

AUTISM-RELATED WANDERING | FACT SHEET FOR OCCUPATIONAL THERAPY

Wandering/Elopement Defined

Wandering is the tendency for an individual to try to leave the safety of a responsible person's care or a safe area, which can result in potential harm or injury. This might include running off from adults at school or in the community, leaving the classroom without permission, or leaving the house when the family is not looking. This behavior is considered common and short-lived in toddlers, but it may persist or reemerge in children and adults with autism spectrum disorders (ASDs). Children with ASDs have challenges with social and communication skills and safety awareness. This makes wandering a potentially dangerous behavior. Wandering may also be referred to as elopement, bolting, fleeing, running.

Wandering Statistics

- Nearly half of children with ASD engage in wandering behavior ¹
- Increased risks are associated with ASD severity ¹
- More than one third of children with ASD who wander/elope are never or rarely able to communicate their name, address, or phone number ¹
- Half of families report they have never received advice or guidance about elopement from a professional ¹
- Accidental drowning accounts for approximately 90% of lethal outcomes ²

Wandering Types

Goal-directed wandering: wandering with the purpose of getting to, or away from, something

Bolting/Fleeing: the act of suddenly running or bolting, usually to quickly get away from something

Potential Risks Associated with Wandering:

Drownings; Dehydration; Heat Strokes; Hypothermia; Traffic Injuries; Falls; Physical Restraints; Encounters with strangers; Encounters with law enforcement

Wandering Happens Most Frequently During:

- Warmer months and holidays such as Fourth of July
- Outdoor activities such as camping, hiking or other gatherings
- Visits to new environments such as a friend's home or vacation setting
- Times of transition such as when a family moves to a new home, new school, or when renovations have been made to accommodate warmer weather, especially window screens, window fan units, A/C units and screen doors.
- Classroom transitions from one classroom to another, or during other transitions.
- Times of stress or when escalation triggers arise (typically the child/adult will bolt)

Role of Occupational Therapy

Occupational therapy practitioners can support safe participation in community and school routines by preventing or addressing elopement. Their contributions include:

- Providing inservices to first responders regarding autism awareness including sensory preferences and social challenges to assist in search and rescue efforts.
- Providing families with resources to address safe routines such as The Big Red Safety Toolkit
<http://nationalautismassociation.org/docs/BigRedSafetyToolkit.pdf>
- Offering videomodeling as a intervention strategy to increase safety with community mobility such as adhering to street sign signals.
- Designing safe school bus evacuations programs
- Developing swimming programs for children with ASDs through a partnership with departments of recreation.
- Addressing anxiety and impulse control through relaxation techniques, social stories and other strategies in order to prevent bolting
- Offering activity and environmental surveillance on playgrounds to increase safe and accessible play for children of all abilities.



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1. Anderson C, et al "Occurrence and Family Impact of Elopement in Children With Autism Spectrum Disorders" *Pediatrics* 2012; DOI: 10.1542/peds.2012-0762.
2. McIlwain L, Fournier W "Lethal Outcomes In ASD Wandering" National Autism Association, 2012