

Basic Course Workbook Series Student Materials

**Learning Domain 37
People with Disabilities
Version 6.0**

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Student Materials
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Version 6.0**

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THE ACADEMY TRAINING MISSION

The primary mission of basic training is to prepare students mentally, morally, and physically to advance into a field training program, assume the responsibilities, and execute the duties of a peace officer in society.

FOREWORD

The California Commission on Peace Officer Standards and Training sincerely appreciates the efforts of the many curriculum consultants, academy instructors, directors and coordinators who contributed to the development of this workbook. We must also thank the California law enforcement agency executives who allowed their personnel to participate in the development of these training materials.

This student workbook is part of the POST Basic Course Training System. The workbook component of this system provides a self-study document for every learning domain in the Basic Course. Each workbook is intended to be a supplement to, not a substitute for, classroom instruction. The objective of the system is to improve academy student learning and information retention and ultimately contribute to you becoming a peace officer committed to safety, and to the communities you will serve.

The content of each workbook is organized into sequenced learning modules to meet requirements as prescribed both by California law and the POST Training and Testing Specifications for the Basic Course.

It is our hope that the collective wisdom and experience of all who contributed to this workbook will help you, the student, to successfully complete the Basic Course and to enjoy a safe and rewarding career as a peace officer.

STEPHANIE C. SCOFIELD
Interim Executive Director

LD 37: People with Disabilities

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Preface

Introduction

Student workbooks

The student workbooks are part of the POST Basic Course Instructional System. This system is designed to provide students with a self-study document to be used in preparation for classroom training.

Regular Basic Course training requirement

Completion of the Regular Basic Course is required, prior to exercising peace officer powers, as recognized in the California Penal Code and where the POST-required standard is the POST Regular Basic Course.

Student workbook elements

The following elements are included in each workbook:

- chapter contents, including a synopsis of key points
 - supplementary material
 - a glossary of terms used in this workbook
-

How to Use the Student Workbook

Introduction

This workbook provides an introduction to the training requirements for this Learning Domain. It is intended to be used in several ways: for initial learning prior to classroom attendance, for test preparation, and for remedial training.

Workbook format

To use the workbook most effectively, follow the steps listed below.

Step	Action
1	Begin by reading the: Preface and How to Use the Workbook, which provide an overview of how the workbook fits into the POST Instructional System and how it should be used
2	Refer to the Chapter Synopsis at the end of each chapter to review the key points that support the chapter objectives
3	Read the text
4	Complete the Workbook Learning Activities at the end of each chapter. These activities reinforce the material taught in the chapter
5	Refer to the Glossary for a definition of important terms. The terms appear throughout the text and are bolded and underlined the first time they appear (e.g., <u>term</u>)

Chapter 1

Disability Laws

Overview

Learning need Peace officers must understand the laws affecting, and the peace officers responsibility to protect, the rights of people with disabilities.

Learning objectives The chart below identifies the student learning objectives for this chapter.

After completing study of this chapter, the student will be able to:	Objective ID
<ul style="list-style-type: none">• State the intent of the Americans with Disabilities Act of 1990	37.01.13
<ul style="list-style-type: none">• Recognize the role of peace officers when interacting with a person with a disability<ul style="list-style-type: none">- Applying culturally responsible community policing principles- Reducing stigma- Increasing and maintaining peace officer and public safety	37.01.15

Continued on next page

Overview, Continued

In this chapter This chapter focuses on understanding the laws protecting the rights of people with disabilities. Refer to the chart below for specific topics.

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Types of Disabilities	1-5
Peace Officer Interactions with People with Disabilities	1-7
Chapter Synopsis	1-9
Workbook Learning Activities	1-10

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Americans with Disabilities Act

Introduction

The **Americans with Disabilities Act** (ADA) of 1990 (*42 US Code 2101 et seq.*) and the Rehabilitation Act of 1973, Section 504, were written to provide clear and comprehensive mandates for the elimination of discrimination against individuals with mental and physical impairments.

“No qualified individual with a disability shall, on the basis of the disability, be excluded from participation in or be denied the benefits of services, programs, or activities of a public entity, or be subjected to discrimination by the public entity.”

Guidelines offered by ADA

The guidelines offered by ADA are separated under five categories.

- Employment
- State and Local Government
- Transportation
- Public Accommodations
- Telecommunications

In law enforcement, the ADA is used as a guide for the development of agency specific policies.

Impact on law enforcement

The ADA applies to all law enforcement facilities (including local detention facilities). Not only must these facilities be accessible to the general public but accommodations must be made for inmates with specified disabilities.

Continued on next page

Americans with Disabilities Act, Continued

Impact on law enforcement (continued)

Individual agencies are responsible for addressing issues such as, but not limited to:

- providing qualified and certified sign language translators to ensure proper communication (e.g., Miranda admonishments, interviews, etc.)
 - having TDD availability for phone calls from law enforcement facilities
 - transporting individuals with disabilities who require special equipment (e.g., wheelchairs, lifts, ramps, tie downs in vans, ramps, etc.)
 - protecting arrested people with disabilities from exploitation by other prisoners
 - instituting specific procedures for emergency evacuation
 - providing special accommodations (e.g., showers, toilets, etc.)
-

Community policing

For many years, people with disabilities struggled to live in a world that paid them little attention. It was assumed that they had to manage somehow on their own. The Americans with Disabilities Act (ADA) was legislated to ensure that people with disabilities are provided equal opportunity and access to services. The ADA has caused law enforcement to modify their response to incidents involving those with disabilities. People with disabilities are entitled to protection and services that are equal to the general population even if providing that level of protection and service requires additional effort. In addressing special needs, we should be careful not to confuse special with equal.

Leadership

Learning the behavior signs and indicators of various special conditions can assist officers in identifying the proper intervention to bring the situation to a quick and safe conclusion. Take control of a situation by using proper communication techniques for people with disabilities.

Agency policy

Officers should become familiar with their own agency's policies and guidelines for compliance with the Americans with Disabilities Act.

Types of Disabilities

Introduction

A **disability** may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. A disability may be present from birth, or occur during a person's lifetime. People with disabilities have the same constitutional rights and protections as everyone else.

Disability

To understand the laws pertaining to people with disabilities, peace officers must first understand what the term disability means:

A physical or mental impairment that substantially limits a person from actively taking part in one or more **major life activities**, has a record of a physical or mental impairment, or is regarded as having a physical or mental impairment.

A major life activity can be any one of the major functions that an average person can perform with little or no difficulty. These include, but are not limited to:

- walking
 - seeing
 - hearing
 - speaking
 - breathing
 - learning
 - performing manual tasks
 - thinking or concentrating
 - interacting with others
 - working
-

Continued on next page

Types of Disabilities, Continued

Physical/ developmental disability

A disability is a functional limitation. There are two types of disabilities:

- **Physical disabilities**

Limitations can include but not be limited to:

- deaf or hard of hearing
- visual impairment
- neurologically based disorders (e.g., Alzheimer's disease, brain or spinal cord injury, etc.)
- other physical impairments (e.g., amputation, etc.)

- **Developmental disabilities**

Limitations can include but not be limited to:

- intellectual disability
 - cerebral palsy
 - epilepsy
 - autism spectrum disorder
 - other disabling conditions (e.g., Down's Syndrome, Tourette's Syndrome, etc.)
-

Mental disability

A **mental disability** refers to a group of disorders that can cause disturbances in thinking, feeling, or relating to others. They often result in an inability to cope with the ordinary demands of life.

The two primary categories of mental disability are:

- thought disorders (e.g., **Schizophrenia** or other psychotic disorders)
 - mood disorders (e.g., bipolar or major depression)
-

Peace Officer Interactions with People with Disabilities

Introduction

Any type of call for peace officer assistance may potentially involve a person with a disability. In day-to-day contact, officers must not allow stereotypes or prejudices to cloud decisions on intervention, investigation and enforcement.

Role of the peace officer

Although it is not the role of or within the capacity of peace officers to attempt to diagnose a person's disability, officers need to recognize cues and other indicators in order to make appropriate decisions regarding intervention strategies.

In order to reduce stigma, the officer should avoid prejudging the contact and remain aware of an underlying disability. It is every peace officer's responsibility to treat everyone with respect and integrity no matter what their disability, race, creed, gender identity, or religion.

To the extent possible, responding officers should observe the behavior exhibited by the person in an effort to determine *what is happening* and *what might be prompting the observed behavior*.

Victims and witnesses

If an officer suspects or concludes that a victim of or witness to a criminal act is a person with a disability, the officer should consider the person's special needs.

Initial contact

People with disabilities are capable of committing crimes. They are not relieved from their obligation to obey the law.

Officers should treat a person who has a disability with the same caution that they would use with any other suspect regarding judgments about enforcement of the law and personal safety. Although the individual may have a disability, that individual may still be capable of injuring the officer.

Once the scene is stabilized and there is no threat to life then the officer has a duty to reasonably accommodate the person's disability, but not before. (*Hainze v Richards, No. 99-50222, 207 F 3d 795 [5th Cir. 2000]*)

Continued on next page

Peace Officer Interactions with People with Disabilities,

Continued

**Agency
policy**

Specific procedures will depend upon agency policies and the availability of resources and equipment. It is each officer's responsibility to become familiar with and comply with all departmental or agency specific policies and guidelines regarding arrest, restraint, documentation, and resources and referral information regarding people with disabilities.

Chapter Synopsis

Learning need Peace officers must understand the laws affecting, and the peace officers responsibility to protect, the rights of people with disabilities.

Americans with Disabilities Act of 1990 [37.01.13] The Americans with Disabilities Act of 1990 (*42 US Code 2101 et seq.*) and the Rehabilitation Act of 1973, Section 504, were written to provide clear and comprehensive mandates for the elimination of discrimination against individuals with mental and physical impairments.

“No qualified individual with a disability shall, on the basis of the disability, be excluded from participation in or be denied the benefits of services, programs, or activities of a public entity, or be subjected to discrimination by the public entity.”

Peace Officer interactions with people with disabilities [37.01.15. 37.01.16] Any type of call for peace officer assistance may potentially involve a person with a disability. Officers must not allow stigmas, stereotypes, or prejudices to cloud decisions on intervention, investigation, and/or enforcement.

Workbook Learning Activities

Introduction

To help you review and apply the material covered in this chapter, a selection of learning activities has been included. No answers are provided. However, by referring to the appropriate text, you should be able to prepare a response.

Activity questions

1. Think back on your activities and the places you have been over the last seven days. In what ways has the Americans with Disabilities Act impacted the facilities in which you have been, the actions you have taken, or the individuals with whom you have interacted? List at least three ways the Americans with Disabilities Act has had an impact on law enforcement officers' actions.

2. Describe the differences between a physical disability and a mental disability.

Chapter 2

Intellectual/Developmental Disabilities

Overview

Learning need In order to make appropriate decisions regarding intervention strategies, peace officers must be able to recognize, based on behavioral cues and other indicators, people with intellectual/developmental disabilities (I/DD).

Learning objectives The chart below identifies the student learning objectives for this chapter.

After completing study of this chapter, the student will be able to:	Objective ID
<ul style="list-style-type: none">State the intent of the Lanterman Developmental Disabilities Services Act (<i>Welfare and Institutions Code Sections 4500 et. seq.</i>)	37.02.11
<ul style="list-style-type: none">Define the term intellectual/developmental disability	37.02.12
<ul style="list-style-type: none">Recognize general behavioral indicators associated with all intellectual/developmental disabilities	37.02.13
<ul style="list-style-type: none">Recognize behavioral indicators specifically associated with the following intellectual/developmental disabilities:<ul style="list-style-type: none">- Intellectual Disability (including Down Syndrome)- Cerebral Palsy- Autism Spectrum Disorder- Epilepsy	37.02.14 37.02.15 37.02.16 37.02.17

Continued on next page

Overview, Continued

Learning objectives (continued)

After completing study of this chapter, the student will be able to:	Objective ID
<ul style="list-style-type: none"> • Recognize appropriate peace officer response(s) during field contacts with people with the following intellectual/developmental disabilities: <ul style="list-style-type: none"> - Intellectual Disability (including Down Syndrome) - Cerebral Palsy - Autism Spectrum Disorder - Epilepsy 	37.02.18 37.02.19 37.02.20 37.02.21
<ul style="list-style-type: none"> • Recognize the causes and nature of intellectual/developmental disabilities 	37.02.22
<ul style="list-style-type: none"> • Discuss the referral process and state/local resources available to people with intellectual/developmental disabilities 	37.02.23

In this chapter

This chapter focuses on peace officer interactions with people with developmental disabilities. Refer to the chart below for specific topics.

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People with Intellectual/Developmental Disabilities	2-5
Intellectual Disability	2-7
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Lanterman Developmental Disabilities Services Act

Introduction

The Lanterman Developmental Disabilities Services Act was written to establish the State of California's responsibility for, and the coordination of, services for people with Intellectual/Developmental Disabilities (I/DD). The author's intent was to maximize, to the extent feasible, the services available throughout the state and to prevent the dislocation of people with I/DD from their home communities. These services are coordinated statewide through a system of 21 regional centers.

Regional centers offer the following services in part:

- Case management
- Emergency/residential relocation
- Forensic/functional capacity assessments
- Independent living services
- Medical authorization/medical support
- Alternative sentencing options
- Cost of transportation/housing/special diets

NOTE: These facilities are non-crisis and non-medical.

Protections of the law

People with developmental disabilities have the same legal rights guaranteed to all individuals by the state and federal Constitutions as well as the laws of the State of California.

People with developmental disabilities may be under conservatorship. This may impact their legal rights.

I/DD

A **developmental disability** means a disability which:

- manifests before an individual attains age 18
 - continues, or can be expected to continue, indefinitely
 - constitutes a substantial disability for that individual (*Welfare and Institutions Code Section 4512(a)*)
-

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Lanterman Developmental Disabilities Services Act,

Continued

Developmental disability
(continued)

The Lanterman Developmental Disabilities Services Act includes, but is not limited to people with:

- intellectual disability
 - cerebral palsy
 - autism spectrum disorder
 - epilepsy
-

Impact on law enforcement

The Lanterman Developmental Disabilities Services Act is not written specifically for law enforcement application; however, it does impact law enforcement agencies and department policies and guidelines.

One of the rights noted in the Lanterman Developmental Disabilities Services Act is the right to be free from harm, *including unnecessary physical restraint*.

NOTE: Additional information regarding peace officer interactions with people with developmental disabilities is offered in later chapters of this workbook.

Agency policy

Officers are responsible for being aware of and abiding by their own agency policies and guidelines for restraining people with developmental disabilities.

People with Intellectual/Developmental Disabilities

Introduction

Intellectual/developmental disabilities originate before adulthood (age 18) and continue throughout the person's lifetime. A person's ability to communicate, comprehend, move about, and generally interact within the community depends on the nature and severity of the disability. Depending on that individual's specific abilities and needs, standard law enforcement procedures may have to be adjusted when officers interact with people with developmental disabilities.

General indicators

The behaviors associated with intellectual/developmental disabilities vary by individual and the type and extent of each specific disability.

General behavioral indicators can include, but are not limited to:

- confusion and/or disorientation
- slow response to commands/directions/questions
- slurred speech and/or other speech disorders
- muscle control difficulty
- limited mobility
- seizure disorders
- lethargy
- self-endangering behavior
- inappropriate responses to a situation
- lack of awareness of dangerous situations
- inability to understand and/or respond to commands, directions, and questions
- sensitivity to touch/sound

NOTE: Behavioral indicators for specific disabilities are noted in later portions of this chapter.

Continued on next page

People with Intellectual/Developmental Disabilities, Continued

**Field
contacts**

The behavior of a person with a developmental disability can be misinterpreted by the reporting party and by responding officers. If possible, officers should take time to observe the behaviors exhibited by the person in an effort to determine possible reasons for the person's behavior.

Example: A person with cerebral palsy may have slow and/or slurred speech, move with jerky motions, or have an erratic gait. At first observation, it might be falsely assumed that the person is under the influence of alcohol or drugs.

Intellectual Disability

Introduction

Intellectual disability, formerly mental retardation, is characterized by below-average intelligence or cognitive ability and a lack of skills necessary for day-to-day living. People with intellectual disabilities can and do learn new skills, but they learn them more slowly. There are varying degrees of intellectual disability, from mild to profound.

Intellectual disability is *not* the same as mental illness.

Behavioral indicators

The following table identifies several behavioral cues and indicators which may lead an officer to believe that a person is affected by intellectual disability.

Indicators	Additional Information
Impaired Communication	<ul style="list-style-type: none">• Has difficulty understanding or answering questions• Mimics responses or answers• Has difficulty with abstract concepts or reasoning• Has limited vocabulary• Takes a longer time to answer questions
Shortened Attention Span	<ul style="list-style-type: none">• Is easily distracted• Has difficulty sticking to a subject• May appear to be fascinated by shiny objects (e.g., an officer's badge, safety lights)
Poor Sense of Time	<ul style="list-style-type: none">• May not be able to judge how much time has passed since an event

Continued on next page

Intellectual Disability, Continued

Behavioral indicators
(continued)

Indicators	Additional Information
Immature Social Relationships	<ul style="list-style-type: none"> • Drawn to younger people or children for friends • Is easily influenced by others • Tries hard to please others • Is vulnerable to threats and coercion <p>NOTE: Because of their desire to be accepted into the group, individuals may unwittingly involve themselves with criminal activities and become the “scapegoat” for others.</p>
Overly Compliant	<ul style="list-style-type: none"> • Is overly willing to confess • Agrees with everything, even if statements are contradictory
Difficulty with Simple Tasks	<ul style="list-style-type: none"> • Completing daily task (hygiene) • Finding telephone numbers in a book • Using a phone • Dealing with money • Using public transportation if different from a routine, memorized route
Poor Understanding of Consequences of Actions	<ul style="list-style-type: none"> • May act impulsively • May not differentiate between appropriate and inappropriate behavior for a given situation (e.g., attempting to touch/grabbing safety equipment) • Not recognizing appropriate boundaries

NOTE: Approximately 90 percent of all individuals affected by intellectual disability are considered to be mildly impaired.

NOTE: Officers must always take into account that each individual is different and may have different levels of skills and abilities depending on the severity of the intellectual disability.

Continued on next page

Intellectual Disability, Continued

Field contacts

An officer's course of action during a field contact with a person affected by intellectual disability will depend on that individual's mental capacity. The following table identifies many guidelines for officers.

Process	Guidelines
Initial Contact	<ul style="list-style-type: none">• Approach in a calm and respectful manner• Be patient• Use simple language and ask short open ended questions• Speak slowly and clearly in a normal tone of voice• Do not exaggerate inflections or speak louder than normal• Proceed slowly; allow the individual to set the pace• Give praise and encouragement <p>NOTE: Officers should keep in mind that the person may be extremely fearful and may appear to be uncooperative.</p>
Instructions or Commands	<ul style="list-style-type: none">• Give specific instructions• Verify the individual understands by repeating back information• Refrain from giving more than one command at a time

Continued on next page

Intellectual Disability, Continued

Field contacts
(continued)

Process	Guidelines
Evaluation	<ul style="list-style-type: none"> • Recognize cues that could identify possible causes for a behavior <ul style="list-style-type: none"> - Is the person exhibiting behaviors characteristic of a physical or developmental disability? - Is the person exhibiting behaviors characteristic of a mental illness? - Is the person under the apparent influence of alcohol or drugs? - If under the apparent influence of drugs, is it the result of illegal abuse or a reaction to prescribed medications?
Assessment	<ul style="list-style-type: none"> • Assess the safety level of the situation for: <ul style="list-style-type: none"> - the responding officers - the person being contacted - any nearby bystanders and members of the public • Do not automatically assume or dismiss criminal activity based on the individual's behavior • Look for: <ul style="list-style-type: none"> - subtle behavioral cues of impairments (e.g., slow thought process, difficulty speaking, confusion, not responding to questions, etc.)

Continued on next page

Intellectual Disability, Continued

Field contacts
(continued)

Process	Guidelines
Questioning	<ul style="list-style-type: none"> • Allow plenty of time for the individual to respond • If the individual does not understand, rephrase the questions using simpler terms • Ask for simple and clear descriptions (e.g., colors, clothing, etc.) • Ask open ended questions • Avoid questions regarding time or complex sequences • Avoid questions that deal with abstract ideas (e.g., “Why do you think he did that?”) • Avoid questions that tell the person the answer that is expected (e.g., “You saw him take the purse, didn’t you?”) <p>NOTE: Officers should be aware that the individual may attempt to answer questions in a way that would please the questioner rather than to communicate factual information.</p>
Information Gathering	<ul style="list-style-type: none"> • Gather additional information regarding the person’s condition from: <ul style="list-style-type: none"> - bystanders who may have observed the person’s behavior over a span of time - family members or acquaintances - other forms of information that a person may carry (e.g., special ID cards in wallets, etc.)

NOTE: Officers should be aware that persons in positions of trust may be abusers.

Continued on next page

Intellectual Disability, Continued

Field contacts
(continued)

Process	Guidelines
Resolution Options	<ul style="list-style-type: none">• Take appropriate steps to resolve the situation<ul style="list-style-type: none">- Detention for evaluation- Cite and release- Referral to support services- Arrest- No action

NOTE: Each situation is distinctly different. Officers must learn the behavior patterns and characteristics for each in order to make an appropriate decision concerning intervention strategies.

Additional information regarding each is provided in later chapters of this workbook.

Arrests

If it becomes necessary to arrest a person affected by intellectual disability, officers need to take additional care to assure that the individual's legal rights are not violated. For example, the admissibility of statements or confessions may be brought into question if the individual did not clearly understand those rights.

Documentation

The questions asked, the individual's responses, and all officer actions (e.g., Miranda advisement) should be recorded in the investigating officer's field notes and subsequent report. This provides a written record establishing that the individual's legal rights were not violated and can help others in case preparation.

Continued on next page

Intellectual Disability, Continued

Examples

- (1) Officers were called to a public park in response to a complaint that a man was bothering young children on the playground. When the officers arrived, they saw a man laughing and playing with several young children. One officer called to the man who did not seem to notice and continued to play. The officer approached the man and asked him what he was doing. When the man saw the officer, he became fearful and slowly backed away as the officer approached. The officer continued to speak to the man in a calm manner, reassuring him that everything was okay. The officer told the man that he just wanted to talk to him. The man relaxed and smiling, told the officer, “I play tag! These are my friends!” The officer was able to determine that the man meant no harm to any of the children and that he was with a caregiver who was nearby.

- (2) Officers responded to a call at a gas station/convenience store regarding a theft. When the officers arrived, they found an employee of the station holding onto a man who was calling for his mother. When the officers took control of the man, he became even more fearful and started to cry. The station manager told the officers that the man was “mentally retarded” and that he had started hanging out with a number of local teens in the neighborhood. The group had entered the station and when the clerk became busy with a customer, they started grabbing boxes of candy, beer, and other items from the shelves. One of the customers was able to grab the man but the boys ran away. The sobbing man who was now in the custody of the officers told them, “Bobby’s my friend. He said it’s okay. Why is everyone mad? Why did they run?” The officers attempted to calm the man and told him that they were going to take him to a place where he could call his mother.

Agency policy

It is the responsibility of all officers to become familiar with, and comply with, their respective agency policies and guidelines regarding officer procedures involving people affected by intellectual disability.

Cerebral Palsy

Introduction

The word *cerebral* refers to the brain. The word *palsy* describes a disorder that impairs control of body movement. The term **cerebral palsy** refers to a large group of chronic conditions that affect an individual's body movements and coordination. Because of the lack of muscle control, the condition can also affect speech, hearing, vision, bowel/bladder control and eating/swallowing.

Indicators

The behaviors exhibited by a person affected with cerebral palsy will depend on which area of the brain is damaged and the degree of involvement of the central nervous system.

Some of the most common behavioral indicators of cerebral palsy include, but are not limited to:

- loss of motor control including, but not limited to:
 - an awkward gait and poor balance
 - impaired coordination of movements
 - grimacing or drooling due to poorly controlled facial muscles
- use of mobility aid such as wheelchairs or service animal (not all people with cerebral palsy require mobility aids)
- limited range of motion
- involuntary, jerky movements
- slow and/or slurred speech
- limited sensation of touch or pain

NOTE: There is no relationship between the extent of physical impairment and the person's intelligence. People with cerebral palsy may be highly intelligent and gifted or have normal levels of intelligence.

NOTE: This condition may mimic the signs and symptoms of a person under the influence of drugs or alcohol.

Continued on next page

Cerebral Palsy, Continued

Field contacts

An officer's course of action during a field contact with a person affected with cerebral palsy will depend on that individual's cognitive capacity. The following table identifies several guidelines for officers.

Process	Guidelines
Initial Contact	<ul style="list-style-type: none">• Do not automatically assume the person has intellectual disability or is under the influence of alcohol or drugs• Look directly at the person and not at a behavioral or physical characteristic• Ask first if the person requires any assistance. Allow the person to suggest appropriate manners of assistance.• Be prepared to use non-verbal methods of communication if necessary (e.g. hand gestures, written notes)• Watch for signs of fatigue. Living with cerebral palsy can consume a great deal of energy• Determine if the person uses any prescription medications• Be encouraging, not correcting• Try to calm the person and be patient with them
Evaluation	<ul style="list-style-type: none">• Evaluate behavioral cues that could identify possible causes for a behavior<ul style="list-style-type: none">- Is the person under the apparent influence of alcohol or drugs?- If under the apparent influence of drugs, is it the result of illegal abuse or a reaction to prescribed medications?- Is the person exhibiting behaviors characteristic of a mental illness?- Is the person exhibiting behaviors characteristic of a physical or developmental disability?

Continued on next page

Cerebral Palsy, Continued

Field contacts
(continued)

Process	Guideline
Assessment	<ul style="list-style-type: none"> • Assess the safety level of the situation for: <ul style="list-style-type: none"> - the responding officers - the person being contacted - any nearby bystanders and members of the public • Do not immediately assume or dismiss criminal activity based on the individual's behaviors • Look for: <ul style="list-style-type: none"> - assistive devices (e.g., cane or other walking aids, hearing aid, language board) - obvious behavioral indicators of impairments (e.g., tremors, hand signals, difficulty speaking, unsteady gait, etc.) - subtle behavioral indicators of impairments (e.g., slow thought process, confusion, not responding to questions, etc.)
Questioning	<ul style="list-style-type: none"> • Allow extra time for the person to speak and answer questions • Do not attempt to "fill in" words or speak for the person • Ask questions that require short answers, a nod, or simple gesture rather than long worded responses • Ask the person to repeat what he or she has said if the officer did not understand • Speak directly to the person rather than to an assistant or others present

Continued on next page

Cerebral Palsy, Continued

Field contacts
(continued)

Process	Guidelines
Information Gathering	<ul style="list-style-type: none"> • Gather additional information regarding the person’s condition from: <ul style="list-style-type: none"> - bystanders who may have observed the person’s behavior over a span of time - family members or acquaintances - medical alert bracelets or necklaces - other forms of medical alert information that a person may carry (e.g., special ID cards in wallets, etc.)
Resolution Options	<ul style="list-style-type: none"> • Take appropriate steps to resolve the situation <ul style="list-style-type: none"> - Detention for evaluation and treatment - Cite and release - Referral to support services - Arrest - No action

NOTE: Officers should be aware that persons in positions of trust may be an abuser.

Arrests

Officers should keep the following points in mind if they are required to arrest a person with cerebral palsy.

- Allow the person to retain mobility aids if possible
- Some individuals with cerebral palsy can lose their balance if handcuffed. It may be almost impossible to handcuff suspects with muscular rigidity without harming them. Alternate methods of restraint may be required.

Continued on next page

Cerebral Palsy, Continued

Arrests (continued)

- An individual with cerebral palsy may be easily exhausted. Stress and pressure (e.g., interrogation) can overload the individual and lead the person to wrongfully confess or agree with anything.

NOTE: Officers should always be mindful of personal safety when dealing with mobility aids.

Example

- (1) Officers received a report of an assault and attempted robbery in front of a local market. The victim had been knocked to the ground by two teens who then attempted to take her purse. The teens were chased away by a store employee who then reported the incident. The victim appeared to have poor motor control and her movements were jerky. Although her speech was slow and slurred, she told the officers that she was all right and did not need medical attention. The woman's actions and speech led the officers to think that the woman had cerebral palsy. They encouraged the woman to take her time and assured her that they were there to help. The officers offered to call a family member for the woman. When they questioned the woman, they allowed her to take as much time as she needed to answer. Because of their patience, the officers were able to obtain a detailed description of the suspects.
-

Agency policy

It is the responsibility of all officers to become familiar with and comply with their agency policies and guidelines regarding officer interactions and procedures involving people with disabilities such as cerebral palsy.

Autism Spectrum Disorder

Introduction

Autism spectrum disorder is an ongoing I/DD usually evident by early childhood that affects the ability to function and interact with others and the environment. It is more commonly seen in males than females.

Indicators

People with autism spectrum disorder may exhibit one or more of the following behavioral indicators, ranging from mild to profound.

- Difficulty relating to people
 - Aversion to being touched, especially by strangers
 - Sensitivity to noise
 - May act as if hurt when touched lightly, while totally ignoring painful injuries
 - May cover their eyes or ears to prevent unpleasant stimulus
 - May appear to be fascinated by shiny objects (e.g., an officer's badge, safety lights)
 - Repetitive movements (e.g., rocking, spinning, hand twisting, etc.)
 - Few social skills
 - Social isolation
 - Impaired communication skills
 - Echolalia (repeating what others say)
 - May be nonresponsive to questions and or commands
 - May stare or avoid eye contact
 - May not recognize appropriate physical or social boundaries/cues
 - Insistence that the environment and daily routine remain exactly the same
 - Possible limited intellectual ability
 - Tantrums, self-stimulation, or self-mutilation
 - Eating nonfood items or objects
 - Inability to respond to commands, directions, and questions
-

Continued on next page

Autism Spectrum Disorder, Continued

Field contacts

Individuals with autism spectrum disorder may be accompanied by family members or under some other form of supervision. Officers may come into contact with people with autism spectrum disorder who have become lost or who have wandered away from their companions.

The following table identifies some guidelines for officers who come into contact with a person with autism spectrum disorder.

Process	Guidelines
Initial Contact	<ul style="list-style-type: none">• Observe the person from a distance. Approach of a stranger in unfamiliar surroundings may result in agitation, screaming, screeching, or violent outbursts.<ul style="list-style-type: none">- Limit amount of outside stimulation (e.g., noise, lights, and sirens)- Be observant. The individual may make unusual noises or movements.- Remain calm- Speak in a normal tone of voice- Do not rush the person- Do not attempt to touch the person unless necessary
Evaluation	<ul style="list-style-type: none">• Evaluate behavioral cues that could identify possible causes for a behavior<ul style="list-style-type: none">- Is the person under the apparent influence of alcohol or drugs?- If under the apparent influence of drugs, is it the result of illegal use or a reaction to prescribed medications?- Is the person exhibiting behaviors characteristic of a mental illness?- Is the person exhibiting behaviors characteristic of a physical or I/DD?

Continued on next page

Autism Spectrum Disorder, Continued

Field contacts
(continued)

Process	Guidelines
Assessment	<ul style="list-style-type: none"> • Assess the safety level of the situation for: <ul style="list-style-type: none"> - the responding officers - the person being contacted - any nearby bystanders and members of the public • Do not immediately assume or dismiss criminal activity based on the individual's behaviors • Look for: <ul style="list-style-type: none"> - repetitive language, noises or behavior (e.g., rocking or hand flapping) lack of social connection/social skills, self-involved - obvious behavioral indicators of impairments (e.g., hand signals, difficulty speaking, etc.) - subtle behavioral indicators of impairments (e.g., slow thought process, confusion, not responding to questions, etc.)
Questioning	<ul style="list-style-type: none"> - Ask questions one at a time - Give the person choices between two alternatives - Allow time for the person to process information
Information Gathering	<ul style="list-style-type: none"> • Gather additional information regarding the person's condition from: <ul style="list-style-type: none"> - bystanders who may have observed the person's behavior over a span of time - family members or acquaintances - medical alert bracelets or necklaces - other forms of medical alert information that a person may carry (e.g., special ID cards in wallets, etc.)

NOTE: Officers should be aware that persons in positions of trust may be abusers.

Continued on next page

Autism Spectrum Disorder, Continued

Field contacts
(continued)

Process	Guidelines
Resolution Options	<ul style="list-style-type: none"> • Take appropriate steps to resolve the situation <ul style="list-style-type: none"> - Detention for evaluation and treatment - Cite and release - Referral to support services - Arrest - No action

NOTE: An individual affected by autism spectrum disorder may refuse to answer or ignore questions causing an officer to assume the individual is deaf.

Arrests

Officers should keep the following points in mind if they are required to arrest a person with autism spectrum disorder.

- When physical contact is necessary, force may be required because individuals with autism spectrum disorder may react violently to physical contact or changes in environment or routine
- Advise jail/medical staff to contact the local regional center as soon as possible for further information and alternative placement assistance
- The use of physical restraint may unintentionally cause individuals with autism spectrum disorder to harm themselves or others in an attempt to avoid restraint
- When possible, explain in simple clear terms, the chain of events that will occur with detention and/or arrest

Agency policy

It is the responsibility of all officers to become familiar with and comply with their agency policies and guidelines regarding officer interactions and procedures involving people with disabilities such as autism spectrum disorder.

Continued on next page

Autism Spectrum Disorder, Continued

Example

- (1) An officer responded to a call regarding a suspicious boy who had been sitting on the edge of a fountain at the entrance of a local museum. The boy failed to respond when the officer spoke to him. As the officer approached the boy she saw that he was rocking back and forth and wringing his hands. The boy avoided any eye contact and did not appear to be aware of the officer's presence. The officer thought that the boy might be autistic. She did not attempt to touch him. The officer attempted to identify the boy and contact family members.
-

Epilepsy

Introduction

Epilepsy is a brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells (neurons) in the brain send out the wrong signals.

A **seizure** is a symptom of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. If only part of the brain is affected, it may cloud awareness, block normal communication, and produce a variety of undirected, unorganized movements.

Epilepsy cannot be cured, but may be controlled through the use of medications. Seizures may be isolated incidents or recurrent.

Indicators of a seizure

Often, people who are affected by epilepsy function in the general community without any outward behavioral indicators of their disability. Generally there are two broad categories of seizures generalized as full and partial.

Partial seizures involve one or more areas of the brain impacting one or more parts of the body.

Full seizures involve all areas of the brain, impacting all parts of the body.

Continued on next page

Epilepsy, Continued

**Indicators
of a
seizure**
(continued)

Indicators of a seizure may include:

NOTE: Symptoms may vary.

- staring spells
- disorientation
- lethargy
- slurred speech
- staggering or impaired gait
- tic-like movements
- rhythmic movements of the head (e.g., jerking uncontrollably)
- purposeless sounds and body movements
- dropping of the head
- lack of response
- eyes rolling upward
- lip smacking, chewing, or swallowing movements
- partial or complete loss of consciousness
- picking at clothing
- bluish skin tone
- urination

NOTE: Individuals with epilepsy may exhibit characteristics similar to the effects of drug use or alcohol intoxication.

**Field
contacts**

Convulsions, confusion, and episodes of agitated behavior during an episode should not be perceived as deliberate hostility or resistance to the officer.

After the seizure has ended, individuals may experience a period of post-seizure confusion. Officers should remain with the individual until the individual is reoriented to the surroundings or in the care of a responsible person.

NOTE: For more information about administering first aid to a person experiencing an epileptic seizure, see LD 34

Continued on next page

Epilepsy, Continued

Medications

Depriving medications could trigger a seizure.

Officers should be guided by agency policy regarding the administering of prescribed medications.

Example

- (1) While on patrol, two officers were stopped by a man who stated that there was a woman on the sidewalk who seemed to be “sick or something.” When the officers approached, they saw the woman on the ground. She was unconscious and jerking back and forth. One officer recognized that the woman was experiencing a seizure and told his partner to keep everyone else away while he contacted EMS. The officer took steps to ensure the woman’s safety. After a couple of minutes the woman’s actions stopped. When the woman regained consciousness, the officer reassured her that it was all right and that medical aid was on the way. The woman appeared to be dazed and confused so the officers remained with her until medical personnel arrived and assisted her.
-

Agency policy

It is the responsibility of all officers to become familiar with and comply with their specific agency policies and guidelines regarding officer interactions and procedures involving people with disabilities such as epilepsy and the management of seizures.

Resources and Referrals

Resources and referrals

Several resource services are available to peace officers and individuals with mental illness, physical disabilities, and developmental disabilities. Examples of the types of resources available include but are not limited to the following:

- Agency-related assessment or crisis teams
- Private organizations offering support groups
- Substance abuse facilities
- County mental health agencies
- Community counseling centers
- Regional developmental disabilities centers
- Independent/assisted living centers
- National support/information organizations such as the National Alliance for the Mentally Ill (NAMI)
- Local missions or shelters
- Faith based organizations
- Senior citizens centers or dependent adult resources
- Veterans Administration

NOTE: Peace officers should become familiar with the organizations that are available within their respective regions.

Chapter Synopsis

Learning need In order to make appropriate decisions regarding intervention strategies, peace officers must be able to recognize, based on behavioral cues and other indicators, people with developmental disabilities.

Lanterman-Developmental Disabilities Services Act [37.02.11, 37.02.12] The Lanterman Developmental Disabilities Services Act was written to establish the State of California’s responsibility for, and the coordination of, services for people with developmental disabilities. The author’s intent was to maximize, to the extent feasible, the services available throughout the state and to prevent the dislocation of people with developmental disabilities from their home communities. These services are coordinated statewide through regional centers.

Intellectual disability [37.02.13, 37.02.14, 37.02.18] The term intellectual disability refers to a below average intellectual functioning or deficits in adaptive behavior. Individuals affected by intellectual disability have a limited capacity to learn which may have been caused by a birth defect, deprivation in early childhood, disease, consumption of toxins or poisons, or numerous other reasons.

Intellectual disability is *not* the same as mental illness.

Cerebral palsy [37.02.13, 37.02.15, 37.02.19] The word *cerebral* refers to the brain. The word *palsy* describes a disorder that impairs control of body movement. The term cerebral palsy refers to a large group of chronic conditions that affect an individual’s body movements and coordination. Because of the lack of muscle control, the condition can also affect speech, hearing, or vision.

Continued on next page

Chapter Synopsis, Continued

Autism spectrum disorder
[37.02.13, 37.02.16, 37.02.20]

Autism spectrum disorder is an ongoing developmental disability usually evident by early childhood. It is more commonly seen in males than females. All areas of functioning and interacting with others are affected by this disorder.

Epilepsy
[37.02.13, 37.02.17, 37.02.21]

Epilepsy is a term for a convulsive disorder which causes brief, temporary changes in the brain's electrical system, known as a seizure.

Generally there are two broad categories of seizures generalized as full and partial. Partial seizures involve one or more areas of the brain impacting one or more parts of the body. Full seizures involve all areas of the brain, impacting all parts of the body.

Resources and Referrals
[37.02.23]

Peace officers are responsible to become familiar with and comply with their specific agency policies and become familiar with the guidelines and with organizations and resources that are available within their regions.

Workbook Learning Activities

Introduction

To help you review and apply the material covered in this chapter, a selection of learning activities has been included. No answers are provided. However, by referring to the appropriate text, you should be able to prepare a response.

Activity questions

1. A young man is a witness to a crime. While interviewing the young man, you find that he is easily distracted by the activities around him. You realize that he has given you contradictory information regarding the specific time of the event. When you ask him for general descriptions, he appears confused and does not appear to understand, but rather appears to be more interested in impressing you with the fact that he watches all the “cop” shows on TV. How would you proceed with the interview? Explain your answers.

Continued on next page

Workbook Learning Activities, Continued

**Activity
questions**
(continued)

-
2. In your own words, describe what behaviors you would look for to determine if a person has intellectual disability.

3. An officer receives a complaint regarding a “strange guy staggering down the street.” When the officer approaches, the man appears startled. He appears to be having difficulty with balance and with obtaining his identification from his pocket. The man appears to have difficulty speaking and when he does respond his speech is slurred. How should the officer proceed? What should the officer look for to determine whether the man is intoxicated or whether there may be other reasons for his behavior?

Continued on next page

Chapter 3

Physical Disabilities

Overview

Learning need In order to make appropriate decisions and serve those with physical disabilities, peace officers must be able to recognize indicators of people with physical disabilities.

Learning objectives The chart below identifies the student learning objectives for this chapter.

After completing study of this chapter, the student will be able to:	Objective ID
<ul style="list-style-type: none">• Recognize behavioral indicators specifically associated with the following neurological disorders including:<ul style="list-style-type: none">- Acquired- Traumatic	37.03.08
<ul style="list-style-type: none">• Recognize appropriate peace officer response(s) and methods of communication during field contacts with people who are:<ul style="list-style-type: none">- Affected by traumatic disorders- Neurological- Traumatic brain injuries- Affected by dementia and stroke	37.03.16
<ul style="list-style-type: none">• List the types of mobility assistance equipment and devices	37.03.09
<ul style="list-style-type: none">• Recognize behavioral or other indicators that may lead an officer to identify a person as being:<ul style="list-style-type: none">- Blind or visually impaired- Deaf or hard of hearing	37.03.10 37.03.11
<ul style="list-style-type: none">• Recognize appropriate peace officer response(s) and methods of communication during field contacts with people who are:<ul style="list-style-type: none">- Blind or visually impaired- Deaf or hard of hearing	37.03.12 37.03.13

Continued on next page

Overview, Continued

Learning objectives (continued)

After completing study of this chapter, the student will be able to:	Objective ID
<ul style="list-style-type: none">• Discuss additional laws that protect the rights of people with physical disabilities, including:<ul style="list-style-type: none">- Rehabilitation Act of 1973, Section 504- Right of Way (<i>Vehicle Code Section 21963</i>)- White Cane Law (<i>Civil Code Section 54.4</i>)- Service Animals (<i>Penal Code Section 365.5 et seq.</i>)	37.03.15
<ul style="list-style-type: none">• Discuss the referral process and state/local resources available to people with physical disabilities	37.03.17

In this chapter

This chapter focuses on peace officer interactions with people with physical disabilities. Refer to the chart below for specific topics.

Topic	See Page
Neurological Disorders	3-3
Blindness and Visual Impairments	3-9
Deaf or Hard of Hearing	3-16
Additional Laws Protecting the Rights of People with Physical Disabilities	3-24
Resources and Referrals	3-31
Chapter Synopsis	3-32
Workbook Learning Activities	3-33

Neurological Disorders

Introduction

Physical disabilities referred to as neurological disorders can be caused by illness or injury. Many people with neurological disorders require assistance such as wheelchairs, walkers, service dogs, or canes.

Acquired disorders

An **acquired neurological disorder** can be the result of any of a number of illnesses. Two of the most common of these disorders are stroke and dementia.

Affected by	Signs and Symptoms
Stroke	<ul style="list-style-type: none">• Muscular weakness• Facial paralysis• Incontinence• Loss of balance• Labored breathing• No or slurred speech• Loss of basic motor skills
Dementia	<ul style="list-style-type: none">• Memory loss• Verbal repetition• Same questions repeated• Unable to follow directions• Loss of communication skills• Disorientation of time and place• Neglectful personal care and safety• Wandering or lost• Erratic driving• Mistakenly reporting crimes• Indecent exposure

Continued on next page

Neurological Disorders, Continued

Field contacts

Peace officers come in contact with people affected by dementia or stroke. They may appear to be intoxicated (e.g., slurred speech, lack of motor function, disorientation, non-responsive or slow to respond) and this may require further investigation to determine the cause.

The success of an officer's contact with a person who is affected is often determined by the officer's conduct during the first moments of an encounter.

Gather additional information regarding the person's condition from:

- bystanders who may have observed the person's behavior over a span of time
 - family members or acquaintances
 - medical alert bracelets or necklaces
 - other forms of medical alert information that person may carry
-

Communication

Initial contact may require utilizing alternative means of communication. Persons affected by stroke may be unable to communicate clearly due to impaired motor or cognitive skills. As a result officers may be required to establish alternate communication methods (e.g. blink your eyes to answer yes/no questions). Do not assume the person doesn't understand your questions or commands.

When dealing with dementia, identify yourself as a peace officer. Explain the circumstances for the contact in a non-threatening manner. Maintain eye contact. Speak slowly in a calm manner. Consider non-verbal communication methods. Reduce radio volume or external loud noises if possible. Avoid confinement where possible, while maintaining officer safety. Only the contact officer should communicate with the person, whenever possible.

Traumatic disorders

Traumatic neurological disorders are caused by injury to the brain or spinal cord due to military combat, a vehicle accident, sports injury, fall, act of violence, or any number of other forms of trauma. One type of injury is **Traumatic Brain Injury** (TBI). TBI may be caused by a bump, blow to the head, violent shaking, or pressure wave from an explosion. This sudden movement causes the brain to move quickly back and forth within the skull, damaging brain cells and creating chemical changes to the brain. This altered state can result in an impairment of the individual's cognitive abilities, physical functioning, and/or emotional functioning.

Continued on next page

Neurological Disorders, Continued

Traumatic disorders (continued)

Traumatic neurological disorders can range from barely noticeable by others to a level of severity where the individual requires constant mechanical support or assistance.

NOTE: Traumatic neurological disorders should not be confused with mental disorders.

Field contacts

Officers are not trained to diagnose TBI, but should watch for the possible symptoms to be able to refer the person to seek medical assistance.

- Awareness of the signs and symptoms of TBI.
 - May initially appear to be intoxicated.
 - TBI is not just restricted to military veterans; it can include anyone who has gone through any traumatic event (e.g., traffic accident, sexual assault, combat situations, etc).
 - Peace officers should provide information to the public on available local resources (e.g., Veterans Administration (VA), local resources, county veterans' service office), and Internet resources to help educate such as www.nimh.nih.gov.
 - If a head injury is a recent event, brain swelling or other injury is a possibility and requires immediate medical attention.
-

Continued on next page

Neurological Disorders, Continued

Officer safety

When making any contact with a person using a mobility aid, officers must always be aware of their personal safety and the safety of others. It is important to remember that even though the person may be disabled, that person may be capable of injuring the officer or others.

Officers should consider any piece of mobility equipment as an extension of the person. Such devices should be searched at the same time the person is being searched. These devices may be used to conceal/smuggle contraband and weapons.

Officers should also consider devices that can extend the reach of the individual and take these devices into consideration when establishing a safety zone (e.g., canes, crutches, etc.).

Mobility equipment and devices

People with physical disabilities may use several types of aids for mobility. These aids can include:

- canes
- crutches
- walkers
- braces
- prosthesis
- motorized scooters
- manual or motorized wheelchairs
- service dogs
- personal attendants

People with severe spinal cord injuries may also use mobile respiratory devices or other equipment necessary for bodily support.

Continued on next page

Neurological Disorders, Continued

Examples

- (1) Officers respond to a theft from a jewelry store with the suspect still at the scene. The store owner tells officers that the female suspect, in a wheelchair, had asked to look at several rings from the display case. The store owner saw her put one of the rings into the seat cushion of her wheelchair. The woman denied taking the ring but consented to a search of her wheelchair. The officers searched the seat cushion and found nothing. The woman told the officers she had not taken the ring and that they were violating her rights. The officers continued their search and found the ring underneath the plastic armrest. The officers placed her under arrest and conducted a cursory search then asked her what assistance she would need to get into the back seat of the patrol vehicle or if other accommodations would be required. The woman was able to get into the back seat of the patrol vehicle without assistance. She was handcuffed to the back of the front seat. The wheelchair would not fit in the trunk of the car so the officers made special arrangements to have the wheelchair transported to the jail.

- (2) Officers were called to investigate a report of a man ranting and cursing in front of a restaurant. His actions were scaring patrons away. When the officers asked questions he had trouble comprehending what was being said, had trouble speaking, and became increasingly agitated. The officers directed him away from the restaurant to quieter surroundings and allowed him to maintain his personal space. Only one officer gave directions or asked questions, using a calm, firm, and non-threatening approach. The officer directed the man to stop yelling and proceeded to ask questions one at a time. The man gradually calmed down. He revealed that he had sustained a brain injury from a car accident several years earlier. He was supposed to meet a friend at the restaurant for lunch, but the friend had not shown up. He was frustrated and angry because he wanted to call his friend, but couldn't remember the phone number. He told the officers that since his accident he sometimes goes into a rage when frustrated. The restaurant manager did not want to press charges and the man agreed to go home.

Continued on next page

Neurological Disorders, Continued

**Examples
continued**

- (3) Peace officers respond to a suspicious person call. The subject was going door to door trying to enter residences. When asked where he lived, the subject pointed to a house and it was determined the person did not live there. The subject was disoriented as to time and place, and unable to answer basic questions (e.g., address, birth date, etc.). The officer should check for any form of identification and determine if there is a missing person report on file. The officer should also contact the appropriate adult protective agency if the person is unable to provide for their basic needs, and obtain any medical treatment necessary.
-

Blindness or Visual Impairments

Introduction

The historical misconception about people who are blind or visually impaired is that they are helpless or inferior. Because they have impaired vision, others have patronized them or made false assumptions regarding their intelligence, ability to care for themselves, or credibility as witnesses.

Legal blindness

Visual impairments include all conditions limiting sight. Approximately 80 percent of all individuals who are **legally blind** have some usable vision. The degree to which a person's mobility is affected depends on that person's visual impairment.

Indicators

The following table identifies some indicators of blindness and visual impairment.

Indicators	Additional Information
<u>Service Animals</u>	<ul style="list-style-type: none">• A visually impaired person using a guide dog is usually, but not always, totally blind
Canes	<ul style="list-style-type: none">• Most common mobility tool• Can be all white with or without a red tip, and be collapsible or noncollapsible• Mobility training is required to acquaint a visually impaired person with the proper use and capabilities of a cane
Eyes	<ul style="list-style-type: none">• Jerky eye movements• Milky appearance• Person does not make eye contact• Person appears to be tracking the sound of someone's voice

Continued on next page

Blindness or Visual Impairments, Continued

Indicators (continued)

Indicators	Additional Information
Body Movements	<ul style="list-style-type: none"> • Rocking body motions • Unusual positioning of the head or head movements • Moving unusually close to printed material or objects • Use of biopic lens, thick clear lenses, or sunglasses • Holding onto the arm of another person who appears to be sighted

NOTE: Some of the indicators of a visual impairment may also lead an officer to believe that a person is under the influence of alcohol or drugs. Officers must be cautious to investigate the cause of the behavior before making any judgments.

Field contacts

There are several guidelines for officers when interacting with a person who is visually impaired. These include, but are not limited to the following:

Actions	Additional Information
Communication	<ul style="list-style-type: none"> • Talk directly to the person, not through an intermediary • Speak clearly in a <i>normal</i> voice and volume • Do not attempt to avoid words such as “look,” “see,” “read,” etc • Give detailed descriptions • Attempt to describe visual scenes vividly • Advise the person first before leaving the room or area • End any conversation in such a manner that the person knows the other person is leaving

Continued on next page

Blindness or Visual Impairments, Continued

Field contacts
(continued)

Actions	Additional Information
Sighted Guide Technique	<ul style="list-style-type: none">• Ask the person about the extent of his or her visual impairment• Ask first if assistance is needed. If the person says “Yes,” ask what form of assistance he or she may need.• When guiding a person who is visually impaired, officers should let that person hold the officer’s hand or elbow. This will allow the person to feel the officer’s body movements.• Walk normally• Inform the person about impending obstacles or conditions before reaching them (e.g., curbs, steps, surface conditions, etc.)• Do not grab, pull, or lead the person• If taking the person into unfamiliar surroundings, explain where he or she is and why they have been moved there. Describe the location (e.g., location of chairs, obstacles, etc.).

Continued on next page

Blindness or Visual Impairments, Continued

Field contacts
(continued)

Actions	Additional Information
Assessment	<ul style="list-style-type: none"> • Assess the threat level of the situation for: <ul style="list-style-type: none"> - the responding officers - the person being contacted - any nearby bystanders and members of the public • Do not immediately assume criminal activity based on the individual's behaviors • Look for: <ul style="list-style-type: none"> - assistance devices (e.g., cane, hearing aid, service dog, etc.) - obvious behavioral cues of impairments (e.g., tremors, hand signals, difficulty speaking, unsteady gait, etc.) - subtle behavioral cues of impairments (e.g., slow thought process, confusion, not responding to questions, etc.) • Evaluate behavioral cues that could identify possible causes for a behavior <ul style="list-style-type: none"> - Is the person under the apparent influence of alcohol or drugs? - If under the apparent influence of drugs, is it the result of illegal abuse or reaction to prescribed medications? - Is the person exhibiting behaviors characteristic of a mental disability? - Is the person exhibiting behaviors characteristic or physical or developmental disability?

Continued on next page

Blindness or Visual Impairments, Continued

Field contacts
(continued)

Actions	Additional Information
Assessment (continued)	<ul style="list-style-type: none"> • Gather additional information regarding the person's condition from: <ul style="list-style-type: none"> - bystanders who may have observed the person's behavior over a span of time - family members or acquaintances - medical alert bracelets or necklaces - other forms of medical alert information that person may carry (e.g., special ID cards in wallets, etc.) • Take appropriate steps to resolve the situation <ul style="list-style-type: none"> - Detention for evaluation and treatment - Cite and release - Referral to support services - No action - Arrest
Entering Vehicles	<ul style="list-style-type: none"> • Indicate the type of vehicle and whether a car is a two-door or four-door • Open the door for the person • Place one of the person's hands on the car roof and the other on the door. This allows the person to move into the car and sit down by that person's own efforts • Make sure the person is sitting far enough away from the door so he or she will not be struck or bumped by the door when it is closed
Other	<ul style="list-style-type: none"> • Offer assistance if the person is not capable of filling out official forms or other printed documents • If necessary, read materials to the person

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Blindness or Visual Impairments, Continued

Service animals

Service animals provide assistance with routine tasks. By law, a service animal must be allowed to accompany the individual anywhere the individual goes (with the exception of some animal parks and zoos).

Some service animals are protective of their owners. Officers should convey any actions to the animal's owner first so the owner can caution or calm the animal if necessary. Care should be taken not to separate the animal from its owner.

NOTE: Additional information regarding the laws related to the use of service animals is included later in this chapter.

People with visual impairment as witnesses

Officers must be aware that people with visual impairment are capable of compensating for their limited sight by relying on hearing, touch, and other senses. Sight may be an important means of identifying people, the environment, or objects, but it is not the only means.

Officers should never discount a person with a visual impairment as a credible witness.

Agency policies

It is the responsibility of all officers to become familiar with, and comply with, their specific agency policies and guidelines regarding officer interactions and procedures involving people who are blind or visually impaired.

Continued on next page

Blindness or Visual Impairments, Continued

Examples

- (1) While on foot patrol in a commercial area, an officer saw a man hesitate, stagger, and then fall while he was attempting to step off a sidewalk onto a gravel walking path. When the officer went to the man's aid, he suspected that the man might be intoxicated. The officer did not smell alcohol though and then noticed the man's eyes had a milky appearance. The officer asked the man if he had any trouble seeing and the man stated that his eyesight was poor, but that he thought he would be all right running the short errand. Because the man lived in an apartment nearby, the officer accompanied the man to make sure he made it home safely.

 - (2) Two officers were dispatched to a domestic violence call in an apartment building. During their investigation, they contacted the reporting party, a neighbor in the only other apartment on that floor. When the neighbor opened the door, the officers saw a large dog at the person's side. The officers recognized that the woman was blind and asked her to calm the animal and reassure it that they were not a threat to the woman. The woman told the officers that she knew the couple next door well and was quite familiar with their loud arguments and past problems. The woman was able to support a number of statements that had been made earlier by the victim.
-

Deaf or Hard of Hearing

Introduction

The term **deaf or hard of hearing** means a substantial or complete loss of hearing. Deaf or hard of hearing affects all levels of society regardless of age, race, education level, or occupation. The ability to rapidly identify and properly treat people who are deaf or hard of hearing will enhance officers' abilities to accomplish their duties in a professional manner.

People who are deaf or hard of hearing often are concerned or even fearful about contacts with peace officers. They may be concerned that they will be misunderstood by officers and perhaps be:

- arrested or shot for not responding to an officer's commands
 - mistaken for being under the influence of alcohol or drugs
 - perceived as uncooperative or disrespectful
 - appear to be anxious or confused because of an inability to communicate
-

Indicators

Many indicators can alert an officer that an individual may be deaf or hard of hearing. These indicators include, but are not limited to the following:

- use of signing
 - wearing hearing aid(s)
 - use of a signal dog
 - speaking with difficulty or in an unconventional method
 - pointing to an ear and shaking the head negatively
 - pointing to an ear and then the lips
 - reaching for a pad and pencil
 - failing to respond to an officer's questions or statements
 - failing to follow an officer's instructions or commands
 - attempting to gain attention through body movement or touching (e.g., foot stomping, hand waving, clapping hands, etc.)
-

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Deaf or Hard of Hearing, Continued

Field contact

Peace officers come into contact with people who are deaf or hard of hearing during the course of their duties.

Officers must be aware of the fact that if a person does not answer a question or obey a command or instruction, he or she may not be refusing to cooperate. If the person is deaf or hard of hearing, he or she may not hear the officer or even been aware of the officer's presence.

The success of an officer's contact with a person who is deaf or hard of hearing is often determined by the officer's conduct during the first moments of an encounter.

People who are deaf or hard of hearing may attempt to reach into a glove compartment for a pad and pencil, or place their hands into pockets or purses for identification cards, medic-alert tags, or artificial speech devices. Officers may mistake the person's motion to reach for something that may pose a threat to the officer.

Although officers must always be conscious of their own safety, they should also be aware of the possibility that such movements can be innocent and indicate that the person is deaf or hard of hearing.

Communication

People who are deaf or hard of hearing may use a number of different means of communicating. Some may use speech while others use a combination of speech and sign language.

Some deaf or hard of hearing people may have learned to speak through unconventional methods. Their speech may sound unclear or unintelligible at first. Officers should not confuse their speech as a symptom of intoxication.

One's age at the onset of becoming deaf or hard of hearing may affect language skills, writing, reading, speech abilities and will vary with each individual. This should have no bearing on their intelligence or everyday functions.

Continued on next page

Deaf or Hard of Hearing, Continued

Communication methods

Assessing the best way to communicate should be the officers' first task upon recognizing that an individual is deaf or hard of hearing. When coming in contact at a traffic stop or any other location, officers should take their cue from the individual regarding that individual's preferred method of communication.

Written communication

The most commonly used form of communicating with a person who is deaf or hard of hearing is through writing. The following list suggests a number of ways officers can use this method to their advantage:

- Offer the person paper and pencil rather than waiting for person to retrieve his or her own. This shows that the officer understands, and also precludes the person from reaching into unseen areas.
 - Use simple and concise language and brief sentences to inform the person of the reason for being stopped, questioned, detained, or arrested.
 - Make every effort to explain violations when issuing traffic citations. Also explain the person's obligation for resolving the citation.
 - Be patient and allow for adequate time for the person to respond and ask questions in writing.
 - Recognize that the individual's statements may not be written in a standard grammatical format.
 - Officers should refer to agency policy regarding the retention of notes exchanged during field contact.
-

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Deaf or Hard of Hearing, Continued

Lip reading

Officers should *not* automatically assume that a person who is deaf or hard of hearing can read lips. Even a skilled lip reader may understand a minimal amount of spoken language.

When communicating with a person who is skilled in reading lips, officers should:

- look directly at the person when speaking
- speak slowly and clearly
- speak in a normal tone and volume
- be aware that bright spotlights or insufficient lighting can hinder the person's ability to see an officer's lips

NOTE: Shouting, exaggerating or over emphasizing words will distort a person's lips and make lip reading more difficult.

Hearing aids

Officers may be able to recognize that a person is deaf or hard of hearing by noticing that the person is wearing one or more hearing aids. Even if the person is wearing a hearing aid, that person may still have difficulty understanding an officer. Officers should speak slowly and distinctly, and face the person when speaking.

Hearing aids can also amplify background sounds (such as traffic noise) in addition to normal speech. It may be necessary to move the person to another location, if possible, where it is less noisy.

Partial hearing

Some individuals may be deaf in only one ear or hear better in one ear than the other. People with partial hearing will often turn their heads so their "good ear" faces the speaker. Following the person's head movements can indicate to an officer where to stand so that the person will hear the officer better. Officers should also ask if the person would like them to speak louder.

NOTE: In such circumstances, officers should always talk to the person rather than to the person's ear.

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Deaf or Hard of Hearing, Continued

Sign translators

Another means of communicating with a person who is deaf or hard of hearing may be through a *qualified* and *agency-certified* sign language translator. Sign language translators are similar to foreign language translators.

When communicating through a translator, officers must remember to *speak directly to the person being addressed*, not to the translator. Qualified translators will translate everything that is said by officers and the individual. Officers should make no remarks that they would not want to have communicated.

NOTE: Use of an unqualified translator may result in the information being inaccurately translated or conveyed.

TTY/TDD

The majority of people who are deaf or hard of hearing have access to TTY/TDD systems. These systems enable the person to transmit typewritten messages over the telephone which can be received at other locations with similar equipment.

California Relay Service

The California Relay Service can also be used. This service relays calls placed by a person using a TDD system to any other phone user within the United States. The system also allows a person without a TDD to call another person who uses a TDD.

Some TDD systems may also have a special feature that allows TDD equipment to communicate with computers equipped with a compatible modem and communications software.

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Deaf or Hard of Hearing, Continued

Additional communication recommendations

The following table identifies a number of additional recommendations that officers can use when communicating with a person who is deaf or hard of hearing.

Recommendations	Additional Information
Get the Person's Attention	<ul style="list-style-type: none">• Gain the person's attention before speaking• Since a deaf or hard of hearing person may not hear calls for attention, tap the person lightly on the shoulder or use other signals to gain the person's attention
Maintain Eye Contact	<ul style="list-style-type: none">• Maintaining eye contact conveys that the officer's attention is on the person and enhances the feeling of direct communication
Use Nonverbal Methods	<ul style="list-style-type: none">• All conventional means of face to face communication involve nonverbal cues and messages• Additional use of body language, facial expressions, and gestures can aid other means of communicating
Use Clear and Concise Words	<ul style="list-style-type: none">• Keep sentences short• If the individual does not understand, rephrase the thought rather than repeating the same words
Use Standard Hand Signals	<ul style="list-style-type: none">• To request a drivers license, place both thumbs together and extend index fingers upward• When not in uniform, identify oneself as an officer by making a "C" with the right hand over the heart

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Deaf or Hard of Hearing, Continued

Officer safety

People who are deaf or hard of hearing may be no less dangerous than other individuals to the safety of officers or others. Officers should not jeopardize their safety or the safety of others by adopting an overly sympathetic attitude.

Just as with other interactions with the public, officers must remain constantly aware of potential danger signal (e.g., any unusual behaviors, location of the individual's hands, etc.). If a situation warrants, they should not be reluctant to place any person in handcuffs or use other means to ensure officer safety.

Agency policy

It is the responsibility of all officers to become familiar with, and comply with, their agency policies and guidelines regarding officer interactions and procedures involving people who are deaf or hard of hearing.

Examples

- (1) Two officers arrived at a hospital emergency room to interview a man involved in a traffic collision. They find the man sitting on a gurney in the examination room. As the officers introduce themselves the man points to the side of his head without speaking. The officers attempt to obtain information from him but he responds by making unintelligible sounds and waving his hands. When the officers continue to ask questions the man becomes increasingly agitated. One of the officers takes a pen and pad of paper from his pocket and writes a note, asking if the man is deaf. The man calms down and nods his head indicating "yes." The officers apologize to the man for not recognizing the hearing difficulty sooner then ask in writing if he would like them to call a translator. The man declines and the interview continues by writing notes to each other.
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Continued on next page

Deaf or Hard of Hearing, Continued

Examples
(continued)

NOTE: It is important to be aware that you may make some erroneous assumptions when first coming in contact with a person who is deaf. Some of these assumptions are:

- the person is versed in your native language
- the person can read
- the person can write
- the person has normal eyesight

(2) When a 10-year-old boy did not come home from school at the designated time, his mother became worried. The woman, who was deaf, was concerned that she would not be understood over the phone, so she flagged down a law enforcement vehicle that was on patrol in her neighborhood. She attempted to speak with the officers, but became more upset when she felt that the officers could not understand her. One of the officers pointed to his own ear and used hand motions to ask the woman if she could hear. When she shook her head no, the officer produced a pad and a pencil and wrote her a message asking her if she would like to go with them to the station where they could arrange to have a translator help them communicate. With the aid of the certified translator, the officers were able to determine the names and address of a number of her son's friends. After making some phone calls they learned that the boy had gone to a friend's house and forgotten to let his mother know.

Additional Laws Protecting the Rights of People with Physical Disabilities

Introduction

People with physical disabilities have the same rights as people without disabilities to the full and free use of the streets, highways, sidewalks, walkways, public buildings, public facilities, and other public spaces. (*Civil Code Section 54*)

Equal access

A violation of an individual's rights under the Americans with Disabilities Act of 1990 also constitutes a violation of *Civil Code Section 54.1*.

Individuals with disabilities:

- shall be entitled to
- full and equal access
- as other members of the general public have to:
 - accommodations
 - advantages
 - facilities
 - privileges

NOTE: This includes access to public streets and byways, buildings, facilities, modes of transportation, lodging, amusement, and other places to which the general public has access.

Rehabilitation Act of 1973; Section 504

- Section 504 is a civil rights law that requires that school districts that receive any federal funding make programs and activities accessible to individuals with disabilities.
 - The Office of Civil Rights (OCR) has expanded the definition of accessible to include all major life activities including learning, seeing, walking, taking care of oneself, etc. OCR enforces Section 504 compliance.
-

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Additional Laws Protecting the Rights of People with Physical Disabilities, Continued

Failure to comply

Officers who fail to abide by the provisions of the Americans with Disabilities Act and *Civil Code Section 54.1* may be subject to any or all of the following:

- Criminal liability for a violation of civil rights
 - Civil liability
 - Departmentally imposed disciplinary action
-

Blind or visually impaired pedestrians

Individuals who are blind or visually impaired are not required to carry a white cane (with or without a red tip) or to use a guide dog.

Civil Code Section 54.4 stipulates that a totally or partially blind pedestrian shall have all the rights and privileges conferred by law upon other people in any of the places, accommodations, or conveyances specified in *Civil Code Sections 54* and *54.1*, even when that individual is *not* carrying a white cane or using a guide dog.

Service animals

According to the ADA service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with **Posttraumatic Stress Disorder (PTSD)** during an anxiety attack, or performing other duties.

NOTE: Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.

Continued on next page

Additional Laws Protecting the Rights of People with Physical Disabilities, Continued

Service animals (continued)

Service animals can include:

- *guide dogs* or seeing-eye dogs for use by individuals who are blind or visually impaired
- *signal dogs* trained to alert a deaf person or a person whose is hard of hearing to intruders or specific sounds
- *service dogs* trained to a physically disabled person's requirements, including but not limited to:
 - minimal protection work
 - rescue work
 - pulling a wheelchair
 - fetching dropped items

This definition does not affect or limit the broader definition of “assistance animal” under the Fair Housing Act, the broader definition of “service animal” under the Air Carrier Access Act, or local laws that define service animals more broadly than the ADA. Officers should refer to their animal control department for licensing requirements.

When it is not obvious what service an animal provides, only limited inquiries are allowed. Officers may ask two questions: (1) is the dog a service animal required because of a disability, and (2) what work or task has the dog been trained to perform. Officers cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task.

Officers should use discretion before taking enforcement action.

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Additional Laws Protecting the Rights of People with Physical Disabilities, Continued

Service animals
(continued)

The following table identifies several laws that pertain specifically to the use of service animals by people with disabilities.

	Elements of the Law	Code Section
Use of Guide, Signal, or Service Dogs	<ul style="list-style-type: none"> • Every person who is: <ul style="list-style-type: none"> - totally blind or partially blind - deaf or hard of hearing • shall have the right to be accompanied by a: <ul style="list-style-type: none"> - guide dog - signal dog - service dog • especially trained for that purpose • in any of the places specified in <i>Civil Code Section 54.1</i> • without being required to pay an extra charge for the animal • provided that the person is liable for any damage done to the premises or faculties by such dog 	<i>Civil Code Section 54.2</i>

Continued on next page

Additional Laws Protecting the Rights of People with Physical Disabilities, Continued

Service animals
(continued)

	Elements of the Law	Code Section
Zoos and Wild Animal Parks	<ul style="list-style-type: none"> • Notwithstanding any other provision of law, the provisions of this part shall not be construed to require zoos or wild animal parks to allow guide dogs, signal dogs, or service dogs to accompany individuals with a disability in areas of the zoo or park where zoo or park animals are not separated from members of the public by a physical barrier. As used in this section, “physical barrier” does not include an automobile or other conveyance. • Any zoo or wild animal park that does not permit guide dogs, signal dogs, or service dogs to accompany individuals with a disability therein shall maintain, free of charge, adequate kennel facilities for the use of guide dogs, signal dogs, or service dogs belonging to these persons. These facilities shall be of character commensurate with the anticipated daily attendance of individuals with a disability. The facilities shall be in an area not accessible to the general public, shall be equipped with water and utensils for the consumption thereof, and shall otherwise be safe, clean, and comfortable. 	<p><i>Civil Code Section 54.7(a)</i></p> <p><i>Civil Code Section 54.7(b)</i></p>

Continued on next page

Additional Laws Protecting the Rights of People with Physical Disabilities, Continued

Service animals
(continued)

	Elements of the Law	Code Section
Access to Public Transportation	<ul style="list-style-type: none"> • Any person who is blind, deaf or disabled • a passenger on any public conveyance or mode of transportation operating within the state • shall be entitled to have with them a specially trained guide dog, signal dog, or service dog 	<i>Penal Code Section 365.5(a)</i>
Access to Public Accommodations	<ul style="list-style-type: none"> • No person who is blind, deaf or disabled that person's specially trained guide dog, signal dog, or service dog • shall be denied admittance to places to which the general public is invited within the state • because of that person's guide dog, signal dog, or service dog 	<i>Penal Code Section 365.5(b)</i>

Continued on next page

Additional Laws Protecting the Rights of People with Physical Disabilities, Continued

Service animals
(continued)

	Elements of the Law	Code Section
Failure to Comply	<ul style="list-style-type: none"> • Any: <ul style="list-style-type: none"> - person - firm - association - corporation • who <ul style="list-style-type: none"> - prevents or interferes with • a disabled person in the exercise of the rights specified in <i>Penal Code Sections 365.5(a) and (b)</i> • is guilty of a misdemeanor 	<i>Penal Code Section 365.5 (c)</i>

Right-of-Way

Vehicle Code Section 21963 stipulates that:

- a pedestrian totally or partially blind
- who is carrying a predominantly white cane (with or without a red tip)
- or using a guide dog
- shall have the right-of-way

The driver of any vehicle approaching a person using a white cane or guide dog who fails to yield or take reasonable necessary precautions to avoid injury to the person is guilty of a *misdemeanor*.

Resources and Referrals

Resources and referrals [37.03.17]

Several resource services are available to peace officers and individuals with mental illness, physical disabilities, and developmental disabilities. Examples of the types of resources available include but are not limited to the following:

- Agency-related assessment or crisis teams
- Private organizations offering support groups
- Substance abuse facilities
- County mental health agencies
- Community counseling centers
- Regional developmental disabilities centers
- Independent/assisted living centers
- National support/information organizations such as the National Alliance for the Mentally Ill (NAMI)
- Local missions or shelters
- Faith-based organizations
- Senior citizens centers or dependent adult resources
- Veterans Administration

NOTE: Peace officers should become familiar with the organizations that are available within their respective regions.

Chapter Synopsis

Learning need In order to make appropriate decisions and serve those with physical disabilities, peace officers must be able to recognize indicators of people with physical disabilities.

Neurological disorders
[37.03.8,
37.03.9] Physical disabilities referred to as neurological disorders can be caused by illness or injury. Many people who have a neurological disorder require assistance such as wheelchairs, walkers, service dogs, or canes.

Blind or visually impaired
[37.03.10,
37.03.13] The historical misconception about people who are blind or visually impaired is that they are helpless or inferior. Because they have impaired vision, others have patronized them or made false assumptions regarding their intelligence, ability to care for themselves, or credibility as witnesses.

Deaf or hard of hearing
[37.03.12,
37.03.13] The term deafness means a substantial or complete loss of hearing. Deaf or hard of hearing affects all levels of society regardless of age, race, education level, or occupation. The ability to rapidly identify and properly treat people who are deaf or hard of hearing will enhance officers' abilities to accomplish their duties in a professional manner.

People who are deaf or hard of hearing often are concerned or even fearful about contacts with peace officers. They may be concerned that they will be misunderstood by officers.

Additional laws protecting the rights of people with physical disabilities
[39.03.15] People with physical disabilities have the same rights as people without disabilities to the full and free use of the streets, highways, sidewalks, walkways, public buildings, public facilities, and other public spaces. (*Civil Code Section 54*)

Resources and Referrals
[37.03.17] Peace officers are responsible to become familiar with and comply with their specific agency policies and become familiar with the guidelines and with organizations and resources that are available within their regions.

Workbook Learning Activities

Introduction

To help you review and apply the material covered in this chapter, a selection of learning activities has been included. No answers are provided. However, by referring to the appropriate text, you should be able to prepare a response.

Activity questions

1. An officer on patrol spotted a van that was swerving erratically down the street. The officer stopped the vehicle and could clearly smell alcohol on the driver's breath. The officer saw that the van was specially equipped with hand controls and that there was a folded wheelchair in the back of the van. The driver explained that he was a paraplegic and had no control of his lower limbs. How would you proceed with the stop if you were the officer? What modifications would you make from handling the same stop with a person without a physical disability?

Continued on next page

Workbook Learning Activities, Continued

**Activity
questions**
(continued)

2. You are called to a scene where two juveniles have assaulted an elderly woman and stolen her purse. The woman has been knocked to the ground during the assault and is upset and unable to provide information regarding her attackers. While you are questioning the woman, a bystander approaches and tells you that he had been there during the assault and was a witness to the crime. The bystander is carrying a white cane and wearing dark glasses. How would you proceed? What type of questions would you ask during your field interview of the witness? What information would you include in your report regarding the witness?

Continued on next page

Workbook Learning Activities, Continued

**Activity
questions**
(continued)

3. Two officers are called to a neighborhood dispute involving two men. When the officers arrive, they find the men loudly arguing in the driveway of one of the men's home. One of the men is in a wheelchair and appears to be very agitated. When the officers try to calm the man and ask questions, the man in the wheelchair tells the officers to leave his property and that he doesn't need them to "fight his battles." When the officers fail to leave, the man lunges forward with the wheelchair in an attempt to knock one of the officers down. Has the man committed a crime? What actions should the officers take to safeguard their safety? Assuming a crime has been committed, what factors will the officers have to consider when searching the man, taking the man into custody, and transporting the man?

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Workbook Learning Activities, Continued

Student notes

Chapter 4

Persons with Mental Illness

Overview

Learning need In order to make appropriate decisions regarding intervention strategies, peace officers must be able to recognize, based on behavioral cues and other indicators, people with mental illness.

Learning objectives The chart below identifies the student learning objectives for this chapter.

After completing study of this chapter, the student will be able to:	Objective ID
<ul style="list-style-type: none">• Define the term mental illness	37.04.10
<ul style="list-style-type: none">• List the categories of mental illness:<ul style="list-style-type: none">- Thought disorders including schizophrenia- Mood disorders, including depression and bipolar- Anxiety related disorders- Post Traumatic Stress Disorder (PTSD)- Co-occurring/dual diagnosis disorders	37.04.11 37.04.12 37.04.22 37.04.23 37.04.24
<ul style="list-style-type: none">• Recognize the causes and nature of mental illness	37.04.25
<ul style="list-style-type: none">• Recognize behavioral indicators that may be generally associated with people affected by mental illness	37.04.13
<ul style="list-style-type: none">• Recognize appropriate peace officer response(s) and methods of communication when responding to a call that involves a person with a mental illness	37.04.15
<ul style="list-style-type: none">• Explain and discuss the referral process and state/local resources available to people with mental illness	37.04.26
<ul style="list-style-type: none">• Identify appropriate resolution options	37.04.27

Continued on next page

Overview, Continued

In this chapter This chapter focuses on peace officer recognition and interactions with persons with mental illness. Refer to the chart below for specific topics.

Topic	See Page
Persons with Mental Illness	4-3
Persons with Mental Illness - Field Contacts	4-13
Resources and Referrals	4-17
Resolution Options	4-18
Chapter Synopsis	4-20
Workbook Learning Activities	4-21

Persons with Mental Illness

Introduction

Law enforcement routinely encounters persons with mental illness in a variety of settings. The causes and impacts of mental illness vary and are not bound by race, gender, or socioeconomic status.

How peace officers respond to persons living with a mental disorder can have tremendous impact on how these encounters will be resolved. The basic philosophy of any law enforcement officer should be to respond in a manner that is humane, compassionate, and supportive.

Mental illness

Mental illnesses are a medical condition that affect a person's thinking, feeling, mood, ability to relate to others, and disrupts daily functioning. Persons managing a mental illness can have a substantially diminished capacity for coping with the ordinary demands of life. Mental illnesses can affect people of any age, race, religion, income, or background. Several million people in this country are diagnosed with a serious long term mental illness. The good news about mental illness is that recovery is possible.

Mental disorders

Mental disorder is not defined by law, and peace officers are not required to make a medical diagnosis of a mental disorder.

A mental disorder:

- is primarily a brain disorder
- creates problems with feeling, thinking, and perception
- affects a person's behavior by causing bizarre and/or inappropriate behavior
- can be short term (acute) or long term (chronic)
- can occur at any time during a person's life

NOTE: Intellectual disability, epilepsy, or other developmental disabilities, alcoholism, other drug abuse, or repeated antisocial behavior do not, by themselves, constitute a mental disorder. (WIC 5585.25)

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Persons with Mental Illness, Continued

Thought disorders

A **thought disorder** is a condition where the person's *thought process* is disrupted causing that person to experience delusions, hallucinations, and/or irrational fears, or they may exhibit unusual behaviors.

Mood disorders

A **mood disorder**, also referred to as an affective disorder, is a condition where the person experiences periodic disturbances in mood, concentration, sleep, activity, appetite, or social behavior. Mood disorders can be marked by periods of extreme sadness (depression) or excitement (mania).

Mood disorders tend to be episodic. Between episodes the individual may have no remarkable symptoms or difficulties.

Recognizing behaviors associated with mental illness

Officers should not attempt to diagnose mental illness. A mental illness is often difficult for even the trained professional to define in a given individual. Officers must be able to recognize general indicators of mental illness so that appropriate actions can be taken.

The following table identifies several indicators that officers may consider when determining whether a behavior is related to mental illness.

Indicator	Additional Information
Fearfulness	<ul style="list-style-type: none">• Signs of strong and unrelenting fear of people, places, or things• Such fears may make the individual extremely reclusive or aggressive without apparent provocation• Extreme fright over something that a reasonable person would consider of little or no threat

Continued on next page

Persons with Mental Illness, Continued

Recognizing behaviors associated with mental illness (continued)

Indicator	Additional Information
Inappropriate Behavior	<ul style="list-style-type: none"> • Extreme expression of emotion out of context for the situation • Nudity, extremely odd or inappropriate dress, self-mutilation • Belief that they are affected by extraordinary physical maladies that are not possible (e.g., belief that their heart stops beating for an extended period) • Impulsive activity • Reckless behavior (e.g., walking on the freeway)
Extreme Rigidity or Inflexibility	<ul style="list-style-type: none"> • Easily frustrated • Acting out with inappropriate or aggressive behavior • Unable to compromise or adjust
Excitability	<ul style="list-style-type: none"> • People who are affected by bipolar disorder may experience periods of excessive energy, reduced response to pain, or feel they require little or no sleep • Symptoms appear similar to those of a person on stimulants
Impaired Self-care	<ul style="list-style-type: none"> • A reduced capacity to take care of basic needs (e.g., stops bathing or eating, sleeps very little or more than normal, failure to find adequate shelter, etc.)
Hallucinations	<ul style="list-style-type: none"> • A hallucination is a false perception experienced through any of the five senses (e.g., hearing voices, feeling one's skin crawl, smelling strange odors, seeing visions, etc.) • When hallucinating, individuals may be so overwhelmed that they have little or no awareness of their surroundings

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Persons with Mental Illness, Continued

Recognizing behaviors associated with mental illness (continued)

Indicator	Additional Information
Delusions	<ul style="list-style-type: none"> • A delusion is a persistent false belief or thoughts and actions that are not based on reality (e.g., delusions of grandeur, self-importance, being persecuted or conspired against, etc.) • Delusions can be caused by either thought or mood disorders
Disorganized Speech, Thought Patterns, or Disorientation	<ul style="list-style-type: none"> • Inability to make logical thought connections or to concentrate • Rapid flow of unrelated thoughts • Speech that is unclear or does not communicate an idea (e.g., talking in rhymes, repetition of words or phrases, speech that is rapid or non-stop) • Failure to or slow to respond to simple questions or commands (e.g., blank stare) • Memory loss related to common facts (e.g., name, awareness of time, identity of others)
Clinical Depression	<p>Clinical depression is the most common of the mood disorders. It is usually recurring, often many times in an individual's lifetime. Symptoms may include, but are not limited to:</p> <ul style="list-style-type: none"> - Isolation - Sadness, inactivity and self-depreciation - Feelings of guilt, hopelessness, helplessness, or pessimism - Eating disturbances - Fatigue, decreased energy - Loss of motivation

Continued on next page

Persons with Mental Illness, Continued

Recognizing behaviors associated with mental illness (continued)

Indicators	Additional Information
<p>Clinical Depression (continued)</p>	<ul style="list-style-type: none"> - Crying spells - Chronic pain - Sleep disturbances - Relentlessness or irritability - Difficulty concentrating or making decisions - Thoughts of death (including gestures, attempts or threats of suicide) <p>NOTE: The risk of suicide attempts, <u>suicide, and suicidal behavior</u> is significantly higher for people who are affected by any form of depressive disorder.</p>
<p>Bipolar Disorder</p>	<ul style="list-style-type: none"> • Also referred to as manic depression and characterized by cycles of low and high mood swings. Swings between cycles can be rapid and unpredictable • When in a depressive cycle, a person with bipolar disorder may demonstrate the same behaviors as with clinical depression • When in a manic cycle a person may exhibit behavior such as: <ul style="list-style-type: none"> - boundless energy and enthusiasm - decreased need for sleep - rapid loud or disorganized speech - short temper and argumentative speech - impulsive and erratic behavior - possible delusional thoughts - religiosity (excessive devotion to religion)

Continued on next page

Persons with Mental Illness, Continued

Recognizing behaviors associated with mental illness
(continued)

Indicators	Additional Information
Schizophrenia	<ul style="list-style-type: none"> • Is not a single disorder. It is a group of related disorders in which a person’s ability to function is marked by severe distortion of thought, perception, feelings, and bizarre behavior • Is the most common of the thought disorders. It most often develops in young adults aged 16 to 25 and remains throughout their adult lives • Characterized by a deterioration of a person’s ability to work, relate to others, or to take care of oneself • Behaviors include: <ul style="list-style-type: none"> - bizarre delusional thinking - hallucinations - incoherent, disconnected thoughts and speech - expression of irrational fear - deteriorated self-care - poor reasoning - strange and erratic behaviors <p>NOTE: Officers may come into contact with people affected by schizophrenia because certain medications taken by individuals who are affected by schizophrenia may cause agitation that can lead to a buildup of tension, anxiety, or panic. This may lead to potentially dangerous situations. When frightened, a person with this disorder may act out with even more bizarre or paranoid behavior.</p>

Continued on next page

Persons with Mental Illness, Continued

Recognizing behaviors associated with mental illness (continued)

Indicator	Additional Information
<p>Postpartum-Depression</p>	<ul style="list-style-type: none"> • Postpartum depression is the onset/increase of mental disorder which can occur after the birth of a child. The symptoms may include the above mentioned categories of disorders as well as fluctuations in mood, agitation, severe ruminations, delusions, and/or hallucinations • Postpartum depression episodes occur in 1/500 to 1/1000 individuals • These episodes should be distinguished from “baby blues” which affect up to 70% of individuals within 10 days of delivery, and does not result in significant impairment in functioning • Postpartum depression episodes may impact maternal attitudes towards infants and children and may include: <ul style="list-style-type: none"> - pre-occupation with the care of the child - child abuse - homicidal thinking - disinterest of the infant
<p>Postpartum Psychosis</p>	<ul style="list-style-type: none"> • Postpartum psychosis is a rare illness experienced by approximately one in every 1,000 women after giving birth, which <ul style="list-style-type: none"> - can substantially diminish the mother’s capacity for coping with ordinary life demands - is not the same as a milder form of depression that some women experience after giving birth, commonly referred to as “baby blues”

Continued on next page

Persons with Mental Illness, Continued

Recognizing behaviors associated with mental illness
(continued)

Indicator	Additional Information
Psychosis	<p>Psychosis is a major disabling symptom of several severe mental illnesses. In particular, schizophrenia, which is a thought disorder; and bipolar disorder, which is a mood disorder.</p> <p>NOTE: Substance abuse by an individual may lead to behaviors that mimic a number of different types of thought and mood disorders. Additional information regarding drug induced psychotic behavior can be obtained from LD 12: <i>Substance Abuse</i>.</p>
Posttraumatic Stress Disorder (PTSD)	<ul style="list-style-type: none"> • Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that can develop after exposure to a traumatic event or ordeal in which grave physical harm occurred or was threatened to the individual or someone close to them • Symptoms can include dreams and nightmares about the incident, flashbacks, hyper-arousal, distress caused by reminders of the event, survivor’s guilt, hyper-vigilance, emotional numbing, exaggerated, startled response (usually to loud noises) • Anyone who has gone through a life-threatening event can develop PTSD. These events can include: <ul style="list-style-type: none"> - combat or military exposure - child sexual or physical abuse - terrorist attacks - sexual or physical assault - serious accidents, such as a car wreck - natural disasters, such as a fire, tornado, hurricane, flood, or earthquake

Continued on next page

Persons with Mental Illness, Continued

Recognizing behaviors associated with mental illness
(continued)

Indicator	Additional Information
Personality Disorder	<ul style="list-style-type: none"> • Occur when personality traits (enduring patterns of perceiving, relating and thinking) become inflexible and maladaptive • Cause significant functional impairment or subjective distress • Person may not see the problem • The most common personality disorders are: <ul style="list-style-type: none"> - narcissistic (entitlement) - antisocial (manipulative) - borderline (abandonment) - histrionic (theatrical)

NOTE: The risk of suicide, suicide attempts, and suicidal behavior is significantly higher for people who are affected by any form of depressive disorder.

NOTE: Officers should be aware that substance abuse (drugs and/or alcohol) can also cause delusions, hallucinations, and violent mood swings in an individual. Likewise, mentally disabled persons may use drugs or alcohol to mitigate their symptoms.

Continued on next page

Persons with Mental Illness, Continued

Example

- (1) An officer responded to a request from a neighbor for a welfare check of a woman who had not been seen for three weeks. After the officer knocked several times, the woman opened the door. The officer immediately noted a strong odor coming from the woman's home. The woman appeared to be wearing dirty clothes and had not bathed recently. Upon entering the home, the officer also noted that it had not been cleaned for some time and that the rooms were in disarray. The woman was not able to tell the officer when she had last eaten or left her home. When the officer inspected the woman's kitchen, she found only outdated or spoiled food. The officer also noted a number of empty prescription medication bottles near the kitchen sink. The woman was unable to remember how long it had been since she ran out of her medications. Based on the indicators that were apparent, the officer suspected that the woman was affected by a mental illness.
-

Persons with Mental Illness - Field Contacts

Introduction Officers must make difficult judgments and decisions about the behaviors and intent of any individual they think may be affected by a mental illness. This requires special considerations to avoid unnecessary violence or civil liability.

Officer safety People affected by mental illness can be unpredictable and sometimes violent. Officers should never compromise or jeopardize their own safety or the safety of others when dealing with individuals who display symptoms of a mental illness.

Once the scene is stabilized and there is no threat to life then the officer has a duty to reasonably accommodate the person's disability, but not before.

Indicators Not all people with mental illness are dangerous, while some may represent danger only under certain circumstances or conditions. Some may be capable of going very quickly from a state of calm to being extremely agitated.

There are many indicators that officers may use to help determine if people who appear to be affected by mental illness are dangerous to others or themselves.

- The availability of any weapons to the person
 - Statements made by the person that suggests that he or she is prepared to commit a violent or dangerous act. These could range from subtle innuendos to direct threats.
 - A personal history of prior violent acts under similar or related conditions. Information may come from a previous law enforcement contact or others familiar with that person
 - Signs of violence at the scene prior to the officer arriving
 - Officers shall consider statements made by a credible third party indicating that the subject may be prepared to commit a violent or dangerous act
-

Continued on next page

Persons with Mental Illness - Field Contacts, Continued

Indicators (continued)

- The amount of self-control the person is able to demonstrate. This can include signs of rage, anger, fright or agitation. Signs of lack of control can include an inability to sit or stand still, wide eyes, rambling speech, etc.
 - Begging to be left alone or offering frantic assurances that one is fine may also suggest that a person is close to losing control
-

Suicide awareness

There are several factors that may help officers determine how serious a threat is. Officers should ask:

- if the person has the intent, a plan, or the means to carry out the act of attempting suicide
- if he or she has made previous attempts to commit suicide
- the method used in a previous attempt
- about knowledge and/or history of someone who has completed suicide
- individuals close to the person about the person's history and mental state

NOTE: Excessive use of alcohol and/or other drugs can markedly increase the danger of a person successfully attempting suicide.

NOTE: Officers are responsible for knowing and complying with specific policies and guidelines regarding contacts with individuals who may be suicidal.

Continued on next page

Persons with Mental Illness - Field Contacts, Continued

Field contacts

The following table identifies appropriate tactical actions officers should be aware of.

Action	Additional Information
Request Backup	<ul style="list-style-type: none">• Situation can be unpredictable and escalate quickly
Stabilize the Scene	<ul style="list-style-type: none">• Once the scene is stabilized and there is no threat to life then the officer has a duty to reasonably accommodate the person's disability, but not before
Calm the Situation	<ul style="list-style-type: none">• Take time to assess the situation• Provide reassurance that officers are there to help• If possible give the person time to calm down• Move slowly• When possible, eliminate emergency lights and sirens and disperse any crowd that may have gathered• Reduce environmental distractions such as radio or television noise• Assume a quiet nonthreatening manner when approaching and conversing with the individual• If possible, avoid physical contact if no violence or destructive acts have taken place• If possible, explain intended actions before taking action

Continued on next page

Persons with Mental Illness - Field Contacts, Continued

Field contacts
(continued)

Action	Additional Information
Communicate	<ul style="list-style-type: none"> • Keep sentences short • Determine if the person is taking medication • Talk with the individual in an attempt to determine what is bothering that person • Acknowledge the person's feelings • Ask the person if he or she is hearing voices and, if so, what they are saying • Avoid topics that may agitate the person • Guide the conversation toward subjects that will bring the individual back to reality (e.g., where are you?, day of the week?) • Allow time for the person to consider questions and be prepared to repeat them • Do not mock the person or belittle his or her behavior • Do not agree or disagree with the delusions or hallucinations, but validate the feelings (i.e. "It must be frustrating for you to feel this way.")
Do Not Make Threats	<ul style="list-style-type: none"> • Do not threaten the individual with arrest or in any other manner • Threats may create additional fright, stress, or potential aggression
Be Truthful	<ul style="list-style-type: none"> • If the individual becomes aware of deception, that person may: <ul style="list-style-type: none"> - withdraw from any contact in distrust - become hypersensitive - retaliate in anger

Resources and Referrals

Resources and referrals

Several resource services are available to peace officers and individuals with mental illness, physical disabilities, and developmental disabilities. Examples of the types of resources available include but are not limited to the following:

- Agency-related assessment or crisis teams
- Private organizations offering support groups
- Substance abuse facilities
- County mental health agencies
- Regional developmental disabilities centers
- Independent/assisted living centers
- National support/information organizations such as the National Alliance for the Mentally Ill (NAMI)
- Local missions or shelters
- Faith-based organizations
- Senior citizens' centers or dependent adult resources

NOTE: Peace officers should become familiar with the organizations that are available within their respective regions.

Resolution Options

Introduction

Officers must make careful decisions about how to resolve situations involving people who are affected by mental illness.

Resolution options

If an officer determines that a person appears to be affected by a mental illness, but does not meet detention action under *Welfare and Institutions Code Section 5150* “as detailed in Chapter 5” there are several actions the officer can consider taking. The following table identifies some of these actions.

Option	Additional Information
Provide Urgent Medical Attention	<ul style="list-style-type: none">• Once an officer has taken control of a situation, that officer must render medical attention or summon medical personnel if required• After medical care is rendered, disposition of the individual can be determined
Arrest of Individual	<ul style="list-style-type: none">• Arrest if a crime has been committed• Officer discretion should be used regarding arrests for minor issues
Referral for Mental Health Services	<ul style="list-style-type: none">• Individuals and families who may be in need of treatment can be referred to available mental health services• Officers should become familiar with the services that are available within the community
Report to Child Protective Services	<ul style="list-style-type: none">• Peace officers are required by law to report conditions of child abuse to local child protective agencies
Cite and Release	<ul style="list-style-type: none">• If it is determined that the individual meets the criteria under <i>Penal Code Section 849(b)</i> and it is safe to release the individual, officers may consider citing and releasing the individual
No Further Action	<ul style="list-style-type: none">• If no urgent medical care is necessary, no crime has been committed, and no referral is needed, the officer may choose to take no further action

Continued on next page

Resolution Options, Continued

**Agency
policy**

Officers are responsible for being aware of and complying with all agency specific policies and guidelines regarding procedures, officer discretion, and referrals when interacting with a person who appears to be affected by a mental disorder.

**Confidentiality
of medical
reports**

Officers are responsible for being aware of state and federal statutes that govern the release of medical records. The privacy rule protects all individually identifiable health information held or transmitted by a covered entity or its business associate in any form or media, whether electronic, paper or oral. The act strikes a balance that permits important uses of information while protecting the privacy of people who seek care and healing. (*Health Insurance Portability and Privacy Act [HIPPA], Title 42 Code of Federal Regulations, and California Welfare and Institution Code 5328*)

Example

- (1) Officers responded to a call from neighbors regarding a man with a dog taking items from trash cans in a residential neighborhood. When the officers located the man, he told them that he and his dog lived in a makeshift tent under a nearby freeway. He also told the officers that he was a war veteran and that the dog was his closest friend. The man was turned away from one shelter because they would not allow the dog to go with the man. The man told the officers that he had not been able to hold any type of regular work because he had bouts of post-traumatic stress. He also told them that he was hungry and was worried about his dog getting enough to eat. The officers were able to refer the man to a local veterans' organization where he could get assistance.
-

Chapter Synopsis

Learning need Peace officers must become familiar with the causes and nature of mental illness in order to determine if an individual is gravely disabled or dangerous.

Mental illness
[37.04.10,
37.04.11,
37.04.12,
37.04.13,
37.04.22,
37.04.23,
37.04.24,
37.04.25]]

Mental illness is a term used for a group of disorders causing severe disturbances in a person's thinking, feeling, and ability to relate to others. A person affected by a mental illness usually has a substantially diminished capacity for coping with the ordinary demands of life.

Field contacts with mentally disabled persons
[37.04.15]

Officers must make difficult judgments and decisions about the behaviors and intent of any individual they think may be affected by a mental illness. This requires special considerations to avoid unnecessary violence or civil liability.

Resolution options
[37.04.27]

Officers must make careful decisions about how to resolve situations involving people who are affected by mental illness.

Resources and Referrals
[37.04.26]

Peace officers are responsible to become familiar with and comply with their specific agency policies and become familiar with the guidelines and with organizations and resources that are available within their regions.

Workbook Learning Activities

Introduction

To help you review and apply the material covered in this chapter, a selection of learning activities has been included. No answers are provided. However, by referring to the appropriate text, you should be able to prepare a response.

Activity questions

1. Officers are dispatched to a location where a man has been standing alone on the sidewalk outside of his apartment house for several hours. The reporting party tells the officers that the man has been staring at the wall and has not moved for over four hours. The man is wearing shorts and a tee shirt and it is now nighttime and growing cold. When initially questioned by the officers, the man does not respond. Is the man exhibiting behaviors that may indicate that he may be affected by a mental disorder? If so, what are they? What other possible explanations could there be for the mans' behavior? What questions should the officers ask? What actions, if any, should the officers take?

Continued on next page

Workbook Learning Activities, Continued

Activity questions
(continued)

-
2. Continuing the scenario in question number one: One of the officers asks the man “Are you hearing voices?” The man does not respond initially, but after approximately one minute replies, “Yeah, voices.” The man does not say anything further and appears not to hear any other questions the officers ask. Under the circumstances, should the officers detain the man under *Welfare and Institutions Code Section 5150* “as detailed in Chapter 5”? Explain your answer.
-
3. Describe your most recent interaction with a person whom you felt might have been affected by a mood or thought disorder. What led you to make that conclusion?

Continued on next page

Workbook Learning Activities, Continued

**Activity
questions**
(continued)

4. Officers are called to a home after receiving a call about a disturbance. When they arrive, the door is answered by a distraught woman who tells the officers that she is afraid that her brother is going to harm himself or possibly try to commit suicide. The woman tells the officers that her brother has a history of bipolar disorder, has just lost his job, and attempted suicide once when he was a teenager. When the officers enter the room where the man is, they find him sitting quietly, looking out the window. When they question the man for his name, he smiles and pauses but eventually answers calmly. What questions should the officers ask the man? What actions, if any, should the officers take? Explain the reasons for your answers.

Continued on next page

Workbook Learning Activities, Continued

**Activity
questions**
(continued)

5. An officer on patrol sees an elderly man at an entrance to a popular local park. The man appears to be a local “street person” and is dressed in old and worn clothing and has numerous bundles of what appear to be blankets and other possessions. He is stepping in front of anyone who tries to enter the park, apparently asking for money. The officer decides to observe the man before taking any action. What behaviors or other indicators should the officer look for to determine if the man could be affected by any form of mental illness?

6. Continuing the scenario in question number five: While the officer watches, the elderly man appears to become agitated after a number of people fail to give him any money. The man starts yelling and ranting at no one in particular. What indicators should the officer look for to determine if the man is dangerous?

Continued on next page

Workbook Learning Activities, Continued

**Activity
questions**
(continued)

7. Continuing the scenario in questions number five and six: Assume that you determine that the elderly man is potentially dangerous. Although he does not seem to pose an immediate threat at this time, what actions should you take?

Continued on next page

Workbook Learning Activities, Continued

**Activity
questions**
(continued)

8. Officers encounter a “street person” who has been living in a cardboard refrigerator box in an alleyway. Upon investigation they find the man is dressed in pants, a tee-shirt, a sweatshirt, and shoes with no socks. Temperatures have been ranging from 40-60 degrees for the last few days. Inside the box, officers find cans of dog food, two blankets, and paper bags of empty cans and old newspapers. When they question the man, he tells the officers that he can’t live anywhere there are four walls because the walls always move in and try to crush him. When the officers suggest a local shelter, the man becomes visibly agitated and backs away from the officers. Based on the information presented in this scenario, would the man qualify as being gravely disabled under *Welfare and Institutions Code 5150* “as determined in Chapter 5”? Give a rationale for your answer.

Chapter 5

Welfare and Institutions Code

Overview

Learning need Peace officers must become familiar with the application of *Welfare and Institutions Code Section 5150* in order to determine if an individual is a danger to others, or to himself or herself, or gravely disabled and to determine an appropriate response and resolution option.

Learning objectives

The chart below identifies the student learning objectives for this chapter.

After completing study of this chapter, the student will be able to:	Objective ID
<ul style="list-style-type: none">• Explain the intent of the Lanterman-Petris-Short Act (<i>Welfare and Institutions Code Section 5150</i>)	37.05.01
<ul style="list-style-type: none">• Recognize the authority of peace officers to take a person into custody pursuant to <i>Welfare and Institutions Code Section 5150</i>	37.05.02
<ul style="list-style-type: none">• Recognize behavioral indicators peace officers may use to help determine if a person affected by mental illness is a danger to others, or to himself or herself, or gravely disabled	37.05.03
<ul style="list-style-type: none">• Recognize the rights of individuals who have been taken into custody, pursuant to <i>Welfare and Institutions Code Section 5150</i>	37.05.04
<ul style="list-style-type: none">• Recognize the documentation requirements pursuant to <i>Welfare and Institution Code Section 5150.2</i>	37.05.05

Continued on next page

Overview, Continued

In this chapter This chapter focuses on peace officer recognition and interactions with persons with mental illness. Refer to the chart below for specific topics.

Topic	See Page
Lanternman-Petris-Short Act	5-3
Chapter Synopsis	5-14
Workbook Learning Activities	5-15

Lanterman-Petris-Short Act (Welfare and Institutions Code Section 5150)

Introduction

The Lanterman-Petris-Short Act (LPS) was established in 1968 with the intent of reforming commitment laws pertaining to mental health treatment. The Legislature's intent was to end the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders, developmental disabilities, and chronic alcoholism.

The laws related to LPS are noted in the California Welfare and Institutions Code, beginning with *Welfare and Institutions Code (WIC) Section 5150*.

Role of peace officers

- Peace officers have been given great authority to detain individuals who meet specific criteria in the law.
 - Most individuals living with mental health disorders will not require peace officer assistance pursuant to 5150 WIC.
 - Peace officers' actions must be based on probable cause that a person is a danger to self or others, or **gravely disabled** due to a mental health disorder.
 - Peace officers must also recognize that individuals in crisis can pose potential officer safety concerns.
-

Detention for evaluation

Welfare and Institutions Code Section 5150 states that:

- when a person
 - as a result of a mental health disorder
 - is:
 - *a danger to others, or*
 - *a danger to himself or herself, or*
 - *gravely disabled*
 - A peace officer or other designated person
 - may, upon probable cause
 - take or cause to be taken
 - the person into custody
 - for a period of up to 72 hours for
 - assessment, evaluation, and crisis intervention, **or**
 - placement for evaluation and treatment in a designated facility
-

Continued on next page

Lanterman-Petris-Short Act (Welfare and Institutions Code Section 5150), Continued

**Detention
for
evaluation
(continued)**

Welfare and Institutions Code Section 5150.05 states that:

When determining if probable cause exists to take a person into custody or cause a person to be taken into custody, pursuant to Section 5150 any person who is authorized to take that person, or cause that person to be taken shall consider available relevant information from the person, service providers, or family members about the historical course of the person’s mental disorder.

If the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, or self, or is gravely disabled as a result of the mental disorder.

**Explicit
probable
cause**

Because deprivation of personal liberty is involved, the courts have established explicit elements for probable cause for *Welfare and Institutions Code Section 5150*.

To establish probable cause to detain a person pursuant to *Welfare and Institutions Code Section 5150*, an officer must clearly articulate the circumstances under which the person’s condition was brought to the officer’s attention. The officer must:

- be able to state known facts
- that would lead a person of ordinary care and prudence to believe or to entertain a strong suspicion
- that the person detained
- is a danger to others, or self, or is gravely disabled

By “known facts” the officers must be able to point to specifics and facts, which if taken together with rational inferences, reasonably warrant the officer’s belief or suspicion.

Continued on next page

Lanterman-Petris-Short Act (Welfare and Institutions Code Section 5150), Continued

Danger to others

Danger to others as a result of a mental health disorder often involves words or actions that are interpreted as aggressive or threatening.

Indicators that might lead an officer to believe that a person may be a danger to others include, but are not limited to the individual's:

- use of words or actions that indicate the intent to cause bodily harm to another person
 - appearance of being agitated, angry or explosive (even when not focused at a particular person)
 - engagement in or intent to engage in acts or behavior of such an irrational, impulsive or reckless nature as to put others directly in danger of harm (e.g., the destruction of property or misuse of a vehicle)
 - acts or words regarding an intent to cause harm to another person being based on or caused by the individual's mental state which indicated the need for psychiatric evaluation and treatment
-

Danger to self

Danger to self as a result of a mental illness typically means the presence of suicidal thoughts, statements, or behaviors.

Indicators that might lead an officer to believe that a person may be a danger to self include, but are not limited to the individual's:

- words or actions that imply an intent to commit suicide or inflict bodily harm on self
- exhibition of gross neglect for personal safety which could lead to that person receiving or being at risk of receiving serious injury
- statements or action implying a specific plan to commit suicide or inflict harm on self
- plans and the means available or within that individual's ability to carry out

NOTE: Self-endangering or high-risk activities, such as sky-diving, are generally not associated with a mental illness.

Continued on next page

Lanterman-Petris-Short Act (Welfare and Institutions Code Section 5150), Continued

Gravely disabled

The W & I Code defines gravely disabled as “a condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing or shelter.”

Indicators may include, but are not limited to the following:

- The person must be unable to avail themselves of food, shelter and clothing.
- Mere inability to provide for needs is not sufficient nor is refusal of treatment evidence of grave disability.
- Regardless of person’s past, the question is whether they are presently gravely disabled.

Interpretation of what food, clothing, and shelter may not be what most of us would consider “humane.” For example:

- a person had a plan to sleep under a bridge and collect food from a trash can

Continued on next page

Lanterman-Petris-Short Act (Welfare and Institutions Code Section 5150), Continued

Not gravely disabled

Examples may include but not be limited to:

- surviving safely with the help of responsible family, friends, or others who are both willing and able to help to provide basic personal needs (food, clothing and shelter)
- using poor judgment or displaying eccentric behavior does not necessarily mean a person is incompetent
- chosen lifestyle or lack of funds

NOTE: To meet gravely disabled criteria, the person must “presently” be gravely disabled and be unable to provide and/or utilize food, clothing, and shelter due to a mental disorder.

NOTE: Courts have ruled that if a person can survive safely in freedom with the help of willing and responsible family members, friends, or third parties, then he or she is not considered gravely disabled.

Gravely disabled minor

Gravely disabled minor is a person 17 years old or younger who, as the result of a mental health disorder, is unable to utilize the elements of life, which are essential to health, safety and development, including food, clothing, or shelter, even though provided to the minor by others, (*WIC 5585.25*).

Continued on next page

Lanterman-Petris-Short Act (Welfare and Institutions Code Section 5150), Continued

Deprivation of personal liberties

It is important that peace officers recognize that detention and commitment under *Welfare and Institutions Code Section 5150* is a *serious deprivation of personal liberty*.

Detention under *Welfare and Institutions Code Section 5150* can mean the individual:

- may be deprived of contacts with friends and family,
- may be subject to:
 - medical and psychological examination, and/or
 - the administration of medications
- can be held against that person's will for up to 72 hours

Because of these issues, peace officers must be aware of the responsibility involved when they evoke *Welfare and Institutions Code Section 5150*. A person cannot be detained under *Welfare and Institutions Code Section 5150* for vague, ambiguous, unspecific, or *potentially* dangerous behavior.

Rights of detained person

People who are detained under *Welfare and Institutions Code Section 5150* are entitled to basic federal and state constitutional rights.

Welfare and Institutions Code Section 5150 requires that prior to transporting the person to a designated facility, officers must give the person the following advisement:

“My name is (officer's name), I am a (type of peace officer) with (employment agency's name). You are not under criminal arrest, but I am taking you to for an examination by mental health professionals to (name of the mental health facility). You will be told your rights by the mental health staff.”

Continued on next page

Lanterman-Petris-Short Act (Welfare and Institutions Code Section 5150), Continued

**Rights of
detained
person**
(continued)

If the person is detained under *Welfare and Institutions Code Section 5150* at that person's own residence, officers must also inform the individual of the following:

“You may bring a few personal items with you which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You can make a phone call and/or leave a note to tell your friends and/or family where you have been taken.”

Continued on next page

Lanterman-Petris-Short Act (Welfare and Institutions Code Section 5150), Continued

Protection of personal property

Welfare and Institutions Code Section 5150 also states that it is the officer's responsibility to:

- take reasonable precautions to preserve and safeguard personal property in possession of or on the premises occupied by the person who is being detained, *and*
 - provide the court with a report describing any property that is under law enforcement protection and its disposition
-

Confiscation of weapons

Whenever a person who has been detained under *Welfare and Institutions Code Section 5150* is found to own, have possession of, or have control of any firearms or deadly weapons, peace officers will confiscate those weapons. (*Welfare and Institutions Code Section 8102*)

Mandatory documentation

Welfare and Institutions Code Section 5150.2 requires officers who transport a person to a designated facility for assessment under *Welfare and Institutions Code Section 5150* to complete the written Applications for 72-Hour Detention, Evaluation and Treatment form (DHCS 1801). A standard application includes:

- verification that the detainment advisement was given
- the name of the designated facility to which the person is taken
- the name and address of the individual who is being detained
- factual circumstances and observations constituting probable cause for the officer to believe that the individual is in fact a danger to others, self, or is gravely disabled
 - If the person is compliant to the officer's directions, it does not mean the individual is consenting.

NOTE: There is no such thing as a voluntary 5150 W & I.

It is the officer's responsibility to check agency policy for reporting policies.

Continued on next page

Lanterman-Petris-Short Act (Welfare and Institutions Code Section 5150), Continued

Designated facilities

Evaluation and treatment facilities must be designated by the county and approved by the State Department of Health Care Services.

Federal and State law require all licensed health facilities to provide or arrange for emergency services for all patients experiencing an emergency medical condition, including a psychiatric condition.

Initial evaluation

When an officer detains an individual under *Welfare and Institutions Code Section 5150* and transports that individual to a designated facility, the individual must be evaluated by a mental health professional. The mental health professional then determines if the individual should be detained for further evaluation and treatment (*Welfare and Institutions Code Section 5150.3*).

When an officer detains an individual under *Welfare and Institutions Code Section 5150* and transports that individual to a designated facility, the officer shall be detained no longer than the time necessary to complete documentation of the factual basis of the detention and a safe and orderly transfer of physical custody of the person.

Continued on next page

Lanterman-Petris-Short Act (Welfare and Institutions Code Section 5150), Continued

Examples

- (1) An officer responded to a call regarding a man, shoeless and dressed only in his underwear, walking in the median of a four-lane highway. The officer found a man matching the description and attempted to detain and question him. Even though the officer's appearance was obvious and the officer repeatedly asked for the man to stop, the man continued to walk as if the officer were not there. The officer moved in front of the man and was finally able to get the man's attention. The man appeared confused and frightened by the sight of the officer. He told the officer that he had to pick up his mother; that she was waiting for him; and that she would be mad if he was late. The officer was able to find out that the man was attempting to walk to a town that was over 200 miles away. When the officer suggested that he give the man a ride to somewhere that would be safer, the man suddenly became agitated and bolted into the roadway screaming "You've killed her! Stay away! You've killed her!" Because of the man's inability to relate to the reality of the situation and because he was in immediate danger of seriously injuring himself along the roadway, the officer detained the man under *Welfare and Institutions Code Section 5150* and transported him to an evaluation facility.
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Lanterman-Petris-Short Act (Welfare and Institutions Code Section 5150), Continued

Examples (continued)

- (2) Two officers responded to a call regarding a family dispute. When they arrived, they were told by a young woman that her 19-year-old brother was in the kitchen threatening to harm her father. The officers saw that the young man was holding a large kitchen knife and yelling, “Don’t tell me what to do! You don’t have the power anymore. I have the power now!” The young man’s father was also yelling and ordering his son to put the knife down. When the young man saw the officers, he dropped the knife. The officers quickly took control of the situation and physically subdued the young man. The young man’s mother then approached the officers holding several bottles of medications. She told the officers that her son stopped taking his medication two weeks ago and had become increasingly more paranoid and violent. Even though she and her husband had tried to care for their son on their own, they did not know what to do anymore. Because the young man was a threat to others and possibly to himself, the officers detained him for evaluation and treatment under *Welfare and Institutions Code Section 5150*.
- (3) Officers were dispatched to a local college dormitory. The reporting party told the officers that a male student had remained locked in his room for three days. Friends of the student told the officers that the young man’s grades had dropped and that his girlfriend had broken up with him about two weeks ago. They also told the officers that the student had spoken of suicide numerous times over the last week. Since the dorm room was on the first floor, one of the officers was able to look through a window and saw the young man naked and lying in a fetal position on the bed. Officers entered the room and determined that the student was suicidal because the young man was in immediate danger of harming himself; the officers detained him under *Welfare and Institutions Code Section 5150* for evaluation and treatment.

Continued on next page

Lanterman-Petris-Short Act (Welfare and Institutions Code Section 5150), Continued

Examples
(continued)

- (4) Officers were dispatched in the early morning hours to a local law firm. The reporting party tells the officers that when she arrived at work, there was a woman sleeping in the doorway of the office building. She had asked the woman to leave, but the woman continued sleeping. Upon arrival, the officer determined the female subject was homeless and takes medication for schizophrenia. The subject informs officers that she sleeps in different outdoor locations at night and obtains her food from local restaurant dumpsters. Officers determine the subject is not a danger to herself, others, or gravely disabled, so she is sent on her way and is not detained under *Welfare and Institutions Code 5150*.
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Chapter Synopsis

**Lanterman-
Petris-Short Act**
[37.05.01,
37.05.02,
37.05.03,
37.05.04,
37.05.06]

The Lanterman-Petris-Short Act (LPS) was established in 1968 with the intent of reforming commitment laws pertaining to mental health treatment.

The Legislature's effort was to balance communities' rights with the right individuals to freedom and due process under the law.

The laws related to LPS are noted in the California Welfare and Institutions Code, beginning with *Welfare and Institutions Code Section 5150*.

Workbook Corrections

Suggested corrections to this workbook can be made by going to the POST website at: www.post.ca.gov

Glossary

Introduction **The following glossary terms apply only to Learning Domain 37: People with Disabilities.**

Americans with Disabilities Act (ADA) federal law that provides mandates for eliminating discrimination against individuals with mental and physical impairments or disabilities

acquired neurological disorder damage to the neurological system that can be the result of any of a number of illnesses (e.g., stroke, Alzheimer’s disease)

autism spectrum disorder a severe developmental disability which affects all areas of functioning and interacting with others; usually evident before the person reaches the age of three years and more common in males than females responsibilities

bipolar disorder a mental disorder characterized by rapid and unpredictable mood swings from mania to severe depression

cerebral palsy a large group of chronic conditions that affect an individual’s body movements and coordination; because of the lack of muscle control speech, hearing, or vision can also be affected

clinical depression a recurring, serious mood disorder marked by sadness, inactivity, and self-depreciation

deaf or hard of hearing a substantial or complete loss of hearing

Glossary, Continued

delusion a persistent false belief or thoughts and actions that are not based on reality (e.g., delusions of grandeur, self importance, being persecuted or conspired against, etc.)

developmental disability a severe, chronic disability which originates before an individual attains age 18, continues, or can be expected to continue, indefinitely, and constitutes a substantial limitations for that individual

disability a physical or mental impairment that substantially limits a person from actively taking part in one or more major life activity, has a record of a physical or mental impairment, or is regarded as having a physical or mental impairment

epilepsy a brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells (neurons) in the brain send out the wrong signals

gravely disabled a condition in which a person, as a result of a mental disorder, is unable to provide for basic personal needs such as food, clothing, or shelter

hallucination a false perception experienced through any one of the five senses (e.g., hearing voices, feeling one's skin crawl, smelling strange odors, seeing visions, etc.)

legally blind a person with visual acuity that does not exceed a specified level with corrective lenses or has a visual field is less than an angle of 20 degrees

major life activity any one of the major functions that an average person can perform with little or no difficulty

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Glossary, Continued

mental disability

a group of disorders that can cause disturbances in thinking, feeling, or relating to others. They often result in an inability to cope with the ordinary demands of life

mental disorder

a group of disorders that can cause disturbances in thinking, feeling, or relating to others; often resulting in an inability to cope with the ordinary demands of life

intellectual disability

a below average intellectual functioning or deficit in adaptive behavior; a limited capacity to learn which may have been caused by a birth defect, deprivation in early childhood, disease, consumption of toxins or poisons, or numerous other reasons

mood disorder

a condition where the person experiences periodic disturbances in mood, concentration, sleep, activity, appetite, or social behavior

personality disorder

occur when personality traits (enduring patterns of perceiving, relating and thinking) become inflexible and maladaptive

physical disability

functional limitation that interferes with a person's abilities

postpartum depression

is the onset/increase of mental illness can occur after the birth of a child

postpartum psychosis

a rare illness experienced after child birth; substantially diminishes a person's capacity for coping with ordinary demands of life

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Glossary, Continued

posttraumatic stress disorder (PTSD)

an anxiety disorder that can develop after exposure to a traumatic event or ordeal in which grave physical harm occurred or was threatened to the individual or someone close to them

psychosis

a major disabling symptom of several severe mental illnesses and thought and mood disorders: in particular, schizophrenia and bipolar disorder

schizophrenia

a group of related disorders in which a person's ability to function is marked by severe distortion of thought, perception, feelings, and bizarre behavior

seizure

a symptom of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. If only part of the brain is affected, it may cloud awareness, block normal communication, and produce a variety of undirected, unorganized movements

service animals

animals used by people with disabilities to assist them in everyday tasks (e.g., guide dogs, signal dogs, service dogs)

suicide

intentionally taking of one's own life

suicidal behavior

behavior tending toward or leading to suicide; often initiated by some mental states that relate to onset of depression

thought disorder

a condition where the person's *thought process* is disrupted causing that person to experience delusions or irrational fears, see visions, or a number of other irrational behaviors

Continued on next page

Glossary, Continued

**traumatic
brain injury
(TBI)** an alteration in brain function or other evidence of brain pathology, caused by an external force

**traumatic
neurological
disorders** disorders caused by an injury to the brain or spinal cord due to military combat, a vehicle accident, sports injury, fall, act of violence, or any number of other forms of trauma

**visual
impairments** a phrase that refers to all conditions limiting sight
