

Instructor Resource Guide



Intellectual and Developmental Disabilities Training for Peace Officers

Course ID# 4204

Continuing Education

November 2024

ABSTRACT

Intellectual and Developmental Disabilities Training for Peace Officers is designed to assist peace officers in identifying and engaging with individuals who live with intellectual and/or developmental disabilities (IDD). The training will provide information on what an intellectual and developmental disability is, how they may present in individuals, best practices on how to engage with an individual with intellectual and/or developmental disabilities, and best practices on de-escalation techniques. Students will learn the different communication challenges individuals with IDD face, the warning signs of an individual with IDD having an oncoming behavioral crisis, and early intervention techniques.

Instructor Resource Guide:

This is an Instructor Resource Guide (IRG), not a lesson plan. The purpose of the IRG is to outline the minimum state requirements of what must be taught for a course to be considered compliant and receive TCOLE credit. The learning objectives provided in this IRG are the minimum state requirements for the training and must not be changed or altered.

- A qualified instructor **shall** develop the IRG into a lesson plan that meets their organization and student needs and must be kept in a training file for auditing purposes.

Please note: It is the responsibility of the Academy and/or Contractual Training Provider to ensure the IRG is developed into a complete lesson plan based on the requirements outlined in the IRG for a particular topic.

Lesson Plan:

Each organization is charged with creating their own lesson plan for how the organization will disseminate the information in the IRG.

- The IRG is designed to assist the instructor/subject matter expert in developing comprehensive lesson plans. The use of current statistics, best practice models, and scenario-based training should also be included in the lesson plan development. Instructors are encouraged to add additional activities.
- The institutions and instructors will determine how much time is spent on each topic/module, how many/what kind of examples or exercises are used during their presentation, and how in-depth they review each topic in the course they present.
- Any activity that is **suggested** is just that, an example or suggestion, and is not mandated for inclusion.
- Anything that is **required** must be included in the instructor's lesson plan.

Note to Trainers:

It is the responsibility of the Academy and/or Training Coordinator to ensure this curriculum and its materials are kept up to date. Refer to curriculum and legal resources for changes in subject matter or laws relating to this topic as well as the Texas Commission on Law

Enforcement website at www.tcole.texas.gov for edits due to course review. Training providers must keep a complete training file on all courses reported for TCOLE credit.

Student Prerequisites:

- Must be a licensed peace officer for a minimum of two (2) years.

Instructor Prerequisites:

An instructor must be a subject matter expert in the topic and must have documented knowledge/training/education and provide an instructor's biography that documents subject matter expertise. It is the responsibility of the training academy/training coordinator to select qualified instructors. A TCOLE instructor certification does not certify someone to teach any topic.

- If a documented subject matter expert does not hold a TCOLE instructor certification, the instructor must be approved in writing by the department's training coordinator or chief administrative officer and kept in the training file for the course.
- This course may be instructed by a licensed mental health professional who possesses a master's degree or higher in a field of mental or behavioral health with at least two (2) years' experience instructing law enforcement personnel.
- This course may be instructed by a licensed peace officer with at least two (2) years' experience on a Crisis Intervention team.

Length of Course:

It is the training coordinator's responsibility to ensure the minimum hours are being met. Students are required to attend all classroom hours as listed in this instructor resource guide, there is no 10% attendance rule. TCOLE Rule 218.1 (C)(4) states that failure to meet the minimum course length may be grounds for denial of training. This course shall be taught the minimum hours that are listed in this guide and the student shall attend the entire class to receive credit.

- 4 hours, minimum.

Assessment:

- Training providers are responsible for creating student assessments and documenting the mastery of all objectives in this course using various testing assessment opportunities.
 - Assessment opportunities include oral or written testing, interaction with instructor and students, case study and scenario, and other means of testing student's application of the skills taught as the instructor or department deems appropriate.
- The minimum passing score shall be 70%.

INSTRUCTOR NOTE:

Intellectual disability is the most current and appropriate term used to describe these conditions. The term "mental retardation", which still carries undue stigma and shame, is no longer used nor appropriate.

Autism Spectrum Disorder (ASD) is discussed in more detail throughout this training. When appropriate, include different types of IDD as examples, such as cerebral palsy, Fragile X, Down syndrome, etc.

Unit 1 Intellectual and Developmental Disabilities**1.1 Define intellectual disability.**

- A. A permanent condition or group of conditions which results in a loss of an individual's cognitive and adaptive functioning.
 - i. Cognitive functioning is an individual's capacity to reason, plan, organize, problem-solve, and make judgements.
 - ii. Adaptive functioning is an individual's capacity to learn, and apply conceptual, practical, and social skills in their everyday life.
- B. Intellectual disabilities are detected and diagnosed between birth and 18 years of age.

1.2 Define developmental disability.

- A. A permanent condition or a group of conditions which results in challenges to an individual's physical, learning, and/or behavioral areas throughout their life.
 - i. Impacts an individual's capabilities in understanding and expressing language, learning, physical abilities, and independent living.
- B. Developmental disabilities are detected during an individual's developmental period, between birth and 22 years of age.
- C. Individuals can be diagnosed with both developmental and intellectual disability, but the two do not always occur together, and can exist separately.

1.3 Define Autism Spectrum Disorder (ASD).

- A. It is a developmental disability that can cause significant social, sensory, communication, and behavioral challenges.
- B. Individuals with ASD may also have co-occurring intellectual disabilities.
- C. ASD is an umbrella term used to describe several conditions that were previously diagnosed separately as autistic disorder, pervasive developmental disorder, and Asperger syndrome.

1.4 Identify how dual diagnoses affect behavior.

- A. When an individual has both IDD and a mental health condition, it can significantly affect their behavior.

- B. Individuals with IDD are three to six times more likely to have a mental health issue than the general population. This includes:
 - i. Psychotic disorders
 - ii. Anxiety
 - iii. Depression
 - iv. Mood disorders
- C. More likely to experience increased agitation, irritation, and aggressive behaviors as a symptom of their mental health diagnosis rather than as a factor of their disability.
 - i. The IDD diagnosis tends to overshadow their mental health diagnoses and attribute these behaviors to their disability rather than it co-occurring alongside their mental health symptoms.

Unit 2 Characteristics and Presentation of IDD

INSTRUCTOR NOTE:

Clarify to students there is a spectrum of disabilities and there is no specific 'look' to an intellectual and/or developmental disability, and any appearances should be considered with caution. Hidden disabilities often go undetected. The goal is not to diagnose, but to be able to recognize when someone has an IDD to engage with them more effectively.

2.1 List the four intellectual functioning levels of an individual with IDD.

- A. Mild: Age equivalent intellectual functioning is approximately between nine (9) and twelve (12) years of age.
 - i. Many people with developmental disabilities fall within the mild range.
- B. Moderate: Age equivalent intellectual functioning is approximately between six (6) and nine (9) years of age.
- C. Severe: Age equivalent intellectual functioning is approximately between three (3) and six (6) years of age.
- D. Profound: Age equivalent intellectual functioning is approximately between zero to three (0-3) years of age.

2.2 Recognize general indicators of individuals with IDD.

- A. Physical presentations
 - i. Difficulty with hand-eye coordination.
 - ii. May engage in repetitive body movements also known as stimming.
 - 1. Rocking
 - 2. Humming
 - 3. Hand-flapping
 - 4. Repeated sniffing or licking

- 5. Spinning
- iii. Covering their ears or eyes.
- iv. Walking on tiptoes or in an unusual manner.
- B. Speech and communication indicators
 - i. Monotone voice or unusual pronunciation.
 - ii. Repetitive questions or phrases.
 - iii. Difficulty responding to questions or following instructions.
 - iv. Fixate on specific topics unrelated to the situation.
 - v. Become noisy or agitated if required to deviate from their regular routine.
 - vi. Communicate non-verbally and use other alternative ways to communicate.
- C. Cognitive characteristics
 - i. Difficulty applying learned information to new situations. For example:
 - 1. Knows hitting a friend is wrong but may not understand hitting a stranger is also inappropriate.
 - ii. View situations in “black and white” and struggle with grey areas such as a range of emotions.
 - iii. Focus on the immediate present resulting in having a limited ability to integrate past experiences or understand the difference between/or concept of present, past or future.
 - iv. Struggle to connect actions to consequences.
- D. Emotional and behavioral responses
 - i. Difficulties coping
 - 1. Insecurity and a high level of dependency on others.
 - 2. Anxiety when separated from familiar environments.
 - 3. Difficulty managing stress or change.
 - ii. Sensory sensitivities
 - 1. Seek sensory stimulation, such as deep pressure or physical holds
 - 2. Overreact to lights, sounds or textures
 - 3. Fascination with shiny objects or reflections
 - 4. Higher pain tolerance or unusual reactions to pain
- E. Social behavior
 - i. Speak loudly or inappropriately for the context
 - ii. Difficulty with social timing and personal space
 - iii. Struggle with empathy or understanding social cues
 - iv. Difficulty making and maintaining eye contact or fleeting eye contact.

1. A lack of eye contact is not necessarily a sign of disrespect or as an indicator of guilt.

F. Individuals with Autism Spectrum Disorder (ASD)

- i. Wandering is when someone leaves a safe area or a responsible caregiver, and it typically includes situations where the person may be injured or harmed as a result.
 1. Individuals with Autism spectrum disorder (ASD) are at higher risk of going missing and are recovered deceased due to accidental deaths such as drowning in bodies of water.
 2. Other terms used to describe this behavior are elopement, bolting, fleeing, or running.

2.3 Identify common communication challenges for individuals with IDD.

A. An individual may make efforts to hide or disguise their disability. Examples:

- i. Being good at small talk
- ii. Using large vocabulary
- iii. Having a lot of knowledge on specific topics
- iv. Giving limited responses

B. An individual may be easily suggestible which can lead to:

- i. Being swayed and open to suggestion.
- ii. Making up facts to “fill in the blanks.”
- iii. Confessing and pleading guilty more often.
- iv. Changing answers because they are unsure or have trouble remembering.

2.4 Identify factors surrounding an individual with IDD’s involvement in the justice system.

A. Individuals with Intellectual and Developmental Disabilities (IDD) face increased vulnerability and victimization within the justice system due to various personal, social, and environmental factors such as:

- i. Greater dependence on others.
- ii. Need for acceptance and friendship.
- iii. Less likely to question people in authority, (e.g., caregivers).
- iv. Less knowledge or understanding of legal rights.

B. Most offenses committed against individuals with developmental disabilities are perpetrated by people they know, such as:

- i. Service providers
- ii. Acquaintances and neighbors
- iii. Family members
- iv. Peers

- C. A history of trauma can make individuals more susceptible to being easily influenced by others and overly eager to please.
- D. May display explosive or aggressive behavior, which is often misunderstood as defiance or misbehavior.
 - i. Outbursts may stem from communication difficulties or an inability to understand complex social interactions, further complicating their interactions with the justice system.

INSTRUCTOR NOTE:

Discuss with students how behaviors or responses from individuals with IDD can be misinterpreted as suspicious, non-compliant, or criminal.

Unit 3 Engagement Techniques

INSTRUCTOR NOTE:

Not all interactions with an individual with IDD will be an escalated situation. Common law enforcement encounters with individuals with IDD may include situations such as disruptive or unusual behavior, domestic disturbances, wandering and medical emergencies.

3.1 Identify best practices for engagement.

- A. Individuals with IDD may not recognize police or emergency services' uniforms or vehicles or understand what is expected of them.
 - i. Officers should introduce themselves and plainly explain their role.
- B. People with developmental disabilities may display behavior that is uncommon, appears non-compliant, or is viewed as threatening to an officer, even when there is no intent to cause physical harm or engage in criminal activity.
 - i. If appropriate, speak with family members or care givers who may provide valuable context or insight into the person's communication needs.
- C. Ask open ended questions when possible, as they may reveal a potential developmental disability, such as:
 - i. A form of identification.
 - 1. Some individuals with disabilities wear medical ID bracelets/necklaces or carry informational cards to disclose a disability.
 - ii. Where they live.
 - 1. Individuals may live alone, at home with their family, in a group home, or in an assisted living facility.
 - iii. If they need help or any accommodations.
 - 1. Asking this question may reveal the presence of IDD.
 - iv. Avoid yes/no questions as people with developmental disabilities may respond quickly without fully understanding what is being asked.
- D. Adapt to the individual's needs.

- i. Approach the person as abled rather than focusing solely on their disability.
 - 1. Communicate directly with the individual, even if a caregiver or family member is providing additional information.
- ii. Non-verbal individuals may still understand communication fully, even if they can't respond verbally.
- iii. Adjust to their communication style whether that includes electronic devices, sign language, gestures, or picture exchange systems.

3.2 Identify opportunities to engage with the Intellectual and Developmental Disability Community in a non-enforcement manner.

- A. These interactions with the IDD community can help build mutual respect between law enforcement and individuals with IDD.
- B. They can also provide law enforcement firsthand knowledge of IDD based on people with lived experience.
- C. Opportunities to engage with the community include visits to:
 - i. Day programs
 - ii. Group homes
 - iii. State or local chapters of The Arc
- D. Include local intellectual development disability advocacy organizations.
 - i. Law enforcement agencies that host events such as National Night Out or Coffee with a Cop should provide accommodations to ensure these events are accessible to people with IDD and their families.
 - ii. Reach out to local advocacy organizations to ask for input on the most helpful accommodations.

Unit 4 Warning Signs of a Behavioral Crisis

4.1 Define challenging behaviors.

- A. Behavior that is aggressive or injurious to self or to others or that causes property damage or both and that limits the ability of the person with a developmental disability to participate in daily life activities and in the community or learn new skills or that is any combination of them.
- B. These behaviors can take many forms including:
 - i. Verbal or physical aggression
 - ii. Self-injury
 - iii. Property damage
 - iv. Behavior that places a person at risk such as running away

4.2 Identify common behavior triggers.

- A. Behaviors are sometimes expressed as a reaction to something specific and is commonly referred to as a behavioral trigger. Examples:

- i. Misunderstanding what is being said.
- ii. Frustration with tasks that are too difficult or overwhelming.
- iii. Environmental sensory stressors such as:
 - 1. Loud sounds
 - 2. Poor lighting
 - 3. Textures
 - 4. Personal space
- iv. Disruption of set routines.
- v. Physical pain, discomfort or illness.

4.3 Recognize warning signs of a behavioral crisis.

- A. There are three stages of behavior: prevention, escalation and crisis.
 - i. Prevention
 - 1. Early warning signs that signal an increase in stress or anxiety include but are not limited to:
 - a. Energy changes
 - b. Change in tone and volume of voice
 - c. Increase in repetitive body movements
 - d. Sudden changes in emotion
 - e. Attempting to draw people into a power struggle
 - ii. Escalation
 - 1. Signs that the individual is starting to escalate:
 - a. Increasing resistance to requests
 - b. Refusal to answer questions or engage with the conversation
 - c. Sense of loss of control
 - d. Increasing physical activity such as pacing or self-harm.
 - iii. Crisis
 - 1. Disruptive behavior such as risk of harm to self, others, or environment.
 - a. Verbal threats of aggression such as swearing or using threatening gestures.
 - b. Physical aggression such as kicking, hitting, or biting.

Unit 5 De-escalation Techniques

5.1 Identify best practices for escalation prevention.

- A. If an individual starts to show early warning signs of stress or anxiety, there are techniques that can be used to try and prevent further escalation or crisis.

- B. Be supportive.
 - i. Reinforce calm behavior and cooperation with praise or positive reinforcement.
- C. Be patient and encourage talking.
 - i. Allow the individual time to express their thoughts or feelings.
- D. Modify the environment.
 - i. Adjust the environment to meet the individuals needs when possible.
 - ii. If safety allows, allow the individual to engage in stimming behaviors for self-soothing and regulation.
 - iii. Use calming objects such as the individual's favorite item for comfort.
 - iv. Provide choices, such as:
 - 1. Taking a break
 - 2. Changing locations
 - 3. Sitting or standing
- E. Redirect attention to help calm the individual.
 - i. Ask about their likes or interests to try and engage them in a more relaxed conversation.
 - ii. Offer to deep breathe with them to help regulate their emotions.
- F. Simplify and clarify language.
 - i. Speak in a natural tone and use simple, clear language.
 - ii. Adjust conversation speed to match the individuals.
 - iii. Use short, simple sentences and avoid jargon or complex language.
 - iv. Allow extra time for the person to process information and respond.
 - v. If the person seems confused or unresponsive, calmly repeat or rephrase messages.
- G. Be aware of body language.
 - i. Maintain a neutral or friendly expression.
 - ii. Use open body language such as uncrossing arms to create a non-threatening atmosphere.
- H. Reduce sensory overload.
 - 1. Limit the amount of people talking.
 - 2. Turn off flashing lights and sirens
 - 3. Move the person away from loud noises or chaotic environments
 - 4. Remove K-9 units form the immediate area

INSTRUCTOR NOTE:

If an individual's behavior begins to escalate, it's important to continue using prevention techniques alongside de-escalation techniques. Sometimes a situation might have already

escalated by the time law enforcement professionals arrive, or there may be other factors that are increasing the intensity of situation. These techniques are not exhaustive, and additional methods may be necessary. Always refer to agency protocols and procedures.

5.2 Identify best practices for de-escalation.

- A. Ensure safety of self, others and the individual.
 - i. Check for signs of injury in a non-invasive manner, as individuals with IDD may not express pain or report injuries.
 - ii. Remove potentially harmful objects from the environment.
 - iii. Consider physical layout and exit routes to maintain a safe environment.
- B. Use personal space and supportive stance.
 - i. After a request is made, and when possible, give the person physical space, this may improve compliance.
 - ii. Avoid abrupt movements and keep hands visible.
 - iii. Avoid physical contact unless necessary.
 - 1. If contact is required, provide a clear warning before to prevent triggering a “fight” or “flight” response.
- C. Slow down the situation.
 - i. Use the three (3) second rule, pausing between requests to allow the individual time to process.
 - ii. Allow extra time for the person to process information and respond.
- D. Be directive without being confrontational.
 - i. Adjust approach as needed to meet the individual’s needs, using a soothing voice to give direction.
- E. Remind the individual of pre-established boundaries or procedures and the consequences of their actions in a calm and clear manner
- F. Actively listen and validate emotions.
 - i. Enlist the help of the individual such as asking them to identify their feelings. They may also suggest what might help them calm down.
 - ii. Answer any questions with facts and understanding, showing empathy for their emotions.
- G. Involve trusted individuals.
 - i. The person may carry a wallet card that will include their address, the phone number of a key contact person(s) and suggestions for how to interact with them when they are in a crisis.
 - 1. The presence of a known caregiver may help the individual to feel safe and comfortable.

REQUIRED ACTIVITY:

The instructor must develop three distinct scenarios likely to be encountered by learners when engaging with an individual with an IDD. They must include different subjects' ages, types of IDD and behavior. At least one scenario must involve an escalated situation where de-escalation techniques are used.

Each scenario must be followed by a discussion in the format determined as most appropriate by the instructor. The discussion must focus on:

- Identifying possible behavior triggers.
- Recognizing warning signs of the different stages of behavior severity.
- Situational factors such as a non-verbal individual or an individual with a caregiver present.
- Communication challenges that may escalate the situation.
- Discussing strategies to prevent/and or de-escalate the situation.

APPENDIX A

Developmental Disabilities Justice Toolkit:

- (Website) <https://www.community-networks.ca/developmental-disabilities-justice-toolkit/>
- (PDF) <http://www.community-networks.ca/wp-content/uploads/2015/10/Development-Disabilities-Toolkit-6Nov17.pdf>

(Printable Pocket Cards) L.E.A.N. On Us First Responder Pocket Card:

<https://paautism.org/resource/first-responder-emergency-police-safety/>

(Video) Night of Too Many Stars Safety - Dennis Debbaudt:

<https://www.hbo.com/videos/night-of-too-many-stars-safety-dennis-debbaudt>

(Video) ASSUME THAT I CAN | World Down Syndrome Day – CoorDown:

<https://www.youtube.com/watch?v=9HpLhxMFJR8>

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