

A Protocol for Comprehensive Hostage Negotiation Training Within Correctional Institutions ¹

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THERE ARE MANY repercussions when a hostage-taking incident takes place, even if it reaches a successful conclusion. Regardless of a peaceful outcome, there undoubtedly is residual trauma to the victim(s)—if not physical, certainly emotional/mental. The hostage-taker is taking chances with his/her own life because impaired judgment or the wrong decision overall could result in his/ her own death. Consequently it is essential to have a well-trained negotiator, carefully attuned to the “curves” he/she encounters when dealing with a hostage-taker.

Add to the explosive nature of a hostagetaking incident by having it occur in a correctional institution, and the risks/pitfalls are seriously multiplied. It is a volatile environment at best. Inmates often have a “What do I have to lose?” mentality and need little excuse to act out. Regardless of how well-run the facility, a hostage-taking incident can easily initiate a domino effect, threatening the lives and welfare of inmates and staff, as well as property.

One of the most interesting dimensions of a hostage-taking incident occurring in a correctional facility is the fact that the hostage taker (HT)—whether an inmate or staff—is often very knowledgeable about the environment and routine. In other words, it is not like an incident that has erupted in an unfamiliar locale. This makes the element of surprise less effective, as the hostage-taker will be more edgy and reactive to any unexpected movement or event.

Comprehensive training of negotiating staff is key. There is little room for error or for heated exchanges. Emotions need to be kept cool and the strategies employed should be as effective and thorough as humanly possible.

Enter what is proving to be the extremely effective utilization of specially trained actors performing the role of hostage-taker during the negotiator training process. Carefully versed in

personality disorders and skillfully adapting the role, the actors are then able to provide instant feedback to the negotiator trainees in how effectively they are communicating so that the incident reaches a successful and peaceful conclusion. (A successful conclusion is one that ends with no or minimal injury or loss of life or property.)

This methodology has proven to be successful beyond even our most optimistic expectations. Training negotiators for their crucial role of resolving a hostage-taking incident has been significantly enhanced by the use of trained actors taking the role of the HTs with personality disorders.

The scenario usually plays out in its entirety and is rarely interrupted by others, further enhancing the effect of simulating a true incident. The actor significantly contributes to the evaluation process by reacting in character and giving feedback upon conclusion of the event. Of course it is the instructor/ supervisor who ultimately evaluates the participants, but for anyone to interrupt or attempt to direct the scenario while it's taking place would take away from the element of realism that is crucial to its effectiveness.

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A Case Study of the Complexity of Hostage Negotiation

Inmate Ronald Smith—a 28-year-old man diagnosed with a delusional disorder on *Diagnostics and Statistical Manual-IV* Axis I and Personality Disorder Not Otherwise Specified (Sadistic Personality Disorder) on Axis II—has a long history of violence against women.

His mental health records note that he has exhibited behavior that is synonymous with Erotomania. The records also note that when Mr. Smith is spurned by a woman whom he attempts to engage in conversation, he becomes enraged and acts out in a violent and sadistic manner. His criminal history notes several instances where he has kidnapped women who spurned his attempts to engage them.

Inmate Smith is currently not taking any psychotropic medication but is involved in psychotherapy twice a week.

Mr. Smith's regular housing unit officer (a male) is currently on vacation. During the past six months, he has had no problems with correctional staff or any of the other male inmates housed in his unit. However, a female housing unit officer has taken over the unit while the regular officer is on vacation.

From the moment the female officer begins to work in his housing unit, Smith attempts to engage her in conversation. As time goes on, he passes her "love notes" and continues to verbally engage her.

The female officer maintains a very professional demeanor with Inmate Smith and instructs him to stop passing her "love notes" and to stop the unwanted sexual conversation. Smith persists to the point where the female officer lodges a disciplinary complaint against him.

When Inmate Smith is notified of the complaint, he explains to the investigating officer that he loves the officer and she loves him. Upon hearing this, correctional staff transfers him to a housing unit with enhanced supervision.

During a visit to the inmate clinic for his regularly scheduled psychotherapy session, Smith sees the female officer. He calls out to her and says he would like to talk to her in private. Publicly responding in front of several others—including fellow inmates—she replies: "You need to stop kidding yourself and go about your business." She then walks away.

The inmates present laugh at Smith. He becomes enraged, runs down the hallway, violently grabs the female officer, and throws her against a wall. He grabs her again and places her in a headlock, producing a razor blade he had hidden in his mouth. He uses it to make a one-inch

incision across her right cheek, telling her: “All you whores are alike.”

Maintaining his hold on the officer, Smith backs into a small windowless office just off the hallway and tells the male civilian staff member there to “get out”—a demand which the staff member obeys—leaving him and the officer alone in the room.

When security staff respond, Inmate Smith turns the lights out in the closed office and says: “I’m not going to kill her unless you try to come in or throw gas in here. If you do that, I’ll cut her from ear to ear.”

Security staff call in to be sure the female officer is all right. Smith responds: “Well she got a cut on her face and the bitch is bleeding but she’s okay.” They then request that he come out and talk to them, to which Smith replies: “No. Me and the young lady have some talking to do and as long as she don’t get stupid with me, I won’t carve her face up.”

Shortly thereafter, the Hostage Negotiation Unit (HNU) arrives on the scene. James Thomas is the only officer available who has been trained to act as hostage negotiator. He is the newest member of the team and has never been involved in a real hostage incident.

Officer Thomas has received 32 hours of classroom training and role play with other uniformed staff. Given the complexity of this hostage situation and the risk to the female officer taken hostage, there is a clear need to ask whether he is adequately trained to perform this difficult negotiation.

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Garden Variety Hostage Negotiator Training

Most police and correctional organizations have an in-house academy with staff specifically trained to provide classroom instruction on a very wide variety of topics germane to law enforcement. The lion’s share of this instruction is in the classroom. A small portion is allocated to in-class role-play using other law enforcement officers who do not have any specialized training in acting.

Overall, classroom instruction provides law enforcement officers with basic to specific information on a given topic and any additional training usually takes place on the job. This training is sufficient for the day-to-day duties of law enforcement and correctional operations. For example, police correction administration, supervision, police patrol function, investigation, management, correctional operation, and court procedure are well-suited for on-the-job training. These areas can be safely approached during on-the-job training with little threat to the staff member or the operation of the command.

Hostage negotiation training operates—for the most part—in the same manner. During the in-class training, staff learn the theory and practice of the various aspects of hostage negotiation. Usually after the theory and practice aspects of the training, there will be a series of role plays during which uniformed staff will play the roll of hostage taker and hostage negotiator. There are two problems with these scenarios:

First, uniformed law enforcement are not professional actors and role-play activities are often overly outlandish or campy. In and of itself, this reduces the usefulness of the role play.

Second, law enforcement officers are programmed to win. Accordingly, both the hostage taker and the hostage negotiator—who, in spite of their assignments in the role plays, are still law enforcement officers first and foremost—will be trying to outdo one another, instead of using the natural give and take between hostage taker and negotiator as part of the exchange.

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A Protocol for Comprehensive Hostage Negotiation Training

To address deficiencies of the “garden variety hostage negotiation training” that exists in many cities, states, and municipalities, I propose that a comprehensive hostage negotiation training practicum be employed to better prepare the negotiator and serve the law enforcement agency. This proposed training protocol would consist of:

- Pre-training Day (Friday before the Beginning of the Training Protocol: 8 Hours)
- Abnormal Psychology for Law Enforcement and Emergency Service Personnel (First Week/40 Hours)
- Applied Issues in Criminal Psychology and Clinical Criminology (Second Week/40 Hours)
- Hostage Negotiation Incident Practicum with Actors/Trainers (Third Week/40 Hours)
- Post-Training Seminar: The Uniformed Hostage Taker (8 Hours)

[Table 1](#) outlines the depth and breadth of this program.

Comprehensive training and continuous dynamics skills maintenance—that is, the emotional skills needed for effective hostage negotiation—assist the hostage negotiator in staying up-to-date on both theoretical concepts and pragmatic skills. The ongoing addition of the current findings and techniques on effective hostage negotiation to core training concepts/methods not only assures increased success; it also safeguards the negotiator against using outdated approaches that may be inadequate for nuances in the hostage situation, or worse, that may put the negotiator at increased risk.

The benefits here are obvious. One must never take for granted that every scenario will have the same outcome if “followed to the letter.” There must be an ongoing openness and willingness of all participants to be in the moment when real-life situations demand their concentration and negotiation skills. Skills maintenance will help them do this.

Accordingly, it is up to the administration and training team to add current concepts and methods to the existing training program(s). Since both the hostage situation and the methods used by the hostage takers are likely to change over time, it is essential to keep the negotiators informed and prepared.

Pre-training Day (The Friday Before the Training Protocol Begins): The Friday prior to the start of the three-week training protocol will involve two major activities:

1. First, a pre-training meeting where the negotiators-in-training meet the senior negotiators. The goal is to build a sense of esprit de corps, in order to facilitate communication and non-verbal learning.
2. Second, a review of the requirements for the next three weeks of training, especially the case law (*Downs v. The United States*) that is the basis of hostage negotiating.

Abnormal Psychology for Law Enforcement & Emergency Service Personnel (First Week):

This advanced in-service course provides a practical and comprehensive examination of personality disorders and mental illness relevant to the work of the hostage negotiator. The goal is to enable the hostage negotiator to recognize the various personality disorders and mental illnesses and how to best negotiate with the various typologies.

Negotiator trainees will become familiar with the differing diagnostic criteria, symptoms and features of specific mental disorders, as well as with verbal and nonverbal strategies for hostage negotiation across the personality disorders and forms of mental illness found among ill inmates.

Applied Issues in Criminal Psychology & Clinical Criminology (Second Week): This advanced in-service course will provide the student with practice-based, applied instruction and training—as opposed to theory—on hostage negotiation.

The basic concept and overall goal at this point is to utilize the more theoretical and diagnostic material covered during the first week of this training and to actually apply this new knowledge in practice situations within a controlled, classroom setting.

Hardware (e.g., the situation board—a written outline of pertinent information) and technology (the digital “throw phone”—a direct phone line to the hostage) will be utilized in class and negotiator trainees will learn how to set up and use them both.

Hostage Negotiation Incident Practicum with Actors/Trainers (Third Week): This advanced in-service practicum will use actors/trainers to give the negotiator trainee simulated real-time incidents to practice hostage negotiation skills in close-to-actual conditions. The training will take place within various areas of a correctional institution (e.g., cell block, clinic, law library, mess hall, etc.). The goal is to allow negotiator trainees to experience a “real, live” hostage situation with actors who are trained specifically to interact appropriately in the staged circumstances.

While it is impossible to train a negotiator in thoroughly predictable certainty as to how things will evolve during a hostage crisis, this method will be as real as it gets. Debriefing (review of the events and actions) will take place after each major incident has ended.

Post-Training Seminar: The Uniformed Hostage Taker: Clearly, the most difficult hostage situations to negotiate are those in which frustrated uniformed members of service become the hostage takers. They know the tactical protocol and facility layouts, they have weapons, know the strengths and weaknesses of their fellow staff members, and have strong interpersonal connections—both positive and negative— with the very same peers with whom they are negotiating. This is radically different from the non-staff hostage taker, to whom the negotiator is a stranger, because here negotiator and hostage taker are peers. In effect, the uniformed member of service has the upper hand when negotiating as a hostage taker.

The challenge for the hostage negotiator is to suspend his or her own personal feelings and to negotiate without personal feeling for the hostage taker, who may be known to him or her.

Cross Training for Hostage Negotiation and Tactical Teams: Both the Tactical Team and the Hostage Negotiation Team are equally important during a hostage-taking incident. (Depending on the agency, the Tactical Team may be known as CERT—Correctional Emergency Response Team; ERU—Emergency Response Unit; SWAT—Special Weapons and Tactics, or a similar name.)

This concept is paramount to the efficient and effective functioning of both the Hostage and Tactical Teams and has been clearly addressed by Mullins & McMains (2006), who state:

It is helpful to think of the tactical team and negotiating team as two legs of a crisis response unit (the third leg being the command element). Negotiators and tactical teams do not operate separately. It requires both to resolve a crisis situation. Negotiators like to think they can resolve a crisis incident without the use or assistance of the tactical element. Likewise, tactical officers like to think they can resolve an incident without the use of negotiators. This type of thinking is linear, in that it is all or nothing. A crisis situation can be resolved through negotiations or through the application of force.

The reality is that the successful resolution of a crisis situation requires the parallel application of resources. The tactical team and negotiation team have to work together, applying their assets from both sides of the actor, “squeezing him in a vise” between the two units (page 508).

The failure of the tactical and hostage teams to completely and thoroughly understand each other and their modes of operation may result in a conflict or reduced effectiveness. Vecchi (2002) notes:

...conflict between law enforcement tactical teams, such as special weapons and tactics (SWAT) and crisis negotiation teams (CNT), occurs seemingly as a result of competing paradigms on how best to handle hostage situations (page 1).

One very effective vehicle for reducing conflict between the hostage and tactical teams is cross-training, which allows both teams to gain intimate knowledge of what the other does. This will reduce the conflict through understanding.

Prior to cross-training, new members of each team need to be trained and highly proficient in their area of expertise. Once they have gained proficiency in their area of specialization, cross-training should begin.

Because of the unpredictable nature of a hostage-taking scenario, it is likely that teams will not always have the same staff member configuration that was present during training sessions. This is one of the main reasons why cross-training is a vital component of the process; it gives participants the opportunity to experience and expand new avenues they may not have previously considered. In the long run, this can only enhance the learning experience for all and the proper supervision of an actual hostage-taking incident can help each team member evolve into a more well-rounded negotiator with an improved technique and approach.

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Scenario-Based Improvisation Using Specially-Trained Professional Actors

The most significant and pertinent aspect of this training protocol is the use of professional actors who have trained specifically in the art/practice/technique of hostage negotiation and the dynamics of correctional institutions.

Because the actors have been trained in the nuts and bolts of hostage negotiation as well as in the behavior of inmates incarcerated in a correctional institution, they can determine what makes for an effective response from the negotiators during a roleplay practicum.

The actors are trained on several different levels:

First, via classroom instruction: The actors receive a scenario from which they will then improvise during the role-play sessions.

Second, using the *Diagnostic and Statistical Manual for Mental Disorders (DSM)*, the actors are instructed and coached on the mental disorder of the hostage taker. The instruction and coaching are conducted by a licensed mental health professional.

Third, the actor receives a detailed overview of the key aspects of hostage negotiation, with a strong emphasis on the relationship between the hostage taker and hostage negotiator. This enables the actor to help evaluate—during an improvised role-play practicum—when the negotiator is being effective.

Further, the actor is trained to respond to effective negotiating on the part of the hostage negotiator.

The use of improvisation—the act of making something up as it is performed—is based on a scenario, as opposed to a detailed script. This is paramount to the effective training of the negotiator, because the actor (the hostage taker) is reacting in real time to the negotiator's interventions. When the negotiation is not effective, responses (or lack thereof) from the HT will reflect this, giving the trainee a good approximation of the uncertainties and stresses of the actual hostage situation. The hostage negotiator thus experiences the effects of his or her interaction with the HT and can modify the negotiation technique to garner more cooperation from the hostage taker.

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The Benefits of Utilizing Actors

Utilizing professional actors in these scenarios ensures the best replication of a hostage situation. The exchange becomes more similar to what negotiators are likely to experience in hostage

situations—one-on-one with a troubled hostage-taking stranger who can be profiled but is likely to be highly unpredictable.

In an article on the role of actors in police work, Parascondola (2004) interviewed Dr. Raymond Pitt, Professor Emeritus at John Jay and training director for the program. Dr. Pitt explained how the actors approach their roles and that researching the behaviors of mentally stressed hostage-takers helps the scenarios take on a reality that allows law enforcement personnel to best address these often volatile situations.

Pitt believes that the skilled actor is an essential part of this training process and that if errors in judgment are made, this is the time to make them—and not when encountering a true hostage-taking incident. *Most important, the hostage-taker wants to be validated on some level, to be taken seriously, and treated with respect.* It is with this in mind and a thorough understanding of his/her potential reactions and behaviors through the role play concept that this program greatly reduces the risk of casualties during a hostage-taking incident.

The medical profession has been enlisting the aid of actors to help train doctors for about 20 years—a practice that has become so effective that now 95 percent of accredited medical schools have developed similar “standardized patient education” programs.

By having the opportunity to examine the complete person—the complex individual with mental/emotional issues who is likely at the end of his rope, feeling so desperate that he has taken hostages—the negotiator is able to feel out the personality/behaviors and full range of responses he or she might expect from a “real” hostage taker.

An actor who has become completely familiarized with the behaviors of such a complex individual is of greater benefit in the training experience than a peer operating with a very different mind and skill set, since law enforcement personnel are programmed more to be in control at all times and are either more rigid or more over-the-top in negotiating scenarios than the true hostage taker is likely to be.

For example, the newly-created \$4 million Clinical Skills Center (CSC) at Stony Brook University Medical Center was created to provide “real time, interactive clinical experiences to facilitate the development and measurement of clinical skills and professional competencies for students and practitioners of the healing arts.” It is a 6,000 square foot state-of-the-art medical facility that is also equipped with a computer station in each of its 10 examining rooms, through which the actor/patient critiques a student’s performance. The rooms also contain an audio/visual monitoring system for postexam review and analysis.

Richard N. Fine, M.D., Dean of Stony Brook University School of Medicine calls this protocol the best way for medical students to gain valuable insight into the importance of patient-centered care. And the program’s coordinator Pat Bley believes one of the greatest advantages of the program is the likelihood of receiving “immediate feedback from actors ... evaluat[ing] them on things that patients look for in their doctor, such as good eye contact, empathy, care taken during physical examination, and the ability to answer questions.”

As it has similarly benefited the medical community, utilizing actors in training hostage negotiators will also elicit an immediate result but variable response from the actor who puts himself in the shoes of a disturbed hostage taker. In addition, the actor can lucidly provide a critique of the negotiator and enhance the training experience overall.

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Continuous Dynamic Skills Maintenance

Hostage negotiation is a skill. After initial comprehensive hostage negotiation training, negotiators should receive bi-weekly (16-hour) training, as outlined in [Illustration 1](#) , so that both junior and senior negotiators can build, enhance, and sharpen their skills.

The first half of this bi-weekly ongoing training should involve updates on practical aspects of hostage negotiation, during which selected topics can be discussed in a relaxed classroom environment. The second half should involve live scenario-based improvisation (role play), using specially trained professional actors within an actual correctional institution.

The concept of Continuous Dynamic Skills maintenance is very similar to that of professional athletes, who train and practice regularly and continuously to hone their skills. Similarly, negotiators need to practice their skills in live role-play scenarios with professional actors who have been specially trained to act as hostage-takers.

Different drugs, reactions to those drugs— whether they be prescribed, recreational or a combination of both—other forms of impairment or intoxication, and so on, all play an integral part when dealing with the damaged personality. The only way one can hope to keep up with the complicated mind and behaviors of the hostage taker is to continue to play out scenarios that include as many combinations of elements as one can fathom.

While it would be impossible to thoroughly portray every single complicated event that may occur, at least the participating staff and negotiators can be trained as well as possible to think on their feet and function cohesively in the most exhausting of circumstances.

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Constant Practice of Negotiation Skills

By virtue of its emotional components and all the personalities involved, hostage-taking incidents are simply not an environment in which the negotiator and his/her staff should be cavalier or stubborn or practice rote behaviors. No two incidents will ever be exactly alike and although similar characteristics may be included and certain techniques considered “tried and true,” all staff members must be ready, willing, and able to evolve and “stay teachable.” This certainly helps when addressing the most unpredictable, combustible hostage-taking incidents and allows for fluidity of all the staff utilized to end them.

As a relatively new technique, hostage negotiating is an art that continues to evolve. Training sessions and seminars exploring “the fine art of negotiating” are necessary to keep staff fresh and help them examine the behaviors exhibited by hostage-takers, always keeping the primary mission of no loss of life as its highest priority.

With a regular comprehensive training protocol in place, junior negotiators expeditiously become seasoned and accomplished negotiators. A key outcome is the development of strong and effective communication skills that also prove helpful in non-hostage correctional situations involving both staff and inmates, as the negotiator learns to be open and outgrow rigidity.

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Utilization of Negotiation Skills in Non-Hostage Inmate/Prisoner-Related Correctional Situations

The deinstitutionalization movement has left many mentally ill persons without treatment and housing (The Sentencing Project, 2002).

Due to their pathology, many of these mentally ill people have turned to crime as a means of survival, leading to increased numbers being arrested and incarcerated within jails and prisons throughout the United States (The Correctional Association of New York, 2004; Frontline, 2005; Human Rights Watch, 2003; Frontline, 2005; CBS News, 2004; Butterfield, 2003; and Commission on Safety and Abuse, 2006).

Clearly, because of the deinstitutionalization of patients of the state mental hospitals throughout various areas of the United States, correctional institutions in many areas have now become their primary means of both housing and treatment. As the research documents, some are at risk for

engaging in hostage taking, as outlined below.

Based on testimony presented at the U.S. House Subcommittee on Crime (Sharfstein, 2000) and reported by Nicholls et al. (200x):

In 1999 the Department of Justice reported that as much as 16 percent of the population of state jails and prisons, that is more than 250,000 individuals, suffer from severe mental illnesses. With 3,500 and 2,800 mentally ill inmates respectively, the Los Angeles County jail and New York Riker's Island jail are currently the two largest psychiatric inpatient treatment facilities in the country (p 13).

One of the byproducts of their psychopathology is inappropriate and sometimes violent behavior when under stress.

There are many instances when an inmate may become "stressed," including—but not limited to—the death or serious injury of a loved one, being placed in a Special Housing Unit (such as administrative or punitive segregation, medical or mental health unit, medical isolation, detoxification unit, or the communicable disease unit), being a first-time offender, getting disturbing/bad information from home, or being placed in a Close Custody Housing Unit from a General Population Housing Unit.

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Utilization of Negotiation Skills in Non-Hostage Staff-Related Correctional Situations

There are also many sources of job-related stressors in correctional institutions. Poor supervision, absence of career development opportunities, excessive paperwork, poor institutional policy, unfavorable court decisions, role conflict, varying shift work, crisis situations, extraordinary responsibilities, peer/supervisory incompetence, and constant exposure to danger are just some of the stressors that correctional staff members encounter regularly and are likely to surface at some point as a form of behavioral pathology. Such behaviors can manifest as:

- Spousal or domestic partner abuse
- Extreme bouts of anxiety, anger, depression, and/or low self-esteem
- Disciplinary problems on the job
- Medical problems
- Suicide risk
- Threats to staff members and/or inmates

As trained crisis interviewers, members of the Hostage Negotiation Unit (HNU) can effectively intervene with such behavioral emergencies as well as other staff-related issues that are not hostage-related. Techniques at their disposal include:

- *Ventilation*: Allowing the subject to freely discuss and explain thoughts and behaviors, as well as what provokes negative attitudes/reactions.
- *Addressing anger*: Anger can be an understandable reaction in many of the above situations, but the issue becomes how to address the anger; HNU members can assist in helping subjects process the anger before (further) situations and volatility arise
- *Talking to the inmates*: Interacting on a humane one-to-one level can go a long way toward gaining the respect and confidence of inmates as well as fellow staff members.
- *Listening to the inmate*: Everyone needs to feel accepted, understood and validated—even when belligerence or aloofness seem to contradict such need(s); something as simple as listening to an inmate or staff member share a passing concern or frustration regarding an issue or daily routine can prevent the build-up of issues leading to a volatile situation.
- *Generating and conveying empathy*: By active listening and reinforcing the validity of the staff member's issues, problems and reactions to stressors, HNU members can facilitate a more favorable and less hostile outcome to a potentially volatile situation.
- *The use of suggestion*: Especially when the subject is resistant to direction, the negotiating HNU member may suggest certain approaches or behaviors to a problem presented by the

subject, or plant ideas using phraseology such as “Well what I [would] do in that situation...”

- *Advice and guidance*: Sometimes advice and guidance are needed and welcome because the subject cannot focus on the issues in an objective manner. He/she may have lacked reliable direction from authority/parental figures and may be at a loss as to how to process the matter at hand. In such cases, gentle advice/guidance from the HNU negotiating member can be helpful.
- *Reassurance*: When in doubt about the direction of one’s life, it is helpful to have feedback from others that one is moving in the right direction.
- *Explicit direction*: Some people are unable to take action without direct and explicit instructions as to how to proceed. This approach will prove especially helpful with this personality type.
- *Controlling affects and impulses*: Certainly a subject who is prone to extreme behaviors and reactions needs to get a handle on knee-jerk responses to stressful situations. When the subject is clearly beginning to exhibit negative behaviors as a response to stress, helping him/her contradict effects or reactions with positive/nondestructive actions is one of the best moves toward behavioral modification. For example, someone is stressed and tends to move toward alcohol abuse and volatility. In the world outside the prison, dinner and a movie or a workout and a cup of coffee aided by socialization can change the dynamic drastically. Certainly if the subject is alcoholic or drug addicted, immediately going to a 12-step meeting or therapy session can work wonders in countering an attraction towards negative behavior.
- *Reinforcement of desirable behaviors*: Behavioral modification is a huge part of any effort to reverse negative reactions to stressors. The concept of being rewarded or rewarding oneself when demonstrating desirable behavior was one of the concepts produced in the “Pavlov’s Dog” experiment (a dog was rewarded with treats for certain desired behaviors to the point that he would salivate at the completion of the desired behavior because he knew a treat was imminent). The reinforcement can be a continuation of controlling affects and impulses, the end result being a “reward” of sorts for having learned to control the negative impulses or behaviors.
- *Cognitive restructuring*: If a person is truly trying to work through negative behaviors and not react to stressors in a negative or destructive manner, he/she will try to quash the negativity at first inkling. So at first recognition of a tendency towards negativity, the enlightened subject will be open to both suggestion and self-instruction to alter a potentially negative or self-destructive behavior. That is “turning the negative to a positive.” This can prove to be an almost immeasurably empowering experience for any individual, but needs constant work and positive reinforcement in order for it to be successful to the point that it becomes effortless. It is most helpful when the subject is highly committed to evolving.

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Stress Inoculation via Exposure to a Simulated Stressor

The main purpose of this article is to outline a protocol for training hostage negotiators who work primarily in secure correctional facilities (e.g., jails, prisons, detention centers), but it seems generalizable to secure mental health institutions as well as to police and other law enforcement agencies.

The secondary purpose is to demonstrate the value of using specially-trained professional actors to both simulate the actual hostage situation and inoculate the negotiator trainees against stress.

The practicum aspect of simulated hostage taking as described in this article allows the trainee to get as close as possible to negotiating a real hostage situation. The practicums are based on scenarios but are otherwise unscripted. Further, the hostage takers are professional actors—not uniformed staff instructed to role play—trained in the behavior of various criminal personalities (psychopathology) and the process of hostage negotiation. As such, the actors accurately portray criminal behaviors reflecting Axis I/ II mental disorder(s).

Having been trained in the process of hostage negotiation, the actors can discern when the trainee is being effective and respond accordingly. These improvised/ simulated scenarios generate stress within the trainee. During debriefings, several trainees have reported they actually forgot that they were in a training session and began to experience what could best be described as *Generalized Anxiety Disorder* (described by APA-DSM-IV-TR as *anxiety; somatic complaints*—headaches, muscular pain, restlessness; *autonomic hyperactivity*— shortness of breath, palpitations, sweating; *hyperarousal/increased startle response; persistent irritability*).

As noted earlier, stress inoculation is an important part of the training process for trainees. According to *Webster's II New Riverside Dictionary* (1996), the word “inoculate” is defined as “introducing a disease or other causative agents into (a person) so as to immunize (make resistant or unaffected and unresponsive).” Given the extreme stress encountered during hostage-taking situations, stress inoculation and debriefing should be a part of all such practicums.

Meichenbaum (1976) described stress inoculation as a way of building tolerance for stressful situations—i.e., graduated levels of exposure to stress eventually make higher-stress scenarios more tolerable and elevate the negotiator's level of functioning within those situations. The average person experiencing a hostage-taking scenario may be overwhelmed and nearly catatonic or immobilized once the event is over. Someone who has successfully been exposed to stress inoculation protocol may need a good night's sleep but is ready to face whatever comes his or her way the next day.

Although the goal of this training protocol is to help train new hostage negotiators, the process and content clearly “inoculate” the training participant against further stress that is generated from an actual hostage situation. The stress inoculation process built into the training protocol consists of didactic instruction, stress inoculation and debriefing.

[Table 2](#) focuses on the many issues that take place during a hostage-taking incident. Although one can learn via didactic instruction and manuals about the heightened emotional aspects and reactions of all the players (i.e., hostage-taker, hostages, negotiator), to actively participate in an event that is well-simulated will place trainees directly in the event and help them react in the best way possible without actually endangering themselves or others. Placing the trainees in a simulated event evokes many—perhaps all—of the emotions that come forward when a true hostage situation takes place.

Stress inoculation will place trainees in a position of increased strength and awareness when encountering “the real thing.” Of course, each situation is unique and not completely predictable, but there are simply right versus wrong things to do during a hostage incident—virtual absolutes that one can learn and rehearse beforehand.

The *debriefing* aspect serves to make participants aware of how these events can go more smoothly even in the tensest of situations. It is a time and place for all participants to assess trainee response and to provide corrective input.

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Conclusion

Ours is a complicated society with many stressors— internal, external, familial and societal. When political factors such as deinstitutionalization of the mentally ill and financial desperation become part of the formula, they only further agitate the “*What have I got to lose?*” mentality. That level of desperation added to feelings of abandonment, paranoia, and fear brewing in the mind of one suffering from personality disorder(s) can lead to extremely volatile hostage-taking incidents.

Prospects for successful resolution are seriously compromised by each of these factors, requiring greater focus and understanding by the negotiator and his/her staff. Hostage-taking incidents concluding peacefully with no loss of life or property require many components that work

together synergistically, with an openness to quick change in strategy as needed.

The tactic of utilizing actors trained as hostage takers has been a proven asset to the training process for negotiator trainees. This protocol advocates the use of actors trained to be HTs with personality disorders. This provides the valuable training benefit of simulating real-life interaction with hostage takers during a hostage situation. When the value of debriefing is added to this paradigm, this protocol is likely to significantly improve the outcomes of hostage negotiations, especially because each event will also be reviewed and studied by the training team. This can be tested statistically as pre- and post-hostage outcome data become available.

Although this paper has focused upon hostage-taking incidents in the correctional environment, there is a serious need for much of this methodology to be employed in other contexts. Inmates are often treated in a particular way and are rarely appreciated for their uniqueness and individuality. Staff members are expected to be authoritative, if not outright forceful, and generally not considered to be compassionate.

Having said this, each person is unique and needs to be considered on a deeper level—appreciated and respected for who he/ she is as a human being with certain basic emotional needs. It follows that the methodologies and practices described within this article (e.g., ventilation, listening, reassurance, reinforcement, controlling affects, and impulses, etc.) could benefit individuals in their daily interactions with others and possibly prevent an incident from reaching the point of desperation that makes it a hostagetaking event.

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Appendix: Case Law & Hostage Negotiation

The importance of hostage negotiation training is seriously underscored by United States case law.

The 1975 case of *Downs v. United States* is the basis for hostage negotiation techniques in the U.S.

In this landmark case, the FBI interceded when a small plane hijacked in Tennessee landed in Jacksonville, Florida for refueling on its way to the Bahamas.

There were two crewmembers, two hijackers, and the estranged wife of one of the hijackers onboard.

The copilot and one of the hijackers left the plane separately to negotiate for more fuel and did not return to the plane.

A car was positioned to block the plane. An FBI special agent approached the plane, identified himself, ordered evacuation (without response), shot at the right rear tire, and ordered more gunfire to disable the engine. Once aboard, he found two dead hostages and a mortally wounded hijacker.

While the district court ruled the FBI to have acted appropriately, the appeals court ruled there was “a better-suited alternative” for protecting the hostages.

Allowing the co-pilot and second hijacker to exit the plane separately and not return showed a willingness to negotiate by the armed hijacker and as such, negotiation was ruled to be the preferred alternative to force or escape in such situations.

The appeals court believed that “playing the waiting game” would have been appropriate and warranted in this situation and that when the special agent hastened force, there was unnecessary loss of life.

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Table 1: Initial Hostage Negotiation Training Protocol

Pretraining Day

Case Law Pertaining to Hostage Negotiation: *Downs v. the United States*

Week 1

Abnormal Psychology for Law Enforcement & Emergency Service Personnel

Day 1

Defining Mental Illness

Paranoia

Signs & Symptoms of Psychosis

Day 2

Schizoid Personality Disorder

Schizotypal Personality Disorder

Schizophrenia

Day 3

Conduct Disorder

Antisocial Personality Disorder

Psychopathy

Day 4

Borderline Personality Disorder

Obsessive-Compulsive Personality Disorder

Other Personality Disorders

Day 5

Mood Disorders

Substance-Related Disorders

Intermittent Explosive Disorder

Week 2

Applied Issues in Criminal Psychology & Clinical Criminology

Day 6: Hostage Negotiation: A Detailed Comprehensive Overview

Day 7: Stockholm Syndrome & Active Listening

Day 8: Hostage Incident Management

Day 9: Intelligence Gathering & Situation Boards

Day 10: Hostage Negotiation Technology

Week 3

Hostage Negotiation Incident Practicum (with Actors/Trainers)

Day 11: Professional Communications for Law Enforcement

Days 12-15: Hostage Negotiation Incident Practicum (Improvised Role Play, w/Actors/Trainers); Includes Debriefing after Each Practicum

Post-Training Day

- The Uniformed Hostage Taker
- Discussion & Closing
- Presentation of Certificates

Illustration 1: Continuous Dynamic Skills Maintenance

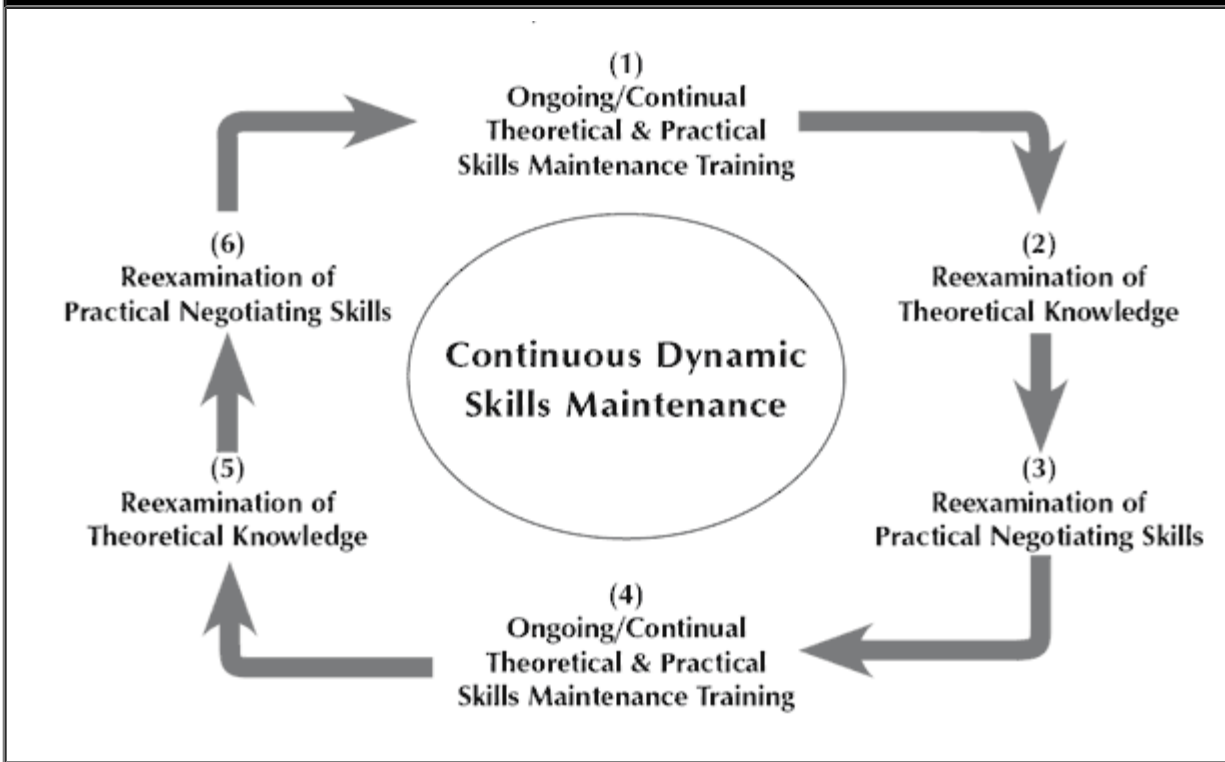
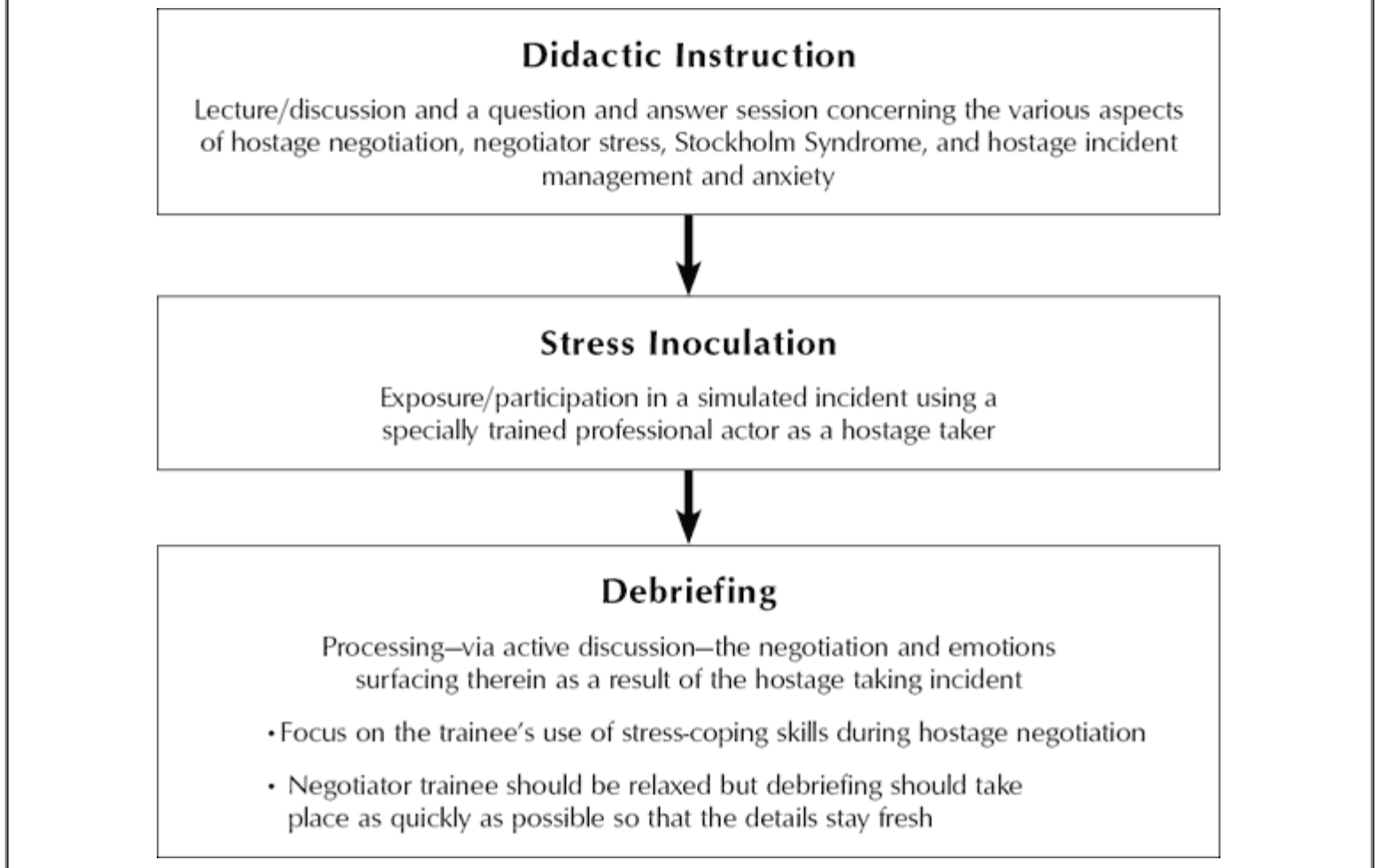


Table 2: Stress Inoculation via Participation In a Simulated Hostage Incident as a Hostage Negotiator



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