

# Model Policy

<i>Effective Date</i> <b>March 2004</b>		<i>Number</i>
<i>Subject</i> <b>Encounters with the Developmentally Disabled</b>		
<i>Reference</i>		<i>Special Instructions</i>
<i>Distribution</i>	<i>Reevaluation Date</i>	<i>No. Pages</i> <b>3</b>

## I. PURPOSE

It is the purpose of this policy to provide officers with information on the symptoms and effects of developmental disabilities so that officers may better recognize and deal with such persons in enforcement and related capacities.

## II. POLICY

Persons afflicted with developmental disabilities are limited in their ability to effectively communicate, interact with others, and make reasoned decisions on their own. This can make interactions with such persons difficult in enforcement and other encounters and may result in inappropriate or counterproductive police actions if officers are not prepared to recognize and deal with symptomatic behaviors and reactions of such persons. The number of persons afflicted with such disabilities is increasing dramatically in the United States. Therefore, it is the policy of this agency that officers understand the symptomatic behavior of such persons and be prepared to deal with them in a manner that will best serve their needs and this department's law enforcement mission.

## III. DEFINITIONS

*Developmental Disability:* A potentially severe, chronic disability attributable to a physical or mental impairment or combination of impairments, resulting in substantial functional limitations to major life activities such as understanding and expression of language, learning, mobility, self-direction, self-care, capacity for independent living, and economic self-sufficiency. Developmental disabilities, (such as those experienced by persons who have developmental delays, autism, or Tourette's syndrome) are not the same as and should

not be confused with forms of mental illness such as schizophrenia or the more common mood disorders.

## IV. PROCEDURES

### A. Common Symptoms

There are numerous forms of developmental disabilities. Many of the persons who have such disabilities have other related but distinct disorders as well (such as Asperger syndrome, Fragile X syndrome, and Rett syndrome). Although officers are not in a position to diagnose persons with such disabilities, officers shall be alert to the symptoms that are suggestive of such disorders. These include but are not limited to the following symptoms in various combinations and degrees of severity:

1. Difficulty communicating and expressing oneself
2. Communication by pointing or gestures rather than words
3. Repetition of phrases or words
4. Repetitive body movements—may be harmful to themselves (movements may include, but are not limited to, swaying, spinning, clapping hands, flailing arms, snapping fingers, biting wrists, or banging the head)
5. Little or no eye contact
6. Tendency to show distress, laugh, or cry for no apparent reason
7. Uneven gross or fine motor skills
8. Unresponsiveness to verbal commands; appearance of being deaf even though hearing is normal
9. Aversion to touch, loud noise, bright lights, and commotion
10. No real fear of danger
11. Oversensitivity or undersensitivity to pain
12. Self-injurious behavior

## B. Common Encounters

Officers may encounter persons who have developmental disabilities in a variety of situations commonly involving persons without such disabilities. However, due to the nature of developmental disabilities, following are some of the most common situations in which such persons may be encountered:

### 1. Wandering

Developmentally delayed, autistic, or other developmentally disabled persons sometimes evade their parents, supervisor, caregiver, or institutional setting and may be found wandering aimlessly or engaged in repetitive or bizarre behavior in public places or stores.

### 2. Seizures

Some developmentally disabled persons, such as those suffering from autism, are more subject to seizures and may be encountered by police in response to a medical emergency.

### 3. Disturbances

Disturbances may develop and a caregiver may be unable to maintain control of the disabled person who is engaging in self-destructive behavior or a tantrum.

### 4. Strange and bizarre behavior

Strange or bizarre behavior may take innumerable forms prompting calls for service, such as picking up items in stores (e.g., perceived shoplifting), repetitive and seemingly nonsensical motions and actions in public places, inappropriate laughing or crying, and personal endangerment.

### 5. Offensive or suspicious persons

Socially inappropriate or unacceptable acts, such as ignorance of personal space, annoyance of others, or inappropriate touching of others or oneself, are sometimes associated with the developmentally disabled who often are not conscious of acceptable social behavior.

## C. Handling and Deescalating Encounters

Some persons with developmental disabilities can be easily upset and may engage in tantrums or self-destructive behavior or may become aggressive. Fear, frustration, and minor changes in their daily routines and surroundings may trigger such behavior. Therefore, officers shall take measures to prevent such reactions and deescalate situations involving such persons in the course of taking enforcement and related actions. These include the following:

### 1. Speak calmly; use nonthreatening body language.

Using a stern, loud, command tone to gain compliance will have either no effect or a negative effect on a developmentally disabled person. Use nonthreatening body language; keep your voice calm and your hands to your sides. Be aware that such persons may not understand the *Miranda* warning even if they say they do.

### 2. Keep the commotion down.

Eliminate, to the degree possible, loud sounds, bright lights, and other sources of overstimulation. Turn off sirens and flashers, ask others to move away, or, if possible, move the developmentally disabled person to more peaceful surroundings.

### 3. Keep animals away.

Keep canines in the police vehicle and preferably away from the area, and ensure that other dogs are removed.

### 4. Look for personal identification.

Look for medical ID tags on wrists, neck, shoes, belt, or other apparel. Some persons carry a card noting that they are developmentally disabled and possibly nonverbal. That card should also provide a contact name and telephone number.

### 5. Call the contact person or caregiver.

The person's caregiver or institutional or group home worker is an officer's best resource for specific advice on calming the person and ensuring the safety of the person and the officer until the contact person arrives on the scene.

### 6. Prepare for a potentially long encounter.

Dealings with such a person cannot be rushed unless there is an emergency situation. De-escalation of the situation using calming communication techniques can take time, and officers should inform their dispatcher or supervisor or both that this might be the case if circumstances dictate.

### 7. Repeat short, direct phrases in a calm voice.

For example, rather than saying "Let's go over to my car where we can talk," simply repeat "Come here," while pointing until the person's attention and compliance is obtained. Gaining eye contact in this and related situations is essential. Be direct by repeating, "Look at me," while pointing to the person's eyes and yours.

### 8. Be attentive to sensory impairments. Many persons who have autism have sensory impairments that make it difficult for them to process incoming sensory information properly. For example, some may experience buzzing or humming in their ears that makes it difficult for them to hear. Should an officer identify a sensory impairment, he or she should take precautions to avoid exacerbating the situation:

#### a. Don't touch the person.

Unless the person is in an emergency situation (e.g., has been seriously injured or is in imminent peril), speak with the person quietly and in a nonthreatening manner to gain compliance.

#### b. Use soft gestures.

When asking the person to do something, such as look at you, speak and gesture soft-

- ly. Avoid abrupt movements or actions.
  - c. Use direct and simple language. Slang and expressions (e.g., "spread 'em") have little or no meaning to such persons. Normally, they will understand only the simplest and most direct language (e.g., come, sit, stand).
  - d. Don't interpret odd behavior as belligerent. In a tense or even unfamiliar situation, these persons will tend to shut down and close off unwelcome stimuli (e.g., cover ears or eyes, lie down, shake or rock, repeat questions, sing, hum, make noises, or repeat information in a robotic way). This behavior is a protective mechanism for dealing with troubling or frightening situations. Don't stop the person from repetitive behavior unless it is harmful to him or her or others.
9. Be aware of different forms of communication. Some developmentally disabled persons carry a book of universal communication icons. Pointing to one or more of these icons will allow these persons to communicate where they live, their mother's or father's name, address, or what he or she may want. Those with communication difficulties may also demonstrate limited speaking capabilities, at times incorrectly using words such as "You" when they mean "I."
  10. Don't get angry at antisocial behaviors. For example, when asked a simple question like "Are you all right?" the person may scream, "I'm fine!" Many such persons don't understand that this is not appropriate.
  11. Maintain a safe distance. Provide the person with a zone of comfort that will also serve as a buffer for officer safety.

#### D. Taking Persons into Custody

Taking custody of a developmentally disabled person should be avoided whenever possible as it will invariably initiate a severe anxiety response and escalate the situation. Therefore, in minor offense situations, officers shall explain the circumstances to the complainant and request that alternative means be taken to remedy the situation. This normally will involve release of the person to an authorized caregiver. In more serious offense situations or where alternatives to arrest are not permissible, officers shall observe the following guidelines:

1. Contact a supervisor for advice.
2. Avoid the use of handcuffs and other restraints unless unavoidable. Use of restraints will invariably escalate panic and resistance.
3. Summon the person's caregiver to accompany the person and to assist in the calming and intervention process. If a caregiver is not readily available, summon a mental health crisis intervention worker if available.

4. Employ calming and reassuring language and deescalation protocols provided in this policy.
5. Do not incarcerate the person in a lockup or other holding cell if possible. Do not incarcerate the person with others.
6. Until alternative arrangements can be made, put the person in a quiet room with subdued lighting with a caregiver or other responsible individual or another officer who has experience in dealing with such persons.
7. Provide the person with any comfort items that may have been in his or her possession at the time of arrest (e.g., toys, blankets, foam rubber objects).

#### E. Interviews and Interrogations

Officers conducting interviews or interrogations of a person who is, or who is suspected of being, developmentally disabled should consult with a mental health professional and the prosecuting attorney's office to determine whether the person is competent to understand his or her rights to remain silent and to have an attorney present. If police interview such persons as suspects, victims, or witnesses, officers should observe the following in order to obtain valid information:

1. Do not interpret lack of eye contact and strange actions or responses as indications of deceit, deception, or evasion of questions.
2. Use simple, straightforward questions.
3. Do not employ common interrogation techniques, suggest answers, attempt to complete thoughts of persons slow to respond, or pose hypothetical conclusions, recognizing that developmentally disabled persons are easily manipulated and may be highly suggestible.

This project was supported by Grant No. 2000-DD-VX-0020 awarded by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. The Assistant Attorney General, Office of Justice Programs, coordinates the activities of the following program offices and bureaus: the Bureau of Justice Assistance, the Bureau of Justice Statistics, National Institute of Justice, Office of Juvenile Justice and Delinquency Prevention, and the Office of Victims of Crime. Points of view or opinions in this document are those of the author and do not represent the official position or policies of the U.S. Department of Justice or the International Association of Chiefs of Police.

Every effort has been made by the IACP National Law Enforcement Policy Center staff and advisory board to ensure that this model policy incorporates the most current information and contemporary professional judgment on this issue. However, law enforcement administrators should be cautioned that no "model" policy can meet all the needs of any given law enforcement agency. Each law enforcement agency operates in a unique environment of federal court rulings, state laws, local ordinances, regulations, judicial and administrative decisions and collective bargaining agreements that must be considered. In addition, the formulation of specific agency policies must take into account local political and community perspectives and customs, prerogatives and demands; often divergent law enforcement strategies and philosophies; and the impact of varied agency resource capabilities, among other factors.