

# Sieges, the police... and a psychologist?

**P**ROTECTED only by his designer suit, the police psychologist strolls calmly past the firearms unit, who are crouched behind a brick wall and sweating in heavy body armour. Sharing a joke with them, he stubs out his cigarette and enters the house, now full of petrol fumes and escaping gas. With only seconds to spare, he negotiates the release of the hostage and escapes from the building as it explodes behind him. Psychology wins the day and makes it all look so easy... even with a permanent hangover and chaotic lifestyle.

This article aims to give a more realistic perspective on how psychological input can be used in police siege situations. The potential roles of a psychologist are outlined and important issues raised, some of which are also relevant to other aspects of work with the police.

## Siege situations

A siege is a Pandora's box of human behaviour and emotion, occurring in a variety of contexts and for many complex reasons. A central feature is the presence of a threat, either against self or others, usually in the context of a 'stand-off' or barricade situation with the police or other authorities, such as prison officers. Conflict occurs and various demands may be made: 'Leave me alone', 'Shoot me', money, prisoner release, political asylum, publicity for a cause. When hostages are involved, these are used to coerce, or communicate with, the authorities.

Most siege incidents come under one of the following categories. The first and



**GERARD BAILES** looks for the reality behind the TV depictions.

second are the most common ones police have to manage, and they often overlap with each other.

- A perpetrator may be seriously mentally ill and disturbed. A suicidal or aggressive act may be threatened, or hostages taken, in response to disturbed thinking and mood (e.g. paranoid delusions, depression).
- A person may have been under considerable stress for some time or a traumatic life event may have occurred. A hostage situation or suicide threat could be linked to relationship conflicts, separation or child access disputes.
- Criminals may have planned to use hostages in some way, e.g. to ensure their safety, to obtain ransom money or for coercion and extortion purposes.
- A siege may occur, sometimes involving hostages, when criminals become trapped during a crime.
- Incidents occur in a prison setting.
- Sieges can develop in terrorist situations (to obtain publicity, release of political prisoners).

## So why a psychologist?

According to Blau (1994):

*Psychologists can contribute to the*

*work of the hostage negotiation team by clarifying the nature and attitudes of the hostage taker and the psychological aspects of the hostage situation. (p.254)*

The potential value and use of psychological input and advice during such incidents has been well documented (Fuselier, 1988; Wardlaw, 1984). In a survey of 300 law enforcement agencies in the US, 39 per cent used a mental health professional as a consultant to the negotiating team. Those agencies reported more hostage incidents ending by negotiated surrender and fewer ending by tactical team assault and arrest of the perpetrator. It was suggested that the use of a mental health professional in a negotiating team may be a factor in decreasing the risk of hostage injury and death (Butler *et al.*, 1993).

The request for a psychologist to attend a siege can be made for various reasons; for example, the perpetrator has a history of mental health problems, the situation was resolving then deteriorated, the incident becomes a lengthy one, or there is a child involved so every resource is being made available to the incident commander. The involvement of a psychologist will also depend on whether the police actually

know that one is available to their force and how to contact that individual.

So once they arrive, what can the psychologist expect to do? Although there is some overlap between the roles outlined below, they are all described in the literature and I have experienced them.

**Advice on negotiation** This involves specific input and advice on negotiation strategy and approach. The psychologist may be in direct contact with the negotiators, as well as providing input to the incident commander. However, it is important to be clear that the psychologist must never be the negotiator. This appears to be the consensus view in the literature, apart from one article which suggests this restriction should not be put on a psychologist's role during a siege (Ebert, 1986). Opposing views, my own amongst them, are clear that such incidents are the responsibility of trained police negotiators.

Whatever the psychologist's level of skill and experience in either conflict management or dealing with disturbed and aggressive individuals, it is not in the same context or setting. The 'rules of engagement' in a siege situation are very different. Powitzky (1979), whilst acknowledging the potential roles, suggests that 'the majority of practising psychologists, especially those who work outside of the criminal justice system, would not be very helpful (and some would be harmful) in a hostage-taking situation' (p.30).

As part of this particular role, the psychologist may be involved in strategy meetings and discussions with the incident commander, negotiators and other police personnel. This can mean access to sensitive information, and there has to be an awareness of the confidential nature of such meetings and the importance of discretion when in contact with the negotiators.

**Monitoring mental states and stress levels** This is an obvious role, particularly for a clinical psychologist, which covers perpetrators, hostages and police personnel. Although police officers are well trained, siege situations have tremendous potential to put individuals under a great deal of pressure. Any difficulties that might arise have to be handled sensitively. Can you imagine anything more demoralising than being told 'the psychologist says you've

lost the plot, so we're sending you home and letting someone else take over'?

The psychologist will usually be asked to provide some assessment and prediction of risk. An appropriately qualified and experienced clinical or forensic psychologist should be able to contribute knowledge and understanding to any discussion and decision making, as risk assessment is a familiar aspect of their normal work role. However, the psychologist should not be expected to provide exact predictions about the likelihood of dangerous behaviour occurring, although there can sometimes be pressure to do so. Contrary to one popular belief, a psychologist's skills and training (like those of a police officer) do not yet include clairvoyance.

The police will sometimes consider using a friend or relative as an intermediary, something which also involves risk assessment, planning and preparation with the person involved.

**Intelligence and assessment** Building up a detailed psychological assessment of perpetrators and hostages is vital. Not surprisingly, this is usually considered to be a key role for the psychologist. Important sources of information include relatives or friends of either the perpetrator or hostage, released hostages, previous reports and contact with other agencies (such as health and probation). The psychologist can translate technical jargon in psychiatric or other reports. There may be difficulties for the police in obtaining healthcare information, because of patient confidentiality. Hospital managers or a GP

can be more willing to speak with another healthcare professional, such as a clinical psychologist. However, if this situation does arise, the psychologist must clearly explain his or her role within the police organisation and response to the incident.

#### **Post-incident support and advice**

Advice may be sought about the stress reactions and support needs of perpetrators, hostages, family and police personnel. However, I would suggest that specific input should only be provided for the latter, and will vary depending on the nature of the situation and outcome. Providing such interventions for the others is beyond the scope of the psychologist's role. Also, specialist knowledge and skills may be required (e.g. mental health assessment) that are outside some psychologists' area of competence. The psychologist could be involved in debriefing or critical incident stress management planning afterwards, for groups of police officers or individuals. Perpetrators, hostages, relatives or friends who have been traumatised should be referred to their GP or local mental health services if they require specialist help and the psychologist, even if clinically trained, should not take on that role.

**Research and training** Psychologists may be involved in research on negotiation strategies, incident analysis or negotiator selection and training. Teaching can be provided to siege management, hostage negotiator and other police courses on a number of subjects (e.g. abnormal psychology, mental disorder, psychology of negotiation and communication, post-traumatic stress).

#### **Some issues to consider**

In the US, psychological input appears to be widely and regularly used by the police in various contexts. In the UK, the potential use of psychology in police work is increasingly acknowledged and established (Ainsworth, 1995). Developments in the contribution of theoretical, research and applied psychology to the police and criminal justice system should certainly be encouraged.

As for media interest, some coverage can be interesting and informative. However, there are always myths and misunderstandings about psychology, especially within the police context. Television documentaries of forensic psychologists wandering the hedgerows

and crime scenes of England can be uncomfortable but compulsive viewing. Stories of mind-hunters can be found in the 'must read' sections of bookshops. At times, you could easily start to believe that forensic psychology has joined forces with fictional detectives and superheroes in their fight against crime, evil and world domination.

It is therefore important for psychologists to be aware of, and honest about, their limitations. Experienced police officers can be very psychology-minded and knowledgeable. We have to accept that, on occasions, we may simply be stating the obvious – even when this is done using impressive terminology and accompanied by insightful looks and mannerisms. As a member of the negotiation team during incidents, and in other police contexts, I have often found myself in the role of providing a sort of 'psychological seal of approval' for the insightful assessments and strategies already developed by skilled and competent officers.

This form of supportive role can provide invaluable assistance, but some officers may be unrealistic about what psychology has to offer. Inappropriate or ill-informed advice may quickly become misleading, so the psychologist should be very aware of this and advise on their own limitations. Poythress (1980) described himself as a 'guarded optimist' with regards to psychological input, and stated that 'mental health professionals may have something to offer in the hostage situation, but probably less than the field commander might hope for' (p.34).

The psychologist should be seen as an additional source of input into the decision-making process, which is the ultimate responsibility of the police authorities. Siege situations can be a fascinating

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subject, which, unfortunately, may attract individuals who describe themselves as a 'psychologist' when in fact they are not. Some may have irrelevant or inappropriate qualifications, or none at all. Even if someone has accredited psychology qualifications and significant experience, perhaps to a high level, this does not automatically make them of use during a siege, or indeed, in other areas of police work. The psychologist should be expected, and able, to provide an explanation and details about academic and professional qualifications, relevant experience and areas of expertise.

As psychology covers many academic, theoretical and applied fields, expertise in this area should never be assumed simply because a person is a psychologist. In siege situations, clinical and forensic experience is a particularly good combination to have. Clinical experience is certainly important and relevant in situations where the perpetrator is emotionally disturbed or mentally disordered in some way. However, forensic psychologists, whose training and experience is specifically in prison settings, can often be involved in prison siege management and hostage negotiation training, with some having operational experience of 'live' incidents. They will also be familiar with emotional and behavioural disturbance, violence and other offending behaviours during their usual work.

Fuselier (1981) emphasises the need for care when selecting a psychologist who might be able to provide input to a siege incident. He states that 'a typical well-trained clinical psychologist with no

specific training in hostage negotiation will only be of slight assistance', but if the psychologist is exposed to information about sieges, hostage taking and the police response to such incidents, 'then the police will have a very valuable addition to their hostage negotiation team' (p.15). It is therefore important that the psychologist (whether clinical or forensic) is encouraged and allowed to obtain some specific knowledge and experience of police strategy and procedures. This can be gained by participation in training exercises, case presentations and direct instruction from the police. The psychologist must make some effort to become aware of police siege management and hostage negotiation principles. Learning about police operational response, procedure and command structure is vital and will increase understanding of what happens during an incident and why. This knowledge can help to reduce the high levels of anxiety and helplessness that are generated by such incidents. The psychologist will then be in a better position to contribute relevant, practical and hopefully more useful information and advice to the police.

To be as useful and effective as possible, the psychologist should be able to provide clear, accessible and jargon-free advice and information on areas such as behaviour, emotions, cognitive processes, mental disorder and mental state, stress factors, personality, group processes and communication strategies. Retrospective psychodynamic interpretations about upbringing, unconscious motives and neurotic conflicts, however interesting,

## WEBLINKS

International Association of Hostage Negotiators:

[www.hostagenegotiation.com](http://www.hostagenegotiation.com)

International Journal of Police Negotiations and Crisis Management:

[www.dallas.net/~shinder/IJPN/ijpn\\_homepage.html](http://www.dallas.net/~shinder/IJPN/ijpn_homepage.html)

Association for Conflict Resolution, Crisis Negotiation Section:

[www.mediate.com/acrcrisisnegotiation/pg3.cfm](http://www.mediate.com/acrcrisisnegotiation/pg3.cfm)

Hostage Negotiation Research:

[hometown.aol.com/tbfeld/index.html](http://hometown.aol.com/tbfeld/index.html)

are unlikely to be of much value. It is important that police negotiators and incident commanders are well informed about how psychological input can be most appropriately used, or not, during a siege.

Finally, the psychologist should be very clear about his or her own role, responsibilities and limitations *as a member of a team*. Sieges are a police matter, and they make the decisions about how the incident is to be managed and resolved. Some of these may conflict with the psychologist's thoughts and feelings. Fuselier (1986) highlights the serious nature and potential of such incidents, suggesting that a psychologist has to be willing to assist in whatever response is necessary to end the hostage incident. He cites the chilling example of working with negotiators to keep a perpetrator on the telephone, or getting him to come to a window, so that armed officers then know where that person is and can, if necessary, 'neutralise him'.

The psychologist must be aware that

sieges can be serious, potentially violent and life-threatening situations. Careful thought should be given to one's own professional, ethical and moral position on such matters. One particularly vivid experience of listening to negotiators and armed police desperately pleading with a disturbed, suicidal man to put his shotgun down, as he started to raise it towards them, certainly kept the reality of such incidents alive in the author's mind. This

reality is certainly different from our 'hero' at the start of the article: his job is made easier because he has the script, and always knows how the story is going to end.

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