

	SFASU POLICE DEPARTMENT	
	Policy 8.5 Assisting the Developmentally Disabled	
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	Approved: John Fields, Jr. Chief of Police	
	Reference:	

I. POLICY

Persons afflicted with developmental disabilities are limited in their ability to effectively communicate, interact with others, and make reasoned decisions on their own. While the symptoms may appear similar to individuals with mental illness, the reason for their behavior is different. 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 the needs of this department and the community as a whole.

II. 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.

III. DEFINITION

- A. **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 speaking, learning, mobility, self-direction, self-care, capacity for independent living, and economic self-sufficiency.

Developmental disabilities -- such as 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.

Many of the symptoms of a developmental disability resemble the symptoms of mental illness. However, they are quite distinct in origin. A developmental disability is one that has slowed or halted an individual's normal development.

The result may be permanent. Mental illness may occur in individuals who have fully developed mentally and physically but whose illnesses impact their behavior.

IV. PROCEDURES

A. Common Symptoms. Developmental disabilities take many forms. Also, 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 gesturing rather than words.
3. Repetition of phrases or words.
4. Repetitive body movements some of which may be harmful to themselves. These 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 or gross movements with poor 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 under sensitivity to pain.
12. Self-injurious behavior.

B. Common Encounters. Officers may encounter persons who have developmental disabilities in a variety of situations many of which involve persons without such

disabilities. However, due to the nature of developmental disabilities, it is possible to identify 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, such as stores or on the street.
2. Seizures. Some developmentally disabled persons, such as those suffering from autism, are 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 having a tantrum or engaging in self-destructive or threatening behavior.
4. Strange and bizarre behavior. Strange or bizarre behavior may take innumerable forms, such as picking up items in stores (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 violation of personal space, annoying others, or inappropriate touching of others or oneself, are sometimes associated with the developmentally disabled who often are not aware of what constitutes acceptable social behavior.

C. Handling and De-escalating Encounters. Some persons with developmental disabilities can be easily upset and may engage in tantrums or self-destructive behavior. They 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 de-escalate situations involving such persons in the course of taking enforcement and related actions. These include the following:

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

2. Keep the commotion down. To the degree possible, eliminate 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 should not 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 are obtained. Gaining eye contact in this and related situations is essential but may be difficult. 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 or other developmental disabilities may have 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. An officer who identifies a sensory impairment 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 softly. Avoid abrupt movements or actions.
- c. Use direct and simple language. Slang and common officer 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. For example, they may cover their 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 this repetitive behavior unless it is harmful to the individual or others.
- e. 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."
- f. Don't get angry at antisocial behaviors. For example, when asked a simple question, such as "Are you all right?" the person may scream, "I'm fine!" Many such persons don't understand that this is not appropriate.
- g. 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 absolutely necessary. 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 de-escalation protocols provided in this policy.
 5. Do not incarcerate the person in a lockup or other holding cell unless absolutely necessary.
 6. Do not incarcerate the person with others.
 7. Until alternative arrangements can be made, put the person in a quiet room with subdued lighting with a caregiver or other responsible individual or an officer who has experience in dealing with such persons. Provide the person with any comfort items that may have been in his or her possession at the time of arrest, such as 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.