



## 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



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## 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
- Treat adults as adults



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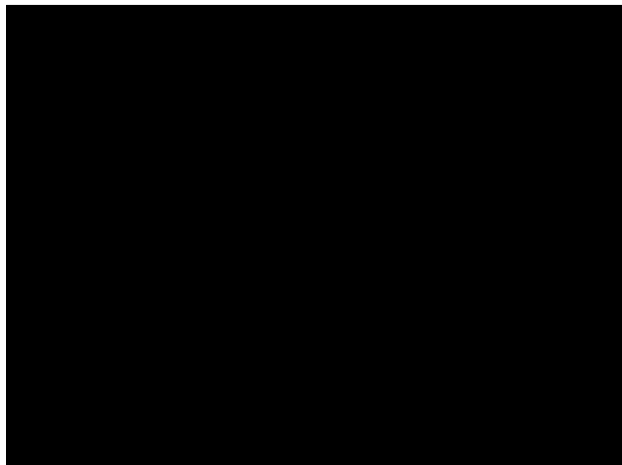
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## Safe, Understood, Included

Explain what it means to be Safe, Understood and Included from the following perspectives:

- People with intellectual and developmental disabilities (I/DD)
- The officer
- The community



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## 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				✓



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## Spectrum of Supports Needed


Traditional Model



- More impacted by characteristics
- May need more supports

- Mild characteristics
- May need fewer supports

Presume intellect  
More supports ≠ low intelligence



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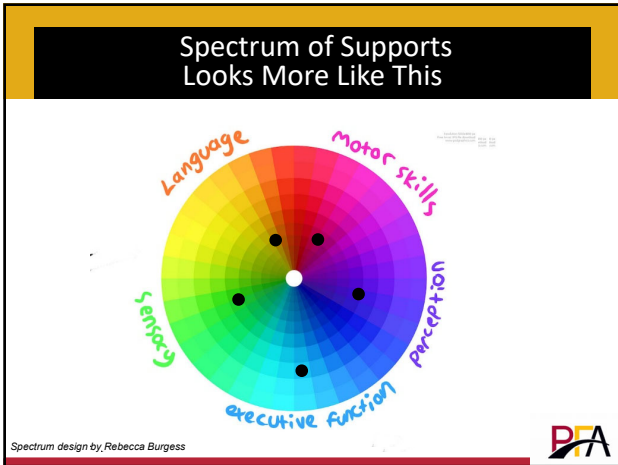
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### Prevalence Statistics (from CDC)

- **1 in 6** of children aged 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



Statistics as of December 2021 from the CDC

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### Prevalence Statistics

- About **1 in 31** children has been identified with an autism spectrum disorder (ASD) according to estimates from the CDC.
  - **1 in 20** boys
    - 1 in 70 girls
  - **1 in 38** children in Maryland
  - **1 in 24** boys in Maryland
    - 1 in 93 girls



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### Possible Interactions with Police

- Missing person
- Victim of a crime
- Criminal Activity
  - Alleged perpetrator
  - Witness
- Driving Incidents
- Domestic Disturbance
- Raise your right hand



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### 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



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### Elopement and Wandering

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



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## Elopement and Wandering

**June-October 2024**



**Fawzan Hassan**  
6 years old



**Marcel Traore**  
6 years old



**Ace**  
3 years old



**Miles McMahon**  
5 years old



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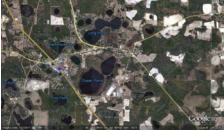
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## Elopement and Wandering – What to Do

- Google Map for bodies of water
- Get out of the car, go door to door with a photo
- Don't search with preconceived notions of where the person may/may not be
- Push caregivers about the amount of time a person has been missing
  - Let them know they aren't in trouble
  - Changes the parameter of search
- Use media and social media





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## Are you really looking at the bottom?





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## Recommendations Police Can Make to Caregivers and Staff

- 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](http://www.pathfindersforautism.org/resources/safety)



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## 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 Sheriff's  
Office



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## Seizures

Features can be:

- Muscle jerks
- Eyeball twitching
- Staring
- Inability to respond despite consciousness
- One body part twitching



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## Exercise Time



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## Possible Interactions with Police

- Missing person
- Victim of a crime
- Criminal Activity
  - Alleged perpetrator
  - Witness
- Driving Incidents
- Domestic Disturbance
- Raise your right hand



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## 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)



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### 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



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### Communication/Language Processing Disorder



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### Communication/Language Processing Disorder

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



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Communication/Language Processing Disorder



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



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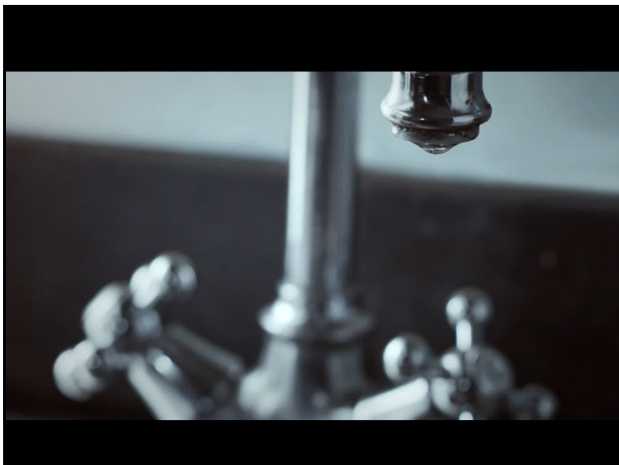
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## Sensory Processing

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



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## 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



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## 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



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### Behavioral Effects

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



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### “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”



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



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## Law Enforcement Considerations

### Individuals with a developmental disability MAY --

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



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## Law Enforcement Considerations

### Individuals 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 building, touch downed power lines, etc.)
- Appear to be under the influence of alcohol or drugs



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## Law Enforcement Considerations

### Individuals with an I/DD MAY --

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



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## Law Enforcement Considerations

### Individuals with a developmental disability MAY –

- Be overwhelmed by police presence
- Not recognize the uniform as a sign of authority
- Not know what to do or how to seek help
- Be confused about who is responsible for the crime



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## Law Enforcement Considerations

### Individuals with a developmental disability MAY –

- Repeat words or mimic gestures of the officer
- 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



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## Misinterpreted Actions



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### Crisis

Real or Perceived?  
**Real!**



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### Calm and Console



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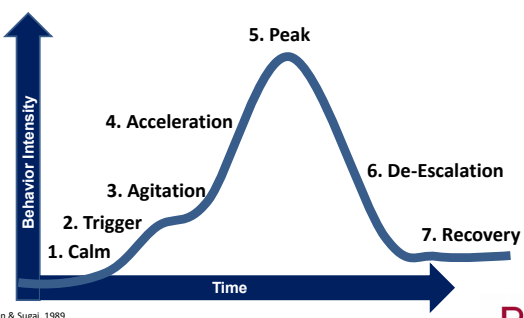
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### The Escalation Cycle



1. Calm  
2. Trigger  
3. Agitation  
4. Acceleration  
5. Peak  
6. De-Escalation  
7. Recovery

Behavior Intensity

Time



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

#### De-escalation techniques

- Be patient and give the person 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
- Do not touch the person unless absolutely necessary



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

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



- If in custody, alert jail authorities



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

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



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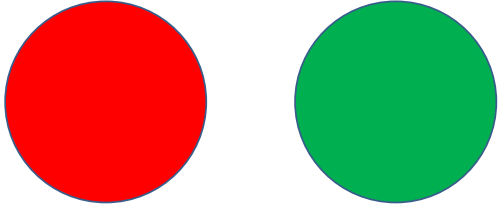

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**When Interacting with a Person with a Developmental Disability . . .**

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

- Speak directly to the person with ID/DD (then caregiver or staff)
- If the person doesn't use verbal communication, make every effort to get information from the person
- Avoid complex words
  - Who **assaulted** you?
  - What was the **assailant** wearing?



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

- Avoid leading questions
  - Describe what you see – not your interpretation of it
  - Did you take the item from the store because you wanted it?
  - Did you hit your roommate because he stole your CD?
- 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?



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FOR MORE INFORMATION



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# PFA Tips

## Explaining Autism Using Everyday Examples

**W**e've all been there. The glaring stares of others as our children react by melting down from sensory overload, or race to the kitchen to explore the inner workings at a restaurant, or repeatedly jump up with excitement when everyone else is sitting quietly. So how do we explain autism to someone who doesn't understand, has never had close experience with someone with autism, or who hasn't yet learned that autism is a broad spectrum disorder? Here are some everyday examples to help people understand autism using familiar frameworks.

### Verbal does not mean smarter

Have you ever had a bad case of laryngitis? It was frustrating not being able to say what you meant or ask for things you needed, wasn't it? But while you couldn't speak, you were still processing information and your intelligence level certainly didn't change. And were you given the benefit of alternative communication by using a pencil and paper, or a computer?

### Running out of the classroom

Sensory overload might be difficult for most of us to appreciate. So imagine putting a desk inside the Harbor Tunnel during rush hour. About 40 feet away from the desk stands a teacher who is going to orally give you algebraic word problems to complete. How long would you be able to sit there with the flashing lights and thunderous sounds of the cars racing by? And how well would you do on those algebra problems?

### OUCH - that hurts!

Let's continue with more on sensory issues. Have you ever had a tag in your shirt that really bothered you? Yes? Good. Now let's add cactus needles to that tag. Lots of them. We don't know why some people with autism may have incredibly heightened sensitivities, but they are very real.

### Over excitement

Let's pretend you and your child are attending a birthday party where a magician is performing. Your child is jumping up and excitedly running up to the magician or calling out and another parent is noticeably annoyed and asks you to control your child. While we would all agree that this parent perhaps needs his own time out, remind him how it feels when we go to a baseball or football game and our team has just hit a homerun or scored a touchdown. We jump, we yell, we high-five the strangers behind us. If only the rest of us could

experience that level of joy from everyday activities.

### Flexible thinking and transitions

We have all experienced the joy of preparing our taxes. You were in that "tax zone" – your mind fully concentrating on receipts, expenses, and wondering what other exemptions you may have forgotten. How would you have reacted if while in this zone, someone came along and turned your computer off? Or how would you react if during the Super Bowl in a close game in the 4th quarter your cable suddenly went out? That's how our child who is working on a puzzle feels when you suddenly announce it's time to pack up and go.

### Must touch!

We've been in the elevator and have seen "that look" in our children's eyes and we know what they are about to do. Yes – they are going to hit every button. As the other passengers begin to roll their eyes, ask them to take a moment (because you have the time now on this long elevator ride!) and think of freshly baked chocolate chip cookies. But they can't have one. The soft doughy centers, the gooey chocolate, the irresistible smell. It's a giant full plate, so no one would even notice if one was missing. And the plate is so close it's almost touching their shirts. But, they are not allowed to eat one and really, they need to pretend the cookies aren't there. How easy is that?

### That's not what I meant

How often have you gotten an email or sent an email and the intention of the message was completely misunderstood? Without the verbal tones and facial cues most of us rely on for message interpretation, it's not uncommon to misread intent. Now, imagine all of your communication was carried out by tone deaf emails and you had to guess the intent of



each message. Or, travel to a far away country and try to understand metaphors that are culturally specific and make no sense to you. Think how much more comfortable you would be in that country if people just said exactly what they meant.

We're not fooling ourselves. There will always be people who don't understand, or who don't display the tolerance we wish they had. But maybe together we can reach enough people to make a difference and give people that "ah-ha!" moment and make the world a more comfortable place for the people we love with autism.

For more articles on this topic, visit:

"Everyone has Autism" by William Stillman  
<https://www.williamstillman.com/archive/everyone-has-autism.php>

"The World Needs Autism" by William Stillman  
<https://www.williamstillman.com/archive/the-world-needs-autism.php>

Written by Shelly McLaughlin, Program Director, Pathfinders for Autism

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# De-Escalation Strategies

This is not an exhaustive list of de-escalation strategies. If a caregiver is present, ask that person for tips on the person's triggers and calming strategies. Note, not all of these techniques will be effective for each person. You may have to try several of the listed options before discovering what works best for that person.

## Communication

- Identify yourself
- Use non-threatening body language
- Call the person by their name
- If the person doesn't use verbal communication, allow them the opportunity to write or type.
- Look to see if the person uses a communication device. If so, they may need to keep it with them.
- Use active listening
- Ask questions one at a time
- Speak calmly
- Speak in short sentences and use direct, literal language – no sarcasm or slang terms
- Have the person go with you to a place where more personal (1:1 communication) can occur
- Understand the person may need processing time and may not be able to respond to questions, commands or instruction immediately
- Consider using pictures or other visuals, gestures, written text
- Let the person know how long you want to talk, and when they get a break. Set a timer so the person can see how long they have until the break. Keep in mind some people may only be able to tolerate 10, 5 or even only 3 minutes at a time.

## Redirection

- Redirect using the person's passions (ex. if the person's passion is dogs, talk about your own dog, pull up pictures of dogs on the internet, etc.)
- Is there something you might have in your car of interest to them?

## Sensory issues

- Move to a quiet area if possible
- Cut lights and sirens if safe to do so
- Turn down police radio
- If the person seems somewhat "lost in space", allow them to anchor themselves. Offer them to lean on your car, against a guardrail, sit in a chair or on the curb, etc.

## Make the person feel empowered

- Remind the person of potential consequences of actions
- Guide the person through problem solving
- Remind the person of coping skills: Ask "when you are feeling this way, what helps you?"
- If possible give the person choices so they don't feel as though they have lost all control of the situation

## General techniques

- Slow your movements down and telegraph your movements – state each action you are taking so your movements are predictable
- When doing a physical assessment for injury, go toe-to-head (rather than head-to-toe). This way you are going from least invasive, to most, and that can help reduce anxiety.
- If the person is not at risk for injuring themselves or others, try waiting it out and allow them time to decompress on their own.



## Questions Dispatchers and First Responders Should Ask

This is not an exhaustive list, however these questions and tips offer the basics in information gathering when a person with an intellectual/developmental disability (IDD) is involved.

### General Questions for the Caregiver

- What is the person's diagnosis?
- What are the person's triggers, fears and passions?
- What coping strategies does the person typically use?
- Does the person have sensory issues? What is their tolerance for lights, sounds, touch?
- What communication methods does the person prefer?
- What assistance does the person need? Do they need time? Support? Space?
- Is the person threatening to hurt themselves or others?
- Is the person on any medications?
- Is the person afraid of police? Will they recognize a police uniform?

### Critical Missing - Questions for the Caregiver

- Does your child have a favorite or typical place where they go? (Or has expressed a desire to go?)
- What are your child's triggers, fears and passions? Include specific resources used by search teams – K9s, helicopter, police, police cars, etc.
- Will your child respond to their name?
- Do they have any form of identification on them?
- Do they have sensory issues? What about tolerance for lights, sounds, touch?
- Where are the bodies of water?
- Can your child swim or understand water safety?
- How long has the person been missing? (push for an accurate time frame)
- Is the person on any medications?
- Is the person afraid of police? Will they recognize a police uniform?

### Tips when questioning an individual with an intellectual or developmental disability:

- Ask open-ended questions, such as, "What is happening?" or "How can I help you?"
- Avoid questions requiring abstract thinking such as, "How old do you think he was?"
- Do not pretend to understand a response
- Be alert to signs of increased frustration
- Tell the person what actions you are taking
- If the person doesn't use verbal communication, allow them the opportunity to write, type, or use pictures.
- Look to see if the person uses a communication device. If so, they may need to keep it with them
- Ask questions one at a time
- Speak calmly
- Speak in short sentences and use direct, literal language – no sarcasm or slang terms
- Understand the person may need processing time and may not be able to respond to questions immediately
- Expect and allow for rocking or other self-soothing behaviors
- Take your time, there's no need to rush or add undue pressure once you know the person is safe

Should any medical attention be required, notify the medics as soon as possible that the person has an IDD. If medical attention is non-emergent, introduce the medics as though you were introducing a friend of yours to another friend. If you, the officer, have built a rapport with the person, consider riding in the medic with them in an effort to minimize any anxiety or sensory overload.



# Critical Missing Persons

## If you find an individual with an Intellectual/Developmental Disability (IDD)

Exercise care when looking for identification, labels, shoe tags, etc. Keep your movements slow and tell the person each action you're taking so your movements are predictable. Consider starting from toe to head instead of head to toe (this way you're going from least invasive to most - and that can help reduce anxiety).

### Look for the following items:

- State ID
- Look for Emergency Contacts listed on ID (scroll to bottom of soundex)
- Labels in/on clothing
- Shoe tags
- Medic Alert bracelets
- Temporary tattoos

### Assess for possible abuse or neglect

- Once you have identified where the person lives, pause before simply taking them back.
- Abuse and neglect are common – individuals with I/DD are 4-10 times more likely to be victimized than the general population. This is the case for both relatives and non-familial caregivers.
- Look in the house for other signs of possible abuse and neglect
- If you suspect abuse or neglect, call the proper agency for an investigation:
  - For children - Child Protective Services (CPS)
  - For adults - Adult Protective Services (APS)

**26.7%** of all children with IDD elope

**49%** of children with Autism Spectrum Disorder (ASD) elope from a safe environment

**More than 1/3** of children with ASD cannot communicate their name, address or phone number

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

## If you are searching for someone

### Questions to ask the caregiver

- Has the person ever eloped before?
- If so, where did the person go?
- Can your child swim or understand water safety?
- Does the person have family/friends or favorite place nearby they might be trying to visit?
- Is the person able to verbally communicate? If no, how does the person communicate?
- Will the person respond to their name?
- Will they bolt and run (do they lack regard for safety/traffic)? Do they like to be chased (think it is a game)?
- What developmental/cognitive age would you describe the person? Would they be able to perform any self-care tasks, ie. going to the bathroom alone, seeking shelter from inclement/dangerous weather, seek out food/water for themselves?
- Is the person on any medications?
- What are the person's passions?
- Is the person afraid of dogs and helicopters, or would K9 and aviation draw him out?
- Is the person afraid of police? Will they recognize a police uniform?

<https://pathfindersforautism.org/resources/safety/>



# Critical Missing Persons

*...continued*

## What to do in a search

- Google Map for bodies of water – SEND OFFICERS THERE IMMEDIATELY
- Call in resources to saturate the area
- Get out of the car, go door to door with a photo
- Don't search with preconceived notions of where the person may/may not be
- Push caregivers about the amount of time a person has been missing
  - Let them know they aren't in trouble
  - Changes the parameter of search
- Use media and social media
- Don't let distractions keep you from your search (ex., end of shift)
- Check hospitals – GO THERE
- Pass look-outs on to metro, neighboring jurisdictions, etc.
- Have neighbors check their houses
- Minimum of 2 officers check house (or last place seen) independently
- Use Reverse 9-1-1 / A Child Is Missing to get the information out (this service is an auto-dialer that will call households within a zipcode(s) area and notify residents of critical missing children or vulnerable adults)
- Should any medical attention be required, notify the medics as soon as possible that the person has an IDD. If medical attention is non-emergent, introduce the medics as though you were introducing a friend of yours to another friend. If you, the officer, have built a rapport with the person, consider riding in the medic with them in an effort to minimize any anxiety or sensory overload.