

The Command Post

The Newsletter for Negotiators, Incident Commanders, Scribes and Tactical Leaders

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THE INTEGRATED SUPPORT SERVICES UNIT

In June of 2003, the RCMP, the OPP and First Nations Police Services across Ontario collaborated their efforts and formed the **Integrated Support Services Unit (ISSU)** for the Province of Ontario. There are 12 members on the team deployed across the Province who deliver and facilitate the delivery of safety and educational programs in First Nations Communities. Simply stated, **the primary focus of the team is community wellness.** The team works with community leaders and officers from the local First Nation Police Service to assess the needs and develop programs relevant to each individual community. Suicide Intervention and Drug and Alcohol Awareness are two examples of programs that have been requested and delivered in some of the communities.

The ISSU places a huge emphasis on the well-being of youth, our leaders of tomorrow. The 12 members go out into the communities and take time with the kids, talking with them and answering their questions, taking them to hockey games, forming teams, attending youth nights, and participating in youth events. The ISSU has initiated anti-bullying policies in a number of schools and has delivered anti-bullying training to teachers, students and parents. The ISSU teaches the **"Walk the Path" Program** which is a culturally sensitive, self-esteem building program for youth developed by S/Sgt. George Couchie of the Anishinabek Police Service. The ISSU delivers the Aboriginal Shield Program, a substance abuse prevention program designed specifically for Aboriginal youth. A great deal of time is invested in equipping Aboriginal youth with the tools to make informed and responsible decisions.

The RCMP, the OPP and First Nations Police Services have formed a partnership and are building relationships of trust. A crisis negotiator may find that a member of the ISSU who has spent a great deal of time in a certain community and who is known to the people of that community, may be able to help during a time of crisis. Please contact **S/Sgt. Terry Bell at First Nations Programs of the Ontario Provincial Police (705) 329-6205** to determine who your local ISSU member is if you feel that they can be of assistance.

Sgt. Sherry Franscella has been with the O.P.P. for 12 years and was selected as a member of the Crisis Negotiation Team for the Northeast Region in August of 2000.

UPCOMING CONFERENCE

CCII/HALIFAX POLICE SERVICES CONFERENCE

May 3-5, 2004

Casino Nova Scotia Hotel, Halifax, Nova Scotia

For Conference information, please contact Sgt. Don Spicer by phone @ (905) 490-5154 or by email at spiced@halifax.ca

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President's Message

Dear Members,

Spring-like weather has been teasing us throughout Southern Ontario. I was speaking with a colleague in Victoria who was telling me that the daffodils and crocuses are in blossom in the West. I have been promised by Sgt. Don Spicer, Halifax Regional Police Service, that the snow in Nova Scotia will be gone by May 3rd for the opening of our conference in Halifax. Please check our website for further details and course outline and support us.



A number of incidents have occurred throughout the country, which we are following. Tragically the murder of RCMP Cpl. Jim Galloway during an armed standoff in the Edmonton area has devastated the policing community. Our deepest sympathy and condolences to Jim's family and friends.

There are two other incidents that we are monitoring; one being in Gatineau, Quebec, where an armed robbery suspect was shot and killed by police. Evidence would indicate that this would fall under the category of "suicide by cop". The other being in the city of London, Ontario where an armed robbery suspect, in the presence of police, took his own life. The S.I.U. invoked their mandate and both the Incident Commander and Crisis Negotiator are subject officers.

Please continue to check our website and newsletters for further developments of these incidences.

Barney McNeilly



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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 tri-annual news publication.

BLACK BEAR CROSSING NEGOTIATION

It had all the makings of another lengthy stand off.

A teen accused of critically stabbing his brother, holed himself up inside a home on Tsuu T'ina Nation reserve just west of Calgary. The situation was eerily similar to an incident three years earlier, when RCMP officers shot and killed Tsuu T'ina resident, Connie Jacobs, and her son, Ty - sparking outrage amongst the First Nations community.

On May 31st, of last year, it was that incident which remained on the minds of Calgary Police Service officers, including the Hostage/Barricaded Negotiation Team, who had been called in to safely entice the teen from a home in Black Bear Crossing.

It was in the early morning hours when several people, including two brothers, were at a house party, drinking heavily. At some point in the evening, the brothers began to fight, escalating to the point where the younger sibling pulled out a large knife and stabbed his brother twice - once in the abdomen and a second more serious wound to the back of his neck. As one brother was rushed to Foothills Hospital with potentially life-threatening injuries, police were called to track down the other.

Investigators tracked the teen to a home on the Reserve, in an area called Black Bear Crossing. A member of the Tsuu T'ina police, while driving a marked patrol car through the Black Bear Crossing, was shot at twice, with one of the bullets shattering the rear window of the cruiser. The act of aggression triggered a call for more police resources, and the Calgary Police Service was summoned.

CPS has a reciprocal service agreement with the Tsuu T'ina Tribal Police to offer aid during major incidents. By 4:30 p.m., a CPS Tactical Team and Crisis Negotiators were requested at the residence in which the subject was barricaded. Police believed the 16-year-old was likely alone in the home and that he may be armed with a small-calibre handgun.

When Negotiators arrived, they spent time interviewing several of the teen's associates,

including his counselor who provided some insight into themes that may be of use in attempting to get the boy to surrender.

The use of a Third-Party Intermediary such as his grandfather or his mother, was suggested. As Tactical Team officers staged outside the home, a large number of residents from Black Bear Crossing began to gather to witness the activities in the complex. The officer's presence fuelled the residents' hostility towards police, likely a carry over from one of the last times the police were called to the Reserve.

It was March 22, 1998 when a member of the RCMP was called to a residence in the reserve to look into claims there were children at risk inside a home. When the officer arrived, he was met by an angry Connie Jacobs, holding a hunting rifle. Despite repeated warnings to put the rifle down, Jacobs instead fired a shot at the officer. She began to reload the rifle, all the while standing in a darkened entrance to her home when the officer again repeated his warnings to drop the rifle. As Jacobs was preparing to fire a second shot at the officer, he fired back, killing her.

Unbeknownst to the officer, Jacobs' toddler son, Ty, stood unseen behind his mother. Both mother and son were killed as a result of the shotgun blast. In the days following, there were a number of claims from the Tsuu T'ina community that the shooting could have been avoided and the two lives spared. The RCMP officer was ultimately cleared of any wrongdoing. Despite the outcome of a lengthy investigation into the shooting, and several years past, the events of that night were on the minds of all of the police members in attendance at the negotiation.

It is also safe to assume that this event was on the minds of the other residents watching, as evidenced by the hostility. Despite the underlying mood, the Negotiators established themselves in an unoccupied townhouse immediately north of the crisis point and, given the fact that there was no telephone in the house, a wireless loudspeaker was placed at the front

"It was in the early morning hours when several people, including two brothers, were at a house party, drinking heavily."

BLACK BEAR CROSSING NEGOTIATION....CONT'D



Gary McDougall has been a member of the Calgary Police Service for a period of 23 years and currently holds the rank of Staff Sergeant. He has been a Crisis Negotiator for 7 years and holds the title of Training Coordinator for the Calgary Hostage/Barricade Negotiation Team. As a former member of the Tactical Unit in Calgary, Gary often refers to himself as a "recovering tac guy".

Gary is one of twelve Crisis Negotiators with the Calgary Police Service

door. Officers began attempts to convince the subject to leave the residence, with reassurance that he would not be hurt and that his family was concerned for him. The negotiation continued for just over one hour, until the teen's mother arrived at the Command Post.

A Negotiator met with the woman and confirmed information that the teen and his mother shared a strong relationship. She expressed an interest in establishing a line of communication with her unresponsive son, and was escorted into the inner perimeter. While following closely scripted instructions from Negotiators, the woman agreed to use the suggested themes. This Third-Party Intermediary spent roughly 30 minutes talking into the wireless speaker, with each message imploring her son to come out of the home. "All would be well and the "Creator" had forgiven him," she said over the loudspeaker. The mother expressed concern for her son's safety and provided her unconditional support for him. Each time she reached out, her efforts were unsuccessful.

The teen remained hidden and silent. Night was beginning to fall, and the onlookers began to get more aggressive. One of the residents tore off his shirt, broke through the outer perimeter and rushed toward the crisis point. He came dangerously close to the subject's house before being restrained by one of the Negotiators. A short time later, the subject's grandfather arrived and was interviewed by one of the Negotiators.

He told the Negotiator that he could easily convince the teen to leave the house. Once again, the Negotiator scripted out a number of appropriate topics and asked the Elder to commit to use the agreed upon themes. The man was more than willing to comply and was later escorted to the inner perimeter where he took a turn

with the loudspeaker. The Elder did a masterful job of attempting to convince his grandson to come out, however, the teen remained steadfast in his non-response. Clearly, the Negotiators were running out of options, and with night rapidly approaching, the crowd was growing larger and more hostile. Many of the residents of the complex had gone to their homes, only to return with coolers of alcoholic refreshments and lawn chairs and were prepared to settle in to watch the event unfold. The Negotiations continued, with officers attempting to get the teen to offer up a friendly sign - by turning on a light or opening a window. The Incident Commander was now moving toward a tactical resolution.

Clearly, none of the police members wanted to be there longer than necessary with the crowd gathering. With all other options exhausted, Tactical Team members executed a "breach and hold" on the back door, and removed a number of windows. The Negotiators experienced an added challenge during this phase of the negotiation. One of the police service dogs on the perimeter was highly agitated and was barking excessively, all while the Negotiator attempted to convince the subject that he would not be harmed should he come out. The dog was quickly re-deployed to the outer perimeter and an alternate dog brought in.

After a suitable "soak time" a police service dog was sent into the house. The dog, who was eventually withdrawn, searched the entire main floor of the small town house, but did not indicate any contact with a human. The reasonable conclusion was that the teen was likely in the basement.

The Tactical members inserted a pole camera into a basement window and conducted a cursory search of the area, but there was no evidence of the teen. With all other options exhausted, and night quickly coming, the Incident Commander directed that the Tactical Unit enter the house. The entry was made under the cover of an endless narration by the Negotiator, preceded by the deployment of two stun grenades into the basement of the house.

The teen was found, unharmed, hiding under a large pile of dirty clothing. He was taken into custody without incident and removed from the house. This incident had the potential to be a violent confrontation between the police and the residents of Black Bear Crossing. This time however, everyone walked away unharmed.

RCMP INCIDENT COMMANDER WORKING GROUP MEETING

During the first week of February 2004, the Royal Canadian Mounted Police (RCMP), Critical Incident Program (CIP), organized a two-day RCMP Incident Commander Working Group meeting and co-hosted, with the Ottawa Police Service, a two-day National Incident Commander Workshop with representatives from major policing partners.

Incident Command remains a high risk area and one of the most crucial components to managing critical incidents, emergencies and disasters. The CIP recently conducted a review of the RCMP Incident Commander program in order to enhance program effectiveness and develop national standards and policy.

The National Incident Commanders Workshop was attended by ten provincial, regional and municipal partners. The purpose and goals of the workshop were to bring together representatives from major Canadian police services to identify strategic issues and challenges in managing critical incidents and to establish cooperative relationships and a permanent national working group. During the workshop, participants:

- 💡 identified the current environment and risks associated to incident command;
- 💡 developed ten core elements necessary for an effective incident commander program;
- 💡 identified the five key barriers that could prevent the policing community from developing a consistent approach to a national incident commander program;
- 💡 developed a workplan with the key deliverables, timeframes and resource implications;
- 💡 identified training as the priority for the road ahead. Representatives from the RCMP "K" Division (Alberta), Calgary Police Service and the Edmonton Police Service volunteered to develop and deliver a pilot incident commanders course in cooperation with a national working group, using the Ontario Provincial Police Level II Incident Commanders course as a guide;

Cont'd on Pg. 6

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RCMP INCIDENT COMMANDER WORKING GROUP MEETING...CONT'D

 agreed to the formation of National Incident Commanders Working Group comprised of representatives from the RCMP and Canadian police services. The CIP will administer and coordinate this group. Its mandate will be to convene, as required, exchange lessons learned and best practices, and address incident commander issues and challenges.

Workshop participants felt that it was a complete success and that the anticipated results were achieved. Participants unanimously recommended that the CIP coordinate and lead a national approach to incident command.

Timothy Head, Insp.
National Incident Commander Coordinator
RCMP, Critical Incident Program

Insp. Head has 23 years of service with the RCMP. In the early 1980's, he was attached to the Montreal Emergency Response Team (ERT) and spent more than 5 years with the Special Emergency Response Team (SERT) and Tactical/Weapons Training Section in Ottawa. He was the Team Leader of the Calgary ERT before transferring to Ottawa in 2001. He became the National Incident Commander Coordinator with the RCMP Critical Incident Program in 2003.

15 Day Arizona Standoff Ends

Lying on a stretcher after her release, a prison guard held hostage in a watch tower for 15 tension-filled days by two inmates, expressed gratitude to officials for negotiating instead of resorting to force.

"Thank you for not rushing the tower. They would have killed me," Gov. Janet Napolitano quoted the guard as saying on the helicopter landing pad at the Phoenix Hospital.

The Woman, whose name was not released, was set free Sunday evening after one of the longest hostage standoffs at a U.S. prison in decades.

Officials said the outcome vindicated their strategy of patiently negotiating throughout the ordeal instead of storming the three-storey tower and risking a bloody clash with the heavily armed prisoners. At the time of writing, the guard was undergoing medical evaluation.

The Associated Press

CCII News: Using The Command Post Discussion Board

The Command Post website (www.commandpost.tv) now has a new online discussion board open to all members of CCII. The discussion board is 100% secure and you must register to access the board before you can participate. Please follow the steps below to access the discussion board and share your news and views!

1. How To Register:

You must visit www.commandpost.tv/msgboard/register.asp and complete the required information. All fields in this form are required. Once you have filled out the fields, click the "Register" button near the bottom of the form.

Please note, that all registrations require message board administrator confirmation. Please allow 72 hours for this confirmation to take place. If it has been over 72 hours please email the board administrator at admin@commandpost.tv.

2. Logging In:

To login at www.commandpost.tv, just enter your "User Handle", which you choose during the registration process. If you have forgotten or misplaced this login information, visit www.commandpost.tv and find instructions at the bottom of the discussion board login box (right side).

3. How To Post a Message:

Once you have successfully Logged In, select the "Enter The CCII Message Board" option.

To post a message, either click on the Board Name or on the Last Post in the far right of the page. If you clicked the Board Name you can click on any of the threads to reply to them or the "Post New Thread" link. If you clicked on the Last Posted message, just scroll to the bottom of the page or click "Post New Thread" to view the form.

4. How To Delete a Message:

Note: You can only delete messages posted by yourself. Only the board administrator has the privileges to delete messages from users. Click on the thread you want to delete and then click on the "Delete this Message" link.

5. How To Edit a Message:

Click on the thread you want to delete, then click the "Delete this Message" link. Click on the thread you want to delete and then click on the "Edit this Message" link.

We hope that you enjoy the CCII discussion board and that it becomes a tool for dialogue and cooperation across our membership.



CCII MANAGEMENT

FOLLOWING THE RHYTHM OF A CRISIS

by Michel St-Yves, Michel Tanguay and Jacques St-Pierre

Every year, the Sûreté du Québec (1) (Quebec Police) receive some fifty calls (2) requiring the deployment of the Groupe Tactique d'Intervention - GTI (Emergency Response Team - ERT). A large majority of these calls concern mentally disturbed people who are usually barricaded alone (67.2%) or firearms (17.3%). Hostage taking incidents are rare (15.5%) and, when they do happen, they are usually more a case of holding others against their will than of genuine hostage taking (3). The philosophy behind the Quebec Police's response is to respond is to resolve situations through dialogue.

The Strategy aimed at achieving a peaceful surrender is based on managing the crisis. It involves "psychotiation" rather than negotiation, and the negotiator therefore has to use crisis response techniques, or "therapeutic communication" (4). The response must, however, be restricted to immediately managing the crisis (Greenstone, 1995).

One of the problems encountered most often by less-experienced negotiators is a failure to listen enough and, consequently, an inability to follow the rhythm set by the subject. The negotiators are often in a hurry to resolve a crisis and obtain a surrender, and quickly find themselves in "resolution" mode, whereas the person needing help is still in "crisis" mode. In terms of SINCRO model, the classic scenario is as follows: the negotiator is at rational level (yellow) while the subject is still at an emotional level (red). When this happens, not only can no headway be made, but the risk of the situation degenerating increases.

SINCRO model

To help with training crisis-response negotiators, and to serve as a memorandum for ERT negotiators, the Quebec Police have developed their own response model, based on the Butler, Leitenberg and Fuselier (1993) model, called the SINCRO model (Stratégie d'Intervention et de Négociation par Couleurs selon le Rythme Observé - response and

negotiation strategy using colours, based on the rhythm of the crisis). As well as describing the three classic stages of the response and indicating the objectives to be achieved, this model is noteworthy in that it makes the individual a key player in the unfolding of the crisis. It makes it easier for the negotiator to recognize when the time is right to lead the individual towards surrender.

Stage 1: The crisis

Stage 1, or the crisis stage, is the critical (red) stage when the risk is at its highest, particularly so when the predominant factor is anger. During this stage, negotiators have to listen and encourage conversation through open questions which allow subjects to speak and express their emotions. Any



Negotiations in a mobile command centre

additional information can help to determine the subjects' mental and physical state (diagnosis) and the factors (often irrational) which led to the situation. To clearly determine what the subjects are going through and decode all the messages they are sending, negotiators have to be attentive to a wealth of details: tone of voice, emotions, changes of mood, etc. (Divasto, 1996; Wargo, 1990). All this information is valuable since it can be used to assess the risk of fatal incidents. Active listening is still the best tool when taking action in a crisis event (Noesner and Webster, 1997).

Since most ERT responses concern people who are mentally disturbed, the negotiator often plays a role of "therapist", notably by using the "talking cure" to secure a surrender. As with listening techniques, skill in communication plays a key role when responding to a crisis. For example, words such as "police", "problem" and "hostage" should be avoided and replaced by less threatening, more positive terms such as "intervener", "situation" and "person in there with you". If it is not possible to find the right words to stimulate or reassure the subject, it is better not to say anything than to try clumsy improvisation. There is a time and place for moments of silence, and they are usually beneficial to both sides. It is important to gain time whenever the climate and circumstances allow. Time makes it possible to produce a more rational behavior in the subject; it also makes it easier to develop a rapport between the subject and the negotiator and, at the same time, between the subject and the hostage (Fuselier, 1981).

Transition A

Once emotions have calmed down sufficiently to enable the subject to understand and listen, the negotiator can begin stage 2, that of solving the problem. However, it is

FOLLOWING THE RHYTHM OF A CRISIS...CONT'D

not possible to move directly from the red to the yellow stage. There is a "transition" zone which makes it possible to bridge the gap between the crisis stage and the resolution stage. From then on, the negotiator has to be ready to pick up clues, however subtle, that the subject might be ready to move on to the next stage.

During transition stage A, the subjects often fall back even several times - into their emotional stage before they are finally ready to move on to the next stage. When that happens, it is often because the subjects have not been able to vent their feelings enough or have not found someone to listen in the way they wanted. The negotiator must therefore keep to the rhythm set by the subject, and remain in stage 1 (red) until the subject is ready to move on to the next stage.

Stage 2: Solving the problem

Once stage 2 has really begun, the risk can be considered to be moderate (yellow). This is because the subjects are now capable of thinking about the consequences of their action and are more willing to find a solution to their problem. This time the negotiators have to be more talkative and, especially, more imaginative. Not only do they have to master the techniques of resolving critical situations, but also find a solution which is satisfactory to the subject. At the beginning of this stage, individuals in a state of crisis tend to be pessimistic and opposed to any kind of suggestion made by the negotiators, and are sometimes untrusting of and even aggressive towards the negotiators (or what they represent).

If all the steps have been carefully followed and all the signs are that a decision can be made to move on to the next stage, the negotiator must not allow the subject to regress. To do this, negotiators often use the "funnel" analogy, where they stress the progress made and let the subject know that there is no going back: "We're there now". In this way the progress made can be consolidated and the subject forced into following a progressive course of action. As well as using techniques to influence and persuade (Ury, 1991) the negotiator uses a personalized approach depending on the nature of the problem and the type of personality shown by the subject. In this connection, we have developed a concise guide for Quebec Police negotiators, which allows them to quickly make a diagnosis and to find ways of responding (St. Yves, 2001b).

Transition B

When stage 2 is well advanced and subjects are willing to listen to certain solutions, the negotiators must be on the look-out for signs that they can move on to stage 3 (surrender). For people who are mentally disturbed, surrender is the result of steps taken towards solving their problems by offering them choices and creating hope. When the subjects are ready for the final stage, they are willing to accept the negotiators' instructions and are

openly concerned about the consequences of their actions. From then on, the negotiator can begin the final stage: surrender.

Stage 3: Surrender

To preserve the subjects' dignity and provide them with a way out, the negotiator must build on their decision to give themselves up voluntarily to the police. Before moving on to the actual surrender, the negotiator has to be sure that subjects are willing to accept instructions and agree to give themselves up willingly and safely. During this stage, the subject often tends to futilely impose or challenge rules, by slightly exceeding the time of surrender previously agreed, or by wanting to smoke a final cigarette before coming out, etc. It is a question of scoring a victory, however, tiny as it may be, to restore some dignity. When the time comes for actual surrender, it is important to fully prepare the subjects for what awaits them outside, so that all the efforts made are not brought to nothing because of an attack of panic. At this stage, subjects should no longer represent a risk to themselves or anyone else. However, experience shows that last minute reversals of situations are possible. These are usually explained by a wrong interpretation of indications the subject has given, or by a drastic or unpredictable change of attitude. The situation is never over until the subject is physically in the hands of the police.

Conclusion

The SINCRO model developed by the Quebec Police makes it possible to follow easily the progress of a critical incident and to respond in an appropriate manner. The model was designed by experienced negotiators, is easy to use and is fully adapted to operational situations. By developing such a response model, the Quebec Police are making its members' expertise available, optimizing its quality of service and achieving its objective of serving and protecting the community.

The authors wish to thank the ERT negotiators for their dedication and professionalism. We should not forget that they are always the main players in acts of heroism which are seldom known to the public.



Inside a command centre

FOLLOWING THE RHYTHM OF A CRISIS...CONT'D

Notes

1. The Sûreté du Québec is a National Police force which is responsible throughout Quebec for keeping the peace and maintaining public order, safeguarding individuals' lives, security and basic rights and protecting their property. The Sûreté du Québec co-ordinates large-scale police operations, participates in the integrity of the State institutions and provides security for the Quebec transport networks (Mission statement, Sûreté du Québec, www.surete.qc.ca).
2. Average statistics over a ten-year period (1990-1999) (St-Yves, 2001a).
3. The FBI does not consider these to be hostage-taking situations because the offender does not make any particular or realistic demands, and he attacks another person with intent to harm or kill. The latter is therefore considered a victim rather than a hostage (Noesner, 1999)
4. The "therapeutic communication" technique is used by mental health professionals to solve conflicts involving people with mental disorders. The approach is very different from casual conversation and involves deliberate calculations. Each intervention is chosen with a specific objective in mind (Siatkin, 1996).

Michel St-Yves is a forensic psychologist, Behavioural Analysis Department. ERT adviser and trainer. Michel Tanguay is a sergeant, Crimes against Persons Squad. ERT adviser and trainer. Jacques ST-Pierre is an officer, Crimes against Persons Squad. ERT negotiator and trainer.

Biography

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SINCRO

(RESPONSE AND NEGOTIATION STRATEGY USING COLOURS, BASED ON THE RHYTHM OF THE CRISIS.)

Stage 1: The crisis

During this stage, the situation is often very tense. The subject is experiencing and showing strong emotions. The negotiator has to listen and encourage conversation to allow the subject to speak and express emotions.

Objectives

- * Establish contact and reassure the subject.
- * Gather information about the subject(mental) problems, intoxication, risk) and about the nature of the problem.
- * Assess the risks of suicide and murder.
- * Develop a rapport.
- * Help the subject to express feelings to resolve the crisis.
- * Identify the subject's demands.

How to achieve them?

- * Tell them who you are, what you are there to do, and confirm who they are.
- * Ask clear questions to show and understand what is happening.
 - Ask them to explain what happened prior to the barricade situation (previous 24 hours).
 - Ask what emotional impact the events had on them.
 - Ask whether the events had begun some days earlier or whether it was a sudden crisis.
 - Determine what triggered the situation and the factors affecting the subject's ability to solve the problem.
 - How does the subject perceive the event which triggered the crisis?
 - What situational support can they rely on?
 - What do they normally do when they have a problem?
 - Are they intoxicated? What substance have they taken, how much and when?
 - How have they treated the victim?
 - Find out about any weapons they might have.
 - What physical and mental state are they in and what are their intentions?
- * Assess the risk of suicide, then identify the risk of murder or of "suicide by cop".
- * Use active listening techniques to allow subject to vent their feelings.
- * Gain time to encourage more rational behaviour.

SINCRO...Cont'd

Transition A: Crisis ◀ Solving the problem

This is a critical stage which shows whether the subject is ready to solve the problem. Subject talks less emotionally and/or less aggressively. They are no longer solely self-centered.

Objectives

- * Ensure we are ready to begin the problem-solving stage with the subject.

How to achieve them?

- * Look out for signs that subjects have vented their feelings (less emotional) and are less self-centred. e.g. subjects ask questions, show an interest in you or others, are concerned about their primary needs.

Stage 2: Solving the problem

At this stage, subjects should not be likely to regress and should not be too emotional. Everything must be done to keep them as rational as possible and to guide them towards solving the problem.

Objectives

- * Help the subject to correct false or mistaken ideas.
- * Identify appropriate situational support with subject.
- * Identify a mechanism for adapting (temporarily) to the problem.
- * Create hope.
- * Give them responsibility.

How to achieve them?

- * Use negotiation and response techniques based on the diagnosis: mental disorder, intoxication, personality type (see concise guide for Quebec Police negotiators).
- * Subject can be asked whether they have already experienced similar situations in the past and, if so, how did they resolve them. If not, the negotiator must suggest alternatives and/or available resources (even if they are only temporary) to create hope.
- * Use personal examples with which the subject can identify. Use positive stress and analogies and clichés such as “one day at a time”, “little by little”, “fight your way back”, etc.
- * Involve them in the solution.
- * They can be given responsibility by showing them that they are the only ones who can decide how events will continue, but that they must decide.

Transition B: Solving the problem ◀ Surrender

At this stage, the negotiations have advanced sufficiently to be able to think about surrender. Subjects are concerned about what will happen to them (“what is going to happen to me?”, or about their entourage (“who will look after my dog?”))

Objectives

- * Get the subject to draw up a surrender plan.
- * Have the victims freed in safety.

How to achieve them?

- * Look out for signs that subjects have vented their feelings (less emotional) and are less self-centred. e.g. subjects ask questions, show an interest in you or others, are concerned about their primary needs.

Stage 3: Surrender

This is the final stage, and it is sometimes very short. The subject is ready to surrender to the police and face the consequences of his acts. Before concluding the surrender, the risk of a last-minute reversal (e.g. “suicide by cop”) has to be reassessed.

Objectives

- * Allow the subject to save face.
- * Obtain a non-violent surrender.

How to achieve them?

- * Support the subject’s decision (congratulate them on their courage) to give themselves up willingly to the police. Avoid humiliating solutions.
- * Tell subjects how their exit will unfold and ensure they fully understand the instructions. Ask them to leave the telephone off the hook (“room bug”).

WILL YOUR HOSTAGE MAKE A GOOD WITNESS? WELL...IT DEPENDS

As Crisis Negotiators, Commanders and Tactical officers, our focus has always been the safe release of all hostages, the safety of members of the public and the safety of our police officers on scene.

As police officers involved in a criminal investigation, our duty is to collect as much evidence as possible and present it in a professional and credible manner in a court of law, so that justice may be done.

A homicide investigator would never leave a crime scene without collecting blood splatter evidence, DNA samples, hair, fiber and fingerprints. Forensics would collect spent casings, powder burns and trajectories. Civilian aeronautics investigators would never leave the scene of an aircraft crash without the black boxes.

But what of our hostages? Released hostages can be the police officer's best evidence. Released hostages are our black box. But like a black box, what is inside is not immediately obvious. Information cannot be extracted without specialized handling. It is vital to the investigation to retrieve as much detail regarding the sequence of events as possible. If the hostage taker is deceased, this information is all the more vital as the police will require the hostage's testimony during inquests to defend police actions and against almost certain litigation.

Hostages may have been extracted from their confinement by force, rushed through lines of heavily-armed tactical officers and amid shouts of orders and questions, they are locked in the back seat of a police car. The hostage is driven to the police station (before or after the hospital) and likely interviewed in the same small, sparsely-furnished interview room we use to interrogate rapists, murderers and pedophiles. We expect them to enjoy their free cup of office-brewed coffee and tell us everything... "starting at the beginning".

Ladies and gentlemen, we have mismanaged our crime scene. The treatment a hostage has endured

at the hands of the well-meaning police, has the potential to be another form of mental and physical confinement. As police officers, we assess physical injury by visual evidence of cuts and bruises and obvious signs of deformity. We have learned the medical jargon, "sharp trauma", "blunt trauma", "contusions" and "lacerations". But what evidence is there of psychological trauma? How do we recognize it? As police officers, we have come to believe if we can't see it and we can't touch it, it doesn't exist. But psychological trauma does exist, we just haven't been looking for it. Human emotions can be just as crippled as human limbs. A person's mental well being can be just as much at risk as their physical well being. This crippling affect is known as Post Traumatic Stress Disorder. (PTSD)

**"Released
hostages can be
the police officer's
best evidence"**

If we want the witness (from this point I will refer to the released hostage as the witness) to give us the evidence we need for all the criminal charges we expect to lay, we had better recognize the psychological damage they have received, because it will come in to play. A little-known fact about Post Traumatic Stress Disorder is that there is a honeymoon period between the time of the traumatic event, and the onset of PTSD symptoms. Just as many serious bruises do not show for a day or more after blunt trauma, symptoms of PTSD may not show themselves for weeks.

Has this ever happened to you?

Immediately after the event many witnesses can supply a fairly detailed statement. The investigator walks away satisfied, the witness is thanked for all their help and is given a ride home. A few weeks later, needing some sort of information or assistance from the witness, the investigator calls their residence and speaks to the witness, or to a family member and they refuse to help the police. Instead,

Cont'd on Pg.12

“WILL YOUR HOSTAGE MAKE A GOOD WITNESS?” ...CONT'D

the investigator gets "Thank you for all you've done, I appreciate all your hard work, but I just want to forget about it. I just want to get on with my life." This is PTSD... and you may be too late. Just as a rain storm can wash physical evidence off the street, PTSD can destroy the eye witness testimony needed for a successful prosecution.

What happened? What changed?

After the event, the witness's well-meaning family and friends, often express their horror at what has happened. They openly comment to the witness, in how many different ways they could have been injured, molested, disfigured or killed. The scenarios are endless. Also, the witness now has plenty of time to let the gravity of their ordeal sink in. They go over what might have been. How possible events might have affected their personal relationships, their jobs, or how their friends see them. This thinking begins to take up more and more of their time. They begin to have problems sleeping. The events and possible repercussions play over and over in their mind like a video tape.

“After the event the witness’s well-meaning family and friends often express their horror at what has happened.”

In an effort to self-rehabilitate or self-cure, the witness tries to avoid thinking about the event and avoids any references to the event. "I just want to forget about it. I just want to get on with my life." What the witness does not know is that talking about their problems, under the right circumstances, is the best way to manage their PTSD.

How do you get PTSD? Who gets PTSD? What are the symptoms of PTSD and how do you cure it?

Earlier, I said police are familiar with recognizing symptoms of physical injury, but not very good at recognizing symptoms of psychological trauma. The following symptoms and descriptions of PTSD will help.

These are the Major Clinical Features, as taken from the Diagnostic and Statistical Manual of Mental Disorders (1994) DSM-IV.

1. the individual must have been exposed to a traumatic event that involved actual or threatened death or serious injury to self or others, to which they responded with intense fear, helplessness, or horror;
2. they must persistently re-experience the traumatic event in the form of intrusive thoughts, nightmares, flashbacks, intense psychological and/or physiological distress upon exposure to internal cues that symbolize or resemble an aspect of the traumatic event;
3. they must persistently avoid stimuli associated with the trauma, and/or they must experience a numbing of general emotional responsiveness;
4. they must experience persistent symptoms of hyperarousal such as an exaggerated startle reflex;
5. the duration of the re-experiencing, avoidance/numbing and hyperarousal symptoms must be at least one month; and
6. the symptoms must cause the individual clinically significant distress or impairment in psychosocial functioning.

PTSD victims can be any persons affected by the traumatic event. Be they hostages, witnesses, police officers or medical health professionals.

Victims can have one symptom (simple PTSD) or multiple symptoms (complex PTSD).

Simple PTSD is thought to arise from acute time-limited traumas (disaster, rape, auto collision) whereas complex PTSD is thought to arise out of prolonged severe trauma that is purposely perpetuated by mankind (prisoners of war, prolonged torture, sustained childhood sexual abuse).

“WILL YOUR HOSTAGE MAKE A GOOD WITNESS?”...CONT'D

Severity of PTSD symptoms vary with time and duration of the traumatic event, the age of the victim, their existing mental health, their education and their social situation. I will cover this in greater detail in later articles.

Community-based studies suggest that approximately three-quarters of the general population in the United States has been exposed to one or more life threatening traumatic events in their lifetimes. (Kilpatrick and Resnick 1993) Of those exposed, about 25% go on to develop full-blown PTSD. (Green 1994). Rape victims were found to develop PTSD 80% of the time in one study (Breslau et al 1993) and 35% of the time in another study (Kilpatrick and Resnick 1993) Interesting enough, these statistics even carry over into prostitutes who were raped. Accident victims were found to have a lifetime prevalence rate of 12%. (Breslau et al 1991; Norris 1992)

Physical Torture

So lets get back to how police officers can recognize symptoms of PTSD. The six major clinical features as described above from DSM-IV has already caused seasoned police officers reading this article, to reflect on some of their past investigations. Many have already compared this list against behaviours exhibited by some of their past victims. My research has shown that studying how prisoners of war and political prisoners have survived physical torture and what symptoms this torture produced, will help police officers better predict where they are more likely to find PTSD in future investigations. And, being able to predict PTSD will help police officers better understand victim statements and help victims to recover and be a better court witness.

Falanga: beating the soles of the feet with sticks or wire - victim is often bound or otherwise immobilized long term physical effects: long term pain and/or difficulty in walking



Suspension: hung by the feet or hands causing extreme pain in joints and muscles long term physical effects: poor circulation, joint pain. Onset of pain may be months after torture

Strapping: tightly binding the body with ropes or straps causing high pressure to the joints, muscle groups and tendons long term physical effects: poor muscle coordination, pain

Drowning: immersing head in a bucket of water, feces or vomit

Electrocution: electrodes attached to sensitive parts of the body long term physical effects: burn scars, broken teeth, damaged muscles

Foreign bodies and scarring: bullets, glass, knife wounds or acids long term physical effects: major damage to muscles, organs and joints - life-time scarring

Torture of teeth: drilling or extractions, blows to teeth long term physical effects: diminished ability to eat, disfigurement and scarring

Solitary Confinement and Forced positions: bent into small spaces, lack of sleep long term physical effects: may be more severe psychologically than physically

Sexual torture: male or female sexual assault, with or without objects, intimidation long term physical effects: physical injury, scarring, sexual dysfunction

To the victim, scars and physical injuries are a constant reminder of the torture. Plus, scars and deformities may be visible to the public, which may solicit unwelcome curiosity or pity thus continuing the embarrassment to the victim.

Not surprising to any reader is that the psychological effects of torture show a direct relationship between the type and duration of the torture and the seriousness of the PTSD symptoms.

“WILL YOUR HOSTAGE MAKE A GOOD WITNESS?”...CONT'D

- 90% of all torture survivors had one or more symptoms of PTSD.
- 70% of all torture survivors underwent a personality change because of compulsive and reoccurring recall of the events.
- interestingly enough, **51% of all non-tortured survivors showed symptoms of PTSD**

What do these examples of physical torture have to do with police duties?

All physical torture causes some degree of psychological trauma, PTSD. I believe it can be very helpful to police officers to hear what **thousands of torture survivors** have to say about the psychological affects and the symptoms of PTSD they experienced after years of torture.

Survivors say:

1. Fact: The waiting for the torture was worse than the actual torture

Torture situation: a political prisoner **waiting** in his cell not knowing if or when the door opens he is going to be fed or beaten on the spot or taken down the hall and tortured.

A comparable domestic situation: an abused spouse **waiting** at home not knowing if when the husband arrives he brings supper or she is to be beaten or abused.

Survivors say:

2. Fact: The imagined torture was worse than the actual torture

Torture situation: the prisoner sits all day and night **imagining** when and what kind of torture they will be subjected to next

A comparable domestic situation: a sexually abused child going to bed and **imagining** what will happen if they wake during the night to find someone sitting on the edge of their bed.

Survivors say:

3. Fact: Witnessing someone else being tortured was as bad, or worse than being tortured themselves

Torture situation: a prisoner watching or hearing another prisoner being tortured or, a prisoner is ordered to give information or more torture is applied to another prisoner.

A comparable domestic situation: the mother and/or siblings having to watch a child being abused or, having a sibling or child beaten and told it was your fault.

Police officers investigating domestic situations should gain a better understanding of what psychological pressures have been brought to bear upon the victims of these domestic crimes. Police officers should expect some degree of hesitation on the part of these victims. Victims are unlikely to spontaneously pronounce years of abuse. Police officers must understand the reluctance of victims to give detailed statements regarding issues they know are embarrassing, immoral or disgusting. Also understand the victim has likely undergone a personality change because of compulsive and recurring recall of the events.

Released Hostages - do they suffer for the same reasons?

The psychological effects suffered by survivors of physical torture outlined above, **the waiting, the imagining and the witnessing**, are the very same affects impacting the emotions of released hostages involved in the critical incidents we attend as negotiators, commanders and tactical officers.

1. Fact: **all hostages imagine WHEN and WHAT**

- Hostages **imagine** the myriad of police tactical actions. What the police will do? Will the police come through the door? Will they be shot by the police? Will the hostage-taker's demands be met? What will happen if they are not met?

- female hostages **imagine** the horrors of sexual mistreatment

- hostages worry about their loved ones

Hostages are likely to compare the Bruce Willis, Wesley Snipes and Chuck Norris movies they have seen and remember how each one of them went bad. Hostages start to get mad at the police for holding up their release. For not coming to their rescue. Why is it taking so long? They feel helpless.

“WILL YOUR HOSTAGE MAKE A GOOD WITNESS?”...CONT'D

A hostage's imagination is relentless. It serves to exacerbate their fears, increases their anxiety and increases the degree of their PTSD symptoms. Volumes of psychological research into physical torture has proven that **the hostage-taker need only provide the captivity and the hostage will provide the psychological torture.** Remember that even 51% of the political prisoners or prisoners of war who were never tortured suffered the same PTSD symptoms as the 90% of those that had been tortured. The same holds true of a domestic relationship. It need not involve any physical abuse whatsoever but it can still be abusive.

2. Fact: The hostages are waiting for something to happen or they may have **witnessed** other hostages being mistreated.

-hostages may catastrophize how their day might end. They run endless scenarios of just how bad things could get. What it all may look like on the evening news. How their family and friends will be affected. Their family has suffered because of them, because of the police.

Just as the released hostage and their families ran various scenarios of how the hostage could have been killed or seriously injured, now tries to forget the event; tries to stop the images from running over and over in their mind; tries to avoid any reference to the event; **tries to forget and just wants to get on with their lives;** so do the victims of domestic violence, child abuse and sexual abuse.

Police officers must understand that victims are unlikely to blurt out secrets they have kept for years. We are back to the black box analogy. The information is there but it is unlikely to be spontaneously announced to the police except under the right circumstances. We must learn to create those circumstances. Who knows what jewels of information they might have. Information that may shed light on our Negotiator's skills, the Commander's decisions or Tactical actions. Remember, they were on the inside. They have a perspective none of us had. Were we right? Were we wrong? Will justice be done?

In the next article I will cover how released hostages should be treated by the police in order to reduce the impact of their captivity and thereby minimize the

affects of PTSD. I will also provide some Do's and Don'ts for police when handling released hostages.

I will also outline the prevailing treatments for treating PTSD and how police may be able to avoid the **"I just want to forget about it"** syndrome and how to better use our Medical Health professionals and Victims Services personnel so that our released hostages will make better witnesses.

S/Sgt Larry Busch has been a member of the RCMP for over 31 years. He has served in uniform, plain clothes and undercover from Nova Scotia to the Yukon. He is presently stationed in Toronto and in charge of the RCMP surveillance units across Ontario.

Larry received his BSc in Psychology and Sociology from the University of Toronto in 1991. He has served on two United Nations missions, the Western Sahara and East Timor. Larry has seen first-hand the effects of torture on victims of crime and refugees. He also served at the United Nations HQ in New York for 4 months.

Larry has been involved with hostage negotiations for many years and serves as the RCMP coordinator for Ontario. Larry continues to research into the affects of PTSD on released hostages and victims of crime.

BEST WISHES AND FAREWELL

To our friend and colleague, Dr. Alberto Choy (Bert) we would like to extend our best wishes and success.

Dr. Choy and family are relocating to Edmonton, Alberta. This is certainly a major loss to the policing community throughout the G.T.A. and a major benefit to the Police services in Alberta.

Dr. Choy will be employed at the Alberta Hospital, Edmonton in the Forensic Psychiatric Program. He will be returning to familiar territory, as he graduated from the University of Alberta.

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