THE ALLEGHENY COUNTY CHIEFS OF POLICE ASSOCIATION

MODEL POLICY

Encountering People with Autism & Intellectual and Developmental Disabilities

An Allegheny County Criminal Justice Advisory Board Project

Initial issue 2013, reissued 2021

In Partnership With

The Allegheny County District Attorney's Office

Reviewed March 2024

This model policy should serve as a starting point, to be reviewed, by the Chief/Superintendent, your Municipality, and Insurance Carrier before being implemented.

Attached is a model "Encountering People with Autism & Intellectual and Developmental Disabilities" policy offered by the Allegheny County Chiefs of Police Association in partnership with the Allegheny County District Attorney's Office.

This model policy is in conjunction with the training video **"Encountering People with Autism: A First Responders' Training"** available on DVD at the District Attorney's Office (ADA Angela Kelley) or the Allegheny County Chiefs YouTube channel.

https://youtu.be/YUeYBlD3sCA

I. PURPOSE

The purpose of this policy to provide officers with guidelines for appropriately responding to and interacting with individuals with a Cognitive Development Delay (see definition below).

II. POLICY

It is the policy of this department that officers will be trained to recognize persons with Cognitive Development Delay; treat people with such disabilities with dignity and respect; utilize de-escalation protocols when appropriate; and seek alternatives to physical custody whenever possible.

III. DEFINITIONS

Cognitive Development Delay: **(For this policy)** Individuals who have Autism Spectrum Disorder (ASD) or an Intellectual Developmental Disability (IDD).

Autism Spectrum Disorder (ASD): is a developmental disorder that causes issues with speech and nonverbal communication, social interaction, repetitive behaviors, and motor skills that vary from person to person.

Intellectual Developmental Disability (IDD): A group of disorders characterized by limited or diminished intellectual functioning and difficulty with adaptive behaviors, such as understanding and expressing language, learning, moving, self-direction, self-care, independent living, managing money, schedules, routines, or social interactions. The disability usually occurs before the age of 22 and is likely to continue throughout the individual's life. Other Developmental Disabilities involve both physical impairments and diminished intellectual functioning stemming from genetic or other causes, such as Down syndrome.

IV. PROCEDURES

A. Use of De-escalation Techniques

People with a cognitive developmental delay might become easily upset and can engage in self-harming behaviors or act in aggressive ways. Fear, including fear of police, frustration, and changes in their daily routines and surroundings can trigger such behavior. The mere presence of an officer can also be a source of stress. They often have impairments that make it difficult for them to process incoming sensory information.

Therefore, when interacting with individuals with cognitive developmental delay, officers should do the following:

1. Speak calmly, simply and briefly.
2. Briefly explain the reason for the interaction.
3. Do not shout.
4. Do not try to force the situation.
5. Do not give rapid fire orders
6. Repeat short, direct phrases in a calm voice. Avoid slang or euphemisms.
7. Use nonthreatening body language, soft gestures, and move slowly, if possible announce actions before initiating them.
8. Avoid crowding the person unnecessarily.
9. Maintain a safe distance, providing the person with a comfort zone and a safety buffer for you.
10. To the extent possible eliminate, loud sounds, bright lights, and other sources of overstimulation (e.g. sirens, emergency lights); ask others to move away.
11. If possible, move the person to quieter surroundings.
12. Keep K9s in their vehicle and preferably away from the area.
13. Be aware that the person might have a service animal. Do not separate a person from his or her service animal if at all possible
14. If possible, avoid taking mobility devices, such as canes, scooters, or wheelchairs away from the person. If necessary to move or transport such items, ask the person the best way to do so.
15. Look for medical identification tags on wrists, necks, shoes, belts, wallet or purse. Some persons, both verbal and non-verbal, carry wallet cards noting that they have a cognitive developmental delay and that provide a contact name and telephone number of a family member or other information. (**You should be aware their wallet/purse and card is their lifeline, if possible do not forcibly take it, ask to see it).**
16. If asked by the person with a disability, call his or her support person, when such information is available, or a disability advocacy organization for assistance.
17. Be prepared for a potentially long encounter, as dealings with such individuals should not be rushed unless there is an emergency situation. Advise Dispatch and a Supervisor if a prolonged encounter is expected.
18. Do not interpret odd behavior as belligerent or aggressive. In a tense or unfamiliar situation, some people with a cognitive developmental delay might shut down and close off unwelcome stimuli (e.g., cover ears or eyes, lie down, shake or rock, repeat questions, sing, hum, make noises, or repeat information in a robotic way). This behavior is a protective mechanism for dealing with troubling or frightening situations.
19. Do not stop the person from repetitive behavior unless it is harmful to him or her or others.
20. Be aware of different forms of communication. Some people with cognitive developmental delay carry a book of universal communication icons. Pointing to one or more of these icons will allow them to communicate where they live, their family member or support person's name, address, or what they might need. Those with communication difficulties can also demonstrate different speaking capabilities, such as incorrectly using words.

B. **Taking Persons with Cognitive Developmental Delay into Custody**
Officers should seek alternatives to physical custody of individuals with cognitive developmental delay, as it is likely to initiate a severe anxiety response and further

escalate a situation. This might include release of the person to his or her family, a support person, or a community-based diversion program. In more serious offense situations or where alternatives to arrest are not permissible, officers shall observe the following guidelines:

1. Contact a supervisor.
2. Employ calming and reassuring language and de-escalation protocols.
3. If possible, contact the person's family member, support person, or other trusted individual to accompany him or her and to assist in the calming and intervention process. If a support person is not readily available, request an individual appropriately trained in crisis intervention, if available.
4. When safe to do so, avoid physical restraints. The use of such restraints can injure the person or limit the person's ability to communicate (sign language) or move independently (wheelchair or scooter).
5. When possible, avoid using body weight to restrain the individual. When unavoidable, extreme caution should be exercised and get him/her on their side, sitting or up ASAP.
6. In accordance with department arrest policy, search the individual for weapons prior to transport. Do not remove any assistive devices from the person if at all possible, including canes, communication icons, hearing aids, braces, etc.
7. Prior to custodial interrogation and giving Miranda Warnings, consult with the District Attorney's Office and if at all possible have his or her support person or lawyer present.
8. If possible and practical, do not incarcerate the person in a holding facility.
9. Until alternative arrangements can be made, and when safe to do so, place the individual in a quiet room with a support person, another responsible individual, or an officer who has experience interacting with people with cognitive developmental delay. They should not be left unmonitored.
10. Provide the person with any comfort items or assistive devices that might have been in his or her possession at the time of arrest (e.g., toys, canes, reading devices, etc.).
11. If taken to BCI and/or the ACJ, advise that the person has cognitive developmental delay and should be classified and assigned to the appropriate housing unit.

C. **Interviews, Interrogations, and Use of the Miranda/Custodial Rights Warnings**

1. Officers conducting interviews of a person who is suspected of having cognitive developmental delay should consult with a supervisor to determine how to proceed.
2. A support person, disability advocate or lawyer should be allowed to be present to help ensure the person's rights are protected.

3. Miranda custodial rights warnings should not be given to a suspect with cognitive developmental delay without his or her support person or lawyer present. Many people with cognitive developmental delay are not able to fully understand their rights, but will agree with the officer in order to hide their disability or to appear cooperative. Officers should also ask suspects to repeat their rights in their own words to ensure understanding.
4. Interrogations of suspects with cognitive developmental delay should be recorded and the person should be notified that the interrogation is being audio-

video recorded. If the interrogation is not recorded, the reason shall be documented.

5. When interviewing individuals with cognitive developmental delay, officers should do the following:
    a. Determine the individual's primary mode of communication and provide necessary accommodations, translation services, or both.
    b. Not interpret lack of eye contact and seemingly strange actions or responses as indications of deceit, deception, or evasion of questions.
    c. Use simple, straightforward questions. However, avoid yes or no questions, as the individual might simply choose either yes or no in an effort to please the officer, rather than provide factual information.
    d. Do not suggest answers, attempt to complete thoughts of persons slow to respond, or pose hypothetical conclusions, recognizing that people with cognitive developmental delay can be more easily manipulated and might also be highly suggestible.