



Understanding Intellectual or Developmental Disabilities: A Training for SROs




3 hour



1

Why Should You Care?



2

Why Should You Care?

Americans with Disabilities Act (ADA) requires law enforcement agencies make reasonable modifications in their

- Policies
- Practices
- Procedures


Necessary to ensure accessibility for individuals with disabilities unless those modifications fundamentally alter the program or service



3

Where is Jake?

- Benedictine School Eastern Shore
 - Residential placement October 2019
 - Within 6 months / academic improvement
 - Promoted to group home
 - 5 different jobs on campus
 - Self-Advocate with Pathfinders for Autism
 - Still very connected in Montgomery County
 - Graduated July 2024



4

Context Matters




I'm gonna...yeah...

5

Jake's Anxiety Triggers

- I'm going to get in trouble
- Don't know what's going to happen next
- Would rather hurt himself than receive a correction or consequence
- 30 NSSI (non-suicidal self-injury) with intent to redirect mom
- Jake's take on behavior



6

When Interacting with a Student with a Developmental Disability . . .

De-escalation techniques

- Be patient and give the student space
- Be alert to signs of increased frustration and try to eliminate the source if possible as behavior may escalate
- Use passions to redirect
- Avoid quick movements and loud noises



7

When Interacting with a Student with a Developmental Disability . . .

De-escalation techniques

- Identify yourself
- Be Calm
- Clear
- Purposeful
- Do not touch the student unless absolutely necessary



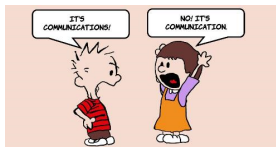
8

When Interacting with a Student with a Developmental Disability . . .

De-escalation techniques

- Behavior Mirror
 - If you are calm = calm
 - If you are tense = tense x's 10
 - If you are excited = excitement x's 10

Your emotions matter!



9

When Interacting with a Student with a Developmental Disability . . .

De-escalation techniques

- Check yourself first
- Using all your senses
- Breathing
- Brain
- Body
- Use your space



10

When Interacting with a Student with a Developmental Disability . . .

De-escalation techniques

- Positioning in their space
- Posture (shoulders, breathing)
- Stand or sit, next to or side/side
- Frontal can be imposing & threatening
- Use slow breathing
- Remember tone of voice
- Use phrases that offer two choices



11

When Interacting with a Student with a Developmental Disability . . .


De-escalation techniques

- Facial Expression
- Soft
- Smile
- “Mommy put on your sunglasses please, your eyes are talking to me. I don’t like your mad mommy eyes. They look mean and those kind of eyes scare me.”



12

It's All About that Face





13

When Interacting with a Student with a Developmental Disability . . .

De-escalation techniques

- Use positive statements & reinforce
- I like how you are calming down.
- Thanks for walking with me
- I see you are having big feelings
- Tell me more

14

It's Not About Being Politically Correct

It's about **Respect**


- Rosa's Law 2010
 - replaces "mental retardation" with "intellectual disability" in federal health, education, and labor policy
- People First Language



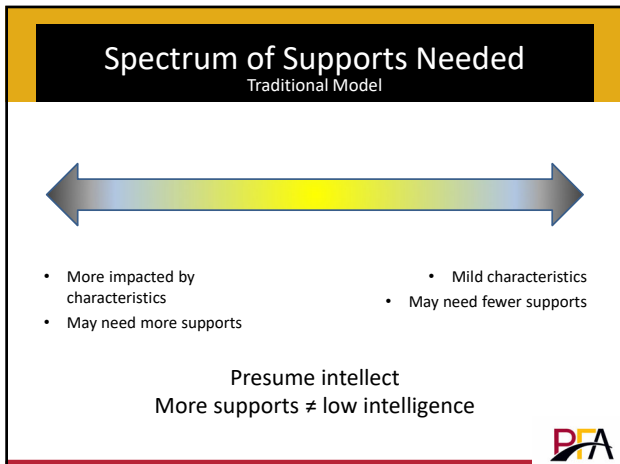
15

Common Core Disability Characteristics

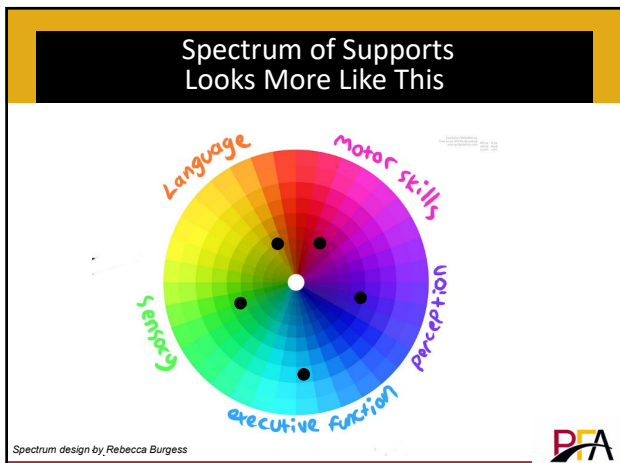
Disability	Visible Characteristics?	Communication /Language Processing Disorder	Sensory Processing Disorder	Social Interaction	Behavior
Autism	N	✓	✓	✓	✓
Cerebral Palsy	Y	✓	✓	✓	✓
Intellectual Disability	Y/N	✓	✓	✓	✓
• Down syndrome	Y	✓	✓	✓	✓
Tourette Syndrome	N	✓			✓
Fetal Alcohol Syndrome	Y				✓



16



17



18

Prevalence Statistics (from CDC)



- **1 in 6** of children age 3-17 have a developmental disability
 - 1 in 83 have an intellectual disability
 - 1 in 345 have Cerebral Palsy
 - 1 in 700 have Down Syndrome
 - 1 in 162 have Tourette Syndrome




19

Prevalence Statistics


- About **1 in 36** children has been identified with an autism spectrum disorder (ASD) according to estimates from the CDC.
 - **1 in 23** boys
 - 1 in 88 girls
 - **1 in 43** children in Maryland
 - **1 in 27** boys in Maryland
 - 1 in 116 girls

20

Possible Interactions with SROs

- Missing person
- Victim of a crime
- Criminal Activity
 - Alleged perpetrator
 - Cyber crime
 - Witness
- Behavioral Disturbance / Crisis Meltdown
- Substance Abuse
- Raise your right hand




21



22

Elopement and Wandering



- **26.7%** of all children with I/DD elope
- **49%** of children with ASD elope
- **1/3** (more than) cannot communicate their name, address or phone



23

Elopement and Wandering

- **71%** of deaths related to wandering caused by drowning

24

Recommendations SROs Can Make to Caregivers

- Personal ID – Identification card, medical ID bracelet, Safety Tat, shoe tag, IfINeedHelp.org
- Contact local dispatch so they will know your family, be aware of your situation, and can list emergency contact information if the person is found wandering
- Alert friends and neighbors
- Have the parents complete a First Responders Form
- Teach your child water safety



• www.pathfindersforautism.org/resources/safety



28

IfINeedHelp.org



FIRST NAME
Glenn Myers
Pathfinders For Autism

EMERGENCY CONTACT
Andrew Myers
443-686-1952

EMERGENCY CONTACT 2
Janelle Myers
443-686-1871

ADDITIONAL INFORMATION
Glenn Myers
302 Whelstone Road
Forest Hill MD 21050

Prader-Willi Syndrome
Autism

Glenn's PASSIONS are Police Officers, Fire Fighters,
Paramedics and Animals (Dogs)

No Allergies to Medication

Medication Sensitivity

Janelle Myers (mom) works for Harford County Sheriffs
Office



29

Risk of Victimization and Abuse

- Impaired cognitive abilities and judgment
- Physical disabilities and limitations
- Insufficient adaptive behaviors
- Constant interactions with “protectors” who exploit them
- Lack of knowledge of safety and ways to protect themselves
- Living in high-risk environments



30

Risk of Victimization and Abuse

- Inability to report victimization
- Inability to know how to seek help
- Eagerness to please others
- Inability to recognize an act is a crime
- Belief perpetrator is a "friend"
- Lack of awareness of seriousness of situation



31

Risk of Victimization and Abuse

- The individual's reduced privacy
- Lack of teaching regarding healthy sexuality and decision-making
- Reduced expectation by caregivers and others
- Limited friendships and increased social isolation
- Bullying



32

Seizures

Features can be:


- Muscle jerks
- Eyeball twitching
- Staring
- Inability to respond despite consciousness
- One body part twitching
- Raise your right hand



33


Seizure or Behavior Triggers

- Sleep deprivation
- Missed medications
- Hormones
- Drugs and alcohol
- Extreme emotional stress
- Low blood sugar
- Bright lights



34


Exercise Time



35

Communication/Language Processing Disorder

- May communicate with or without words
- May use alternative mode of communication – iPad or other assistive technology, gestures, sign language, PECS
- May be verbal, but unable to sustain a conversation
- May only cite scripts or use echolalia
- May use repetitive or idiosyncratic language (ASD and Tourettes)
- Articulation difficulties (ID/Down syndrome and Cerebral Palsy)



36

Communication/Language Processing Disorder

- May only understand direct language
 - May be able to speak but answers may seem blunt or tactless
 - May be unable to understand sarcasm, metaphors or euphemisms



37

Communication/Language Processing Disorder



38



Communication/Language Processing Disorder

- May appear deaf and may not respond to verbal cues
- Receptive and Expressive Language may require additional processing time



39

Communication/Language Processing Disorder

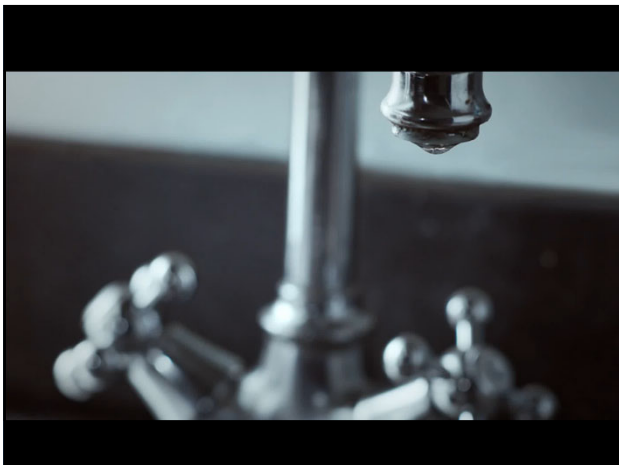


40

When Interacting with a Person with a Developmental Disability . . .



41



42

Sensory Processing

- sensitivity to sound, light and touch
- easily over-stimulated
- under-stimulated
- difficulty with body awareness and balance



43

Social Interaction

- May not make eye contact
- May not pick up on social cues or body language
- May not understand personal space
- May be huggers or kissers
- Down syndrome – may be overly social and not recognize the seriousness of situation



44

Social Interaction


- May lack social or emotional reciprocity
- May not respond “appropriately” – may laugh or giggle at inappropriate times
- Cerebral Palsy – may not be able to show signs of emotion
- May not develop peer relationships



45

Behavioral Effects

- May have obsessive tendencies (passions)
- May act impulsively
- Anxiety creates repetition
- Medication effects




46

“Bad Behaviors”


- All “behaviors” should be seen as communication
- People may engage in “acting out” or “aggressive behavior” because of:
 - The inability to communicate ideas, pain or mental health experience in ways that are effective, reliable and universally understandable*
 - Difficulty adjusting to new routine or situation

*From William Stillman, “Presuming Intellect”




47


When Interacting with a Person with a Developmental Disability . . .




ANXIETY



PROCESSING



BEHAVIOR



48

Misinterpreted Actions



49

SRO Considerations

Students with a developmental disability MAY:

- Not want their disability to be recognized by students and staff (and try to cover it up)
- Pretend to understand the severity of a situation when they don't
- Seem less credible as a result of behaviors
- Say what they think you want to hear



50

SRO Considerations

Students with a developmental disability MAY:

- Invade your personal space
- Reach for your badge or gun due to curiosity
- Not react well in emergency situations or recognize real danger (may re-enter burning school, be confused/upset by fire alarms, etc.)
- Appear to be under the influence of alcohol or drugs

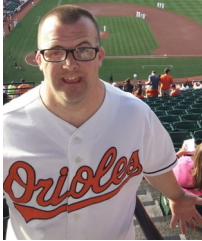




51

SRO Considerations

Students with an I/DD MAY:

- Have a high tolerance for pain
- Evaluate for injury toe to head

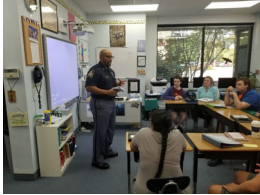



52

SRO Considerations

Students with a developmental disability MAY:

- Believe SROs are only there for “bad” students
- Not know what to do or how to seek help
- Be confused about who is responsible for a crime or wrongdoing





53

SRO Considerations

Individuals with a developmental disability MAY –

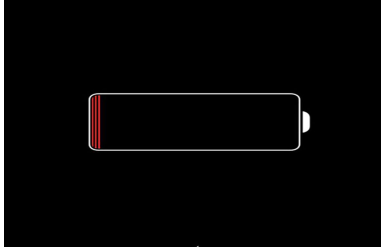
- Repeat words or mimic gestures of the SRO
- Have difficulty describing facts or details
- Not respond to “stop” or other commands
- React with “fight”, “flight” or “freeze”
- Answer “no” or “why” to all questions




54

Crisis

- Real or Perceived = REAL






55

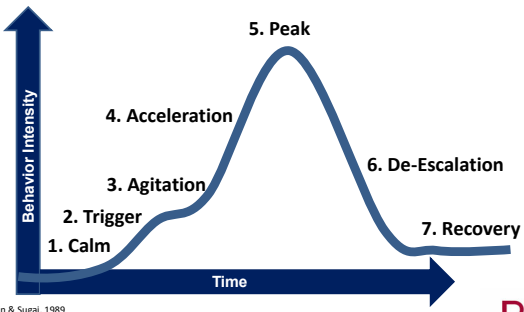
Possible Signs of Escalation

- Increasing resistance to requests
- Refusal
- Questioning
- Challenging
- Change in tone and volume of voice
- Focus on technology
- Sense of loss of control
- Increasing physical activity
- Loud
- Self-talk
- Swearing to self




56

The Escalation Cycle



Colvin & Sugai, 1989



57



58

Rapport, Rapport, Rapport



- Attend students' IEP meetings (if possible)
- Spend time with the student when there isn't a crisis to build trust
- Ask the student, family or teachers about:
 - Passions
 - Triggers
 - Coping strategies




59

After a Student's Bad Day

- Bad day at school could continue into a bad night at home
- Student might be holding it together at school – but melt down at home
- Notify local LE in case of call for service after school

60

At-Risk Restraint

- Be aware that the student might have low/under-developed muscle tone



61

When Interacting with a Student with a Developmental Disability . . .

- Remain realistic and honest
- Explain your actions in advance
 - I am going to place you in handcuffs
 - I am going to call for an ambulance
 - In 5 minutes we're going back to your classroom
- Don't make promises you can't keep



62

When Interacting with a Student with a Developmental Disability . . .



- Use simple sentences-avoid metaphors and sarcasm
- Ask questions one at a time
- Provide paper for the student to write/draw responses
- Give plenty of time for the student to process the information and respond
- Answering student's questions may minimize anxiety



63

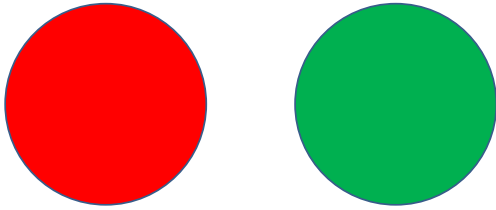

When Interacting with a Student with a Developmental Disability . . .

- Don't threaten
- Avoid accusatory statements
- Acknowledge all feelings
- Don't shame them to shape them

64


When Interacting with a Student with a Developmental Disability . . .

65


Talking with a Student

- Avoid leading questions
 - Describe what you see – not your interpretation of it
 - Did Johnny take your phone because he wanted to see your Snapchat?
- Use open ended questions
 - Did you see the person who hit you?
 - Will you show me?
- Offer "or was it something else?"
 - Was the person black, white or something else?
 - Were your clothes on, off, or something else?



66

Talking with a Student



Use their name at the start of each sentence so they know you are addressing them


Maintain a calm environment; minimize distractions, e.g., sensory

Consider an alternate location away from noise and distractions

Use clear, concise and simple language – no sarcasm, metaphors

Ask questions one at a time

Allow time for the person to process and respond



67

FOR MORE INFORMATION



Shelly McLaughlin, Program Director
smclaughlin@pfamd.org

Neal Lichter, Program Director
nlichter@pfamd.org

www.pathfindersforautism.org

Ret. Cpl. Janelle Myers
443.686.1871



Jenn Lynn
TheWorldAccordingtoJake.com
EmpoweringAutismCaregivers.com
Empoweringautismcaregivers@gmail.com



Officer Laurie Reyes
laurie.reyes@montgomerycountymd.gov
www.montgomerycountymd.gov/AIDD

68
