

Urbana Police Department

Excited Delirium Report

June 22, 2015

Research and Written by

Lt. Joel R. Sanders

And

UIUC Social Work Intern Kelsey Pellus

Summary-Background

In 2008 the Champaign County area Law Enforcement community began requiring enhanced training and developed a response protocol in order to address Excited Delirium (ExDS) events. As a part of this protocol, departments are required to track ExDS events. Between 2008 and 2014, the police or dispatch (METCAD) labeled 63 incidents as ExDS. This report examines the collected data and proves an increasing prevalence and recognition of ExDS incidents in Champaign County. It identifies common ExDS symptoms as well as the victim's age, and gender. The data broadly identifies nine ExDS symptoms or indicators (Yelling, Violent Behavior, Sweating, Hallucinating, Drug use, Intoxication, Mentally Ill, Unclothed, Suicidal) and reveals the three most prevalent are: Violent Behavior, Yelling, and Unclothed. These symptoms are consistent with national studies on the same topic. This report will assist officers and dispatchers with rapid recognition of ExDS indicators and provide them the information needed for a safer and more appropriate response as well as offer administrative suggestions to build upon this program.

From more information regarding Excited Delirium Signs and Symptoms [click here](#) (IPICD Roll Call Mini-Poster)

Introduction

Recently in the news, media attention has been highlighting the sudden deaths of highly charged individuals held in police custody. In most cases, the treatment of the individuals and the force needed to restrain them would not have caused death in a normal scenario. The media reports the in-custody deaths as excessive force or police brutality, however, scientific research and a plethora of objective case studies suggest the deaths are more likely to be the result of Excited Delirium.

In 1985 Dr. Charles Wetli and Dr. David Fishbain observed and coined Excited Delirium as a medical condition. They categorized specific symptoms after seeing people who ingested substances, specifically cocaine, acting out of the ordinary. Dr. Fishbain initially recorded delirium, bizarre behavior, violent struggle, and death as symptoms of ExDS episodes. Research continued and several studies added symptoms of dilated pupils, profuse sweating, skin discoloration (flushing), foaming at the mouth, increased body temperature, abnormal strength and pain tolerance. ExDS is recognized by American College of Emergency Physicians as a brain disorder; however, reputable medical organizations such as the American Medical Association (AMA) and the American Psychological Association (APA) do not recognize ExDS as a medical condition.

Nationally, police encounter individuals in ExDS who show one or more of the following symptoms: combative attitude/behavior, hallucinations, extreme paranoia or fear of something/someone, extremely resistant to pain stimuli and physically resist capture. ExDS has the potential to lead to cardiac arrest or cardiac dysrhythmia,

which often result in death. To prevent death of the individual, officers must quickly recognize symptoms and address behavior as soon as possible.

Issue

Diagnosing ExDS is subjective, requiring immediate observation of an individual and interpretation of the patient's behavior. There are no objective medical or psychological tests and the ExDS condition exists only when the individual is symptomatic. Officers are not trained medical professionals and we do not advocate officers making medical diagnoses. However, officers should be able to recognize and appropriately respond to individual behavior that is consistent with an individual in ExDS.

Officers not looking for ExDS symptoms will easily interpret aggressive, combative, erratic, non-compliant behavior as a criminal, not as a potentially deadly medical condition. Quickly recognizing potential ExDS behavior and adjusting tactics accordingly is tantamount to saving an individual's life, protecting the safety of the officer, limiting liability to the department and regaining community trust. We will not claim the death of Eric Gardner, while resisting arrest by New York Police, was the result of ExDS. We will argue Mr. Gardner's behavior once the officers initiated an arrest and his repeated statements, "I can't breathe", are signs of ExDS. Had the NYPD officers recognized the symptoms, adjusted their tactics; ceased trying to handcuff Mr. Gardner, moving instead to a four point restraint and radioing for immediate medical assistance, it may have saved his life or at least would have played much differently on the nightly news. If Mr. Gardner survived and was not in ExDS, what would be lost? Mr. Gardner would still be in custody and could still be taken to jail. Even if he died during the struggle, officers would report observing the signs of ExDS and adjusting their response. The media could argue ExDS is not a real condition, the media could not reasonably argue officer indifference.

Dispatchers play a role in police response as well, by providing timely and necessary information to officers. In order to obtain the necessary information the dispatcher must ask a reporting person pertinent questions, listen to provided comments and key into described behavior. The dispatcher must provide the officers with this updated information and ensure the officers understand what is being said.

The inability to prove, or disprove, something does not play well with a public insisting on more detailed transparency. To combat the suspicion of the critics, police administrators need to take reasonable steps to ensure officers recognize potential ExDS and reduce in-custody ExDS death. Regardless how vigilant officers are, an ExDS death can still occur and it is then important an officer can explain what was observed and what actions were taken to prevent the death.

In an effort to save citizen's lives, prevent officers and dispatchers the stress and involvement of an in custody death, and remove liability from the cities and administrators we conducted this study.

Method

This report examines all METCAD dispatched calls identified as ExDS and all Champaign Police reports, Rantoul Police reports and Urbana Police reports that are classified as ExDS incidents between 2008 and 2014. We compiled data, looking for a date, time, location, and common symptoms presented by the individuals.

Prior to looking at the data we did extensive research on the topic. We then examined METCAD dispatch tickets and department reports, identifying nine common symptoms associated with ExDS. These symptoms are: yelling, violent behavior, sweating, drug involvement, intoxication, mental health, unclothed, and suicidal.

Each symptom displayed by the individual is in the extreme. A person yelling is not one who is merely loud. An officer will observe this yelling as unusual. The yelling person is often described as obnoxious, making no sense, often times changing topics, grunting or making loud animal noises. The officer will view the violent behavior more different than what is normally observed. Often the violence is directed toward imaginary individuals or things. The individual may be unreasonably aggressive for the situation and is often described by witness as having “just snapped”. An individual in ExDS is not sweating as though it is hot outside, this person is soaking wet, like they were standing in a steady rain. The individual may be standing shirtless, outside, in subzero temperatures. When an officer observes even one of these unusual behaviors experts suggest the officer enact the ExDS protocol.

To account for every instance of ExDS within Champaign County we listed the nine recognized symptoms on an excel spreadsheet. As mentioned earlier, there is no exact definition or an official description of symptoms. National studies use different descriptive words for the symptoms and we chose these nine broad phrases to describe what we found in Champaign County. We read every ExDS dispatch ticket or department offence report looking for what indicators dispatcher/officers specifically identified as either present (Yes), not present (No), as well as symptoms not addressed by either entity. We labeled the unaddressed data as Not Available (N/A). In addition to the ExDS symptoms, the spreadsheet categorizes the call number, event number, date, location of the event, initial call type, change in call type, and final call type.

We used the Computer Aided Dispatch tickets to capture information given to the dispatcher. To account for officer observations we used respective department’s written reports. We only used Champaign Police, Rantoul Police and Urbana Police reports that were classified as ExDS.

We separated the data by year, independently recording all seven years. There is no obvious pattern for when these events occur or how many to expect in one year. That being said, the last two years, 2014 and 2013, account for the highest number of incidents as well as the most detailed reports. This is merely an observation and we cannot draw a conclusion; were there more ExDS calls in the last two years or is dispatch/police getting better at identifying and recognizing ExDS?

In order to visually represent each year’s ExDS calls, we produced bar graphs to represent the percentage a particular symptom was present. We graph each of the nine symptoms for every year to highlight which indicators were present. We list the percentages, as well as the number of calls where an indicator was present on a separate color-coded chart.

Researching only the dispatch tickets and officer reports, we cannot conclude because a symptom is not mentioned, the symptom is not present. There is not enough information to decipher if the dispatcher gathered incomplete information, the officer did not recognize the symptom, or the individual did not suffer from the symptom. However, we feel it is useful to showcase the undocumented symptoms so that dispatch/officers will remain mindful these symptoms could exist at a higher percentage than reported and officer should not eliminate the possibility of an ExDS response simply because this study shows the symptom occurring a low percentage of the time. These missing symptoms are recorded as not available or N/A.

Data Analysis

The information collected shows

- Considerable upswing in reported incidents
 - 2008 = 6 reports
 - 2009 = 10 reports
 - 2010 = 4 reports
 - 2011 = 3 reports
 - 2012 = 5 reports
 - 2013 = 17 reports
 - 2014 = 18 reports
- Areas requiring improvement in the detection and identification of ExDS incidents
 - With the exception of Violent Behavior, Yelling and Unclothed many of the other symptoms were not addressed in the reported data
 - Police may not be looking for the more subtle or less obvious behaviors
- The most common indicators of an ExDS incident are
 - Yelling 63%
 - Violent Behavior 52%
 - Unclothed individuals 43%
- Please see the graphs for specific information

Conclusion/Recommendation

This study makes clear that on regular basis individuals in Champaign County present behavior consistent with ExDS. The significant increase of ExDS cases for 2013 and 2014 suggests officers are doing better recognizing, responding to and documenting ExDS behavior. Although the departments seem to be doing a good job, there is room to be better. As long as “better” is possible, “good” is not enough. To work toward improvement we make the following recommendations to the police administration:

- Continue making recognition and response of ExDS a priority
 - Officers recognize the most obvious signs of ExDS
 - Officers might not recognize the more nuanced symptoms
 - Refresher and update ExDS training is essential
- Better utilize the Use of Force Committee
 - The committee member should know the symptoms of ExDS
 - The committee should identify incidents where officers document ExDS symptoms, yet, do not appear recognize potential ExDS
 - The committee needs to point out where officers are not appropriately adjusting control tactics once ExDS behavior is observed
 - Based on their reading for reports the committee needs to provide training recommendations

- Continue collaboration with METCAD and neighboring departments ensuring local law enforcement is recognizing and appropriately responding to potential ExDS events
- Publicly discuss ExDS and educate our citizens to the cause and consequences of ExDS