

LAW ENFORCEMENT GUIDANCE

Communicating With Individuals With Autism Spectrum Disorder

SIGNS OF AUTISM SPECTRUM DISORDER:

- Placing oneself in harm's way due to a lack of understanding of when situations are dangerous (e.g. wandering into traffic).
- Having a "fight, flight, or freeze" response due to feeling overwhelmed by police presence.
- Touching objects or equipment, such as badges, handcuffs, or guns.
- Not responding to commands.
- Being blunt or appearing argumentative or stubborn in conversation.
- Not responding to social cues, such as gestures, facial expressions, or tone of voice.
- Interpreting expressions literally or not recognizing the correct usage of words (e.g. waving their hand when asked if they want to waive their Miranda rights).
- Making facial expressions that do not match how they are feeling (e.g. smiling when sad, laughing when scared).
- Difficulty interpreting nonverbal communication or facial expressions.
- Processing delays or slower response times to questions or commands.
- Repeating what is being said, or repeating phrases they have heard on TV or other sources.
- Repeating words or phrases that appear out of context for the situation.
- Avoiding or refusing to make eye contact
- Engaging in repetitive behavior (e.g. rocking, hand flapping, or spinning).
- Being highly sensitive or not reacting at all to certain types of sensory input (e.g. strong reaction to lights, sounds, or movements).

RESPONDING TO INDIVIDUALS WITH ASD:

- Be patient and give the person space and time to process information and respond (overwhelmed individuals may freeze, which may give the appearance that they are ignoring commands or requests, and are a significant flight risk when faced with anxiety).
- Use simple, easy-to-understand sentences.
- Speak slowly, calmly, deliberately, and directly.
- Explain clearly what is happening and the reasons behind it.
- Ensure questions are only coming from one person at a time to avoid overwhelming the individual and creating anxiety.
- Speak to the individual directly as much as appropriate.
- Model positive body language and speech (avoid sudden movements and loud noises, use calm facial expressions and tones of voice).
- Be alert to signs of frustration and try to remove the source of frustration before behavior escalates.
- Ask for clarification if unclear about what is being communicated (do not pretend you understand what they are saying to advance the conversation).
- Do not touch the person (including casual hand on back, uninvited handshake, etc.) unless absolutely necessary.
- Communicate using language preferred by the individual (e.g. "person with autism" vs. "autistic person").
- Avoid using demeaning terms like "challenged."
- Do not assume that because an individual has a ASD or communication disorder that they have an intellectual disability (someone who is usually verbal may lose the ability to communicate when stressed).
- If you have to question an individual, be aware that individuals with ASD may be more likely to comply with requests and demands, making them particularly susceptible to giving appeasing answers than answering truthfully.
- If the person cannot communicate their own preferences or needs, consult with the person's caregiver, if they have one.
- If unable to understand the person's speech, or if they are a non-speaking communicator, allow the use of augmentative or alternative methods of communication (e.g. communication boards or phone applications).



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Communicating With Individuals With Communication Disorders

SIGNS OF A COMMUNICATION DISORDER:

- Difficulty understanding what is being communicated.
- Difficulty understanding the purpose of the interaction.
- Difficulty recognizing they are not being understood.
- Difficulty answering questions or communicating overall.
- Difficulty understanding slang, colloquialisms/ common social phrases, or metaphors.
- Difficulty reading and understanding written information given to them.
- Using non-verbal expression and communication.
- Displaying body language, such as increased or decreased proximity/distance, turning the body away from others, avoiding eye contact, or repetitive or rhythmic body movements.
- Using of unusual or unexpected facial expressions for the situation.
- Using gestures to communicate, such as head shaking or nodding, shrugging shoulders, pointing to the ear and shaking one's head to indicate they are unable to hear, or pointing to mouth and shaking one's head to signal trouble speaking.
- Using sign language.
- Reaching for a pad and pencil or a communication device (e.g. voice output tablet).
- Difficulty getting words out (e.g. stuttering or being unable to find the needed word).
- Substituting words (e.g. saying "eggs" instead of "chicken").
- Producing speech or sounds that are difficult to understand.
- Using speech that appears slurred, hesitant, or slow.

RESPONDING TO INDIVIDUALS WITH A COMMUNICATION DISORDER:

- Face the listener when speaking so they can read your facial expressions, mouth movements, and gestures.
- Be patient and give individuals time to process information.
- Try using yes/no questions but be aware that some individuals with aphasia may confuse "yes" and "no."
- Give the individual the option to clarify what they are saying using gestures (e.g. head nods/ shakes in response to yes/no questions), pictures, pointing, and writing.
- Monitor the individual's responses to speech volume and speed and adjust as necessary.
- Ask for clarification if unclear what is being communicated. Do not feign understanding to advance the conversation.
- Repeat the parts of the message that are unclear. This prevents the speaker from needing to repeat the entire message.
- If helpful, repeat or rephrase a message, but do not assume that they are not understanding if they need more time to respond.
- Speak to the individual directly. Do not direct questions to individuals that are present with them unless that is the person's preference.
- Allow the individual to point or write to communicate. Individuals may use communication boards or phone applications to communicate, as well.
- If the individual seems confused, ask targeted questions, such as "are you lost" or "are you hurt?"
- Provide visual information to help convey what you are communicating (e.g. pictures, gestures, pointing).



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Communicating with Individuals with Autism Spectrum and Communication Disorders



NJ Department of Human Services | NJ Office of the Attorney General

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Communicating with Individuals with Autism Spectrum and Communication Disorders

INTRODUCTION

Effective communication is a crucial part of any law enforcement officer’s daily responsibilities. Law enforcement often interact with individuals in stressful circumstances, making clear communication, whether verbal, written, or otherwise, essential. Law enforcement interactions benefit when the officer is able to communicate in a way that is calm and deliberate. Further, recognizing when individuals need accommodations to help them communicate allows law enforcement to secure needed supports and adjust their communication appropriately.

In 2023, the New Jersey legislature passed P.L. 2023, c.57, requiring the New Jersey Department of Human Services and Office of the Attorney General to create guidance for law enforcement on how to effectively communicate with individuals with an autism spectrum disorder (ASD) or communication disorder. Individuals with ASD or a communication disorder may have greater difficulty during their interactions with law enforcement due to differences in how they communicate. This can lead to potential misunderstandings or conflict, both for individuals with ASD or a communication disorder, and law enforcement.

This law also created a special designation that individuals with ASD or a communication disorder can request to have placed on their license informing law enforcement of their diagnosis. Individuals with this license designation will have an associated “Pink Card” that will let the law enforcement officer know whether they have ASD, a communication disorder, or both. This will assist law enforcement with identifying individuals who have ASD or a communication disorder and allow them to adjust their communication as appropriate for the ease and safety of both parties.

 New Jersey Motor Vehicle Commission	Code 5 Description Card	
	Must be kept with the drivers license	
Name: _____	FOLD HERE	Designation (select all that apply):
Address: _____		<input type="checkbox"/> Insulin Dependent Diabetic <input type="checkbox"/> Motorcycle
City: _____ State: _____ Zip: _____		<input type="checkbox"/> Adaptive Equipment <input type="checkbox"/> Autism Spectrum Disorder
DLN: _____		<input type="checkbox"/> Communication Disorder <input type="checkbox"/> Hearing Aid
		Restriction (select all that apply):
		<input type="checkbox"/> 3 Wheel Trike Only <input type="checkbox"/> 500cc's or Less <input type="checkbox"/> Hand Brake
		<input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Mechanical Aid <input type="checkbox"/> Prosthetic Aid
		<input type="checkbox"/> Spinner Knob <input type="checkbox"/> Required - CDL Operation
		<input type="checkbox"/> Automatic Transmission Only <input type="checkbox"/> Corrective Lenses Required

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This guidance provides basic information about ASD and communication disorders, as well as recommendations on how law enforcement can effectively communicate. While this guidance is specific to ASD and communication disorders, with some additional information on individuals who are deaf, hard of hearing, blind or visually impaired, the best practices that are presented here can be helpful in communicating with any individual that you interact with.

LEGAL REQUIREMENTS FOR COMMUNICATING WITH INDIVIDUALS WITH DISABILITIES

Law enforcement is required to take steps to communicate effectively with individuals who have disabilities impacting their communication. Under the New Jersey Law Against Discrimination (LAD), police departments must have procedures in place to allow individuals with disabilities to access all department services. Reasonable accommodations must be made to ensure communications are effective. This requirement extends to individuals that are in police custody.

Deciding what accommodations, aids, or services are necessary depends on the needs of the individual, their preferred methods of communication, and the nature, length, complexity, and context of the communication.¹ While there are many different types of accommodations, some examples include^{2,3,4}:

- American Sign Language (ASL) interpreter
- Video remote interpreting systems
- Assisted listening devices such as hearing loop systems and personal sound amplifiers
- Communication access real-time transcription (CART) services – a service in which a transcriber types what is said into a computer that displays the typed words on screen
- Typed notes, texts, or other electronic communications such as speech-to-text phone apps or text-only phone apps

Interpreters and other auxiliary aids, by law, must be provided at no cost if needed for effective communication. These accommodations are not necessary during routine traffic stops but are necessary if the individual is suspected of wrongdoing that exceeds a routine traffic violation. Felony arrests made

¹ US Department of Justice, Civil Rights Division, [Communicating Effectively with People with Disabilities | ADA.gov](https://www.ada.gov)

² New Jersey Department of Human Services, Division for the Deaf and Hard of Hearing, [DDHH Guide for Law Enforcement.pdf \(nj.gov\)](https://www.dhhs.nj.gov/divisions/division-for-the-deaf-and-hard-of-hearing/ddhh-guide-for-law-enforcement.pdf)

³ Job Accommodation Network, [Speech-Language Impairment \(askjan.org\)](https://askjan.org)

⁴ National Institute on Deafness and Other Communication Disorders, [Assistive Devices for People with Hearing or Speech Disorders | NIDCD \(nih.gov\)](https://www.nidcd.nih.gov)



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with probable cause that do not include interrogation do not require an interpreter to effectuate, but an interpreter or other accommodations should be acquired as soon as practicable to advise an individual of their Constitutional or statutory rights, interrogation, or taking of a statement. Law enforcement should be aware that not all individuals who are deaf or hard of hearing (D/HH) can read lips, read or write English, or use ASL, and therefore, additional steps may be necessary to determine the appropriate method of communication. Interpreters are especially important during lengthy and complex communications, such as:

- Communications with individuals reporting a crime
- Asking for consent to search a person, vehicle, or premises
- Obtaining consent, interviewing, or taking statements from a suspect or witness
- Communicating with a minor who has parents or guardians with a communication disorder

For individuals who use ASL or who communicate via writing or images, accommodations will need to be made if the person would otherwise be handcuffed, as long as it is not an undue burden on the law enforcement officer.

When law enforcement needs to contact a person who is deaf or hard of hearing via telephone or the internet, they may utilize:

- Video relay services (such as NJ relay, <http://njrelay.com/>) or video remote interpreting services
- Telecommunications services, such as the free nationwide telecommunications relay service, reached by calling 7-1-1
- TTYs, amplified phones, or videophones
- Captioned telephones

The Division for the Deaf and Hard of Hearing (DDHH) can provide information on how to obtain a certified sign language interpreter, and also offers Deaf and Hard of Hearing Sensitivity Training at no cost. Information on training options can be found here: [Division of the Deaf and Hard of Hearing | Deaf and Hard of Hearing Sensitivity Training \(nj.gov\)](#)



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AUTISM SPECTRUM DISORDER (ASD)

ASD is one of the most common developmental disabilities in both the country and the State of New Jersey. According to the Centers for Disease Control and Prevention (CDC), 1 in 35, or approximately 3% of 8-year-olds in New Jersey have been diagnosed with ASD, compared to the national rate of 1 in 36.⁵ Given these rates, law enforcement will commonly interact with individuals with ASD in the course of their daily duties, and, while ASD occurs on a spectrum, many of the common symptoms of ASD make communicating effectively with others more difficult. As such, education and training are crucial to assisting law enforcement in understanding how to effectively communicate to ensure the safety of both individuals with ASD and themselves.

What is Autism Spectrum Disorder?

ASD is a developmental disability that affects how people interact with others, communicate, learn, and behave. Individuals with ASD may act, speak, interact, and learn in different ways than other people and often have difficulties with communicating and acting in social situations.⁶ People with ASD may also engage in restricted or repetitive behaviors or interests and become distressed when small things change in their daily routine. It is important to remember that ASD is a *spectrum* disorder, meaning that for some, it may not appear to affect their ability to function, and for others, it may create readily apparent, profound challenges. For example, some individuals with ASD may appear to have few difficulties in interacting with people, while others may be completely unable to use speech to communicate. ASD is not the same in all people, and it is important not to make assumptions about a person based only on their ASD diagnosis.

ASD is diagnosed when an individual has persistent challenges with social communication and interaction, specifically in each of the following three categories^{7,8}:

- Social-emotional reciprocity, such as difficulties in engaging in back-and-forth conversation; difficulties initiating or responding to social interactions; and less sharing of interests and emotions

⁵ CDC, [A Snapshot of Autism Spectrum Disorder in New Jersey | Autism | NCBDDD | CDC](#)

⁶ NIMH, [NIMH » Autism Spectrum Disorder \(nih.gov\)](#)

⁷ CDC, [About Autism Spectrum Disorder | Autism Spectrum Disorder \(ASD\) | CDC](#)

⁸ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC.



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- Nonverbal communication used for social interaction, such as differences in eye contact and body language; difficulty understanding gestures commonly used in communication; or a lack of facial expressions or nonverbal communication
- Developing, maintaining, and understanding relationships, such as difficulties adjusting behavior to suit different social contexts; or a difficulty or lack of interest in making friends

Individuals with a diagnosis of ASD may also demonstrate the following behaviors:

- Repetitive movements such as hand flapping and body rocking (can include the use of objects such as flicking a shoelace or lining things up) or repetitive, seemingly out-of-context speech, sometimes referred to as verbal scripting
- Insistence on keeping routines and activities the same and becoming distressed when relatively small things change
- Highly restricted or fixated interests, such as a strong attachment to certain objects or interests
- Extremely intense or dulled reactions to sensory input in the environment, such as a high tolerance for pain or fascination with lights or movement

Recognizing ASD

Recognizing signs of ASD will help in determining if you need to adjust the way you communicate with someone. Individuals with ASD might show any of the following behaviors when interacting with law enforcement but please note this is not an exhaustive list, and the degree to which any behavior is presented varies by individual⁹:

- Engaging in actions that put them in harm's way, such as wandering into traffic, due to a lack of understanding of when situations are dangerous
- Having a "fight, flight, or freeze" response due to feeling overwhelmed by police presence
- Showing an interest in touching objects or equipment such as badges, handcuffs, or guns
- Not responding to commands
- Appearing argumentative or stubborn in conversation
- Not responding to social cues such as gestures, facial expressions, or tone of voice
- Interpreting expressions literally, or not recognizing the correct usage of words. An individual may, for example, wave their hand if asked if they want to waive their Miranda rights.
- Being blunt in conversation

⁹ Autism Speaks, [Information for Law Enforcement | Autism Speaks](#)



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- Presenting facial expressions that do not match how they are feeling (e.g., smiling when sad, laughing when scared)
- Having difficulty interpreting your nonverbal communication or facial expressions
- Having processing delays or slower response times to questions or commands, leading to difficulties in communicating
- Repeating what the officer is saying back to them or phrases they have heard on TV or other sources (known as echolalia)
- Repeating words or phrases that appear out of context for the situation
- Avoiding or refusing to make eye contact
- Engaging in repetitive behavior, such as rocking, hand flapping, or spinning (referred to as stimming)
- Being either highly sensitive or not reacting at all to certain types of sensory input. For example, things that may not seem to matter to you may elicit strong reactions, such as lights, sounds, or movements.

Law enforcement may inaccurately assume that a person displaying any of the above behaviors is experiencing psychosis, under the influence of alcohol or drugs, or being otherwise aggressive or intentionally non-compliant. It is therefore extremely important that law enforcement become familiar with the above behaviors so that they react to the situation appropriately and provide the person the support that they need.

Some individuals with ASD may also present with challenging, and sometimes severe, behaviors such as self-injurious behavior (SIB) or aggression towards others. These behaviors are typically not intentional or meant to cause harm. While not a core symptom of ASD, individuals are at a heightened risk of self-injurious behaviors such as head banging, self-biting, and hair pulling. As many as 25% of individuals with ASD habitually engage in SIB, with as many as 50% stating that they have engaged in SIB at some point in their life.¹⁰ Although it is unclear exactly how common aggressive behavior is in individuals with ASD,¹¹

¹⁰ Minshawi, N. F., Hurwitz, S., Fodstad, J. C., Biebl, S., Morriss, D. H., & McDougle, C. J. (2014). The association between self-injurious behaviors and autism spectrum disorders. *Psychology research and behavior management*, 125-136.

¹¹ Carroll D, Hallett V, McDougle CJ, Aman MG, McCracken JT, Tierney E, Arnold LE, Sukhodolsky DG, Lecavalier L, Handen BL, Swiezy N, Johnson C, Bearss K, Vitiello B, Scahill L. Examination of aggression and self-injury in children with autism spectrum disorders and serious behavioral problems. *Child Adolesc Psychiatr Clin N Am*. 2014 Jan;23(1):57-72. doi: 10.1016/j.chc.2013.08.002. PMID: 24231167; PMCID: PMC4212264.



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aggression is cited as one of the greatest and most reported challenges by parents of children with ASD.¹² Aggression may be more common in individuals with ASD who are younger, have more communication problems, or engage in repetitive behaviors.¹³

Under New Jersey law (P.L. 2023, c.57), individuals with ASD are permitted to request a special marking on their driver's license or state ID indicating their diagnosis. Look for this designation when inspecting an individual's license or ID, but be aware that this marking is optional, and therefore is not on every autistic person's license. This marking will appear as the number 5 on the license, and individuals will have an associated "pink card" which will let you know if they have ASD, a communication disorder, or another diagnosis. If someone discloses that they have ASD, you may refer them to their local Motor Vehicle Commission (MVC) office where they can request to have their license updated if they are interested. Individuals should be prepared to provide 6 points of ID at the MVC office when they request their updated license, and either they or their guardian will have to submit an attestation of their diagnosis. No medical documentation is required.

Be on the lookout for other identification that individuals may carry indicating that they have ASD, including medical ID bracelets, personal ID or wallet cards, or QR codes or apps linking to personal information. Several counties in New Jersey have also established voluntary registries for individuals with disabilities and the State maintains a statewide emergency preparedness special needs registry, [Register Ready](#), for disasters. Some counties have also established Blue Envelope programs, which provide specialized training and guidance for law enforcement interacting with individuals with ASD, and provide individuals with ASD with envelopes that both collect their essential documents, and alert police to their communication challenges.

Best Practices for Law Enforcement

Because of the potential differences in how individuals with ASD communicate, law enforcement may perceive their behaviors as aggressive, suspicious, or the result of substance use. This can endanger the safety of the individual with ASD, the law enforcement officer, and family members who may try to intervene. Law enforcement should receive training on recognizing the signs of ASD and effectively communicating and deescalating conflict.

¹² Kanne SM, Mazurek MO. Aggression in children and adolescents with ASD: prevalence and risk factors. *J Autism Dev Disord.* 2011 Jul;41(7):926-37. doi: 10.1007/s10803-010-1118-4. PMID: 20960041.

¹³ Ibid.



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Trainings and resources can be found at any of the following links:

- [Autism NJ](#): Autism NJ's ongoing law enforcement initiative aims to bring together law enforcement and the autism community to identify best practices in a variety of areas.
- [POAC](#): POAC offers safety training and resources for parents, educators, police, and other first responders.
- [ALEC First Responder Training](#): ALEC (Autism & Law Enforcement Education Coalition) provides training targeted at helping first responders react to crisis situations involving individuals with ASD.
- [The Arc](#): The Pathways to Justice initiative creates connections between disability stakeholders and individuals from the criminal justice community through the development of Disability Response Teams (DRTs), with training offered to law enforcement as part of the process.
- [Blue Envelope](#): Blue Envelope programs, like the linked program in Union County, provide specialized training and guidance for law enforcement interacting with individuals with ASD and provide individuals with ASD with envelopes that both collect their essential documents and alert police to their communication challenges.

When interacting with a person who has ASD, law enforcement should:

- Be patient and give the person space, allowing the person time to process information and respond. Individuals with ASD may take a longer time to respond to even simple questions such as "What's your name?" and may respond in writing, American Sign Language (ASL), or through words and images either in paper or electronic format. Law enforcement can carry their own communication cards with images to make interactions easier.
 - Remember that overwhelmed individuals may freeze, which may give the appearance that they are ignoring your commands or requests and are a significant flight risk when faced with anxiety.
- Use simple, easy-to-understand sentences.
- Speak slowly, calmly, deliberately, and directly.
- Explain what is happening clearly, and the reason that you are speaking to the individual.
- In situations where there is more than one law enforcement personnel or first responder, ensure questions are only coming from one person at a time. Questions from multiple sources may overwhelm the individual and create anxiety.
- Speak to the individual directly as much as appropriate. Determine who is the most appropriate person or people to whom communication should be directed. At times, it will be the autistic individual, and at other times, it will be a parent or other caregiver.



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- Model positive body language and speech, avoiding sudden movements and loud noises, while using calm facial expressions and tones of voice.
- Be alert to signs of frustration and try to remove the source of frustration before behavior escalates.
- If you are unclear what is being communicated to you, do not be afraid to ask for clarification. Do not pretend you understand what they are saying to advance the conversation.
- Do not touch the person unless absolutely necessary.
- Communicate using language preferred by the individual. Some individuals with ASD may prefer person first language (e.g., “person with autism”), while others may prefer identity-first language (e.g., “autistic person”). As a default, you can use person-first language, but you should honor the person’s request if they ask you to use identity-first language instead.
- Avoid using demeaning terms like “challenged.”
- Always remember that intellect and ability to communicate are not the same thing. Do not assume that because an individual has a communication disorder or ASD that they have an intellectual disability.
 - Also remember that the autism spectrum can be fluid – someone who is usually verbal may lose the ability to communicate when stressed.
- If you have to interrogate an individual, be aware that individuals with ASD may be more likely to comply with your requests and demands in these situations, making them particularly susceptible to false confessions.¹⁴
- Consult with the person’s caregiver, if they have one, on how best to interact if the person cannot communicate their own preferences and needs. Caregivers may provide important information about pertinent medical history, triggers, or techniques that work to keep the individual calm.
- If you are unable to understand the person’s speech, or if they are a non-speaking communicator, allow the use of augmentative or alternative methods of communication, such as communication boards or phone applications. More details on interacting with individuals who have a communication disorder can be found further in this guidance.

¹⁴ Arc of NJ Criminal Justice Advocacy Program, [Microsoft PowerPoint - Autism Spectrum Disorder and Criminal Responsibility with Captions.pptx \(arcnj.org\)](#)



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Recognizing ASD and Responding Positively

Jon is an 18-year-old high school student with ASD. He has many hobbies and does well in school, but finds himself overwhelmed when his routine changes or he is forced to talk to strangers. Jon misses the bus one morning and is left alone outside while his mother goes inside the house to find her car keys so that she can drive him to school. A police officer passing by in her car notices Jon standing outside and sees him repeatedly shaking his hands, stimming because he is nervous about getting to school on time.

The police officer stops her car and quickly assumes that Jon is using a stimulant or other illicit substance. The officer walks quickly to Jon and repeatedly asks him for his name, and for him to explain what he is doing. The officer asks Jon to look her in the eye and does not wait long between questions. Jon becomes more nervous, and his hand movements become more erratic and intense. The officer takes this as a sign of aggression and attempts to detain Jon. Jon panics and tries to walk away. The officer, believing Jon is fleeing, forces him to the ground, leaving Jon with scrapes and cuts.

What could the officer have done differently? The officer was clearly concerned about Jon's behavior and wanted to determine whether he was ok. Instead of approaching quickly, the officer could have approached calmly, and asked questions slowly and deliberately, giving time for Jon to respond and asking for clarification if necessary. The officer could ask to view his license or ID and look for a designation of ASD or communication disorder. When Jon's mother returns, the officer can ask her for more information about how best to interact with Jon if he is still unable to communicate.

As noted above, individuals with ASD are often sensitive to sensory input and may have difficulty regulating their emotions and reactions when they are experiencing stressful situations. Many studies show that individuals with ASD are more sensitive to stressful situations and more prone to mental health conditions such as anxiety.¹⁵ Even in situations that may not seem stressful, such as social situations, individuals with ASD may experience extreme stress. Remember that interactions with law enforcement will likely be considered unusual social situations by most individuals and that they may lead to heightened anxiety. For individuals with ASD, lights, sirens, and other loud noises may contribute to this stress as a result of potential sensitivity to sensory input. In addition to an increase in behaviors like stimming, individuals with ASD may appear frightened, sweat or shake, struggle with containing their emotions, display aggression towards themselves or others, refuse to comply with requests, or cover their eyes or ears if they feel anxious or stressed.¹⁶

¹⁵ Fuld, Samantha. "Autism spectrum disorder: The impact of stressful and traumatic life events and implications for clinical practice." *Clinical social work journal* 46.3 (2018): 210-219.

¹⁶ Autism Research Institute, [Autism and Anxiety - Autism Research Institute](#)



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Sensory toolkits may be one strategy for reducing overwhelming sensory inputs. A sensory toolkit is a portable collection of resources and items that can help calm individuals with ASD who are sensitive in any of their five senses. Items vary but typically include stress toys and durable items that can be used to focus and calm individuals when their senses are overloaded. Using field-tested sensory toolkits is important, as untested toolkits may contain items that are unnecessary or dangerous for individuals with ASD.

Law enforcement may also consider holding community events or other public opportunities to engage with individuals with ASD and their families. Individuals with autism may find law enforcement less stressful or intimidating if given the opportunity to interact with them and see them as helpful supports instead of threats.

Heightened Safety Risks

In addition to the behavioral and social challenges that some individuals with ASD face, individuals with ASD are also vulnerable to a number of other risk factors that are important to be aware of in your interactions. Due to a combination of chronic medical conditions, being prone to accidents, and side effects of medications, the average life expectancy of an individual with ASD typically ranges between 39 and 58 years, compared to the average global life expectancy of 72.¹⁷ It is therefore important to be aware of the risk factors and potential medical issues that individuals with ASD may have throughout your interactions.

Co-Occurring Medical and Mental Health Issues

Individuals with ASD are at higher risk for a number of co-occurring medical issues. Children with ASD are more likely to have certain neurological disorders, including epilepsy, and about 80% of individuals with autism have reported difficulties with sleeping, which can have an impact on their day-to-day functioning. As many as 84% of children with autism have also presented with gastrointestinal problems, and approximately 25% of autistic children have issues with their immune system. Allergies are also very common. While genetic disorders like Down syndrome are uncommon in individuals with ASD,

¹⁷ Sala R, Amet L, Blagojevic-Stokic N, Shattock P, Whiteley P. [Bridging the gap between physical health and autism spectrum disorder](#). *NDT*. 2020;16:1605-1618. doi:10.2147/NDT.S251394



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approximately 16% of individuals with Down syndrome also have ASD.¹⁸ As a result, children with ASD have a 30% higher risk of medical emergencies, which increases to 70% between the ages of 15 and 18.¹⁹

While having ASD does not necessarily mean that an individual also has intellectual challenges, the CDC estimates that 31%²⁰ of individuals with ASD also have an intellectual disability, with some estimates being much higher.²¹ A person is typically classified as having an intellectual disability if their IQ is below 70, leading to limitations in their ability to learn or function.²² Individuals with ASD who also have an intellectual disability may have a harder time communicating their wants and needs, taking care of themselves, or understanding social rules.

Individuals with ASD also have a high prevalence of psychiatric disorders, including anxiety disorders (20%), depression (11%), bipolar and mood disorders (5%), schizophrenia (4%), and attention-deficit/hyperactivity disorder (AD/HD) (28%).²³ Suicidal ideation is also prevalent in individuals with ASD, with a recent study showing that 34.2% of individuals with ASD had suicidal ideation, 21.9% had suicide plans, and 24.3% had suicidal attempts and behaviors.²⁴

As you interact with individuals with ASD, be mindful of the fact that behaviors may be the result of medical and mental health conditions and may not necessarily be a symptom of their ASD. Accommodations may be necessary if there are serious co-occurring medical issues.

¹⁸ Richards C, Jones C, Groves L, Moss J, Oliver C. Prevalence of autism spectrum disorder phenomenology in genetic disorders: a systematic review and meta-analysis. *Lancet Psychiatry*. 2015 Oct;2(10):909-16. doi: 10.1016/S2215-0366(15)00376-4. Epub 2015 Sep 1. PMID: 26341300.

¹⁹ Al-Beltagi M. Autism medical comorbidities. *World J Clin Pediatr*. 2021 May 9;10(3):15-28. doi: 10.5409/wjcp.v10.i3.15. PMID: 33972922; PMCID: PMC8085719.

²⁰ CDC, [Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2014 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/aa6101a.htm)

²¹ Bougeard C, Picarel-Blanchot F, Schmid R, Campbell R, Buitelaar J. Prevalence of Autism Spectrum Disorder and Co-morbidities in Children and Adolescents: A Systematic Literature Review. *Front Psychiatry*. 2021 Oct 27;12:744709. doi: 10.3389/fpsy.2021.744709. PMID: 34777048; PMCID: PMC8579007.

²² CDC, [Facts About Intellectual Disability](https://www.cdc.gov/ncbddd/autism/factsheets/autism-intellectual-disability-factsheet.pdf)

²³ Hossain MM, Khan N, Sultana A, Ma P, McKyer ELJ, Ahmed HU, Purohit N. Prevalence of comorbid psychiatric disorders among people with autism spectrum disorder: An umbrella review of systematic reviews and meta-analyses. *Psychiatry Res*. 2020 May;287:112922. doi: 10.1016/j.psychres.2020.112922. Epub 2020 Mar 18. PMID: 32203749.

²⁴ Newell, V., Phillips, L., Jones, C. *et al*. A systematic review and meta-analysis of suicidality in autistic and possibly autistic people without co-occurring intellectual disability. *Molecular Autism* 14, 12 (2023). <https://doi.org/10.1186/s13229-023-00544-7>



LAW ENFORCEMENT GUIDANCE

Communicating with Individuals with Autism Spectrum and Communication Disorders

Injuries and Accidents

As mentioned earlier, you may notice that some individuals with ASD put themselves in dangerous situations without properly considering the potential harm. Individuals with ASD are at a higher risk for death from injury, with one study finding as many as 28% of deaths being the result of injury. Children with ASD are particularly at risk, with suffocation, asphyxiation, and drowning being the leading causes of injury-related death.²⁵

It is particularly important to be aware of these risks given the high level of elopement, otherwise known as wandering, in children and some adults with ASD. Approximately half of children with ASD attempt to elope from a safe environment, nearly four times the rate of individuals without ASD. "Close calls" are common in these situations, with many parents reporting near drownings or traffic incidents as a result of elopement. Over a third of children with ASD who elope struggle or are unable to communicate basic information about themselves, such as their name or address.²⁶ It is important to be on the lookout for this behavior, even if you are not interacting directly with an individual who has autism. Parents or caregivers, for example, may have a child with ASD in the back seat of their car that may attempt to elope while you are speaking with their guardian.

Additional Resources

For more information and resources related to ASD, please see the links below:

- [NJ Division of Developmental Disabilities](#): NJ DDD provides resources and services for individuals with developmental disabilities across the state.
- [Statewide Mental Health and Special Needs Steering Committee](#): Resources to support law enforcement in responding to individuals with disabilities or in mental health crises.
- [Autism New Jersey](#): Information Services Helpline to assist law enforcement officers interacting with individuals with ASD and database of referral resources.
- [International Association of Chiefs of Police \(IACP\)](#): Guide developed by IACP detailing examples of law enforcement encounters with individuals with intellectual and developmental disabilities (I/DD), and possible behaviors individuals with I/DD may engage in during interactions.

²⁵ Guan, Joseph, and Guohua Li. "Injury mortality in individuals with autism." *American journal of public health* 107.5 (2017): 791-793.

²⁶ National Autism Association, [Autism & Safety Facts | National Autism Association](#)



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- [POAC Sensory Kit for First Responders](#): Field-tested sensory kit to assist with interactions with individuals with ASD who are overwhelmed.

COMMUNICATION DISORDERS

What is a Communication Disorder?

Communication disorders are conditions that lead to ongoing problems with understanding and producing language and speech, including verbal and non-verbal language, and symbols or images. Like ASD, communication disorders are common, and may lead to misunderstandings or unnecessary conflict if law enforcement are not aware of how to identify them and adjust their actions accordingly. There are different types of communication disorders ranging from those associated with difficulty understanding language and the meaning of words (language disorders), to difficulty making speech sounds, and stuttering (speech sound disorders and fluency disorders), and difficulties communicating or using language in social situations (social communication disorders). Communication disorders can develop before or after birth, during childhood, or later in life due to stroke, brain tumors, traumatic brain injuries, and degenerative brain diseases. It is important to note that ASD is not a communication disorder, but has many characteristics in common with social communication disorder, and is defined by persistent deficits in social communication. People with ASD may also have a communication disorder in addition to ASD.

Some common communication disorders include:

- **Child-onset fluency disorder, or stuttering** – Child-onset fluency disorder leads to the repetition of words, sounds, and syllables; longer pronunciation of vowels; broken words; pauses in speech; word substitution when words are difficult to get out; and physical tension, frustration, and embarrassment related to any of these difficulties.
- **Aphasia** – an acquired language disorder resulting from injury to the brain, usually in the left hemisphere. Aphasia typically causes impairment in spoken language expression, written expression, spoken comprehension, and reading comprehension.
- **Dysarthria** – Speech disorder resulting from disturbances in muscle control, leading to issues with voice quality, loudness, resonance, articulation, and speech patterns.
- **Apraxia** – Damage to parts of the brain that control how muscles move, leading to difficulty producing sounds correctly.

For a detailed listing of common communication disorders, see Appendix A.



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Communicating with Individuals with Autism Spectrum and Communication Disorders

Recognizing a Communication Disorder

New Jersey law (P.L. 2023, c.57) now allows individuals with a communication disorder to request to have a designation added to their license indicating their diagnosis, but this designation is voluntary. It is therefore important to be aware of common signs that a person has a communication disorder, including:

- Difficulty understanding what is being communicated to them
- Difficulty understanding the purpose of the interaction or recognizing they are not being understood
- Difficulty answering questions or communicating overall
- Difficulty understanding slang, colloquialisms/ common social phrases or metaphors
- Difficulty reading and understanding written information given to them
- Use of non-verbal expression and communication
- Displaying body language such as:
 - Increased or decreased proximity/distance, turning the body away from others, avoiding eye contact, or repetitive or rhythmic body movements
 - Use of unusual or unexpected facial expressions for the situation
- Use of gestures to communicate such as head shaking or nodding, shrugging shoulders, pointing to the ear and shaking one's head to indicate they are unable to hear, or pointing to mouth and shaking one's head to signal trouble speaking
- Use of sign language
- Reaching for a pad and pencil or a communication device (e.g., voice output tablet)
- Difficulty getting words out (e.g., stuttering or being unable to find the needed word)
- Substituting words (e.g., saying "eggs" instead of "chicken")
- Production of speech or sounds that are difficult to understand
- Use of speech that appears slurred, hesitant, or slow

Be aware that other communication challenges may present similarly to communication disorders. Non-English speakers and individuals with hearing difficulties, for example, may also have difficulty understanding what you are communicating, answering questions, and understanding slang or common social phrases. Individuals with social anxiety disorder or selective mutism, both anxiety disorders, may also present with similar signs to those in the above list. Anxiety disorders and communication challenges can be exacerbated during high stress situations such as an encounter with a law enforcement officer.



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Individuals with traumatic brain injuries (TBI) or dementia may also develop communication disorders, and it is important to be aware of other symptoms that may be associated with these diagnoses. In addition to communication challenges or disorders, individuals with TBI may present with challenges in paying attention, remembering, and learning; difficulty planning or problem solving; social communication issues; physical problems such as fainting, seizures, headaches, dizziness and vomiting; problems with balance and muscle weakness; sensory challenges such as light sensitivity or changes in vision; and behavior changes such as greater feelings of anxiety, anger and depression, including mood swings. Individuals with dementia may experience forgetfulness and confusion; trouble understanding conversations; trouble communicating their needs to others; repetition of comments or questions; and behavior changes such as increased agitation, anger, aggression, or depression.

Individuals Who Are Deaf and Hard of Hearing

While someone who is deaf or hard of hearing (D/HH) may also require accommodations to communicate with law enforcement, hearing loss is not consistently classified as a communication disorder, and people who are D/HH may not identify with that designation. An individual is considered hard of hearing if they have hearing loss ranging from mild to severe, and is considered deaf if they have profound hearing loss which allows them to hear very little or not at all. Hearing loss involves only the ability to hear and does not necessarily mean an individual does not understand language, has issues producing speech, or has difficulty communicating in social situations.

For a comprehensive Q and A for law enforcement on interacting with people who are D/HH, you can visit the Department of Human Services' Division of the Deaf & Hard of Hearing (DDHH) website for guidance on protocols and procedures here: [DDHH Guide for Law Enforcement.pdf \(state.nj.us\)](https://www.state.nj.us/human-services/division-of-the-deaf-and-hard-of-hearing/ddhh-guide-for-law-enforcement.pdf). Some key components of this guidance have been included in this section.



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Communicating with Individuals with Autism Spectrum and Communication Disorders

Individuals who are D/HH may be mistaken for being uncooperative, threatening, aggressive, or under the influence of alcohol or drugs. Some practices that can be adopted to ensure effective communication include^{27,28}:

- Face individuals while speaking, speak slowly and clearly, incorporate appropriate gestures and facial expressions, and use visual aids when possible, such as gestures and pointing to relevant information.
- It may be helpful to periodically confirm that the individual understands what you are communicating so that you can repeat the message if needed. Rephrasing can also assist in clarifying information.
- Learn basic signs to use during traffic stops (e.g., registration, license, stop, speeding, ticket, seat belt).
- Refrain from shining a flashlight in the individual's face when feasible, as this inhibits communication for those relying on facial expressions and visual cues.
- Do not assume the individual can hear you just because they have a hearing aid or implant.
- Avoid covering your mouth or chewing gum when talking. If you are wearing a mask, you may also want to remove it.
- Avoid talking loudly and try to minimize distractions if possible.
- Be patient and give individuals time to process information. It may be helpful to ask yes/no questions that are easier to respond to.
- If the information is unclear, please ask for clarification and/or seek appropriate communication accommodations as needed. Do not pretend you understand what they are saying to advance the conversation.
- Have printouts displaying basic information, items, and actions frequent to law enforcement interactions and traffic stops.

²⁷ National Aphasia Association, [Communication Poster - National Aphasia Association](#)

²⁸ New Jersey Department of Human Services, Division for the Deaf and Hard of Hearing, [DDHH Guide for Law Enforcement.pdf \(nj.gov\)](#)



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For more information and resources relating to individuals who are deaf or hard of hearing, please visit the [DDHH](#) web page. DDHH provides a range of services to support individuals who are deaf or hard of hearing, and can serve as a resource to law enforcement with questions about best practices for communicating effectively. For examples of situations in which law enforcement should contact an interpreter when interacting with an individual who is deaf or hard of hearing, please visit the [ADA website](#), which contains further guidance for law enforcement on effective communication strategies.

Allowing Accommodations for Individuals Who Are Deaf or Hard of Hearing

Margaret is driving back from work at night following a long, busy day, and does not notice that her rear tail light is out. She is pulled over on the side of the highway by a police officer who notices the light. Margaret has significant hearing loss and communicates primarily through American Sign Language (ASL). To make sure that there are no issues with communicating if someone does know ASL, Margaret carries a communication board with common phrases and utilizes a text-to-speech application on her phone.

When the officer approaches the window, he shines the flashlight into the car and asks Margaret how she is doing and where she is driving from. Margaret shakes her head and points to her ear to indicate that she cannot hear him, and reaches for her phone when the officer looks confused, alarming him and causing him to order her not to move her hands. When Margaret tries to gesture to her mouth to indicate her trouble communicating verbally, the officer feels threatened and orders Margaret to step out of the car. Margaret is detained and is not given the opportunity to request accommodations until well after her arrival at the police station.

What could the officer have done differently? Gestures like head shaking or pointing to one's ear commonly mean that the person is not understanding you or is unable to speak. Recognizing this, the officer could have asked if she needed any accommodations to be able to communicate with him, and requested identification, which may have indicated her hearing loss. The officer could have tried communicating in writing if verbal communication was not successful, or used a communication board or application if he had one. Because of Margaret's hearing loss, the officer could have allowed the use of her communication board or phone application to communicate effectively if he did not have one. If, for some reason, the interaction became lengthy or complex, such as if the officer had to bring Margaret to the police station, he would also be required by law to provide accommodations if requested.



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Best Practices for Law Enforcement Interacting with Individuals with Communication Disorders

As with individuals who are deaf or hard of hearing (D/HH), individuals with communication disorders may be mistaken for being uncooperative, aggressive or under the influence of alcohol or drugs due to how they process language and communicate. Some additional practices that can be adopted to ensure effective communication include^{29,30}:

- Face the listener when speaking, allowing them to read your facial expressions, mouth movements, and gestures.
- Be patient and give individuals time to process information. It may be helpful to ask yes/no questions that are easier to respond to, though even some close-ended questions may still be too difficult or confusing to an individual depending on the type of communication disorder they have. For example, some individuals with aphasia may confuse “yes” and “no.”
 - It may also be helpful to give the individual the option to clarify what they are saying using gestures (e.g., head nods/shakes in response to yes/no questions), pictures, pointing, and writing.
- Monitor the individual’s responses to your speech volume and how fast you talk. You may need to adjust how fast you speak, enunciate more, or adjust your volume, taking into account the noise level of the environment.
- If you are unclear what is being communicated to you, do not be afraid to ask for clarification. Do not pretend you understand what they are saying to advance the conversation.
 - Repeat the parts of the message that you did understand if the overall message is unclear. This prevents the speaker from having to repeat the entire message.
- It may be helpful to repeat or rephrase a message, but leave this up to the person and do not assume that they are not understanding if they may need more time to respond.
- Speak to the individual directly. Do not direct questions to individuals they may have with them unless that is the person’s preference.
- Allow the individual to point or write to communicate if you can’t understand them. Individuals may use communication boards or phone applications to communicate as well.
- If the individual seems confused, ask targeted questions such as “Are you lost?” or “Are you hurt?”

²⁹ National Aphasia Association, [Communication Poster - National Aphasia Association](#)

³⁰ New Jersey Department of Human Services, Division for the Deaf and Hard of Hearing, [DDHH Guide for Law Enforcement.pdf \(nj.gov\)](#)



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- Provide visual information to help convey what you are communicating, such as pictures, gestures, and pointing. It may be helpful to bring a communication board to facilitate interactions.

As with individuals who are D/HH, law enforcement is required by the LAD to take steps to communicate effectively with individuals who have disabilities impacting their communication, and accommodations, aids, or services may be necessary to ensure effective communication.³¹ Individuals with communication disorders may require a speech-to-speech interpreter, such as a speech pathologist or other communication specialist who is trained to recognize unclear speech and repeat it clearly.³²

For simple interactions, law enforcement can use apps available on smartphones and tablets to assist with communication, such as text-only apps like Ava, Big Note, Cardzilla, and Google Keep, or AAC apps like iCommunicate, MyTalkTools Mobile, and iConverse. These services are not a substitute for other accommodations needed for lengthy interactions.

As noted above, DDHH can provide information on how to obtain a certified sign language interpreter if appropriate, but it is important to note that communication disorders are not synonymous with a person being deaf or hard of hearing, and more specialized resources may be needed for individuals with communication disorders.

For more information and resources relating to communication disorders, please see the links below:

- [NJ Speech-Language-Hearing Association](#): NJSHA is a professional organization that supports staff that interact directly with individuals who have speech, language, and hearing challenges. NJSHA's website provides basic information about communication disorders and has a library of research and resources.
- [Hearing Loss Association of America, NJ](#): HLAA provides links to useful links to communication access resources, basic information about hearing loss, and other helpful organizations.
- [NJ Relay](#): A no-cost service offered by the NJ Board of Public Utilities (BPU) that enables individuals who are deaf, hard of hearing, deafblind, or have a speech disability to make and receive phone calls.

³¹ US Department of Justice, Civil Rights Division, [Communicating Effectively with People with Disabilities | ADA.gov](#)

³² US Department of Justice, Civil Rights Division, [ADA Requirements: Effective Communication | ADA.gov](#)



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Recognizing Communication Disorders and Responding Appropriately

Mark is 55 years old and has aphasia, a communication disorder resulting from injury to the brain that makes it difficult to speak and write or to understand speech or writing from others. He is observed running through a red light at an intersection by a police officer, who pulls him over. Mark hands his license and insurance to the officer and tries to explain that he ran the red light because he was in a hurry to get home because his wife was not feeling well. Because Mark has aphasia, he has significant difficulty expressing his concerns, with many of his sentences being incomplete, and many of his words being nonsensical or used incorrectly.

After trying to communicate for several minutes, both Mark and the officer get frustrated, with the officer thinking that Mark is being evasive and uncooperative. He also suspects that Mark may be driving under the influence of drugs or alcohol. The officer asks Mark to get out of the car to take a sobriety test. The officer has to repeat himself several times, and Mark only understands when the officer gestures with his hand for Mark to exit. Mark, now stressed and having a hard time understanding instructions, fails the sobriety test and is taken to the station by the officer.

What could the officer have done differently? Mark showed several signs of a communication disorder that the officer could have identified had he been aware of them: he is able to hand over his license and step out of the car without stumbling, knows to independently produce his documentation, and understands the officer's hand gestures, even if he does not understand his speech. These show that Mark has difficulty understanding speech but not with his reasoning or thinking. If the officer was unclear as to whether Mark had a communication disorder such as aphasia, he could also have checked his license for documentation of his disability. In order to communicate effectively, the officer could have given Mark more time to answer questions, asked simpler "yes or no" questions, or used a communication board, gestures, or other visual aids to make sure Mark understood him.



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Communicating with Individuals with Autism Spectrum and Communication Disorders

INDIVIDUALS WHO ARE BLIND OR VISUALLY IMPAIRED

Individuals who are blind or visually impaired, while also not falling into the category of communication disorder, also have specialized communication needs that law enforcement need to be aware of. When interacting with an individual who is blind, visually impaired, or deafblind³³:

- Identify yourself to the individual as law enforcement and clearly state why it is that you are approaching them.
- Do not take any items from or interact with them physically without first informing them that you are doing so.
- Speak to the individual directly. Do not direct questions to individuals they may have with them unless that is the person's preference.
- Use verbal responses, avoiding nods and hand gestures.
- Be descriptive when talking about the situation at hand.
- Ask the individual what method of written communication they would prefer. Individuals may require braille, large print, a smartphone, communication board, information read aloud to them, or an interpreter who uses ASL or Print-on-Palm techniques to understand the information you are providing them.

Remember that not all vision loss is the same and that each person has different levels of usable vision. As with people who have communication disorders or are D/HH, a familiarity with the Americans with Disabilities Act (ADA), NJ LAD, and process for providing accommodations is helpful. Individuals may already have communication applications or other devices to help them communicate but not everyone has access to these supports.

For more information and resources relating to individuals who are blind or visually impaired, please visit the Department of Human Services' [Commission for the Blind and Visually Impaired](#) (CBVI) webpage. CBVI provides a number of supportive programs and resources for individuals who are blind or visually impaired.

³³ New Jersey Department of Human Services, Commission for the Blind and Visually Impaired, [Guide for Healthcare Workers Infographic PDF Final 2021.pdf \(nj.gov\)](#)



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Appendix A: Communication Disorders

- Language disorder – difficulty understanding language and/or difficulties using spoken or written language. People with a language disorder might not understand the rules of how a sentence is structured, the meaning of words and sentences, or how to communicate appropriately in social situations due to their difficulty in understanding language.
 - Aphasia: an acquired language disorder resulting from injury to the brain, usually in the left hemisphere. Aphasia typically causes impairment in spoken language expression, written expression, spoken comprehension, and reading comprehension, but does not cause difficulties with thinking or reasoning. People with aphasia may demonstrate the following when trying to communicate:
 - Difficulty thinking of the words he/she wants to say or feeling that words are “on the tip of the tongue.”
 - Using the wrong word. Sometimes this is substituting a word that is related in meaning (like “fish” instead of “chicken”) or in sound (like “art” instead of “arm”). Sometimes the person might use a word that is not related in meaning *or* in sound (like “radio” for “ball”).
 - Switching sounds in words. For example, saying “wish dasher” for “dishwasher.”
 - Making new words that do not have meaning (either by themselves or together in sentences with real words) to other people.
 - Repeating common words or phrases that may not be relevant to the situation.
 - Difficulty speaking in full sentences. Speech may be filled with pauses between words (saying “Go...daughter” to indicate that they are going to meet with their daughter somewhere).
 - Difficulty understanding questions and/or instructions. Responses may not be accurate despite the individual’s ability to speak.



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- Speech sound disorder – difficulty making speech sounds (articulation disorder), interruptions in the flow of speech (fluency disorder), or atypical voice production (voice disorder). People with articulation disorders may substitute, leave out, add, or distort their speech sounds, making it difficult to understand what they are communicating. People with fluency disorders may have an atypical rate, rhythm, or repetition of speech sounds. People with voice disorders may have abnormal or absent vocal quality, pitch, volume, resonance, or duration.
 - Apraxia: Damage to parts of the brain that control how muscles move, leading to difficulty producing sounds correctly. A person with apraxia may display:
 - Speech that sounds slurred or mumbled
 - Speech rate that is too slow or too fast
 - Speech volume that is too soft or too loud
 - Muscle weakness that causes problems moving the tongue, lips, and/or jaw
 - Speech that sounds hoarse, breathy, “robotic,” “choppy,” or as if the person has a stuffy nose
 - Dysarthria: Speech disorder resulting from disturbances in muscle control over articulators, leading to issues with voice quality, loudness, resonance, articulation, and speech patterns. Signs of dysarthria include:
 - Person’s speech sounds slurred or mumbled
 - Speech rate is too slow or too fast
 - Speech volume is too soft or too loud
 - Muscle weakness, causing problems moving the tongue, lips, and/or jaw
 - Speech that sounds hoarse, breathy, “robotic,” “choppy” or as if the person has a stuffy nose



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- Child-onset fluency disorder – often referred to as “stuttering.” Child-onset fluency disorder leads to the repetition of words, sounds, and syllables; longer pronunciation of vowels; broken words; pauses in speech; word substitution when words are difficult to get out; and physical tension, frustration, and embarrassment related to any of these difficulties. The following types of disfluencies may happen when someone stutters or when trying to speak, particularly in a stressful situation:
 - Part-word repetitions – “I w-w-w-want a drink.”
 - One-syllable word repetitions – “Go-go-go away.”
 - Prolonged sounds – “Sssssssam is nice.”
 - Blocks or stops – “I want a (absence of sound) cookie.”
 - Pausing before words
 - Interjection of words or phrases: “um,” “you know”
 - Using a word to substitute for another that might be more difficult for them to say
 - Common physical characteristics such as head jerking, arm or leg movements, body tics, jaw sliding or tension, and eye blinking or reduced eye contact
- Social communication disorder – persistent difficulties communicating or using language in social situations. This may include difficulty with behaviors such as eye contact, facial expressions, and body language; difficulty understanding nonliteral or ambiguous language; misinterpreting speech; and difficulty changing how they communicate to fit the social situation or the needs of others.
- Unspecified communication disorder – When an individual has consistent issues with language or speech but does not fit into any of the above categories, they are typically diagnosed with an unspecified communication disorder.

