



Look and Listen Language

Communication Do's and Don'ts
For Youth with Disabilities

Disabilities

Developmental



- Autism
- Cerebral Palsy
- Down Syndrome
- Intellectual Disability
- Epilepsy

Motor

Sensory

Neurological

Medical

Psychiatric

Communication

Mental Illness

- Major depression
- Schizophrenia
- Bipolar disorder
- Obsessive Compulsive Disorder
- Panic disorder
- Post-Traumatic Stress Disorder
- Borderline personality disorder

Autism Spectrum Disorder

Indications:

- Repetitive behaviors like rocking
- Avoids eye contact
- Show special interest in shiny objects
- Anxious, agitated or appear confused
- Copy your body language and reactions

Autism continued ...

- Act upset for no apparent reason
- Laugh, giggle or ignore your presence
- Children with autism mix up pronouns
- Appear insensitive to pain
- Exhibit self-injurious behaviors like biting or head-banging
- React negatively to physical contact

Cerebral Palsy

- Often have normal intelligence
- Unsteady gait, problems with balance
- Use wheelchair, crutches or walk independently
- Have a speech impairment
- May use assistive communication device
- Tense, rigid muscles
- Involuntary movements from muscle spasms

Down Syndrome

- Flat face, small ears, slanted eyes, small mouth
- A short neck and short arms and legs
- Wide, short hands with short fingers
- White spots on the colored part of the eye
- Below-average IQ
- May have heart, intestine, ear, or breathing problems

Intellectual Disability

- Diagnostic term is mental retardation
- Below-average IQ (<70 IQ)
- May be mild, moderate or severe
- Speech delays
- Difficulty with problem solving
- Difficulty with social skills/social inhibitors
- Typically very outgoing and overly friendly

Mental Illness

- **Depression** – withdrawal, tearfulness, thoughts of suicide
- **Schizophrenia** – hallucinations, delusions, hearing voices, paranoia
- **Bipolar disorder** – major mood swings, spending sprees, increased sex drive
- **Obsessive Compulsive Disorder (OCD)** – obsessive thoughts, compulsive actions

Mental Illness continued ...

- **Panic disorder** – rapid heart rate, hyperventilation, trouble breathing, fear you will die from it
- **Post-Traumatic Stress Disorder (PTSD)** – trauma flashbacks, panic attacks, emotional numbness
- **Borderline personality disorder** – intense relationships, extreme reactions, impulsive behaviors, self-harming

Language

- Reflects our attitudes about, knowledge of and respect we have for others
- Looking and listening help us understand a person's challenges
- Use People First language
- Use Identity First language for autistics
- Speech problems do not mean intellectual disability

CREDO

C ompassion

R espect

E mpathy

D ignity

O penness to the needs of others

Offensive Outdated Terms

- Retard or retarded (intellectual disability)
 - ~ *Mental Retardation is only used as diagnostic term*
- Spastic or spaz (Cerebral Palsy)
- Mongoloid or Downs (Down Syndrome)
- Handicapped (person with a disability)
- Suffers from/victim of ..., (person has ...)
- Wheelchair bound (person uses a wheelchair)
- Crippled (person walks with crutches)

Important Do's

- Calm the person before asking questions
- Allow extra time for responses
- Don't interrupt
- Short, concrete phrases
- Use open-ended questions or multiple choice
- OK for child or adult to say "I don't know"
- Explain what's happening/what's next

Important Don'ts

- Person can be victim, witness or suspect
- Don't use many yes/no questions
- Don't assume a non-verbal person doesn't understand what you say to them
- Don't insist on eye contact
- Don't assume odd behaviors are evidence of drug or alcohol use, psychosis, defiance or belligerence

Assess the Situation

- Have a calm manner, no abrupt movements
- Person may violate personal space
- May not recognize dangers like busy streets
- Seek information from familiar others
- Check for injuries even if no pain indication
- Show what you want the person to do
- Avoid slang or literal expressions

De-escalation

- Avoid touching person
- Use geographic containment
- Find a quiet location, turn off sirens, lights
- Allow stimming behaviors unless for safety
- Allow fidgets or objects they are fixated on
- Be alert for impulsive reactions

Look and Listen Language

Look for:

- Indication of DD or MI
- Assistive devices
- Sensory disorders
- Stimming
- Lack of eye contact
- Medical issues
- Signs of stress

Listen for:

- Interests to distract
- Echolalia
- Literal Interpretations
- Lack of understanding
- Fear/anger can make speech worse

Police Response to People with Disabilities: Intellectual Disability



Intellectual Disability Review

- Diagnosis is mental retardation: mild, moderate or profound
- Past : Institutions or hidden at home
- Now: With family or semi-independently
- Can be credible witness
- Easy exploitation by others
- Ask concrete questions, verify answers

Police Response to People with Disabilities: Mobility Impairments



Mobility Impairment Review

- Can be a perpetrator/suspect
- Assistive device is part of personal space



Police Response to People with Disabilities: Mental Illness



Mental Illness Review

- Keep calm, this helps calm them
- Check on medications



Police Response to People with Disabilities: Speech Impairments



Speech Impairment Review

- Listen carefully, watch body language
- Don't pretend to understand



How to Get Information

Its important to ensure that when seeking information from persons with a developmental disability that you give them the framework to:

- Hear what you say
- Process the questions
- Give appropriate feedback

Prepare for Interviewing

- Talk to family or caregiver
- Some families don't accept the disability
- Keep support person out of line-of-sight
- Determine if verbal or not
- Try to find person's interest to talk about
- Minimize lights, sound, crowds
- Ask permission to touch a service animal

Getting Information - Step 1

- Start with reipoire (their interest)
- Use short, concrete questions
- Limit yes/no questions, clarify
- Sit at the same level
- Use visual aids if needed
- Don't insist on eye contact
- Allow stimming/fidgets

Help them process - Step 2

- Break down complex questions
- Ask one question at a time
- Allow extra time for processing
- Don't finish sentences for them
- Don't interrupt, if possible
- Minimize outside distractions

Getting the responses - Step 3

- Watch body language for cues
- Allow spoken or drawn response
- Verify, rephrase back what they say
- Give choices if confused
- Allow fidgets to come into answers
- Allow comfort person by side, not in front
- Thank them for their help

Tips for Success – DD

- Discuss unrelated topic of interest to them
- Be tolerant of pauses, don't fill in
- Offer help with physical needs, don't insist
- Facial recognition is often difficult for them
- Don't try to stop stimming behaviors
- May repeat Disney movie phrases
- Behavior is communication

Tips for Success— MI

- Ignore nonsense speech/persistent chatter
- Give clear, concise directions
- Suspect lying? Remind them truth is healthy
- Avoid repetition of the child's name, may trigger memories of past abuse
- Reassure the youth that you will help them
- Mental illness and bizarre behavior are not criminal

Resources

- The Arc of Washington State 888.754.8798
- National Alliance for Mental Illness (NAMI) 206.783.4288
- Americans with Disabilities
<http://www.ada.gov/policevideo/policebroadbandgallery.htm>
- National Children's Advocacy Center Online Trainings
<http://www.nationalcac.org/events/online-training-courses.html>
- Parent/Professional Advocacy League Police Pocket Guide
<http://ppal.net/publications/guides>
- Law Enforcement Awareness Network (LEAN On Us)
<http://www.leanonus.org/>
- U.S. Department of Justice – Victims with Disabilities
<http://www.ovc.gov/publications/infores/pdftxt/VictimsGuideBook.pdf>

Questions? More information?

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