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**Excited Delirium:
Recognizing the Danger**

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ABSTRACT

The ability to recognize and respond effectively to an individual suffering from an excited delirium event is relevant to contemporary law enforcement because the public must remain confident in the police agency that serves their community. In order to maintain that trust, law enforcement must understand and learn to deal with a condition known as excited delirium to prevent the occurrences of in-custody deaths and thus avoid the dark cloud of suspicion that is inevitable when a suspect dies in police custody.

The purpose of this research is twofold; first, to determine if excited delirium presents a common, recognizable list of symptoms that can be taught to law enforcement personnel, and secondly, with the use of a specific policy that details a protocol to deal with persons suspected of suffering from excited delirium, can lives be saved.

The method of inquiry used by the researcher included a review of articles, internet sites, periodicals, journals, books, participation in a use-of-force summit, participation in a train-the-trainer training seminar, and a survey distributed to 60 survey participants.

The researcher discovered that there are recognizable signs and symptoms common to persons suffering from excited delirium, that law enforcement personnel can be taught to recognize those signs and symptoms, and although some departments have policies that offer guidance in handling a suspected case of excited delirium, most departments have policies that are deficient or non-existent, but with a properly-designed policy and training deaths can be avoided.

TABLE OF CONTENTS

	Page
Abstract	
Introduction.	1
Review of Literature	3
Methodology	7
Findings	9
Discussions/Conclusions	13
References	17

INTRODUCTION

The problem or issue to be examined considers whether or not there is an underlying medical condition that exists which causes some arrestees to die after encounters with officers even though the officers did not use the force necessary to bring about the death. A condition known as excited delirium has been discussed by medical, psychological, and recently, law enforcement professionals. Excited delirium has recently garnered a vast array of opinion and suspicion.

Excited delirium is relevant to law enforcement in order to maintain the public's trust and understanding when a suspect who is taken into custody suddenly dies. The custodial arrest is one of the basic tenets of law enforcement. Police recruits begin learning the proper techniques for accomplishing this job requirement in the first few weeks of the academy and continue to hone these skills long after graduation and completion of the Field Training Officer (FTO) program. The vast majority of the time, the actual placing of handcuffs on an arrestee and taking that person to jail is done so without incident. It is on those rare occasions that a law enforcement officer is faced with a violent and resisting subject that the training and techniques learned in the academy become so vital. Police departments have tried for many years to develop new methods for accomplishing this task without exposing the officer or the arrestee to undue risk or harm. Yet time and time again, after the battle was over, an arrestee would be found unresponsive and not breathing in the back of a squad car, upon arrival at the jail, or still lying in the same position in which the struggle had ended.

The purpose of this research is to determine if excited delirium can be recognized and dealt with effectively by law enforcement officers in the field during

dynamic circumstances without the assistance of medical personnel or the medical knowledge and ability to diagnose a potential medical condition.

The research question to be examined focuses on whether or not excited delirium can be recognized and dealt with effectively by law enforcement officers.

The intended method of inquiry includes: reviewing medical journals, autopsy reports, books, and internet articles on the subject. A survey will be sent to local law enforcement agencies in order to determine what, if any, policies or procedures are currently in place to address the handling of a suspected excited delirium event. Personal interviews with law enforcement officers and medical professionals are expected to uncover firsthand knowledge on the subject.

The intended outcome or anticipated findings of the research is expected to reveal the signs, symptoms, and appropriate response to someone suffering from an excited delirium event.

The field of law enforcement will benefit from the research or be influenced by the conclusions because the research should reveal the telltale signs of a person suffering from an excited delirium event and that those signs are easily recognizable to law enforcement officers. Additionally, the research should provide law enforcement officers with an appropriate response plan for dealing with someone suffering from an excited delirium event. With a greater understanding of the subject, law enforcement agencies should be able to create policy and training that will allow their officers to handle the excited delirium event more effectively.

REVIEW OF LITERATURE

Excited delirium is a little-understood, hotly-debated, and volatile topic that has pitted law enforcement against plaintiff attorneys, medical personnel, against civil liberty groups, and doctor against doctor. What has these groups taking sides, lining up experts, and conducting research is a scenario that plays out in cities across the U.S.

The events are often similar to the one described by Lawrence & Mohr (2004),

A man witnesses said possessed “superhuman strength” collapsed and died Tuesday in the wake of a battle with police. One witness told the Daily Press the man was “tossing police like they were small children” when they tried to subdue him in a neighborhood park. Five officers responded to a 2 p.m. call that the man described as five feet nine inches tall and weighing 190 pounds, was running naked through the streets breaking windows. Attempting to take him into custody under the Mental Health Act, the officers, witnesses said were threatened frequently with bodily harm. Officers surrounded the man in an open area, next to the Locust Park shopping plaza and were unable to get him to cooperate. When the man attempted to flee, a struggle ensued. Officers reported they had “great difficulty” containing him. Shortly after they subdued the man, the officers found him to be unresponsive. They rushed him to nearby Parkside Hospital, where efforts to revive him were unsuccessful. When the coroner’s office released the results of the subsequent autopsy, the report stated there was no obvious cause of death. There were no lethal levels of cocaine or alcohol and, despite the man’s history of mental

illness; he was not taking any medication in the days prior to his death. Because there were insufficient findings to account for the man's death, the case was turned over to police for investigation. All five officers involved in the incident were suspended, with pay, pending the investigation. A spokesman for the dead man's family said an attorney has been retained with an eye toward a wrongful death lawsuit against the police officers and department. A television editorial comment last night on WZAB accused the corner's offices of incompetence and the police department of brutality. (p.44)

Excited delirium involves the sudden death of an individual where autopsy results fail to show sufficient trauma or natural disease that would have explained the death. The death is virtually always preceded by a struggle with police or medical personnel and the use of physical restraint (Di Maio & Di Maio, 2006). Though a relatively new phenomenon to law enforcement, excited delirium has been a recognized diagnosis for over 150 years; it was described by Dr. Luther Bell in 1849 and was first known as Bell's Mania (Wetli, 2006). Dr. Bell thought he had identified a new disease; his patients, the mentally ill, presented with fever, a rapid pulse, a lack of appetite and sleep. They were agitated, anxious, and increasingly confused. These symptoms persisted for several weeks before the patient died (Di Maio & Di Maio, 2006). Today's deaths due to excited delirium differ greatly than those described by Dr. Bell, but so do the persons who succumb to such deaths. Excited delirium in today's population is rapid as opposed to prolonged, but the deaths seen from excited delirium today involve persons who abuse

stimulants such as cocaine and/or methamphetamine, not mental patients confined to hospitals (Di Maio & Di Maio, 2006).

“Excited delirium accounts for 1% of our EDP (emotionally disturbed persons) cases and 99% of our headaches” (Wetli, 2006, p.99). According to Everett (2006), “Studies estimate that ED may be a factor in 50 to 125 in-custody deaths a year in the United States alone.” Law enforcement is expected to deal with circumstances involving the mentally disturbed in a manner that both preserve the peace and the dignity and safety of those involved. However, when dealing with individuals suffering from an excited delirium event, that preservation is not always possible nor is it always practical. Persons suffering an excited delirium event exhibit violent and irrational behavior. It becomes necessary at some point during the encounter for law enforcement to contain, subdue, and restrain the person to avoid injury to both the individual suffering the event and the public or personnel involved. Throughout history law enforcement agencies have worked at developing techniques to effectively manage suspects who did not want to be taken into custody and throughout history suspects have died during those attempts. In the early 1980’s it was the neckholds, such as the L.V.N.R., then it was the “hogtie”, hobble device or “total appendage restraint procedure (“TARP”), next came intermediate tools such as pepper spray and electronic weapons such as the Taser. All of these devices have been blamed at some point in time for causing the death of a suspect at the hands of law enforcement and many of these tools have been banned or abandoned by agencies across the nation in some form or fashion, yet suspects continue to die (Stone & Busailah 2006).

In order to grasp what is actually happening in these circumstances, determining if these events occur outside of law enforcement is helpful. Law enforcement officers are not the only professionals that deal with persons suffering from symptoms associated with excited delirium. As discussed earlier, Dr. Luther Bell first described these same symptoms inside the confines of a mental hospital. While less common, deaths due to excited delirium still occur in mental health facilities and that any patient at any time can develop excited delirium. It is excited delirium combined with physical restraint that precipitates sudden death. (Di Maio & Di Maio, 2006) EMS workers are also susceptible in regards to coming into contact with persons suffering from excited delirium. According to Brice, Pirrallo, Racht, Zachariah, and Krohmer, (2003) patients who struggle and require restraint are at risk for sudden death and therefore should be managed as a medical emergency and continually monitored.

Since excited delirium deaths do not appear to be a uniquely law enforcement issue, but can occur in the hospital setting or while in the care of EMS personnel, what actions can law enforcement personnel take to lessen the likelihood of a suspect falling victim to an excited delirium death. Medical professionals themselves cannot agree that a condition known as excited delirium even exists. "Even though the American Medical Association does not recognize this diagnosis as a medical or psychiatric condition, the National Association of Medical Examiners has recognized it for more than a decade" (Costello, 2003 as cited in Paquette, 2003). It is not only medical professionals that cannot agree that this condition exists; law enforcement professionals have also taken opposing sides. Benner and Isaacs (1996), argue that by removing any drug reference from the term excited delirium, it takes on a medical or psychiatric

condition. The IACP Police Psychological Services Section passed a motion at the IACP Conference in 1995 recommending that the term excited delirium when disconnected from the corresponding drug phase is misleading and creates an undue duty on law enforcement (Benner and Isaacs 1996).

Even though there is a lack of agreement on the veracity of excited delirium in the law enforcement and medical fields, research has shown a common set of symptoms and or conditions present when a person is suffering from an excited delirium event. These symptoms and conditions are such that they are readily recognizable to a lay person witnessing first-hand the actions of the individual or even to a third party receiving information from a witness to the events surrounding the episode. The duty for law enforcement to educate all personnel in regards to this condition, no matter how much debate exists on its authenticity, is paramount for law enforcement to succeed in maintaining the public's respect and trust. The threat is real even if the manner and cause are still unknown. Law enforcement must take the steps necessary to develop an acceptable protocol in dealing with persons suspected of suffering from excited delirium.

METHODOLOGY

The research question to be examined considers whether or not there exists certain signs and or symptoms that are indicative of someone suffering from an excited delirium event. Then if those signs and symptoms are readily identifiable, can police officers, police call takers, and police dispatchers be taught to recognize those symptoms to such a degree that a response to a call involving a suspected excited delirium event is handled not as a criminal complaint, although criminal conduct may be

occurring, but as a medical response so that the person suffering from the condition is given life-saving measures immediately upon restraint.

The researcher hypothesizes that there are certain signs and symptoms a person suffering from an excited delirium event exhibits which make it possible for responding personnel to know going into the situation that it is probable the event they are responding to is due to an excited delirium event and that an altered plan of action should be undertaken. The researcher also hypothesizes that police personnel in the State of Texas have received little to no training in the recognition and handling of an individual suffering from excited delirium and that few, if any, agencies have policies specifically addressing the handling of such incidents. The researcher believes that there exists evidence in the medical community that would offer specific protocol in dealing with an individual suffering or believed to be suffering from excited delirium that if implemented would help to save lives and prevent the litigation that follows the death of a person at the hands of law enforcement.

The method of inquiry will include: a review of articles, internet sites, periodicals, journals, books, participation in a use-of-force summit, participation in a train the trainer training seminar, and a survey distributed to 60 survey participants.

The instrument that will be used to measure the researcher's findings regarding the subject of recognizing the dangers associated to someone suffering from excited delirium and the need for law enforcement to develop training and protocol in this area will include a survey.

The survey will consist of 5 questions, distributed to survey participants from law enforcement agencies from the State of Texas.

The response rate to the survey instrument resulted in a 66 percent rate of return. The survey was sent to agencies with as many as two thousand sworn members to as few as three.

The information obtained from the survey distributed to law enforcement agencies will be analyzed by comparing the number of agencies that currently have training and/or policy in place to deal with persons suffering from excited delirium against those that do not have training and/or policy that aid in recognizing and caring for a person suffering from excited delirium.

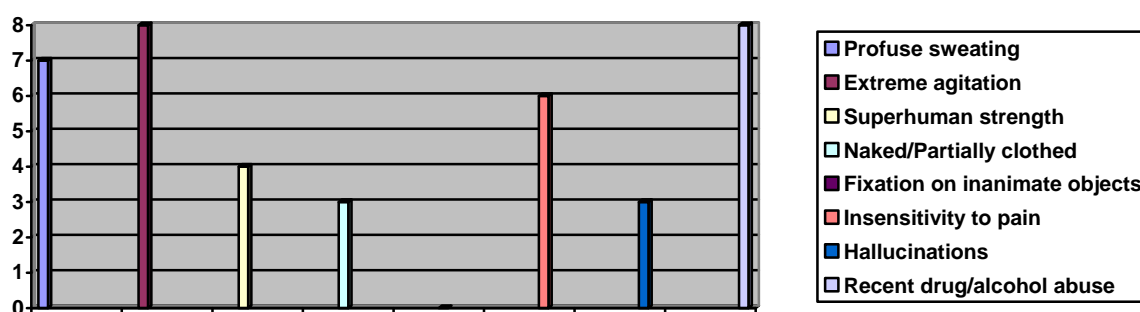
FINDINGS

The researcher using a survey instrument sent to 60 police agencies across Texas found that of the 40 agencies that responded to the survey, only 10 reported experiencing an in-custody death that may have been attributable to excited delirium. Although that number seems small, one death is too many if there are methods and means available to prevent that death from occurring. The first step in the process of preventing deaths due to excited delirium is recognizing the condition at the earliest practical moment.

The researcher found that there exists a recognizable set of symptoms common to most incidents involving persons suffering from an excited delirium event. These symptoms are such that it would be simple to teach police personnel, both officers and dispatchers, to distinguish these symptoms either through their own observations or through third-party communication. With recognition of a possible excited delirium event, the personnel involved would be better equipped to control an incident involving a subject suffering from this condition. According to Ross (1998), there are a set of

common attributes associated with a person suffering from an excited delirium event. He classified those attributes into three categories; psychological, physiologic and physical. The psychological attributes include; paranoid, hallucinations, grandiose delusions, extreme agitation, fear, formication, thought disorder, and dysphoria. The physiologic attributes consist of; increased heart rate, hyperthermia, increased blood pressure, foaming at the mouth, dilated pupils, cardiac arrest seizures, pulmonary congestion, chest pains, and profuse sweating. The physical attributes associated with an excited delirium event are; hypervigilance, extreme strength, incoherent speech, shouting, violent behavior, bizarre behavior, kicking/thrashing, running/hiding, threat to self/others, aggression toward glass, and high threshold of pain (Ross, 1998).

The researcher used the survey instrument to determine the number of readily apparent attributes observed in excited delirium deaths among the survey respondents. The attributes used in the survey included; profuse sweating, extreme agitation, superhuman strength, naked/partially clothed, fixation on inanimate objects, insensitivity to pain, hallucinations, and recent drug/alcohol abuse.



Those results indicated that of the 10 agencies reporting an excited delirium death, extreme agitation and recent drug/alcohol abuse were the most commonly identified, followed closely by profuse sweating and insensitivity to pain. Certainly it would be

difficult to quickly identify whether someone has recently used drugs or alcohol, but the other signs of excited delirium are most certainly easily identified and the drug/alcohol use could be determined if there is someone at the location of the excited delirium episode that is familiar with the subject.

Law enforcement personnel must understand that it is not reasonable to be expected to make medical assessments at any time or differentiate between the causes of excited delirium, nor is it reasonable to transport every violent subject to a medical facility before taking them to jail (Hall, 2006). Law enforcement officers constantly deal with individuals who have ingested too much alcohol, drugs, are agitated, and seem difficult to communicate with. The researcher also discovered other factors that can assist in making a determination of an excited delirium event. According to Ho (2005), 97% of excited delirium sufferers were between 34 and 44 years of age. Ross (1998), notes that the persons who suffer an excited delirium event are predominately young men. While the researcher found that excited delirium did not occur at any greater frequency by race, many of the subjects had a body mass index that would be considered preobese to obese (Straton, Rogers, Brickett, & Gruzinski, 2001). Law enforcement is very accustomed to the concept of totality of the circumstances. It is used daily by officers conducting investigations and when making arrests. With this concept in mind, training law enforcement personnel is the key to reducing the risk of a subject dying from excited delirium.

The researcher found through the survey instrument that although there are very few agencies reporting in-custody deaths due to excited delirium, there are many more agencies taking a preventative step to avoid suffering such a tragic event. Of the 40

respondents, 17 agencies indicated that they provide training for the recognition of persons suffering from an excited delirium episode and 9 agencies have a specific policy in place that directs their personnel on how to respond to an excited delirium event. However, of the 9 agencies with a policy on excited delirium, only 4 had the notification of paramedics or EMS written into the policy. Notification of EMS is paramount to the successful outcome of an excited delirium event. Sztajnkrzyer and Baez (2005), noted four sequential phases of lethal excited delirium; elevated temperature, agitated delirium, respiratory arrest and death. They found that death typically occurs within one hour of the first contact with the police with 75% of persons dying either at the scene or during the initial transport.

Certainly learning to recognize the signs of an excited delirium episode and being able to evaluate those signs in the totality of the circumstances surrounding the event is crucial in preventing in-custody deaths. An equally vital component in preventing these deaths is developing training and policy that specifically deals with excited delirium. The researcher also discovered other suggested procedures to consider when dealing with a person suffering from excited delirium. Lawrence (2006), suggested the following recommendations; training dispatchers to recognize these signs when first taking the emergency call and having them and responding officers required to summon EMS when confronted with a suspected excited delirium case, the use of multiple officers so if restraint becomes necessary, adequate personnel is available. Di Maio & Di Maio (2006), state that “once the ‘struggle’ begins, the cascade of physiological responses precipitated by these factors results in the death. Therefore, de-escalation of the excited delirium, prevention of the struggle, or rapid termination of the physiological effects of

the struggle are the best ways to prevent excited delirium syndrome” (p. 97). Lawrence (2006), suggests that if the Taser is used, then it is most effective when used with the probes because of the insensitivity to pain the subject will likely possess. If possible, wait to initiate the restraint until EMS has arrived at the scene and transport the subject immediately to a medical facility. When possible, gather as much information regarding the subject’s medical history and recent drug use. It is also important to educate those members of the community that you work with about excited delirium so that they are familiar with the dangers associated with it.

DISCUSSION/CONCLUSIONS

The problem or issue examined by the researcher considered whether or not there existed an underlying medical condition which caused some arrestees to die after encounters with police officers even when at autopsy it is determined that those officers did not use force sufficient to bring about the person’s death. The researcher found ample evidence suggesting that a condition known as excited delirium does exist and is most certainly the cause of death in certain police use-of-force incidents.

The purpose of this research was to determine if excited delirium could be recognized and dealt with effectively by law enforcement officers in the field during dynamic circumstances without the assistance of medical personnel or the requisite medical knowledge to diagnose a potential medical condition. The researcher found that there does exist a body of knowledge that when properly taught to law enforcement officers, would allow them to successfully recognize a person suffering from an excited delirium event. The research in this field is still relatively new, but there is ample evidence to suggest that if properly identified, excited delirium can be managed to such

an extent as to diminish the likelihood of the event becoming fatal and although the event results in a fatality, law enforcement could at least demonstrate to both the parties involved and society at large that there existed an understanding of the problem and a true desire to bring about a successful conclusion to the event through recognition and training.

The research question that was examined focused on whether excited delirium can be recognized and dealt with effectively by law enforcement officers. The researcher discovered that there are signs, symptoms, and conditions that exist in persons suffering from an excited delirium event that once recognized can lead to a successful apprehension, transport and treatment for that individual. Those signs, symptoms, and conditions included, but were not limited to, profuse sweating, hallucinations, extreme agitation, “super-human” strength, insensitivity to pain, violence towards inanimate objects, incoherent speech, and recent drug use or long-term drug abuse. While law enforcement officers deal with individuals exhibiting these signs on a regular basis and are not suffering from excited delirium, it is important to understand that when observed in the totality of the circumstances, the likelihood that the individual is going through an excited delirium event, the officers at the scene should take additional steps before or immediately following apprehension of the subject. Those steps include, but are not limited to, immediate notification of EMS or paramedics to respond to the scene even before the subject is taken into custody, overwhelming response to ensure the apprehension process is completed as quickly as possible, ensuring the subject is placed safely in a position once apprehended that allows for the subject to breathe without labor, and transport to a medical facility without delay.

The researcher hypothesized that it would be possible to identify persons suffering from an excited delirium event and that once identified there existed methods or protocol that would allow for a more successful resolution to the situation which perpetuated the original police response. The researcher believed with better training in the recognition and management of a subject suffering from an excited delirium event, law enforcement would continue to maintain the respect and trust of the community in which they serve.

The researcher concluded from the findings that there exists a lack of continuity across the State of Texas in the recognition of excited delirium as a law enforcement issue. The researcher found that although some entities have undergone training and policy formation on the special handling required for the successful management of an excited delirium event, many other agencies have yet to adopt any form of training or policy to address a subject suffering from excited delirium.

The findings of the research did support the hypothesis. The reasons why the findings did support the hypothesis are probably due to the amount of research being conducted on the excited delirium phenomenon. In the past few years, there has been considerable new research undertaken and completed to discover, what if anything, the police were doing that led to subjects dying in custody. Due to the increase in litigation and the news media's propagation of deaths occurring to subjects while in police custody, it has become imperative for law enforcement to defend its tactics, training, and response to such incidents. This research has led to new discoveries in the medical field relating to excited delirium deaths and has directed law enforcement to find new ways to appropriately respond to and deal with these incidents.

Limitations that might have hindered this study resulted because many of the agencies that completed the survey might not have had enough knowledge on the condition known as excited delirium or enough evidence to classify the death as one related to excited delirium. This lack of knowledge might explain why so many agencies answered that they have never had an in-custody death attributable to excited delirium. These agencies might have incurred undue liability because the death appeared to have been caused by the force or techniques used by the officers.

The study of excited delirium is relevant to contemporary law enforcement because of the essential need for the public to trust and respect the men and women of their local law enforcement agency. Through training and recognition, it may be possible to handle an excited delirium event without it becoming a fatality and thus calling into question the policies, practices, and procedures utilized by law enforcement to deal with its citizens.

The law enforcement community, the public they serve, and the individuals that find themselves suffering from an excited delirium event stand to be benefited by the results of this research. By continuing to educate, develop, and adapt to new information as it becomes available, law enforcement professionals will continue to successfully fulfill their mission, earn and maintain the trust and respect of their community, and serve those citizens most at risk with the latest and most effective means and methods to ensure the safety of everyone involved.

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