

# A Guide For Interacting with People With Special Needs

Using these true-to-life scenarios, these pages explore how law enforcement officers and prosecutors respond to people with disabilities. The stories are based on real cases that were investigated by police departments across the country. In some instances, the information has been altered slightly in order for it not to be harmful or offensive to anyone involved. Each story was chosen because of its relevance to our lives as people with disabilities and those who love us. We hope you will find them both informative and inspiring.

It's time we change the way police treat people with special needs. Our rights must be protected just like everyone else's. It is a sad truth that many of us have had encounters with law enforcement that have left us feeling vulnerable, scared, confused, angry, humiliated...and worse. Some people have even lost their jobs over incidents they didn't cause.

Some may question why an interaction guide for police would ever need to exist. Here's some facts for you to consider:

- In 2017, People with disabilities made up 22% of Canada's population (Source: Statistics Canada). This means there were roughly 6.2 million Canadians living with special needs. Of this number, roughly one out of sixty-six of the general population are autistic.
- 30-40% of autistic individuals are non-verbal – meaning that they don't, or can't speak. This can be an issue when communication is key, especially when an officer's safety is on the line.
- Autistic individuals can face discrimination and prejudice from society at large. Many still do. And sometimes they encounter police officers and other public servants who don't understand what they're going through.
- Police officers may not know about autism; some aren't aware of its existence at all. They often treat children as if they were simply "acting out." In fact, many police departments now train their officers on how to deal with special needs kids because there are more than ever before—more families and guardians seeking help.

- Autism isn't always obvious. Sometimes it's clear when someone is having trouble understanding something or communicating. But in other cases, the signs may be harder to spot. There's no way of knowing unless an officer knows what to look for.
- When police first encounter an individual with special needs, they may think he or she is being aggressive or threatening. The person might be non-verbal, which makes communication difficult. Or maybe the individual has a medical condition that requires medication, making it hard to control his or her behavior.

It is our genuine hope that this collection of anecdotes helps to educate and inform those who work in law enforcement. Hopefully, it will make them aware of the challenges that people with special needs face.

The stories contained herein are real. We hope you will share your thoughts on them so that we can continue to make improvements in the future.

[To Scenario 1](#)

John was driving his police car late at night. It had been a long day, and all he wanted to do was go home and to his wife and kids. He was doing his last round of patrols in the neighborhood when he sees a young man walking through the street. The subject wasn't doing anything illegal, but since it's a bad area of town, and it's after midnight, he decides to investigate anyway. He pulls alongside the man, leans out and says "Hey, man. What's up?" in an inquisitive way. The man responds "Hey, man. What's up?"

John gets confused, saying "Are you making fun of me?" The man parrots back, "Are you making fun of me"? At this point, John is getting frustrated with the apparent lack of compliance – he gets out of the vehicle and says "if you don't watch your mouth, I'm going to have to take you in!", to which the man replied, "If you don't watch your mouth, I'm going to have to take you in!"

At this point John snaps, it's been a long day and this civilian seems to just want to make it longer. With a frustrated exclamation – "That's it! You're coming with me!" Next thing the young man knew, he was on the ground in handcuffs, before being whisked away to a holding cell.

## **What signs of neuro-divergence did the subject exhibit?**

Subject Repeated Everything

The Subject Demonstrated Echolalia

Echolalia is the repetition or echoing of words or sounds that you hear someone else say. It is an important step for language development in children. Echolalia can also be a sign of autism or developmental disability in children or neurological problems in adults.

Not Picking Up on Social Cues/Difficulty Reading the Situation

The Subject May Also have Autism

a developmental disorder of variable severity that is characterized by difficulty in social interaction and communication and by restricted or repetitive patterns of thought and behavior.

**There are a few places that John could have acted differently. Armed with knowledge about the disorders Echolalia & Autism, let's re-examine the situation.**

John was driving his police car late at night. It had been a long day, and all he wanted to do was go home and to his wife and kids. He was doing his last round of patrols in the neighborhood when he sees a young man walking through the street. The subject wasn't doing anything illegal, but since it's a bad area of town, and it's after midnight, he decides to investigate anyway. He pulls alongside the man, leans out and says "Hey, man. What's up?" in an inquisitive way. The man responds "Hey, man. What's up?" John notices that the young man is repeating his own words back at him – and while it's certainly unusual, all that he's doing is repeating what's being spoken back to him.

John continues, "I noticed that you are walking through the dark street late at night, and was wondering if you are lost or need help?" the young man responds, "I noticed that you are walking through the dark street late at night, and was wondering if you are lost or need help?" At this point, since the young man hasn't taken an aggressive tone, or exhibited any signs of disrespect, John realizes he isn't being mocked. He recalls a training seminar about echolalia – phrases being echoed verbatim, sometimes out of context, because they don't necessarily understand the exact words of a phrase. John can guess that the echoes are part of a neurological disorder and are not a threat to his safety.

John does an assessment of the situation and notices that there are no injuries on the young man, he seems to have awareness of his situation, and he seems to have a destination in mind. John states that he is here to help and limits the use of further questions, as echolalia can be worsened with anxiety. Seeing that the young man is not hurting anyone and seems to have a destination in mind, John drives off, telling him “Stay safe – this can be a bad area of town this time at night!”

**Armed with a bit of knowledge and using empathy, this officer was able to de-escalate the situation without causing harm to the special needs individual.**

[Next Scenario](#)

It was a sunny afternoon when Gerald received a call from someone stating that they saw a white SUV driving erratically, thinking they are driving drunk. Luckily, he is just down the street and can catch up to the SUV. Gerald turns his siren on and proceeds to pull the vehicle over. The man driving the SUV looks anxious and frustrated. Gerald approaches the vehicle, as it's still running.

The driver notices Gerald, rolls the window down, and shuts off the engine. Gerald inquires "Do you know why I pulled you over today?" The man responds, "No." Gerald then asks him to grab his license and registration while informing him that "he got a call that a vehicle matching this description was driving erratically."

The man fumbles to grab his documents out of the glove compartment and sloppily responds "here you go officer" in a slurred manner. Gerald asks "Sir, have you been drinking?" The man is unresponsive and swaying in his seat. Gerald tells the man to get out of the vehicle and proceeds to administer a field sobriety test under the assumption that the man is intoxicated. The man has trouble keeping his balance and doesn't seem to even try to follow directions. Gerald states "Alright, that's it. You're coming with me," as he handcuffs the man and guides him into the back of the police car.

**What signs of neuro-divergence did the subject exhibit?**

Subject had slurred speech and was swaying in his seat

### The Subject Demonstrated TBI

Traumatic brain injury can have wide-ranging physical and psychological effects. Some signs or symptoms may appear immediately after the traumatic event, while others may appear days or weeks later.

### Signs of intoxication

### The Subject did NOT exhibit signs of intoxication

Although some symptoms of TBI can look like intoxication, there are many other characteristics that can distinguish intoxication from this special need. Things like temperature regulation, being flush, the aroma of alcohol, bloodshot eyes, louder than usual speech...

**There are a few places that Gerald could have acted differently. Armed with knowledge about traumatic brain injury, let's re-examine the situation.**



It was a sunny afternoon when Gerald received a call from someone stating that they saw a white SUV driving erratically, thinking they are driving drunk. Luckily, he is just down the street and can catch up to the SUV. Gerald turns his siren on and proceeds to pull the vehicle over. The man driving the SUV looks anxious and frustrated. Gerald approaches the vehicle, as it's still running.

The driver notices Gerald, rolls the window down, and shuts off the engine. Gerald inquires, "Do you know why I pulled you over today?" The man responds, "No." Gerald then asks him to grab his license and registration while informing him that "he got a call that a vehicle matching this description was driving erratically."

The man fumbles to grab his documents out of the glove compartment and sloppily responds, "Here you go, officer," in a slurred manner. Gerald notices there is no smell of alcohol but something is off. Gerald asks, "How are you doing today? Are you feeling alright? I know it's pretty hot out today." The man responded with a slurred "I'm fine, no worse than usual."

The man seems uncomfortable and irritable as he sways in his seat. Gerald then asks, “Are you having a having a reaction to something, or when did you last have water? I see that you are swaying and having trouble speaking.” The man responds “Oh, I guess you don’t know.... Here.” He passes Gerald a doctor’s note stating that he had a brain injury and can often exhibit signs of intoxication. Gerald passes the paper back to the man and continues “Do you need an ambulance to be checked out by a doctor?” The man replies “No – sometimes I have problems with my fine motor skills and slur my speech. I shouldn’t have a problem getting home, I live close.” Gerald replies, “Well I originally got the call that you were driving erratically. I would feel better if I could escort you home.” The man agrees. Gerald escorts him home safely, and they part ways.

**Using his detection skills the officer in this scenario noticed there was no sign of alcohol and that the few matching symptoms were actually signs of brain injury.**

**Next Scenario**

It was a sunny afternoon when Gerald received a call from someone stating that they saw a white SUV driving erratically, thinking they are driving drunk. Luckily, he is just down the street and can catch up to the SUV. Gerald turns his siren on and proceeds to pull the vehicle over. The man driving the SUV looks anxious and frustrated. Gerald approaches the vehicle, as it's still running.

The driver notices Gerald, rolls the window down, and shuts off the engine. Gerald inquires "Do you know why I pulled you over today?" The man responds, "No." Gerald then asks him to grab his license and registration while informing him that "he got a call that a vehicle matching this description was driving erratically."

The man fumbles to grab his documents out of the glove compartment and sloppily responds "here you go officer" in a slurred manner. Gerald asks "Sir, have you been drinking?" The man is unresponsive and swaying in his seat. Gerald tells the man to get out of the vehicle and proceeds to administer a field sobriety test under the assumption that the man is intoxicated. The man has trouble keeping his balance and doesn't seem to even try to follow directions. Gerald states "Alright, that's it. You're coming with me," as he handcuffs the man and guides him into the back of the police car.

**What signs of neuro-divergence did the subject exhibit?**

Subject had slurred speech and was swaying in his seat

### The Subject Demonstrated TBI

Traumatic brain injury can have wide-ranging physical and psychological effects. Some signs or symptoms may appear immediately after the traumatic event, while others may appear days or weeks later.

### Signs of intoxication

### The Subject did NOT exhibit signs of intoxication

Although some symptoms of TBI can look like intoxication, there are many other characteristics that can distinguish intoxication from this special need. Things like temperature regulation, being flush, the aroma of alcohol, bloodshot eyes, louder than usual speech...

**There are a few places that Gerald could have acted differently. Armed with knowledge about traumatic brain injury, let's re-examine the situation.**

It was a sunny afternoon when Gerald received a call from someone stating that they saw a white SUV driving erratically, thinking they are driving drunk. Luckily, he is just down the street and can catch up to the SUV. Gerald turns his siren on and proceeds to pull the vehicle over. The man driving the SUV looks anxious and frustrated. Gerald approaches the vehicle, as it's still running.

The driver notices Gerald, rolls the window down, and shuts off the engine. Gerald inquires, "Do you know why I pulled you over today?" The man responds, "No." Gerald then asks him to grab his license and registration while informing him that "he got a call that a vehicle matching this description was driving erratically."

The man fumbles to grab his documents out of the glove compartment and sloppily responds, "Here you go, officer," in a slurred manner. Gerald notices there is no smell of alcohol but something is off. Gerald asks, "How are you doing today? Are you feeling alright? I know it's pretty hot out today." The man responded with a slurred "I'm fine, no worse than usual."

The man seems uncomfortable and irritable as he sways in his seat. Gerald then asks, “Are you having a having a reaction to something, or when did you last have water? I see that you are swaying and having trouble speaking.” The man responds “Oh, I guess you don’t know.... Here.” He passes Gerald a doctor’s note stating that he had a brain injury and can often exhibit signs of intoxication. Gerald passes the paper back to the man and continues “Do you need an ambulance to be checked out by a doctor?” The man replies “No – sometimes I have problems with my fine motor skills and slur my speech. I shouldn’t have a problem getting home, I live close.” Gerald replies, “Well I originally got the call that you were driving erratically. I would feel better if I could escort you home.” The man agrees. Gerald escorts him home safely, and they part ways.

**Using his detection skills the officer in this scenario noticed there was no sign of alcohol and that the few matching symptoms were actually signs of brain injury.**

### **Next Scenario**

In our scenarios, we have had to deal with a variety of possible responses by law enforcement. Some officers will simply shrug off such incidents as “kids being kids” and let it go; others may become overly aggressive or even try to cover up any wrongdoing. But some police departments are starting to take this issue more seriously, and their communities seem better for it.

- In Scenario 1, instead of interpreting the civilian’s repetitive speech as mocking the officer, John had accurately identified echolalia (the compulsion to repeat words without meaning), a symptom of many behavioral disorders, including autism.

- In Scenario 2, it would have been very easy to interpret the subject's slurred speech and uncoordinated movement as intoxication or some illicit street drug. But Gerald was able to avoid escalation of the situation by revealing the subject's brain injury.
- In Scenario 3, Tom was able to identify the subject's general caginess as a sign of being agitated, and was able to navigate his problems regulating his emotions and stinging behavior.

In all of these scenarios, the officer took proper precautions to make sure their safety came first, and then assessed the situation without aggravating the subject.

The officer established emotional boundaries, but allowed themselves to feel empathy toward the civilians they encountered on the street. This was especially important when dealing with someone who might be mentally ill or under stress from their job. They were able to maintain their cool while still taking care of business.

The officer did not allow their anger toward the subject to cloud their judgment. They maintained his professionalism and made sure that they wasn't going too far.

We hope you enjoyed reading about these three cases, but please keep in mind that there are many more people out there who experience similar difficulties every single day. The best way to help them is by educating yourself on the subject and becoming familiar with your local resources for those living with autism spectrum disorders.

KEEN Education Foundation would like to thank the following individuals:

- Ronald Caissie, Mediator and Ph.D in Education
- Vinny from the NYPD
- Constable Stephen Knack, RCMP Officer
- Karen Simmons, Founder of Autism Today
- Dennis Debbaudt, Expert on Autism and Law Enforcement
- Stephen Sicoli, Author of "Autism in Lockdown"
- Jonathan Sicoli, Author and autistic adult

and the following groups and organizations:

- The Strathcona County RCMP
- Autism Today Foundation

Many people with autism engage in self stimulation or "Stimming". This can take on the form of flapping, screaming, knocking, or really any other activity that helps them self regulate their emotions.

e

a developmental disorder of variable severity that is characterized by difficulty in social interaction and communication and by restricted or repetitive patterns of thought and behavior. In this case, it may have manifested in the subject's emotions being harder for him to regulate.

Traumatic brain injury can have wide-ranging physical and psychological effects. Some signs or symptoms may appear immediately after the traumatic event, while others may appear days or weeks later.

## Signs of intoxication

### The Subject did NOT exhibit signs of intoxication

Although some symptoms of TBI can look like intoxication, there are many other characteristics that can distinguish intoxication from this special need. Things like temperature regulation, being flush, the aroma of alcohol, bloodshot eyes, louder than usual speech...

Written and compiled by JONATHAN SICOLI