

The Command Post

The Newsletter for Negotiators, Incident Commanders and Tactical Leaders

Canadian Critical Incident Association

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TO BREACH OR NOT TO BREACH

On July 17, 2000 officers responded to a 911 call from a female party who stated she had just ran out of her house after her boyfriend, who was depressed and had been drinking just put a shotgun to his head. He said he was going to kill himself and asked if she wanted to watch. After the Emergency Response Team established an inner perimeter I attempted to contact the subject by phone on several occasions to no avail.

After approximately one hour of trying to contact the subject we could hear a single shot from within the residence. I continued my attempts to contact the subject by phone with no luck. At this point we had to weigh the safety of the entry team, against the subjects potential need for medical assistance, had he actually shot himself.

While ERT prepared for an entry, I, under cover of an ERT member, made my way to a point of cover in the back yard of the residence and began trying to make contact with the subject via bullhorn. After several calls over the bullhorn it appeared we would not get a response so the ERT entry team moved into place.



BREACH ENTRIES OCCUR IN VARIOUS SITUATIONS!

Just prior to making an entry the subject opened his back door and walked onto the deck in the direction of the bullhorn. ERT directed the subject to the sidewalk where he was arrested.

After interviewing the subject and searching the residence we put together the events as they happened - The subject sat in the chair with the shotgun pointing at his head. As he fell asleep the gun went off sending a round into the wall. This woke him up. When he discovered the house was surrounded he put wet paper towels over the hole in the wall to hide it and then broke the gun down and hid it in the sofa before walking outside. A search of the residence uncovered a shotgun, two rifles and a handgun.



Sgt Don Spicer
Halifax Regional Police



President's Message

Members, it is with great pleasure I am able to say "the light at the end of the tunnel is not only brighter but much closer" for the C.C.I.A.

Memberships for Police Services, Corrections Institutes and individual memberships has increased substantially. There are still many Police Services who have not joined. You will have noticed by this issue of the Command Post we are changing the format appearance of our newsletter and also enlarging the content.

We have also created a new web-site www.commandpost.tv and an e-mail address info@commandpost.tv. Please check our web-site regularly. Since our inception we have held conferences — two (2) in Toronto, Cape Breton, Niagara Falls and of course we are looking forward to this years conference in Ottawa in September. We are also contemplating hosting one in the fall of 2002 in Toronto.

I would also like to welcome five new members to our Association who belong to Police Services outside Canada — **Matthew Onderbeke**, Snohomish County Sheriff's Office, **Everett, Washington** • **Peter John**, St. Lucia Police, Castries, **St. Lucia, West Indies** • **Eugene Unwin, Michael Marrone & Michael Robertson**, Elmira Police Department, **Elmira, New York**.

Finally, congratulations to three of my colleagues all whom work very hard to ensure the C.C.I.A. is available to you. Harry Schnurr, Executive Manager was recently promoted to Staff/Sgt. Lina Crawford, Vice President promoted to Sergeant assigned to Intelligence Bureau, Kelly Gallant, Conference Coordinator promoted to Sergeant, and now at 31 Division. Once again, to all three congratulations and thanks for everything.

A big thank you to Mary Lynn McLean for her great design and new format for our newsletter. Great job!



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Mission Statement

Dedicated to the promotion of Officer and public safety by bringing together services and agencies to form effective relationships, identify trends, address issues, share information, experiences and knowledge, and provide educational opportunities for participants, thereby inherently building the public's confidence in our ability to provide a service.

Objectives

- To provide meaningful, educational, relevant opportunities for participating members to meet together and address issues of mutual concern, seeking opportunities for continual improvement
- To promote public safety by ensuring that all Services are following the best practices and procedures and that relevant information goes to individual Services in a timely manner
- To provide effective working relationships and information sharing by providing opportunities for meetings on a regular basis with a Canada-wide structure broken into Provincial Chapters
- To ensure that major trends and issues regarding safety and knowledge are identified, discussed and acted upon in a coordinated manner including a bi-annual news publication.

MEDICINE HAT

On January 19 2001 at 11:30 PM I had just returned home to Medicine Hat following the Crisis Negotiator course in Ottawa which had commenced on January 9. No sooner had I stepped into the Medicine Hat Airport when I ran into a local defense lawyer who was there to pick up his son. He told me that an individual had just murdered his family and had barricaded himself in a basement. I asked him where it had occurred (expecting Calgary or Edmonton) when he calmly answered "9th St". I had a hard time believing it, but rushed home to get more news.

Once at home my wife explained that the incident was only a few blocks away. I drove to the command post where I was informed the stand-off with a 23 year old man armed with a .307 rifle, was now entering its 12th hour. Two negotiators were already at work and I was placed on call.

At 0600 I was called to the command post to be briefed. I was informed that the negotiators were in the back yard and that I was to become primary. I went to the scene and found that technical problems with the land phone had allowed only 10 feet of line to extend from the window of the barricaded subjects room. This forced the negotiators to remain on the inside perimeter. The problem was soon fixed and we were able to get the line extended to the back alley and into a vehicle. At this time the subject would not pick up the phone so I tried negotiating with him through the back door. He wouldn't respond so I kept talking about his dogs, some of his requests we had already obliged, and that we wanted to come to an agreement. After about 45 minutes he picked up the phone and began talking to my partner who was waiting by the receiver.

By 0800 I was acting in a secondary role as well as a lias between Ourselves, TAC, and the Incident Commander. The Negotiator course really came into play in that I had the mindset to listen to my partner and come up with questions and statements to say to the subject. We focused mostly on his dogs that were inside the barricaded room with him. It also gave me the knowledge to convince the Incident Commander to let the subject sleep and to call in a psychiatrist. He agreed to both.

At 11:30 the Incident Commander, TAC Commander and myself consulted a psychiatrist who later joined the negotiators in the car. He suggested we offer food and drink to the subject without requiring something in return. We did so and the subject soon began to talk about surrendering his dogs so we could walk and feed them. A surrender plan for the dogs was agreed upon with the subject at which time he decided he might as well come out too. At 12:30 he surrendered and came out of the house without incident.

This was my introduction to negotiating. I was fast to learn that things don't always go as planned and that it is vital to remain adaptable and overcome the unexpected (such as a call like this only hours after completing the course). In this case, the use of negotiators was vital in that TAC was unable to act, as the subject kept the barrel of the gun at his chin and his thumb on the trigger the entire time. The subject has been charged with three counts of 1st Degree Murder and has yet to make a plea. He is currently undergoing psychiatric evaluation.

By Constable Joe Wega
Medicine Hat Police, Saskatchewan



Brand New!!

THE CCIA'S WEBSITE ADDRESS



The Command Post staff invites you to visit the Canadian Critical Incidents Association's website at www.commandpost.tv for updated notes on recent inquiries and information sharing, or e-mail us at info@commandpost.tv.



ESTEVAN, SASKATCHEWAN

DANGEROUS USE OF FIREARM

On Thursday morning at approximately 0330 hours, Lorie Duane GIBSON (54-07-24) arrived at the residence of his estranged spouse. Present at the residence was his estranged spouse, a boyfriend of her daughter and a third individual. An argument ensued and Lori confronted his estranged spouse. The three occupants managed to escape, but not before a shot was fired from a long rifle which the suspect brought to the scene. The shot did not strike anyone. Our members were called to the scene and ensured that the building, an old renovated hospital, was evacuated. Negotiations were commenced over cell phones with the suspect by our local detachment members. It appeared that the suspect had situated himself in the basement furnace room of the 2 storey structure (basement and main floor). Inquiries determined that the individual had brought a double barrelled shotgun and a semi-automatic .22 cal rifle into the residence, with a large amount of ammo.

At approximately 0630 hours a single gunshot was heard from inside the building and the suspect would not answer his cell phone. Cpl. Horn and I were called at approximately 0700 hours. ERT and negotiators were called out and Supt. Bergerman took on the Incident Commander role. Transportation to the scene was provided by Regina Air Services. A decision was made to close the elementary school for the day as the school was located across the street from the old hospital.

The first ERT personnel (including myself) arrived at the scene and further evacuation of the surrounding residences continued. Perimeter was established and ERT team deployed. Background information and other briefings were provided by detachment personnel, victims and associates of the suspects. Contact was made with the subject via phone and negotiations commenced. Sgt. Doug Smith was the primary negotiator, with Sgt. Del Block and Cst. Johannah Audet of the Estevan Police Service fulfilling the secondary negotiator and liaison roles. Cpl. Kathy Bourlon provided assistance and backup negotiator throughout the second half of the negotiations.

Due to the nature of the building, ERT personnel were positioned on the roof area, so as to ensure that the suspect did not get access to the roof and therefore gain a stronghold sniper position. The negotiations continued, with the suspect refusing to listen to any

reasonable approaches by the negotiator. The suspect would hang up the phone, go to one of the building windows or door and commence firing indiscriminately. On one occasion the suspect raised a hatch and stuck his head out onto the roof area. Apparently realizing that our ERT members had control of the roof he fired a number of rifle rounds in the general direction of the ERT members and then ducked his head back inside the building. Throughout the standoff the suspect fired rifle shots from inside the building, towards the ceiling. A number of these rounds pierced the roof and placed the ERT members in extreme danger. *(Their tactics, positioning and equipment enabled them to maintain this essential position without injury.)*

As the hours of the standoff continued it became obvious that backup and assistance of any assault would be required from "D" Division. You contracted the OIC CROPS for "D" Division and they deployed their ERT Team to the site. The first members of their team arrived at approximately 1615 hours and were briefed. Their assistance, advice and support was greatly appreciated by all concerned.

A decision was made by Supt. Bergerman, in consultation with the ERT commanders, that one final attempt would be made to negotiate and then more proactive steps would have to be taken to end the standoff. A decision was made to use the suspects girlfriend in the negotiation. Negotiation continued and at 1835 hours, the suspect surrendered peacefully to our members. No injuries occurred.

The success of this operation was due to the tremendous cooperation and teamwork of all members involved.

... one final attempt would be made to negotiate and then more proactive steps would have to be taken ...

Suspect:

Lorie Duane GIBSON (DOB: 1957-04-24)

Negotiator: Doug Smith

Secondary Negotiator: Sgt. Del Block, Estevan Police Service; Cpl. Kathy Bourlon (RCMP); Cst. J. Audet, Estevan Police Service

Date: January 25, 2001, Bienfait, Saskatchewan

Time Called: 0655 hours

Time Arrived: 0920 hours

Time of First Contact: 0943 hours

Time Negotiations Completed: 1835 hours

ESTEVAN, SASKATCHEWAN

Members of the ERT assault and sniper group, both from F and D Divisions (with the support of the ERT communications officer) and the two PDS units (Sgt. Carlson and Cpl. Henson) showed extreme professionalism and dedication, in a very dangerous and volatile situation. They maintained their position in dangerous circumstances and their tactics led to the successful resolution of this incident. EDU personnel assisted in the event by using the robot, providing advice and assisting in the tactical actions which encouraged the successful resolution.

Members of Special I and telecoms support provided excellent technical support. In this situation the large number of land phone lines and cell phones which were accessible to the suspect made limiting and controlling his communications a nightmare. These units enabled proper communication with the suspect and our personnel.

All four members of the negotiation team worked under highly stressful conditions, over 9 hours to reach a successful conclusion. Interviews subsequent to this incident with the suspect leads to the conclusion, that this appeared to be a planned murder-suicide.

The first media person at the scene arrived at approximately 0930 hours. The attendance and support of Sgt. Ron Toogood and Ms. Heather Russell provided effective media management at the scene. All media comments were very favourable of our actions and tactics in this situation.

Supt. Bergerman carried out the incident command role in an effective and professional manner. His scene management through the detachment personnel ensured that every team member and the general public were out of harm's way while the negotiation and tactical manoeuvres were being carried out. Insp. Les Kjemus arrived at the scene to relieve Supt. Bergerman, however the incident ended before Insp. Kjemus was required to take over. He did provide very valuable advice.

It was noted that throughout the incident, members of the community and in particular the mayor and counsellors were briefed by the NCO i/c Estevan. They were present and provided refreshments and meals to all personnel. During the debriefing they thanked our members and made very positive comments to the media at the scene.

I trust this will provide you with an outline of this callout and the work of all involved. I am drafting a letter to the Chief of Estevan thanking them for their assistance and that of Sgt. Block and Cst. Audet. Also of note was a call that I received from the Regina Police Service Tactical Unit offering their assistance, however, the incident resolved itself before this assistance was required.

Inspector Garry Jay
RCMP "F" Division HQ
Regina, Saskatchewan



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A TRAGEDY, BUT NOT A MYSTERY

While we understand the inquest jury's finding last week that Henry Masuka died of an "undetermined" cause in the emergency room of St. Michael's Hospital on New Year's Eve 1999, we have no doubt about how he died. He died because two ETF officers shot him after he held a gun to the neck of Dr. Richard Yu for, in Masuka's deranged mind, not treating his infant son quickly enough.

Masuka; with twice the legal limit of alcohol in his bloodstream, had previously refused to put his weapon down or let the doctor go. He threatened: **"I'm going to end this at midnight,"** and **"let's end this right here"** just before he was shot. The officers said they fired because they believed he was about to kill Dr. Yu.

Ontario's Special Investigations Unit subsequently cleared them of any wrongdoing.

It's a tragedy Mazuka had to die and that police would later discover his weapon was an unloaded replica pellet gun. The officers had no way of knowing that in advance. What we're at a loss to understand is what, as a society, we are to learn from this death.

The jury made two recommendations — that provincial and federal governments control the sale, use and possession of replica guns and that a security report by St. Mike's be shared by other hospitals.

It's not our intention to insult the memory of Henry Mazuka, who we wish was alive today, to congratulate police for doing what they, regrettably, had no choice but to do.

Published in the Toronto Sun, May 7, 2001

"This is an upcoming case study in the next issue!"

NEGOTIATION/HOSTAGE SITUATION — MONTREAL

HISTORY AND HIGHLIGHTS

The Montreal Urban Community Police Department (MUCPD) receives a call for intervention at **1250 Sanguinet Street, the address of CLSC Des Faubourgs** (Des Faubourgs Local Community Service Centre), concerning an armed woman. Informed by the security guards, the officers quickly realize that the suspect has taken a social worker as hostage. She has locked herself up in an office on second floor and a security guard has locked the door with a broom to keep the suspect and the hostage from coming out. In acting this way, he wanted to prevent a multiple hostage taking situation.

A security perimeter is quickly set up, the building is evacuated and the Tactical Squad as well as negotiators are called to the scene. In the meantime, a patrol officer tries to initiate verbal contact, which brings him to realize that the suspect is not in a normal condition, i.e., that she possibly is under the influence of alcohol or drugs. She hits the hostage and stresses the fact that she is armed and wants to talk to her social worker.

4:56 P.M.

- The negotiation team arrives at the scene and arrangements are made to find an office where negotiations will be conducted from.
- The information obtained enable us to quickly identify the suspect, an Inuit woman, aged 32, who had been the object of negotiations in a barricaded incident some nine (9) months earlier. She also is the prime suspect the theft of a handgun with ammunition (a handgun in working condition) that same day at about 12:00 (noon).
- Steps are immediately taken to locate the social worker the suspect has asked for. He is quickly located and taken to the scene of the negotiations.
- Police officers and the Tactical Squad take up position following preliminary briefing. Two dogmasters with their animals also are on the scene.

5:38 P.M.

- The negotiators establish a telephone contact with the suspect, the latter seems to be intoxicated and she insists that she will only talk to her social worker. She refuses to deal with the negotiators.

6:15 P.M.

- After a short conversation with the social worker asked for by the suspect, we decide to have him step in as the third negotiator.
- Even though the initial contacts seem to be laborious, the suspect listens to the social worker. She puts an end to the conversation on several occasions, but we become insistent. The suspect's claims are very vague and she obviously is in a state of crisis.

7:15 P.M.

- Our technicians advise that the telephone system is a digital system and, since only two lines are assigned to the room in which the suspect and hostage are located, it will be possible to use this second line as an intercom system. From then on, we can listen in on the suspect's conversations even though the telephone handset is hooked up. Furthermore, the suspect can no longer take incoming calls or make outgoing calls.

7:45 P.M.

- Following several requests from the suspect to get cigarettes, we agree to give her a few cigarettes, which will give us the opportunity to see if we can use a snake-type camera to observe what is going on in the room. At the same time, we take advantage of the increased darkness to set up a camera in the rear of the building. Even though visibility is limited, we can still guess the suspect's movements from her shadow.
- After removing the threshold weatherstripping, with the suspect's approval, we give her two cigarettes and two matches. However, she remains very distrustful: she had ordered the hostage to sit down with her back to the door. After telling the hostage to smoke one of the cigarettes, because she is mistrustful, she smokes the other cigarette. From then on, we note that the suspect has calmed down substantially and seems more receptive to the suggestions made by the social worker who is negotiating under our control.
- The suspect even becomes friendly with her hostage, and offers her to take the weapon, but the hostage turns down this offer.



NEGOTIATION/HOSTAGE SITUATION — MONTREAL

8:22 P.M.

- The suspect opens the door to free her hostage, but the dogs who are there, probably too close, immediately react. The suspect slams the door closed and keeps her hostage. The dogs are then taken some distance away.
- In a telephone conversation, the suspect is advised that the dogs have been taken away and she accepts to open the door and to release her hostage. However, the camera enables us to realize that the suspect is not pointing the firearm to her own head.
- The office door is left open for quite some time and a second camera is set up, which now gives us view from the front and rear. We can thus readily realize that we are now faced with a possible suicide in the presence of police officers. In fact, while verbally agreeing to surrender, the suspect is still pointing her weapon to her head. She is now displaying a provocative attitude.
- Even though the suspect sounded very desperate and the negotiations were interrupted on several occasions, she still asked to talk to her lawyer. She still has her weapon pointed to her head.



the theft of the handgun, the identification of the social worker and of the hostage.

The identification of the type of telephone system that was being used, which made it possible to have continuous eavesdropping capacity in that office, a great advantage to us including total control over the telephone lines.

The installation of cameras was instrumental in the decision-making process because the suspect's actions rarely matched what she was saying on the telephone. This also enabled us to determine that as soon as the hostage had been released, we were facing a potential situation of suicide in the presence of police officers, which could hardly be detected from the suspect's statements.

The fact that we satisfied a physical need, i.e., supplying the suspect with two cigarettes, was a turning point in the negotiation, since this is when the suspect began to act in a more friendly manner with her hostage, whom she later released.

The use of a third negotiator on two occasions proved beneficial. The social worker first enabled us to get through to the suspect and to establish communication. The lawyer then worked on a peaceful resolution of the situation in that he managed to reassure the suspect.

The use of an infrared communications system, similar to the ones that are used in court for trials by judge and jury, enabled police authorities to keep abreast of negotiations without running the risk of having their communications intercepted by third parties.

9:16 P.M.

- The lawyer is reached and he accepts to come to the scene.
- After getting briefed about the situation, the lawyer agrees to act as negotiator.

9:52 P.M.

- The suspect accepts to surrender without any condition. However, before surrendering, at our request, she accepts to put her weapon down on the window sill, which is soon confirmed by the camera in the rear of the building. She then surrenders to the police. She is later taken to the hospital and, following psychiatric examination, she is declared of sound mind. She is then arrested and taken to court.

NEGOTIATION HIGHLIGHTS

Quality of the information that was available when the negotiators arrived at the scene, to wit the suspect's identification, the connection between the suspect and

WEAKNESSES

- The proximity of the dogmasters was counterproductive because, even though their presence was advisable, we have to be very careful in using a tool that we do not control 100%.
- The command post was located in the same building, on a higher floor. If tear gas had been used, the command post could have been disturbed, if not neutralized. Great care must therefore be taken in the selection of the command post location.

Sgt. Det. Jacques Dextrateur
Negotiator
Montreal Urban Community
Police Force



Translated by: Roger Williams - GRC Section

Toronto Emergency Task Force ... Immediate Action Rapid Deployment

During the last couple of years, Toronto's Emergency Task Force have been running a program that in the event of an **Active** shooter within a school, business, or warehouse the Teams can respond as a two, four, six or eight man element. This program was developed as a result of the number of shootings in schools and other locations where an active shooter or shooters have gone into a building, shooting at random.

The incidents are spontaneous, the suspects behaviour unpredictable and the incident has normally ended within the first 30 minutes, with the suspect(s) killing themselves or have created a police shooting. A high percentage of suspects have no rational escape plan. In the school incidents their existed pre-incident signs, like talking about a plan and/or they may be social outcasts. Incidents occurred in a target rich environment and the first responders have been outgunned and/or didn't have the training to

respond to an active shooter situation. It would be likely that the first responders would be front line officers and would be called upon to react immediately to an active shooter. Also as a tactical team,

ACTIVE SHOOTER:

Where the suspect's activity is immediately causing death or serious bodily harm and the suspect(s) is not contained.

there may not be time to wait for the entire team to assemble.

Some of the issues for the first responder to be concerned with an active shooter would be to assess the situation, broadcast the situation to responding units; assemble contact teams (minimum 2 officers). The **contact team's** priority is to make contact with the active shooter and stop the deadly behaviour, limit the suspect's movement, and prevent escape. The **rescue team's** priority is the rescue and recovery of the victims. This may be occurring while the

contact team is searching for the suspect.

The scenarios bring with them a host of problems including; lack of time to plan, radios not working in certain areas, no floor plans, description of suspects, noise from alarms, fire sprinkler operations, victims bleeding, people leaving, and possible explosives. To make the scenarios as realistic as possible we have utilised auxiliary police officers to act as victims and students, tactical paramedics, simunition ammunition, sound effects, loud blank firing, realistic victim's wounds for the rescue teams and paramedics, and realistic scenarios which have or might happen.

It's impossible to anticipate everything in the event of a real call, but by running these scenarios we have anticipated some of the problems that may occur.

*TC Bob Leighton #2849
Toronto Police Service
Emergency Task Force*

A TRUE Emergency Response Team

- An Incident
- A Scribe
- Primary N
- Secondary
- Tactical Te

These pages are dedicated for articles from Tactical Units. Please forward your articles on incidents of interest to : info@commandpost.tv



EMERGENCY RESPONSE

TASER INCIDENT

On December 01, 2000 the Toronto Police Service, Emergency Task Force was granted a four month operational assessment of the M26 Taser Less-Lethal System. The project comes to a conclusion on March 31, 2001 at which time the Solicitor Generals Office will conduct an evaluation of the system.

On Tuesday, February 13th 2001 the Taser M26 received nation wide coverage when the Toronto Police Service subdued a transient packing an imitation handgun.

At 9:00am Special Weapons Team #2 responded to Riverdale Park after a report of shots being fired. When officers arrived, they found a man standing

statue-still beside a city works building looking towards Riverdale Hospital.

A City of Toronto employee observed the male to fire three shots from a handgun and then he placed his hands in the pockets of his coat.

... the male to fire three shots from a handgun and then he placed his hands in his pockets.

The 36 year-old man, known to area officers as having had psychiatric treatment, stood rigid and ignored the ETF members that were urging him to surrender.

Constable Derrick Goobie tried to talk to the man during the stand-off "He appeared to be catatonic. He was staring off at the hospital or the Don Jail. I couldn't get a glare, a response, nothing for two hours." said Goobie.

The armoured vehicle was brought to the scene and moved to within a metre of the man. The taser was fired through a shooting

port, the man stiffened for a second and then dropped to the ground. He was taken to Sunnybrook Hospital for a psychiatric assessment. An imitation blank firing handgun was seized.

The primary goal of less lethal technology is to give the suicidal/violent individual a chance to live, prior to lethal force being used. This less lethal philosophy requires a multi-faceted approach in order to accomplish this goal.

The operational trial of the M26 Taser system has proven to be effective and fills a void in our less lethal inventory. The operational deployments to date have shown a significant reduction in injuries to both subjects and police officers as compared to other force options.

The Taser has been utilized as Force Presence 46 times and activated 7 times. Taser International is reporting a 94% success rate.

*Sgt Doug Walker
Toronto ETF*

Emergency
Team consists of:
Team Commander
Negotiator
Negotiator
Team



Courses for The Year 2001

Toronto Police Service
Emergency Task Force

Basic Tactical Orientation Course	4 - 5 weeks
Dynamic Entry	1 week
Rappel Instructor	1 week
Three Day Refreshers — Rappel	3 days
Breaching	3 days
Containment Course	2 weeks
High Risk Vehicle Takedown	1 week

Dates and Fees will be announced

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WHAT TO EXPECT FROM THE SHRINK ON SCENE

THE ROLE OF THE MENTAL HEALTH CONSULTANT IN NEGOTIATION

A domestic disturbance turns ugly. The boyfriend pulls out a weapon and barricades himself, his girlfriend, and their 6-month-old baby inside their apartment. After the initial unit arrives on the scene the Emergency Response Team and the Negotiation Team are called. The Incident Commander, following protocol, contacts a mental health consultant who arrives on the scene, pen and paper in hand. Now what?

Most Mental Health Consultants (MHC) to police special teams are psychologists or psychiatrists and can contribute to effective police operations in a variety of capacities. Mental Health Consultants can get involved in: selection of personnel both at entry levels and for more specialized teams, consulting on team building and training, providing specialized training (e.g., Emotionally Disturbed Persons), assisting in debriefing procedures, providing direct services on the prevention or treatment of stress-related issues, and psychological profiling for Major Crimes (Ostrov, 1986). In addition, psychologists and psychiatrists can provide direct consultation to Police Negotiators during Hostage or Barricaded Subject situations.

The role of the MHC to the Negotiation team is simple – expert information. The psychologist / psychiatrist consults to the negotiation team to provide relevant, useful, information on the subject, the hostages, and the negotiation process itself.

So what relevant, useful information should one expect from the MHC? There are a few basic categories of information that are the focus of his or her involvement:

1) SUBJECT STYLE

Identification of the subject's style can be crucial to choosing a negotiation strategy. Subjects are typically driven by one of two motives – instrumental or expressive (or some variation or combination). The MHC can help in the recognition of the subject style and provide recommendations about negotiation strategies (e.g., Problem-Solving and Bargaining versus Active Listening and the Use of Empathy).

Expect the psychologist / psychiatrist to collect information from multiple sources and help answer the question "What does this person want?" and "What's it going to take to end this situation peacefully?"

2) PSYCHIATRIC STATUS

This represents one of the most important categories of information the MHC can address. If a subject has had previous mental health treatment, the MHC can contact past (or current) treatment providers and collect relevant information on a person's psychiatric history, diagnosis, medication regimens, drug and alcohol use, previous violent or suicidal behaviour, etc. Psychiatric information can be translated into useful feedback to the negotiation team. For example, a disorganized presentation from a subject could reflect a thought disorder or recent substance abuse. With the latter, you might be able to wait for a subject to "sober up". With the former, waiting will not make negotiations easier – the psychotic disorder won't "get better".

Expect the MHC to consult with previous health care providers, listen directly to the negotiation process, and to offer an informed opinion about the subject's mental status and strategies to manage him/her.

3) THREAT ASSESSMENTS

As the MHC obtains more information it will become possible to make broad statements on certain key elements of threat – risk of violence and risk of suicide. Although the current research in these areas is lacking, there are certain factors the MHC can consider in providing information back to the negotiation team on threat assessment. For example, co-occurring substance abuse in a mentally ill individual with a history of violence can increase the future risk of violence dramatically (Steadman et al., 1998). In addition, recent research (Link & Stueve, 1994) suggests that specific symptoms of a person's mental illness might be more relevant to possible violence. A class of psychotic symptoms known as Threat/Control-Override has been identified as a stronger predictor of violence than the mere presence or absence of any psychotic symptoms. Threat/control-override symptoms are those that make a person feel personally threatened or that make them believe that their ordinary abilities of self-control are compromised by forces outside their power. A MHC is in the best position to identify such features and interpret them for the negotiation team.

Expect the MHC to collect information from multiple sources and to comment on the subject's risk of violence and/or risk of suicide.

WHAT TO EXPECT FROM THE SHRINK ON SCENE

4) DIRECT RECOMMENDATIONS ON NEGOTIATION

By monitoring the negotiation process between the subject and the police, the MHC can provide specific suggestions on tactics from establishing rapport to managing emotional outbursts. In addition, the MHC can provide more detailed explanations of a subject's state-of-mind and underlying psychological processes that could lead to more effective negotiation strategies. In one recent exercise with the Halifax Regional Police, a key theme that arose in the negotiation was *self-concept*. The subject was focused on being a "bad person" and the negotiator was able to successfully reframe the subject's thinking by explicitly separating his actions from who he was as a person (e.g., "You're a good person, you just got yourself into a tough spot"). The negotiation also attempted to reinforce a positive self-concept ("We know you're a good guy. You don't do stuff like this"). Such psychological strategies may give the negotiation team an advantage in resolving a situation peacefully.

Expect the MHC to monitor the negotiation process and provide feedback on psychological aspects of both the subject's reactions, state-of-mind, and the style of negotiation.

5) LIAISON

One of the final, and most critical areas, in which the MHC can assist in hostage and barricaded subject situations is in direct contact with relevant professional and personal collateral sources. A collateral source is anyone who knows the subject. Gaining collateral information is an important means of learning about the subject; especially accessing information the subject won't readily share (e.g., recent substance abuse, mental health history). Because of his or her profession, the MHC can often access relevant health records, and speak to mental health professionals more easily than other individuals. In addition, information that might not be meaningful to police personnel (e.g., "Significant Axis II", "Borderline Traits", "Schizoaffective") is very useful to the MHC who can then "translate" the information into a more meaningful form for the negotiator. As a result of this function, the MHC frequently stays mobile, moving from one collateral source to the next, gathering the most accurate and detailed information possible. The usefulness of this function cannot be underestimated since any

recommendation is only as good as the information on which it is based.

Expect the MHC to be mobile, trying to meet with, or talk to, family, friends, and mental health practitioners. Collecting and interpreting relevant information from different sources is one of the most valuable resources the MHC brings to the barricaded subject situation.

So what does the MHC offer the negotiation team? Recommendations and second opinions on a subject's state of mind and possible negotiation strategies, explanations of a subject's psychological processes, rough assessments of violence or suicidal threats, and a liaison to other crucial sources of information. Expect the MHC to monitor negotiations, interview family, friends, and mental health professionals who have been involved with the subject, and to give immediate feedback on progress as it relates to mental health issues. On the other hand, what should the police and the negotiation team NOT expect from the MHC? He or she is not a negotiator and should not have direct contact with the subject. The MHC does not make decisions but only provides recommendations and advice. Finally, and this may be most obvious for the MHC, he or she should not get in the way – the negotiation process and the siege situation are the territory of the police and the MHC is an invited, but hopefully welcome, guest.

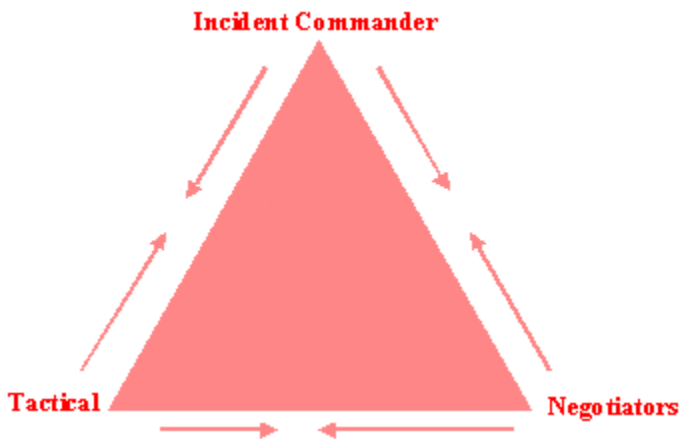
REFERENCES

1. Link, B. G., & Stueve, A. (1994). Psychotic symptoms and the violent/illegal behaviour of mental patients compared to community controls. In J. Monahan & H. J. Steadman (eds.), *Violence and mental disorder: Developments in risk assessment*. Chicago: University of Chicago Press.
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3. Steadman, H. J., Mulvey, E. P., Monahan, J., Robbins, P. C., Appelbaum, P. S., Grisso, T., Roth, L. H., & Silver, E. (1998). Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighbourhood. *Archives of General Psychiatry*, 55, 393–404.
4. Dr. Brad Kelln is a Clinical & Forensic Psychologist with the East Coast Forensic Psychiatric Hospital (formerly the Provincial Forensic Psychiatry Service of the Nova Scotia Hospital) and the head of the Kelln Group. He is on call to the Negotiation Team of the Halifax Regional Police. You can contact him by visiting www.thekellngroup.com

Brad Kelln, Ph.D. C.Psych.
Clinical & Forensic Psychologist
Special Consultant to the Halifax
Regional Police Negotiation Team



COMMANDER'S REFRESHER MATERIAL



INCIDENT COMMANDER DEFINITION

Member of the service who has completed an incident commanders hostage barricaded persons course at the cpc or other accredited police training agency.

CRITERIA: Commanders should have:

- ✓ Basic training (I/C course)
- ✓ Ongoing training
- ✓ Advanced training

TRAINING:

- ✓ Scenario training
- ✓ Tabletop training
- ✓ Case studies
- ✓ Publications
- ✓ Refresher courses
- ✓ Conferences / Seminars C.C.I.A.

VITAL STEPS:

1. Locate
2. Isolate
3. Evacuate
4. Communicate
5. Negotiate

FIVE LEVELS OF FORCE:

- ✓ Containment
- ✓ Communication negotiation
- ✓ Less lethal technology
- ✓ Counter sniper
- ✓ Tactical rescue/assault
- ✓ Decisions made by the I/C
- ✓ Reasonable? Necessary? Risk effective?

I/C ARRIVAL ON SCENE:

- ✓ Appoint scribe
- ✓ Briefing by on scene personnel
- ✓ Cid begin compiling profile
- ✓ Review perimeters
- ✓ Evacuate frozen area
- ✓ Command post, staff, security
- ✓ Scene maps drawings
- ✓ Appoint press liaison officer
- ✓ Develop tactical/neg. Strategies



COMMAND POST: The point from which all ...

- ✓ access and contact with the stronghold is managed
- ✓ tactical movements are controlled
- ✓ unnecessary personnel are excluded

COMMON INCIDENT COMMANDER ERRORS:

- ✓ Lack of crisis management training on the part of the field commander
- ✓ Fear of "loss of control" to the negotiators or tactical team on the part of the field commander
- ✓ Over involvement (direct involvement in negotiation) by the field commander

MEASURES OF NEGOTIATING SUCCESS:

- ✓ Hostages released
- ✓ Absence of injuries to hostages
- ✓ Communications open
- ✓ Deadlines passing without threatened action being carried o
- ✓ The incident is static
- ✓ Routine has been established
- ✓ Emotional outbursts are declining
- ✓ Conversations are longer



SITUATION COMMANDER: Actions

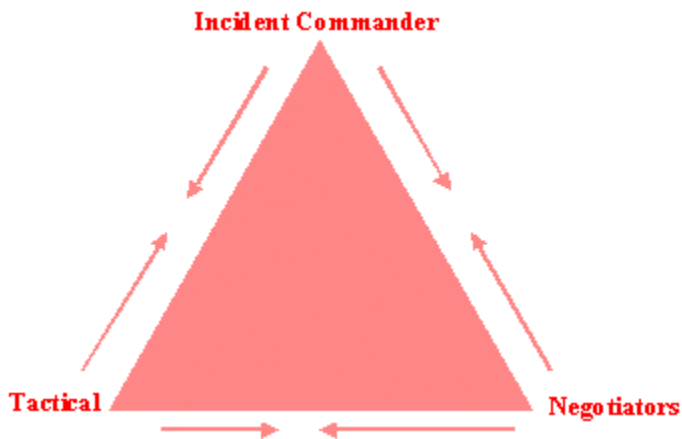
- ✓ Clear
- ✓ Decisive
- ✓ Co-ordinated
- ✓ Fully understood by everyone

COMMANDERS MUST KNOW THE CAPABILITIES OF:

- ✓ Negotiating team
- ✓ Tactical team

How? ... by all three training together!

CRISIS NEGOTIATOR'S REFRESHER MATERIAL



SUBJECT'S ASSESSMENT

An assessment of the subject's behaviour must be made early. This assessment will allow us to define the type of incident we are dealing with and to determine a communication strategy.

HOSTAGE TAKERS / BARRICADED SUBJECTS:

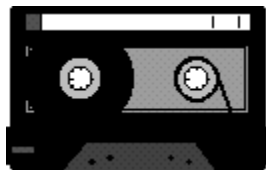
- ✓ Emotionally disturbed people
- ✓ Criminals trapped during the commission of a crime
- ✓ Emotionally upset
- ✓ Inmates of correction facility
- ✓ Political terrorists including N.B.C. Threat

PREPLANNING BEFORE CONTACT:

- ✓ Find a location where you can concentrate, be comfortable and avoid distraction
- ✓ Set up your equipment
- ✓ Review all the background intelligence
- ✓ As a team prepare a strategy(primary & secondary)
- ✓ Prepare a check list of areas you want to focus on

TAPE RECORDING THE NEGOTIATION:

- ✓ As an aid to negotiation
- ✓ As evidence of
 - a hostage takers emotional state
 - threats against the hostages
 - previous crimes
 - the fact that you did everything you could
- ✓ For research
- ✓ For training



CREATING A DIALOGUE # 4 — Suggesting Surrender:

- ✓ What it's all about
- ✓ Seldom too early to suggest
- ✓ Earlier in unplanned sieges
- ✓ Choice of words
- ✓ Preserve dignity
- ✓ Discuss guarantees
- ✓ Presence of lawyer or press
- ✓ Give a little - gain a lot

STYLE OF COMMUNICATION:

- ✓ Trust and integrity are the keys to opening up long term relationships and commitment
- ✓ Introduce yourself (i am barney, i work with the police)
- ✓ Seek his or her name and do not forget it
- ✓ Write it down phonetically
- ✓ Mention the presence of a colleague and give name
- ✓ Choose your words, tone and manner carefully
- ✓ Consider their education and vocabulary
- ✓ Do not draw into a spiral of excitement
- ✓ Despite being under stress yourself, always speak slowly & softly, avoid loud rapid speech
- ✓ Do not be afraid to ask questions
- ✓ Seek to clarify the meaning of any statement

CREATING A DIALOGUE #3 — Normal Reaction

A normal person will:

- ✓ Trust Authority
- ✓ Accept Act Of Kindness
- ✓ Have A Need For Security
- ✓ Welcome Reassurance



Upcoming Courses

@ Canadian Police College

					
<i>Negotiators' Refresher Course</i>	Aug. 27 th — Aug. 31 st , 2001				
<i>Commanders' Course</i>	Aug. 27 th — Aug. 31 st , 2001				
<i>Negotiators' Course</i>	Sep. 17 th — Sep. 21 st , 2001 (<i>French/refresher</i>)				
<i>Negotiators' Course</i>	Oct. 24 th — Nov. 02 nd , 2001				
<i>Refresher Negotiators' Course</i>	Nov. 19 th — Nov. 23 rd , 2001				

WE DON'T GET OFFERED CRISIS ... THEY ARRIVE

CPC recommends prior to '96, Negotiators should take the basic Negotiator's Course over again.

Note:
Check website for agenda and list of speakers!



Seminar for:

- **Negotiators**
- **Tactical Members**
- **Commanders**
- **Corrections Personnel**

Hosted by:

The Canadian Critical Incident Association

&

Ottawa Police Service

September 26, 27 & 28, 2001
Courtyard Marriott Hotel
350 Dalhousie Street
Ottawa, Ontario K1N 7E9
Tel: 613-241-1000
Fax: 613-241-4804
Toll free: 1-800-321-2211

Cost: **\$ 175.00** (*members*)
 \$ 200.00 (*non-members*)

Contact: **Ms. Elaine Julien**
 613-236-1222 ext. 2219

Accommodations must be made directly with the hotel and persons making reservations must quote the conference code CCI to receive the conference room rate. The cost of the rooms are \$125.00 per room per night. Please book early as not to be disappointed, as this is a peak period in the city at that time of year.

COURSES THROUGH TORONTO POLICE

CONTACT:
S/SGT. BARNEY McNEILLY
416-808-3800

Refresher Crisis Negotiators' Course
Waterloo Regional Police

May 28th — May 30th, 2001
 Contact: Sgt. Bruce Tucker
 519-570-3000 ext. 788

Crisis Negotiators' Course
Niagara Regional Police and Toronto Police

July 9 — July 16, 2001
 Contact: Sgt. Chris Scotland
 Niagara Regional Police

Refresher Crisis Negotiators' Course
London Police Service

Oct. 3rd — Oct. 5th, 2001
 Contact: Sgt. Lorna Bruce
 519-661-5670
 Fee: \$ 200.00

Refresher Crisis Negotiators' Course
London Police Service

Oct. 10th — Oct. 12th, 2001
 Contact: Sgt. Lorna Bruce
 519-661-5670

Incident Command Course
Toronto Police Service ETF

Nov. 5th — Nov. 9th, 2001
 Contact: S/Sgt. B. McNeilly
 416-808-3800
 Fee: \$ 500.00

THE
COMMAND POST
INFORMATION

Reminder . . .

to CCIA Members, your Board of Directors and Executives are here to help you. They are your resources and may be contacted anytime.

Wanted . . . !!

We are looking for members, across Canada, to be *Provincial Representatives*.

If you are: ✓ willing to keep us posted with recent critical incidents
 ✓ help us with memberships

We want to hear from you!

Contact: **S/Sgt. Harry Schnurr**
 Phone: (519) 824-1212
 Email: kaslex@sentex.net

Sgt. Lina Crawford
 Phone: (905) 825-4777
 Email: lac@idirect.ca

We want to hear from you about incidents in your area!



CANADIAN CRITICAL INCIDENT ASSOCIATION

Individual Membership Application \$25.00

Name: _____	Rank: _____	
Home Address: _____		
Agency Name: _____		
Agency Address: _____		
Agency Tel: _____	Agency Fax: _____	Home Tel: _____
Send Mail To: (circle one)	HOME	AGENCY
Signature of Applicant: _____	Signature of Supervisor: _____	

Service/District/Divisional Membership Application \$100

Federal / Government Agencies — Please ID Region / Name

Agency Name: _____	
Agency Address: _____	
Agency Tel: _____	Agency Fax: _____
Name of Contact Person: _____	
Signature of Commanding Officer: _____	
Enclose cheque or money order made payable to: Canadian Critical Incident Association 300 Lesmill Road North York, ON M3B 3P4. Completed applications MUST be accompanied by a photocopy of the applicant's Identification Card or Agency Identification. Applications received without I.D. will be returned. ❖	

Canadian Critical Incident Association
300 Lesmill Road
North York ON M3B 3P4