

2012 CIT Training

Developmental Disabilities

Autism Spectrum Disorders

Cognitive Disabilities

Epilepsy

Cerebral Palsy

Developed and Presented by:

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AASD

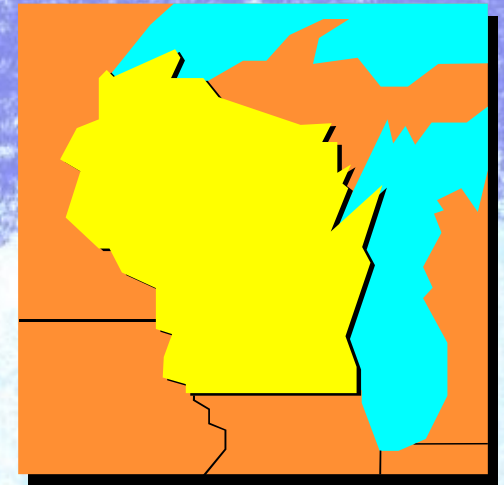
Developmental Disabilities are:

- **A severe, chronic disability a person has which:**
 - is related to a mental or physical impairment or a combination of both.
 - manifests before the age of 22.
 - is a life-span condition.



Categories

- **Cognitive Disabilities**
(WI term, in other states:
Mental Retardation or Intellectual Disabilities)
- **Autism Spectrum Disorders**
- **Epilepsy**
- **Cerebral Palsy**



Most Common

- **Cognitive Disabilities**
 - Intellectual functioning
 - **Mild → moderate → profound impairment**
 - Significant limitations in two or more adaptive skill areas:
 - Communication
 - Self-care
 - Home living
 - Social/interpersonal
 - Leisure
 - Health and safety
 - Self-direction
 - Functional academics
 - Use of community resources
 - Work



Autism Spectrum Disorders?

- **Autism is a developmental disability characterized by:**
 - **Impaired social interaction**
 - **Problems with verbal and nonverbal communication**
 - **Unusual, repetitive, or severely limited activities and interests**



Other ASD's



- **Asperger's syndrome**
- **Rett syndrome**
- **Childhood disintegrative disorder**
- **Pervasive developmental disorder not otherwise specified (PDD-NOS)**

Let's Make it Real

Nightline Clip

Facts for Law Enforcement



- **Autism is not a mental illness.**
 - **Neurologically based developmental disability**
- **No cure, no known cause but genetic links are suspected.**
- **Fastest growing developmental disorder. 1/150 children (2007)**
- **1/91 (2009, Dept. of Health and Human Services National Survey)**
- **Signs usually develop before the age of 3.**

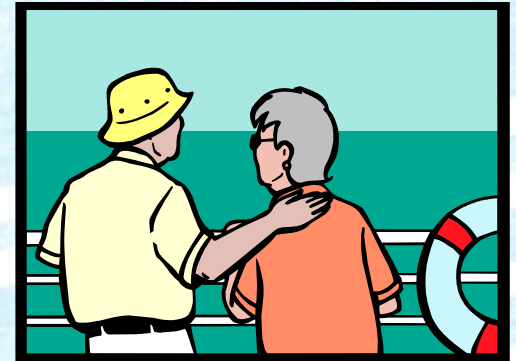
Characteristics of Autism Spectrum Disorders

Mild  Severe

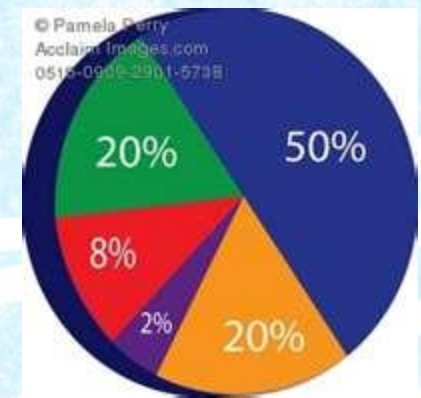
Like others, persons with ASD's can learn and function to the best of their ability with appropriate education, treatment and support.

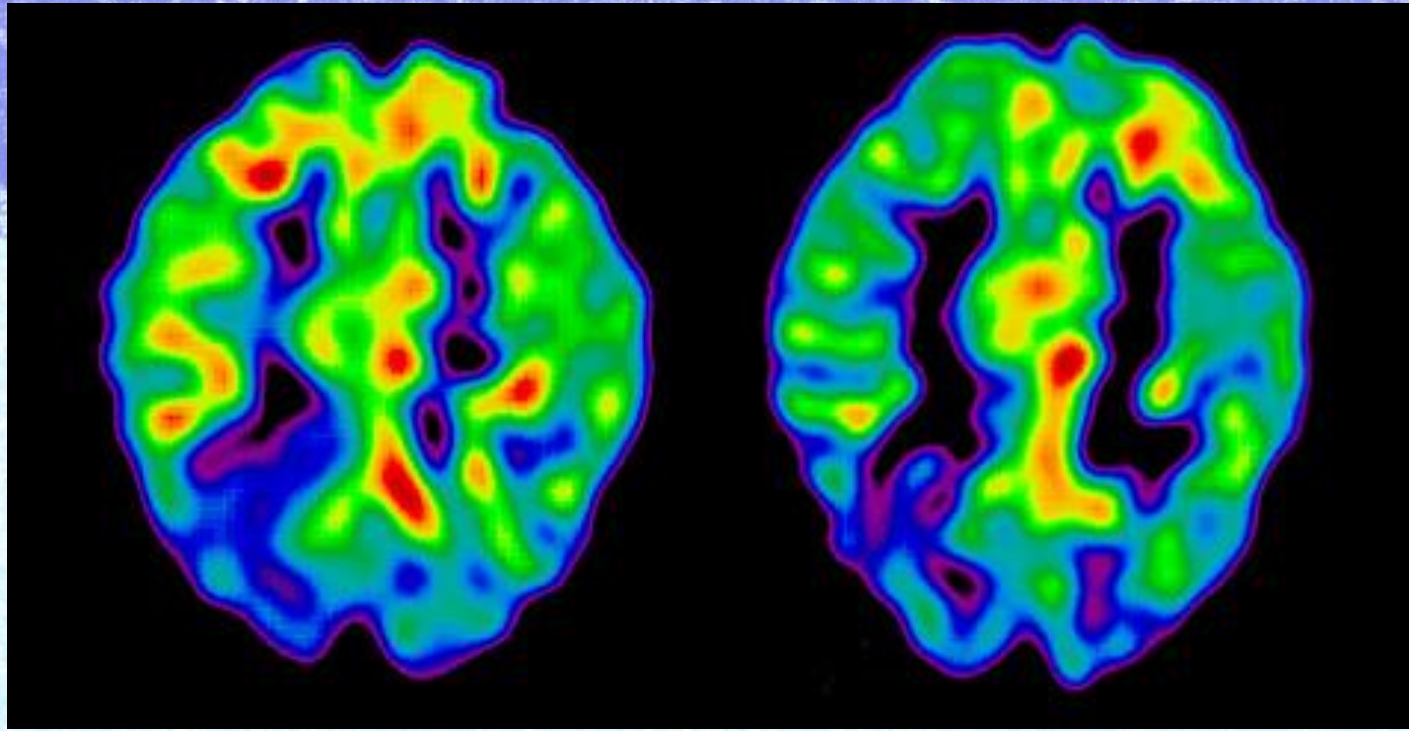
Common Characteristics

- **50% are non-verbal and another 20% may present as nonverbal when highly stressed.**
- **May not be able to establish or hold eye contact**
- **Many have sensory issues**
 - Light
 - Sound
 - Touch
 - Taste
 - Smell



**Before current technology
it was thought that
approximately 50% of
those with ASD's had
cognitive disabilities.**





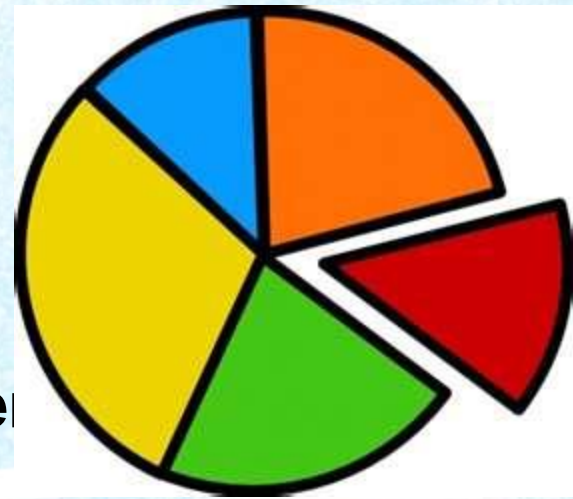
Typical brain

Autistic brain

40% of persons with autism will develop epilepsy or some other seizure disorder by the end of adolescence.

Comorbidity

- **These conditions often do not occur in isolation.**
 - **People with developmental disabilities are more likely to have:**
 - Anxiety disorders
 - OCD
 - Seizure disorders
 - ADHD
 - Depression
 - Other psychiatric disorders



Unique Differences



- **Some persons may have only slight delays in language and greater challenges with social interactions.**
- **Others may have difficulty initiating and/or maintaining a conversation.**
- **Others use alternative forms of communication.**

They may have difficulty with...

- Aggressive or self-injurious behaviors
- Insistence on sameness
- Difficulty with expressing needs
- Display emotions for reasons not apparent to others
- Preference to being alone
- Tantrums
- Over-sensitivity or under-sensitivity to pain
- No real fear of danger
- Uneven gross/fine motor skills
- Not responsive to verbal cues
- Sensory integration problems



Aggressive/Acting-Out Behavior

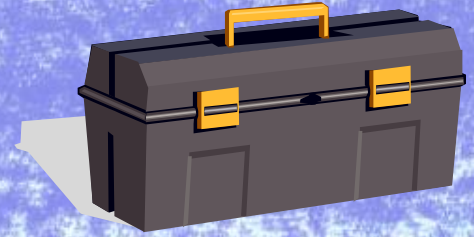
- **Often a form of nonverbal communication**
 - **Can't communicate with words, body language or gesture**
 - “I'm lost!”
 - “I'm in pain.”
 - “Stay back!”
 - “I'm afraid.”
 - **Will use fleeing or striking out**



How does this impact your interaction?



Tools in the Toolbox



- **Most people have ways to communicate their feelings and needs. (gestures and words)**
 - **Persons with autism may not have these tools.**
 - **They may have only one: reacting**
 - **Don't understand others' expressions or body language.**

Law Enforcement Contact

- Will be **10-20%** of your calls.
- Persons with a developmental disability will have up to **7 times more** contacts with police than a member of the general public (Curry et al, 1993)
- Much more likely to be a **crime victim.**



Living Arrangements

• Independent  Dependent

- Home with parents
- Own home or apartment
- Living at home
- Foster homes or skill development homes
- Supervised group living
- Institutions



911 Calls

- **Call may be made by:**
 - **Family members**
 - **Neighbors**
 - **School staff**
 - **Business persons**
 - **Group home staff**
 - **others**



911

...or a concerned person



- **Persons with autism may exhibit behavior that can be interpreted as violent or threatening due to a lack of impulse control, or a failure to recognize boundaries or “personal space”.**
 - **Caregivers may need to use physical restraint to prevent harm to self or others.**

Types of Offences



- **Related to social naivety:** desire to have friends...are easily led by others.
- **Aggression:** related to unexpected change in routine or the environment.
- **Misunderstanding of social cues:** difficulty with eye contact, avoid by fleeing
- **Adherence to rules:** are rigid, become upset if others break rules

Safety Concerns:

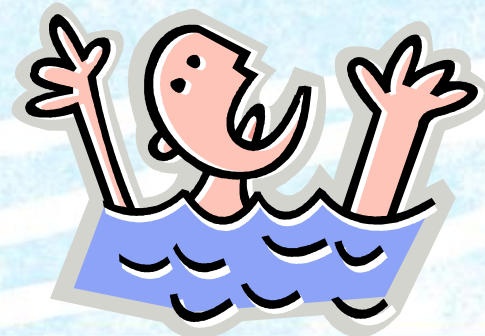
- May wander away from family member or caregiver.



- Into traffic or nearby homes

- Attracted to water sources

- **Leading cause of death in this population**



- **Display unusual behavior in community settings where they are not known.**



- **Rearranging store displays (may appear to be shoplifting).**

- **Sensory reactions**

- Screaming
- Hands over ears
- Fleeing the area
- Running toward something/someone



Goal

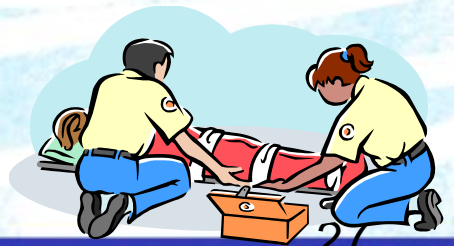
- **Establish developmental disorders as a possible “first thought”.**



- **What signs and symptoms were presenting?**

When you respond, know:

- may inappropriately approach or run toward officers (shiny badges, equipment, radio)
- may resist medical procedures or re-enter dangerous environments (burning home)
- may become upset with change in routine
- stress may trigger a medical emergency (40% of ASD have epilepsy).
- may not understand verbal commands, avoid:
 - Slang: “take a break”, “cool off”, “chill out”
 - Multi-step directions



Response Tips

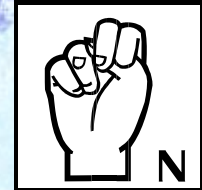
- **Maintain safe distance (they may suddenly invade your personal space).**
- **Talk calmly and softly.**
- **Explain who you are and make sure they understand.**



- **Speak in direct, short phrases (“What is your name?” or “What is your address?” rather than “Give me your identification.”)**
- **Allow for delayed responses.
(slow processing)**
- **Avoid touch, may become more agitated.**



- **Consider use of pictures, written phrases and commands, or sign language.**



- **Use slow gestures (avoid rapid pointing or waving) calm body language**



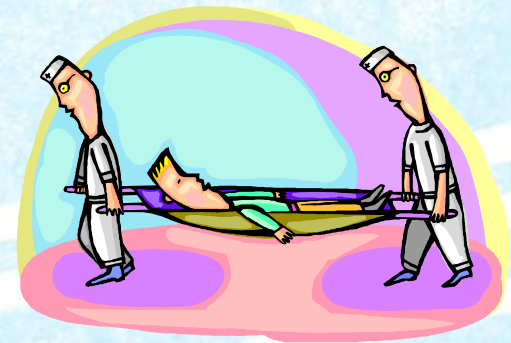
- **Observe for medical alert tags.**



- **Manage the sensory climate so the person isn't overwhelmed by sirens, flashing lights and other noise.**



- **Seek information and assistance from parent or others on the scene about how to communicate with and de-escalate the person's behavior.**
- **Evaluate for injury: the person may not ask for help or show indication of pain.**



- **If the person's behavior escalates, use geographic containment and maintain a safe distance until any inappropriate behaviors lessen.**



Don't.....

- **Interpret the person's failure to respond to orders or questions as a lack of cooperation or a reason for increased force.**
- **Interrupt repetitive behaviors unless there is a risk of injury to you or others.**



Autism Directive Cycle (ADC)*

- Addresses the processing lag in persons with autism.
 - Average 11 seconds
- Teaches the responder
 - Not to interrupt the person
 - Prevent from becoming distracted while processing information and verbal commands
- Address (the person) Move into their presumed field of vision, out of tip-off range, and address: “Hello” sir, madam, name if you know it.
- Direct (To the task). Tap the chair/gesture toward the chair: “Sit in the chair, stand here etc.”
- Control (Input). Remain silent for 11 seconds or until the person complies, whichever comes first.
 - Adapt officer ‘presence’.
 - Don’t allow distraction from unnecessary visual or audible stimulation, e.g., sirens, lights, radios, verbal overload, back-up milling around, etc.
- Praise (Confirm that they have complied with your directions.) ”Good job, thank you.”



*Joel Lashley, Senior Officer, Children’s Hospital of WI

- **ADC is central component for this training but there are many more aspects.**
- **Contact Joel Lashley at joellashley@chw.org for more information.**
- **Booklet is in your binder.**

Considerations when Dealing with Seizure Disorders



Common Questions

- **Can a person who cannot speak understand what others say?**
- **Others?**

