



University of Wisconsin–Madison Police

Policy: 42.6

SUBJECT: PERSONS EXHIBITING ABNORMAL BEHAVIOR

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POLICY:

The University of Wisconsin–Madison Police Department shall provide guidelines for officers in contact with persons displaying abnormal behavior, medically defined mental illness, intoxication or incapacitation.

DEFINITIONS:

“Crisis Intervention Team Officer” or “C.I.T. Officer” is a sworn police officer with the Department who has received specialized training in recognizing and understanding the signs, symptoms, varying degrees of mental illness, and how to de-escalate a crisis.

“Intoxicated” refers to a person whose mental or physical functions are impaired by the use of alcohol but who is able to take care of him or herself.

“Incapacitated” refers to a person who as a result of the use of or withdrawal from alcohol or drugs is so mentally or physically impaired that he or she is unable to take care of him or herself.

“Mental illness” is defined as a mental disease to the extent that a person requires managed care and treatment. Mental illness is a substantial disorder of thought, mood, perception, orientation, or memory. This disorder, with varying degrees of severity, can grossly impair judgment, behavior, the capacity to recognize reality, or the ability to meet the ordinary demands of life. This may be caused by social psychological, biochemical or genetic factors, infection, or head trauma. This disorder does not include alcoholism.

“Substantial probability of harm” refers to the greater likelihood that harm will occur than not.

PROCEDURE:

42.6.1 PERSONS WHO EXHIBIT ABNORMAL BEHAVIOR

The following provides procedures for contact with persons exhibiting abnormal behavior:

- A. The following general descriptors may be indicative of a person with a mental illness. Officers must be mindful that these behaviors may also signify a condition other than mental illness; e.g., alcohol or drug abuse, medical disorder, head injury, dementia disorder.
 - 1. Confusion or disorientation
 - 2. Diminished, inappropriate or muted feelings or emotions
 - 3. Strange behaviors including inappropriate dress or unusual social behaviors
 - 4. Insomnia or hypersomnia
 - 5. Significant weight loss not attributed to dieting
 - 6. Extremely animated or sluggish movements
 - 7. Fatigue or loss of energy
 - 8. Inability to concentrate
 - 9. Recurrent thoughts of death without suicide plan or attempt
 - 10. Manic symptoms: great happiness, inflated self-importance, rapid flights of thought, great energy, risk taking behaviors, enhanced physical activity with little or no sleep
 - 11. Concrete thinking: interpreting concepts literally with difficult time understanding abstract ideas
 - 12. Anxiety, including panic attacks, social phobias or obsessive-compulsive thought and behavior patterns
 - 13. Delusions: a fixed or rigid thought pattern which evidence to the contrary will not resolve (believing they are the president)

14. Hallucinations: a sensory perception despite no sensory stimulus (hearing voices, seeing monsters, feeling bugs on their skin, smelling gas, etc.)
 15. Admission of specific diagnosis or of using psychotropic medication
 16. Expressing thoughts or ideas that seem illogical, bizarre, suspicious or paranoid
 17. Trash or other items of little worth that appear to have been collected or are inexplicably retained.
 18. Large amount of debris in/around residence
 19. Strange decorations or ritualistic displays present in residence
- B. Officers shall consider the necessity of involving additional resources in evaluating the mentally ill person's needs. Further assessment by a C.I.T. officer, a crisis worker, or another mental health professional may be required. The following are potential options for the officer:
1. Release of the individual with a referral made to a mental health agency.
 2. Place the individual in the custody of his/her family or friends.
 3. Consultation and/or evaluation with a mental health professional.
 4. Arrest or citation for a violation.
 5. Emergency detention.
- C. The Mental Health Center of Dane County shall be consulted for all potential emergency detentions. The Crisis Unit may offer treatment options for the subject and will help facilitate medical clearance for admission to an approved mental health facility. Wisconsin statute 51.15 requires a substantial probability of harm and a police officer's Affidavit for Temporary Custody. An officer placing an individual under emergency detention must follow the procedures specified on the Emergency Detention Form. The person must be suffering from mental illness, drug dependency or a developmental disability. The substantial probability of harm may be evidenced by the following:
1. Recent threats or attempts at suicide or serious bodily harm.
 2. Attempts or threats to harm others.
 3. Others are placed in reasonable fear of violent behavior and physical harm, as evidenced by a recent overt act, attempt or threat to do physical harm.
 4. Physical impairment or injury to him or herself due to impaired judgment as manifested by a recent act or omission.
 5. Behavior manifested by a recent act or omission that due to mental illness or drug dependency he or she is unable to satisfy basic needs for nourishment, medical care, shelter or safety without prompt and adequate treatment so that a substantial probability exists that death, serious physical injury, debilitation or disease will ensue.
- D. The Department has established a set of guidelines for sworn officers to follow in dealing with persons they suspect are mentally ill during contacts on the street, as well as during interviews and interrogations. They are:
1. Gather as much information as possible about the individual from family, friends, human services and/or witnesses.
 - a. Has the person threatened or attempted to use violence or acted dangerously toward themselves or others?
 - b. Does the person have a history of mental illness?
 - c. Does the person take any medications?
 2. Establish a perimeter to protect the mentally ill individual.
 - a. Remove distractions such as noise and bystanders to help diffuse the situation.
 - b. Move slowly and announce your actions before initiating them, unless doing so would compromise safety.
 - c. Adhere to sound tactical principles for the protection of the mentally ill person, officers, and bystanders.
 3. When tactically safe to do so, communicate with the mentally ill person using the following guidelines:
 - a. Remain calm and respectful.
 - b. Be friendly, patient, truthful, encouraging, and remain firm and professional.
 - c. Use simple, consistent language.
 - d. Reassure the person that you do not intend to harm them.
 - e. Avoid sudden movement, shouting or giving rapid orders.
 - f. Avoid forcing discussion, give them time to process.
 - g. Avoid getting too close, cornering, or touching the person without their permission.
 - h. Avoid expressing anger, impatience, or irritation.
 - i. Avoid buying into or agreeing with delusional or hallucinatory statements.
 - j. Do not use inflammatory language, make jokes or rude comments.
 - k. Do not assume a person who does not respond cannot hear or comprehend you.
 - l. Do not ask why, instead ask how or what.

- E. Entry level Department employees will receive initial training addressing mental health issues. All employees will receive refresher mental health training, at least every three years.

42.6.2 FOLLOW-UP FOR STUDENTS OR STAFF EXHIBITING ABNORMAL BEHAVIOR

The following provides follow-up procedures for contact with persons exhibiting abnormal behavior:

- A. The University of Wisconsin has a system in place to help students and staff in crisis. If an officer comes into contact with a student or staff member exhibiting abnormal or self-harming behavior, information on the behavior should be passed onto the Detective Bureau Lieutenant and the Captain involved in student and staff intervention. A case report shall be filed of the officer's observations and the investigation into the abnormal behavior.
- B. If any person exhibits abnormal behavior that is threatening to the campus community information on the behavior should be passed onto the Detective Bureau Lieutenant and the Captain involved in threat assessment.

42.6.3 ALCOHOL INTOXICATION & INCAPACITATION

The following shall outline procedures for dealing with intoxicated or incapacitated persons:

- A. Under Wisconsin statute, a police officer has certain responsibilities when dealing with persons intoxicated by the use of alcohol. An intoxicated person who has not demonstrated violent or threatening behavior or problems concerning a lack of judgment may be offered help, although they can decline the assistance. Intoxicated juveniles cannot decline assistance.
 - 1. Adults younger than the legal drinking age should be cited if appropriate and released if impairment is not great and it does not reasonably appear they are in danger.
 - 2. Adults that have attained the legal drinking age should be released if it reasonably appears that they are not in danger from their use of alcohol.
 - 3. Appropriate enforcement action should be taken with juveniles and they should be released to a parent or responsible adult.
- B. An incapacitated person should be placed in protective custody and transported to the appropriate detoxification facility. If a person is so incapacitated as to be completely unresponsive and unable to move, E.M.S. should be utilized to transport the person to an emergency room for a medical evaluation. For the purpose of this directive, protective custody is not an arrest but the appropriate officer safety techniques such as searching and handcuffing will be utilized.
- C. When an incident takes place in a residence hall involving an incapacitated person, an on-call residence hall staff member should be notified.

42.6.4 EXCITED DELIRIUM

The following shall outline procedures for dealing with persons experiencing excited delirium:

- A. Excited Delirium is a medical emergency. The behavioral characteristics suggestive of excited delirium are: inappropriate shedding of clothes; excessive strength; bizarre actions; incoherent shouting; combativeness; aggression; hyperactivity; extreme paranoia; hallucinations; shivering; and profuse sweating. Street drugs implicated in the development of excited delirium include cocaine, amphetamines, methamphetamine, PCP and LSD. When a combination of these characteristics is viewed by an officer, EMS should be called as early in the contact as possible.
- B. Though treatment decisions will not be made by police, officers should be aware of the following; the individual should be transported for definitive medical evaluation. The person should be placed in a non-prone position as soon as possible. Hobble-type restraints should be avoided. Officers should advise medical personnel of the need for continuous cardiac, oxygen, blood sugar and temperature monitoring on any individual with the noted symptoms as soon as possible. (The average temperature of a person with this condition is 104 degrees). The cessation of struggling should be viewed as ominous and prompt re-evaluation should occur.