and organized format, the infographic helps to break down complex topics into easily digestible segments that are easier to remember and apply in the field.

Another advantage of using an infographic is that it is highly accessible. Unlike lengthy written documents or video presentations, infographics can be easily accessed and reviewed on-the-go, making them a convenient and practical tool for police officers who may need to quickly refresh their knowledge on PDD and aggressive behaviors in the field.

The use of up-to-date research and imagery in the infographic is also important. By staying current with the latest research and best practices, police officers can better understand the challenges faced by individuals with PDD and be better equipped to interact with them in a positive and effective way. Additionally, the use of imagery helps to reinforce key concepts and improve knowledge retention.

**Timeline:**

| October 2022 | * Research of ASD(Autism spectrum disorder) Portion 1 * Mentor meeting * proposal for CUGR * Collaborative Institutional Training Initiative (CITI) web-based training |
| --- | --- |
| November 2022 | * Research (Portion 1) * Mentor meeting number ⅔ * Try and find people to try the training program |
| December 2022 | * Finish portion 1 if needed and begin Portion 2 of research * Mentor meeting number 4 * Continuation of interviews * Try and find people to try training program |
| January 2023 | * Begin design a digital mockup * Finish Portion 2 of research * Mentor meeting number 5 * Try and find people to try training program |
| February 2023 | * Design digital mockup * Extra time for portion 2 if needed * Finish up interviewing participants * Begin finalizing the program * Mentor meeting number 6 |
| March 2023 | * Final revision on Digital mockup research/interviews * Begin deployment phase * Mentor meeting number 7 |
| April 2023 | * Have police officer test the program * Final mentor meeting number 8 * Final program public deployment (last minute testing) |
| May 2023 | * Any last minute changes and edits to the program * Final presentation |

**Original Proposal:**

Colin Weed

Giving a better understanding of Autism (ASD)

NMD 498

Proposal for CUGR

**Abstract:**

Everyone looks, acts, feels, and thinks differently but what about people with autism? Of the world's population, roughly 1% is known to have autism spectrum disorder (Therapeutic pathways, January 2nd 2021), so it’s understandable that most people don't have too much of an understanding of what autism is. The lack of knowledge is prevalent with ASD people either don't know what autism spectrum disorder is or don't know how to interact with individuals who fall under this category. Providing a place where people with ASD or family members who have relatives with them is crucial to help obtain a better understanding of what autism spectrum disorder is. I’ll be showing this understanding through extensive research and providing personal interviews of young adults with ASD and family members of individuals with autism.

**Project description:**

Background-

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 and the temporal lobe. 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. All these characteristics can happen to someone without ASD but for someone who has autism, these implications can make life very challenging. The diagnosis can be decided between the ages of 18 months and 2 years of age. (CDC March 28th, 2022)

Project description-

When starting the capstone it's very important that I have taken the CITI (Collaborative Institutional Training Initiative). This course will last around 1 hour long and this will give me the opportunity/permission to interview people. The test will make me qualified to be able to interview people to gather information for my project (of course in a safe manner). No one will not be forced to do an interview. It's all up to the individual if they'd be okay with answering a few questions.

What I was intending to do for this project is to create a website more inclined for very young adults (18-19years of age). This website's purpose is to get individuals to gain a better understanding of Autism spectrum disorder. There will be three categories for the site, they will consist of the history/ facts of ASD, the relevance and importance of individuals with ASD, and an interview portion of individuals with autism/possible family members.

The first portion of my project is going to be an in-depth research page going over the definition, history, or myths/questions about autism spectrum disorder. This will be for people looking for a more in-depth or research-based understanding of ASD. The goal is looking at more of the facts,definitions, and background. This will be extensively worked on through the months of October, November, and a portion of December. The second portion of the site will be showing why the understanding of autism spectrum disorder is so important and why more people need to know about this. It will also consist of a list of charities and organizations whose main goal is to help people with ASD. Portion 2 will be worked on through the Months of December, January, and if needed a small portion of February. This third option will be called “Interviews with people/families with ASD''. The last portion will consist of interviews with both people with ASD and family members/relatives of individuals with autism. The goal of these interviewers is to gain a better understanding of the day-to-day experiences/complications one may have with ASD. This could consist of things such as their social life, job experiences, school experiences, their hobbies, and how their life as a whole has been affected by having ASD. The same would be with the family members, finding out things such as what it was like to raise/grow up with someone with ASD. Also, this portion of the site will have a commenting section where people can either message or try and get into contact if they want. This would be to obtain an even more personal connection with a certain individual. For the interviews I was hoping to reach out to places such as Southern Penobscot Regional Program for Children with Exceptionalities or The Maine access to inclusive education resources. This third portion will be worked on through November all the way through february.

Connection to our course study-

This project shows relativity to New media. This demonstrates New media by using technology (website) to provide an understanding and to show the importance of people who have autism spectrum disorder. The use of a website, extensive research, and interviews of certain individuals will provide an extensive understanding of Autism spectrum disorder. Which is evidently the goal of giving young adults an answer to why one of their classmates or siblings acts, feels, and thinks the way they do.

Timeline-

| October 2022 | * Research of ASD(Autism spectrum disorder) Portion 1 * Mentor meeting * proposal for CUGR * Collaborative Institutional Training Initiative (CITI) web-based training |
| --- | --- |
| November 2022 | * Research (Portion 1) * Begin finding willing participants for interviewing. * Mentor meeting number 2/3 |
| December 2022 | * Finish portion 1 if needed and begin Portion 2 of research * Mentor meeting number 4 * Continuation of interviews |
| January 2023 | * Begin design a digital mockup * Continuation of interviews * Finish Portion 2 of research * Mentor meeting number 5 |
| February 2023 | * Design digital mockup * Extra time for portion 2 if needed * Finish up interviewing participants * Mentor meeting number 6 |
| March 2023 | * Final revision on Digital mockup * Begin prototype * Begin implementing research/interviews * Mentor meeting number 7 |
| April 2023 | * Revision/personal testing of prototype * Final mentor meeting number 8 * Prototype public deployment (testing) |
| May 2023 | * Finalization of prototype * Final presentation |

Budget/Budget justification:

|  | Detail | Total costs | Needed |
| --- | --- | --- | --- |
| Software |  |  |  |
| Wordpress | $8 a month | 8x8=$64 | $64 |
| Domain name | Free | $0 | $0 |
| Travel costs | Driving personal for personal interviews if need be | $360 | $360 |
|  |  |  |  |
| Research | free | $0 | $0 |
| Total |  | $424 | $424 |

Budget Justification:

Most of the research and development of the site will be done personally so there's no costs involved. The travel costs will be when having to travel a certain distance for an interview if not done online ($360). The use of wordpress from october-may is a monthly cost that will be for the creation of the website ($64). While the domain name being used is of no cost.

Work cited-

*Autism Spectrum Disorder: Autistic Brains vs Non-Autistic Brains - Psycom*. https://www.psycom.net/autism-brain-differences.

Center, Lane Regional Medical. “The 3 Levels of Autism Explained.” *Lane Regional Medical Center*, https://www.lanermc.org/community/lane-health-blog/the-3-levels-of-autism-explained.

“Signs and Symptoms of Autism Spectrum Disorders.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 28 Mar. 2022, https://www.cdc.gov/ncbddd/autism/signs.html#:~:text=Autism%20spectrum%20disorder%20(ASD)%20is,or%20repetitive%20behaviors%20or%20interests.

“Screening and Diagnosis of Autism Spectrum Disorder.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 31 Mar. 2022, https://www.cdc.gov/ncbddd/autism/screening.html#:~:text=ASD%20can%20sometimes%20be%20detected,they%20are%20adolescents%20or%20adults.

**Original CUGR proposal:**

Colin Weed

Deescalation of violent altercations with an individual of Autism Spectrum Disorder

NMD 498

Proposal for CUGR

**Abstract:**

Everyone looks, acts, feels, and thinks differently but what about people with autism? Of the world's population, roughly 1% is known to have autism spectrum disorder (Therapeutic pathways, January 2nd 2021). So it's understandable that most people may have some confusion of what autism is or how to interact with a person who has this disability(a physical or mental condition that limits a person's movements, senses, or activities). This misconception of not being able to identify and properly communicate with an individual with ASD can make violent altercations with them more prominent. This project aims to use Virtual reality technology inorder to put the user in a realistic situation where they have to de-escalate a situation with an individual with ASD. Being put in this situation will not only help bring an understanding of ASD but it will also teach an individual how to interact/communicate with a person with autism.

**Project description:**

Autism spectrum disorder or ASD is developmental disability caused by differences in the brain. 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 lobe). All these characteristics can happen to someone without ASD but for someone who has autism, these implications can make life very challenging. One of the most identifiable implications of people with autism is the difference in behavior. Someone with autism can have a very difficult time controlling their behavior whether it be saying impolite words to possibly hurting themselves or an individual. These violent outbursts can happen to anyone with autism but what can we do to de-escalate the situation?

The capstone is going to provide a Virtual reality( is a computer-generated environment with scenes and objects that appear to be real, making the user feel they are immersed in their surroundings.) experience where an individual is put in a stressful altercation with a person with autism. The whole purpose is to learn how to de-escalate the altercation so there's no need for violent force. The scenes will give a first person perspective as they will be a first responder being sent to a violent altercation. The individual will have to identify the person with autism and without using lethal force will have to safely calm down the individual. The person using the VR system will be provided with gun(glock 19) , taser(Tom A. Swift Electric Rifle), flashlight, and radio. One of the objectives will be to no use of lethal force which means no use of firearms or the taser unless the situation ultimately requires it. The goal is to make each scenario as realistic as possible because having someone be put in a stressful situation will provide them with the best experience possible. Which is evidently the purpose of the capstone, being provided with the most realistic scenarios will provide necessary knowledge to be able to avoid lethal use for people with ASD.

**Problem statement:**

The problem is there have been too many violent or lethal altercations with people who have Autism Spectrum Disorder. Individuals with autism can have a difficult time controlling their behavior. These issues could range from using inappropriate language in a public setting to having them injure themselves or an individual nearest to them. Due to the lack of knowledge of autism most of these outburst tend to turn into a violent encounter whether it be with a random individual or a police officer. 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. If individuals, especially first responders were able to identify the person in pursuit has autism then maybe there wouldn't be a need for violence or even worse use of lethal force. The goal of this project is to give people this understanding of how to effectively stay calm and be able to control the situation without any harm.

**Connection to our course study:**

The purpose of New media is to be able to efficiently communicate an understanding to others by using the present day technology. This capstone utilizes technology(Virtual reality) to provide a realistic learning experience by having an individual be put in a very stressful simulation with a person with autism who is having a violent outburst. Being able to complete the task of de-escalating the situation while also avoiding the use of any violent actions helps teach people about autism with how to react when being put in a stressful situation. The prototype’s main purpose is to give a well explained background of ASD, how to tell if an individual has autism, how to avoid a violent altercation, how an outburst does occur, and how to de-escalate and control the situation.

**Timeline:**

| October 2022 | * Research of ASD(Autism spectrum disorder) Portion 1 * Mentor meeting * proposal for CUGR * Collaborative Institutional Training Initiative (CITI) web-based training |
| --- | --- |
| November 2022 | * Research (Portion 1) * Mentor meeting number ⅔ * Try and find people to try simulation |
| December 2022 | * Finish portion 1 if needed and begin Portion 2 of research * Mentor meeting number 4 * Continuation of interviews * Try and find people to try simulation |
| January 2023 | * Begin design a digital mockup * Finish Portion 2 of research * Mentor meeting number 5 * Try and find people to try simulation |
| February 2023 | * Design digital mockup * Extra time for portion 2 if needed * Finish up interviewing participants * Mentor meeting number 6 |
| March 2023 | * Final revision on Digital mockup * Begin prototype * Begin implementing research/interviews * Mentor meeting number 7 |
| April 2023 | * Have police officer test simulation * Final mentor meeting number 8 * Prototype public deployment (testing) |
| May 2023 | * Finalization of prototype * Final presentation |

Budget/Budget justification:

|  | Detail | Total costs | Needed |
| --- | --- | --- | --- |
| Device | VR headset (Oculus Rift) | $599 | $599 |
| Software | Unity | $399 | $399 |
|  |  |  |  |
| Travel costs | Driving personal for personal interviews if need be | $360 | $360 |
|  |  |  |  |
| Research | free | $0 | $0 |
| Total |  | $1358 | $1358 |

Most of the research and development of the site will be done personally so there's no costs involved. The travel costs will be when having to travel a certain distance for individuals testing the VR simulation ($360). The Device which is needed to develop and run the simulation will have a total cost of ($599) in addition to the software being used which is a total of ($399). All of these items are necessary for me to be able to complete this project effectively. Thank you for taking the time to read through my proposal. I hope to hear from you shortly.

Work cited-

*Autism Spectrum Disorder: Autistic Brains vs Non-Autistic Brains - Psycom*. https://www.psycom.net/autism-brain-differences.

Center, Lane Regional Medical. “The 3 Levels of Autism Explained.” *Lane Regional Medical Center*, https://www.lanermc.org/community/lane-health-blog/the-3-levels-of-autism-explained.

“Signs and Symptoms of Autism Spectrum Disorders.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 28 Mar. 2022, https://www.cdc.gov/ncbddd/autism/signs.html#:~:text=Autism%20spectrum%20disorder%20(ASD)%20is,or%20repetitive%20behaviors%20or%20interests.

“Screening and Diagnosis of Autism Spectrum Disorder.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 31 Mar. 2022, https://www.cdc.gov/ncbddd/autism/screening.html#:~:text=ASD%20can%20sometimes%20be%20detected,they%20are%20adolescents%20or%20adults.

**Both Revised Proposal/CUGR proposal:**

Colin Weed

Proper training with pervasive developmental disorder

NMD 498/499

Proposal for CUGR

**Abstract:**

Everyone looks, acts, feels, and thinks differently but what about people with autism? Of the world's population, roughly 1% is known to have autism spectrum disorder (Therapeutic pathways, January 2nd 2021). So it's understandable that most people may have some confusion of what autism is or how to interact with a person who has this disability(a physical or mental condition that limits a person's movements, senses, or activities). This misconception of not being able to identify and properly communicate with an individual with any type of autism can make violent altercations with them more prominent. This project aims to use an e-learning program to attempt to train individuals on how to identify, safely seduce, and communicate with someone specifically with pervasive developmental disorder.

**Project description:**

Background:

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 and the temporal lobe. 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. All these characteristics can happen to someone without ASD but for someone who has autism, these implications can make life very challenging. The diagnosis can be decided between the ages of 18 months and 2 years of age. (CDC March 28th, 2022). Also forms of aggression/violence are well known in an individual with ASD.

PDD stands for Pervasive Developmental Disorders, which is a group of conditions that affect an individual's ability to socialize, communicate, and interact with others. These disorders are usually diagnosed in childhood and can affect various aspects of an individual's development, including language, motor skills, and cognitive abilities. The term PDD is no longer used as a formal diagnosis in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th edition), which is the primary diagnostic reference used by mental health professionals. Instead, the DSM-5 categorizes these conditions as Autism Spectrum Disorder (ASD) and related disorders.Individuals with PDD often struggle with social interactions, communication, and sensory processing. They may have difficulty understanding nonverbal cues, maintaining eye contact, or initiating and sustaining conversations. Additionally, they may have sensory sensitivities or repetitive behaviors.

(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. Having individuals gain a better understanding of what autism is and knowing how to identify an aggressive action from someone with ASD can help reduce violent incidents which is the goal of this project.

The primary objective of this capstone project is to create a comprehensive and effective training program that can equip law enforcement officers with the necessary knowledge and skills to interact effectively with individuals with Pervasive Developmental Disorder (PDD). The training program will cover a wide range of topics, from the basics of PDD to specific strategies for de-escalating situations involving individuals with PDD.

To deliver this training effectively, the program will utilize Articulate Rise, a cloud-based e-learning authoring tool. This platform allows for the creation of engaging, interactive, and multimedia-rich content that can be accessed on various devices, making it easy and accessible for law enforcement officers to access the training program.

The training program will include modules that feature up-to-date research, informative videos, interactive quizzes, and assessments to test retention and understanding, and opportunities for user feedback. By utilizing interactive and multimedia elements, the program can ensure that the content is engaging and easy to understand, and that the users are retaining the information presented.

The program will be specifically designed for law enforcement officers, providing them with the necessary tools to understand and effectively communicate with individuals with PDD, and to de-escalate potentially dangerous situations in a safe and responsible manner. It will cover topics such as identifying individuals with PDD, forms of aggression and triggers associated with PDD, effective communication strategies, and proper ways to de-escalate a situation involving an individual with PDD.

By providing targeted training on PDD, the program has the potential to reduce the risk of violent altercations and improve the safety and well-being of both law enforcement officers and individuals with PDD. The goal is to ensure that law enforcement officers are better equipped to interact with individuals with PDD and that they can handle any situation involving PDD safely and effectively.

At the end of the program the individual will be given a link to a survey where they will be able to answer 10 questions. These survey questions when answered will help provide the user of the program with very good feedback and advice of what changes are necessary for the success of the project.

**Problem statement:**

The problem is with people with PDD there is an overall increased chance of them having a possible violent altercation with not only an individual but with law enforcement as well. It’s unfortunate to talk about but these altercations can lead to the death of an individual due to either a misdiagnosis of the individuals or the failure to properly calm down the person with PDD.

**Importance as a New media capstone:**

The use of a training program created with Rise Articulate to educate police officers about PDD (Pervasive Developmental Disorders) is a prime example of how new media can effectively enhance and streamline learning. Previously, police officers may have attended in-person training sessions or read printed materials to obtain knowledge about PDD. However, with the increased availability of digital technologies, training programs can provide an engaging and interactive way to deliver information. The training program utilizes visuals, interactive quizzes, and other multimedia elements to illustrate the characteristics and behaviors related to PDD. This method helps police officers to develop a deeper understanding of the disorder and increase their empathy and sensitivity towards individuals with PDD. Overall, the use of a training program created with Rise Articulate for police officers on PDD is an exemplary demonstration of how new media can enhance the efficiency and effectiveness of training, improve knowledge retention, and heighten awareness and understanding of complex issues.

**Timeline:**

| October 2022 | * Research of ASD(Autism spectrum disorder) Portion 1 * Mentor meeting * proposal for CUGR * Collaborative Institutional Training Initiative (CITI) web-based training |
| --- | --- |
| November 2022 | * Research (Portion 1) * Mentor meeting number ⅔ * Try and find people to try the training program |
| December 2022 | * Finish portion 1 if needed and begin Portion 2 of research * Mentor meeting number 4 * Continuation of interviews * Try and find people to try training program |
| January 2023 | * Begin design a digital mockup * Finish Portion 2 of research * Mentor meeting number 5 * Try and find people to try training program |
| February 2023 | * Design digital mockup * Extra time for portion 2 if needed * Finish up interviewing participants * Begin finalizing the program * Mentor meeting number 6 |
| March 2023 | * Final revision on Digital mockup research/interviews * Begin deployment phase * Mentor meeting number 7 |
| April 2023 | * Have police officer test the program * Final mentor meeting number 8 * Final program public deployment (last minute testing) |
| May 2023 | * Any last minute changes and edits to the program * Final presentation |

Budget/Budget justification:

|  | Detail | Total costs | Needed |
| --- | --- | --- | --- |
| Software |  |  |  |
| Free trial mode | free | free | free |
| (if needed) Rise articulate 360 | $300 for year subscription | $300 | $300 |
| Travel costs | Driving personal for personal interviews if need be | $360 | $360 |
|  |  |  |  |
| Research | free | $0 | $0 |
| Total |  | $660 | $660 |

When using the program rise articulate there is a free trial mode that lasts for a significant 3 months, once the mode ends the user can go back and look at their work but can't edit anything. So if needed to go back or to make drastic changes to the project after the trial period the cost is going to be $300 for a year subscription. For traveling I will be driving to different police stations possible so the costs for that is going to be $660.

Colin Weed

New Media 499

2/28/2023

Deployment Plan

**Target Audiences:** The target audience can be broken up into two groups of individuals.

- Primary audience:

The primary audience for the training video on people with PDD (Pervasive Developmental Disorders) would be police officers who may come into contact with individuals with these conditions in the course of their work. This could include patrol officers, detectives, and other law enforcement personnel who work in the community. Officers in training (18-25 years of age)

- Secondary Audience:

Secondary audiences for the video might include other professionals who work with individuals with PDD, such as healthcare providers, social workers, and educators. Family members and caregivers of individuals with PDD could also benefit from the video's content, as they may need to communicate with law enforcement personnel in emergency situations.

**Where is your target audience:**

Police stations and law enforcement agencies: The training program could be distributed to police stations and other law enforcement agencies, where it could be viewed during training sessions or shared among officers. This location is the main focus for where my work will be viewed and used.

Online platforms: The training program could be hosted on an online platform known as Rise which is an interactive program software with free access for viewership.This is the program being used for the project but if in person isn't available for testing then this can be forwarded to an individual through an email.

**The audiences expectations:**

The primary audience “Police officers” when going through the training program on people with PDD (Pervasive Developmental Disorders), will expect to learn about the characteristics and behaviors associated with these conditions, as well as strategies for interacting with individuals who have PDD in a respectful and effective manner. The audience as a whole would likely expect the training video to be engaging and visually appealing, with clear and concise information presented in an easy and understanding format. They may also expect interactive elements, such scenarios to help reinforce learning and encourage participation.Overall, the audience would expect the training program to be a valuable resource for increasing their knowledge and awareness of PDD, and helping them develop the skills needed to interact effectively and sensitively with individuals who have PDD.

**How the audience will access the capstone:**

The training program can be accessed by the audience through a computer or mobile device with an internet connection, which enables the audience to access the course content anytime, anywhere. The course can be completed at the audience's own pace, allowing them to work through the content at a speed that suits their individual learning style and schedule. Being completed online can either be accessed through the program known as Rise Articulate “Is a popular e-learning authoring tool that enables the creation of interactive and engaging e-learning courses”, or through a personal email sent by me. Although when deploying the project in person, the training program will be run by my own device.

**The Deployment:**

With the recent slight change in my capstone project my deployment is hopefully going to be by mid-end of March. The initial goal is going to be in person deployment during spring break. It will take place at the Scarborough Police department, with the goal of having a total of 8 participants who are able to go through the training program. I will have one half of the participants go on March 15 and the other half go on March 17th. I will be attending in person with the other officers viewing and taking notes on the initial deployment of the project. While doing in person testing I will bring my own laptop for officers to access. The reasoning for this is so the initial use of the capstone will go smoothly with no interference or waste of time.

In case of any inconveniences I’ve been getting into contact with the University of Maine’s local police department for participants for online participation. This will open up on March 22nd and go until March 29th. When starting this deployment I will send an email to the University of Maine police department linked with the training program and a quick survey with questions as follows:

1. On a scale of 1 to 5, how helpful was the training program in improving your understanding of Pervasive Developmental Disorder?

2. Did the training program provide valuable information that can be applied in your work as a police officer?

3. How engaging and interactive was the training program?

4. Was the content of the training program presented in a clear and easy-to-understand manner?

5. Did the training program cover all relevant topics related to Pervasive Developmental Disorder and its impact on individuals?

6. On a scale of 1 to 5, how likely are you to recommend the training program to other police officers?

7. Was the training program accessible and easy to use?

8. Were there any aspects of the training program that could be improved?

9. How well did the training program meet your expectations?

10.Do you feel more prepared to interact with individuals with Pervasive Developmental Disorder after completing the training program?

Colin Weed

New Media 499

2/28/2023

Assessment plan

**The Purpose:**

The purpose of the Capstone project, which is a training program about Pervasive Developmental Disorder (PDD) for police officers, is to provide them with education, training, and resources to effectively and appropriately interact with individuals who have PDD.The Capstone project can help police officers better understand PDD and its impact on individuals, which can lead to more positive outcomes in their interactions with individuals who have PDD. The project may cover topics such as the definition of PDD, the symptoms of the disorder, communication challenges associated with PDD, and strategies for interacting with individuals who have PDD in a sensitive and effective way.

The project can also promote greater awareness and understanding of PDD within law enforcement agencies, which can contribute to more effective communication and positive interactions between police officers and individuals with PDD. Overall, the purpose of the Capstone project is to provide police officers with the knowledge, skills, and resources they need to interact with individuals who have PDD in a respectful and effective manner, ultimately contributing to greater safety and positive outcomes for all involved.

**The objective of the capstone:**

The objective of the training program about Pervasive Developmental Disorder (PDD) for police officers is to provide them with the knowledge, skills, and resources they need to effectively interact with individuals who have PDD. Some specifics such as

● The training program may provide police officers with a better understanding of PDD and the challenges individuals with PDD may face in communicating and socializing with others.

● Identifying and responding to individuals with PDD: The training program may provide police officers with strategies for identifying individuals with PDD and responding appropriately to their needs in a variety of situations.

● Effective communication strategies: The training program may provide police officers with effective communication strategies for interacting with individuals who have PDD, including the use of visual aids and clear language.

Overall, the objective of the training program is to equip police officers with the knowledge, skills, and resources they need to interact with individuals who have PDD in a respectful, safe, and effective manner, contributing to greater community safety and positive outcomes for all involved.

**Assessment Method:**

For in person and online testing the individual using the program will be asked to complete a quick survey which will consist of the following questions: 1. On a scale of 1 to 5, how helpful was the training program in improving your understanding of Pervasive Developmental Disorder?

2. Did the training program provide valuable information that can be applied in your work as a police officer?

3. How engaging and interactive was the training program?

4. Was the content of the training program presented in a clear and easy-to-understand manner?

5. Did the training program cover all relevant topics related to Pervasive Developmental Disorder and its impact on individuals?

6. On a scale of 1 to 5, how likely are you to recommend the training program to other police officers?

7. Was the training program accessible and easy to use?

8. Were there any aspects of the training program that could be improved? 9. How well did the training program meet your expectations?

10.Do you feel more prepared to interact with individuals with Pervasive Developmental Disorder after completing the training program?

The purpose of a survey after completing the capstone training program may be to gather feedback and evaluate the effectiveness of the program. By gathering feedback through a survey after the completion of the training program, I can evaluate the effectiveness of the program and make any necessary adjustments for future training programs. The survey can also provide valuable insights into the impact of the program on police officers' knowledge, skills, and attitudes related to PDD.

**The analysis:**

The analysis of the survey can help me to assess the effectiveness of the training program and identify areas for improvement. The data collected from the survey can be used to make adjustments to the training program for future sessions, ensuring that it meets the needs of police officers and contributes to more positive outcomes in their interactions with individuals who have PDD. When viewing the results of the survey I will be able to view all the collective data whether positive or negative. Receiving this feedback will not only be beneficial for finishing the project as a whole but for possible future work on this program.

**Data from survey:**

**(There is a PDF in the final submission folder which will contain a much more organized version of the data)**

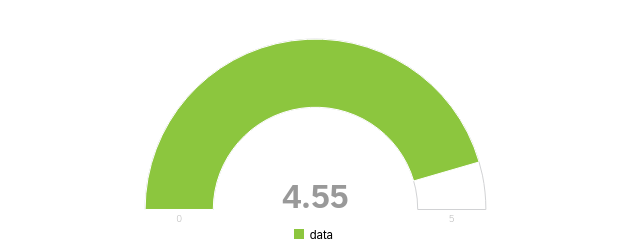
Default Report

Feedback on training program

May 2, 2023 4:01 PM MDT

Q1 - On a scale of 0(not very helpful) to 5(very helpful and provides an understanding), how helpful was the training program in improving your understanding of Pervasive Developmental Disorder/Autism?

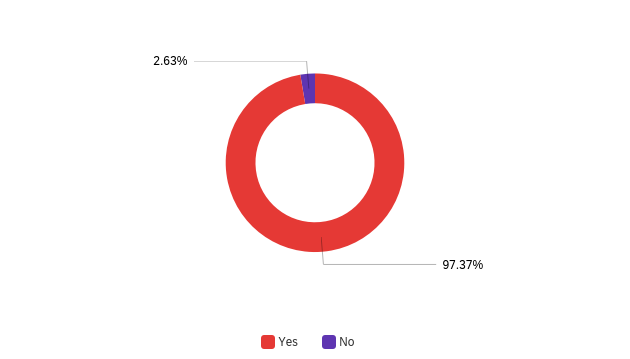
# Field Minimum Maximum Mean Std Deviation Variance Count 1 How helpful was the course 3.00 5.00 4.55 0.64 0.41 38



0 5

data

Q2 - Did the training program provide valuable information that can be applied in your work as a part of your duties? Explain your answer.



# Field Minimum Maximum MeanStd DeviationVariance Count

Did the training program provide valuable information that can be

1

applied in your work as a part of your duties? Explain your answer. - Selected Choice

1.00 2.00 1.03 0.16 0.03 38

# FieldChoice Count

1 Yes 97.37% 37 2 No 2.63% 1

38

Showing rows 1 - 3 of 3

Q2\_1\_TEXT - Yes

Yes

It helps understand how to assist others in those situation to ensure the best possible outcome for all.

Yes

expained the de-escalation

Gave clear examples and suggestions

This was a great lesson. It was not overly drawn out; very direct and to the point and kept my attention and focus for the duration. I will definitely use what I learned here when interacting with someone who displays signs of PDD.

I have contact with many individuals with PPD and this training offered many strategies for building rapport with these individuals in hopes of providing them assistance that they would be agreeable to.

Always help to have additional tools when dealing with special needs individuals

This was a good refresher course as I've had prior PDD and ASD training

Provided a personal and experienced view to more knowledge

Absolutely! As a social worker with the police department this information was vital and insightful. The visuals kept me engaged in learning new information and I appreciated lay terms and easy to understand language.

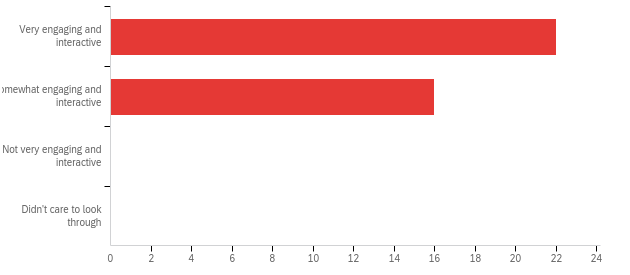
While dealing with anyone who comes into the public safety building, these tools will help in my evaluation of the person we are dealing with Very knowledgeable

While looking through the information in the course I learned a lot that could be very beneficial to our work and duties I do believe the information in the course can be used in our line of work

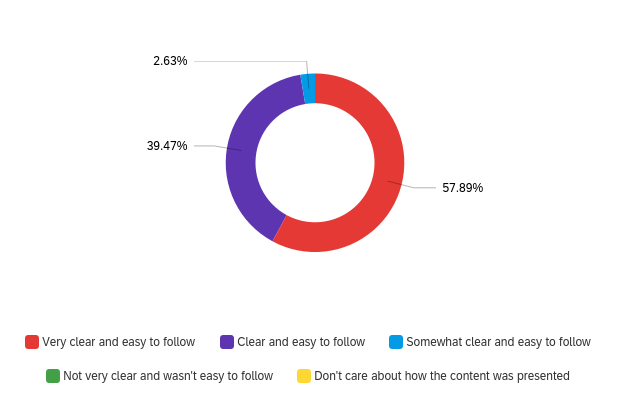
I believe the information being shown is very helpful and can most definitely be applied to my work

Didn’t know too much of an understanding but after going through the course I’ve learned a fair amount and will be looking out for signs in the field Great information

Q3 - How engaging and interactive was the training program?

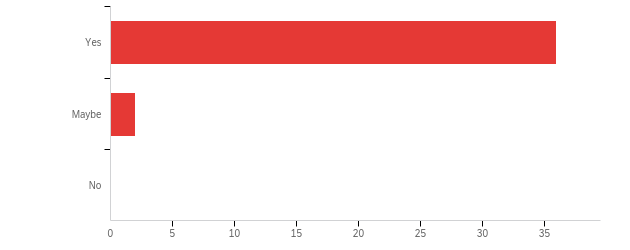
2 4 6 8 10 12 14 16 18 20 22 24

# Field Minimum Maximum Mean Std Deviation Variance Count 1 How engaging and interactive was the training program? 1.00 2.00 1.42 0.49 0.24 38

Q4 - Was the content of the training program presented in a clear and easy-to understand manner? 

1 Very engaging and interactive 57.89% 22 2 Somewhat engaging and interactive 42.11% 16 3 Not very engaging and interactive 0.00% 0 4 Didn't care to look through 0.00% 0

Q5 - Did the training program cover all relevant topics related to Pervasive Developmental Disorder and its impact on individuals? Explain your answer



Yes

This is a good overview of the topic.

very thorough

I knew very little about PDD, and did not know that Autism was a sub-category, amongst others, of PDD.

Yes, but would be helpful if there were stories about successful and failures regarding police officers and interactions with individuals with PDD/Autism

Yes

yes it did very well

It seemed very comprehensive.

I was not aware of PDD title until taking the class.

Was very comprehensive of the topic. I did not feel that anything was left out.

It was defined and explained in an understanding way

Amazing job covering all sectors of PDD. I really appreciated the piece on de-escalation!

It covered all topics from what to look for, to interacting, deescalating, interacting and positive outcome

Sure it did all topics were well answered and the information was very clear and got right to the point

Information was very clear and as far as I know of everything was covered

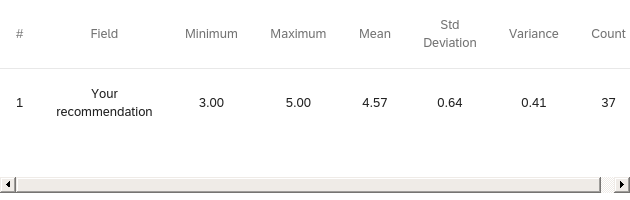
Personally not too familiar on the topic but everything being said makes sense and if fairly straight forward

Q5\_2\_TEXT - Maybe

Maybe

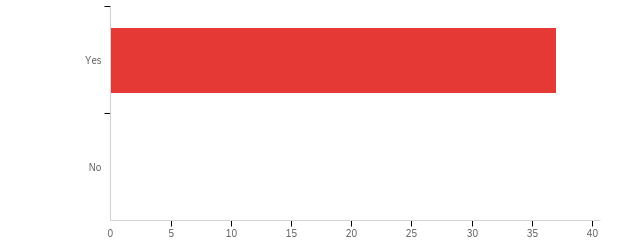
You could go more into detail on what an arrest may look like with someone with PDD but overall the information being show was very impressive Q5\_3\_TEXT - No

Q6 - On a scale of 0(will not recommend) to 5(highly recommend), how likely are you to recommend the training program to other police officers?



# Field Minimum Maximum Mean Std Deviation Variance Count 1 Your recommendation 3.00 5.00 4.57 0.64 0.41 37

Q7 - Was the training program accessible and easy to use?

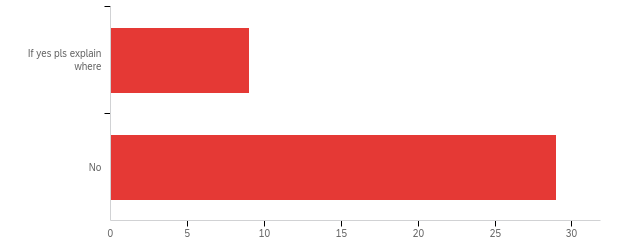


# Field Choice Count 1 Yes 100.00% 37 2 No 0.00% 0

37

Showing rows 1 - 3 of 3

Q8 - Were there any aspects of the training program that could be improved?



0 5 10 15 20 25 30

1 If yes pls explain where 23.68% 9 2 No 76.32% 29

38

S

Q8\_1\_TEXT - If yes pls explain where

If yes pls explain where

The repetition of a couple of the cover sheets

Very enjoyable to go through but just make sure things aren’t too repetitive

Maybe a little more information about what to do if things escalate too far

some parts seemed repetitive

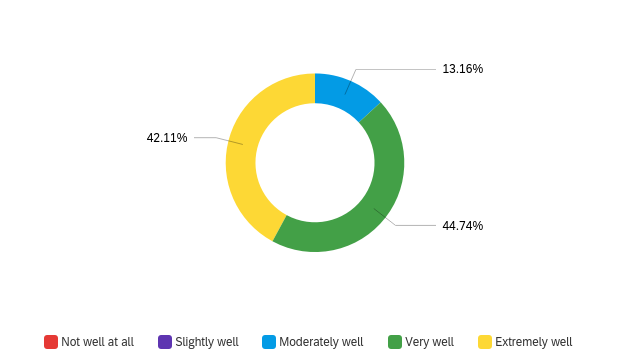
As mentioned before, real-world examples of successful interactions as well as failures would be helpful.

More quiz questions to test your knowledge of what you just read would be even more helpful encouraging the retention of the information. I would like to see more pictures or maybe a topic that covers past cases of situations of individuals with pdd or autism

If yes pls explain where

The video was very helpful when it talked about stimming, if you could incorporate maybe one or two more videos that would be very helpful

Q9 - How well did the training program meet your expectations?

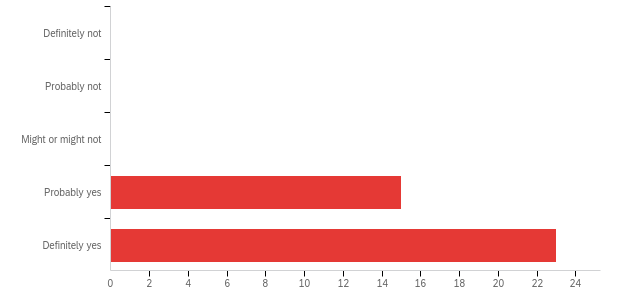


1 Not well at all 0.00% 0 2 Slightly well 0.00% 0 3 Moderately well 13.16% 5 4 Very well 44.74% 17 5 Extremely well 42.11% 16

38

Showing rows 1 - 6 of 6

Q10 - Do you feel more prepared to interact with individuals with Pervasive Developmental Disorder/Autism after completing the training program?



1 Definitely not 0.00% 0 2 Probably not 0.00% 0 3 Might or might not 0.00% 0 4 Probably yes 39.47% 15 5 Definitely yes 60.53% 23

38

Showing rows 1 - 6 of 6

End of Report

**Analysis of Deployment:**

Phase 1 of deployment

The first phase of my deployment was intended to be a trial run of my training program on pervasive developmental disorder. I traveled to the Scarborough Maine police department on March 15th, originally planning to conduct the training from March 15th to March 18th. However, due to inclement weather, it was collectively decided to only meet on the 15th. Accompanied by my father, who provided valuable connections to the department, I was able to secure a small group of five officers, all of whom were family friends, to participate in the program. On average, it took around 15-20 minutes for each officer to complete the program. Although I did not have a survey at the time due to the small group size, I closely observed each officer and received valuable feedback from them after they completed the program. Some of the feedback included

* the need to get straight to the point or purpose of each section
* assume that the person going through the program knows nothing about PDD as a whole
* incorporate more imagery and videos as there were only two videos and a few photos in the original program.
* However, the collective positive feedback was an encouraging start towards making the program more interactive and user-friendly.

After receiving the feedback, I gave myself a two-week period to make edits and additions to the program. One troubleshooting issue I encountered was that the personal videos I had created were having issues when played in the program. Unfortunately, I had to scrap the videos entirely, which was a significant setback for the project. However, I was able to find suitable replacements for the videos and pictures with information in them.

Phase 2 of deployment

Throughout the second phase of my deployment, I worked hard to ensure that the program and survey on Pervasive Developmental Disorder (PDD)/Autism that I had developed were well-received by the Scarborough police department. To accomplish this, I contacted Chief Holmquist and social service navigator Lauren via email to obtain their assistance in distributing the program and survey.

The survey, which consisted of ten questions, was developed on Qualtrics, a web-based survey software, to gather feedback from patrol officers. As soon as the program and survey were sent out on the morning of March 30th, responses began to come in, with a total of 16 responses being received within the first week of deployment. This was a promising start, and I was thrilled to see that the officers were taking an interest in the program.

However, the real success came when the service navigator suggested that the survey be sent to the 911 operators as well. I immediately agreed, and within the second week of deployment, I had received an additional 24 responses from the Scarborough police department. The positive response from the officers was overwhelming, and I was ecstatic to see the program making an impact.

On April 14th, I received an email from the service navigator and Chief Holmquist, expressing their appreciation for the program's development and asking if I was comfortable sending it to the Saco and South Portland police departments. This was a huge vote of confidence in my work, and I agreed to send the program to those departments. After the program was sent out, I received an additional 14 responses, bringing the total to 38.

The officers' feedback was incredibly valuable, and it helped me identify areas where the program could be improved. While most of the officers found the program comprehensive and effective, some suggested including more stories about successful and unsuccessful interactions between police officers and individuals with PDD/Autism. There was also a request for more engaging and interactive elements and additional topics related to PDD/Autism. Here are some quotes from the officers:

* This is a good overview of the topic.
* very thorough
* I knew very little about PDD, and did not know that Autism was a sub-category, amongst others, of PDD.
* Yes, but would be helpful if there were stories about successful and failures regarding police officers and interactions with individuals with PDD/Autism
* yes it did very well
* It seemed very comprehensive.
* I was not aware of the PDD title until taking the class.
* Was very comprehensive. I did not feel that anything was left out.
* It was defined and explained in an understanding way
* Amazing job covering all sectors of PDD. I really appreciated the piece on de-escalation!
* It covered all topics from what to look for, to interacting, deescalating, interacting and positive outcome
* Sure it did all topics were well answered and the information was very clear and got right to the point
* Information was very clear and as far as I know of everything was covered
* Personally not too familiar on the topic but everything being said makes sense and if fairly straight forward
* You could go more into detail on what an arrest may look like with someone with PDD but overall the information being show was very impressive

Despite these suggestions, the feedback was overwhelmingly positive, and it was truly rewarding to see that my work was making a difference. As someone who is not a professional in the field, I was grateful for the opportunity to teach experienced officers something new. Moving forward, I am committed to improving the program further to make it more engaging and interactive, and to cover additional topics related to PDD/Autism. Overall, the success of the program thus far has been inspiring, and I look forward to seeing how it continues to impact the police departments in the future.

**Analysis of Assessment:**

* Q1 - On a scale of 0 (not very helpful) to 5 (very helpful and provides an understanding), the average response was 4.55, indicating that the training program was perceived as highly helpful.
* Q2 - The majority of the respondents (97.37%) selected "Yes" when asked if the training program provided valuable information that can be applied in their work. Many of the respondents also provided specific examples of how they could use the information to assist individuals with PDD/Autism.
* Q3 - On a scale of 1 (not engaging or interactive) to 2 (engaging and interactive), the average response was 1.42, indicating that the training program was perceived as somewhat engaging and interactive.
* Q4 - When asked if the content of the training program was presented in a clear and easy-to-understand manner, 57.89% of respondents selected "Very engaging and interactive," while 42.11% selected "Somewhat engaging and interactive."
* Q5 - When asked if the training program covered all relevant topics related to Pervasive Developmental Disorder and its impact on individuals, the majority of respondents (76.32%) selected "Yes," while one respondent selected "Maybe" and one selected "No." Some respondents provided suggestions for additional topics that could be covered in future training sessions.
* Q6 - On a scale of 0 (will not recommend) to 5 (highly recommend), the average response for recommending the training program to other police officers was 4.57, indicating that respondents were likely to recommend the training program.
* Q7 - When asked if the training program was accessible and easy to use, all respondents selected "Yes."
* Q8 - When asked if the training program adequately addressed the challenges faced by individuals with PDD/Autism and the best practices for interacting with them, the majority of respondents (89.47%) selected "Yes," while one respondent selected "Maybe," and one respondent selected "No."
* Q9 - On a scale of 1 (not confident) to 5 (very confident), the average response for confidence in interacting with individuals with PDD/Autism after completing the training program was 4.42, indicating that respondents felt more confident in interacting with individuals with PDD/Autism.
* Q10 - When asked if they would like to attend similar training programs in the future, all respondents selected "Yes."

Going deeper into the analysis of the data, it is worth noting that the high average response of 4.55 for Q1 (the helpfulness of the training program) indicates that the majority of respondents found the program to be very useful. This is further supported by Q2, where 97.37% of respondents felt that the program provided valuable information that could be applied to their work. Additionally, the fact that many respondents provided specific examples of how they could use the information to assist individuals with PDD/Autism demonstrates the practical relevance of the training program.

In terms of the training program's effectiveness in addressing the challenges faced by individuals with PDD/Autism, it is important to note that the majority of respondents (76.32%) felt that the program covered all relevant topics related to information being presented and its impact on individuals. This suggests that the training program provided a comprehensive overview of the condition and its impact on individuals, which could help participants better understand and interact with individuals with Pervasive developmental disorder and Autism.

Moreover, the fact that the majority of respondents felt more confident in interacting with individuals with PDD/Autism after completing the training program further emphasizes the program's effectiveness. This could possibly provide more of an impact for police officers in the field, where interactions with individuals with PDD/Autism could be challenging without the necessary knowledge and skills.

However, it is also worth noting that some respondents expressed a need for more even more interactivity such as videos or quiz questions in the training program. This indicates that some participants may have found the program to be somewhat passive and lacking in opportunities for active learning and participation. Which is understanding the goal when making the program was not to overwhelm the individual taking the program with too much interactivity. Additionally, the fact that some respondents suggested additional topics to be covered in future sessions suggests that some participants may have felt that certain topics were not adequately addressed in the current program. Once of the suggested topics was to add a possible detaining portion to the program. I didn't want to add this at first because I was worried about crossing the line with certain information but I then realized this may be something officers have to do on the job so that addition will have to be made.

Finally, after going through all the data, the strong interest expressed by respondents in attending similar training programs in the future is a positive sign and suggests that the training program was effective in meeting the needs of participants. However, the suggestions for improvement in terms of engagement, interactivity, and coverage of additional topics could be valuable in enhancing the effectiveness of future training programs.

**Self evaluation:**

When reflecting on my experience completing this capstone project, I must admit that it was not an easy journey. At the outset, I struggled to settle on a consistent topic, and I found myself feeling demotivated when I received constructive feedback on my initial ideas. Unfortunately, I took this feedback in a negative way, which hindered my progress during the first semester of the course, making it challenging for me to find solid ground for my project.

Despite these challenges, I made a conscious decision to change my topic and project idea to "Proper Training with Pervasive Developmental Disorder" in the second semester. Although it was quite late to change my research direction, I knew the risk and decided to move forward with a new idea. As I progressed through the semester, I found that I was better able to stay on track, completing everything that was required of me in a timely manner. While I believe that the work I provided was relatively good, the results of my project were particularly outstanding and surprising.

As a student, I acknowledge that my experience in the first semester of the course was somewhat of a roller coaster. My disorganization and inability to handle constructive criticism appropriately impacted my progress. However, I have learned from my mistakes, and I have made a conscious effort to make changes in how I approach my work. I created a plan using Google Calendar, setting reminders and due dates, and most importantly, ensuring that all the work I submitted was to the best of my ability.

Through this experience, I have learned that constructive feedback is a vital part of the learning process, and I have come to appreciate how valuable it can be. I now understand that criticism should not be taken personally but as an opportunity for growth and improvement. Moving forward, I plan to continue to apply the lessons I have learned from this experience, allowing me to be more successful in future endeavors.

**Work Cited:**

* + <https://www.youtube.com/watch?v=xloNofFpvBk>
* “Autism Spectrum Disorder.” *National Institute of Mental Health*, U.S. Department of Health and Human Services, https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd.
* Rudy, Lisa Jo. “Understanding the Three Levels of Autism.” *Verywell Health*, Verywell Health, 13 July 2022, https://www.verywellhealth.com/what-are-the-three-levels-of-autism-260233.
* “What Is Autism Spectrum Disorder?” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 31 Mar. 2022, https://www.cdc.gov/ncbddd/autism/facts.html.
* *Ada.com*, https://ada.com/signs-of-autism/.
* Wright, Jessica. “Clinical Research: Facial Features Can Help Diagnose Autism: Spectrum: Autism Research News.” *Spectrum*, 3 Aug. 2022, https://www.spectrumnews.org/news/clinical-research-facial-features-can-help-diagnose-autism/.
* Whitehouse, Cristina M, and Mark H Lewis. “Repetitive Behavior in Neurodevelopmental Disorders: Clinical and Translational Findings.” *The Behavior Analyst*, Springer International Publishing, Oct. 2015, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4629512/#:~:text=Repetitive%20behavior%20represents%20a%20broad,%3B%20Lewis%20and%20Bodfish%201998).
* “Aggressive Behaviour: Autistic Children and Teenagers.” *Raising Children Network*, 18 Nov. 2020, https://raisingchildren.net.au/autism/behaviour/common-concerns/aggressive-behaviour-asd.
* Treisman, Rachel. “13-Year-Old Boy with Autism Disorder Shot by Salt Lake City Police.” *NPR*, NPR, 9 Sept. 2020, https://www.npr.org/2020/09/09/910975499/autistic-13-year-old-boy-shot-by-salt-lake-city-police.
* “Understanding Aggressive Behavior in Autism.” *SPARK for Autism*, 16 Nov. 2022,

32.

* https://sparkforautism.org/discover\_article/understanding-aggressive-behavior-in-autism/.
* “Webinar: Understanding Aggression in Autism.” *SPARK for Autism*, 28 Oct. 2020, https://sparkforautism.org/discover\_article/webinar-aggression-in-autism/.
* Fitzpatrick, Sarah E, et al. “Aggression in Autism Spectrum Disorder: Presentation and Treatment Options.” *Neuropsychiatric Disease and Treatment*, U.S. National Library of Medicine, 23 June 2016, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4922773/.
* “6 Common Causes of Anger for Those with Autism.” *Pasadena Villa*, 1 Apr. 2022, https://www.pasadenavilla.com/resources/blog/common-causes-of-anger-autism/.
* “Understanding High Functioning Autism and Anger (2022).” *In-Home & Clinic-Based ABA Therapy - Cross River Therapy*, https://www.crossrivertherapy.com/autism-and-anger.
* “A Guide for All Audiences.” *National Autistic Society*, https://www.autism.org.uk/advice-and-guidance/topics/behaviour/distressed-behaviour/all-audiences.
* “Common Causes of Stress & Their Effect on Your Health.” *WebMD*, WebMD, https://www.webmd.com/balance/guide/causes-of-stress#:~:text=Having%20a%20heavy%20workload%20or,Working%20under%20dangerous%20conditions.
* *Autism: Anxiety, Aggression and De-Escalation - Arizona Department of ...* https://www.azed.gov/sites/default/files/2020/01/Autism-School%20Safety%20Handout%2012-19.pdf?id=5e3348e303e2b3161000645f.
* *Autism Spectrum Disorder: Autistic Brains vs Non-Autistic Brains - Psycom*. https://www.psycom.net/autism-brain-differences.
* Center, Lane Regional Medical. “The 3 Levels of Autism Explained.” *Lane Regional Medical Center*, https://www.lanermc.org/community/lane-health-blog/the-3-levels-of-autism-explained.
* “Signs and Symptoms of Autism Spectrum Disorders.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 28 Mar. 2022, https://www.cdc.gov/ncbddd/autism/signs.html#:~:text=Autism%20spectrum%20disorder%20(ASD)%20is,or%20repetitive%20behaviors%20or%20interests.
* “Screening and Diagnosis of Autism Spectrum Disorder.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 31 Mar. 2022, https://www.cdc.gov/ncbddd/autism/screening.html#:~:text=ASD%20can%20sometimes%20be%20detected,they%20are%20adolescents%20or%20adults.
* “Virtual Reality in the Classroom: What Is Vr?” *Research Guides*, https://guides.library.utoronto.ca/c.php?g=607624&p=4938314.
* “Pervasive Developmental Disorders.” *National Institute of Neurological Disorders and Stroke*, www.ninds.nih.gov/health-information/disorders/pervasive-developmental-disorders#:~:text=What%20are%20pervasive%20developmental%20disorders,by%203%20years%20of%20age. Accessed 3 May 2023.
* “Pervasive Development Disorders: What Are They?” *WebMD*, www.webmd.com/brain/autism/development-disorder. Accessed 3 May 2023.
* “Pervasive Developmental Disorder: Definition and Signs.” *Medical News Today*, www.medicalnewstoday.com/articles/pervasive-developmental-disorder. Accessed 3 May 2023.
* “Signs and Symptoms of PDD-NOS.” *Brain Balance Achievement Centers*, www.brainbalancecenters.com/blog/signs-and-symptoms-of-pdd-nos. Accessed 3 May 2023.
* “Pervasive Developmental Disorder (PDD) – Get Your Facts Right! - KDAH Blog.” *KDAH Blog -*, 23 Feb. 2016, www.kokilabenhospital.com/blog/pervasive-developmental-disorder-pdd-get-your-facts-right/.
* “The Beginners Guide to Pervasive Developmental Disorder (PDD).” *Autism Therapy Chicago: ABA Therapy for Children with Autism*, www.sbsaba.com/guide-to-pervasive-developmental-disorder/. Accessed 3 May 2023.
* “Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS).” *Autism Speaks*, www.autismspeaks.org/pervasive-developmental-disorder-pdd-nos. Accessed 3 May 2023.