The Bill Blackwood
Law Enforcement Management Institute of Texas

Excited Delirium:
A High Risk Low Frequency Encounter

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ABSTRACT

Excited Delirium, a high-risk low frequency encounter, is relevant to contemporary law enforcement because it is a situation that has a high degree of risk and may potentially end in death, most likely for the subject. There is also a risk present for officers and bystanders in the form of injury or death when trying to bring the subject under control. Excited Delirium, as a disease, or at least a combination of symptoms, has been around for many years. However, it is not discussed as openly as it should be.

The purpose of this research is to determine if an industry standard exists regarding training. Additionally, if a standard does not exist, then to what extent law enforcement play a role in developing a standard will also be discussed. An industry standard in this case requires leaders from multiple disciplines to come together to address an issue with one goal: saving lives.

The method of inquiry used by the researcher included a review of a newspaper article, three Internet site articles, two periodicals, and two books. The inquiry also included a survey distributed to 50 law enforcement agencies. A personal interview with an emergency medical physician from a large suburban city was also conducted and provided tremendous insight into recent developments in medical treatment.

The researcher discovered that standardized training does not exist across the law enforcement community regarding the recognition and handling of a person suffering from Excited Delirium. The researcher also discovered that training would not be standardized as long as the largest professional associations of the law enforcement and medical communities do not recognize Excited Delirium. These organizations, the

International Association of Chiefs of Police, the American Medical Association, and the American Psychiatric Association, can set the standards that are used across the nation, not just those used regionally or locally.

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INTRODUCTION

Law enforcement is an inherently dangerous profession due to the wide range of tasks that officers perform on a daily basis. Police departments around the world provide directives, standard operating procedures, and guidelines to assist officers in knowing their role in countless situations. However, there are times when the role of an officer is not so clear. The purpose of this research is to explore whether an industry standard exists for law enforcement regarding the recognition and handling of a subject in a state of excited delirium (ED) and to prompt the development of a standard if one does not exist.

The problem to be examined is whether law enforcement first responders, who have to make decisions while under stress in compressed time with little information, can recognize ED. The role of first responders to a person in a state of ED is relevant to law enforcement because a person in a state of ED is subject to various negative consequences including physical injury and even death. Responding officers and citizens are also subject to these same outcomes. Beyond the injurious aspects, there are also civil liability issues that may stem from an encounter between law enforcement and a person suffering from ED.

The researcher will review pertinent literature that has been published in journals, periodicals, Internet sites, and books, citing both the law enforcement and the medical perspective on ED. A personal interview with an emergency room physician will be conducted as well. The researcher will also review state guidelines regarding training for law enforcement personnel.

The research question to be examined focuses on whether recognition of ED by law enforcement first responders could lead to fewer instances of tragic outcomes such as serious injury or death to the person who is in a state of ED, officers, or innocent bystanders. However, before officers can recognize ED, there must be some standard in place to provide guidance. Therefore, the research will also determine if there is a standard in place and, if not, the role law enforcement should play in creating one.

The anticipated findings of the research are that many agencies do not train officers to recognize ED because it has no current medical or psychiatric diagnosis. The researcher theorizes ED is difficult to differentiate from other contacts officers have involving persons who are under the influence of narcotics, alcohol, or simply suffer from a mental disorder. Furthermore, the researcher anticipates that law enforcement will have to rely on the medical profession to assist in providing guidance on recognition of ED. Training on this topic should not be a matter of local or regional protocol but should be standardized across the nation. This type of standardization requires not only law enforcement, but also medical organizations to fund and direct the research and the guidelines that are created. ED is resulting in deaths and must be taken seriously.

Law enforcement agencies will benefit from this research because development of an industry standard regarding ED and how to handle it can lead to fewer negative encounters. The reduction in these negative encounters will benefit the persons who suffer from ED because they may receive faster and more appropriate care. Officers will benefit not only from decreased risk during encounters, but also from reduced emotional and psychological trauma associated with incidents that result in serious injury or death. Additionally, in today's litigious society, civil liability can be greatly

reduced when industry standards are in place to address high-risk low frequency occurrences such as ED.

REVIEW OF LITERATURE

As the title of this paper suggests, encounters with a person in a state of ED are a high-risk low frequency event for police officers: high risk because of the potential for injury or death, and low frequency because an officer may go their entire career and never see a person in a state of ED. Deaths not related to law enforcement encounters have been attributed to ED, but the instances are rare, so the focus of media and public attention remains squarely fixed on the law enforcement community. Law enforcement first responders are on the frontline and should have the tools to deal with a person in a state of ED. To understand the potential ramifications of police response to a person in a state of ED, one must first understand some history.

ED is not a new phenomenon or something created in order to explain in-custody deaths. Di Maio and Di Maio (2006) explained that as early as 1849, Dr. Luther Bell reported symptoms of what he thought was a new disease he was seeing among patients at the McLean Asylum for the Insane in Massachusetts, where he was the superintendent. This disease was later known as “Bell’s Mania.” The symptoms described by Dr. Bell included acute onset of the event, mania, violent behavior, need for restraint, refusal of food, inability to sleep, and fatigue leading to exhaustion. While the onset of the symptoms was acute, the patient’s death occurred two to three weeks later.

Further research conducted by Di Maio and Di Maio (2006) revealed other physicians who described observing symptoms like the ones Dr. Bell described. Dr.

Irving Derby, a pathologist at Brooklyn State Hospital, related findings from 1933 regarding 148 deaths resulting from “manic-depressive exhaustion.” A year later, in 1934, Dr. G.M. Davidson explained 22 deaths caused by “acute lethal excitement.” In 1938, Dr. N.R. Shulack documented a series of 12 deaths occurring suddenly for which he had no explanation. The victims were otherwise healthy but he described them as “excited” and “active” patients (pp. 10-13).

More current literature and study reflect some similar findings. Experts have yet to agree on a standardized set of symptoms, but across the literature there is agreement that certain symptoms are generally present (Davis, 2008; Paquette, 2003; Parent, 2006). Symptoms include acute onset of the event (minutes to hours), bizarre and violent behavior, sweating, removing clothes or nudity, which is believed to be a reaction to hyperthermia (core body temperature in excess of 105 degrees). Additional symptoms include aggression, extreme paranoia, hallucinations, confusion or disorientation to time and place. Finally, subjects also exhibited incoherent shouting or nonsensical speech, lack of response to pain, and superhuman strength (Kulbarsh, 2007). The biggest difference between cases occurring in the 19th century and more recent cases is the duration of the event. People presenting with ED today have an acute onset of symptoms lasting only hours, instead of days, after the initial onset. The one constant between the historical cases and those from present day, other than many of the same symptom observations, is the end result, which is death. Adding to the problem is a lack of agreement between medical and legal professionals as to the existence of ED or the use of ED as an explanation for in-custody deaths.

Neither the American Medical Association (AMA) nor the American Psychiatric Association (APA) recognizes ED as a legitimate diagnosis of a medical disease or psychological condition (American Psychiatric Association, 2000). However, the National Association of Medical Examiners has recognized ED for more than a decade (Costello, 2003). Since in-custody deaths constitute the bulk of cases and literature regarding ED, it stands to reason law enforcement agencies across the nation are the ones experiencing this phenomenon and the after-effects. And yet, the International Association of Chiefs of Police (IACP) does not recognize ED either (Kulbarsh, 2007). The IACP is arguably one of the most recognizable and respected law enforcement organizations in the world, and their failure to recognize ED further convolutes this issue.

The argument over whether or not ED actually exists is largely academic because one fact still remains: people are dying in police custody or immediately following an encounter with police. According to Kulbarsh (2007) there are between 50 and 125 in-custody deaths across the United States that fit the symptoms of ED. The answer seems to be recognition of ED. Persons who are more prone to suffering from ED are, for the most part, people with some form of mental disorder, chronic abusers of illegal stimulants, such as cocaine and methamphetamine, and abusers of alcohol or other drugs, such as marijuana, but the latter group is rare. Law enforcement and medical professionals are not the only ones interested in ED.

Civil rights groups such as the American Civil Liberties Union (ACLU) and the National Association for the Advancement of Colored People (NAACP), along with various local police watchdog organizations, believe that ED is being used in order to

cover up police abuse (Costello, 2003). Much of this belief is rooted in a history of claims regarding in-custody deaths at the hands of police accused of excessive force and restraint techniques assumed to be harmful to suspects. Some examples of techniques previously thought to be responsible for in-custody deaths include neck restraints, pepper spray, positional asphyxia related to hog tying (cuffing the hands and feet together) in the prone position, excess weight exerted on the suspect's back during arrest leading to compression asphyxia, and the most recent outcry involves the use of the TASER®. Scientific research has refuted the claims that officers were killing people by way of these restraint techniques or by using less lethal tools such as pepper spray and the TASER® (Davis, 2008).

While the early literature focuses on symptoms, one thing that remained consistent was the lack of identifiable causes related to the condition. Because there was no known cause for the related condition, experts were unable to provide any insight into prevention. With modern medical advancement, there is a movement toward trying to gather more hard data on ED. Dr. Deborah Mash, a University of Miami neurologist, said she has developed a neurochemical test that will definitively show whether ED has occurred. Medical examiners can send a sample of brain tissue to the university's brain bank, but the sample has to be taken within 12 hours because of the rapid rate at which stimulants such as cocaine metabolize (Costello, 2003). Dr. Mash's research provides promising news for the future if enough data can be gathered to satisfy medical experts as to the existence of ED (Grossi, 2008; Paquette, 2003; Parent, 2006). This testing, while promising, tragically relies on the subject's brain tissue, which

can only be gathered after death. While this research goes on, law enforcement continues to struggle with this issue.

Overwhelmingly, the current literature recommended recognition as the first and most important part of developing an approach to ED. This is the point where medical and legal experts need to come together rather than remain in opposite corners. ED is clearly a medical emergency, but it initially presents itself as a problem to which the police are first to respond (Grossi, 2008). As noted earlier, there are signs or symptoms officers can look for indicating he or she is dealing with a person in a state of ED. Davis (2008) recommended if an officer recognizes the person may be in a state of ED, he or she should make sure there are enough police personnel and equipment on scene to control the person quickly. Once control is gained, the person should be turned over to Emergency Medical Services (EMS) personnel immediately. With the right balance of training, tactics, and medical protocols, both the officers and the person suffering from ED may have a better chance of survival (Davis, 2008).

METHODOLOGY

The research question to be examined considers whether an industry standard exists for law enforcement personnel regarding the recognition and handling of a subject in a state of ED. As a part of this question, the researcher also seeks to determine if there is a consensus among medical and legal experts on the very existence of ED. And, with or without consensus, the role of law enforcement leaders to develop training will be explored.

The researcher hypothesizes that ED is not readily accepted and, therefore, an industry standard does not exist for the recognition of ED. Furthermore, the researcher

contends that there is no standardized training protocol for the handling of a person in a state of ED. The researcher also believes that because of potential liability issues, law enforcement and medical leaders are hesitant to step out and lay the foundation for guidelines and training.

The method of inquiry will include a review of pertinent literature that has been published in journals, periodicals, Internet sites, and books, citing both the law enforcement and the medical perspective on ED. A personal interview with an emergency room physician will be conducted. Additionally, the researcher will review state guidelines regarding training for law enforcement personnel.

The instrument that will be used to measure the researcher's findings regarding the subject of ED is a survey. This survey will explore respondent's knowledge of ED and whether training exists in the recognition of ED or how officers should handle an incident involving a person in a state of ED. The survey will consist of ten questions, distributed to 50 law enforcement agencies in Texas, Oklahoma, Arkansas, Louisiana, and New Mexico. Of the 50 agencies contacted to complete the survey, 20 provided feedback, which is a 40% response rate.

The researcher, using data provided by the respondents, will analyze the information obtained from the survey. This analysis will be completed using standardized statistical evaluation methods and will be discussed further in the findings section of this paper. The data will include a breakdown of respondent agency attributes as well as analysis of the pertinent questions specific to ED.

FINDINGS

The researcher conducted a survey, which was sent to 50 law enforcement agencies in and around Texas. The researcher considered whether there was standardized training that relates to ED and the handling of subjects who are in a state of ED. A copy of the survey is included in the Appendix.

The largest portion of respondents, 80%, was from a municipal agency. Sixty percent of the respondents were from agencies consisting of 150 or fewer sworn officers. The remaining respondents were larger agencies, having 151 to more than 500 sworn officers. The researcher considered whether the agencies surveyed were providing training to personnel regarding subjects who were in mental crisis.

One hundred percent of the respondents indicated their agency trains sworn personnel to handle persons suffering from mental disorders. Eighty percent responded that their agency trains sworn personnel to handle subjects who are suffering from an acute mental crisis. While the training of personnel to handle subjects with mental disorders is important, the researcher wanted to know specifically about ED.

The researcher asked respondents to identify whether they knew what ED was. Ninety percent of respondents indicated they did know what ED was. However, when questioned about training related to ED, 45% of respondents indicated their agency does train in the tactical takedown of a person suffering from ED, while 55% do not train in this procedure. This shows a lack of standardized training specifically related to ED. As noted previously, this is a medical condition, but law enforcement is called upon to handle the initial incident. The chart below illustrates the types of training received by sworn officers in responding departments.

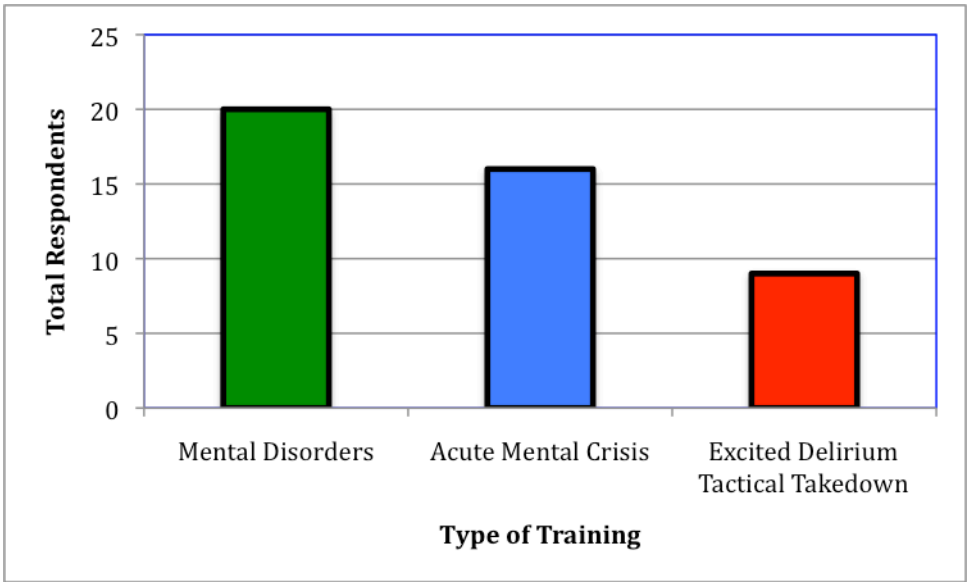

Figure 1. Breakdown of training received by respondents from their respective agencies regarding three different, but related, mental health topics.

The researcher also surveyed respondents regarding whether they participate in inter-department training with EMS personnel. Sixty-five percent of the respondents indicated their agency does not conduct any training with EMS personnel. The remaining 35% participate in training with EMS related to ED. Thirty percent also train with EMS regarding acute mental crisis and narcotic induced psychosis.

The researcher considered how many actual incidents a responding agency handled involved a subject suffering from ED and of those how many resulted in death. Fifty percent of the respondents believe their agency has handled a subject(s) suffering from ED, with only five reported deaths among all the respondents. Since it is clear from the survey that many agencies do train personnel to handle incidents involving subjects suffering from ED or acute mental crisis, the researcher queried what the major components of the agency directives included.

The responses were varied with regards to the major components noted by the respondents, but most included pre-planning, knowing the symptoms, recognizing ED

as a medical crisis not a criminal episode, and having immediate EMS treatment. Recognizing this is a medical issue and having EMS staged at the scene show that joint effort between law enforcement and the medical community can lead to better outcomes as new medical protocols are being used.

According to a doctor certified in emergency medicine and also serving as the EMS Director of a large suburban city, medical protocols are difficult to standardize due to the lack of regulations in many states. Texas, for example, is largely unregulated with regards to EMS protocol. The direction relies on a reasonable standard of care as set forth by the EMS medical director for each EMS entity. In one large suburban city serving a population of more than 250,000 citizens, EMS personnel receive training as part of continuing education. The training as it relates to ED revolves around understanding the ED syndrome, what to expect when it is encountered, and how to treat it. The current protocol for ED is categorized under treatment for behavioral emergencies. These behavioral emergencies are of an acute and psychotic nature where the subject needs to be brought under control and transported for immediate medical attention.

The EMS Director explained that many of the subjects exhibiting behavioral emergencies are likely suffering from ED. The treatment requires a dose of two medications that act together to both sedate the subject as well as lessen the degree of the psychotic state exhibited by the subject. The use of an intramuscular (IM) or intravenous (IV) method of introducing the medications is problematic because the subject would be exhibiting violent reactions, so attempting IM or IV introduction of medication can be a risk to law enforcement and EMS personnel. In addition, the IM or

IV medications can take over ten minutes to work. A relatively new method of introducing the medications is intranasal, which is a needleless way to introduce medication into the subject. The medications are administered as a mist into the nasal cavity and can begin to work in less than 60 seconds, usually in as little as 15-30 seconds. The success rate is very high although nothing is 100% effective.

DISCUSSION/CONCLUSIONS

The problem or issue examined by the researcher considered whether the high-risk low frequency encounters between law enforcement and subjects suffering from ED were needlessly resulting in deaths to the subject and unnecessary injuries to law enforcement officers or innocent bystanders. To that end, the purpose of this research was to determine how much was known about ED. The research was an effort to reasonably conclude if ED was simply a term created in response to a growing number of in-custody deaths or if it was truly a condition calling for standards of training and education to recognize ED and handle situations involving subjects suffering from ED. The researcher also considered what role, if any, law enforcement would play in developing training if, in fact, standardized training was not already developed.

The literature suggested some factions of the medical community recognize ED as a medical syndrome needing a medical response (Costello, 2003; Grossi, 2008; Parent, 2006). Before there can be a medical response, there must be agreement between the law enforcement and medical communities, as well as legal professionals, regarding what protocol is acceptable when handling a subject suffering from ED. Without strong leadership from the IACP and the AMA much of the research conducted becomes nothing more than rhetoric because training will not be standardized.

The research question that was examined focused on whether or not standardized training exists to train law enforcement officers how to recognize and handle a confrontation with a person suffering from ED. This is a unique confrontation because most generally accepted methods of gaining control of a subject who is fighting are not effective on a person suffering from ED due to their altered mental state in conjunction with the extreme physical changes such as a decreased sense of pain and increased strength. If standardized training did not exist, the researcher considered what role law enforcement would play in developing the training.

The researcher hypothesized that standardized training did not exist as an industry standard for law enforcement across the United States. As part of this hypothesis, the researcher explored how much was actually known about ED. At the outset, the researcher hypothesized there would be no agreement between law enforcement, medical professionals, and legal experts on whether ED existed. The researcher found that some members of the medical community recognize ED and have developed some protocol. The researcher concluded that the protocol developed by medical professionals to treat a person suffering from an acute mental crisis could be the difference between life and death. The biggest factor in getting the treatment initiated is having EMS on site at the beginning of the call.

Some law enforcement agencies are training officers in crisis intervention and recognizing the signs and symptoms of ED, prompting them to bring in medical attention early. Officers who recognize ED early and who have a sufficient number of officers present can utilize a tactic known as the “swarm technique” to quickly and efficiently bring the subject under control. By bringing the subject under control quickly, the length

of the struggle is reduced and the EMS intervention occurs sooner, increasing the chances of a successful outcome.

The researcher concluded from the findings that many law enforcement officers have heard of ED and know what it is. Law enforcement agencies are conducting some training related to mental disorders and even acute mental crisis, but these same agencies are not specifically addressing what tactics to use when confronting a subject possibly suffering from ED. The researcher also concluded that most agencies do not conduct inter-departmental training between EMS and law enforcement officers related to ED. Without cooperation between law enforcement and medical practitioners, success cannot be achieved.

The findings of the research supported the hypothesis. There is some training, which takes place for both law enforcement officers and medical personnel, but the training is not standardized for either profession. More importantly, the training is not complimentary. Law enforcement officers trained to recognize ED are calling in EMS early, but since EMS protocols are not standardized, the subject suffering from ED may not be receiving the best medical attention fast enough. Law enforcement should play a large role in the development of standardized training related to ED. The researcher concluded that although ED is largely a medical issue, law enforcement is usually the first responder and should play an integral role in the development of a protocol that combines the best efforts of both law enforcement and medical personnel. However, it is not enough for individual agencies to develop training within their community.

The researcher also concluded that the largest representatives of the law enforcement and medical communities must take the lead in developing standardized

training. Because of the high-risk nature of these encounters and the likely outcome of death to the subject, as well as possible injury or death to first responders, it is incumbent upon law enforcement and medical leaders to come together on a solution.

Limitations that might have hindered this study resulted because, arguably, the two largest law enforcement and medical organizations, the IACP and the AMA, do not recognize ED. Without these organizations taking the lead, a comprehensive standardized protocol for handling these high-risk low frequency encounters will not be developed. Individual agencies may have highly trained personnel, but this is an instance where a national standard is needed.

The study of ED is relevant to contemporary law enforcement because the syndrome exists, and standardized training can benefit a large segment of the population, not just law enforcement. The benefits to the subjects suffering from ED are obvious. The benefits to officers and bystanders would be a reduced chance of injury during the incident. Exterior to handling individual incidents, officers will also be more confident as they conduct their daily activities. The increased confidence stems from a reduced fear of the unknown caused when an officer knows about a particular issue such as ED, but has received no training on the subject. Departments and cities will benefit because a more knowledgeable officer is likely to make fewer mistakes, which will result in fewer legal issues after an incident. Finally, the citizens benefit because officers and medical personnel will handle situations in safer and more efficient ways, reducing the amount of time spent on the incident. Officers will be back on the street patrolling and not be tied up for extended periods of time taking part in exhaustive internal as well as criminal investigations related to the incident. In addition, money will

not be needlessly spent for prolonged legal battles, which means taxes are not raised to offset the legal costs.

The researcher has concluded that a number of factors contribute to the death of persons suffering from ED. Many of these factors are out of the officers' control. Factors such as the subject's medical history, narcotic usage, duration of the mental crisis before law enforcement arrives on scene, and similar factors are clearly not within the control of the first responder. However, what happens once an officer arrives on scene is largely a result of their training, experience, ability to quickly analyze a situation, and their communication skills. Officers are in a unique position to positively impact the outcome of an encounter with a person suffering from ED if the appropriate training has been established and law enforcement and medical personnel work together. As philosopher Jorge Santayana said, "Those who cannot remember the past are condemned to repeat it." If standardized guidelines and training are not created and adopted nationwide, then law enforcement officers will continue to repeat the mistakes of those who have come before.

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APPENDIX

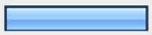
LEMIT Project Survey

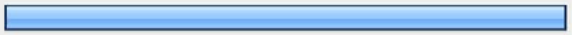
1. Personal Information (If you would agree to be contacted based on your answers please include an e-mail and/or phone number)

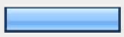
	Response Percent	Response Count
Name:	**100.0%**	**20**
Rank/Title:	**100.0%**	**20**
Agency Name:	**100.0%**	**20**
City/County:	**100.0%**	**20**
State:	**100.0%**	**20**
Email Address:	80.0%	16
Phone Number:	80.0%	16
	answered question	20
	skipped question	0

2. What type agency do you work for?

	Response Percent	Response Count
Federal	0.0%	0
State	15.0%	3
County	0.0%	0
Municipal	**80.0%**	**16**
Other (please specify)	5.0%	1
	answered question	20
	skipped question	0

3. How many sworn officers are in your agency?			
		Response Percent	Response Count
0-50		25.0%	5
51-150		**35.0%**	**7**
151-300		10.0%	2
301-500		5.0%	1
More than 500		25.0%	5
	answered question		**20**
	skipped question		**0**

4. Does your agency train sworn personnel regarding the handling of persons with mental disorders?			
		Response Percent	Response Count
Yes		**100.0%**	**20**
No		0.0%	0
	answered question		**20**
	skipped question		**0**

5. Does your agency train sworn personnel regarding the handling of persons in acute mental crisis?			
		Response Percent	Response Count
Yes		**80.0%**	**16**
No		20.0%	4
	answered question		**20**
	skipped question		**0**

6. Do you know what Excited Delirium is?			
		Response Percent	Response Count
Yes		90.0%	18
No		10.0%	2
	answered question		20
	skipped question		0

7. Does your agency train sworn personnel in the tactical takedown of a person believed to be suffering from Excited Delirium?			
		Response Percent	Response Count
Yes		45.0%	9
No		55.0%	11
	answered question		20
	skipped question		0

8. Does your agency conduct any training with both sworn officers and emergency medical personnel on the handling of persons believed to be suffering from any of the following? (Please select all that apply):			
		Response Percent	Response Count
Acute Mental Crisis		30.0%	6
Excited Delirium		35.0%	7
Narcotic induced psychosis		30.0%	6
This agency does not conduct inter-departmental training		65.0%	13
	answered question		20
	skipped question		0

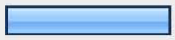
9. Has anyone in your agency handled a person believed to be suffering form Excited Delirium?			
		Response Percent	Response Count
Yes		50.0%	10
No		50.0%	10
	If yes, how many resulted in death?		10
	answered question		20
	skipped question		0

10. Briefly list the major components of your agencies response to persons suffering from acute mental crisis or Excited Delirium.			
		Response Percent	Response Count
1.		100.0%	20
2.		80.0%	16
3.		65.0%	13
4.		60.0%	12
5.		55.0%	11
	answered question		20
	skipped question		0

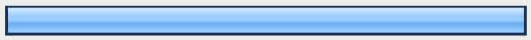
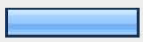
LEMIT Project Survey

1. Personal Information (If you would agree to be contacted based on your answers please include an e-mail and/or phone number)		
	Response Percent	Response Count
Name:	**100.0%**	**20**
Rank/Title:	**100.0%**	**20**
Agency Name:	**100.0%**	**20**
City/County:	**100.0%**	**20**
State:	**100.0%**	**20**
Email Address:	80.0%	16
Phone Number:	80.0%	16
answered question		**20**
skipped question		**0**

2. What type agency do you work for?		
	Response Percent	Response Count
Federal	0.0%	0
State	15.0%	3
County	0.0%	0
Municipal	**80.0%**	**16**
Other (please specify)	5.0%	1
answered question		**20**
skipped question		**0**

3. How many sworn officers are in your agency?			
		Response Percent	Response Count
0-50		25.0%	5
51-150		**35.0%**	**7**
151-300		10.0%	2
301-500		5.0%	1
More than 500		25.0%	5
	answered question		**20**
	skipped question		**0**

4. Does your agency train sworn personnel regarding the handling of persons with mental disorders?			
		Response Percent	Response Count
Yes		**100.0%**	**20**
No		0.0%	0
	answered question		**20**
	skipped question		**0**

5. Does your agency train sworn personnel regarding the handling of persons in acute mental crisis?			
		Response Percent	Response Count
Yes		**80.0%**	**16**
No		20.0%	4
	answered question		**20**
	skipped question		**0**

6. Do you know what Excited Delirium is?

	Response Percent	Response Count
Yes	90.0%	18
No	10.0%	2
answered question		20
skipped question		0

7. Does your agency train sworn personnel in the tactical takedown of a person believed to be suffering from Excited Delirium?

	Response Percent	Response Count
Yes	45.0%	9
No	55.0%	11
answered question		20
skipped question		0

8. Does your agency conduct any training with both sworn officers and emergency medical personnel on the handling of persons believed to be suffering from any of the following? (Please select all that apply):

	Response Percent	Response Count
Acute Mental Crisis	30.0%	6
Excited Delirium	35.0%	7
Narcotic induced psychosis	30.0%	6
This agency does not conduct inter-departmental training	65.0%	13
answered question		20
skipped question		0

9. Has anyone in your agency handled a person believed to be suffering form Excited Delirium?			
		Response Percent	Response Count
Yes		50.0%	10
No		50.0%	10
	If yes, how many resulted in death?		10
	answered question		20
	skipped question		0

10. Briefly list the major components of your agencies response to persons suffering from acute mental crisis or Excited Delirium.			
		Response Percent	Response Count
1.		100.0%	20
2.		80.0%	16
3.		65.0%	13
4.		60.0%	12
5.		55.0%	11
	answered question		20
	skipped question		0