

BETTER POLICE TRAINING

Learning to interact with people living with intellectual or developmental disabilities.

By Harold Pollack

On January 12, 2013, Robert Ethan Saylor, a twenty-six-year-old man living with Down syndrome, went to see *Zero Dark Thirty* at a local theater in Frederick County, Maryland. He was accompanied by his attendant, Mary Crosby. When the movie ended, Crosby asked him if he was ready to go home. Saylor became angry, and Crosby called Saylor's mother for advice on managing the situation. Saylor's mother suggested that Crosby go get the car to give her son an opportunity to calm down.

While Crosby was gone, Saylor decided to go back inside the theater. He sat down in his original seat to watch *Zero Dark Thirty* a second time. Customers aren't supposed to do this, and he was asked to leave. Against Crosby's advice, a theater manager called three off-duty sheriff's deputies who were working security. Things got loud, and then physical as they grabbed the 300-pound Saylor and tried to drag him out. Saylor ended up on the ground in cuffs. He suffered a fractured larynx, and died. The Baltimore Chief Medical Examiner's Office ruled his death a homicide as a result of positional asphyxia.

The officers were never indicted. I believe that was the right call. I doubt these three officers had any desire to hurt Mr. Saylor, let alone to cause his death. That is precisely what makes such cases instructive and frightening. Indeed, the deputies' legal defense was that they had followed their training in their steady escalation of force.

Saylor didn't respond to the deputies' instructions in the way they want-

ed or expected and was clearly angry and frustrated, but he was sitting passively in his seat. They dealt with his disruptive and defiant—but non-dangerous—behavior by putting their hands on him



when they could have kept their distance and waited for him to calm down or for more-experienced help to arrive. His attendant was available to assist them; his mother was en route. This situation could have been managed without force. Instead, as a judge concluded, Saylor died over a \$12 movie ticket.

In this era of Black Lives Matter, protesters, ordinary citizens, policy-makers, and police are trying to find common ground in improving police training and procedures to defuse potentially violent situations of all kinds. Everyone involved in policing also understands that officers require better training, policies, and procedures when they encounter people in behavioral crisis. Many police departments are raising their game to deal with crises that arise from severe mental illness. I myself am involved in two Chicago efforts to reduce the use of force by police in such situations.

Less attention is paid to men, women, and youth who experience behavioral crises involving intellectual disability, autism, communication disorders, and other disabilities. Sometimes, as with Robert Saylor, the disabilities are obvious. Sometimes they are more hidden, or are merely one element in the mix. A disturbing number of violent policing incidents involve individuals living with intellectual and developmental disabilities (IDD). Baltimore's Freddie Gray, for example, appears to have been cognitively harmed by lead paint exposure, and Chicago's Laquan McDonald experienced a complicated mix of mental health challenges and learning disabilities.

This issue is of some personal interest to me. My wife, Veronica, and I are the guardians of her brother Vincent, who lives with an intellectual disability called fragile X syndrome (FXS), the most common heritable cause of intellectual disability. Men with this disorder

sometimes exhibit behaviors that may require interventions, including from law enforcement. In one national survey of caregivers of young people with FXS, one-third of parents reported that they had been injured, often repeatedly, by their sons.

Rebecca Feinstein and I recently surveyed forty middle-aged and older caregivers for individuals with fragile X syndrome. Personal safety was a common concern. One respondent had been pushed down the stairs and suffered a broken rib and punctured lung. Another reported, "He's not aggressive or violent just for the sake of it. . . . I know what triggers it. I spend the vast majority of my days working around knowing how to prevent something like that from happening." As long as the behavior was directed only at her, she had learned to live with it.

Some of the most poignant conversations occurred after the tape recorder was shut off. One mother described how her son had hurt someone in a random outburst and then fought with the police. I asked, "Why is he still living with you?" Her response was straightforward: The best residential placements won't take him because of these behaviors; the places that *will* take him include other young men who exhibit the same behavioral challenges. She was afraid for her son.

Caregivers' concerns are compounded by worry about how their sons might be traumatized, injured, or worse if they summon law enforcement help. They have good reason to be concerned; too many police departments haven't been educated on the issues associated with IDD.

Even positive or inclusive stereotypes don't always help. The population of individuals who live with IDD is diverse, experiencing conditions ranging from Down syndrome and other genetic disorders to the consequences of traumatic brain injury and fetal alcohol syndrome. Some of these disabilities are easily recognized, but others are more subtle or are accompanied by

physical or psychiatric comorbidities, including some that bring them into conflict with others or into contact with police.

Basic improvements to training and procedures can make a big difference. Dr. Bruce Davis, the director of behavioral and psychological services at Tennessee's Department of Intellectual and Developmental Disabilities, and his colleagues offer useful strategies for officers to slow situations down, to use time and distance to keep everyone safe from avoidable physical confrontations. I asked Davis what he was trying to accomplish with this training. "One thing I try to do . . . is to turn around the idea that the successful intervention is a collar, or an arrest," he said. "We turn it into the idea that a successful interaction is a de-

A successful police intervention can be a de-escalation that keeps everyone safe from avoidable physical confrontation rather than a collar or an arrest.

escalation. We talk about *quiet authority* and how much more effective that can be in working with many people, particularly a person with intellectual disabilities. . . . It's a reconceptualization of the police officer's role."

Davis also teaches officers about some of the health problems that individuals with IDD may experience when they are physically restrained. One critical principle is to restrain resistant subjects on their sides rather than face-down, and to monitor the restrained person's face for signs of distress. Many deaths occur because officers restrain someone in a prone position, and then apply pressure to the neck, back, or chest in ways that can cause lethal aspirations or positional asphyxiation. Many people with IDD experience respiratory disorders, GI reflux, or mor-

phological defects that make prone restraints especially dangerous.

Sometimes, interpersonal conflicts occur at private residences or group homes because a staff member or caregiver has become overly controlling or has otherwise precipitated conflict. Davis related one case in which a group home resident became angry and unruly because the staff had gotten rid of his pet dog. Family caregivers and staff in residential facilities can also work with local police ahead of time, informing police of a person's specific disabilities and behavioral challenges and formulating a crisis plan.

Not long ago, Vincent wasn't feeling well. He wanted to go to the hospital. So an ambulance was sent to his group home. As usual in such cases, a police officer arrived to help. At some point, Vincent decided that he wanted to slide from his chair onto the floor. The floor was cold and dirty, and Vincent is clumsy. So the officer tried to help by gently pushing on Vincent's shoulders to keep him in the chair. But Vincent didn't like that, and resisted. Fortunately, Veronica was there to help, and the incident was resolved peacefully. But it's scary to think about how this mundane occurrence could have instantly become life-changing for everyone. Vincent is a strong 250-pound man who doesn't always realize the consequences of what he does. My mother-in-law occasionally had marks on her arms because he would flail at her with the back of his hand when he got frustrated.

Vincent didn't pose safety issues in the three years he lived with us; he is blessed with a sweet disposition, and is wonderfully gentle with Veronica and our two daughters. Still, the possibility of behavioral crisis remains in the back of our minds, in the queue of anxieties and worries. As does our concern about whether it would even be safe or wise to summon law enforcement help. ^{WM}

Harold Pollack is the Helen Ross Professor of Social Service Administration at the University of Chicago.