

Recognition & Response to the IDD Community

AAIDD Texas Chapter 42nd Annual Convention

Virginia Charles, M.Ed., LPC-S

AACOG, Lead Services Manager

Lt. Jose Robledo

AAOCG, Regional Law Enforcement Academy Instructor

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Learning Objectives

- **Understand the development of our law enforcement training model**
- **Understand our interactive training process**
- **Understand how to replicate model**

Curriculum Developers



Emily Iland, M.A.
Thomas Iland, B.S., CPA

Stakeholders



- AACOG Alamo Local Authority Division, AACOG Criminal Justice Division, US Air Force, Shavano Park Police Dept., Center for Health Care Services Mobile Crisis Outreach Team, Hill Country Transition Support Team, Autism Network and family members



Identified Participants



Training Instructor - Jose Robledo

- **Fulltime Lieutenant - Alamo Area Regional Law Enforcement Academy, San Antonio, TX**
- **Contract Trainer for AACOG IDD Services**
- **Texas peace officer since 1999**
- **Currently a Shavano Park Police Department Reserve Police Officer**
- **Advisory Board Committee Member - Univ. of Incarnate Word CJ Program**
- **Community member with individuals with Intellectual and Developmental Disabilities**
- **Member of the AACOG Crisis Response Unit**

Program Goals

Recognition & Response Goals

1. Recognize signs of Intellectual and Developmental Disabilities (I/DD)
2. Understand specific features
(social, communication, behavior, cognition etc.)
3. Identify specific safety issues and vulnerabilities
4. Learn response techniques and strategies
5. Consider opportunities to connect and build relationships with media and individual with IDD

Recognition & Response Goals

“It is not necessary, or even appropriate, for law enforcement to diagnose intellectual and developmental disabilities.

What is important is to recognize the characteristics of I/DD so that an effective approach can be used with each person.”

-Adapted from the Disability Justice Initiative, ND

Need for training

- De-institutionalization of individuals with an IDD
- Growing populations of assisted/ independent members
- Increased contact with witnesses, suspects, calls for assistance
- Greater vulnerability rate
- Dept. of Justice recommendation

Tragic examples

Ethan Saylor, Maryland 2013

- Movie theatre patron
- Assisted by caregiver
- Insisted on second viewing of same movie
- Verbal disagreement that became physical
- Resulted in unnecessary death of Ethan Saylor



Tragic lessons learned

- Conflict between purpose and law enforcement
- Failure to employ training / deviation from training
- Inability to control situation by giving up “control”
- Inability / unwilling to trade places with general public
- National trend that is becoming scrutinized

Departmental goal/policy change

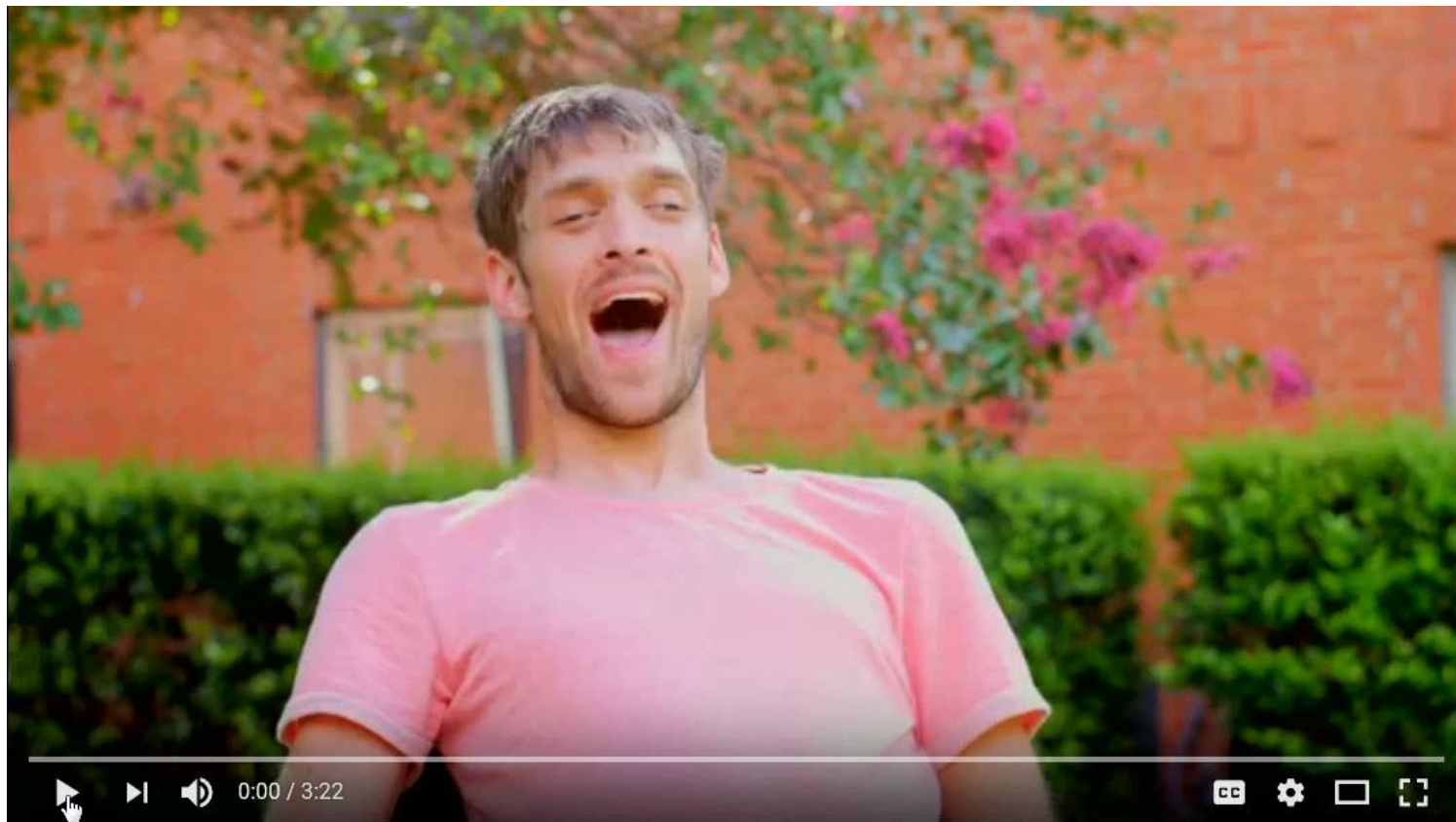
- Officer safety
- Community safety
- Meet community policing goals
- Provide equal access/ avoid discrimination
- Know-state law, Know-Dept. policy, & Do the right thing

Constant training required

- Re-evaluation of dept. policies
- Attending continuing education classes/ seminars
- Interact with service providers at state/ local level
- Provide department wide training
- Ensure accountability & foster relationship with community

Adapting and change

Zach Anner



Generating Empathy & Sympathy

First-hand experience with accommodations



How does it feel?



Motor skill impairment

Simulates

- Fine motor impairment
- Manipulation skill
- Differences in touch sensitivity

Motor skill during police contact

- Getting out a license
- Field sobriety tests
- Following instructions
- Cooperating with detention or arrest procedures

Motor skill modifications

Modifications for Motor Issues CP and any I/DD

Procedure

- Handcuffs
- Field Sobriety Tests
- Confiscating meds
- Holding prone

Accommodate/ Modify

- Soft restraints, cuff in front
- Breathalyzer
- Supervised access to meds
- DO NOT hold face down due to danger of asphyxiation



Compliance with ADA

Americans with Disabilities Act (1961)

Americans with Disabilities Act (ADA, 1961) Federal Civil Rights Law



Title II of the ADA

- Requires that people with disabilities have equal access to police services (not just physical access).
- Protects individuals with I/DD from discrimination within the criminal justice system

January, 2017

Justice Department Guidance

- DOJ recommends **anticipating** and **preparing** for disability-related needs of individuals
- People with mental health disabilities or I/DD are treated equally in the criminal justice system
- Modifications/ accommodations allow access to department services/ equal protection

The ADA effects everything an officer does

- Receiving citizen complaints
- Interviewing witnesses
- Arresting, booking, and holding suspects
- Operating telephone (911) emergency centers
- Providing emergency medical services
- Enforcing laws

Connecting and building relationships

Connect and build relationships with media and individual with IDD

- Treat every person with dignity and compassion
- Provide accommodations when possible
- Direct families to resources for increased quality of living
- Teach how to interact with law enforcement appropriately
- Encourage interaction with each other (talk/belt/movie)



Person-first language

- Refer to the person first, disability second
- Avoid stereotypes, degrading words
- May be dismissed as semantics
- We teach to understand sympathy vs. empathy
- Begin conscious efforts to ensure respect

Social communication

Say what? exercise



How does it feel?



How does it feel?

Simulates

- Expressive Language
- Receptive Language
- Nonverbal Language



How does it feel?

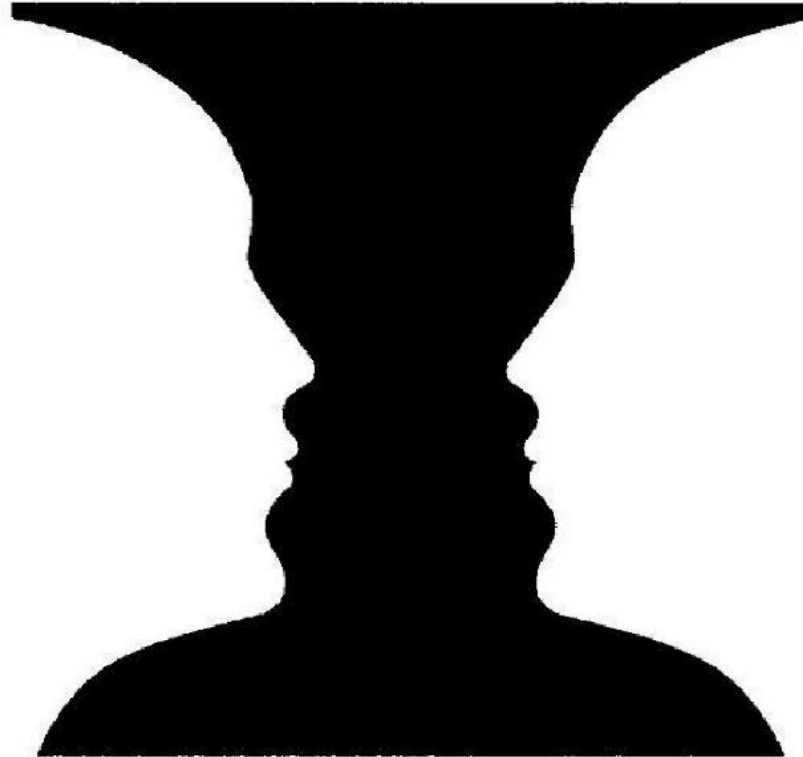
Not being able to talk
is NOT THE SAME
as having nothing to say

Social characteristics

Social characteristics

- Individuals with ASD/ IDD may be less mature than others their age
- Don't see "invisible" social rules
- Don't recognize social expectations
- Lack social understanding (make mistakes)

Perspective-taking



Perspective-taking



Theory of Mind - Vulnerable



Theory of Mind - Misinterpreted



Social Interaction: How to Help

Use your best social skills!

- Be calm and calming
- Step them through procedures
- Show them what to do
- Give simple, clear instructions, one at a time
- Don't take behaviors or words personally

Repetitive Pattern, Behavior, & Activities

Repetitive Acts

Movements

- Repeated movements (body, hands)
- Lining up objects
- Flipping or spinning objects

Speech

- Echolalia
- Idiosyncratic phrases
- “Video Talk”
- Vocalizations (noises)

Routines & Ritualized Patterns

- Strong attachment to objects
- Preoccupation with unusual objects
- Narrow focused interest
- Perseverative interests

Routines & Ritualized Patterns

- Greeting rituals
- Needed same route or eat same food every day
- Rigid thinking patterns
- Extreme distress at small changes
- Difficulties with transition

Hyper/ Hypo Activity

Hyper-Activity

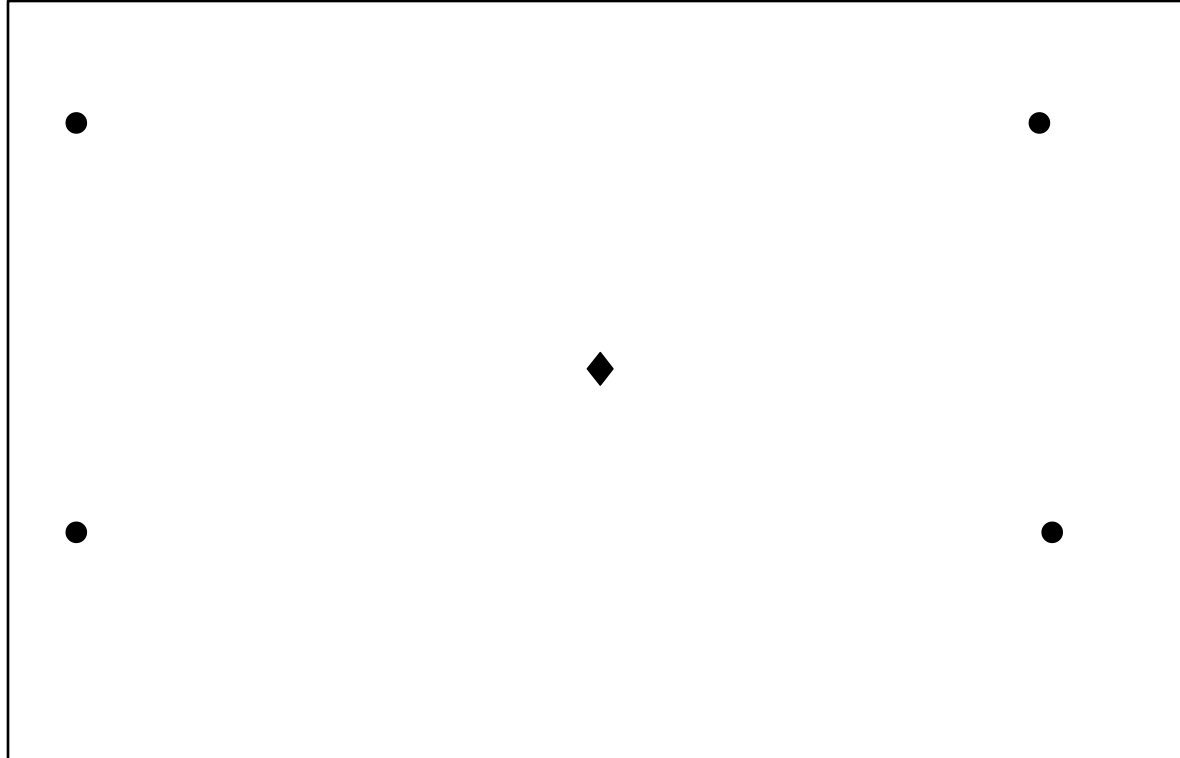
- Greeting rituals
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Hypo-Activity

Avoiding specific input

- Certain sounds are bothersome
- Certain textures are “painful”
- De-sensitivity to temperature
- De-sensitivity to pain

Activity: Just Do It

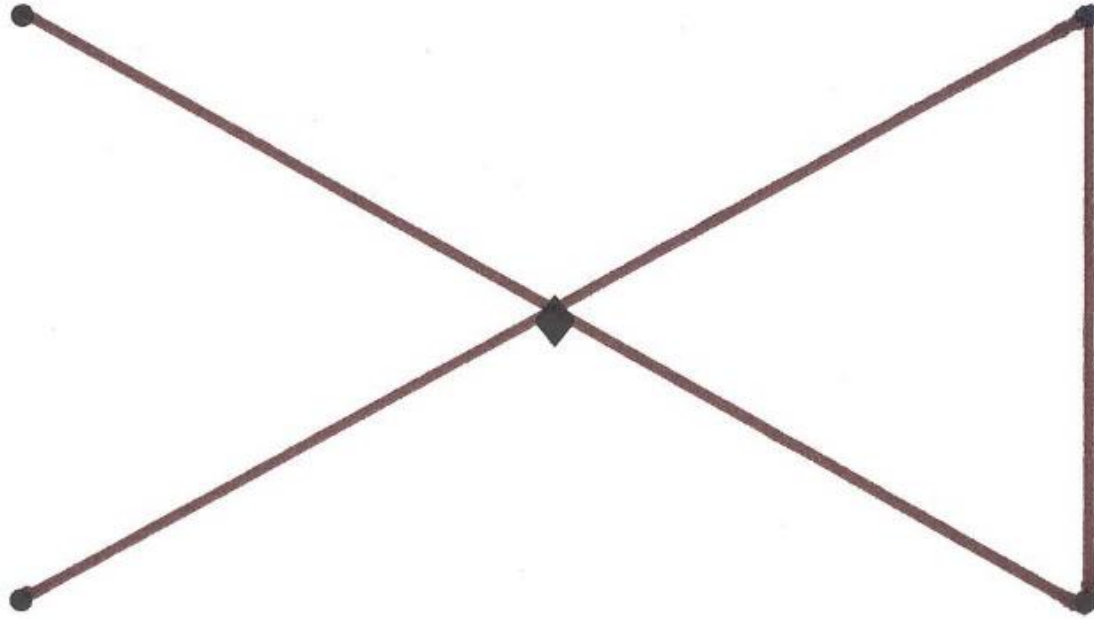


Activity: Just Do It



Does Your Design Look Like This?

Does Your Design Look Like This?



Sensory Sensitivities

Difficulty handling and screening out sensations from the environment:

- Feeling confused,
- Feeling anxious,
- Feeling stressed, and
- Feeling overwhelmed
- May shut down *or* escalate behaviors in response

Difficult Behaviors

Behavior may deteriorate due to stress

- Including unexpected or sudden changes in routine
- May have a fight or flight response
- Intense meltdowns
- Biting, scratching
- Hitting themselves or others
- Hyperactive, uncooperative, or oppositional

How to Help Behavior

Safety first but then

- **AVOID** physical contact as much as possible
- **AVOID** situations that cause **FLIGHT** or **FLIGHT** responses
- Try not to put the person in a position that will panic them (including a physical position)

How to Help Behavior

- Make sure the person is **SAFE** at all times
- Use de-escalation and calming techniques
- Monitor them regularly
- Ask caregivers for information (and help)
- Allow safe self-calming methods like rocking, flapping
- “Back up and shut up...”

Dispelling Myths and Misconceptions

False belief: I/DD is mental illness



False belief: I/DD is mental illness

I/DD is NOT Mental Illness

Developmental disability

- Begins at birth or before age 18/22
- No known cure
- Continues for the person's lifetime
- Improvement is expected from special education, behavior intervention, other therapies

Mental Illness

- Psychiatric Disorder
- Onset at any time
- May be cured or controlled by medication

{Quiz Question #3}

Dual diagnosis

Intervention for mental illness (such as involuntary hospitalization under a 4800 Mental Health Commitment) is usually NOT appropriate unless the person with I/DD also has a mental illness.

Specific Safety Issues Risk & Vulnerability

Safety issues

Critical Missing

SILVER
ALERT

In Texas Silver Alerts are only for senior citizens

Through legislation, it may be possible to expand to include autism and other developmental disabilities of all ages...the reasons why are obvious

Safety issues



Safety issues



Self Disclosure Tools



Self Disclosure Tools

Texas Driver's License/ID Designation

- The **communication impediment** option on their driver licenses/ID cards to facilitate better communication with officers
- The Texas Department of Public Safety can include a notice on the driver license or ID card of those who indicate they have a health condition that may impede their ability to communicate with a peace officer.



Rate of Victimization

Rate of crime against persons with disabilities,
2010-2014, per 1000 people

Crime	General Population	With Disabilities	Factor	Cognitive Disability	Factor
Violent victimization	12.8	30.7	2x more likely	56.6	Nearly 5x more likely
Serious violent crime (rape, sexual assault, robbery, aggravated assault)	3.9	12.7	3x more likely	24.0	Nearly 8x more likely
Simple assault	8.8	18.0	2x more likely	32.6	4x more likely

Appropriate Response Upon Recognition

Response appropriately

Summary: To Respond Effectively



- **RECOGNIZE** unusual features or unexpected behaviors as red flags for I/DD
- **FOCUS** on safety, control and communication
- **LISTEN to** family members or caregivers (experts)

Response appropriately

CARS

- Communication
- Attention
- Rapport
- Stress reduction



CARS

Communicate Effectively We've Discussed Many Options

- Calm
- Clear
- Concrete

CARS

Get the person's **Attention**

- Move to where the subject can see you
- Avoid crowding the person, as possible.
- Control distance and maintain bailout routes
- Remain alert



CARS

Establish Rapport

- Tell the person directly that you are here to help protect him/her.
- Listen to the person.
- Use the pronoun “I” as frequently as possible.



CARS

Stress Reduction

Explain Your Actions in Advance

- I am going to put handcuffs on you.
- I am going to call for an ambulance
- The ambulance is coming to help you.
- I am going to check for outstanding warrants.





Pocket Card

Your Pocket Card

COMMUNICATION

Use a **CALM** voice.

WAIT. Be patient. Allow time to process.

BE CLEAR. Use simple language. Re-phrase if needed.

ATTENTION

Give **ONE** instruction at a time.

EXPLAIN what is going to happen, step-by-step.

MONITOR regularly.

RAPPORT

PERSONALIZE (use name, address them directly).

ENCOURAGE. Say, "We're here to help you."

COLLABORATE with caregivers.

"**BACK UP** and shut up."

STRESS REDUCTION & DE-ESCALATION

AVOID fight or flight response.

AVOID physical touch if possible.

ALLOW the person to self-calm (rock, etc.)

MANAGE sensory input in the environment.

WARNING: RISK of SUFFOCATION.

DO NOT hold in face-down position.

Learn by Doing

Learn by Doing

Learn by Doing = Create Relationships

“It doesn’t take an act of Congress, federal or state mandate, or even money to make you realize that relationships are everything.” Patti Saylor



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Learn by Doing

Teach Seven Key Safety Skills

1. Follow the law to be safe
2. Stay where you are when you meet the police
3. Keep your hands to yourself when you meet the police
4. When the police tell you to do something, just do it
5. Tell the police about your disability
6. Remain silent if arrested
7. Tell where you are when you call 911



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Learn by Doing

Next Step:
BE SAFE Interactive Movie Screening



- Promote mutual understanding
- Everyone learns
- Eyes on Training

Learn by Doing

BE SAFE Interactive Screening



- Procedures & Expectations
- Practice with YOU!

Learn by Doing

What happens at an Interactive Screening?

- We'll watch scenes from BE SAFE The Movie
- We facilitate fun safety activities that have a serious purpose





Thank You
We hope you had a great session!