Dealing with Excited Delirium

Also Known As:
- Sickle cell sudden death
- Agitated delirium
- Cocaine psychosis
- Metabolic acidosis
- Exertional Rhabdomyolysis
- Positional Asphyxia
- Sudden Custody Death
- Emotionally Disturbed Person

Can we agree something exists???

Defined:
- "A state of extreme mental and physiological excitement, characterized by extreme agitation, hyperthermia, hostility, exceptional strength and endurance without apparent fatigue"

(MORRISON & SADLER, 2001)

In simple terms, what happens???
- Sympathetic nervous system activation
- Chemicals are pumped into the body
- Body can only function in overdrive so long
- Analogous to putting your car in park and pressing the accelerator to the floor
- If it does not slow down, eventually the engine will break – so will the body!

Excited Delirium (ED)
- ED's do not always think clearly or rationally making it difficult to gain compliance

They fall into 3 categories:
- Long Term ED
- Short Term ED
- Chemical Abusers

Long Term ED
- Long histories of mental illness
- Symptoms may not manifest themselves as problematic to the same degree at all times
**Short Term ED**
- Acute mental illness or emotional crisis
- They may be normally rational but have been pushed to their limits

**Chemical Abusers**
- Under the influence of alcohol, or drugs or coming off of the effects of chemical abuse
  - Stimulant drug use & long term abuse
  - Sudden cessation of drugs – anti-psychotic or street drugs
  - Hallucinogenic agents
  - Bath salts/K2/Shrooms
  - Alcohol Withdrawal

**Behaviors that indicate that a person might be an ED**
- Appears very upset or angry
- Bizarre, violent, aggressive behavior
- Attacks/breaks glass (window/mirrors)
- Overheating/excessive sweating or very dry – body trying to compensate
- Public disrobing (cooling attempt)
- Incoherent shouting (animal noises)

**The Crisis Cycle**
- Normal State
- Stimulation – can be internal or external
- Escalation – often times physical or behavioral changes occur here
- Crisis State
- De-escalation
- Stabilization
- Post-crisis Drain

**Perception to ED or person in Crisis**
- Never assume that something that seems insignificant to you is to them
- Your objective is to listen
- Don’t focus on finding solutions
- The source of their crisis may be perception to outside or internal sources
EDs are Potentially Dangerous

- Even if this a person you have dealt with in the past, their new situation may have dramatically changed the equation.
- Remember the key indicators for threat potential. Watch out for *early warning signs* and *pre-attack postures*.

Early Warning Signs & Pre-attack Postures

- Early warning signs include:
  - Conspicuously ignores you
  - Gives you excessive emotional attention
  - Moves in an exaggerated way
  - Ceases all movement
  - Has a known violent history

- Specific pre-attack postures include:
  - Boxer stance
  - Hand set/clenched fists
  - Shoulder shift
  - Target glance
  - The “thousand-yard” stare

With EDs or Mentally Ill Persons you MAY NOT SEE ANY PRE-ATTACK SIGNS!

Never Presume Compliance Concept

- There is often an assumption that someone will comply with you if you are trying to help or are in a position of authority.
- Complacency may also occur if you have dealt with a person in the past and they have complied. The assumption is that they will do so again.

  **ALWAYS BE ALERT! NEVER BE COMPLACENT!**

Never Assume…

- Just because an ED may appear old, frail or out-of-touch that they aren’t a risk – they may suddenly attack!
- Due to their crisis they may show almost inhuman levels of strength, increased abilities to fight and higher resistance to pain.

  **You may need to disengage or escalate!**

Follow-Through Considerations

- Once the person is under control, then try and calm them down and further assess the situation.
- Most EDs have multiple community contacts.
- How you handle this one may be the deciding factor on how they respond to the next person.
Crisis Intervention Techniques
- Pre-intervention Preparation
- Calm Yourself
- Center Yourself
- Develop a strategy

Remember with an ED, even the best communication efforts may not work.

Crisis Intervention Format
- Try to get the person's attention
- Check on the person's perception of reality
- Try to establish rapport with the person
- Explain your perception of reality
- Move toward resolution of the situation

Getting the Person’s attention
- Remember to identify escape routes in case of attacks
- Be open and avoid crowding
- Control distance
- Remain alert but not tense
- Identify yourself with your name, if you wish then what you are and from where
- Use the subject’s name
- Ask them to look at you
- Talk slowly and practice “reverse yelling” - Demonstration
- Keep dialog simple

Checking Perception of Reality
- They may not be perceiving reality accurately!
- Ask questions like “who are you?” “Where are you?”
- Ask them what they are seeing

Checking Perception of Reality Cont.
- If they do not answer tell them you cannot hear what he or she is thinking – part of their delusion is that they are speaking to you mentally

An ED may feel the need to touch you to determine if you are real... however, this may be a ploy for pre-attack

Attempt to establish rapport
- Tell them you are there to help
- Avoid words with negative connotation (I’m not here to “hurt” you vs. I’m here to “help” you)
- Use the pronoun “I” to personalize the interview
- Use active listening to allow them to talk
Attempt to establish rapport (Cont.)

- Acknowledge the person’s sensory or emotional experience
- Acknowledge that you too would feel upset if the same thing were happening to you.
- Explore ways to help the person calm down – a cigarette, sitting down, etc.
- Explore different options!

Explore your perception of reality

- Try to understand the perception of reality of a person in crisis, but also make clear your perception of reality to that person in crisis
- It is OK for you to tell the person that you are not seeing, hearing, or smelling what they say they are perceiving
- You are not denying the other person’s reality—because what a person in crisis experiences is real to him or her. You are simply stating your reality.

Move toward Resolution of the Situation

To make the right decision and achieve resolution requires that you:

- Keep the subject as calm as possible (Try to allow the person to “save face.”)
- Find out as much as you can about the situation
- Use available resources to help with resolution
- Remain realistic and honest in your dealing with the subject

My personal experiences with ED individuals