



TRAINING BULLETIN

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DEVELOPMENTAL DISABILITIES

The purpose of this Bulletin is to provide guidelines for officers who interact with individuals who are reasonably believed to have a developmental disability. Providing conscientious service to all of the City's residents assists officers in fulfilling the Department core values of "Service to Our Communities" and "Respect for People."

INTRODUCTION

A developmental disability is a disability that affects one's physical, intellectual, or behavioral development. These disabilities begin before 18 years of age, continue or can be expected to continue indefinitely, and constitute a substantial disability for the affected individual. The term describes disabilities such as autism, cerebral palsy, epilepsy, intellectual disability, and other conditions closely related to intellectual disability or that require similar treatment. A developmental disability may impact a person's ability to communicate, move, and generally interact within the community, depending on the nature and severity of the disability.

A developmental disability is not a mental illness. However, some individuals may have co-occurring mental health conditions. Depending on an individual's specific abilities and needs, standard law enforcement procedures may need to be adjusted when officers interact with persons who reasonably appear to have a developmental disability. It is important that officers respect persons with developmental disabilities as individuals, while at the same time recognizing that such individuals may need more care and understanding during interactions with law enforcement.

Officers may come into contact with a person with a developmental disability under a variety of circumstances, including radio calls or encounters involving:

- Found persons
- Missing persons
- Persons who appear to be under the influence of drugs or alcohol
- Disturbing the peace (Penal Code Section 415)
- Suspicious activity
- Victims of theft
- Victims of physical and/or sexual abuse

When officers encounter an individual who is unresponsive to their requests and commands, they should consider that the person may have a developmental disability, while keeping officer safety as their primary concern.

PROCEDURES

The behavior of a person with a developmental disability can be misinterpreted by both the reporting party and responding officers. To the extent practical, officers should observe the behaviors exhibited by the person in an effort to determine possible reasons for the person's behavior. Familiarity with developmental disabilities and their behavioral cues can help prevent officers from mistaking manifestations of a disability for criminal behavior.

Autism Spectrum Disorder

Autism spectrum disorder (ASD) is a complex developmental disability, typically appearing during childhood and affecting a person's ability to communicate and interact with others. It is also defined by behaviors and interests that are restrictive or repetitive in nature. Autism is a "spectrum disorder" that affects individuals differently and to varying degrees. Some behaviors associated with ASD include language delays, difficulty making eye contact or holding a conversation, a lack of ability to understand social rules or read social cues, repetitive body movements or speech, narrowly intense interests, inflexibility to change, and sensory sensitivities or sensory seeking behavior. A person with ASD may exhibit many of these behaviors or just a few. This disability affects the normal development of the brain relating to social and communicative interaction. Individuals with autism may have difficulty appropriately communicating with, or relating to, others. Some individuals with ASD may use communication devices or picture cards to communicate.

Behavioral Cues: In an unusual and/or ambiguous situation a person with ASD may respond to their fear, excitement, or anxiety by:

- Running away or hiding.
- Not speaking or needing additional time to process questions or demands.
- Repetitive behavior such as rocking, pacing, spinning, hand flapping, or jumping.
- Inappropriate communication, such as repeatedly stating a sound or a phrase.
- Being non-responsive to questions, requests for name, or verbal commands.
- Avoiding eye contact or physical contact.
- Inappropriate laughing.
- Being easily distracted.
- May seem overly curious or engage in an inappropriate way.
- Having unusual fears or obsessions with things like flashing lights, sirens, or K-9s.
- Places hands over ears due to sound sensitivity.

Officers' Response: When encountering someone reasonably believed to have ASD, officers should:

- Accommodate the needs related to ASD by listening to the individual, and attempt to contact caregivers, or attempt to identify if someone in the area knows the person or can contact someone who knows the individual.
- Recognize unusual or unexpected reactions as a sign of ASD.
- If possible, give the person time and space.
- Approach the person in a quiet manner, avoiding quick motions and gestures that may be perceived as threatening.
- Focus on safety, control, and communication.
- In the event that the individual runs, do not interpret this as a sign of guilt or resistance, the person with ASD may not understand what is expected of them.
- Slow down communication, providing the individual with time to process information, and show them what you want them to do.
- Avoid quick movements and loud noises when possible.
- Respond by providing them simple reassurances that you are there to help.
- Questions and instructions should be simple and direct.
- If possible, avoid any touching, and allow the repetitive behavior to continue, it is soothing for the person involved.
- Be alert to signs of increased frustration and try to eliminate the source, if possible, to prevent frustration and behavior from escalating.

Cerebral Palsy

Cerebral Palsy is a chronic condition that affects the coordination and body movement primarily due to a portion of the brain being injured before or during birth. It can also affect speech, hearing, or vision.

Behavioral Cues: These cues can vary greatly depending on the individual, but some common examples include:

- Muscle control difficulty; may walk with an awkward gait.
- Slow and/or slurred speech.
- Limited range of motion.
- Involuntary, "jerky" movements.
- Limited sensation of touch or pain.
- May be using mobility aid, crutches, or wheelchair.
- May use or will need access to a communication device.

Officers' Response: When encountering someone reasonably believed to have Cerebral Palsy, officers should:

- Be aware that spasticity, involuntary movements, and balance issues can be misinterpreted as resistance or aggression.

- Be aware that what may appear to be evasion, intoxication, or refusal to cooperate may in fact be a manifestation of cerebral palsy impacting speech.
- If speech is affected, be patient and allow time for the person to speak and answer questions. Questions should be phrased for short answers.
- Ask the person to repeat what they said if the officer did not understand.
- Ask the person if they require any assistance and allow the person to suggest appropriate means of assistance.
- If necessary, interview the person in the presence of a family member or friend who is more accustomed to the person's speech.

Epilepsy/Seizure Disorder

Epilepsy is a general term for a number of convulsive disorders which cause brief, temporary changes in the brain's electrical system. These abnormal electrical discharges in the brain can cause massive muscle contractions and convulsions, known as seizures, and occasionally unconsciousness. Extreme stress of an event may trigger a seizure.

There are several behavioral cues that may indicate that a person under stress may be susceptible to epileptic seizures. When officers encounter a person who is experiencing a seizure, they should first attempt to determine if the individual has a history of seizures and look for medical alert bracelets, necklaces, or other forms of medical identification.

There are two types of seizures: **tonic-clonic (or grand mal)** and **focal impaired awareness seizure (or complex partial)**. A tonic-clonic seizure features a loss of consciousness and violent muscle contractions. It is the type of seizure most people picture when they think about seizures in general. A tonic-clonic seizure is caused by abnormal electrical activity throughout the brain, so signs and symptoms typically involve the entire body. In some cases, this type of seizure is triggered by other health problems, such as extremely low blood sugar or kidney failure. However, most tonic-clonic seizures occur as a result of epilepsy and affect all ages.

Behavioral Cues: Here are some common cues that may indicate a person is having a tonic-clonic seizure:

- Staring spells
- Disorientation
- Lethargy
- Slurred speech
- Staggering or impaired gait
- Tic-like movements
- Rhythmic movements of the head
- Purposeless sounds/body movements
- Dropping of the head
- Lack of response
- Eyes rolling upward
- Lip smacking, chewing, or swallowing movements

Officers' Response: When encountering someone reasonably believed to be experiencing a tonic-clonic seizure, officers should:

- Call for a rescue ambulance and follow appropriate first aid protocols.
- Loosen clothing at the person's neck, protect the person's head from injury and turn the person on their side to keep the airway clear and prevent choking.
- Do not restrain the person and do not put anything in the person's mouth.
- The seizure may run its course in about two minutes; however, it may take up to 30 minutes for the person to fully recover.

Focal impaired awareness seizures might arise from any lobe of the brain. Focal impaired awareness seizures occur when excessive and simultaneous electrical brain activity causes impaired awareness and responsiveness. Once consciousness is impaired, the person may display involuntary actions such as lip smacking, chewing, or swallowing. There may also be loss of memory surrounding the seizure event. The abnormal electrical activity might spread to the rest of the brain and cause a tonic-clonic seizure.

Officers' Response: When encountering someone reasonably believed to be experiencing a focal impaired awareness seizure, officers should:

- Speak calmly and reassuringly to the individual but should not expect a response to questions.
- Gently guide the person away from obvious hazards if necessary. Convulsions, confusion, and episodes of agitated behavior during an episode should not be perceived as deliberate hostility or resistance.

Even when a seizure has ended, individuals may experience a period of post-seizure confusion. Officers should remain with the individual until the person is reoriented to the surroundings or until the individual is in the care of a responsible person. Post-seizure recovery varies; some reorient in minutes, others may take longer, and some may take significantly longer.

Behavioral cues associated with post-seizure episodes can resemble intoxication or illicit drug ingestion. Officers should take care in identifying other observable behavior/symptoms during their field contacts.

Intellectual Disability

The term intellectual disability refers to below average intellectual functioning and deficits in adaptive behavior. Individuals affected by intellectual disabilities have a limited capacity to learn, reason, make decisions, and problem solve. They may not have the skills necessary for self-sufficiency, such as grooming and hygiene, being able to communicate effectively, and navigating the community. The intellectual disability may have been caused by an incident during birth, a genetic condition (such as Down

syndrome), deprivation in early childhood, disease, consumption of toxins or poisons, or numerous other reasons. Because of the individual's desire to be accepted into the group, and possible decreased ability to assess risks, the individual may unwittingly involve themselves with criminal activities and may be exploited by others.

Behavioral Cues: These cues can vary greatly depending on the individual, but some common examples include:

- Difficulty understanding complex instructions.
- Difficulty recalling information.
- Mimics responses or answers.
- Unexpected/unusual behavior (e.g. lie down, repeat questions, hum, cover eyes/ears, etc.)
- Does not act their age; exhibit childlike demeanor, language, and actions.
- Limited ability to communicate and express thoughts.
- Poor sense of time.
- Overly compliant.
- Shortened attention span.
- Difficulty understanding social rules.
- Failure to avoid dangerous situations and people.
- Engage in self-injurious or aggressive behavior when afraid, or in an unfamiliar situation.
- May claim to understand a situation but may not fully understand what is being asked, or what is happening around them.

Officers' Response: When encountering someone reasonably believed to have an intellectual disability, officers should:

- Approach the individual in a calm, friendly manner; use non-threatening body language and avoid abrupt movements.
- Be patient but firm.
- Use simple language and concrete terms and allow time for the individual to respond.
- Keep in mind that the person may be extremely fearful and may appear to be uncooperative. Instead of belligerence, this may be a protective mechanism for dealing with a frightening situation.
- When asking questions, be aware that the individual may attempt to answer questions in a way that would please the questioner rather than to communicate factual information.
- If desired by the person, call their support person or caregiver.
- If possible, don't rush; be prepared for a potentially long encounter.
- Avoid touching the person; maintain distance to provide the person with a safe zone of comfort.

- Allow the person to engage in self-soothing behaviors (i.e., rocking or humming) unless they are harmful to self or others.
- If possible, eliminate sources of overstimulation including loud noises, bright lights, K-9s, and ask others to move away.

RESOURCES

Although some specific developmental disabilities can be more easily identified, such as Down syndrome, it may not always be obvious that a person has a developmental disability. If the individual with whom an officer is interacting also appears to have an untreated mental health condition, they may contact the Mental Evaluation Unit (MEU) for guidance. The MEU has established relationships with various medical professionals and may have contact information for appropriate medical referrals. MEU is in the best position to provide appropriate intervention. In all cases, if the individual is suffering from a mental health crisis, contact the MEU.

CONCLUSION

Officers may come into contact with a person with a developmental disability under a variety of circumstances. Depending on that individual's specific abilities and needs, standard law enforcement procedures may have to be adjusted. Familiarity with developmental disabilities and their behavioral cues will help officers make appropriate decisions regarding any assistance or intervention strategies.

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