

Basic Course Workbook Series Student Materials

**Learning Domain 37
Persons with Disabilities
Version Four**

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Student Materials
Learning Domain 37
Persons with Disabilities
Version Four**

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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 worked with POST to develop this workbook. The Commission extends its heartfelt appreciation to the California law enforcement agencies who freely offered personnel who gave of their time to participate in the development of this training material.

This student workbook is part of the POST Basic Course Training System. The workbook component of this system provides self-study documents for every learning domain that makes up the basic course. Each workbook is intended to be a supplement to, not a substitute for, classroom instruction. Its objective is to improve learning and retention of information by a student attending the academy.

The content of each workbook is organized into sequenced learning modules to meet requirements as proscribed 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 book helps you, the student, to successfully complete the academy course, to advance to the Field Training Officer program and to enjoy a safe and rewarding career as a peace officer serving the communities of California.

A handwritten signature in black ink, appearing to read "Hal Snow". The signature is fluid and cursive, with the first letters of "Hal" and "Snow" being capitalized and prominent.

HAL SNOW
Interim Executive Director

LD 37: Persons 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, and
 - 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 that there are laws protecting the rights of persons 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:	E. O. Code
<ul style="list-style-type: none">state the intent of the Americans with Disabilities Act of 1990.	37.01.EO13
<ul style="list-style-type: none">recognize the role of peace officers when interacting with a person with a disability.	37.01.EO15
<ul style="list-style-type: none">explain state and local resources available to persons with disabilities.	37.01.EO16

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 Persons with Disabilities	1-7
Chapter Synopsis	1-9
Workbook Learning Activities	1-10

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Americans with Disabilities Act

[37.01.EO13]

Introduction

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.”

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, and
 - providing special accommodations. (e.g., showers, toilets, etc.)
-

Community policing

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. 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 was legislated to ensure that people with disabilities are provided equal opportunity and access to services.

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 persons 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

[37.01.EO14]

Introduction

People with disabilities are people first, with 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 activity, 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, and
 - working.
-

Continued on next page

Types of Disabilities, Continued

Physical disability

A **physical disability** is a functional limitation that can include, but not be limited to:

- physical disabilities such as:
 - hearing impairment,
 - visual impairment,
 - neurologically based disorders (e.g., Alzheimer's disease, brain or spinal cord injury, etc.), or
 - other physical impairments. (e.g., amputation, etc.)

 - developmental disabilities such as:
 - mental retardation,
 - cerebral palsy,
 - epilepsy,
 - autism, or
 - 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 and
 - mood disorders
-

Peace Officer Interactions with Persons with Disabilities

[37.01.EO15, 37.01.EO16]

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 enforcement, intervention, or investigation.

Role of the peace officer

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.

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 interviewee's special needs.

Arrests

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.

Continued on next page

Peace Officer Interactions with People with Disabilities,

Continued

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 centers
- County mental health agencies
- Regional developmental disabilities centers
- Independent/assisted living centers
- National support/information organizations
- Local missions or shelters
- Religious centers
- Senior citizens centers

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

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 that there are laws protecting the rights of people with disabilities.

Americans with Disabilities Act of 1990 [37.01.EO13] 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.”

People with disabilities [37.01.EO14] People with disabilities are people first, with the same constitutional rights and protections as everyone else. They are **not** their conditions or disease.

Peace Officer Interactions with People with Disabilities [37.01.EO15. 37.01.EO16] 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 enforcement, intervention, or investigation.

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

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 developmental 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:	E. O. Code
<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.EO11
<ul style="list-style-type: none">define the term developmental disability.	37.02.EO12
<ul style="list-style-type: none">recognize general behavioral indicators associated with all developmental disabilities.	37.02.EO13
<ul style="list-style-type: none">recognize behavioral indicators specifically associated with the following developmental disabilities:<ul style="list-style-type: none">mental retardationcerebral palsyautismepilepsy	37.02.EO14 37.02.EO15 37.02.EO16 37.02.EO17

Continued on next page

Overview, Continued

Learning objectives (continued)

After completing study of this chapter, the student will be able to:	E. O. Code
<ul style="list-style-type: none"> • recognize appropriate peace officer actions during field contacts with people with the following developmental disabilities: <ul style="list-style-type: none"> - mental retardation - cerebral palsy - autism - epilepsy 	37.02.EO18 37.02.EO19 37.02.EO20 37.02.EO21

In this chapter

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

Topic	See Page
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Persons with Developmental Disabilities	2-5
Mental Retardation	2-7
Cerebral Palsy	2-15
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Lanterman Developmental Disabilities Services Act

[37.02.EO11, 37.02.EO12]

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 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.

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.

Developmental disability

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

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

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

- mental retardation,
 - cerebral palsy,
 - autism, and
 - epilepsy.
-

Continued on next page

Lanterman Developmental Disabilities Services Act,

Continued

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.

Persons with Developmental Disabilities

[37.02.EO13]

Introduction

Developmental disabilities usually originate before adulthood and continue throughout the person's lifetime. A person's ability to communicate, 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 affected by developmental disabilities.

General indicators

The behaviors associated with 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,
- seizure disorders,
- lethargy,
- self-endangering behavior,
- inappropriate responses to a situation, or
- lack of awareness of dangerous situations.

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

Continued on next page

Persons with 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 affected by cerebral palsy may have slowed and 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.

Mental Retardation

[37.02.EO13, 37.02.EO14, 37.02.EO18]

Introduction

The term **mental retardation** refers to a below average intellectual functioning or deficits in adaptive behavior. Individuals affected by mental retardation 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.

Mental retardation 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 mental retardation.

Indicators	Additional Information
Poor communication skills	<ul style="list-style-type: none">• Has difficulty understanding or answering questions• Mimics responses or answers• Does not understand abstract words or reasoning• Has a limited vocabulary or poor grammar• 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• Easily forgets details
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

Mental Retardation, Continued

Behavioral indicators
(continued)

Indicators	Additional Information
Immature social relationships	<ul style="list-style-type: none"> • Prefers 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"> • 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

NOTE: Approximately 90 percent of all individuals affected by mental retardation are considered to be mildly retarded.

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 mental retardation.

Continued on next page

Mental Retardation, Continued

Field contacts

An officer's course of action during a field contact with a person affected by mental retardation 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.• Speak slowly and clearly in a normal tone of voice.• Do not exaggerate inflections or speak louder than normal.• Use concrete terms and ideas rather than abstract concepts.• 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 and concrete directions.• Verify that the individual understands.• Refrain from giving more than three commands at a time.

Continued on next page

Mental Retardation, Continued

Field contacts
(continued)

Process	Guidelines
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 disability? - Is the person exhibiting behaviors characteristic of a physical or developmental disability?
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, and - 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.)

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Mental Retardation, 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, repeat the questions from a slightly different perspective. • Ask for concrete descriptions. (e.g., colors, clothing, etc.) • 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, - medical alert bracelets or necklaces, or - other forms of medical alert information that a person may carry (e.g., special ID cards in wallets, etc.)

Continued on next page

Mental Retardation, 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">- Arrest- Detention for evaluation- Cite and release- Referral to support services- 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 strategy. Additional information regarding each is provided in later chapters of this workbook.

Arrests

If it becomes necessary to arrest a person affected by mental retardation, 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) 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

Mental Retardation, Continued

Examples

Example: 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.

Example: Officers responded to a call at a gas station/convenience shop 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.

Continued on next page

Mental Retardation, Continued

Examples
(continued)

Non-example: Officers responded to a disturbance at a video arcade. The arcade manager, who reported the incident, told the officers that one of the patrons was upset and wanted to report a robbery. When the officers began questioning the patron, he became frustrated and had difficulty recalling anything more than that some kids were picking on him and took his money. The arcade manager told the officers that the patron was a person who is mentally retarded and came in the place a lot. The officers told the manager that because the patron was mentally retarded, he could not be credible. The officers failed to recognize the patron as a credible victim. They failed to attempt to calm him or to use appropriate measures to communicate with him and pursue the investigation.

**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 persons affected by mental retardation.

Cerebral Palsy

[37.02.EO13, 37.02.EO15, 37.02.EO19]

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, or vision.

Indicators

The behaviors exhibited by a person affected with cerebral palsy will depend on which part 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 dog (not all persons with cerebral palsy require mobility aids),
- limited range of motion,
- involuntary, jerky movements,
- slow and/or slurred speech, and/or
- limited sensation of touch or pain.

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

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 mental 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 is mentally retarded or under the influence of alcohol or drugs.• Look directly at the person and not at a behavioral characteristic.• Ask first if the person requires any assistance. Allow the person to suggest appropriate manners of assistance.• 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. Tell the person to take some time and relax.• Try to calm the person.
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 disability?- 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 threat level of the situation for: <ul style="list-style-type: none"> - the responding officers, - the person being contacted, and - 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.)
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, or - 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"> - Arrest - Detention for evaluation and treatment - Cite and release - Referral to support services - No action

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. Others with muscular rigidity may be almost impossible to handcuff without harm to the suspect. 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.

Examples

Example: 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.

Non-example: An officer who was patrolling in a popular beach area observed a man walking with a staggered gait crossing the street. When the officer approached and spoke to him, the man was slow to respond and had slurred speech. The man also appeared to have difficulty pulling his ID from his pocket. Although there were no other indications, the officer assumed the man was intoxicated and placed him under arrest. It was later determined that the man had cerebral palsy and that the officer had not given him an opportunity to explain.

Continued on next page

Cerebral Palsy, Continued

**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 persons with disabilities such as cerebral palsy.

Autism

[37.02.EO13, 37.02.EO16, 37.02.EO20]

Introduction

Autism is a severe 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.

Indicators

People with autism can exhibit one or more of the following behavioral indicators.

- Difficulty relating to people
 - Aversion to being touched, especially by strangers
 - May act as if hurt when touched lightly, while totally ignoring painful injuries
 - Avoidance of eye contact
 - May cover their eyes or ears to prevent unpleasant stimulus
 - May appear to be fascinated by shiny objects (e.g., an officer's badge)
 - Repetitive movements (e.g., rocking, spinning, hand twisting, etc.)
 - Few social skills
 - Severely impaired communication skills
 - Echolalia speech (repeating what others say)
 - 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.
-

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Autism, Continued

Field contacts

Because autism is such a severe disability, individuals with autism are usually accompanied by family members or under some other form of supervision. Officers may come into contact with people with autism 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 affected by autism.

Process	Guidelines
Initial contact	<p>Observe the person from a distance. Approach of a stranger in unfamiliar surroundings may result in agitation, screaming, or screeching.</p> <ul style="list-style-type: none">• Be observant. The individual may make some noises or movements in an attempt to attract attention.• 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 abuse or a reaction to prescribed medications?- Is the person exhibiting behaviors characteristic of a mental disability?- Is the person exhibiting behaviors characteristic of a physical or developmental disability?

Continued on next page

Autism, Continued

Field contacts
(continued)

Process	Guidelines
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, and - 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.)
Questioning	<p>Attempt to determine pre-established signals for “yes,” “no,” and “I don’t know.”</p> <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, or - other forms of medical alert information that a person may carry (e.g., special ID cards in wallets, etc.)

Continued on next page

Autism, Continued

Field contacts
(continued)

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

NOTE: An individual affected by autism 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.

- When physical contact is necessary, force may be required because individuals with autism may react violently to physical contact.
 - Advise jail/medical staff to contact the local regional center as soon as possible for further information and alternative placement assistance.
 - Physical restraint may (inadvertently) cause individuals with autism to harm themselves or others in an attempt to avoid restraint.
 - When possible, explain, in simple, concrete 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 persons with disabilities such as autism.

Continued on next page

Autism, Continued

Examples

Example: 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.

Non-example: Under the same conditions as Example 1, the officer failed to consider that the boy was autistic. When the boy did not respond, she began speaking louder and became angry. When the officer touched the boy on the shoulder to get his attention, the boy began to scream and swing his arms at the officer. The boy's speech was slurred and he continued to resist. The officer had to use physical force to gain control of the boy. She then placed the boy under arrest, assuming that he was under the influence of drugs. Because of the officer's actions, the situation was needlessly escalated, causing a potential threat to the officer and the boy.

Epilepsy

[37.02EO13, 37.02.EO17, 37.02.EO21]

Introduction

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

A **seizure** is the result of a surge of energy through the brain. Instead of discharging electrical energy in a controlled manner, the brain cells continue firing, causing massive involuntary contractions of muscles and possible unconsciousness. 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.

Indicators of a seizure

Often, people who are affected by epilepsy function in the general community without any outward behavioral indicators of their disability.

Indicators of a seizure may include:

- staring spells,
 - disorientation,
 - lethargy,
 - slurred speech,
 - staggering or impaired gait,
 - tic-like movements,
 - rhythmic movements of the head,
 - purposeless sounds and body movements,
 - dropping of the head,
 - lack of response,
-

Continued on next page

Epilepsy, Continued

Indicators of a seizure (continued)

- eyes rolling upward,
- lip smacking, chewing, or swallowing movements,
- partial or complete loss of consciousness, or
- picking at clothing

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

Field contacts

When officers encounter someone who is experiencing a seizure, the officers should:

- look for medical alert bracelets, necklaces, or other forms of medical identification.
- not restrain them.
- move objects out of the way which could harm them.
- cushion the person's head.
- keep people away.
- turn the person on his/her side.
- **never** put any object in the mouth.

For more information about administering first aid to a person experiencing an epileptic seizure, see LD 34: *First Aid and CPR*.

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

Continued on next page

Epilepsy, Continued

Field contacts
(continued)

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

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

Medications

Depriving medications could trigger a seizure.

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

Examples

Example: 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 was jerking back and forth. One of the officers recognized that the woman was experiencing a seizure and told his partner to keep everyone else away. After a couple of minutes the woman’s actions stopped. When the woman regained consciousness, the officer approached her and reassured her that it was all right. The woman appeared to be dazed and confused so the officers remained with her until she was able to leave safely.

Continued on next page

Epilepsy, Continued

Examples
(continued)

Non-example: An officer was called to a parking lot where a man appeared to be wandering about in a daze. The man was staring straight ahead and seemed to be moving aimlessly, oblivious of his surroundings. The man did not respond to the officer's questions and instead continued smacking his lips and picking at his shirt. When the officer attempted to take hold of the man's arm, the man began to struggle and became agitated. The officer failed to recognize that the man was experiencing a partial seizure and assumed that he was under the influence of drugs. The officer's actions caused a potential for injury.

**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 persons with disabilities such as epilepsy and the management of seizures.

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.EO11, 37.02.EO12] 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.

Mental retardation [37.02.EO.13, 37.02.EO14, 37.02.EO18] The term mental retardation refers to a below average intellectual functioning or deficits in adaptive behavior. Individuals affected by mental retardation 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.

Mental retardation is *not* the same as mental illness.

Cerebral palsy [37.02.EO13, 37.02.EO15, 37.02.EO19] 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
[37.02.EO13,
37.02.EO16,
37.02.EO20]

Autism is a severe 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.EO13,
37.02.EO17,
37.02.EO21]

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

A seizure is the result of a surge of energy through the brain. Instead of discharging electrical energy in a controlled manner, the brain cells continue firing, causing massive involuntary contractions of muscles and possible unconsciousness. If only part of the brain is affected, it may cloud awareness, block normal communication, and produce a variety of undirected, unorganized movements.

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? Is the young man capable of being a credible witness? Explain your answers.

Continued on next page

Workbook Corrections

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

Continued on next page

Workbook Corrections, Continued

Student notes

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 affected by 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:	E. O. Code
<ul style="list-style-type: none">• discuss the types of neurologically based disorders including:<ul style="list-style-type: none">- acquired- traumatic	37.03.EO8
<ul style="list-style-type: none">• list the types of mobility assistance equipment and devices	37.03.EO9
<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 hearing impaired	37.03.EO10 37.03.EO11
<ul style="list-style-type: none">• recognize appropriate peace officer actions during field contacts with people who are:<ul style="list-style-type: none">- blind or visually impaired- deaf or hearing impaired	37.03.EO12 37.03.EO13

Continued on next page

Overview, Continued

Learning objectives (continued)

After completing study of this chapter, the student will be able to:	E. O. Code
<ul style="list-style-type: none"> identify methods an officer can use to communicate with a person who is deaf or hearing impaired 	37.03.EO14
<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"> <i>Rehabilitation Act of 1973, Section 504</i> <i>Right of Way (Vehicle Code Section 21963)</i> <i>White Cane Law (Civil Code Section 54.4)</i> <i>Service Animals (Penal Code Section 365.5 et seq.)</i> 	37.03.EO15

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
Neurologically Based Disorders	3-3
Blindness and Visual Impairments	3-7
Deafness and Hearing Impairments	3-15
Additional Laws Protecting the Rights of Persons with Physical Disabilities	3-24
Chapter Synopsis	3-30
Workbook Learning Activities	3-31

Neurologically Based Disorders

[37.03.EO8, 37.03.EO9]

Introduction

Physical disabilities referred to as neurologically based disorders can be caused by illness or injury. Many people who are affected by a neurologically based disorder require assistance such as wheelchairs, walkers, service dogs, or canes.

Acquired disorders

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

Traumatic disorders

Traumatic neurologically based disorders are caused by injury to the brain or spinal cord due to 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 is an assault on, or damage to the brain that may produce diminished or altered state of consciousness. This altered state can result in an impairment of the individual's cognitive abilities, physical functioning, and/or emotional functioning.

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

NOTE: Traumatic neurologically based disorders should not be confused with mental disorders.

Continued on next page

Neurologically Based 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.

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, or
- 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

Neurologically Based Disorders, Continued

Examples

Example:

Officers respond to a call, “theft from a jewelry store, suspect still at 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 or if other accommodations would be required. The woman was able to get into the back seat 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.

Continued on next page

Neurologically Based Disorders, Continued

Examples (continued)

Example: 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.

Non-example: An officer responded to a dispute at a theater. The manager advised the officer that a man in a wheelchair wanted to bring his dog into the theater and he had denied the request. The manager said he was required to allow guide dogs for the blind into the theater, but this was not a guide dog. The owner explained the dog was a mobility service dog and the manager was required by law to allow the dog in. The officer explained to the manager that the law applied to all service animals. The officer then began playing with the dog. The officer's actions were inappropriate because a service dog is a working animal. Playing with the dog interferes with its training and ability to provide service to its owner.

Blindness and Visual Impairments

[37.03.EO10, 37.03.EO12]

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 vision impairment.

Indicators

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

Indicators	Additional Information
Service animals	<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.

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Blindness and 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 bioptic 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 and 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 officers’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 and 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, and - 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 and 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, or - 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.

Continued on next page

Blindness and 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 persons who are blind or visually impaired.

Continued on next page

Blindness and Visual Impairments, Continued

Examples

Example: 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.

Example: 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.

Continued on next page

Blindness and Visual Impairments, Continued

Examples
(continued)

Non-example: An officer responded to a call regarding a dispute between a local fast-food restaurant manager and a patron. The manager told the officer that the patron, who was wearing dark glasses, had brought a dog into the restaurant. When the manager told the man that dogs weren't allowed, the man refused to leave. The patron told the officer that he was visually impaired and that the dog was a guide dog that accompanied him. The officer told the patron that, even so, dogs were not allowed where food was being served and that he had to leave the animal outdoors or leave the restaurant. The officer's actions were inappropriate and inconsistent with the law allowing visually impaired individuals to be accompanied by guide dogs, even within a restaurant.

Deafness and Hearing Impairments

[37.03.EO11, 37.03.EO13, 37.03.EO14]

Introduction

The term **deafness** means a substantial or complete loss of hearing. Deafness and hearing impairments affect 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 hearing impaired will enhance officers' abilities to accomplish their duties in a professional manner.

People who are deaf or hearing impaired 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 hearing impaired. 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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Deafness and Hearing Impairments, Continued

Field contact

Peace officers come into contact with people who are deaf or hearing impaired 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 hearing impaired, 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 hearing impaired is often determined by the officer's conduct during the first moments of an encounter.

People who are deaf or hearing impaired 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 hearing impaired.

Communication

People who are deaf or hearing impaired 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 hearing impaired 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.

Officers should remember that intelligence, personality, age at the onset of deafness or the impairment, language skills, writing, reading, and speech abilities will vary with each person.

Continued on next page

Deafness and Hearing Impairments, Continued

Communication methods Assessing the best way to communicate should be the officers' first task upon recognizing that an individual is deaf or hearing impaired. 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 hearing impaired 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.
-

Continued on next page

Deafness and Hearing Impairments, Continued

Lip reading

Officers should *not* automatically assume that a person who is deaf or hearing impaired 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, and
- 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 lipreading more difficult.

Hearing aids

Officers may be able to recognize that a person is deaf or hearing impaired 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.

Continued on next page

Deafness and Hearing Impairments, Continued

Sign translators

Another means of communicating with a person who is deaf or hearing impaired 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 affected by deafness and severe hearing impairment 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.

Continued on next page

Deafness and Hearing Impairments, 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 hearing impaired.

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 hearing impaired 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. • Add more field relevant signals, e.g., "Show me your license," etc.

Continued on next page

Deafness and Hearing Impairments, Continued

Officer safety

People who are deaf or hearing impaired may be no less dangerous than other individuals to the safety of officers or others because of their impairment. 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 hearing impaired.

Examples

Example: 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 impairment 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.

Continued on next page

Deafness and Hearing Impairments, 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

Example: 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.

Continued on next page

Deafness and Hearing Impairments, Continued

Examples
(continued)

Non-example: A patrol officer, who had a large mustache and was chewing gum, stopped a motorist for speeding. The officer approached the vehicle and spoke to the driver. When the driver indicated that he was deaf, the officer raised his voice and became animated despite the driver's indicated preference to communicate in writing. The officer's loudness and motions made lip reading difficult and exacerbated the deaf motorist's frustration. By not using the man's preferred mode of communication, both the motorist and officer became frustrated. The motorist felt the officer had treated him in a rude and discourteous manner and later filed a complaint with the officer's supervisor.

Additional Laws Protecting the Rights of Persons with Physical Disabilities

[37.03.EO15]

Introduction People with physical disabilities have the same rights as the able-bodied 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, and
 - 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.

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
-

Continued on next page

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

Blind 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 persons 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

Service animals are animals used by persons with disabilities to assist them in everyday tasks. These animals must be trained by a licensed person under the provisions of the Business and Professions Code.

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 hearing is impaired to intruders or specific sounds, or
 - *service dogs* trained to a physically disabled person's requirements, including but not limited to:
 - minimal protection work,
 - rescue work,
 - pulling a wheelchair, or
 - fetching dropped items.
-

Continued on next page

Additional Laws Protecting the Rights of Persons 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, or - deaf or hearing impaired, • shall have the right to be accompanied by a: <ul style="list-style-type: none"> - guide dog, - signal dog, or - 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 Persons with Physical Disabilities, Continued

Service animals
(continued)

	Elements of the Law	Code Section
Zoos and wild animal parks	<ul style="list-style-type: none"> • Zoos or wild animal parks are required to allow guide dogs to accompany blind persons in areas of the zoo or park where the animals are separated from members of the public by a physical barrier. • If the animals are <i>not separated</i> from the public by physical barriers, the zoo or wild animal park may restrict the use of guide dogs but must provide, free of charge: <ul style="list-style-type: none"> - adequate kennel space for the guide dogs, - transportation on any mode of transportation provided for members of the public, and - sighted escorts if the blind person is unaccompanied by a sighted person. 	<i>Civil Code Section 54.7</i>

Continued on next page

Additional Laws Protecting the Rights of Persons 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 and • 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 service animal. 	<i>Penal Code Section 365.5(b)</i>

Continued on next page

Additional Laws Protecting the Rights of Persons 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, or - 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 Sections 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*.

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 affected by physical disabilities.

Neurologically based disorders
[37.03.EO8, 37.03.EO9] Physical disabilities referred to as neurologically based disorders can be caused by illness or injury. Many people who are affected by a neurologically based disorder require assistance such as wheelchairs, walkers, service dogs, or canes.

Blindness and visual impairments
[37.03.EO10, 37.03.EO11, 37.03.EO12] 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.

Deafness and Hearing Impairments
[37.03.EO10, 37.03.EO12, 37.03.EO13] The term deafness means a substantial or complete loss of hearing. Deafness and hearing impairments affect 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 hearing impaired will enhance officers' abilities to accomplish their duties in a professional manner.

People who are deaf or hearing impaired 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.EO15] People with physical disabilities have the same rights as the able-bodied to the full and free use of the streets, highways, sidewalks, walkways, public buildings, public facilities, and other public spaces. (*Civil Code Section 54*)

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, 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?

Continued on next page

Workbook Learning Activities, Continued

Student notes

Chapter 4

Mental Illness

Overview

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.

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:	E. O. Code
<ul style="list-style-type: none">• define the term mental illness.	37.04.EO10
<ul style="list-style-type: none">• list the categories of mental illness:<ul style="list-style-type: none">- thought disorders, and- mood disorders including depression (i.e., postpartum psychosis).	37.04.EO11 37.04.EO12
<ul style="list-style-type: none">• recognize behavioral indicators that may be generally associated with people affected by mental illness.	37.04.EO13
<ul style="list-style-type: none">• recognize indicators officers may use to help determine if a person affected by a mental illness is a danger to self or others.	37.04.EO14
<ul style="list-style-type: none">• recognize appropriate tactical actions when responding to a call involving a person with a mental illness.	37.04.EO15

Continued on next page

Overview, Continued

Learning objectives (continued)	After completing study of this chapter, the student will be able to:	E.O. Code
	<ul style="list-style-type: none"> • explain the intent of the Lanterman-Petris-Short Act (<i>Welfare and Institutions Code section 5150</i>) 	37.04.EO16
	<ul style="list-style-type: none"> • recognize behavioral indicators that may lead an officer to believe a person may be a danger: <ul style="list-style-type: none"> - to others - to self 	37.04.EO17 37.04.EO18
	<ul style="list-style-type: none"> • differentiate between courses of action for peace officers when dealing with a person who appears to be affected by a mental illness and is: <ul style="list-style-type: none"> - dangerous or gravely disabled, or - not dangerous or gravely disabled 	37.04.EO19 37.04.EO20
	<ul style="list-style-type: none"> • recognize peace officer actions when a person affected by mental illness does not meet detention under the <i>Welfare and Institutions Code Section 5150</i>. 	37.04.EO21

Continued on next page

Overview, Continued

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

Topic	See Page
Persons with Mental Illness	4-4
Field Contacts with Persons with Mental Illness	4-10
Lanterman-Petris-Short Act	4-14
Resolution Options	4-24
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Persons with Mental Illness

[37.04.EO10, 37.04.EO11, 37.04.EO12, 37.04.EO13]

Introduction

Serious mental illnesses are diseases of the brain. People with mental illness have not brought the condition upon themselves and cannot cure it through their own will.

Mental illness

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.

Symptoms can vary and every person who is affected by a mental illness is different. Often symptoms of mental illness are cyclic, varying in severity from one time to the next. The duration of an episode also can vary; some people are affected for a few weeks or months, while for others the illness may last many years or a lifetime.

Thought disorders

One category of mental illness is referred to as thought disorders. A **thought disorder** is 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.

Mood disorders

A second category of mental illness is *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.

Continued on next page

Persons with Mental Illness, Continued

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 abnormal.

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.
Inappropriate behavior	<ul style="list-style-type: none">• Extreme expression of emotion out of context.• 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).
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, feel no pain, or feel they require little or no sleep.• Symptoms appear similar to those of a person on stimulants.

Continued on next page

Persons with Mental Illness, Continued

Recognizing behaviors associated with mental illness
(continued)

Indicator	Additional Information
Impaired self-care	<ul style="list-style-type: none"> • Inability 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.
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). • Failure to or slow to respond to simple questions (e.g., blank stare). • Abnormal memory loss related to common facts (e.g., name, awareness of time, identity of others).

Continued on next page

Persons with Mental Illness, Continued

Recognizing behaviors associated with mental illness
(continued)

Indicators	Additional Information
Depression	<ul style="list-style-type: none"> • Feelings of extreme rejection, persistent gloom, loss of hope, apprehension, or a sense of worthlessness. • <u>Clinical depression</u> is the most common of the mood disorders. It is: <ul style="list-style-type: none"> - marked by sadness, inactivity, and self-depreciation. - usually recurring, often many times in a individual's lifetime. • <u>Postpartum psychosis</u> is a severe depression 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." • The risk of: <ul style="list-style-type: none"> - <u>suicide attempts</u>, the attempt of taking one's life, and - <u>suicide</u>, are significantly higher for people who are affected by all forms of depressive disorders. - Events, circumstances, and mental states that relate to the onset of depression are also generally linked to <u>suicidal behavior</u>.

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, people with mental illness may use drugs or alcohol to mitigate their symptoms. Further information about specific types of thought and mood disorders can be found in Supplementary Material of this workbook.

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Persons with Mental Illness, Continued

Postpartum psychosis

It is normal for a woman to experience some period of depression after giving birth. For many the depression is mild and commonly referred to as “baby blues.” For 1 in every 1,000 new mothers, the depression can be severe and/or lead to a form of psychosis (postpartum depression). Postpartum psychosis can substantially diminish a person’s capacity for coping with ordinary life demands.

Examples

Example:

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.

Continued on next page

Persons with Mental Illness, Continued

Examples
(continued)

Non-example: While on patrol, officers saw a car that was stopped on the shoulder of a road in a wooded area. The car was running, the windows were closed and the driver inside appeared to be staring blankly at nothing in particular. Although the officer knocked on the driver's side window, she was unable to gain the driver's attention. When the officer opened the car door, the driver still did not respond. There was no odor of alcohol and no outward signs that the driver had been drinking. When the officer touched the driver, she noted that he was wearing a medical alert bracelet. The officer was able to determine that the driver's condition was related to a medical condition and not due to any type of mental illness.

Field Contacts with Persons with Mental Illness

[37.04.EO14, 37.04.EO15]

Introduction

Officers must make difficult judgements 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.

Indicators

Not all people affected by 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 themselves or others.

- 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.
-

Continued on next page

Field Contacts with Persons with Mental Illness, 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.
-

Preventing suicide

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

- if the person has a plan to commit suicide, or the means to carry out the act,
- if he or she has made previous attempts to commit suicide,
- how potentially lethal was the method used in a previous attempt,
- about that person's knowledge of someone who has committed suicide, or
- individuals close to the person about the person's history and mental state.

NOTE: Excessive use of alcohol or depressant drugs can markedly increase the danger of a person successfully committing 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

Field Contacts with Persons with Mental Illness, 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.
Calm the situation	<ul style="list-style-type: none">• 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.• Take time to assess the situation.• Provide reassurance that officers are there to help.• Give the person time to calm down.

Continued on next page

Field Contacts with Persons with Mental Illness, 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 if 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., childhood experiences). • 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 (i.e., delusions or hallucinations).
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, or - retaliate in anger.

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

[37.04.EO16, 37.04.EO17, 37.04.EO18, 37.04.EO19, 37.04.EO20]

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 effort was to balance communities' rights with the rights of 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*.

Detention for evaluation

Welfare and Institutions Code Section 5150 states that:

- any persons who,
 - as a result of a mental disorder,
 - are:
 - *a danger to others, or*
 - *a danger to themselves, or*
 - *gravely disabled,*
 - may, upon probable cause,
 - be taken, or caused to be taken,
 - by a peace officer or other designated person,
 - to a designated facility,
 - for 72-hour treatment and evaluation.
-

Continued on next page

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

Mental illness

To qualify for detention under *Welfare and Institutions Code Section 5150*, the person's actions must be the result of a mental illness and not merely the result of a lifestyle or attitude choice, including substance induced intoxication.

NOTE: Additional information regarding the recognition of mental illness is provided in this chapter.

Danger to others

The concept of *danger to others* as a result of mental illness often involves verbalizations or actions that are interpreted as aggressive and usually involve poor impulse control.

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.
 - expressions of thoughts or intentions which are specific as to the particular person to be harmed.
 - 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.
-

Continued on next page

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

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.

Gravely disabled

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

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, and
- 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.

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 self, or gravely disabled.
-

Continued on next page

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

Explicit probable cause
(continued)

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

State laws

If requesting an evaluation of a person as per *Welfare and Institutions Code Section 5150*, the formal written application must be completed by the officer. If the person is compliant to the officer’s directions, it does not mean the individual is consenting. There is no such thing as a voluntary *5150 W & I*.

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 5157 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. I am taking you to (name of the mental health facility) for an examination by mental health professionals. You will be told your rights by the mental health staff.”

If the person is detained under *Welfare and Institutions Code Section 5157* at that person’s residence, officers must also inform the individual of additional rights.

“You may bring a few personal items with you which I will have to approve. 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 precaution 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 detain individuals under *Welfare and Institutions Code Section 5150* to complete the written Applications for 72-Hour Detention, Evaluation and Treatment form (MH 302). 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, and
- factual circumstances and observations constituting probable cause for the officer to believe that the individual is in fact a danger to self, others, or is gravely disabled.

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 Mental Health.

Welfare and Institutions Code Section 5150.1 mandates that when an individual is transported to a designated facility, that facility must accept that person for initial evaluation. The individual can not be turned away due to a lack of a bed or any other reason.

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*).

Continued on next page

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

Examples

Example:

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 him to 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.

Continued on next page

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

Examples (continued)

Example: 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 lunged toward his father. 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*.

Example: 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. He appeared to have a knife in his hand. Officers determined that the student was suicidal and 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)

Non-example: While patrolling through a city park, two officers saw a man standing on a park bench, speaking loudly and attempting to draw the attention of other individuals in the park. When the officers approached the man they heard him claim to be Jesus Christ. The man was attempting to warn others that they were in grave peril if they did not change their evil ways and accept his teachings. One of the officers asked the man to step off the park bench so they could speak with him. The officers were able to determine that although the man may have been affected by a thought disorder, he was no danger to himself or others. The man was well dressed and did not appear to be gravely disabled. Based on their observations, the officers determined that the man did not meet the guidelines for detention under *Welfare and Institutions Code Section 5150*.

Non-example: An officer observed a woman pushing a shopping cart into an alley near a popular restaurant. The cart appeared to be filled with the woman's personal belongings. The officer saw the woman stop and begin to rummage through the restaurant's trash cans. The officer approached the woman and initiated a conversation. The officer was able to determine that the woman had no money, was hungry, and liked the leftovers from this particular restaurant better than the meals that were served at the local shelter. The woman appeared to be healthy and not a threat to herself or others, therefore no action to detain the woman under *Welfare and Institutions Code Section 5150* was required.

Resolution Options

[37.04.EO21]

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*, 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.
Detain for evaluation and treatment	<ul style="list-style-type: none">• Based on the overall circumstances and the officer's best judgement, the officer may detain the individual under <i>Welfare and Institutions Code Section 5150</i> if that person appears to be, or is:<ul style="list-style-type: none">- a danger to others,- a danger to self, or• gravely disabled.
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.

Continued on next page

Resolution Options, Continued

Resolution options
(continued)

Option	Additional Information
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, i.e., postpartum psychosis.
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.

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.

Continued on next page

Resolution Options, Continued

Examples

Example:

Officers responded to a call from neighbors regarding a man and his 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 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 war veterans organization where he could get assistance.

Continued on next page

Resolution Options, Continued

Examples (continued)

Non-example: Officers responded to a disturbance call from neighbors who reported that they were hearing fighting at the house next door. A relatively calm man met officers at the door, and the officers saw a hysterical woman yelling from the adjacent room. The man told the officers that his wife attacked him and that he is unable to stop her from assaulting him. He advised them that she was off her medications and had not been acting right. He asked the officers to call the hospital to confirm her condition, as they knew her well. The officers approached the woman who began screaming at them, flailing her arms, and pacing. She continued to yell and curse them for coming to the house. The officers noticed beer bottles lying around the room, and that both parties had been drinking. The officers determined that the woman was mentally ill and took her to the hospital for a psychiatric examination. The officers actions were inappropriate because they did not thoroughly investigate the situation. They should have spent time calming the woman and getting her side of the story. The officers should have asked what kind of medication the woman was prescribed, to what extent alcohol was involved, and determined whether or not domestic violence was involved.

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.EO10,
37.04.EO11,
37.04.EO12,
37.04.EO13]

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 people with mental illness
[37.04.EO14,
37.04.EO15]

Officers must make difficult judgements 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.

Lanterman-Petris-Short Act
[37.04.EO16,
37.04.EO17,
37.04.EO18,
37.04.EO19,
37.04.EO20]

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 rights of 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*.

Resolutions options
[37.04.EO21]

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

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)

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)

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*? Give a rationale for your answer.

Supplementary Material

Mood Disorders

Contents

Topic	See Page
Specific Types of Mood Disorders	S-2

Supplementary Material

Specific Types of Thought and Mood Disorders

Introduction Although it is not essential that officers be able to recognize specific types of mental illnesses, general knowledge regarding the most common illnesses, thought and mood disorders, may help officers recognize and interact with individuals with those disorders.

Psychosis 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.

Schizophrenia Schizophrenia 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.

Schizophrenia 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.

Continued on next page

Specific Types of Thought and Mood Disorders, Continued

Behaviors associated with schizophrenia

Schizophrenia is characterized by deterioration of a person's ability to work, relate to other people, or take care of oneself. As the disorder progresses, the symptoms may become more bizarre.

Behaviors association with schizophrenia can include, but not be limited to:

- bizarre delusional thinking (e.g., believe of extreme persecution),
 - hallucinations,
 - incoherent, disconnected thoughts and speech,
 - expressions of irrational fears,
 - deteriorated self-care,
 - poor reasoning,
 - strange and erratic behaviors, or
 - flat affect and lack of expression
-

Considerations regarding schizophrenia

Officers may come into contact with persons 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.

Drug induced psychosis

Substance abuse by an individual may lead to behaviors that mimic a number of different types of thought and mood disorders.

NOTE: Additional information regarding drug induced psychotic behavior can be obtained from LD 12: *Substance Abuse*.

Clinical depression

Major depression is the most common of the mood disorders. Clinical depression is commonly a recurring disorder marked by sadness, inactivity, and self-depreciation. Although some people may have only a single episode, most forms of clinical depression can recur many times within a lifetime.

Continued on next page

Specific Types of Thought and Mood Disorders, Continued

Clinical depression (continued)

Behaviors that may indicate that a person is affected by clinical depression include, but are not limited to:

- a persistent sad, anxious, or “empty” mood,
- feelings of hopelessness or pessimism,
- feelings of guilt, worthlessness, or helplessness,
- loss of interest or pleasure in ordinary activities,
- sleep disturbances (e.g., insomnia, oversleeping),
- eating disturbances (e.g., weight gain or loss),
- decreased energy, fatigue,
- restlessness or irritability,
- difficulty concentrating, remembering, or making decisions, or
- thoughts of death or suicide.

NOTE: Depressive disorders may also masquerade as persistent physical symptoms that do not respond to treatment (e.g., headaches, chronic pain, digestive disorders).

Bipolar disorder

Bipolar disorder also referred to as manic depression, is characterized by cycles of low and high mood swings. Swings between mania and severe depression can be rapid and unpredictable.

When in a low cycle, a person with bipolar disorder may experience the same behaviors as clinical depression. When in a cycle of mania, a person may exhibit behaviors such as:

- boundless energy, enthusiasm, or need for activity,
 - decreased need for sleep,
 - rapid, loud, or disorganized speech,
 - short temper and argumentativeness,
 - impulsive and erratic behavior, or
 - possible delusional thoughts.
-

Glossary

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

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

amputation The removal of a limb due trauma, disease, infection, or a number of other conditions

acquired neurologically-based 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 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

Continued on next page

Glossary, Continued

deafness	A substantial or complete loss of hearing
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 term for a convulsive disorder which causes brief, temporary changes in the brain's electrical system, known as a seizure
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

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Glossary, Continued

major life activity

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

mental disability

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

mental illness

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

mental retardation

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

physical disability

functional limitation that interferes with a person's abilities

postpartum psychosis

A severe form of depression associated with giving birth; substantially diminishes a person's capacity for coping with ordinary demands of life

psychosis

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

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Glossary, Continued

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	The result of a surge of energy through the brain causing massive involuntary contractions of muscles and possible unconsciousness
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
suicide attempt	Attempt to take 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 <i>thought process</i> is disrupted causing that person to experience delusions or irrational fears, see visions, or a number of other irrational behaviors
traumatic brain injury (TBI)	An assault or damage to the brain that may produce diminished or altered state of consciousness

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Glossary, Continued

**traumatic
neurologically
based disorder**

Damage to the neurological system caused by injury to the brain or spinal cord

**visual
impairment**

A phrase that refers to all conditions limiting sight
