



INTERACTING AND DE- ESCALATING INDIVIDUALS WITH SPECIAL NEEDS

A course for law enforcement officers

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EPIDEMIOLOGY AND DEFINITIONS

- Clinical Definition of Intellectual Disability or Developmental Disability

- In order to be diagnosed with ID or DD the DSM criteria requires:

- - Subaverage IQ
- - Decreased Adaptive function in at least 2 areas,
- - Onset before age 18YO


- Individuals fall into several categories:

- Mild 55-70 about 85%
- Moderate 35-55 about 10%
- Severe 20-40 about 3-4%
- Profound <20 about 1-2%

OFFICERS

Due to the high percentage, level of adaptability, and personal freedom, LEO likely will be dealing with individuals that fall under mild and moderate

IDENTIFYING SPECIAL NEEDS POPULATION

- **Physical disability-** muscular dystrophy, MS, chronic asthma, epilepsy
 - **Sensory Impairment-** blind, visually impaired, deaf, limited hearing
 - **Behavioral/Emotional Disruptions-** ADHD, bi-polar, ODD
 - **Developmental Delay-** downs syndrome, autism, dyslexia, processing disorders
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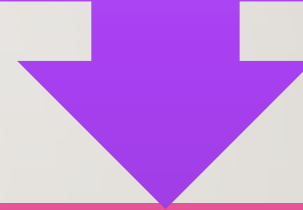
- *OFFICERS*
- You have likely dealt with and have been trained on identifying and de-escalating the first three populations (physical, sensory and behavioral).
- Interaction with the fourth group may often look like:
 - Community Policing
 - Volunteering
 - Cooperative
 - Friendly
- However, today we will discuss interactions that involve chaos and/or crisis

DEVELOPMENTAL DISABILITIES



CAUSES

Only 25% have known causes



Most are:

Chromosomal
abnormalities

Other genetic
factors

Prenatal and
perinatal
factors

Acquired
childhood
disorders

Environmental
factors*

Sociocultural
factors*

TERMINOLOGY

Old harmful terms "retarded", "invalid", "crazy", "brain damaged", "birth defect", "crippled", "handicapped", "mongoloid", "slow", etc. the list is endless

- Intellectual/Developmental Disability
- Person with Autism (Autism Spectrum Disorder, ASD)
- Neurotypical vs "normal"
- Not mentally ill (may have concurrently)
- It is important to humanize these individuals.
- Use terms that denote respect and understanding

You might catch yourself wondering:

"Shouldn't these people be with their parents or something? Or in a 'home'?"

INTERACTING WITH LAW ENFORCEMENT

In fact you may encounter these individuals often on your normal patrol in settings such as:

- Group Homes
- All levels of schooling (college/university etc)
- Homeless, low income, low SES (resources, education, parents etc)
- Working at places you frequent on shift (grocery, fast food, nursing homes, schools, etc)
- Live in with aging parents, relatives, grandparents etc Independently, on their own
- Americans with Disabilities Act 1990 (ADA)

HOW PEOPLE WITH ID VIEW POLICE?

- Through common experience of:
- Movies
- TV
- Video games
- Media
- and personal interactions

It is necessary to engage with these individuals in non crisis situations. This includes visiting community members known to have a DD or ones you observe on your daily patrol.

Recognizing the Signs

Physical

- Disability, blading, pacing, pulling hair, walking away,

Verbal

- Stutter, speech impediment, noises, clicks, yelling, screeching, silence, grunting

Behavior

- Twisting fingers, rocking, flapping, making a fist, unnatural breathing patterns,

Visual

- Staring at your firearm, darting eyes, looking for exit,

STIM (SELF STIMULATING BEHAVIORS)

-STIM- self stimulatory behaviors- rocking, flapping, pacing or flicking.

- People with autism, common
- what makes it stim and not just fidgeting, it goes beyond what is cultural tolerated
- it occurs during stress, anxiety, excited, can feel comforting.
- self regulations / self calming
- sensory overload

WHAT DO THESE BEHAVIORS MIMIC?

These present as PRE ATTACK INDICATORS in law enforcement

- muscle contraction
- blinking
- blading
- targeting
- scanning
- flanking

How do we recognize the difference?



PRE ATTACK INDICATOR VS STIM (SELF STIMULATING BEHAVIOR)

- Coordination, location, time, situation, level of offense, officer subject factor, level of expertise, stuttering, slow speech but not intoxicated/high
- *are using to self regulate or cope with the stress/crisis/trauma
- Now what?

TAKING STEPS TO REACT

- SLOW DOWN! -SLOW DOWN (10-15 sec)
- neutral environment (be aware of sensory overload (radio, flashlights, overheads, sirens etc))
- calm melodic tone
- reconnect with reality
- clear/no clichés
- be flexible/negotiate
- may not like to be touched

SLOW DOWN!

- - Ask "What else? What else" (very effective)
- - Try directed, open ended ?'s
- - Recap, summarize, Clarify
- - Use time anchors
- - Be prepared to take more time
- - Speak naturally
- - Give necessary time for a response
- - At end, summarize and wait for affirmation



**Effective
Interview Tips**

SLOW DOWN!

- - Use short directed phrases
- - Avoid figurative, random, slang comments, i.e. "Spread eagle"
- - Talk calmly and repeat yourself if needed
- - Use gestures, do so slowly
- - Respect personal space
- - Be respectful of person's protective responses to lights, sounds, touch etc.
- - Segregate from prison population



**Effective
Interview Tips**

SLOW DOWN!

- REPEAT QUESTIONS FROM A SLIGHTLY DIFFERENT PERSPECTIVE
- AVOID FRUSTRATING OR COMPLICATED QUESTIONS
- NEVER DISRESPECT THE PERSON; THEY WILL SENSE IT AND BECOME LESS COOPERATIVE



Effective
Interview Tips

SETTING THE STAGE FOR INTERVIEW

- Interviewees may have issues with your approach
- Yes/no questions with follow up
- Cross-questioning techniques/item reversal
- Multiple Choice questions
- Memory issues with lists of options
- Either/Or Questions
- Note serial position effects
- Avoid leading questions
- Use physical expressions and gestures
- Utilize informants

SAFETY FIRST!!!

If a person is ID is holding a knife or a gun, they are still a person with a weapon

- The advantage is that if you identify/recognize the signs and behaviors of a person with ID early on in the interaction, you can react accordingly

ACT

- -If there is no time= safety of others/self
- -Give clear/brief description while you begin physical de-escalation
- -Continue conversation, be brief
- -Check breathing
- -No extreme pressure on neck, back, lungs etc
- -When the situation is calm, begin to debrief the individual to a calm state

THINGS TO REMEMBER:

- - The individual is processing the incident slower than you
- - Reaction time will be slower
- - Skill will be low (how are they holding the weapon, are they posing a threat to anyone, how are their body movements and position etc)
- - Take a deep breath and take cover, is there time to think, how imminent is the threat, can you clear the area etc

if a 15-20 sec response time is needed for questions, imagine the physical time you may be able to work with*

MOVING FORWARD

- Exposure is KEY
- Seeking out positive interactions in times of low stress is important
- You, or department, have taken the first step by attending (or requiring you attend) this training.



HOW TO MOVE FORWARD

• Engage

- stop and talk to community members you are aware have ID

• Explore

- research your jurisdiction, where are the county board of DD, residential homes, schools that support ID

• Expose

- plan a meeting to introduce yourself or other officers to ID pop, give them time to ask questions, hug you, touch your badge, stare at your gun, see your cruiser, etc

• Explain

- speak with coworkers on what you learned, request a training at your PD, share info etc

IN CLOSING

- Safety First, use force appropriately and when needed
- An example of a 20 second pause is uncomfortable, be patient and...SLOW DOWN
- Identify, Recognize, React and Act
- Utilize your resources
- Consequences are to be expected. Discuss rules and inject the individual into your example.
 - Treat them with a similar standard.
 - Ask yourself if the punishment is appropriate for their level of development
- Always treat individuals with special needs in a manner of respect
- Our goal is to assist the individual to regain a self control