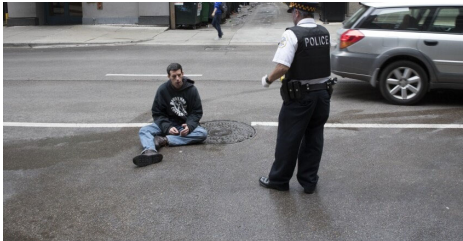



Understanding Individuals with Intellectual or Developmental Disabilities in Crisis



2 hour CIT



1

IMPROVING THE LIVES OF PEOPLE WITH AUTISM AND THE PEOPLE WHO CARE FOR THEM

PATHFINDERS FOR AUTISM

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 they need to keep it with them.
- Use active listening
- Ask questions one at a time
- Speak calmly
- Respond to their sentences and use direct, literal language - no sarcasm or slang terms
- When the person gives you a topic where more information is communicated, do your best to understand the person may need processing time and do not be able to respond to questions, comments or instruction immediately
- Consider using pictures or other visual, gestures, written text
- Let the person know how long you want to talk, and when they go to sleep. Be strict on the person do not use how long they have and the break. Keep in mind some people may only be able to tolerate 10-15 or even only 3 minutes at a time.

Restraint

- Restrain using the person's position, do if the person's position is safe, call about your own dog, pull up pictures of dogs on the internet, etc.)
- Is there something you might have in your car or house to share?


Handouts



For more information, contact:
Shelly McLaughlin, Director of Safety Programs
smc@pfaforautism.org

Help Line: 801.226.2261 • Office: 801.226.2270
www.pfaforautism.org

pathfindersforautism.org/resources/safety/le-handouts/




2

Why Should You Care?

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

- Policies
- Practices
- Procedures

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




3

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



4

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				✓



5

Spectrum of Impact


Traditional Model



- More impacted by characteristics
- May need more supports

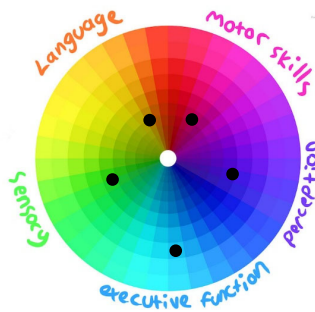
- Mild characteristics
- May need fewer supports

Presume intellect
More supports ≠ low intelligence



6

Spectrum of Impact Looks More Like This



Spectrum design by Rebecca Burgess



7

Possible Reasons for a Crisis

- Wandering/Elopement
- Victimization/Abuse/Neglect
- Criminal Activity
- Driving Incidents
- Domestic Disturbance
- Medication



8

Seizures

Features can be:

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



9

Exercise Time



10

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)



11

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



12

Communication/Language Processing Disorder



13

Communication/Language Processing Disorder

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



14

Communication/Language Processing Disorder



15

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



16



17

Sensory Processing

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



18

Social Interaction

- May not make eye contact
- May not pick up on social cues or body language
- May not understand personal space
- May not respond “appropriately” – may laugh or giggle at inappropriate times



19

Behavioral Effects

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



20

“Bad Behaviors”

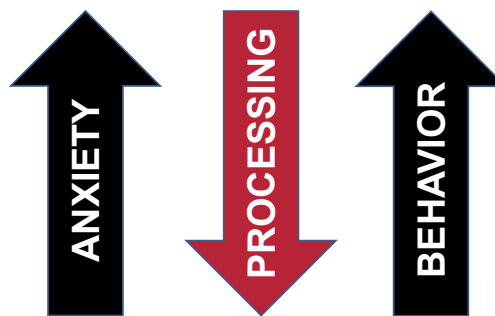
- All “behaviors” should be seen as communication
- People may engage in “acting out” or “aggressive behavior” because of:
 - The inability to communicate ideas, pain or mental health experience in ways that are effective, reliable and universally understandable*
 - Difficulty adjusting to new routine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

*From William Stillman, “Presuming Intellect”



21

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



22

Misinterpreted Actions



23

Crisis

- Real or Perceived = REAL



24

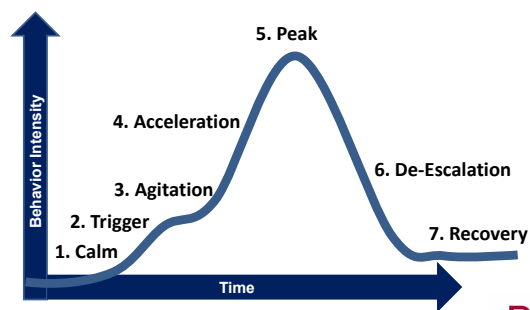
Possible Signs of Escalation

- 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



25

The Escalation Cycle



Colvin & Sugal, 1989



26

Group Homes

- Not every group home is the same
- Ask to see the person's plan to see if it addresses how to handle different situations
- Remember: "bad behaviors" are communication
- You may need to educate the staff



27

Group Homes – Repeat Calls

You may want to:

- Ask for the supervisor in charge of that group home
- Document the incident
- Ask about medication changes
- Ask about life or family changes



28

CIT Considerations

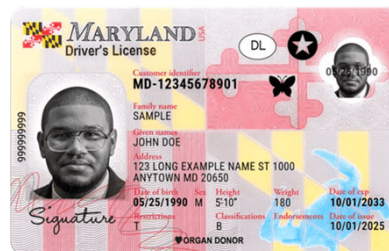
Individuals with a developmental disability MAY –

- 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



29

Eric's Law



30

CIT 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



31

CIT Considerations

Individuals with an I/DD MAY --

- Have a high tolerance for pain
- Anxiety surrounding treatment may inhibit seeking medical attention
- Pain compliance techniques may not work



32

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



33

CIT 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



34

CIT 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



35

Calm and Console



36

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
- Telegraph your movements and make things predictable
- Minimize external sensory input
- Do not touch the person unless absolutely necessary



37

Stimming



38

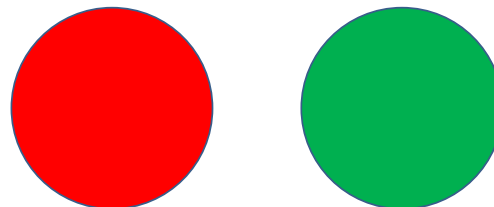
When Interacting with a Person with a Developmental Disability . . .

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



39

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



40

On Scene Resources

- Mobile Crisis
- EMS
- Caregivers
- Support Staff
- Person's therapist



41

Maryland Resources

- Pathfinders for Autism - pathfindersforautism.org
 - Online provider directory (legal, medical, educational, therapies, etc.)
- Sensory Kits from The Hussman Institute
 - Beth Benevides 443.590.3164
- Adult Protective Services/Child Protective Services
 - 1-800-91Prevent (1-800-917-7383)




42

IMPROVING THE LEVEL OF PEOPLE WITH AUTISM AND THE PEOPLE WHO CARE FOR THEM

PATHFINDERS FOR AUTISM **De-Escalation Strategies**

Handouts



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. Below, 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 they may need to help to write 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, comments or instruction immediately
- Consider using pictures or other visual, gestural, written text
- Let the person know how long you want to talk, and when they get a break. Ask a friend if the person can use how long they have until the break. Keep in mind some people may only be able to tolerate 10-15 or even only 5 minutes at a time.

Reflection

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

Sensory Issues

- Point to a quiet area if possible
- Car lights and music if safe to do so
- Turn down phone radio
- If the person seems overwhelmed "let's open" allow them to drive themselves. Offer them to lean on your car, against a guardrail, sit in a chair or on the back seat.

Make the person feel empowered

- Reinforce the person of potential consequences of actions
- Guide the person through problem solving
- Reinforce the person of being calm. Ask "when you are feeling you, who else help you?"
- If possible give the person choices so they don't feel as though they have lost all control of the situation


General techniques

- Show your movements slow and deliberate your movements - give each action you are taking one your movements in a predictable
- When doing a physical assessment for injury go clockwise (from handouts) This way you are going from least invasive to most, and that can help reduce anxiety
- If the person is not at all for helping themselves or others, or making it bad and allow them time to decompress on their own.

For more information, contact:
Shelly McLaughlin, Director of Safety Programs
smclaughlin@pfamd.org

www.pathfindersforautism.org

pathfindersforautism.org/resources/safety/le-handouts/



43

FOR MORE INFORMATION



SAFETY • COMMUNITY • RESOURCE

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443-686-1871

Neal Lichter, Program Director
nlichter@pfamd.org

Ret. Officer Amy Stoughton
amy.stoughton@montgomerycountymd.gov
301.370.9531

www.pathfindersforautism.org

44



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

- Does the person have a disability or mental health condition we should be aware of?
- 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.