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# CIT Connections

## The varied faces of excited delirium

By Chris Lawrence (adapted from article posted on PoliceOne.com)



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Most of the police related literature associated to excited delirium (ED) usually starts with a description of a "typical event." Police arrive at a disturbance call and encounter a partially clothed or naked subject, soaked in sweat. He (ED almost exclusively involves men) is often depicted breaking glass, and/or banging on doors and windows.

The subject is described as impervious to painful stimulus, including pepper spray and exhibits extraordinary strength, particularly during the ensuing struggle with responding officers.

Regardless of the control method used or control option deployed, the subject suddenly



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*Sgt. Weaver (retired) is the former commander of the Rochester, New York  
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**“There appears to be a subset of subjects who provide few, if any cues that they are about to experience a full blown excited delirium event.”**

## Excited Delirium (continued)

becomes calm once subdued. Upon inspection, officers notice the subject has stopped breathing. Resuscitation efforts are almost universally unsuccessful.

The fact is ED events do not always follow this pattern. There appears to be a subset of subjects who provide few, if any cues that they are about to experience a full blown ED type event. Officers are able to talk with these subjects, who despite their worsening condition, are able to provide reasonable responses to police inquiries. This subset of subjects may provide few outward clues of the explosive behavior about to occur.

The following case studies arose during a recent research project.

### Case 1

Officers attended a disturbance call at an apartment building. Upon arrival they found an apartment considerably damaged and the resident absent. As the officers began to search the home's interior the subject returned, perspiring profusely, out of breath, yet "sounding quite reasonable." He walked to the fridge, removed a large pitcher of water, drank it, and went into the bathroom. The officers spoke with him and learned that he was the resident. One of the officers was aware of the subject's mental health issues and was able to convince him to go to the hospital.

Upon learning that he would be transported in an ambulance rather than a police car the subject suddenly attacked. A substantial struggle followed which exhausted both original and backup officers. Once successfully restrained the subject continued to struggle until he suddenly went limp. Resuscitation efforts were unsuccessful.

### Case 2

Several officers responded to a disturbance call in an apartment building. The subject was found with his shirt and shoes

off, trying to breach the door to his residence. Although the subject's initial responses were unusual he did respond to the officer's inquiries.

The officers were able to convince the subject to cease his actions, put his shirt and shoes back on, and have a cigarette. The subject consented to the suggestion that he attend the hospital for a check up. The subject was not touched by the responding officers. Upon reaching the front lobby of the building, the subject suddenly bolted into the street.

During the ensuing struggle the subject exhibited extraordinary strength, was impervious to pepper spray, and died suddenly and unexpectedly.

Excited delirium reports often link the incident to bizarre subject behavior that results in a police response. While this feature still remains true there seems to be a sub-set of people who, with the clarity of hindsight, were involved in unusual or occasionally bizarre behavior. However, the officers initially interacting with the subject are able to converse in a relatively normal manner with the subject, who is able to give reasonable responses to the incident at hand. The change in behavior is sudden, as in the above cases, without any overt provocation.

When the behavior does change it is rapid and dramatic with the subject initially engaging in either fight or flight type behavior. The classic signs of ED arise during the altercation, at a time when it is difficult for the officer to assess the totality of the situation. In the above cases death occurred after the use of empty hand tactics, pepper spray, and baton use. TASER™ devices were not involved in any of these cases.

*Chris Lawrence is the Team Leader of the Defensive Tactics Training Section at the Ontario Police College in Aylmer, Ontario, Canada.*

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