



SLIDE 7.1
TITLE SLIDE

Intellectual and Developmental Disabilities

Time: 120 minutes

Slides: 31

Purpose: This module introduces participants to intellectual and developmental disabilities (IDD), their characteristics, how to recognize them, and tips for responding more effectively as an officer.

Instructor:

It is recommended that this module be co-taught by a disability advocate or professional and a person with a developmental disability. A field training officer or coordinator in crisis response should also be available to assist with the delivery of the content, as needed. Encourage participants to ask questions throughout the module.

Learning Objectives:

Upon completing this module, participants should be able to:

1. Understand the basic characteristics of IDD;
2. Describe at least three strategies to identify potential IDD;
3. Name at least four common interactions with law enforcement; and
4. Use effective communication skills when interacting with a person with a disability.

Activities:

- **Video** (Play up to 5:40): *Officer Interaction with a Teen with Autism*
https://www.youtube.com/watch?v=FL5_ePqmH2Q&t=8s&ab_channel=12News
- **Video** (Play up to 3:21): *What is Stimming? Symptoms of Anxiety and Self Stimulation*
<https://www.youtube.com/watch?v=F5H17FHYa-k>
- **Brief Role Plays for Discussion:** Law Enforcement Interactions with People with Intellectual and Developmental Disabilities (Instructions available in the back of this guide and in the additional Trainer’s Materials for this module)

Other Resources:

- [Mental Health Conditions & Developmental Disabilities: Why Know the Difference](#)
- [Developmental Disabilities: What Law Enforcement Officers Need to Know](#)

Module Overview



- Developmental Disabilities
- Common Interactions
- Response Tips for Officers
 - Identification
 - Communication

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SLIDE 7.2 MODULE OVERVIEW



Trainer Note: Use this slide to briefly introduce the topics that will be covered in this module. Note that not all types of developmental disabilities will be covered but encourage participants to explore this topic beyond the brief introductory training provided today.



SLIDE 7.3 VIDEO – OFFICER INTERACTION WITH A TEEN WITH AUTISM



Trainer Note: It is recommended that the presentation of this slide and video be led by a law enforcement professional. Begin this module by showing the body-worn camera footage of a police officer’s interaction with a teen with autism. Introduce the video before showing it, using the information below to support this introduction.

Before showing the footage, tell participants that **the use of this video is meant to highlight the importance of officer training on intellectual and developmental disabilities (IDD) to inform their responses.** The body-worn camera footage shown is one example of how an officer may escalate a situation without training to understand behaviors related to IDD. **Be sure to stop the video at 5:40.**

Following the video, facilitate a brief **Q&A** to engage participants in a discussion on the officer’s interaction with the teen and highlight key tips for responding that will be touched on later in the module.



Video Activity: Body Camera Footage of Officer Interaction with Teen with Autism
https://www.youtube.com/watch?v=FL5_ePqmH2Q&t=8s&ab_channel=12News
(Play up to 5:40)

Video Description: This video presents body-worn camera footage of an officer’s interaction with a teen with autism in a park. While on patrol, the officer observes the teen behaving strangely and believes drugs may be involved. The officer approaches the teen, and their interaction unfolds from there.

Content Warning: The body camera footage may be startling and elicit an emotional reaction in some people. Prior to playing the video, consider who is in the room – including any non-law enforcement participants, co-trainers, and people with lived experience. Be sure to brief the



room on the content of the video and provide the opportunity for individuals who may be affected negatively by the audio/visual of the interaction to exit before the video is played.



Trainer Note: Encourage participants to listen to what the teen says to the officer when he is approached, watch how the interaction unfolds, and think about what went well in the interaction and what the officer might consider doing differently next time.

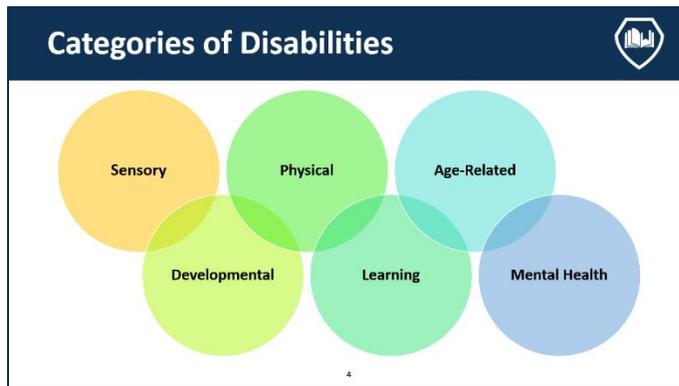


- **Ask participants if they heard what the teen said to the officer when he was asked what he was doing.**
 - The teen says that he is stimming and shows the officer a black string.
 - **Ask participants if they know what stimming is.** Let them know that stimming will be discussed in greater detail later in the module.
- **Ask participants to name some things that went well in the interaction and list those on a whiteboard or poster-size paper.**
- **Ask what they think the officer could have done differently to keep the situation from escalating.** Write those points on a separate part of the whiteboard or poster-size paper and keep it on display to refer back to throughout the module. Use the communication tips highlighted in the module to encourage discussion and raise key learning points.



Trainer Note: Before moving on to the next slide, tell participants that this module will provide information on several verbal and behavioral characteristics of individuals with IDD and highlight tips for responding that they may use when interacting with people they suspect may have an IDD.

It is important to conclude the discussion on a favorable note – acknowledge the many positive interactions that law enforcement officers have with people with disabilities, emphasize the learning opportunity that footage like this provides, and reference the content that will be presented within this module. Whenever possible, refer back to the video to highlight key learning points.



SLIDE 7.4 CATEGORIES OF DISABILITIES



Trainer Note: Remind participants that they have seen this slide in Module 2 on perceptions and attitudes related to behavioral health conditions and disabilities. This slide illustrates the diversity of the disability community. In this module, the focus will be on intellectual and developmental disabilities (IDD), though there will also be a brief comparison with mental health conditions.



Content Note: The disability community is incredibly diverse. In addition to disabilities that may impact different aspects of a person's life, people with disabilities often have other marginalized identities such as Black, Indigenous, people of color (BIPOC), LGBTQIA+, older adults, immigrants or refugees, etc. The causes of disability are also diverse. Some disabilities are the result of natural phenomena, such as aging, illness, or genetic variation. Others result from how a person develops early in life. Others result from life experiences, including injury and trauma.

While there are no universally accepted categories of disability, there are some common categories that describe disabilities that may impact individuals in a similar way. Common categories of disabilities include the following:

- **Sensory Disabilities:** "A sensory disability affects a person's senses; their sight, hearing, smell, touch, taste or spatial awareness. People with [a] sensory disability may feel sensory input more or less intensely than other people which impacts a person's ability to interact in different environments and perform daily activities." Examples include blindness or deafness.
- **Developmental Disabilities:** Physical and/or mental impairments that begin before age 22, are likely to continue indefinitely, and result in substantial functional limitations in at least three of the following: self-care (dressing, bathing, eating, and other daily tasks), walking/moving around, self-direction, independent living, economic self-sufficiency, and



language. Self-direction is a conceptual skill that refers to the ability to analyze and make decisions for oneself. Examples include intellectual disability, autism, and cerebral palsy.

- **Physical Disabilities**: “A physical disability is the long-term loss or impairment of part of a person’s body function, resulting in a limitation of physical functioning, mobility, dexterity or stamina.” Examples include missing limbs, arthritis, and spinal cord injuries.
- **Learning Disabilities**: Disabilities that impact one or more cognitive processes related to learning. Examples include dyslexia and dyscalculia.
- **Age-Related Disabilities**: A disability that is a result of the aging process which may impact a variety of areas of a person’s life, including hearing loss, vision loss, and changes in cognitive ability.
- **Mental Health Disabilities**: More commonly known as “mental illness.” Mental illness refers to diagnosable medical conditions that involve changes in cognition, thinking, and/or behavior. Mental illness is associated with psychological distress and/or difficulties with functioning in daily activities. Examples include depression, anxiety, and psychosis.

While it may be helpful for officers to understand different types or categories of disabilities, people with disabilities often have more than one disability. For example, it is common for individuals with some types of developmental disabilities to also have physical disabilities.

Sources:

ADA Knowledge Translation Center, 2022, Aging and the ADA, ADA National Network, <https://adata.org/factsheet/aging-and-ada#%3A~%3Atext%3DMore%20than%2030%20percent%20of%20cit%20means%20in%20everyday%20life>

American Psychiatric Association, 2018, August, *What is Mental Illness?* retrieved from <https://www.psychiatry.org/patients-families/what-is-mental-illness>

Developmental Disabilities Assistance and Bill of Rights Act of 2000, Pub. L. 106-402, 114 Stat. 1683 § 102. https://acl.gov/sites/default/files/about-acl/2016-12/dd_act_2000.pdf

Disability Support Guide, n.d., *Sensory Disabilities*, retrieved from <https://www.disabilitysupportguide.com.au/information/article/sensory-disabilities>

Physical Disability: Global Public Inclusive Infrastructure, n.d., *What is Physical Disability?* retrieved from <https://ds.gpii.net/content/what-physical-disability>



Developmental Disabilities



- Physical and/or mental impairments that begin before age 22 and are likely to continue indefinitely
- Substantial functional limitations in at least three of these:
 - Self-care
 - Learning
 - Walking/moving around
 - Self-direction
 - Independent living
 - Economic self-sufficiency
 - Language

SLIDE 7.5 DEVELOPMENTAL DISABILITIES

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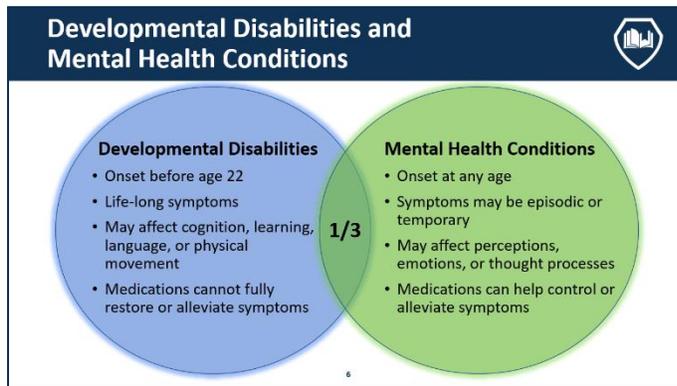
Trainer Note: Review the definition of developmental disabilities on the slide. Use the content notes below to support this discussion.

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Content Note: Developmental disabilities are physical and/or mental impairments that begin before age 22, are likely to continue indefinitely, and result in substantial functional limitations in at least three of the following:

- Self-care (dressing, bathing, eating, and other daily tasks);
- Learning (acquisition of knowledge through studying or being taught);
- Walking/moving around (mobility);
- Self-direction (decision-making);
- Independent living;
- Economic self-sufficiency (handling finances, working, etc.); and
- Language (communication).

Source: Developmental Disabilities Assistance and Bill of Rights Act of 2000, Pub. L. 106-402, 114 Stat. 1683 § 102. https://acl.gov/sites/default/files/about-acl/2016-12/dd_act_2000.pdf



SLIDE 7.6 DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH CONDITIONS



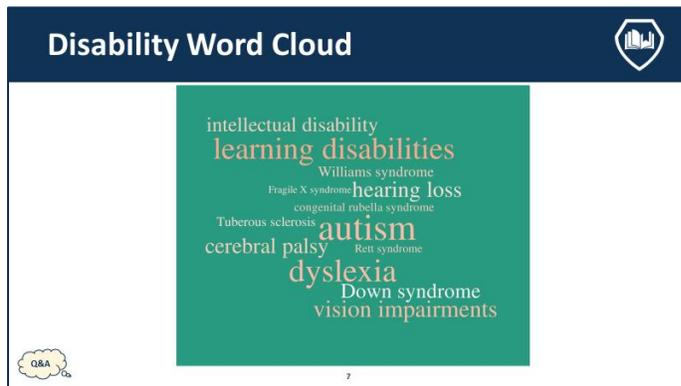
Trainer Note: Review the differences between developmental disabilities and mental health conditions on the slide, referencing the content below. Remind officers that the training this week is focused on both developmental disabilities and mental health conditions and that there can be significant overlap between these communities—about a third of people with IDD have co-occurring mental health conditions. Emphasize that it is important that officers understand some of the key differences for two reasons:

- 1) They need to know the most effective ways to communicate and respond to people with different types of disabilities, and
- 2) Recognizing the basic characteristics of different disabilities will help the officer decide where to seek additional assistance or where to make referrals.

Emphasize there is no expectation that officers “diagnose” people they are responding to. Instead, they should focus on understanding the basic characteristics, so that they can better identify and communicate with individuals, as well as refer them to the appropriate community services and supports.



Content Note: It is not uncommon for people to confuse mental health conditions or mental illness (also referred to as mental health or psychiatric disabilities and/or mental health disorders) with developmental disabilities, and they can have some characteristics in common, such as the fact that both developmental disabilities and mental health conditions may not be readily observable or come with corresponding behavioral manifestations. But it’s important for officers to understand there are some fundamental differences between the two, including how they develop, timing implications, and whether or not they impact a person’s intellectual functioning.



SLIDE 7.7 DISABILITY WORD CLOUD



Trainer Note: Show the disability word cloud to participants. The purpose of this graphic is to show the diversity of this category of disability, not to explain each individual type of disability.

Use the **Q&A** below to prompt a discussion on what kinds of disabilities are considered developmental disabilities. After the Q&A explain that developmental disability is an umbrella term that includes hundreds of diagnoses, including the ones that appear on the slide.



Ask participants which of these disabilities could fit under the “developmental disability” umbrella based on the definition we just reviewed.

- Trainer can provide a response if it is a type of developmental disability.
- Trainer can also ask the participant what they know about the disability they mentioned.



Content Note: Developmental disability is an umbrella term for hundreds of potential diagnoses or conditions, including the ones listed on the slide. It is important for officers to focus less on labels and more on the often-hidden nature of some of these disabilities, especially autism and intellectual disability. In addition to their hidden nature, some of these disabilities are also very likely to be encountered in the criminal justice system, such as fetal alcohol spectrum disorders (FASD).



Intellectual Disability



- Limitations:
 - Intellectual functioning
 - Adaptive behavior (conceptual, social, practical skills)
 - Onset before 18

About 85% of people with an intellectual disability fall into the lower support needs category.

SLIDE 7.8 INTELLECTUAL DISABILITY



Trainer Note: The next few slides use clinical definitions and wording. Reinforce, again, that while officers should have a basic understanding of disabilities covered in this training, there is no expectation that officers “diagnose” people they are responding to. Instead, they should focus on understanding basic characteristics of various disabilities so that they can better identify and communicate with individuals, as well as refer them to the appropriate community services and supports.



Content Note: Intellectual disability is a type of disability characterized by significant limitations in both intellectual functioning and adaptive behavior, which covers many everyday [conceptual], social, and practical skills. This disability originates before the age of 22. To be considered an intellectual disability, the following three criteria must be met:

(1) Limitations in general mental abilities:

- Limitations in intellectual functions such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.
- Limitations in general mental abilities can present in many different ways. Individuals may have difficulty giving directions to a location, understanding an officer’s instructions, understanding the basic meaning of Miranda rights, or knowing who is a safe person to trust (making them susceptible to being taken advantage of by others). They may be easily coerced and long to comply as a way of seeking acceptance or a feeling of belonging.

(2) Impairment in everyday adaptive functioning compared to individual’s age, gender, and socio-culturally matched peers:



- Limitations in adaptive functioning that result in failure to meet developmental and socio-cultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living across multiple environments, such as home, school, work, and community.
 - Individuals may find it more challenging to socially connect with others through conversation, need more support to become and stay employed, and need assistance to develop the skills they need to live independently (e.g., manage finances, cook, etc.).
- (3) Onset during the developmental period:
- Onset of intellectual and adaptive deficits during the developmental period (typically prior to age 22).

Sources:

American Association on Intellectual and Developmental Disabilities, n.d.a, *Definition of Intellectual Disabilities*, retrieved from <https://www.aidd.org/intellectual-disability/definition>

American Association on Intellectual and Developmental Disabilities, n.d.b, *FAQs on Intellectual Disability*, retrieved from <https://www.aidd.org/intellectual-disability/faqs-on-intellectual-disability>



Intellectual Disability (cont.)



- 1-3% of the United States population has an intellectual disability
- Three commonly known causes of intellectual disability include Fetal Alcohol Spectrum Disorder (FASD), Down syndrome, and Fragile X syndrome

SLIDE 7.9 INTELLECTUAL DISABILITY (CONT.)

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Trainer Note: Briefly cover the information on the slide, referencing the information below as needed.

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Content Note: One to three percent of the United States population has an intellectual disability. In one-third of the people affected by an intellectual disability, the cause is unknown (in other words, there is no specific diagnosis, yet a very real disability is present). This has important implications for those with an intellectual disability who are at risk for or become involved in the criminal justice or legal system. Without an official diagnosis, people with this type of disability often cannot access the services they need to thrive in the community, which can increase their risk of justice involvement.

The most commonly known preventable or environmental cause of intellectual disability is Fetal Alcohol Spectrum Disorder (FASD), the most common chromosomal cause is Down syndrome, and the most common genetic cause is Fragile X syndrome. Fetal Alcohol Spectrum Disorder is explained in slide 15. Chromosomal disorders happen sporadically and are caused by too many or too few chromosomes, or by a change in the structure of a chromosome. Fragile X syndrome is a single-gene disorder located on the X chromosome.

Sources:

Keun Lee, Marco Cascella, & Raman Marwaha, August 11, 2021 [Last Updated], *Intellectual Disability*, StatPearls Publishing [Internet], retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK547654/>

The Arc, 2011, *Causes and Prevention of Intellectual Disabilities*, retrieved from <https://thearc.org/wp-content/uploads/forchapters/Causes%20and%20Prevention%20of%20ID.pdf>



Autism Spectrum Disorder (ASD)



- Autism is a spectrum
- 1 in 54 children are diagnosed with autism
- 1 in 45 adults have autism
- Autism begins in childhood and tends to persist into adolescence and adulthood
- May be prone to wandering
- Behaviors related to disability may be viewed as concerning or threatening

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SLIDE 7.10 AUTISM SPECTRUM DISORDER (ASD)

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Trainer Note: Briefly cover the information on the slide, referencing the information below as needed.

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Content Note: Autism is a spectrum disorder, meaning that autism can look very different for each person, and may lead to a variety of support needs. Autism is a particular pattern of neurodiversity (natural differences and variations in how brains work), characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication, and repetitive behaviors. For people with autism, the level of support needed will vary and depend on the individual. According to the CDC, in 2016, 1 in 54 children are diagnosed with autism and 1 in 45 adults have autism.

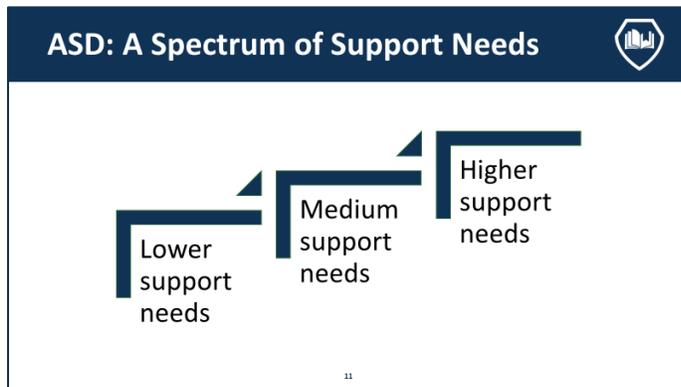
One survey of individuals with ASD and their families indicated that 35% of individuals with ASD had been the victim of a crime and that 23% have had interactions with first responders due to wandering (when a person leaves an area without notification to others).

Sources:

Autism Society, n.d., *Living with Autism: Information for Law Enforcement and Other First Responders*, retrieved from https://www.autism-society.org/wp-content/uploads/2014/04/Law_Enforcement_and_Other_First_Responders.pdf

Centers for Disease Control and Prevention, 2021, *Autism Spectrum Disorder (ASD)*, retrieved from <https://www.cdc.gov/ncbddd/autism/index.html>

Matthew J. Maenner, Kelly A. Shaw, Jon Baio, Antia Washington, Mary Patrick, Monica DiRienzo, Deborah L. Christensen et al., March 27, 2020, Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years – Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2016, *Morbidity and Mortality Weekly Report Surveillance Summaries* 69(SS-4): 1-12.



SLIDE 7.11 ASD: A SPECTRUM OF SUPPORT NEEDS



Trainer Note: Briefly cover the information on the slide, referencing the information below as needed.



Content Note: About 85% of people with an intellectual disability fall into the lower support needs category, meaning that they won't be easily identifiable in brief interactions (National Academies of Sciences, Engineering, and Medicine, 2015). It can be easy for officers and other criminal justice professionals to "miss" this disability, so it is important to look for clues in how the person communicates and behaves throughout an interaction.

If you've met one person with autism, you've met one person with autism. The disability can look very different for different people. All neurodiversity is on a spectrum; some individuals may appear to be functioning at a high level cognitively, due to their extensive vocabulary, language skills, and intelligence, but they still may have significant social difficulties.

Source: National Academies of Sciences, Engineering, and Medicine, 2015, "Clinical Characteristics of Intellectual Disabilities," In Thomas F. Boat, and Joel T. Wu (Eds.), *Mental Disorders and Disabilities Among Low-Income Children*, Washington, DC: The National Academies Press: 169-178, <https://www.ncbi.nlm.nih.gov/books/NBK332877/>.



Common Characteristics of ASD



- Difficulty maintaining eye contact
- May have sensory processing issues, sensitivity to loud noises, bright lights, strong smells, and touch
- May engage in self-calming behavior called “stimming”
- May have processing delays and difficulty following verbal commands
- May make attempts to move away from confrontation
- May be overly compliant—unquestioning regarding rules

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SLIDE 7.12 COMMON CHARACTERISTICS OF ASD

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Trainer Note: Briefly cover the information on the slide, referencing the below information as needed.

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Content Note: While all individuals with autism are different and may experience autism quite differently, there are some fairly common characteristics:

- May not be able to maintain eye contact;
- May have sensory processing issues, including sensitivity to loud noises, bright lights, strong smells, and touch;
- May have processing delays and difficulty following verbal commands or reading body language;
- May be overly compliant—unquestioning regarding rules;
- May be prone to wandering, make attempts to run or move away from confrontation or over-stimulation;
- May be attracted to bodies of water; Children with autism die by drowning at an alarming statistical rate. Some research reports that they are 160 times more likely to die from drowning compared with the general pediatric population.
- May engage in self-calming behavior or repetitive movements, such as hand flapping or rocking, called “stimming.”

For additional information see:

- Autistic Self Advocacy Network, n.d., *Autism and Safety Toolkit: Research Overview on Autism and Safety*, <https://autisticadvocacy.org/wp-content/uploads/2017/11/Autism-and-Safety-Pt-1.pdf>



- Centers for Disease Control and Prevention, 2021, *Autism Spectrum Disorder (ASD)*, <https://www.cdc.gov/ncbddd/autism/index.html>
- Evidence-Based Therapy Centre (EBTC), n.d., *Autism Strengths*, <https://www.ebtc.ie/what-is-autism/screen-shot-2019-06-12-at-10-52-59/>
- National Autism Association, n.d., *Autism & Wandering Prevention Tips*, <https://nationalautismassociation.org/wandering-quick-tips/>

Sources:

Joseph Guan, and Guohua Li, 2017, "Injury Mortality in Individuals with Autism," *American Journal of Public Health* 107(5): 791–793.

Susan Scutti, March 21, 2017, Children with Autism 40 Times More Likely to Die from Injury, Study Says, *CNN*, <https://www.cnn.com/2017/03/21/health/autism-injury-deaths-study/index.html>

Examples of Stimming



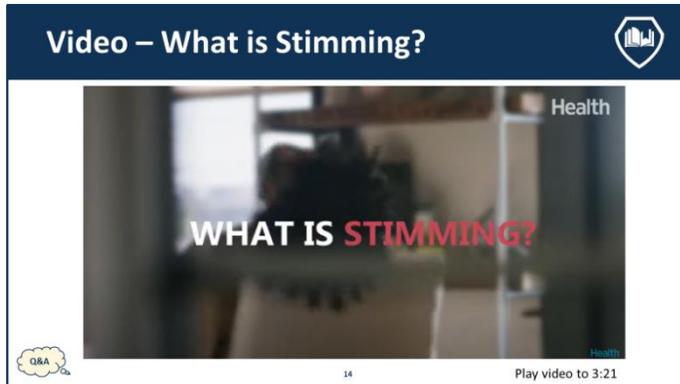
- Auditory – Humming, shrieking, finger-snapping
- Tactile – Rubbing or scratching objects
- Visual – Staring or gazing at objects, repetitive blinking
- Vestibular – Rocking back and front, spinning, jumping
- Olfactory/Taste – Smelling people or objects, tasting objects

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SLIDE 7.13 EXAMPLES OF STIMMING



Trainer Note: Briefly cover the examples of stimming on the slides.



SLIDE 7.14 VIDEO – WHAT IS STIMMING?



Trainer Note: Briefly introduce the video and then play it. Use the **Q&A** below to engage participants in a discussion on stimming.



Video Activity: What is Stimming: Symptoms of Anxiety and Self-Stimulation
https://www.youtube.com/watch?v=F5H17FHYa-k&ab_channel=HealthMagazine
(Play up to 3:21)

This video was produced by Health Magazine in 2020 and provides information about stimming, including what stimming is, why some people stim, and how stimming is viewed from a clinical perspective. The video should be stopped at 3:21 before the narrator begins to discuss how to stim safely.



Ask participants if they've encountered stimming behaviors. Have they encountered any that were not mentioned in this discussion?



Fetal Alcohol Spectrum Disorders (FASD)

- A spectrum of disabilities that can arise in a fetus when a mother drinks alcohol while pregnant
 - 1 in 100 babies have FASD
- FASD can create difficulties with adaptive functioning
- Characteristics often not visible to law enforcement
- Face a high risk of involvement in the criminal justice system

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SLIDE 7.15 FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

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Trainer Note: Briefly cover the information on the slide, referencing the below information as needed.

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Content Note: Fetal Alcohol Spectrum Disorders (FASDs) are a spectrum of disabilities that can arise in a fetus when a mother drinks alcohol while pregnant. FASDs are life-long disabilities. FASDs include diagnoses of fetal alcohol syndrome, partial fetal alcohol syndrome, alcohol-related neurodevelopmental disorder, and alcohol-related birth defects. FASDs often cause challenges with adaptive functioning—conceptual, practical, and social skills.

According to the National Organization on Fetal Alcohol Syndrome (NOFAS), 1 in 100 babies have FASD. Many people may not realize that FASD is more prevalent than Down syndrome, cerebral palsy, SIDS, cystic fibrosis, and spina bifida combined.

FASD may lead to:

- Atypical facial features
- Brain and other central nervous system damage
- Hyperactivity and behavior problems, including explosive episodes
- Lack of impulse control
- Difficulty with judgment and reasoning, including vulnerability to peer pressure
- Repeating mistakes multiple times (failure to learn)

Signs of FASD may be invisible to law enforcement officers. People with FASDs are at high risk for justice involvement, because their behaviors are often assumed to not be affected by their



disability, and they often have IQs in the average range. Good expressive language skills and difficulty with abstract concepts pair with impulsivity and gullibility to create serious challenges

for people with FASDs. For example, research on this topic uncovered that 60% of people with FASD had a history of trouble with the law.

Research suggests that individuals with FASDs may struggle in their interactions with the criminal justice system. Individuals with FASDs may struggle to understand police and court proceedings. Police questioning and court proceedings can be especially difficult because the individuals may aim to please interviewers, rather than provide factual information.

Sources:

Center for FASD Justice & Equity, October 12, 2017 [Revised], *Fetal Alcohol Spectrum Disorders (FASD) and the Criminal Justice System: Fact Sheet*, retrieved from <https://www.fasdcenter.org/wp-content/uploads/2017/10/FASDcriminaljustice2017.pdf>

Centers for Disease Control and Prevention, February 4, 2021 [Last Reviewed], *Fetal Alcohol Spectrum Disorders (FASDs): Data & Statistics*, U.S. Department of Health & Human Services, Centers for Disease Control and Prevention, <https://www.cdc.gov/ncbddd/fasd/data.html#:~:text=Using%20medical%20and%20other%20records,areas%20of%20the%20United%20States.&text=The%20most%20recent%20CDC%20study,to%209%20years%20of%20age>

Eileen M. Moore, 2015, What Happens when Children with Fetal Alcohol Spectrum Disorders Become Adults? *Current Developmental Disorders Reports* 2(3): 219-227.

National Organization on Fetal Alcohol Syndrome, n.d., *FASD: What Everyone Should know*, Washington, DC: National Organization on Fetal Alcohol Syndrome, retrieved from http://nofas.org/wp-content/uploads/2014/08/Fact-sheet-what-everyone-should-know_old_chart-new-chart1.pdf

Rebecca A. Pedruzzi, Olivia Hamilton, Helena H. A. Hodgson, Elizabeth Connor, Elvira Johnson, and James Fitzpatrick, 2021, Navigating Complexity to Support Justice-Involved Youth with FASD and Other Neurodevelopmental Disabilities: Needs and Challenges of a Regional Workforce, *Health and Justice* 98(1): 1-12.

Victimization and IDD



Victims

People with intellectual disability are 7x more likely to experience sexual assault than those without disabilities.

Individuals with cognitive disabilities* face the highest rates of violent victimization.

*Cognitive disabilities include Down syndrome, autism, dementia, learning disabilities, intellectual disability, and traumatic brain injury.

Q&A 16

Barriers to Justice

- Reports of victimization not believed
- Cases may go unprosecuted if there are communication challenges
- Inaccessible services and supports

**SLIDE 7.16
VICTIMIZATION
AND IDD**



Trainer Note: Briefly cover the information presented on the slide.

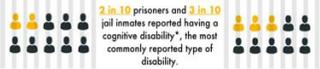


Ask participants the following: Did any of these statistics surprise you? Why or why not?

Suspects, Defendants, and Incarcerated People



Suspects/Defendants/ Incarcerated People



2 in 10 prisoners and 3 in 10 jail inmates reported having a cognitive disability*, the most commonly reported type of disability.

*Cognitive disabilities include Down syndrome, autism, dementia, learning disabilities, intellectual disability, and traumatic brain injury.
Source: Bureau of Justice Statistics

More than 25% of those later exonerated after giving a false confession to police had characteristics of intellectual disability.

Source: National Registry of Exonerations

Q&A

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SLIDE 7.17 SUSPECTS, DEFENDANTS, AND INCARCERATED PEOPLE



Trainer Note: Briefly cover the information presented on the slide. Explain to officers that they are likely to encounter those with IDD on both “sides” of the criminal justice or legal system.



Ask participants the following: Did any of these statistics surprise you? Why or why not?

Common Interactions with Law Enforcement



- Misunderstood, suspicious, strange, or behavior perceived as offensive
- Medical emergencies
- Victimization
- Wandering
- Domestic and public disturbances



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SLIDE 7.18 COMMON INTERACTIONS WITH LAW ENFORCEMENT



Trainer Note: Briefly cover the common interactions listed on the slide. Use the Q&A below to prompt a discussion on participants interactions with people with developmental disabilities while working.



Ask participants the following:

- What interactions have you had involving people with developmental disabilities?
- What type of behaviors did you observe?
- How did you handle the interaction?



Identification Tips: Communication



Look for...

- Limited vocabulary or speech impairment
- Difficulty understanding
- Short attention span
- Mimicking or repetitive speech
- Nonsensical speech
- Pretending to understand

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SLIDE 7.19 IDENTIFICATION TIPS: COMMUNICATION

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Trainer Note: Over the next few slides, review tips for officers in identifying potential developmental disabilities. Emphasize that while these disabilities are often invisible, there are clues in how a person communicates, behaves, and interacts with others that officers may pick up on during the course of an interaction.

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Content Note: Officers may notice clues in how a person communicates that could indicate a potential developmental disability. A person may:

- Have limited vocabulary or a speech impairment,
- Have difficulty understanding or answering questions,
- Have a short attention span,
- Display concrete thinking patterns,
- Mimic or repeat speech (echolalia),
- Use speech that seems nonsensical,
- Communicate through others, and/or
- Pretend to understand when they do not.



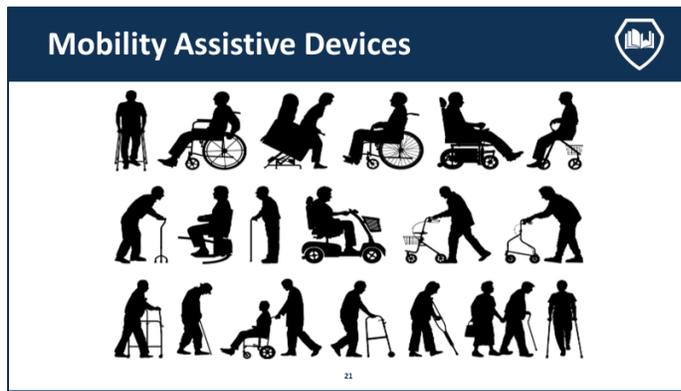
SLIDE 7.20 COMMUNICATION DEVICES



Trainer Note: Discuss your own experience with communication devices or devices you may be familiar with. Ask officers if they have ever encountered such devices in the field or in their personal lives.



Content Note: Some people with IDD use devices and/or technology to aid in their communication. This is called augmentative and alternative communication (AAC). When encountering someone that may not communicate in traditional verbal speech, explore whether they have assistive technologies, preferred methods to communicate, or need an interpreter. Some tools or devices that are more common in the developmental disability community include picture cards or text-to-talk devices. These days, it is also common for individuals to use devices such as iPads and smart phones to aid in their communication, using various apps and software.



SLIDE 7.21 MOBILITY ASSISTIVE DEVICES



Trainer Note: Discuss your own experience with mobility devices or devices you may be familiar with. Ask officers if they have ever encountered such devices in the field or in their personal lives.



Content Note: Some people with IDD use devices and/or technology to aid in their mobility. Some tools or devices that are more common in the developmental disability community include wheelchairs, power-assisted wheelchairs, and canes. Those who use mobility devices may consider them part of their body, so when possible, officers should not touch these devices without permission to do so.

Identification Tips: Behavior

Look for...

- Indications that person is easily influenced and/or eager to please
- Indications that person is easily frustrated
- Difficulty with everyday tasks, such as telling time
- Use or request to use assistive devices
- Repetitive motions or motor impairment

Q&A

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SLIDE 7.22 IDENTIFICATION TIPS: BEHAVIOR

T N **Trainer Note:** Lead a discussion about behavior, asking the questions presented in the **Q&A** below. The purpose of this discussion is to broaden officers' understanding of how people define "appropriate" behavior versus "inappropriate" behavior and how that impacts people with disabilities in their everyday lives and especially when they are at risk of or involved in the criminal justice system in some way. One example is stimming. Recall the video we saw earlier about how stimming may be seen by some as socially inappropriate or even threatening, and yet it is a typical behavior that is related to their disability.



Ask participants the following questions:

- What are some ways you would define socially "appropriate" behavior?
- What are some ways you would define socially "inappropriate" behavior?
- "When you are called to a scene, who decides what is appropriate?"
- "How can this decision impact interactions between persons with a disability and officers?"

Officers may also share experiences when community members called 911 due to behavior that was perceived as strange or disturbing, even if no crime was being committed.



Content Note: Officers may notice clues in how a person behaves that could indicate a potential developmental disability. Individuals may:

- Be easily influenced and/or eager to please others,
- Pretend to understand things when they do not,



- Become easily frustrated,
- Be overwhelmed with officer presence (and try to run away),
- Have difficulty with everyday tasks,
- Use or request to use assistive devices, and/or
- Display repetitive motion or a motor impairment.

The trainer can provide their own examples of clues they have seen on the job. For example, an adult person playing on a playground with a child raises a red flag, but for someone with a disability this may be very natural for the person. We must be careful about the assumptions we make based on behaviors we aren't used to seeing in other people and consider if the individual may have a disability of some kind.

Identification Tips: Interactions with Others



Look for...

- Inappropriate interactions with peers
- Over-compliance with authority figures
- Misunderstanding of social cues and body language
- Under or over-engagement with others

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SLIDE 7.23 IDENTIFICATION TIPS: INTERACTIONS WITH OTHERS



Trainer Note: Lead a discussion about behavior. Note that “inappropriate” interactions do not always mean sexual interactions, although that can occur too, often due to the lack of sex education people with disabilities are provided as children and throughout their lives. More common examples could include trying on another person’s glasses without asking or staring at someone intently while they are speaking. Encourage officers to share other experiences and examples.



Content Note: Officers may notice clues in how a person interacts with others that could indicate a potential developmental disability. Behaviors that come across as odd could be a product of a person’s disability. For example, a person may:

- Seem to overly comply with authority figures,
- Misunderstand social cues,
- Misunderstand body language or facial expressions,
- Under-engage socially, and/or
- Over-engage socially.



Communication Tips



Overview

- Logistics and a note on “crisis”
- Style and tone
- Body language
- Interviewing techniques

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SLIDE 7.24

COMMUNICATION TIPS



Trainer Note: Over the next few slides, review communication tips for officers in working with people with potential developmental disabilities. These are general communication tips that can make communication easier for people with a variety of disabilities. Ask officers throughout to share examples from their own experience.

General Communication Tips



Reminder: People with disabilities are not always in “crisis,” and those without disabilities can be in “crisis”

- Logistics
 - Quiet place,
 - Low distractions,
 - Identify yourself and your role

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SLIDE 7.25 GENERAL COMMUNICATION TIPS



Trainer Note: It is imperative for officers to understand that when they interact with persons with disabilities, it is not always due to a “crisis.” Use the information in the concept note to provide examples of the situations where officers may interact with persons with disabilities.

Note that officers can be at a disadvantage when responding to calls for service involving persons with disabilities because the officer(s) are unfamiliar to that person. In many instances, rejoining the person with a disability with a family member or caretaker can help with faster recovery from the crisis. If it remains prudent to keep the person separated from their family member or caregiver to keep the situation from escalating, it is important that the officer ask the family member or caregiver about different communication strategies that can help the person remain calm.



Content Note: Crisis can be defined in many ways, but the term often seems to imply that people are experiencing highly emotional states in which they are acting in ways not condoned by society. This could include behaviors such as screaming, running, and destroying property, among other actions. Often, the term “crisis” is used as a catch-all phrase that implies potential danger, but the concept is much broader than that. In some cases, officers interact with people with disabilities on the verge of being in crisis or in a crisis situation, and, if trained, can respond appropriately with verbal de-escalation techniques in order to prevent a crisis from actually happening or getting worse.

Officers also have interactions in which no one is in crisis, but nevertheless, there is a person with a disability involved. In these situations, if officers do not understand that the person has a disability and how that disability may impact their behavior, then they may unintentionally



create a situation in which the person does experience a crisis. For example, many persons with autism experience sensory stimuli more intensely than those individuals without autism.

Because of this heightened sensitivity, persons with autism often prefer low-light, low-stimulation environments. Thus, one can imagine how a person with autism may feel if they find themselves in a situation where there is a lot of commotion, including other people, sounds, bright lights, etc. The person in this example could readily experience a “crisis,” given the overwhelming sensory input from the environment. Conversely, if officers were aware of the disability, they could respond in a way that is sensitive to the needs of the individual.

Good logistics can help set the stage for effective communication:

- Find a quiet area free from distractions;
- Identify yourself clearly—make sure to explain your role, perhaps more than once;
- Speak directly to the person; and/or
- Ask the person if you can do anything to make them more comfortable.

Patience



- Person may have more than one disability
- Allow for extra processing time for responses and recall of information
- Be prepared to repeat yourself
- Person may have vocal or other manifestations of their disability

Q&A

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SLIDE 7.26 PATIENCE



Trainer Note: This slide helps to introduce attention to a much-needed personal attribute – patience. Patience serves to open and sustain meaningful communication.



Ask officers about the benefits of remaining patient in their encounters with individuals who show possible characteristics of a disability. Why might it be important to slow down the interaction?



Content Note: In addition to style, tone, and body language, officers should use patience during interactions:

- Be patient, and be aware that individuals may not readily recall facts about themselves (e.g., age, date, address);
- Be aware that the person may have multiple disabilities;
- Do not be upset or distracted by noises the person may make or other behaviors that may be a manifestation of the person’s disability;
- Do not be upset with a high level of distractibility or short attention span; and
- Use firm and calm persistence if the person doesn’t comply or acts aggressively.
 - Invite the person to use paper and pen to draw or write, in order to reduce stress. Or give them a task in which they have to walk or move around, which can also help reduce stress.



Body Language



- Use open and clear body language
 - Be aware of facial expressions
- Keep your hands visible and body relaxed
- Explain your actions before you do them
- Do not touch the person or make them feel trapped

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SLIDE 7.27 BODY LANGUAGE



Trainer Note: Provide examples or demonstrations of the points on the slide. It is encouraged that this discussion be delivered by both an officer and a person with a disability. The officer can lead the discussion on effective ways to approach a person suspected to have a disability. The person with a disability can provide more context on why these approaches can be effective.



Content Note: In addition to logistics, officers should think about their body language during interactions and use the following tips:

- Use open and clear body language.
- Keep your hands visible to the person.
- Explain your actions before you do them, and
- Do not touch the person (unless absolutely necessary for safety) or put the person in a position where they might feel trapped.



Style and Tone



- Keep sentences short
- Use simple, everyday language
- Repeat important concepts
- Avoid ambiguous phrases
- Use pictures, stories, symbols, and actions to help convey meaning
- Do not mislead the person

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SLIDE 7.28 STYLE AND TONE

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Trainer Note: Cover the points related to style and tone for communication. Use the content note below for this discussion.

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Content Note: In addition to logistics and body language, officers should think about their tone and style of communication during interactions and use the following tips:

- Keep sentences short;
- Use plain or simple language (avoid using words with more than three syllables);
- Speak slowly and clearly;
- Repeat important concepts;
- Break instructions into the smallest parts possible;
- Do not use ambiguous phrases, such as “cut it out” or “knock it off”;
- Ask for and use concrete descriptions;
- Do not lie or intentionally mislead the person;
- Use pictures, symbols, and actions to help convey meaning.

BRIEF ROLE PLAYS FOR DISCUSSION



Law Enforcement Interactions with People with Intellectual and Developmental Disabilities

How would you respond to the following situations?



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SLIDE 7.29 BRIEF ROLE PLAYS FOR DISCUSSION



Trainer Note: Use the learning activity referenced below to give participants the opportunity to use the skills they learned about in slides 19–28. The activity instructions and brief scenarios can be found at the back of this guide and in the additional Trainer’s Materials for this module.



Learning Activity: Brief Role Plays for Discussion – Law Enforcement Interactions with People with Intellectual and Developmental Disabilities.
Approximate time: 15 minutes

This learning activity uses brief role plays to provide participants the opportunity to put the skills they learned in slides 19–28 into practice. The co-trainers of this module should facilitate *at least* three role-play scenarios, depending on the amount of time each one takes. These scenarios are intentionally designed to be brief so that key learning points can be discussed in a variety of situations in a fairly short amount of time.



Wrap-Up & Key Takeaways



- 1) Name one basic characteristic of IDD
- 2) Describe one strategy that can be used to tell if someone may have an IDD
- 3) Name one common interaction people with IDD have with law enforcement
- 4) Name one effective communication or de-escalation skill you can use the next time you interact with a person with IDD while working

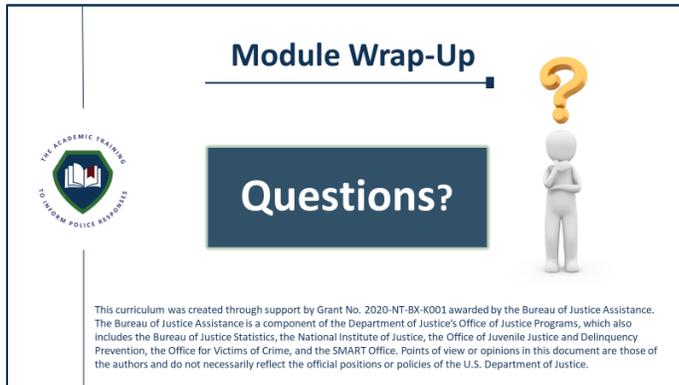
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SLIDE 7.30 WRAP-UP & KEY TAKEAWAYS



Trainer Note: Wrap up this module by asking participants the questions on the slide. Reinforce participants' responses and highlight additional information from the module as appropriate. Connect the final point to the body-worn camera footage presented at the introduction of the module.

Referencing the items identified by participants following the footage (on the whiteboard or poster-size paper), ask if there is anything they would add to their recommendations for approaches that may have kept the situation from escalating. Reinforce the communication and de-escalation skills that they identify.



Module Wrap-Up

Questions?

This curriculum was created through support by Grant No. 2020-NT-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the authors and do not necessarily reflect the official positions or policies of the U.S. Department of Justice.

SLIDE 7.31 MODULE WRAP-UP



Trainer Note: Use this as an opportunity for participants to ask questions before moving on to the next module.

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MODULE 7. INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Law Enforcement Interactions with People with Intellectual and Developmental Disabilities: Brief Role Plays for Discussion*

Directions for the learning activity:

This learning activity uses brief role plays to provide participants the opportunity to put the skills they learned in slides 19–28 of the Intellectual and Developmental Disabilities Module into practice. The co-trainers of this module should facilitate *at least* three of the role-play scenarios below, depending on the amount of time each one takes. These scenarios are intentionally designed to be brief so that key learning points can be discussed in a variety of situations in a fairly short amount of time.

How to prepare:

Prior to the module, print off the role-play scenarios or write them down on note cards (ask the co-trainer with IDD what is preferred). The co-trainer with IDD will need time to practice reading the role-play scenarios to an officer and providing their responses. This can be done one to two weeks prior to the training through an online or in-person meeting with a support person or the officer who will be assisting with this learning activity. It can also occur on the day of the training. Set aside roughly 30 minutes to an hour to practice the activity so that the co-trainers both feel comfortable working together and facilitating the activity.

During the learning activity:

The co-trainer with IDD should explain the activity and ask for volunteers to be part of each role-play scenario. The co-trainer should then read the scenario to the officer who can either sit where they are or stand up while responding. After reading the scenario and hearing from the officer about how he or she might respond, the co-trainer can talk about what approaches may or may not work and what responses could be most helpful. The co-trainer should provide further explanation about why people with IDD may respond in certain ways. All co-trainers can provide tips that refer back to communication strategies mentioned earlier in earlier slides, as well as provide learning points from each situation.



**This training exercise was developed in collaboration with a person with autism and his father who work with The Arc of Benton County (Benton County, Oregon) to provide training to law enforcement.*

SCENARIO 1:

Someone throws a brick through a window. Two men run away, pointing at a person with IDD as the person who did it. You are having difficulty believing anything the person with IDD is saying because the person won't look at you. Ask them about eye contact and why they are refusing to look at you.

Co-Trainer with IDD Response to Officer:

As a person with IDD, I'm not looking at you because I have a disability and don't communicate that way. Give me some space and more time to respond when I'm trying to answer your questions. Some people with IDD, like autism, are really uncomfortable with direct eye contact with others. This is especially common among people with autism. So, people refusing to provide eye contact may not be guilty, they may simply be acting according to their typical patterns of behavior driven by their disability.

SCENARIO 2:

You and EMS arrive at a house following a call for service. Your lights and sirens are on when you arrive. You observe fecal material smeared on the porch of the home. You are trying to question a person with autism, who is rocking back and forth with their head between their knees. Ask about sensory accommodations.

Co-Trainer with IDD Response to Officer:

The lights and sirens are too much; they're causing sensory overload. I might ask, "Can you turn off the blinking lights and the sirens too? I can't think straight with all of that going on around me." People with IDD can be easily overwhelmed by certain sounds, noises, smells, etc. in their environment. As much as possible, try to create a quiet and serene environment around persons with IDD which can also help de-escalate emotions and behavior that can be based on fear of what is happening around them. Some officers keep a kit with items for people with autism to use to regain a sense of calm. Ask the person with IDD if it would help to use such items.

SCENARIO 3:

You are called to a bookstore where a customer has tipped over a shelf of books. The staff are upset at the customer who is hitting himself on the knee with one of the books. You are trying to



communicate with the customer, but the person is not responding, and the stimming behavior is taking all the person's focus. Accommodate the person's stimming activity.

Co-Trainer with IDD Response to Officer:

Initially, I may not respond to your questions and things could get worse if I am not allowed to continue the stimming activity. Stimming is a way I can stay calm, especially under stressful situations like talking to a police officer. When interacting with people who need to use stimming as a coping mechanism, it's important to allow the behavior to occur as a way to keep from escalating a situation. Stimming is a safe way for people with IDD, like autism, to calm themselves and should not be interfered with unless the person is harming themselves or others with the behavior.

SCENARIO 4:

You are called to a scene where a person with IDD is holding an open multi-tool. You are afraid they will hurt themselves or someone else. They stare at you as you shout commands to drop the knife and get down on the ground. Ask them what you can do to help them follow verbal commands.

Co-Trainer with IDD Response to Officer:

Shouting can increase anxiety levels in any person but especially those with disabilities. It's important to calm the situation down as soon as possible by staying calm, not raising your voice, and trying to make a genuine connection with the person to find out what is going on, including why they are holding the tool. You can explore if they'd like to try another item to hold if safety is a concern. Keep in mind the tool may represent an item that is special to them in some way or makes them feel safe.

SCENARIO 5:

You are called because a person with IDD is waving a lightsaber near a school. The caller said the youth must be on drugs. When you approach the person to try and speak to them, they move away from you. Ask them about personal space accommodations as you attempt to examine the lightsaber.

Co-Trainer with IDD Response to Officer:

Callers may make assumptions about people showing different or concerning behaviors in the community. For example, this caller assumed the person waving a lightsaber is using drugs. Remember to consider if a person may have an IDD and do not always assume the behavior is



based on drug or alcohol usage. Personal space can be an especially important thing to a person with IDD. It's important to provide the person with space so they don't feel more threatened or scared than they already do. Ask permission about approaching the person and find out how close you can come by taking a few steps at a time and asking if the person feels comfortable.

As you do this, attempt to make a genuine connection with the person and find out more about the lightsaber (e.g., why they are holding it, what they like about it, etc.)

SCENARIO 6:

You are called because someone stole a bike matching the description of the bike a person with IDD is pushing down the sidewalk. When you stop the person and start asking them questions, the person only gives short answers and seems like they are hiding something. Use open-ended questions to learn more about the situation.

Co-Trainer with IDD Response to Officer:

Keep in mind that people with IDD may be giving short answers because they do not have any other way to respond. It may even appear that they may be hiding something when they are not. Try not to make assumptions about a situation and get as many facts as possible and consider if the person you are questioning has an IDD and is acting a certain way due to their disability, not due to hiding criminal activity.