DALTON POLICE DEPARTMENT

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Subject **Response to Developmental Disabilities and Mental Health Disorders**		
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I. **Policy**

It is the policy of the Dalton Police Department to provide employees with information on the symptoms and effects of developmental disabilities and mental health disorders so that they may better recognize and interact with such persons and be prepared to ~~deal with~~ encounter them in a manner that will best serve their needs and the Department's mission.

II. **Definitions**

A. *Developmental Disability* – A potentially severe, chronic disability attributable to a physical or mental impairment, or combination of impairments, resulting in substantial functional limitations to major life activities, such as understanding and expression of language, learning, mobility, self-direction, self-care, capacity for independent living, and economic self-sufficiency. Development disabilities, such as development delays, autism, or Tourette's syndrome, are not the same as, and should not be confused with, mental health disorders, such as schizophrenia or common mood disorders, such as depression.

B. *Mental Health Disorder* – Any psychiatric or psychological condition characterized as an illness that affects cognition, perception, or communication, which significantly interferes with the performance of major life activities, such as social interaction, learning, thinking, communication, or sleeping.

III. **Interactions with Developmentally Disabled Persons**

A. There are numerous forms of developmental disabilities. Many of the individuals with such disabilities have other related but distinct disorders as well, such as Asperger Syndrome, Fragile X Syndrome, and / or Rett Syndrome. While Officers are not in a position to diagnose persons with such disabilities, Officers shall be alert to the symptoms that are suggestive of such disorders. These include, but are not limited to, the following symptoms in various combinations and degrees of severity:

1. Difficulty with communication and self-expression

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2. Communication by pointing or gestures, rather than words

3. Repetition of phrases or words

4. Repetitive body movements that may be harmful to the person. Movements may include, but are not limited to: swaying, spinning, clapping the hands, flailing the arms, snapping the fingers, biting the wrists, or banging the head.

5. Little or no eye contact

6. Tendency to show distress, laugh, or cry for no apparent reason

7. Uneven gross or fine motor skills

8. Unresponsiveness to verbal commands; appearance of being deaf even though hearing is normal

9. Aversion to touch, loud noise, bright lights, and commotion

10. No real fear of danger

11. Over-sensitivity or under-sensitivity to pain

12. Self-injurious behavior

B. Officers may encounter persons with developmental disabilities in a variety of situations commonly involving other persons without such disabilities. However, due to the nature of developmental disabilities, the following are some of the most common situations in which such persons may be encountered:

1. Developmentally delayed, autistic, or other developmentally disabled persons sometimes evade their parents, supervisor, caregiver, or institutional setting and may be found wandering aimlessly or engaged in repetitive or bizarre behavior in public places or stores.

2. Some developmentally disabled persons, such as those suffering from autism, are more subject to seizures and may be encountered by Officers in response to a medical emergency.

3. Disturbances may develop and a caregiver may be unable to maintain control of the disabled person who is engaging in self-destructive behavior or a tantrum.

4. Strange or bizarre behavior may take innumerable forms prompting calls for service, such as picking up items in stores (i.e., perceived shoplifting), repetitive and seemingly nonsensical motions and actions in public places, inappropriate laughing or crying, and personal endangerment.

5. Socially inappropriate or unacceptable acts, such as ignorance of personal space, annoyance of others, or inappropriate touching of others or oneself,

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are sometimes associated with the developmentally disabled, who often are not conscious of acceptable social behavior.

C. Some persons with developmental disabilities can be easily upset and may engage in tantrums, self-destructive behavior, or aggressive behavior. Fear, frustration, and minor changes in daily routines and / or surroundings may trigger such behavior. Therefore, Officers shall take those measures to prevent such reactions and de-escalate situations involving such persons in the course of taking enforcement and related actions. These include the following:

1. Using a stern, loud, command tone to gain compliance will have either no effect or a negative effect on a developmentally disabled person. Use non-threatening body language, keep a voice calm, and keep your hands to your sides. Be aware that such persons may not understand the *Miranda* warning even if they say they do.

2. Eliminate, to the degree possible, loud sounds, bright lights, and other sources of over stimulation. Turn off sirens and flashing lights, ask others to move away, or, if possible, move the person to more peaceful surroundings.

3. Keep canines in their vehicle and preferably away from the area, and ensure that other dogs are removed.

4. Look for medical ID tags on the person's wrists, neck, shoes, belt, or other apparel. Some persons carry a card noting that they are developmentally disabled and possibly non-verbal. That card should also provide a contact name and telephone number.

5. Call the contact person or caregiver. The person's caregiver or institutional / group home worker is an Officer's best resource for specific advice on calming the person and ensuring the safety of the person and the Officer until the contact person arrives on the scene.

6. Dealings with such a person cannot be rushed unless there is an emergency situation. De-escalation of the situation, using calming communication techniques, can take time, and Officers shall inform their dispatcher and Supervisor that a potentially long encounter might be the case, if circumstances dictate.

7. Repeat short, direct phrases in a calm voice. For example, rather than saying, "Let's go over to my car where we can talk," simply repeat, "Come here," while pointing until the person's attention and compliance is obtained. Gaining eye contact in this and related situations is essential. Be direct by repeating, "Look at me," while pointing to the person's eyes and yours.

8. Many people with autism have sensory impairments that make it difficult for them to process incoming sensory information properly. For example, some may experience buzzing or humming in their ears that make it difficult

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for them to hear. Should an Officer identify a sensory impairment, he or she should take precautions to avoid exacerbating the situation.

a. Don't touch the person unless he / she is in an emergency situation (e.g., has been seriously injured or is in imminent peril.) Speak with the person quietly and in a non-threatening manner to gain compliance.

b. Speak softly and use soft gestures when asking the person to do something, such as look at you. Avoid abrupt movements or actions.

c. Use direct and simple language. Slang talk and police jargon have little or no meaning to such persons. Normally, they will understand only the simplest and most direct language (e.g., come, sit, stand).

d. Don't interpret odd behavior as belligerent. In a tense or even unfamiliar situation, these persons will tend to shut down and close off unwelcome stimuli (e.g., cover ears or eyes, lie down, shake or rock, repeat your 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. Don't stop the person from repetitive behavior unless it is harmful to him / her or others.

9. Some developmentally disabled persons carry a book of universal communication icons. Pointing to one or more of these icons will allow these persons to communicate where they live, their mother's or father's name, their address, or what they may want. Those with communication difficulties may also demonstrate limited speaking capabilities, at times incorrectly using words such as "You" when they mean "I".

10. Don't get angry at antisocial behaviors. For example, when asked a simple question like, "Are you all right?" the person may scream, "I'm fine!" Many such persons don't understand that this is not appropriate.

11. Maintain a safe distance. Provide the person with a zone of comfort that will also serve as a buffer for officer safety.

D. Taking custody of a developmentally disabled person should be avoided whenever possible as it will invariably initiate a severe anxiety response and escalate the situation. Therefore, in minor offense situations, Officers shall explain the circumstances to the complainant and request that alternative means be taken to remedy the situation. This normally will involve the release of the person to an authorized caregiver. In the event an Officer needs additional help in dealing with a person, there are several local resources, such as Highland Rivers, Georgia HOPE, or ~~Westcott Behavioral Health~~ Benchmark Crisis Response, available to contact.

E. In more serious offense situations or where alternatives to arrest are not permissible, Officers shall observe the following guidelines:

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1. Contact a Supervisor for advice.

2. Summon the person's caregiver to accompany the person and to assist in the calming and intervention process. If a caregiver is not readily available, summon a mental health crisis intervention worker, if available.

3. Employ calming and reassuring language and de-escalation protocols provided in this policy.

F. Officers conducting interviews or interrogations of a person who is, or who is suspected of being, developmentally disabled shall consult with a mental health professional and the District Attorney's Office to determine whether the person is competent to understand his or her rights to remain silent and to have an attorney present. If such persons are interviewed as suspects, victims, or witnesses, Officers shall observe the following in order to obtain valid information:

1. Do not interpret lack of eye contact and strange actions or responses as indications of deceit, deception, or evasion of questions.

2. Use simple, straightforward questions.

3. Do not employ common interrogation techniques, suggest answers, attempt to complete thoughts of persons slow to respond, or pose hypothetical conclusions, recognizing that developmentally disabled persons are easily manipulated and may be highly suggestible.

IV. Interacting with Persons with Mental Health Disorders

A. Recognition of mental health disorders includes observing symptoms that can be behavioral and / or physical or can be indicated by the information that the person reports regarding his or her feelings, emotions, and / or perceptions. Possible behaviors or symptoms of mental health disorders include, but are not limited to, the following:

1. Sudden change of lifestyle

2. Major changes in behavior

3. Extreme anxiety, panic, or fright

4. Feeling of paranoia

5. Hallucinations

6. Delusions

7. Depression

8. Obsessions

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9. Unexplained loss of memory

10. Confusion

11. Physical or motor symptoms

B. The following is a list of specific physical indicators of possible mental health disorders:

1. Hyperactivity in the hands, arms, and feet, such as tremors, purposeless movements, shifting from foot to foot, and / or hand wringing

2. Movement of the head, such as severe tic-like movements, looking around as if looking for / at something, or cocking the head to one side as if listening to someone / something

3. Avoiding eye contact, eyes wide open and / or unblinking, shielding the eyes from some perceived bright light that is not present

4. Continuous chewing movement with no food or gum present, tongue movements (e.g. sticking out, etc.), or wetting the lips or moving them as to speak without voice or sound

5. Walking style or gait, such as shuffling, small rigid steps, or rigidity in the elbows or knees (no evidence of injury or other impairment is present to explain the gait)

6. Body posture, such as rigidity or catatonic posture that may be bizarre in nature.

7. The style of the speech may be unusually soft and monotone. The speech may be loud and explosive and may include obscenities when provocation for such speech seems to be absent. The content of the speech may imply hallucinations or delusions. The person may speak in loose associations, stating words, phrases, or sentences that seem to have no connections to each other and seem not to make common sense to others.

8. The person may display emotional moods, which seem out of place with the surroundings. This may include laughing, weeping, shouting, etc. in settings that seem inappropriate to others. The person may seem totally flat and may lack the ability to respond typically to emotional stimuli. The person may display a lack of awareness to his / her surroundings and may have difficulty responding to others when approached or addressed.

C. When interacting with persons that are suspected of suffering from a mental health disorder, the following actions shall be taken:

1. Gather as much information as possible before arriving at the scene.

2. Upon arrival at the scene, be discreet and avoid attracting attention. Be calm, avoid excitement, and calmly portray a take-charge attitude.

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Approach cautiously, observing the person's behavior. Be alert for any weapons that the person may have in his / her possession.

3. Tactfully remove as many distractions or upsetting influences from the scene as possible. This includes bystanders and disruptive friends or family members.

4. Use the contact time with family members and friends to gather as much information as possible about the person's behavior. Other witnesses, who are casual observers, may be able to provide valuable insight that may assist in handling the situation.

5. Remember the principles associated with officer safety. If the person is known to be suffering from paranoid delusions of a persecutory nature, extra caution should be observed. Observe the subject's reactions to your approach and your statements. Be prepared to change strategy, as needed, to get the desired results.

6. Introduce yourself by name and explain the reason for your presence. Establish a calming tone and keep verbal and nonverbal behavior consistent.

7. Officers must be aware that the police uniform, handgun, handcuffs, and impact weapons may frighten the person. Explain they are necessary to the job and not intended to hurt or frighten the person.

8. Verbal communication may be difficult. When speaking, speak clearly, slowly, and in a normal tone of voice. Avoid asking rapid-fire questions. Ask simple questions that seek only one piece of information. This is especially important when dealing with someone on the telephone.

    a. Allow the subject time to think between questions, and allow him / her sufficient time to state an answer and tell his / her story.

    b. If a subject does not seem to hear or understand, repeat the question.

    c. Avoid expressing impatience or frustration if the person is slow in responding to initial inquiries.

    d. The person may have difficulty focusing his or her attention on the current interaction.

    e. Tactfully work to keep the discussion focused on solving the current problem rather than discussing past experiences.

    f. If the person makes an effort to provide the desired information, give him / her positive feedback.

    g. Evaluate the nonverbal and emotional content of the person's statements.

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h. Some persons with mental health issues may have difficulty responding to questions and requests that are stated in an indirect way or that have an abstract component.

9. Avoid “why’ questions, especially when attempting to establish an initial rapport with the subject. Many people experiencing the symptoms of mental health disorders will have difficulty explaining their conduct.

10. When discussing options with the person, use “I” statements rather than “we”, “the police”, or “my Supervisor.” “I” statements let the person know that you have made a personal commitment to helping with the problem or finding a solution. When possible, allow the subject to “save face.” Avoid lying to the person or making promises that you know you cannot keep in order to gain the initial cooperation of the individual.

11. Avoid rushing the person or crowding his or her personal space.

   a. Do not touch the person unless prepared ~~for a~~ to use ~~of~~ force in response to resistance and / or aggression. Any attempt to force an issue may backfire in the form of violent behavior.

   b. Some individuals who are delusional will maintain a larger personal body space than other people will. If the person tells you that you are too close and demands you move back, comply with the request, if doing so does not compromise safety.

   c. In most situations, maintain a leg’s length distance from the subject, maintaining a non-threatening, but safe, stance.

   d. Good eye contact with the person is usually helpful.

12. If the person is shouting or acting out other disruptive behavior but is not directly threatening any other person or himself / herself, the person should be given time to calm down.

   a. Disruptive outbursts are usually of short duration.

   b. It is better that the Officer spend fifteen (15) to twenty (20) minutes waiting and talking than to spend five (5) minutes struggling to subdue the person.

   c. One way to help calm the person is to convince the subject to sit down. This will sometimes reduce the level of agitation.

13. Avoid projecting the image of the “tough guy.”

   a. Tough methods and tough talk will usually frighten the person and cause a defensive reaction and could lead to violent behavior.

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b. Threatening negative consequences, especially going to jail, may not be effective in getting the person to alter or control his / her disruptive behavior.

c. Any approach should emphasize that the Officer is there to help the person and not to punish him / her.

d. Remember that the subject did not choose to have mental health issues or be emotionally distraught.

e. Accept the subject as a human being in crisis and remember that the primary role is to calm the situation and offer help.

14. If the person makes claims or reports situations, events, or sensory perceptions that are obviously based on delusions or hallucinations, do not attempt to directly confront the person with the evidence that their claims and beliefs are faulty.

a. Such an effort will usually fail.

b. If the subject is relating information stemming from paranoid delusions, any direct attempt at refuting the beliefs will cause the subject to label the Officer as “one of them.”

c. Once an Officer has been incorporated into the subject’s delusional system, he or she will usually lose the ability to positively influence the subject’s behavior.

d. Participating in the delusion or the hallucination by agreeing with or “playing along” with the subject shall be avoided.

e. Make statements that show concern for the subject’s opinions, feelings, and observations without agreeing with them.

f. Do not attempt to minimize fears or dismiss emotions that the subject expresses freely.

15. Do not use demeaning language that refers to the person as “loony, nut, crazy, fruitcake, or head case” or make other inappropriate references.

a. Using these terms to refer to the individual tells him / her and his / her friends and family members that you don’t care about him / her and you don’t consider his / her problem to be important.

b. Remember that individuals who have dealt with law enforcement may know the implication of the term “10-96,” which is the ten-code for “Mental Subject.”

16. Do not let the person trick you into an argument.

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a. Ignore attacks on your character, personal appearance, or profession.

b. Responding negatively to these characterizations will undermine your ability to communicate with the person.

c. Do not get into a power struggle with the person.

d. Remember that bizarre behavior alone is not a reason for use of physical force.

e. Only when the person is so dangerous or violent that there is a direct and immediate risk that the individual or another person is likely to be harmed should the Officer respond by using force ~~be used~~.

f. As in all situations, ~~use~~ respond only with the amount of force necessary to accomplish lawful objectives or the desired goal of protecting everyone involved.

D. If available, a Supervisor shall respond to all calls or incidents involving a person with a confirmed or suspected mental health disorder that is in crisis. A crisis could consist of a person having delusions, refusing to take prescribed medications, displaying erratic behavior, causing a disturbance, talking to himself / herself, or other activities or behaviors that cause alarm or concern to the average person.

E. Interviews and interrogations of subjects believed to be suffering from a mental health disorder or displaying indicators of mental health issues shall be conducted in accordance with policy GO98-4.4, Conducting Interviews and Interrogations, using guidelines outlined in section IV. C of this policy.

F. In the event an Officer needs additional help in dealing with a person with a mental health disorder, EMS or any of several local resources may be contacted through the Whitfield County 911 Center. The local resources include, but are not limited to: Highland Rivers, Georgia HOPE, and ~~Westcott Behavioral Health~~ Benchmark Crisis Response.

G. An Officer may make a lawful arrest when a violation occurs in his / her presence or when probable cause exists to affect the arrest. If the person with a mental health disorder is in crisis, EMS should be contacted to evaluate the subject to determine if he / she should be transported to Hamilton Medical Center for evaluation before being taken into custody.

V. **Training**

All personnel shall receive documented entry-level training and annual in-service refresher training on ~~dealing~~ interacting with persons suffering from mental health disorders or persons with diminished capacity.

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This policy supersedes any previous policies issued.

BY ORDER OF

CHIEF OF POLICE

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