

2018

The Hostage/Crisis Negotiation Team Member's Perception of the Mental Health Professional

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Walden University

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Timothy Quigley

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Walden University
2018

Abstract

The Hostage/Crisis Negotiation Team Member's Perception
of the Mental Health Professional

by

Timothy Quigley

MS, Villa Julie College, 2007

BS, Strayer University, 2004

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

April 2018

Abstract

Hostage/crisis negotiation has been described as a complex verbal dance between the negotiator and the subject. While one of law enforcement's most effective tools and most significant developments in law enforcement and police psychology over the past several decades, the acceptance of mental health professionals (MHP) on a hostage/crisis negotiation team is ambiguous. This study examined how mental health professionals working with hostage/crisis negotiation teams are perceived, if there is positive small group socialization within teams, whether the outcome of incidents is affected by designation of the MHP as a team member versus a consultant, and whether prior law enforcement experience influences team members' perception of the MHP. A comparative research design was utilized and data were collected from 362 hostage/crisis negotiators using the Hostage/Crisis Negotiation and Mental Health Professional Questionnaire. Independent sample *t* tests indicated that MHPs designated as team members scored higher on the Small-Group Socialization and Perception scales than those designated as consultants. Results indicated that MHPs with law enforcement experience were perceived more positively than those without. The type of MHP designation showed no significant effect on incident outcome. This study's outcome may produce positive social change in that the results will enhance and promote ideas and cohesion that involves the unity of the MHP and their law enforcement team members in a field that focuses in on preservation of human life in the worst possible conditions, with positive implications for the team, hostages, victims, communities, and even the individual in crisis.

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Dedication

This dissertation is dedicated to my beautiful wife, Ellen, who has laid aside her own personal life and sacrificed so much and so often so that I could work on completing my own goals. Without her help, support, and watching our beautiful son, Aidan, this would not have been possible. To my Mother and Father, thank you for teaching me that giving up is never an option and my faith in God can get me through anything. That in which you taught me I hope to pass on to my own children and hope they realize the importance in faith and education.

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In the business of Hostage/Crisis Negotiation, we do not keep numbers of wins and losses, and there are many long days and nights in which there are no thank you or congratulations. To the brave men and women who do this selfless line of work, I am truly blessed to have met you, worked with you, may work with you, have received your input for this study, or just sleep better knowing you are there, thank you.

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Chapter 1: Introduction to the Study

Introduction

In the early 1970s, law enforcement agencies changed how they handled barricade and/or hostage incidents. Before the days of hostage/crisis negotiation as an alternative strategy, law enforcement response involved only the use of force or a tactical entry and someone was invariably injured or killed (Slatkin, 2015). Two sieges served as catalysts for the New York City Police Department's (NYPD) development of a hostage program. These were the 1971 Attica Correctional Facility riot that led to 39 deaths (10 hostages and 29 prisoners were killed) and the "Munich Massacre" in which terrorists captured and killed Israeli athletes and a police officer at the 1972 Munich Olympics (Bolz & Hershey, 1979).

Clinical psychologist Harvey Schlossberg created the first training program to deal with hostage negotiations for the NYPD and was described by Bolz and Hershey (1979) as "one of the most unusual men on the force" (p. 23) and "the psychologist guru of the program" (p. 39). Dr. Schlossberg, who was also a NYPD Sergeant at that time, and Bolz are credited with running the "first hostage negotiations program in the world" (Strentz, 2013, p. 10). The first Hostage/Crisis Negotiation program of the Federal Bureau of Investigation (FBI) was designed and developed by a Special Agent, Thomas Strentz, who held a Master's Degree in Social Work. Thus, mental health professionals (MHP) have been intimately involved with the development and application of hostage negotiation since the inception of the strategy. It should be noted that both of the above mentioned MHPs were also law enforcement officers.

The current study aimed to address the small-group socialization factors on hostage/crisis negotiation team (H/CNT) members while analyzing other unaddressed issues observed in the current literature. Examples include the perceived effectiveness of the MHP on a H/CNT, the utilization of the FBI's hostage barricade data system (HOBAS), the percentage of H/CNTs that consider a MHP a designated team member, and whether there is a correlation between having the MHP as a designated team member and successful hostage/crisis negotiations.

The first chapter covers the following topics: the background of the study, some of the unique quandaries that are shared by both the law enforcement personnel and the MHP on a H/CNT, the purpose of the study, the research questions, definitions of the variables, the study's assumptions, limitations, scope and delimitations, and its significance.

Background of the Study

Martin Reisser, the first psychologist appointed to a police department in the United States in 1968, commented on how police officers feel about psychologists and used phrases like "fuzzy-headed" and "cloud-nine types," while psychologists viewed the law enforcement officers as "ham-handed rednecks" and "insensitive" (Ainsworth, 2005, pp. 1-2). Ainsworth described the disciplines of psychology and policing as suffering from a "considerable misunderstanding" (p. 1) when viewed by the public. Opinions of these fields were either based on a biased media or brief interactions with a member of the profession(s), respectively (p. 1). The current literature shows this as changing. Bartol and Bartol (2012) explained that the relationship between law enforcement and

psychology has “waxed and waned” for a while, but there have been considerable alterations to police departments over the years that have created a substantial need for services performed by police psychologists. These authors claimed that the increased need derived from police departments becoming more educated and more professional, the public becoming more concerned, psychologists being assigned investigative responsibilities, and even being involved in such specialty teams as hostage/crisis negotiation.

A study by Hickman (2009) investigated opinions from hostage negotiation team members about MHPs involvement on the team and their perceived appropriateness, as well as perceived benefits, in different roles. This study is important because it shows that the majority of participants agreed the MHP should be involved (74%) and agreed strongly about the MHP’s role as a consultant (82%), and about the MHP performing a mental assessment of perpetrator (90%), conducting postincident critiques (71%), and counselling victims (89%). However, the studies participants strongly disagreed about their usefulness as a primary negotiator (74%). Most of the participants believed that psychological knowledge is important when it came to hostage/crisis negotiation (82%) and agreed that they were willing to learn more about it (94%; Hickman, 2009). Though this study is 9 years old, it remains the most recent research on point.

Hickman (2009) also found that a majority of the team members agreed that the MHP is a valuable asset (83%) but only about half (49%) believed that the MHP presence would increase the chances of a successful outcome. About another half of the participants (46%) agreed they felt more confident knowing that a MHP was on the team,

while a minority (15%) felt less confident. A majority of those who responded about their relationship with the MHP (86%) agreed it was good and another 81% agreed that the training they received from their MHP was “valuable and beneficial to their effectiveness as a negotiator” (p. 70). Though this research is similar, the quantitative research in the present study will help to gain insight into the perceptions and attitudes of the hostage negotiation teams that utilize a MHP as a designated team member.

Rubio (2015) stated that research was much needed in the area of varying opinions about the effectiveness and need for a police psychologist consulting on a H/CNT. Rubio’s (2015) questionnaire study addressed the question of whether special weapons and tactics (SWAT) outcomes were perceived as positive or negative by law enforcement, psychologists, and the general public (neither police nor mental health professionals), if the psychologist was present on the negotiation team. According to Rubio, the psychologists presence on the team and their importance was based on exploring the role the psychologist plays on the team or in effecting positive outcomes in SWAT negotiations, and whether their role can be expanded to include more responsibilities. While the effectiveness and necessity of a police psychologist consulting on a crisis negotiation team was partially supported, the perception of a positive SWAT outcome with a psychologist present did not yield a statistical significance. Overall, based on parameters such as the presence of mentally ill offenders, the size of the law enforcement agency, and various demographics, there was a significant effect on ratings for the need for a police psychologist on a crisis/hostage negotiation team. A limitation for this study was noted based on it being quantitative. Because of this, there was no

section in which the participants could write about why they felt as they did or comment on their answers.

A gap in the existing research revealed that training on the mental health aspects of crisis negotiation has not been consistent (Rubio, 2015). In other words, can it be stated that MHPs receive the same training the negotiators do and when they participate as instructors, they are utilizing the same methods nationally. Because the psychologist is taking on the consultant role (or other additional duties) in crisis intervention teams, more research on this is recommended (Blevins, Lord, & Bjerregaard, 2014; Rubio, 2015). Psychologists are “rarely” primary negotiators (less than 7% of the time) and Bartol and Bartol (2012) stated that this was because of what they describe as “limited training” and “experience in such matters” (p. 61). Though it is not common practice or policy to have a MHP become a primary negotiator, it is possible when the MPH received the initial contact with the individual in crisis or when the team decided to use them as a third-party intermediary (TPI). The current study addressed the roles of the MHP on a negotiation team and included the primary negotiator category.

Skubby, Bonfine, Novisky, Munetz, and Ritter (2013) noted some barriers to successfully using Crisis Intervention Teams in the community. Though not a H/CNT model, the authors found that the professional orientation toward the idea of mental illness promoted understanding between police and the MHP. Skubby et al. showed the importance of collaboration between the two disciplines and how the involvement of mental health advocacy groups can help overcome professional barriers. Such collaboration and overcoming barriers was the intention of this study as well.

Problem Statement

When a MHP serves as a team member on a H/CNT, they face unique ethical and emotional challenges, whether they are a police officer or not (Gelles & Palarea, 2011). The participating MHP is placed in a quandary between the needs of the police agency in which they work, the needs of those taken hostage, and the needs of the suspect. Fagan (2016) noted that incidents that end in the use of force and result in the perpetrators' death or injury are usually quite different than a therapeutic outcome or intervention. Participating in tactical teams and helping plan and implement an assault may be a difficult task for a psychologist to do, ethically and emotionally. Fagan (2016) pointed out that psychologists who may be used to operating on their own or in leadership positions must learn to be a team player, which might also require personal adjustment. These ethical and emotional factors may impact the ability of the MHP to be part of the hostage/negotiation team and may impact their acceptance by the other team members.

Another factor that may influence the ability of the MHP to become a part of the negotiation team is that law enforcement and the mental health professionals each understand that they have a different orientation toward mental illness and thus could be a barrier for cooperation (Skubby, Bonfine, Novisky, Munetz, & Ritter, 2013). Whether or not the MHP lacks law enforcement status or law enforcement experience, MHPs are considered to be a valuable asset by law enforcement officers on the H/CNT (Hickman, 2009).

These articles lead to two questions when considering the MHP's role on a H/CNT: (a) Is the MHP accepted by law enforcement members of the team, and (b) If the

MHP is considered valuable and beneficial for the H/CNT, why? These two factors may impact the effectiveness of the team as a whole and may influence the outcome of negotiated incidents in general.

Hickman (2009) found that nationwide, 39% of police agencies use a MHP as a consultant for their H/CNT and outcome data in the years 2002-2003 showed that 82% of the hostage incidents were resolved without injury (Flood, 2003). Hickman explained that hostage negotiation team members preferred using mental health professionals in a specific, peripheral role (consulting during an incident, giving post-incident critiques, and counseling victims) and not as a primary negotiator. The study went on to say that this could be due to law enforcement's lingering bias against MHPs in general or because of the perceived or actual capacities of the MHP (Hickman, 2009).

Further research is required to examine the underlying reasons for the negotiation team member's perceptions and their reasons for or against using the MHP as a primary negotiator, rather than only as a consultant (Rubio, 2015). According to Rassti (2014), empirical research on hostage/crisis negotiation is only in the early stages. Augustin and Fagan (2011) noted that MHPs do provide consultation and psychological support, but wonder if it only appears strong (helpful) on the surface. In other words, can it be stated that law enforcement personnel have enough experience and training to do what the MHP can do and that there is an actual correlation between negotiated outcomes and having a MHP on the team?

The relationship between the MHP and law enforcement team members is crucial given the significant increase in the use of MHPs through the years (Daniels et al., 2015;

Herndon, 2009; Porter, Rose, & Dilley, 2016). Daniels et al. found that the MHP is often tasked with assessing and profiling the offender because an understanding of the offender's motives and personality increases the likelihood of a successful negotiation (a safe resolution). Law enforcement officers in Canada are increasingly using and relying on psychologists to consult in emergency response team (ERT) callouts that include hostage-taking and barricade (nonhostage) situations (Porter et al., 2016). The MHP's most common roles are to (a) provide advice on negotiation techniques, (b) assess the subject(s), (c) counsel and debrief officers post-incident, (d) provide psychological information about the subject's behaviors and motivations, and (e) offer opinions about risks of violence. Porter et al. (2016) noted two serious issues related to hostage negotiations. The first was the practical issue of whether or not the psychological counseling was itself valid and even help at all. The second issue involved the ethical stand of the MHP and whether she or he considered the safety of everyone involved and remained as objective as possible. The current study explored the perceptions of law enforcement members of a H/CNT have toward an MHP, and explored whether successful outcomes and having an MHP on the team were correlated.

Purpose of the Study

The purpose of this study was to examine (a) how the MHP is perceived by the law enforcement members of a H/CNT, which uses them as a consultant or a designated team member, (b) how crises are resolved with the MHPs and (c) whether the MHP's had law enforcement experience or lack thereof influences how they are perceived. This inquiry sought to determine (a) whether law enforcement team members consider the

MHP a valuable asset (consensus), (b) whether he or she is accepted as true members of the team (cohesion), (c) whether law enforcement team members believe the MHP is included in decision making on the team (loneliness), (d) whether enough training is being conducted regarding psychological issues for those in crisis (communication satisfaction), (e) whether there is a correlation between successful negotiations and having the MHP as a designated team member or as a consultant.

Research Question(s) and Hypotheses

The following four research questions (RQ) guided this study.

RQ 1. Does MHP involvement-type (designated team member or consultant) have an effect on outcome of incidents (e.g. negotiated surrender)?

H_01 : MHP involvement-type does not have a significant effect on outcome of incidents.

H_11 : MHP involvement-type does have a significant effect on outcome of incidents.

RQ 2. Is there a significant difference in how MHPs who are designated team members and MHPs who are consultants are perceived?

H_02 : There is not a significant difference in how MHPs who are designated team members and MHPs who are consultants are perceived

H_12 : There is a significant difference in how MHPs who are designated team members and MHPs who are consultants are perceived

RQ 3. Is there a significant difference in how MHPs with and without law enforcement experience are perceived?

*H*₀₃: There is not a significant difference between MHPs with and without law enforcement experience and how they are perceived.

*H*₁₃: There is a significant difference between MHPs with and without law enforcement experience and how they are perceived.

RQ 4. Is there a significant difference between those where the MHP is considered a designated team member and those where the MHP is a consultant on how the MHPs are socialized within the negotiation team?

*H*₀₄: There is not a significant difference between those where the MHP is considered a designated team member and those where the MHP is a consultant on how the MHPs are socialized within the negotiation team.

*H*₁₄: There is a significant difference between those where the MHP is considered a designated team member and those where the MHP is a consultant on how the MHPs are socialized within the negotiation team.

Theoretical Foundation

The theoretical foundation for this study derived from the small-group socialization model posited by Anderson, Riddle, & Martin (1999). This model focuses on the member's experience through a five-stage socialization process: a) antecedent, b) anticipatory, c) encounter, d) assimilation, and e) exit. These five stages each include characteristics that mold group communication. The stages also help group members understand how communication shapes the socialization during the group's life-span. According to Anderson et al., the model applies to new members entering an established group (in this case, the MHP) and to groups just being formed.

This first phase of socialization, antecedent, refers to the “skills, traits, experiences, demographics, and other factors that members bring to the group” (Fouche, 2015, p. 28). The anticipatory phase refers to what the individual members expect from the group as well as other individual members and, essentially, to anticipate what to expect. The third phase, encounter, is where the group discusses “goals, roles, norms, and expectations” (p. 29). It is posited this is where the group works out the balance between individual and group goals. In the assimilation phase, Anderson et al. (1999) describe the process of becoming integrated into the group’s culture and participating in opinions and behaviors that directly affect the group’s goals and objectives. In the fifth phrase, exit, the model states that when departing from groups, the individual carries their experience into new groups and that the experiences left behind can shape future interactions of new members of the group, or in the case of this study, the H/CNT.

This model was chosen because it accounted for the realization that members are also parts of other groups (Fouche, 2015). Though some H/CNTs may be full-time, departments such as the FBI consider the team a collateral duty and the police (or agents) and the MHP have separate careers, or groups. This model was chosen as well based on the concept of socialization being a usual function of small groups and, when successful, “would lead to an individual adopting the values, norms, and goals of a group” (Fouche, 2015, p. 29).

In the present study, socialization applies to how members of a H/CNT perceive how each of them cooperated and succeeded in the completion of the team’s goals. There are four group outcomes that relate to group socialization: cohesion, consensus,

communication satisfaction, and loneliness, all of which are the backbone of this study (Anderson et al., 1999). Aside from the small-group socialization model, this study also addressed how the law enforcement members of the H/CNT perceived the MHP. This study examined the correlation between successful negotiations and having the MHP as either a consultant or a designated team member.

Nature of the Study

Creswell (2009) described how theory in quantitative research consists of constructs, or variables, that are interrelated and that specify that relationship among them. Such variables can appear as a rationale or an explanation of the phenomena. In formulating a theoretical perspective for studying the perceptions of law enforcement on a H/CNT and their MHPs, the small-group socialization model provided a useful prototype. The decision to use a questionnaire derived from the idea of a numeric description of attitudes, trends, and/or opinions from law enforcement on a H/CNT. When considering the rationale for this questionnaire, the advantages were economy of the design, rapid turnover in data collection, and the size of the population to be studied.

Utilizing a comparative design, this study sought to find relationships between independent and dependent variables as they related to the MHP and hostage/crisis negotiation. This design shares similarities with correlational research in that both seek to be useful when experimental research has been deemed impossible. They both attempt to determine relationships between variables without manipulating them and neither can definitively state that a true cause-and-effect relationship has occurred (Brewer & Kuhn, 2010). However, the difference between the comparative and correlational design is

essential to understanding why this study used the former. While this will be addressed in greater detail in Chapter 3, the biggest difference is the fact that the comparative design investigates the effect of an independent variable on a dependent variable by comparing two or more groups of individuals; correlational research, on the other hand, involves only one group of individuals. The two groups in this study comprised MHP involvement-type: designated team member or consultant.

Definitions

To begin defining the terms and roles utilized for in hostage/crisis negotiation, the idea of crisis negotiation vs. hostage negotiation must be addressed. Strentz (2013) posited that the idea of crisis negotiation replacing hostage negotiation derives from a “growing majority” of incidents where the subject(s) is in crisis and is not involved in the taking of hostages (p. 3). This distinguishes the differences between a hostage incident and barricade, or nonhostage incident. The FBI classifies crisis incidents into hostage situations and nonhostage situations (Noesner, 1999). A hostage situation is where the subject (person in crisis) takes others captive for the purpose of fulfillment of demands, like money, political change, social change, etc. A nonhostage situation is where the subject (individual in crisis) acts in an emotional way in which they cannot control their emotions in response to life stressors, including jilted lovers, rejected spouses, disgruntled employees, and others (Noesner, 1999). Though the nonhostage, or barricaded subject, may hold others against their will, those held captive are considered victims, as opposed to hostages, and may turn into the subject using them for demands.

H/CNT Roles

Team leader: An administration position that selects team members, arranges training, coordinates, and commands the negotiation response (Strentz, 2013).

Primary Negotiator: While representing the commander, directly speaks with the individual in crisis.

Secondary Negotiator (also called coach): They assist the Primary Negotiator by listening and screening suggestions from other team members (including the MHP) and monitors the Primary Negotiator and makes recommendations for breaks and changing negotiators out.

Intelligence: Strentz (2013) suggests this position, or team leader of intelligence, be a seasoned or experienced negotiator because gathering information can come from *many* sources and the importance to appreciate and understand what is pertinent to the process and be forwarded on is crucial.

Think Tank: This group listens to the recordings of the event and try to identify *hooks* and *hot buttons* to assist the negotiation process

Hooks: Something that can be used to get the subject, or perpetrator, out.

Hot Buttons: Topics to avoid.

Messenger: This person takes physical communications, like Negotiation

Variables for Data Collection

MHP: The Mental Health Professional.

MHP as a consultant: The MHP can be called upon on actual callouts or training purposes but are not considered designated team members.

MHP as a designated team member: The MHP is considered a designated part of the team and utilized on actual callouts and/or training conducted by the team.

MHP with law enforcement experience: The MHP was or is a sworn law enforcement officer.

Assumptions

The first assumption of this study was that those law enforcement agencies who did not have a MHP on staff or accessible will not participate for a number of reasons. There is no practical way to understand all the reasons why an agency did not participate or have access to a mental health professional. Examples can include budget, location, and professional philosophy. A second assumption was that the MHP on staff or considered a full-time team member does so out of a desire to contribute. This is important because of the idea of the socialization factors (consensus, cohesion, communication satisfaction, and loneliness) illustrates a shared sense of reciprocity. In other words, the assumption stems from the notion that all MHPs on the team are of the same mindset. A third assumption likely derived from the last incident and the law enforcement team members' feelings toward how the MHP did, well or poorly. This could have an impact on how the perception and socialization portion of the questionnaire is answered. In the fourth assumption, it was assumed that participants were honest and genuine in their answers.

Scope and Delimitations

In this study, perception was looked at, and the small-group socialization of the MHP, through the eyes of trained hostage/crisis negotiators while exploring incident

outcomes. Because of perception and the socialization comes from the team, the first boundary for the study came from the participants themselves. The participants were selected based on being a trained law enforcement officer on a H/CNT. The study sample also included participants who were not only trained hostage/crisis negotiators, but who used a MHP either as a consultant or a designated team member. The questionnaire was provided in an online format (SurveyMonkey.com), which means that the participants had to have reasonable access to an internet accessible computer.

Limitations

This study was subject to three limitations. The first limitation is based on the questionnaire. Through correspondence with the original authors of the small group socialization scale and review of current literature, items were adjusted and or removed to suit the needs of the study. For example, the questionnaire included questions that linked (a) the small-group socialization model to the H/CNT and (b) the concept of perception to the mental health professional. Since other scales and questions used to test group socialization factors, such as communication satisfaction and cohesion, did not fit into the team concept of hostage/crisis negotiation, changes were made. Thus, the questionnaire had not been piloted before, and so its reliability and validity are yet to be determined. To compensate for this, input was sought from the original authors of the small group socialization scale (Dr. Anderson and Dr. Martin) and their advice was relied upon for the construction of the questionnaire.

The second limitation involved the potential for bias: the researcher is currently a Special Agent with the FBI's Crisis Negotiation Unit. Precaution was taken to ensure that

the questions were constructed based on input from the original authors of previous studies and relevant literature.

The third limitation was based on self-selection: The participants might or might not be a true representative of the population. Examples of this would be participants who were disengaged, burnt out, or who otherwise maintained negative feelings about the group based on their biases.

Significance of the Study, Including Positive Social Change

According to the Federal Bureau of Investigation, in 2013, MHPs were utilized in 15% of recorded hostage/barricade incidents, and at least 43% of the individuals in crisis either had a current or a previous mental health diagnosis (as cited in Rubio, 2015). Using a MHP on H/CNTs has become more typical because law enforcement has gradually come to recognize that the MHPs' knowledge in the behavioral sciences can contribute to crisis situations (Herndon, 2009). This research addressed a gap in understanding by focusing on the law enforcement personnel on a H/CNT and their perception of the MHP. Thus this study focus on this perception could help guide interventions that promote positive group communications on H/CNTs and lead to improved outcomes, with fewer injuries and deaths.

According to Riddle et al. (2000), communication variables that relate to success for small-group socialization include cohesion, consensus, communication satisfaction, and loneliness. These variables guided the present study to determine whether the perception of MHPs on a H/CNT was built on any or all of those variables that affect

positive group socialization. Findings about how the group members perceived one another can greatly affect outcomes in a small group setting like a H/CNT.

Previous literature in this field has relied on statistics gathered from the FBI's Hostage Barricade Database System (HOBAS; Booth et al., 2010; Flood, 2003; Grubb, 2010; Hickman, 2009; Lord & Sloop, 2010; Mohandie & Meloy, 2010; Strentz, 2013; Van Hasselt et al., 2005). A review of the existing relevant literature revealed one study inquiring about its reliability and validity (Lipetsker, 2004) and determined that HOBAS suffered from self-selection bias, convenience sampling, and occasional ambiguity in the wording of the questions on the HOBAS questionnaire (p. 11). Ainsworth (2005) opined that the value of HOBAS remained to be seen. Whether law enforcement was entering hostage/barricade incidents into this national database, along with other variables consistent with the questionnaire, were addressed.

While the study delved into the importance of small-group socialization, it also looked into how the teams interact and use positive variables such as cohesion and communication satisfaction. If it can be found that teams with more positive small-group socialization have more successful outcomes and perceive the MHP in a more positive light, perhaps the future implementation of such socialization should be the center of discussion for H/CNTs who lack it. Furthermore, if teams that show a positive score on the perception of the MHP and show positive small-group socialization scores, which the scores showed, perhaps the idea of the MHP as a consultant or designated team member should be considered for future team relevance and inclusion.

Walden University describes positive social change as a deliberate process of creating and applying ideas, strategies, and actions to promote the worth, dignity, and development of individuals, communities, organizations, institutions, cultures, and societies (Walden University, 2017). The scope of this study directly relates to positive social change in that the results will enhance more successful negotiations and promote ideas that involve the unity of the MHP and their law enforcement team members. The results showed higher scores for perception and small group socialization when the MHP was a designated team member which has positive implications for the team, hostages or victims, communities, and even the individual who is suffering in the crisis.

Summary and Transition

This chapter introduced the ideas and concepts that are involved when dealing with a hostage/negotiation team. The concept of a team approach cannot be emphasized enough when dealing with such a high-stress atmosphere involving a hostage/crisis negotiation scenario. In order for the group to be successful, the team members, including the MHP, must have cohesiveness and must accept one another. Chapter 1 expressed the importance of this study by showing the history of MHPs and H/CNT and the nature of the study through its theoretical foundation.

Chapter 2 will examine further how the roles of a MHP impact the hostage/negotiation team, the differences between a hostage and a nonhostage (victim) situation, the history of the MHP and the H/CNT, the importance of a team concept, a description of possible barriers that may exist between the MHP and their law

enforcement team members, and some possible ethical issues that may arise for the MHP on a H/CNT.

Chapter 2: Literature Review

A MHP on a H/CNT may face certain ethical issues that their law enforcement partners do not. They may also be presented with certain barriers that may impede the small-group socialization process between their other team members as well. Current literature seems to agree that the relationship between the MHP and law enforcement on a H/CNT, though varied throughout the years, has become more positive. However, it appears that on both sides (law enforcement and psychology), there may still be barriers.

The purpose of this study was to examine (a) how the MHP is perceived by the law enforcement members of a H/CNT, which uses them as a consultant or a designated team member, (b) how crises are resolved with the MHPs and (c) whether the MHP's had law enforcement experience or lack thereof influences how they are perceived. This chapter will discuss the current state of the literature on the MHP and H/CNT. It will begin by defining what is considered a hostage situation and what is considered a barricade situation. The chapter then explores the history of the MHP and the H/CNT, mental illnesses that are involved with the taking of hostages or victims, roles the MHP plays on the team, the importance of the team concept, barriers that may or may not exist between the MHP and the rest of the team, the MHP and some ethical considerations, and finally, the FBI's HOBAS database.

Literature Search Strategy

To identify prospective, peer-reviewed articles and books, the following databases— PsycINFO, PsycARTICLES, PsycCRITIQUES, and Google—were searched for the years 1979–2016, using the following keywords: *psychology*, *hostage*,

negotiation, mental health professional, barriers, law enforcement, ethics, small-group, socialization, and HOBAS. I used the Boolean operators, AND and OR to optimize the results. Abstracts were used to judge an article's relevancy to the research questions. As an employee of the FBI, I also had access to the FBI library that contains online journals and articles.

In the literature, there was a dearth of current studies that dealt with (a) hostage/crisis intervention and the MHP, and (b) the mental illnesses that are involved with captive-taking. Young (2016) pointed out that little research has been conducted on those who do this line of work even though negotiations are such a vital duty under the most stressful of circumstances. Porter, Rose, and Dilley (2016) noted that even though forensic psychologists have dedicated much effort to theory and research in improving the criminal justice system for decades, the roles of the psychologist as consultants in criminal investigations have only recently been expanded and are evolving. Daniels et al. (2015) noted that no research to date has focused on captive-takers' motives from their own perspective.

The lack of current studies and recent data can also be seen in current text books. Bartol and Bartol (2014) cite studies that go as far back as 1978 and include pioneers that are mentioned here, e.g. Fuselier, and Noesner. For these reasons and more, the current study has utilized literature ranging from 1979 to 2016. Some non-peer-reviewed articles were used to show an industry perspective from. Examples of this include Bolz and Hershey's 1979 book *Hostage Cop; The story of the New York City Police Hostage Negotiation Team and the Man Who Leads It*, Miller's 2005 and 2007 articles that

involve psychological principles and practices of hostage negotiation and dealing with the mentally disordered hostage-taker (respectively), and Regini's article Crisis Negotiation Teams Selection and Training (Regini, 2002). The inclusion of older studies and non-peer reviewed articles was decided based on showing a need for this and other hostage/crisis negotiation studies follow up on and continue progressing H/CNT.

Theoretical Foundation

The theoretical framework for this study is the Group Socialization Model developed by Anderson, et al (1999). This model focuses on the member's experience through the socialization process of five stages: a) antecedent, b) anticipatory, c) encounter, d) assimilation, and e) exit. The first phase of socialization, antecedent, refers to the "skills, traits, experiences, demographics, and other factors that members bring to the group" (Fouche, 2015, p. 28). The anticipatory phase refers to what the individual members expect from the group as well as other individual members and, essentially, anticipate what to expect. The encounter phase is where the group discusses "goals, roles, norms, and expectations" (p. 29). It is posited this is where the group works out balance between individual and group goals. In the assimilation phase, Anderson et al. (1999) described the process of becoming integrated into the group's culture and participating in opinions and behaviors that directly affect the group's goals and objectives. Finally, the exit phase model argues that when departing from groups, the individual carries their experience into new groups and that the experiences left behind can shape future interactions of new members of the group, or in our case, the H/CNT. This socialization model will provide a general framework for understanding the dynamics involved in the

interaction between the MHP and other members of the H/CNT. Jablin (1984) noted (as cited in Riddle, Anderson, and Martin, 2000) that new members entering an organization (or group like a H/CNT) are faced with challenges of “adapting to existing cultural structures that carry forward a substantial history and tradition” (p. 556). It is through cohesion, consensus, communication satisfaction, and loneliness that members learn to successfully work together. They describe the importance of understanding the socialization dynamics of a group is essential to understanding how they adapt to one another.

According to Fouche (2015) the group socialization model was chosen as an appropriate theoretical framework for the present study because it accounts for the realization that members are also parts of other groups. Though some H/CNTs may be fulltime, departments such as the FBI consider the team a collateral duty and the police (or agents) and the MHP have separate careers, or groups. Further justifying the choice of this model is the concept of socialization as a usual function of small groups and, when successful, “would lead to an individual adopting the values, norms, and goals of a group” (p. 29).

The Importance of a Team Concept

Strentz (2013) described the fact that incidents involving hostage and/or barricaded individuals induce stress on those who are involved in this life-saving process. Such stress can invade the individual’s ability to focus but can be greatly reduced when the whole team is working together. Noesner (1999) pointed out that an individual alone cannot conduct the negotiation process and that many incidents (hostage or nonhostage)

require a *whole* team effort to perform such roles as situation boards, collect and disseminate intelligence, interview family, friends, and released victims, tactical liaisons, and mental health consulting. With all of these jobs and tasks, stress can be reduced by delegating the capabilities of these, or at least some, to designated team members. Nelson (2010) noted that the three goals during any negotiation (negotiate, track what is going on, and make decisions about the negotiation itself) cannot be accomplished by one individual. He continued by advising that the whole idea of a negotiation team is synergy and can be compared to other team concepts like the sniper and the spotter, and tactical teams who do not rely on one-person entry.

Allison, Power, Van Den Heuvel, and Waring (2014) conducted a study in which experienced police officers participated in one of two live hostage negotiation simulation training events. The study utilized multiple sources to collect data to examine endogenous and exogenous uncertainty under such duress. It was revealed that, among other factors, poor interpersonal team trust and poor role understanding were primarily from exogenous uncertainties. The lack of trust and poor role understanding was a breakdown within the team in such a volatile situation. In other words, the concept of the team and understanding the roles and responsibilities beforehand would facilitate that much needed trust. The authors went on to say that the things that would help team-based uncertainty the team should be cohesive, a clear designation of roles, and high levels of inter- and intra-agency trust. Allison et al. (2014) is an example of how and why the team concept is important on a hostage/crisis situation. In a practical setting, the team members who know what the roles and responsibilities are of other team members are do not have

to take time away from the mission at hand to concern themselves with that type of distraction.

Vecchi (2002) stated that some agencies have decided to go away from tactical and negotiation rhetoric and place their elements as part of the same “team,” opining that this concept leads to trustingly collaborative strategies during deployments and, while training together, fosters positive relationships. Whether it is between the negotiators and the tactical element (SWAT) or the law enforcement on a negotiation team and the mental health professional, the goal should always be the same; work together as a team and resolve the incident in the safest manner possible. The most desirable outcome is the successful resolution of a hostage/crisis situation in which the team, the hostages (or victims), and the individual in crisis are all safe.

The idea of the team concept is to allow the primary negotiator to focus on what they are doing and not be distracted with other assignments that are inherent in actual life-or-death emergency situations. This dividing of tasks allows the primary negotiator to focus on the individual in crisis and concept of rapport development, while other team members monitor what is happening, make suggestions, scribe, and have the MHP provide their insight (Ainsworth, 2005). Regini (2002) pointed out, as incidents become larger, protracted, and more difficult and complex, it is crucial for tasks to be handled in order to conduct smooth and effective negotiations.

Defining Hostage and Barricade (Nonhostage) Situations

A hostage situation is where the subject, or subjects, take a person captive for an instrumental or tangible reason like money, transportation, or ransom (Vecchi et al.,

2005). In a hostage situation, those who are held are considered hostages and the captive-taker(s) is not looking to harm them (usually), but to use them for leverage (Royce, 2005). The trained negotiator for these types of incidents usually stalls for time, lowers the expectations of the captive-taker(s), and reverses their sense of empowerment or control (Noesner, 1999).

A nonhostage situation is where the subject, or subjects, take a person captive for expressive or intangible reasons. The nonhostage incident includes barricaded subject(s) who may or may not have victim(s) as opposed to hostages (included in nonhostage incidents is the suicidal individual) (Thompson, 2014). The difference between a hostage and a victim is a slight but important concept. The nonhostage incident may have victims, but is not motivated by what the hostage situation presented. Instead, the subject is motivated by anger, frustration, depression, etc. (Noesner, 1999). The victims are often people inadvertently denied freedom to leave, such as an estranged spouse, scorned lover, a bank teller (due to quick responding law enforcement presence to a bank robbery), or a domestic situation that spirals out of control. Regardless of the situation (hostage or nonhostage), the idea behind hostage/crisis negotiation remains the same.

When considering the hostage incident, the captive-taker(s) wants something, whereas in the nonhostage incident, the captive-taker(s) has what they want: the victim. In dealing with both incidents, the hostage/crisis negotiator must utilize active listening, build rapport, be patient, use force when risk affective, and utilize a team approach (Kelln & McMurtry, 2007; Noesner, 1999; Regini, 2002; Vecchi, Van Hasselt, & Romano, 2005).

Hostage and nonhostage crisis scenarios can occur for a number of reasons. Some of the main situations that are likely include, but are not limited to, crimes that have gone wrong where the perpetrator ended up taking hostages as a result, hostages taken for ransom or for political purpose (or terrorism related), domestic incidents, incidents in which a mental disordered subject takes hostages (or victims) he or she believes is trying to hurt, or hold a grudge against, them, and prison riots in which hostages are taken and demands are made (Ainsworth, 2005). These scenarios are not mutually exclusive and may overlap.

Call (2003) examined these differences further and concluded that there are three types of incidents. The first is the hostage situation where the hostage-taker makes demands on a third party that are instrumental or expressive. The second incident is the barricade-victim situation in which the victim (not a hostage) is held for an expressive reason (i.e. emotional). The third example is one in which there is no identified victim but a suspect is still barricaded, which Call (2003) referred to as the barricade-no victim incident.

History of Psychology and Hostage/Crisis Negotiation

The 1970s brought about changes to how law enforcement responded to hostage-taking situations and barricaded (nonhostage) individuals. Literature about the historical events that lead to hostage/crisis negotiation and law enforcement agree that the massacre in the 1972 Olympics held in Munich, Germany, the Attica prison riot in 1971 (Augustine & Fagan, 2011; Bolz & Hershey, 1979; Hatcher, Mohandie, Turner, & Gelles, 1998; Lipetsker, 2004; Vecchi, Van Hasselt, & Romano, 2005), and a landmark 1975 court

decision (*Downs v. U.S.*, 1975) about an aircraft high jacking incident in 1971 (Mohandie & Meloy, 2010), led to the concept of negotiating before a tactical resolution, when possible. These three events led to the early marriage between hostage/crisis negotiation and the utilization of a mental health professional.

Downs v. U.S (1975) is a significant legal case with regard to FBI hostage/crisis negotiation (Strentz, 2013), setting a precedent that continues to this day. The case involved a flight where two hijackers (George Giffe, Jr. and Bobby Wayne Wallace) took over a plane and demanded they go to the Bahamas. The pilot advised that the flight crew did not have the necessary equipment (charts, fuel, and/or flight plans) to make it to the Bahamas, forcing them to stop in Jacksonville, Florida where FBI agents met the commandeered aircraft and negotiations began with the Assistant Special Agent in Charge (ASAC), who was also the on-scene commander and in charge of the tactical response. Two passengers deplaned safely, dialogue was ongoing, and no threats or deadlines were made, however, the standoff ended abruptly when FBI agents shot at the tires of the plane and Giffe, Jr. responded by killing pilot Brent Downs, his ex-wife (Susan Giffe), and himself. Downs' widow subsequently sued the FBI; the first successful civil suit against the FBI, which resulted in the FBI developing a hostage negotiation program.

Slatkin (2015) observed that law enforcement came to realize their calls for service were oriented toward general crisis situations rather than incidents where hostage taking occurred, and crisis negotiation is better understood as an “adaptation of *crisis intervention*” (p. 7). Thus, with greater utility, *crisis* gradually replaced *hostage*

negotiation as more representative, contemporary law enforcement term. Accordingly, the FBI changed its name in the 1990's from the HNT (Hostage Negotiation Team) to the CNU (Crisis Negotiation Unit). Slatkin (2015) explained that while crisis negotiation and crisis intervention are not exactly the same thing, they are not entirely separate either. Slatkin (2015) further described crisis intervention as an "emergency psychosocial treatment modality", which, if at the hostage/crisis incident were an accurate description, would make the non-MHP hostage/crisis team member a "quasi-therapist" (p. 10).

When considering the similarities, Slatkin (2015) advised that a hostage/crisis negotiator must change their way of thinking about the subject as an individual in crisis and suspend any judgment they may have regardless of what they have done. This mentality blends crisis intervention with police negotiation, resulting in Crisis Negotiation. The goals of crisis intervention and crisis negotiation agree in that they include "ventilation of feelings, movement to and through problem solving, and planning and resolution" (Slatkin, 2015, p. 18). A difference between crisis negotiation and crisis intervention, when it comes to the MHP, is that the MHP is bound by different ethical standards that, for some, have legal requirements. Even so, the team (crisis interveners) benefits by having a trained MHP. When initiating crisis intervention, whether on a therapeutic level or during a crisis negotiation incident, establishing rapport is an initial phase and continues throughout.

Mental Illness and Hostage/Crisis Negotiation

In the aforementioned plane hijacking, Giffe, Jr. had been diagnosed with Antisocial Personality Disorder (ASP, Strentz, 2013). When discussing the concept of

mental health and hostage/crisis negotiation, it is important to note the studies and literature that have explored which mental illnesses are more common, and why. Kelln and McMurtry (2007) posited that it is difficult to align a negotiation strategy with a specific disorder because of the significance of the characteristic diversity within each disorder. Grubb (2010) identified that a correlation between hostage/crisis incidents and the prevalence of a mental health issue cannot be directly translated into a causal link.

Looking at law enforcement contact with the hostage/crisis scenario, most local departments deal with the suspect(s) who is caught in a robbery and who may or may not be mentally disordered (Miller, 2005). The latter is more common in situations that involve the workplace and/or domestic squabbles where a hostage or victim is taken spontaneously. This is where a MHP with practical knowledge about personality and psychopathology can be an integral part of the team. Daniels et al. (2015) studied the motives of criminal hostage or captive-takers, and examined the micro-motives and the constructs that lead to the act of captive-taking. Mental illness, among others, was described as a core idea, or micro-motive, observed in the study. When researching mental illness and hostage-taking, four types of emotionally disturbed individuals appear more than others: various types of paranoid individuals, depressed individuals, inadequate (avoidant) personality, and antisocial personality (Call, 2003; Fuselier, 1988; Grubb, 2010; Miller, 2007; Strentz, 1986). Though the literature is older, it is based on an exhaustive search on the subject and shows the need for continuous research into the subject matter.

Because antisocial personality has been identified as a mental illness that has been associated with hostage/crisis negotiation, knowing the symptoms can be essential to how to handle it. Antisocial personality disorder (ASPD) falls under personality disorders in the *Diagnostic and Statistical Manual of Mental Disorders, DSM-5* (APA, 2013). It appears again under disruptive, impulse-control, and conduct disorders and substance-related and addictive disorders because of the need to be dual coded based on how it is connected in its similar conduct of “externalizing” (p. 476). ASPD is grouped into Cluster B because they “often” appear erratic, emotional, and dramatic, and have an average of 1.5% frequency of co-occurring with other personality disorders (APA, 2013). The *DSM-5* (APA, 2013) explains that some criteria include noncompliance of social and lawful behaviors, deceit, lying, coning people for pleasure or money, failure to plan ahead, impulsive, aggressive and fighting and/or assaultive, reckless with disregard toward safety of themselves or others, and no remorse. These patterns are also referred to as *psychopathy, sociopathy, or dyssocial personality disorder*. Some practitioners utilize the term “antisocial personality disorder” to summarize key features observed in the criminal psychopath (Bartol & Bartol, 2012, p. 258). However, these terms are not synonymous because antisocial personality disorder refers to the behavioral patterns that are broad and backed by clinical observations whereas psychopathy does not refer to a specific behavioral pattern only, but to a measurable difference in cognitive, neuropsychological, and emotional differences (Bartol & Bartol, 2012).

Miller (2007) posited that “typically” when dealing with the antisocial/psychopathic hostage-taker, their only want is that of escape and do not care

about the negotiator's concerns for their safety, or that of the hostages (or victims). Because the hostage-takers only desire is their own welfare, it can be utilized on the behalf of the negotiator (for a peaceful resolution) with the idea being to convince them that the only possibility of achieving their objective is to release those held captive. Miller (2007) continued, explaining that antisocial personality utilizes conning and bullying as their greatest strengths. Promising the ASP hostage-taker only what the negotiator can actually deliver is important. They are extremely sensitive when it comes to being fooled, which could likely turn into reacting with rage. Since it is only about them and they show no remorse about hurting others, one should negotiate with caution, be straightforward, and nothing they say should be taken at face value.

According to the *DSM-5* (APA, 2013), schizophrenia spectrum and other psychotic disorders include abnormalities in one or more of the following domains; delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior, and negative symptoms. Miller (2007) described the notion that a schizophrenic hostage-taker may be in a state of extreme fear and agitation based on responding to voices that they may be hearing in their head or even a command hallucination in which they believe they are being ordered to do something. It is important to know if the schizophrenic hostage-taker, who is already in crisis, has a predisposition to aggressive behavior because their response to such delusions, hallucinations (or both) may result in the situation taking a more violent turn.

Miller (2007) suggested that the negotiator remember that the underlying emotion may be the outcome of fear and anger. The schizophrenic hostage-taker may not be

responsive to normal emotional cues so the negotiator should let them talk and avoid interjecting, which may escalate the situation. The negotiator should not agree or disagree with their delusions or hallucinations. Miller (2007) suggested acknowledging their delusions, but focus on rapport, present reality, and ways to end the incident safely.

For depressive disorders, the *DSM-5* (APA, 2013) explains that a common feature among the disorders that fall under this category (major depressive disorder, substance/medication-induced depressive disorder, specified and unspecified depressive disorder, etc.) include the “presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual’s capacity to function” (p. 155). Miller (2007) explained that this type of hostage-taker and the negotiation process creates a special kind of concern that involves an individual who may have nothing to lose and may be prepared to die while taking hostages (or victims) with them in a “nothing left to live for” mentality. Even worse, this individual may be fearful of, or unable to carry out the act of suicide, and provoke law enforcement to do it for them.

According to the American Foundation for Suicide Prevention, 42,773 Americans die by suicide each year (2016). Suicide most often occurs when stressors exceed current coping abilities of someone suffering from a mental health condition. Sarno and Van Hasselt (2014) explained that while suicide has been studied extensively, “suicide by cop” (SbC) and hostage/crisis negotiation for such incidents has not and the SbC phenomena is important for law enforcement and H/CNTs to study as both need to recognize and respond to it.

Mohandie and Meloy (2010) conducted a study in which the results supported the notion that if a hostage-taker truly does not have a desire to live, the use of time being on the team's side may not be relevant as time may not diminish the risk, particularly with those determined to provoke police lethal force. One limitation to this phenomenon is that the study was conducted utilizing law enforcement involved shootings, which presents a significant point for suicide by cop. Under such circumstances, any member of the team, including a MHP, must recognize that strategies employed by the H/CNT may not save the life of the hostage-taker and the ultimate resolution may be the result of the hostage-taker's unwillingness to be influenced by rapport, and they may take their own life or provoke others do it for them.

Sarno and Van Hasselt (2014) reference the Crisis Negotiation Threat Assessment Scale developed by Linday and Dickson (2004). This scale was designed to help assess factors that are "usually" present in hostage, barricade, and suicide incidents (p. 145). Examples include having three of five history factors (mental or chronic physical illness, suicide attempts, criminal history, drug or alcohol abuse, and low socioeconomic background) and 8 of 12 event factors (e.g., Initiates aggressive action, advances toward officer, recent stressor). This research brings attention toward the need for the Threat Assessment Scale and stresses the importance of progress in successful outcomes for these critical and hostage incidents.

Avoidant personality disorder (inadequate personality) is described by the DSM-5 as "a pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation" (APA, 2013). The *DSM-5* continues, describing the individual suffering from

this disorder as one who has such a fear of criticism and rejection that they avoid work promotions, making new friends, and joining group activities. Miller (2007) posited that the individual suffering from this disorder may have a hard time dealing with a loss or rejection from the one person they trusted or latched onto, that they may feel like it is “the end of the world” (p. 79). This could lead to a situation that involves stalking, threatening, and even hostage-taken.

When dealing with the avoidant personality hostage-taker, Miller (2007) suggested a supportive presence and to not make them feel like they have failed again. This can be accomplished by letting them come up with a peaceful solution by making suggestions and refining what they present. In this way, the positive outcomes come from them and contribute to their ideas while supporting them. Miller (2007) further recommended keeping relatives and loved ones away because it may encourage the hostage-taker to do something to prove themselves or show them what they (loved one and relatives) had done or created. It may even be their source of anguish or anger, which could provoke them further.

Daniels et al., (2015) conducted a study in which they focused on the motives attributed to the captive-takers themselves. The sample in this study included subjects that were convicted of captive-taking and utilized a semi structured interview using the Perpetrator-Motive Research Design. These authors posited that motives, like instrumental and expressive, have been described in prior research, but an absence existed with regard to getting a perspective from the mouths of the captive-takers themselves. The micro-motives, or the biopsychosocial factors that contributed to the

thinking, feeling, and behavior of the captive-takers' development and involvement of captive-taking included affect, or how they felt about the individual they had taken. This included descriptions of hatred, fear, and anger. Another micro-motive that was noted included the victim and how they thought about them (intentionally chosen or circumstantial).

Daniels et al., (2015) continued to describe other micro-motives, such as moral outrage, affect, convict mentality, negative past experiences, and mental status to name a few. Some key results include the notion that captive-takers fall in line with both general strain theory and social control theory. Examples of the general strain theory include the need for and gain of respect in the streets and ensure not to be victimized and they were receivers of childhood mistreatment that included sexual and physical abuse. Examples of social control theory include the subject's involvement with substance abuse at an early age and having delinquent peers and though they desired the involvement with conventional society, they felt pushed into the street life.

Mental Health Professionals and H/CNTs

In 1988, Delprino and Bahn utilized a national survey to identify the perceived need, current use, and anticipated future use, of psychological services by law enforcement agencies. They developed and utilized a questionnaire called, "Psychological Services in Police Departments Questionnaire." They found that approximately 35% of the 226 respondents utilized a MHP for hostage negotiation training and only about 30% of the 224 respondents utilized their designated MHP to assist in hostage negotiation (Delprino & Bahn, 1988). On a 7-point Likert scale, officers

were asked to record a level of acceptance of psychological services (1 = *highly accepted* and 7 = *not accepted*). The results showed 82.2% of 225 responses indicated an acceptance of above 4 and 46.66% indicated a very high acceptance of either a 1 or a 2. They further noted that one of the biggest barriers of future utilization of psychological services seemed to derive from budgetary problems based on 64% of 225 participants citing that reason for not expanding or implementing such services (Delprino & Bahn, 1988).

Fuselier (1988), noted that law enforcement were willing to utilize a psychologist as a consultant for hostage incidents, but psychologists were divided on their opinion of the value. Fuselier's 30-year old study showed that of 31 departments with a hostage negotiation team, 58% used a mental health consultant (18). When asked about how they were utilized, 72% were used for assessment of the subject, 56% for post-incident police counseling, 39% for after-incident critiquing, 28% for negotiation techniques, 28% to liaison with other mental health professionals, and 83% of the law enforcement participants considered the MHP as a consultant, whereas 17% considered them a member of the team (Fuselier, 1988). Even though the sample was small, Fuselier (1988) noted that some generalizations could be made:

- Small sized departments are likely to have designate negotiators and as a department gets bigger, the likelihood of having a negotiation team is a virtual certainty.
- Consultants are being used in a manner that is consistent with their clinical training (assessment of the subject).

- Only about half of the consultants are trained in hostage negotiation techniques.
- The majority of respondents (83%) consider the MHP as more of a consultant than a team member. Fuselier (1988) indicated this may be because of the “sworn officer” versus “civilian” dichotomy that is present in law enforcement communities.

Arguably, the most authoritative referenced source, with regard to the MHP and police H/CNTs, is Butler, Leitenberg and Fuslier (1993). This study summarized key findings supported by the extant literature. One finding indicated that those agencies who were inclined to utilize a MHP on their hostage negotiation team reported more incidents of negotiated surrenders, less incidents ending in tactical assaults, and, as a consultant on the assessment of the subject, and fewer incidents that resulted in death or serious injury of the hostage. They further noted that while the information is only correlational, it is possible the use of a MHP on a hostage negotiation team may decrease the risk of death or serious injury (Butler, Leitenberg, & Fuselier, 1993).

Roles of the MHP on a H/CNT

Early in the process of hostage/crisis negotiation development, mental health professionals and law enforcement saw a jurisdictional dispute. According to Slatkin (2015), each saw her or his expertise as more relevant and it emerged that the law enforcement would remain in charge. Slatkin noted that during his 28 years of hostage negotiations, he had yet to see a single instructor acknowledge the MHP for his or her efforts in the program. This observation illuminates the relationship between law

enforcement and psychology because as one of the founders of crisis negotiation, Dr. Schlossberg implemented psychological principles and practices that are still in use today. Practical crisis intervention and hostage/crisis negotiation may not be the same thing, but the crisis negotiator benefits from the understanding of that intervention.

The roles of the MHP have changed since its conception of hostage negotiation. Augustine and Fagan (2011) pointed out earlier studies that advised against using a MHP because they would not be perceived to be helpful in a hostage situation (Powitsky, 1979). Poythress (1980) and Fuselier (1988) believed that their lack of training in the field would contribute less than what commanders hoped for. Vecchi, Van Hasselt, and Romano (2005) discussed the concept of the Behavioral Change Stairway Model (BCSM) to be taught to non-law enforcement personnel, like the MHP, because of how frequently they may be involved with individuals in crisis. This shows how the use of MHPs can not only be seen as evolving, but also shows a trend where their utilization is becoming more involved by training them in strategies that are employed by the teams (BCSM).

Porter, Rose, and Dille (2016) noted that a MHP consulting on a volatile life-or-death callout, like the hostage/crisis situation, must stay objective, resist external influences, identify and maintain the specified role given, and remain emotionally separated from everyone involved. When it comes to the H/CNT, another important aspect, or role, is the MHP's ability to provide negotiators with the most current and relevant training in areas like active listening skills (ALS), personality, suicidal characteristics, and terrorism (foreign and domestic; Nicoletti, et al., 2011). They further

contribute to ideas and concepts that are involved in scenario-based training, like back-to-backs, round table discussions, and large scale scenarios.

Barriers Between the MHP and Law Enforcement

The history of barriers between law enforcement and the MHP may stem from the interactions these two professions have had with one another. A police officer's first contact with a psychologist (as far as policing) is usually during the hiring process. Psychologists may be the difference of whether or not they were hired, fired, returned to duty, and/or promoted to a special team, for example, H/CNT (Bartol & Bartol, 2012). White and Honig (1995) suggested that active police officers have seen psychologists testify in open court on behalf of criminals, inappropriately release an individual they incarcerated with mental illness, and even seen those (psychologists) protect a malingerer in their department (Ainsworth, 2005). This perception can create a form of hostility from someone who has only had these dealings, as opposed to seeing the police psychologist in a more positive light, such as assisting in stress management and coping strategies for depressed officers, assisting in family grieving the loss of a loved one, providing help in media and investigative strategies, and a host of other beneficial tasks that are police related.

In the process of marrying the mental health professionals and law enforcement professions, on a H/CNT, a jurisdictional dispute was identified with each seeing their expertise as being more relevant (Slatkin, 2015). Slatkin (2015) suggested that law enforcement remained in charge. With that in mind, what barriers existed then, and, what barriers may exist now? Hatcher et al. (1998) posited that at the beginning of the

collaboration of the MHP and law enforcement on a H/CNT, barriers were foreseeable. Examples included law enforcement's unwillingness to trust outsiders, the lack of knowledge and training from the MHP on the approach to the *milieu*, and mistrust and stereotyping between both disciplines. To say these barriers still exist would seem unlikely because of the strides these two camps have taken since. To start, it is questionable where the statistics came from because, as Hatcher et al. (1998) pointed out, FBI's database of statistical data for hostage/crisis negotiation was only still being developed at that time. Additionally, the lack of training for the MHP is not accurate and the incorporation of the two become so entwined that training for such individuals (MHP) has already been adapted.

Ten years before Fuselier's 1988 study, research showed that consultants were not considered members of the H/CNT, rather, they were considered consultants. Fuselier (1988) determined that this may be the result of the dichotomy that often exists throughout the law enforcement community in which there is a "sworn officer" verse "civilian" mentality. This idea may suggest a barrier between those team members that are sworn versus those that fall under a different chain of command. He further noted that the MHP offering anything unique from a law enforcement perspective is debatable, given the lack of relevant experience. Around the same time, Delprino and Bahn (1988) found that one of the biggest barriers of future utilization of psychological services seemed to derive from budgetary problems based on 64% of 225 participants citing that reason for not expanding or implementing such services.

One possible barrier was identified by Alison, Power, van den Heuvel, & Waring (2015). They noted that cohesive role understanding could add to exogenous uncertainty, or the operating system (the H/CNT) responding to the critical incident or problem. This study showed that poor role understanding and poor interpersonal trust was present during the live hostage negotiation training exercise. After the exercise, interviews were conducted and team members noted that poor trust was seen when there was a perceived inability for team members to perform their roles, as well as low perceptions of competence in their colleagues. This is noteworthy because, though the MHP was not mentioned specifically, the limitations regarding team concept were highly relevant. The findings recommended future training to consist of clarification of roles and responsibilities and training that facilitates “trust” on the team (p. 1316). The question is whether or not factors of trust and specific role clarity are present between the MHP and the rest of the team. The importance of these two notions stem from the idea of cohesive role understanding to eliminate an exogenous uncertainty that can prevent the team from operating at optimal efficiency.

Other models that marry law enforcement and the mental health profession have found similar barriers that exist amongst the two disciplines. The concept of the Crisis Intervention Team (CIT) model derives from police officers receiving assistance from a MHP when their calls relate to an individual(s) who is experiencing a mental health crisis. In one focus group study, Skubby, Bonfine, Novisky, Munetz, and Ritter, (2013) discovered two barriers that exist when the disciplines merged in a rural community. The first barrier was that the MHP and their law enforcement officials thought differently

about those with mental illnesses. In this study, one psychologist noted that the law enforcement officer had a mindset that needs to be changed because they focused on the paying for the crime aspect and not the reason behind the behavior. Also, a criminal justice professional noted that “There was a lot of antagonism from the two cultures, because there’s a major language difference, a misunderstanding of problems” (Skubby, Bonfine, Novisky, Munetz, & Ritter, 2013, p. 759). The second barrier involved the internal resources that are necessary to get such a program started. This included the lack of additional resources for Crisis Intervention Team training (cost) and staffing the police department during the training. This study showed that the way the two disciplines perceive an individual in crisis (rehabilitate versus incarceration) could be a barrier, and the cost and staffing could also be problematic. Both questions merit further study.

Hickman (2009) pointed out that psychologists may feel that their opinion is superior when it comes to psychological issues. Because law enforcement personnel are ultimately responsible for making the decisions, this may lead to contention. Hickman (2009) noted that another barrier may derive from the psychologist not being able to relate to law enforcement in an environment where offensive language, a lack of sympathy for criminals, and morbid humor abound as coping strategies. The psychologist may be labeled as being square or untrustworthy.

There are many theories why individuals join groups (e.g. attraction theory, interpersonal communication motives, lack of volition). The idea behind small group success is what led to my decision to focus on the socialization aspect. According to Meyers and Anderson (2008) the outcome of socialization (positive) in a group relies on

the new member (the MHP) embracing the values, norms, and behaviors of the established group, acquiring the skills and knowledge needed to assume the appropriate roles, learn what is and what is not important, and move from a nonperforming member to one who is contributing.

The MHP and Ethical Considerations

This section will describe ethical considerations when a MHP takes on a role in a H/CNT either as a consultant or a designated team member. This is relevant to the current study in that it shows the underlying interests and considerations that the MHP must consider when being on a H/CNT. This may influence how the MHP handles specific incidents and may or may not influence the socialization process and/or the way they are perceived. To begin, ethical issues or concerns should be examined by taking the roles and responsibilities that may exist in an emergency response scenario and deciphering with specificity each role taken. Specific attention will focus on the primary negotiator and the role of a consultant.

Gelles and Palarea (2011) noted that hostage-takers often experience psychotic and mood disorders, substance abuse or dependence, heightened emotional states, and/or symptoms of a personality disorder. When the job of assisting the H/CNT either as a consultant or a designated team member, there is a litany of ethical considerations and, as Gelles and Palarea (2011) identified, ethical guidelines are yet to be established. With this in mind, the idea of a MHP being utilized as a primary negotiator may create ethical concerns and potentially, a loss of objectivity on the part of the MHP.

If the MHP is utilized as a primary negotiator, the loss of consulting objectivity may arise based on the attention and preoccupation on the negotiator's role (Gelles & Palarea, 2011). Fagen (2016) considered the idea of a subject finding out they are conversing with a mental health professional, perhaps thinking the authorities believe he/she is "crazy," and potentially aggravating an already hostile situation. The reality of negotiating the lives and safety of more than the subject in crisis distinguishes it from therapy. This may be difficult for the MHP to transition from a therapeutic intervention to a goal of safely releasing those being held captive.

Some MHPs may find it difficult and even unethical to share information from the individual in crisis with a tactical team in order to use force, possibly lethal, to end an incident (Fagan, 2016). Aside from these issues, questions arise that involve whether or not to arm a psychologist and would the psychologist obey a chain of command that is inherent in law enforcement. Law enforcement officers are used to long hours and prolonged events when a psychologist is not used to operating under the same conditions, usually.

According to Gelles and Palarea (2011), there are five general categories, when dealing with ethics that relate to hostage/crisis negotiation. They include specific applications that relate to crisis negotiations, indirect assessment issues, training and competency issues, considerations in consulting with law enforcement, and additional considerations. These authors continue to note the specific Ethical Principles of Psychologists and Code of Conduct (APA, 2010) as they relate to the MHP and hostage/crisis negotiation and begin with the following principle:

Ethical Standard 3.11, Psychological Services Delivered to or Through Organizations

Essentially this standard describes to whom the psychological services are being given and who the client is, in this case, law enforcement. When it comes to ethical issues and the MHP, it is important that the client is identified (law enforcement), what the MHP's role and services will be, as well as the roles of others who are involved. It is important the MHP recognize that the client is not the hostage-taker or the hostages, or even victims. This standard even states, that the psychologist (MHP) who is providing the service will provide information *beforehand* to those affected by their services "when appropriate." (APA, 2010) Further, the MHP must ensure that their role in an operational sense is not confused with that of a clinical psychologist and that the roles are kept separate. This is established early within the team so that they know the MHP's role and that it is not confused in a crisis situation. Situations similar to this include that of a prison psychologist or performing risk assessment.

Ethical Standard 3.04, Avoiding Harm, and PENS Task Force Statement 11, Identifying the Client

The client (law enforcement) has been established but there is also an obligation to the others involved (police, hostage-taker, hostage, etc.) when discussing avoiding harm. Though there is potential for a tactical assault, Gelles and Palarea (2011) argue that the MHP's purpose is to assist in preventing the need for a tactical assault by helping and consulting the team to "avoid harm and, subsequently, to preserve life" (p. 114). The

MHP does this offering their knowledge into the behavioral sciences and discuss the hostage-takers risk of violence, motivations, and mental health.

Ethical Standard 2.06, Personal Problems and Conflicts

Here, Gelles and Palarea (2011) identify the importance of the MHP to recognize the very situation they may be facing. It very well may be a worse-case scenario in which life or death decisions must be made. The MHP must consider if they are able to maintain objectivity and are not distracted by personal problems or issues that would impair their ability to work in such an environment.

Ethical Standards 9.01, Bases for Assessment, 9.03, Informed Consent in Assessments, and 3.10, Informed Consent

Gelles and Palarea (2011) noted that there are many other incidents where psychologists in law enforcement have utilized indirect assessment techniques, or essentially receiving information from someone other than the individual being assessed, including secondary sources psychological autopsies, and threat assessments. In such dynamic, high-stress scenarios that move at a quick pace, receiving information from parties other than the hostage-taker, about the hostage-taker, may be useful. Gelles and Palarea (2011) noted such information may include medical history, public records, family members, friends, and other sources such as databases. All such sources and uses must be addressed with their client (law enforcement officials) beforehand. The idea of obtaining informed consent from a hostage-taker, for example, highlights the uncharacteristic nature of dilemmas confronted by crisis incidents. Thus, the importance

of indirect assessments is crucial and should be weighed against the safety of everyone involved, including those held hostage, first responders, the general public, and others.

Arrigo, Eidelson, and Bennett (2012) argued that an operational psychologist (MHP) assisting in a tactical outcome or a “kill shot” in a hostage situation, shifts focus from an issue of multiple relationships to a question of morality. These authors posit that, even though that tactical outcome may be the desired route, a psychologist (MHP) who is anchored to a code of ethics be permitted to assist in this choice is a separate matter. These authors posit that, adversarial operational psychology (AOP) “facilitates deceptive and coercive operations” while collaborative operational psychology (COP) “optimizes personal performance in high-risk operations” (Arrigo et al., 2012, p. 384). This illustrates the conundrum confronting the consulting psychologist in law enforcement related incidents and how a lack of flexibility can adversely affect their involvement.

Arrigo, et al. (2012) mention these differences (adversarial vs. collaborative) and write about military operations and the military’s history of psychological applications with a specific focus on the past decade’s “global war on terror” (p. 385) and the “operational roles in military and other national security settings” (p. 387), both of which can involve a H/CNT and their MHP. Because they reference the quandary of morality based decision making, the idea of the adversarial operational psychologist and professional ethics is noteworthy.

Arrigo, et al (2012) noted three questions that could distinguish between AOP and COP. These three questions are consistent with what the literature has presented thus far

regarding the MHP on a H/CNT (informed consent, non-stipulated harm, bound by an ethical oversight, etc.). The three questions are:

1. Is there sufficient measure of voluntary informed consent from the target of intervention?
2. Does the operation involve the intent or expectation of non-stipulated harm greater than any benefit to the target of intervention?
3. Is the action plan of the operation reasonably accessible to the participating psychologist(s) and to outside ethical oversight and accountability?

If any of these three conditions are not met, it would be considered adversarial (Arrigo et al., 2012). Further, the question posed in the morality scenario would designate the psychologist as participating in an adversarial operational role because it violates question two, and should thus be excluded from professional psychology. If these conditions are not met, Arrigo et al. (2012), argued these psychologists should not be granted state licensure as clinicians, association memberships, or even advanced professional status as psychologists (Stall & Greene, 2015).

Staal and Greene (2015) argued that Arrigo et al.'s (2012) categorical model is based on assuming (or implying) that operational psychologists who are considered "adversarial" only work in government or military positions. If their model were to exclude those from the psychology profession that they deemed to be adversarial, the number would be far more than that of just the military and government and would include subspecialties, including the MHP who consults with law enforcement. Staal and Greene (2015) explain how psychologists in the field of operational psychology should

be dealt with (if there are unethical allegations) on an individual practitioner basis, and not as an “indictment of the subspecialty” (p. 266). Staal and Greene (2015) further noted that operational psychologists, adversarial or otherwise, should not be isolated from their peers like Arrigo et al, (2012) suggest, but instead integrated with them.

Neller (2016) posited that there are a “vocal minority” who seem to view certain roles that are performed by psychologists that are not clinically traditional in nature (typically) as being unethical. Neller (2016) continued to explain how their position is in line with what has been observed earlier, involving: a) informed consent, b) “do no harm”, c) arising ethical tensions from the subjects of a psychologist’s actions or interventions when they are unaware of it happening, and d) when these subjects could be harmed from such interventions. Neller (2016) explained how this vocal minority’s position could be considered a reasonable practice, but is too narrow and contains errors based on many factors including:

- Ethical tension is found everywhere within psychology, but it does not automatically rise to the level of unethical conduct
- Forensic (and other) psychologists operate in adversarial contexts (like the hostage/crisis negotiation scenario) routinely and if this rigid philosophy were to be applied, they would be committing ethical violations throughout their usual course of business
- Other examples exist where it is acceptable to preclude informed consent (court ordered, when those cannot provide valid informed consent, correctional settings, etc.), etc.) especially when it is necessary to ensure the

individual is protected and not unfairly tried, to treat rather than punish, to protect the mentally ill and dangerous, and to be socially responsible

- Examples exist where negotiations would benefit society over the subject, thus precluding informed consent would help reducing the “the likelihood” of a tactical extraction, like in a correctional facility (or other)
- Situations arise where the target is unaware they are the target of intervention that may also serve societal interests. They include the forensic psychologist who assists with risk assessment posed by threats from a third-party, or stalkers, in which “profiles” are developed for criminal apprehension, the assessment of violence in scenarios that directly relate to a hostage-taker, assist agencies to minimize risks of violence by employees and vulnerable inmates, and jury selection, to name a few

In some of the above scenarios, Neller (2016) observed that two themes emerge, the importance of which is directly related to the proposed study: a) psychologists have identified who their clients are (retaining party or third-party may or may not be the subject of intervention), and b) psychologists weigh the interests and responsibilities of society while balancing their efforts to avoid harm. Such commitments relate to their communities, to the commitment of justice, fairness, and integrity. It is necessary to understand this section if this is the first foray into what a MHP may be up against when it comes to assisting a Hostage/Crisis Negotiation Team and it may influence how they are socialized and perceived by their peers.

The Hostage Barricade Database System (HOBAS)

The Hostage Barricade Database System (HOBAS) has been described as a nonrandom national database that the FBI uses to keep track of hostage and barricade incidents (Mohandie & Meloy, 2010). This database is derived through voluntary participation and has a likelihood of a sampling bias in which only positive outcomes were given (Mohandie & Meloy, 2010, p. 102). Lipetsker (2004) conducted a qualitative analysis of the collection process and a quantitative comparison of HOBAS statistics to other studies, and argued that HOBAS suffers from self-selection bias, convenience sampling, and occasional ambiguity in the wording of the questions on the HOBAS questionnaire. Lipetsker (2004) noted that even though limitations on this database are recognized, it is relied upon and recognized as the (quantitative) “backbone” (p. 23). Lipetsker noted that while HOBAS is a promising initiative, it needs further critical examination.

Van Aelstyn (2007) stated that HOBAS is a contributor to those in the field of hostage/crisis negotiation in that it provides information for educational and training efforts. As positive as this may sound, Van Aelstyn (2007) also suggested that there may be an issue with validity in that there is no requirement for law enforcement to place the incidents in the database and the form used to place the hostage/barricade information itself is lengthy and time consuming.

In researching the form needed for law enforcement to place an incident into the HOBAS database, this researcher identified Form FD-522, HOSTAGE/BARRICADE REPORT that can be found on the Western States Hostage Negotiator’s Association

website, under the HOBAS Data Collection tab (Western States Hostage Negotiators' Association, 2016). This report consists of sections that include: Incident, Nature of Contacts, Resolution, Post Incident, Ancillary Information, Subject Data, Hostage/Victim Data, and Narrative. Once completed, the form is to be forwarded to: FBI Academy, Crisis Negotiation Unit, Quantico, VA 22135. This is a five-page comprehensive report that covers many details that include, but are not limited to: the type of incident (suicide, hostage, barricade, etc.), violence nonviolence parameters, third-party intermediaries (TPIs), and how the incident was resolved (e.g. negotiation/surrender, suicide, tactical).

There is no question about the importance of a database that keeps track of hostage and barricade incidents. Research has utilized or referenced HOBAS to assist in examples of captive-taking incidents of domestic violence (Booth et al., 2010; Van Hasselt et al., 2005), suicide by cop (Lord & Sloop, 2010), nonhostage incidents (Flood, 2003), incidents without death or injury statistics (Grubb, 2010), and numerous others. To date, this researcher has only found Lipetsker's 2004 study and no surveys about participation in the HOBAS program. An interesting note of contention is whether or not the hostage/crisis incidents, regardless of outcome, are being sent in to the FBI's HOBAS program? This was addressed in the designed questionnaire.

Summary and Conclusions

This chapter has discussed and analyzed the hostage and nonhostage (victim) concept of hostage/crisis negotiation, the history of psychology and background of mental illness and hostage/crisis negotiation, the roles the MHP plays on a H/CNT, the importance of a team concept, possible barriers that may exist between the MHP and law

enforcement, ethical considerations, and the HOBAS utilized by the FBI. These themes were included to show their importance and clarify their relevance. This study aimed to address the gaps or underlying issues identified in the literature review, including how the MHP is perceived by other team members, the success of having a MHP on the team as a team member, whether or not team members consider the MHP a full-time member or just as a consultant, and whether or not HOBAS is being utilized.

The following chapter will describe the proposed methodology to study the aforementioned phenomenon, including the reasoning and rationale of the proposed design, the choice of participants, and related methodology.

Chapter 3: Research Method

Introduction

This study sought to address the small-group socialization factors on H/CNT members and how they relate to team members perception of the MHP. It also analyzed perceived effectiveness of MHPs on a H/CNT, the use of the FBI's hostage barricade data system (HOBAS), the percentage of H/CNTs that consider a MHP a designated team member, and whether there is a correlation between having the MHP as a designated team member and negotiated surrenders.

The purpose of this chapter is to describe the research design and rationale, the research methodology, and the study's limitations. It will also discuss the target population (participants), the sampling frame, the questionnaire design and the questionnaire, data collection, data analysis, along with reliability and validity issues. The limitations will be discussed at the end of the chapter.

Research Design and Rationale

Collecting, analyzing, and interpreting data is done through a specific method known as a research design (Stangor, 2011). The approach for this study was based on the comparative design, although there was also a correlational analysis that involved the measurement of two or more variables and assessing the relationship between them (e.g., X and Y). The comparative research design was chosen because it allowed the assessing of behavior that has already occurred throughout the daily life of a hostage/negotiation team member and compared two subgroups within the team. Also, it allowed for the testing of expected relationships among variables and could assist in making predictions.

The comparative research design seeks to find the relationship between variables, more specifically, independent and dependent variables, measured at a single point in time (Brewer & Kuhn, 2010). This study's goal was to compare the two subgroups of individuals within a H/CNT, teams that have an MHP as a consultant vs. teams that have an MHP as a designated team member, and the outcomes of negotiated incidents (e.g., negotiated surrender), investigated scores on a small-group socialization scale, and see how the teams perceived their MHP. The variables were not manipulated, and therefore this research design cannot definitively state that a true cause-and-effect relationship occurred between the variables.

Once it was determined how the team used the MHP, as a consultant or a designated team member, how the team members perceived and socialized with the MHP were compared. I investigated relationships between the above-mentioned variables and how the team used the MHP to see if there was a relationship between these variables and successfully negotiated outcomes. A successfully negotiated outcome is one in which no one was hurt or killed during the crisis and the subject was negotiated into a peaceful surrender. A limitation to the comparative design included the researcher not having control over the variables and no ability to manipulate them; therefore, I could not be certain that the IV caused or impacted the DV.

When the law enforcement personnel on a H/CNT took this questionnaire, their answers were based on current information and historical information from the last two years (e.g., number of incidents in the last 2 years where the MHP was utilized). It presented an indication of what is current and has been utilized for the data in a natural

setting. The information received cannot make a definitive statement about relationships but its intent is to provide snapshot of the daily lives of the hostage/crisis negotiator and the mental health professional.

Methodology

Population

The target population comprises law enforcement officers that are part of a H/CNT. The exact number of negotiators per agency is unknown but is believed to be increased based on the size of the respective department (Fuselier, 1988).

Sampling and Sampling Procedures

Participants came from agencies described in the demographic portion of the questionnaire (e.g., federal, state police, county police, etc.). In this study, the participants were chosen based on the use of stratified sampling. This is when the different groups of a population are represented adequately in the sample, which will increase the level of accuracy when estimating the parameters (Nachmias & Nachmias, 2000). In this research, the sample came from participants that had the special skill related to the variable(s) being studied, the hostage/crisis negotiator that utilizes the MHP as a consultant or a designated team member.

Random sampling is the most suitable sampling procedure because each individual that participated had an equal probability of being selected from the population (Creswell, 2009). Since every participant is a qualified H/CNT member the population is considered a proportionate stratified sample. According to Nachmias and Nachmias (2000) the idea of stratified sampling is to divide the population into groups so that the

elements within each group are more alike than the population as a whole. To create this set of homogenous samples, the division of the group was those that utilized the MHP as a consultant and those who had them as a designated team member. This stratification procedure doesn't violate the random selection because a probability sample was drawn from each group.

Utilizing the G*Power 3.0.10 software (Faul, Erdfelder, Buchner, & Lang, 2009), a power analysis for a two independent group's mean's test was conducted to determine a minimum sample size using an alpha of 0.05, a power of 0.95, a medium effect size ($d = .5$), and one tail. With an equal allocation of participants into each group the recommended sample size is $N = 88$ for each group, $N = 176$ total. Utilizing the same program, for an independent samples t -test, the 176 participants are needed total.

Procedures for Recruitment, Participation, and Data Collection

Specific recruitment procedures about how the sample will be drawn include direct contact with associations that are involved in hostage/crisis negotiation. Though this list is not exhaustive, some associations were contacted via email or other form of communication include California Association of Hostage Negotiators (CAHN), Crisis Negotiators Association of Wisconsin (CAN), Delaware Valley Negotiators Association (DVNA), Florida Association of Hostage Negotiators (FAHN), Indiana Association of Hostage/Crisis Negotiators, Illinois Crisis Negotiators Association (ICNA), Kansas Association of Hostage Negotiators (KAHN), Louisiana Association of Crisis Negotiators (LACN), Michigan Association of Hostage Negotiators (MAHN), Midwest Crisis Negotiator Association, National Council of Negotiator Associations (NCNA),

New England Crisis Negotiators Association (NENA), Northern Ohio Negotiators Association (NONA), New York Association of Hostage Negotiators (NYAHN), Rocky Mountain Association of Hostage Negotiators (RMHN), South Carolina Crisis Negotiator Association (SCNA), Texas Association of Hostage Negotiators, and Western States Hostage Negotiation Association (WSHNA). The intention was to come into direct contact with those in charge of stated associations and to identify qualified members for participation. Such contact also included all disclosure and ethical requirements as stated by Walden University's Internal Review Board (IRB).

The participants received an email with a Consent Form and a link to the Hostage/Crisis Negotiation and the Mental Health Professional Questionnaire utilizing SurveyMonkey (Appendix A). The consent form addressed anonymity, confidentiality, a full disclosure of the fact that the researcher is an FBI trained Hostage/Crisis Negotiator, the fact that the questionnaire is voluntary, and provide enough information to help the participant make an informed decision about proceeding with the questionnaire. At the end of the questionnaire and once it was submitted, an e-mail went out to thank the participant and to encourage them to seek other participants that could be of assistance. At the end of the process, the participants received a thank-you e-mail and a way to contact the researcher should the need arise. This debrief also had contacts that will include organizations that could help the participants should this study cause any distress.

Instrumentation and Operationalization of Constructs

The Hostage/Crisis Negotiation and the MHP Questionnaire is a questionnaire developed for this study containing background questions developed by Butler,

Leitenberg and Fuselier (1993), a modified small-group socialization scale (Riddle, Anderson, & Martin, 2000), and a MHP (MHP) perception scale (Appendix B). The questionnaire for the current study was revised based upon a review of the current literature and through consultation with the principal investigators of the original studies in which they were used (Butler & Fuselier, Personal communication, 2016); Martin & Anderson (Personal communication, 2017) and adapted to fit the H/CNT.

The Hostage/Crisis Negotiation and the MHP Questionnaire was designed to be completed by those departments or agencies with a designated hostage/crisis negotiator, with an emphasis on the utilization of a MHP as either a consultant or designated team member. A *designated negotiator* is defined as any individual who according to agency policy, is to be called on to conduct negotiations in the event of a hostage or barricade (nonhostage) situation. The questionnaire begins with background questions that involve the law enforcement officer on the H/CNT. Questions include the name of the H/CNT, the type of agency the participant works for (e.g., Federal), years as an officer, and years as a hostage/crisis negotiator.

Several of the background questions in different sections of the questionnaire derive from an original Hostage Negotiation Questionnaire developed by William H. Butler (1993). The appropriateness of utilizing descriptive questions from this questionnaire has been detailed and full permission to utilize it has been granted (Appendix A). The questions include type of agency, if they have identifiable records, how many incidents within the last two years has the agency responded to, how they were resolved, and whether they included a mental health professional.

Other questions include negotiated incidents, record keeping, and MHP variables. This is where the participant answers how incidents in the last two years were resolved (e.g., Negotiated Surrender). This addressed the resolution variable noted under the *Data Analysis* section. It continues to address whether or not H/CNTs are utilizing the FBI's database system HOBAS, another noted gap in hostage/crisis negotiation literature (Lipetsker, 2004; Mohandie & Meloy, 2010; Van Aelstyn, 2007). The MHP variables, included descriptive data about the utilization of the MHP on a H/CNT (consultant vs. designated team member), how the MHP is used on the team (e.g., Primary Negotiator), and whether or not the team's decision to utilize the MHP as a Primary Negotiator would differ if they had law enforcement experience.

The questionnaire also contained two scales developed for this study, the Small-group socialization and the H/CNT Scale and the Perception and the MHP Scale. The Small-group socialization and the H/CNT Scale was developed for this study to examine positive group socialization variables identified by the original authors of the Small-group socialization Scale (Riddle, Anderson, and Martin, 2000). Riddle, Anderson, and Martin (2000) noted communication variables that are "established relational and task outcome factors" found in successful group work (cohesion, consensus, loneliness, and communication satisfaction) and a variable with a negative relational outcome (loneliness) (p. 559). Utilizing the original small-group socialization scale, questions were revised for applicability to the participants in the present study, further examining relevant communication variables.

The Small-group socialization and the H/CNT Scale consists of 17 items designed to measure positive small-group socialization. These items are placed on a five-point, Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The original Small-group socialization scale tested concurrent validity by testing four hypotheses that predicted positive relationships with cohesion, consensus, communication satisfaction, and an inverse relationship with loneliness. Keeping the items similar, reworded examples include “The MHP understands ‘group talk’ the H/CNT uses to do their job” whereas the original questionnaire stated, “I understand the “group talk” the group used to do its work.”

The second scale, Perception and the MHP Scale is a 14-item questionnaire developed to assess the perception of the MHP by the law enforcement team members on a H/CNT. These items are placed on a five-point, Likert-type scale from 1 (*strongly disagree*) to 5 (*strongly agree*). When developing this scale, specific adjectives were considered that would describe how the team members perceived the MHP (e. g., knowledgeable, useful, and helpful). The higher the score, the more positive the perception.

The basic concept of such perception derived from previous hostage/crisis negotiation literature. An example of this came from a study by Augustin and Fagan (2011) who noted that while MHPs do provide consultation and psychological support, they wonder if it only appears strong (helpful) on the surface? From this an objective item was revised about perception “The MHP is helpful when it comes to hostage/crisis negotiation”.

Further gaps in previous literature identified in Chapter 2, described whether or not team members would perceive the MHP as being knowledgeable about law enforcement culture, know acceptable behavior for the H/CNT, or whether they (MHP) could be a primary negotiator. All these became line items in the present study's questionnaire. Other items included the law enforcement member's perception of the MHP's help in negotiated incidents, their sharing of the same *attitude* toward hostage/crisis negotiation, and their acceptance by all members of the team.

Operationalization of Variables

The variables from the research questions were as follows:

1. MHP Involvement type (a designated team member vs. a consultant) and hostage/crisis negotiation outcomes - These variables are measured by simply answering the questions from the questionnaire "is your MHP a designated team member or considered a consultant?"
2. Hostage/crisis negotiation outcomes- These derive from the questionnaire in which the participant records how many incidents, if available, have been resolved within the last two years from a given list of choices (e.g. Negotiated Surrender).
3. Perception of the MHP - This variable comes from the final score of the Perception and the MHP Scale and is designed to investigate the way the MHP is perceived by the hostage/negotiation team.
4. Small-group socialization - This variable comes from the final score of the Small-group socialization and the H/CNT Scale. This portion of the

questionnaire will address the variables that have already been described in the portion that relates to small-group socialization (cohesion, consensus, communication satisfaction, and loneliness).

5. Background Variables – These include, gender, a sworn police officer on a H/CNT for at least 2 years, age, and how the team is referred, e.g. hostage or crisis.

Data Analysis Plan

This section will cover the software that was used to analyze the data, provide an explanation of the data screening process and explain how it was appropriate to the study, restate the research questions, describe the statistical analyses that was used for each question, and how the results were interpreted. To begin, the utilization of the statistical software, SPSS, was a decision based on several factors. This software allows the researcher to simply enter data in an easy to use data editor, a drop-down menu for appropriate transformation of variables, options for graphs, and the ability to select various statistical analyses (Green & Salkind, 2014). The decision for SPSS also derived from the decision to use an online survey platform by SurveyMonkey.com that converts data directly into SPSS for integration, custom reporting, and with the ability to share presentation ready charts. The first research question was as follows:

Research Question 1. Does MHP involvement-type (designated team member or consultant) have an effect on outcome of incidents (e.g., negotiated surrender)?

H₀ 1: MHP involvement-type does not have a significant effect on outcome of incidents.

H_1 1: MHP involvement-type does have a significant effect on outcome of incidents.

The dependent variable (DV) was the outcome of the hostage/barricade incident and the independent variable (IV) was whether or not the MHP is considered a designated team member or consultant. The DV was determined by asking the participants the approximate number from a list of outcomes of incidents and the IV was measured by asking the participants how their MHP is involved on their team. Because the research question is looking for frequencies, it was analyzed utilizing a non-parametric test, a Mann-Whitney U test. This particular test was chosen because it evaluated whether the medians on the test variable differ between the two groups (designated team member and consultant) and this test will even deal with an unequal number of participants (Field, 2013). The second research question was as follows:

Research Question 2. Is there a significant difference in how MHPs who are designated team members and MHPs who are consultants are perceived?

H_0 2: There is not a significant difference in how MHPs who are designated team members and MHPs who are consultants are perceived

H_1 2: There is a significant difference in how MHPs who are designated team members and MHPs who are consultants are perceived

The DV was derived from the total score of the Perception and the MHP Scale. The IV was whether or not the MHP is designated as a team member or consultant. The Perception and the MHP Scale is a data analysis instrument that was described earlier and based on a self-reporting Likert scale. This question was analyzed utilizing the

independent samples *t* test which is a statistical measure to compare two group means (Stangor, 2011). The third research question was as follows:

Research Question 3. Is there a significant difference in how MHPs with and without law enforcement experience are perceived?

*H*₀ 3: There is not a significant difference between MHPs with and without law enforcement experience and how they are perceived.

*H*₁ 3: There is a significant difference between MHPs with and without law enforcement experience and how they are perceived.

The DV was the total score on the Perception and the MHP Scale and the IV was from the MHP having law enforcement experience or the MHP does not have law enforcement experience. Again, the referenced scale was analyzed the same as research question two and the difference between those with or without law enforcement backgrounds was analyzed through an independent samples *t* test. The fourth research question was as follows:

Research Question 4. Is there a significant difference between those where the MHP is considered a designated team member and those where the MHP is a consultant on how the MHPs are socialized within the negotiation team?

*H*₀ 4: There is not a significant difference between those where the MHP is considered a designated team member and those where the MHP is a consultant on how the MHPs are socialized within the negotiation team.

H₁ 4: There is a significant difference between those where the MHP is considered a designated team member and those where the MHP is a consultant on how the MHPs are socialized within the negotiation team.

The DV variable derived from the total score on the Small-group socialization and the H/CNT Scale and the IV came from whether or not the MHP is a consultant or a designated team member. The referenced scale was analyzed the same as research questions two and three and the relationship of the MHP as a designated team member or as a consultant was analyzed through an independent samples *t* test.

Threats to Validity

External Validity

External validity refers to the underlying issue of generalization and two main issues, representativeness of the sample and the reactive arrangements in the research procedure (Nachmias & Nachmias, 2000). To ensure the representativeness of the sample, that is, that the characteristics of the participants reflect the characteristics of the population that is being studied, this researcher used a random sample from several H/CNTs nationally.

One threat to external validity, with regard to the representativeness of the sample, is that people that are involved in hostage/crisis negotiation usually have full-time jobs in their police departments and the team is a collateral duty. There may be a difference amongst large and small police departments, with regard to hostage/crisis callouts and team sizes. In which case, size of department might be a confounding variable.

Another threat to external validity is the reactive arrangement. This can be compromised if the setting and/or real time that this questionnaire is taken does not reflect a natural setting or the setting in which this author is generalizing. Based on the dynamics and violence involved in actual hostage/crisis negotiation, a study set in such a setting is not possible. This study is based on perceptions and attitudes which also makes the setting irrelevant.

A threat to this external validity may arise based on participants' record-keeping. In other words, some of the questions are based on the number of actual callouts, how they were resolved, and there may be a possibility of misremembering. The generalization stems from historical information. If the officer who is taking the survey is not in charge of record keeping, they may have no idea about the number of callouts. Because of an issue of the officer not finishing the survey based on this, the record keeping portion with exact numbers was an optional answer based on if the numbers are known.

Construct Validity

Construct validity refers to the extent to which the variable or scale is actually measuring the construct, or the conceptual variable, which it was designed to assess (Stangor, 2011). This is broken down further into face validity (the measured variable appears to be an adequate measure of the conceptual variable), content validity (the measured variable appears to have adequately covered the full domain of the conceptual variable), convergent validity (the measured variable is found to be related to other measured variables designed to measure the same conceptual variable), and discriminant

validity (the measured variable is found to be unrelated to other measured variables designed to measure other conceptual variables).

The questionnaire used in this study contains modified questions developed by Butler, Leitenberg and Fuselier (1993), this author's Small-group socialization and the H/CNT Scale (a modified small-group socialization scale by Riddle, Anderson, & Martin, 2000), and Perception and the MHP Scale. The questions derived from Butler's (1993) questionnaire and asks specific questions that relate to the H/CNT (e.g., Does your team utilize your MHP as a primary negotiator?). The variables utilized are direct and consist of yes or no answers along with numbers to account for amounts (e.g., How many negotiated incidents have occurred in your jurisdiction in the last two years?).

The small-group socialization and the MHP Scale portion of the questionnaire were developed based on the Small-group socialization scale. The latter was developed and tested for validity and reliability in an article titled, "Small-group socialization Scale, Development and Validity" (Riddle, Anderson, & Martin, 2000). Through correspondence with the original authors (e-mail and telephone), the current questionnaire was as close as possible to that original scale utilizing the necessary word and phrase changes to fit H/CNT concepts. The same can be said, with regard to contact with Butler. His 1993 questionnaire paralleled several questions that this study utilized.

The Small-Group Socialization and the H/CNT Scale

The Small-group socialization and the H/CNT Scale measures variables that are consistent with the small-group socialization model that mirrors the referenced Small-group socialization Scale (SGSS). Though, based on the dynamics of a H/CNT, some

rewording had to be done to satisfy construct validity (face validity, content validity, convergent validity, etc.). An example would be, the original SGSS stated, “I understand the “group talk” the group used to do its work”. The Small-group socialization and the H/CNT Scale stated, “The MHP understands the “group talk” the H/CNT uses to do their job”.

The original SGSS was tested for construct validity through four hypotheses that predicted the positive relationship of four communication variables. They are cohesion, consensus, communication satisfaction, and loneliness (Riddle et al., 2000). All four of the hypotheses for their study were supported. To assist in the current study regarding validity, the original authors of the Small-group socialization scale (Carolyn M. Anderson and Matthew M. Martin) have looked over this study’s version and have assisted in making adjustments and granting permission in its usage (Appendix A).

The Perception and the MHP Scale

The Perception and the MHP Scale is a 14 line-item scale developed to assist in determining how the law enforcement personnel on a hostage/crisis team perceive the MHP that works with them. When developing this questionnaire I utilized a five-step approach that began with the background of the study’s purpose, objective, research question(s) and the hypotheses (Radhakrishna, 2007). This background considered my participant’s background, readability, and access to the subject matter. This thorough research led nicely into step two, the questionnaire conceptualization.

In this step, I took what was gathered from the literature and theoretical framework to generate line items in which the team members would rate their perception

of the MHP. This is where I identified the perception, or how they felt, about the MHP's usefulness, knowledge, attitude, and communication variables associated with positive group socialization. This leads into step three in which the researcher determined that a Likert-scale approach would be appropriate for data analysis. The variables were appropriate for the statistical tests that were being utilized based on the answers to perception, from *Strongly Disagree* to *Strongly Agree*, a ratio scale.

In step four, I focused on establishing validity by addressing specific questions like whether or not the scale is measuring what it is intended to measure. To establish that perception of the MHP question was actually answering what it was designed to answer, I kept it simple, clear, and answerable. I asked them to rate the following specific line items:

1. The MHP adds insight into what the H/CNT is trying to accomplish.
2. The communication between the MHP and the law enforcement team members is poor (a reverse score).
3. The MHP and the law enforcement team members discuss the acceptable behaviors and practices as they relate to hostage/barricade situations.

When I considered how to have the team rate their usefulness, knowledge, acceptability, and how they perceive the MHPs usefulness as a primary negotiator, the questions were direct (e.g., The MHP is useful when it comes to hostage/crisis negotiation). The same approach was taken when determining how they felt about the strength of the team with a MHP and the line item was direct, "Having the MHP on our team makes the H/CNT stronger.

Ethical Procedures

As a graduate student involved in research and as a professional, a primary responsibility is to act in a manner that is consistent with ethical standards and guidelines. This author obtained permission from Walden University's Institutional Review Board's (IRB) approval before the collection of any data, IRB number 10-11-17-0460520.

All participants were granted the opportunity to not participate in the study, withdraw from the study at any time, read and understand that the study is being done on a voluntary basis, and know that there may be minor discomforts when taking the questionnaire (e.g. fatigue, stress). It was made clear that taking part in this study is optional and that there will not be any repercussions had they decided to not participate. Nobody will know whether or not they decided to take the questionnaire. The referenced possibility of minor discomforts and possible stressors were addressed on the consent forms, along with contact details about agencies that could assist them if needed.

As part of informed consent, participants were informed of the background of the study, the procedures (e.g., how long it will take and sample questions), the voluntary nature of the study, the risks and benefits of being in the study, contacts and questions, and privacy. They were assured that any personal information obtained from the study will not be shared outside of this author. All information obtained was under the direct supervision of this author and all the necessary steps were taken to ensure it was protected. It included the data being secured by SurveyMonkey.com.

According to SurveyMonkey.com, user data and security is a priority that is handled utilizing the most advanced technology for internet security (SurveyMonkey,

2017). For authentication purposes, all participants were given a unique username and password. SurveyMonkey issued a session cookie to record the encrypted authentication information during the participant's session. The participant's password has complexity requirements and were salted and hashed for more security purposes. SurveyMonkey's privacy policy is transparent with how all data is handled, shared, and retained. All user data is stored and encrypted. All network security, to include testing, firewalls, encryption, and access control can be found under SurveyMonkey's Security Statement and easily accessed by any participant.

Summary

This chapter began with an introduction and the rationale for the research design. Such a design and its importance can be seen when known predictor variables, or discovered ones, can assist with the knowledge and future of where hostage/crisis intervention teams and standard operational procedures are heading. The methodology section was designed to be informative about the participants, the sampling procedures, recruitment, data collection, instrumentation and data analysis. These are the guiding procedures about who was contacted, how they were contacted, and what was done with their information, or data. It described the variables and the statistical measures that will be taken to enhance the results of the correlational design's purpose.

The final two sections, Threats to Validity and Ethical Procedures, bring the study into the phase that involved whether or not the variables to be studied are those actually being studied and if they are being presented and asked in accordance with ethical procedures backed by Walden University and the Federal Government. The constructs

being tested here were those that relate to small-group socialization and perceptions of the MHP on a H/CNT. In a setting that is consistent with high stress and life and death situations, the importance of validity and ethical adherence is just as important in a scholastic setting as they are in actual hostage/crisis negotiation callouts. All steps and procedures were done to ensure the integrity of this study and the protection of all who participate in it.

The following chapter describes in detail the results of the data that was collected utilizing this author's questionnaire. The particular research questions for the study will be addressed, shown the particular statistical analysis that was utilized, and graphed for visual representation of the results. There is also a description of the demographics of the participants and how the data was collected and cleaned.

Chapter 4: Results

Introduction

The purpose of this research was to examine the role of the MHP on H/CNTs. This study examined whether law enforcement team members on a H/CNT consider a MHP a valuable asset (consensus), whether a MHP is accepted as a true team member (cohesion), whether law enforcement team members believe a MHP is included in decision making on the team (loneliness), whether there is enough training conducted regarding psychological issues of persons in crisis (communication satisfaction), and whether there is a correlation between successful negotiations and having a MHP as a designated team member or a consultant. To further examine these phenomena, this study examined how law enforcement team members perceive the MHP and whether their perception was higher if the MHP had law enforcement experience.

Chapter 4 examines the results of data collected from The Hostage/Crisis Negotiation and the MHP Questionnaire and four specific research questions that guided this study:

1. Does MHP involvement-type (designated team member or consultant) have an effect on outcome of incidents (e.g. negotiated surrender)?
2. Is there a significant difference in how MHPs who are designated team members and MHPs who are consultants are perceived?
3. Is there a significant difference in how MHPs with and without law enforcement experience are perceived?

4. Is there a significant difference between those where the MHP is considered a designated team member and those where the MHP is a consultant on how the MHPs are socialized within the negotiation team?

This chapter presents the results of the statistical analysis of the research questions of this quantitative study, the demographic characteristics of the study's participants, and the summarized findings of the research questions.

Data Collection

The dataset for this study comprised information collected with the Hostage/Crisis Negotiation and the MHP Questionnaire over a 56-day period. Upon approval from Walden University's Institutional Review Board (Approval No. 10-11-17-0460520), numerous Hostage/Crisis Negotiation Associations were contacted via e-mail or through direct phone conversations with association members. I also reached out to larger police departments and contacts that are involved in H/CNTs. Such contacts were found through open-source internet searches with key words that included *hostage negotiation team*, *crisis negotiation team*, *H/CNT*, and *H/CNT Association*. Once it was determined an involvement on such a team existed, the anticipated participant received the e-mail that was described in Chapter 3. Once the questionnaire ended and after eliminating any participant who did not consent, 362 participants answered some or all of the questions. There was not a particular number of questions that a participant could skip.

Data Cleaning

Reverse scoring was implemented before analysis. Relevant items on the small-group socialization and the H/CNT Scale and the Perception and the MHP Scale were

reverse scored before any data cleaning to ensure accurate grading. A frequency analysis was performed on both scales and whether or not the MHP was designated as a team member or as a consultant to examine whether missing values were random. It was determined that 153 of the participants used the MHP as either a designated team member or as a consultant. Of the 153 participants, for the Small-group socialization and the H/CNT Scale, it was determined that 143 participants (*N*) answered every question. A frequency analysis was also done for the Perception and the MHP Scale that determined, out of the same 153, 136 participants (*N*) answered every question. To further ensure the data being clean and accurate, the questionnaire itself had a qualifying question designed to eliminate participants that would not qualify for the study, “Does your agency utilize a MHP (MHP) as a member of, or a consultant to, the Negotiation Team? If YES, please continue. If NO, please go to the last page of this questionnaire.” Unless otherwise stated, the data analysis was conducted on *N* = 136, as those were the participants who had completed the entire questionnaire.

A Shapiro-Wilk’s test ($p > .05$) (Shapiro & Wilk, 1965; Razali & Wah, 2011) and a visual inspection of their histograms, normal Q-Q plots and box plots showed that the total scores for the Perception and the MHP Scale were approximately normally distributed for both the MHP as a designated/identified member of the negotiation team and the MHP as a consultant to the negotiation team with a skewness of $-.749$ ($SE = .354$) and a kurtosis of $-.427$ ($SE = .695$) for the MHP as a designated/identified member of the negotiation team and a skewness of $-.161$ ($SE = .269$) and a kurtosis of $-.474$ ($SE = .532$)

for the MHP as a consultant to the negotiation team (Cramer, 1998; Cramer & Howitt, 2004; Doane & Seward, 2011).

A Shapiro-Wilk's test ($p > .05$) (Shapiro & Wilk, 1965; Razali & Wah, 2011) and a visual inspection of their histograms, normal Q-Q plots and box plots showed that the total scores for the Small-group socialization and the H/CNT Scale were approximately normally distributed for both the MHP as a designated/identified member of the negotiation team and the MHP as a consultant to the negotiation team with a skewness of $-.874$ ($SE = .354$) and a kurtosis of $-.163$ ($SE = .695$) for the MHP as a designated/identified member of the negotiation team and a skewness of $-.098$ ($SE = .269$) and a kurtosis of $-.296$ ($SE = .532$) for the MHP as a consultant to the negotiation team (Cramer, 1998; Cramer & Howitt, 2004; Doane & Seward, 2011). Hence it appeared that the data was normally distributed.

Demographics

Characteristics of the Sample

This section discusses the general characteristics of the study's participants. This study consisted of 362 participants. Of the participants, the majority were males (77%), 340 were sworn law enforcement officers on a H/CNT for at least 2 years (94%), the average participant was 45 years old, the average years as a hostage/crisis negotiator was 8.61, the majority derived from municipal police departments (52%), and most of the teams were referred to as Crisis Negotiation (Table 1).

Table 1

Demographic Information

	<i>N</i>	%
Sworn police officer for at least two years	340	93.9
Gender		
Male	277	76.7
Female	84	23.3
Agency type		
Federal	12	3.3
State Police / Highway Patrol	23	6.4
County Police	39	10.8
Municipal Police	189	52.2
Corrections	12	3.3
Sheriff's Department	52	14.4
Other	35	9.7
Team Name		
Hostage Negotiation	94	26
Crisis Negotiation	209	57.7
Other	59	16.3

Note. *N* = 362.

When asked whether or not the participants had identifiable records of such incidents, 91.4% stated yes and 6.8% stated no. The Other category had 1.8% and participants stated things like “Sometimes,” “some are available,” and “on more serious incidents.” When asked if the participant’s agency places results of hostage/crisis incidents into the FBI’s HOBAS program, via FD-522 form or other, 25.6% (83) stated yes, 56.8% (184) stated no, and 17.6% (57) stated sometimes (Table 2).

Table 2

Record of Incidents & HOBAS Participation

	<i>N</i>	%
Identifiable record of incidents		
Yes	308	91.4
No	23	6.8
Others	6	1.8
Agency participation in HOBAS		
Yes	83	25.6
No	184	56.8
Other	57	17.6

Note. *N* = 362.

Descriptive Statistics

Out of 362 participants, 47.4% (153) stated that their agency utilized a MHP (MHP) as either a designated team member or as a consultant, 47.4% (153) stated that they did not, 5.3% (17) answered other, and 39 did not answer the question (Table 3). Of the 153 participants who utilize their MHP as either a designated team member or as a consultant, 143 answered all of the questions on the Small-group socialization and the H/CNT Scale and 136 answered all of the questions on the Perception and the MHP Scale. Therefore, unless otherwise stated, *N* will equal the 153 participants that were noted.

Table 3

Use of MHP by Agency

	<i>N</i>	%
Yes	153	47.4
No	153	47.4
Other	17	5.3

Note. *N* = 323, 39 did not answer.

When asked how they utilize their mental health professional, out of 153 participants that utilize their MHP as either a designated team member or as a consultant, the highest percentage noted consultant to the negotiators on assessment of suspect(s) scored the highest with 89.5% (137). Table 4 breaks down how they scored other responsibilities.

Table 4

How MHPs are Utilized

Variable	<i>N</i>	%
Primary Negotiator	15	9.8
Consultant to negotiators on negotiation techniques	97	63.4
Consultant to negotiators on assessment of suspect(s)	137	89.5
Interview of suspect(s) family/friends etc., for background information	44	28.8
Liaison with other MHPs in the community	74	48.4
Post-incident counseling for police	52	34
Post-incident counseling for victims	30	19.6
Participants in post-incident critiques	70	45.8
Other	9	5.9

Note. *N* = 153.

Research Questions and Results

Research Question 1

Does MHP involvement-type (designated team member or consultant) have an effect on outcome of incidents (e.g. negotiated surrender)?

*H*₀ 1: MHP involvement-type does not have a significant effect on outcome of incidents.

*H*₁ 1: MHP involvement-type does have a significant effect on outcome of incidents.

The RQ was posed to explore the relationship between MHP involvement and whether there is a significant effect on how the incident was resolved. MHP involvement relates to how the participants answered whether or not they utilize the MHP as a consultant or a designated team member. The outcome of incidents derived from a list given to participants in which they chose from a list of outcomes and determined approximately how many ended in certain ways.

This research question was looking for frequencies so it was analyzed utilizing a non-parametric test, a Mann-Whitney U test. This particular test was chosen because it evaluated whether the medians on the test variable differ between the two groups (designated team member and consultant). Utilizing only the participants who stated yes to utilizing an MHP as either one of the groups, Table 5 depicts the results of the Mann-Whitney test of rank of outcomes and MHP involvement.

Table 5
Research Question 1

Type of Resolution	Mann-Whitney U	Z	2-tailed	1-tailed
Negotiated Surrender	1248.5	-.52	.60	
TAC entry & arrest	742	-1.79	.07	
TAC entry with subjects killed	204.5	-.42	.68	
One or more subject's suicide	318	-.46	.65	
One or more subject's escaped	106	-1.25	.21	.30
Other	.000	-2.45	.01	.29

Note. $N = 153$.

A Mann-Whitney U test was conducted to evaluate the hypothesis that MHP involvement-type does not have a significant effect on outcome of incidents. The results of the test were not in the expected direction and did not achieve statistical significance. This test determined that MHP involvement-type did not have a significant effect on outcome of incidents at the .05 level for p , although, at $p = .07$, it approached significance for TAC Team Entry and Arrest. For the TAC Team Entry and Arrest category, those teams that utilize their MHP as a consultant had a mean rank of 49.25 as opposed to teams that utilized their MHP as a designated team member had a mean rank of 39.32. Therefore, the alternative hypothesis was rejected and the null hypothesis accepted.

Research Question 2

Is there a significant difference in how MHPs who are designated team members and MHPs who are consultants are perceived?

H_0 2: There is not a significant difference in how MHPs who are designated team members and MHPs who are consultants are perceived

H_1 2: There is a significant difference in how MHPs who are designated team members and MHPs who are consultants are perceived

This second hypothesis was posed to explore the relationship between MHP involvement and whether there is a significant effect on how they are perceived. MHP involvement relates to how the participants answered whether or not they utilize the MHP as a consultant or a designated team member. How they are perceived derived from the total average score of the Perception and the MHP Scale.

This question was analyzed utilizing the independent samples t test, which is a statistical measure to compare two groups' means (Stangor, 2011). Descriptive statistics are shown in table 6.

Table 6

Descriptive Statistics

How MHP is designated	N	Mean	SD
Team member	45	62.44	6.52
Consultant	80	53.71	8.15
Total	125	56.54	8.97

Note. $N = 136$, 9 stated "Other."

An independent-samples t test was conducted to evaluate the hypothesis that MHP involvement-type (as a consultant or a designated/identified team member) does

not have a significant effect on how the MHP is perceived. The Levene's test showed there was an equality of variance. With regard to the t -test, $t(123) = 6.16, p < .001$. MHPs that were designated/identified as members of the negotiation team scored significantly higher on the Perception and the MHP Scale than MHPs that were designated as consultants. The 95% confidence interval for the difference in means was quite wide, ranging from 5.92 to 11.54. Figure 1 shows the results graphically for the two groups. This test determined that MHP involvement-type did have a significant effect on how the MHP is perceived at the .05 level for p . Therefore, the alternative hypothesis was accepted and the null hypothesis rejected.

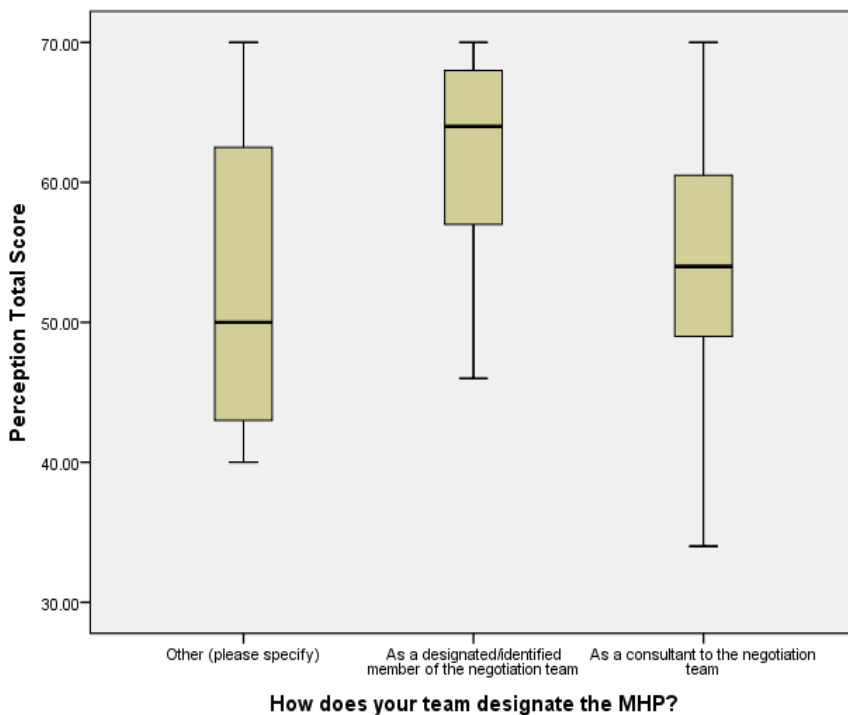


Figure 1. How your team designated the MHP (team member or consultant) and their perception?

Utilizing the G*Power 3.0.10 software (Faul, Erdfelder, Buchner, & Lang, 2009), the desired sample size for each group (the MHP is utilized as a designated team member and the MHP is utilized as a consultant) was $N = 88$, $N = 176$ total. For the Perception and the MHP Scale, the number of participants who utilized their MHP as a consultant was 80 and the number of participants who utilized their MHP as a designated/identified member of their team was 45. A post-hoc analysis was done to compute achieved power utilizing the sample size of each group, the MHP as a designated team member, $N = 45$, and the MHP as a consultant, $N = 80$, and it provided a Power ($1 - \beta$ err prob.) = 0.85. This was done because I had fewer participants than ideal, however my result still has .85 power, so we still need to listen to it, even if we may need to rerun it with a bigger sample.

Research Question 3

Is there a significant difference in how MHPs with and without law enforcement experience are perceived?

H₀ 3: There is not a significant difference between MHPs with and without law enforcement experience and how they are perceived.

H₁ 3: There is a significant difference between MHPs with and without law enforcement experience and how they are perceived.

This third research question was posed to explore the relationship between MHPs with and without law enforcement experience and how they are perceived. The participants answered yes or no when it came to whether or not their MHP had law enforcement experience. On the questionnaire, law enforcement experience is described

as a former or current sworn police officer. How they are perceived derived from the total score of the Perception and the MHP Scale.

Again, the referenced scale was analyzed the same as research question two and the difference between those with or without law enforcement backgrounds will be analyzed through an independent samples *t* test. The descriptive is presented in table 7.

Table 7

MHP Perception and Law Enforcement Experience

	Experience	<i>N</i>	Mean	SD
Perception Total	Yes	15	64.13	6.22
Average Score	No	110	55.69	8.88
	Total	125	56.54	8.97

Note. *N* = 136, 9 stated "Other."

An independent-samples *t* test was conducted to evaluate the perception of the MHP with or without law enforcement experience. Levene's test showed that there was an equality of variance. In terms of the *t*-test $t(123) = 3.59, p < .001$. On average, MHP with law enforcement experience scored higher on the Perception and the MHP Scale than those without law enforcement experience. This test was significant $t(3.59), p = .000$. The 95% confidence interval for the difference in means was quite wide, ranging from 6.22 to 8.88. Therefore, the alternative hypothesis was accepted and the null hypothesis rejected. Figure 2 shows the results graphically for the groups.

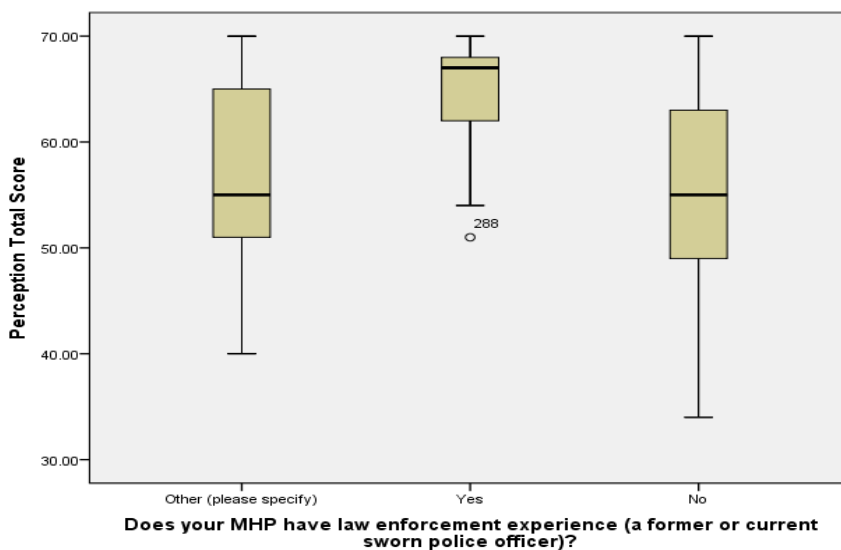


Figure 2. Does your team's MHP have law enforcement experience?

Research Question 4

Is there a significant difference between those where the MHP is considered a designated team member and those where the MHP is a consultant on how the MHPs are socialized within the negotiation team?

H_0 4: There is not a significant difference between those where the MHP is considered a designated team member and those where the MHP is a consultant on how the MHPs are socialized within the negotiation team.

H_1 4: There is a significant difference between those where the MHP is considered a designated team member and those where the MHP is a consultant on how the MHPs are socialized within the negotiation team.

This fourth and final RQ was posed to explore the relationship between MHP involvement and whether there is a significant effect on their socialization within the group. Again, MHP involvement relates to how the participants answered whether or not

they utilize the MHP as a consultant or a designated team member and their socialization derived from the total average score of the Small-group socialization and the H/CNT Scale.

The referenced scale was analyzed the same as research questions two and three and the relationship of the MHP as a designated team member or as a consultant was analyzed through an independent samples *t*-test (Table 8).

Table 8

Descriptive Statistics, Designated /Identified Team Member and Consultant

	<i>N</i>	<i>M</i>	<i>SD</i>
Designated member	48	76.25	7.82
Consultant	84	65.61	9.24
Other	11		
Total	143	68.90	10.57

An independent-samples *t* test was conducted to evaluate the hypothesis that MHP involvement-type (a consultant or a designated team member) does not have a significant effect on how the MHP is socialized. Levene's test showed that there was an equality of variance. In terms of the main analysis it was significant, $t(130) = 6.72, p < .001$. MHPs that were designated/identified as members of the negotiation team on average, had a higher score on the Small-group socialization and the H/CNT Scale than MHPs that were designated as consultants. The 95% confidence interval for the difference in means was quite wide, ranging from 7.51 to 13.77. Therefore, the

alternative hypothesis was accepted and the null hypothesis rejected. Figure 3 shows the results graphically for the two groups.



Figure 3. How your team designated the MHP (team member or consultant) and their socialization?

Summary

The goal of this study was to quantitatively explore whether the variables that are described in the small-group socialization model (cohesion, consensus, communication satisfaction, and loneliness) can be seen between the MHP and the rest of the H/CNT, explore the way the MHP is perceived by the team, determine if the MHP is perceived higher if the MHP has law enforcement experience, and explore the relationship between MHP involvement and whether there is a significant effect on how the incidents were resolved. This chapter presented, not only the data collection and data analysis process for the research questions, but also the characteristics of the sample along with the

descriptive statistics. Findings for research question 1 accepted the null hypothesis and therefore determined that MHP involvement type did not have a significant effect on outcome of incidents. Findings for research question 2 determined that MHPs that were designated/identified as members of the negotiation team scored significantly higher on the Perception and the MHP Scale than MHPs that were designated as consultants. Therefore, the alternative hypothesis was accepted and the null hypothesis rejected. Findings for research question 3 determined that, on average, MHP with law enforcement experience scored higher on the Perception and the MHP Scale than those without law enforcement experience. Therefore, the alternative hypothesis was accepted and the null hypothesis rejected. Findings for RQ4 determined that MHPs that were designated/identified as members of the negotiation team on average, had a higher score on the Small-group socialization and the H/CNT Scale than MHPs that were designated as consultants. Therefore, the alternative hypothesis was accepted and the null hypothesis rejected.

Chapter 5 contains an interpretation of the study's findings, limitations, future recommendations, and the potential to impact a positive social change for H/CNTs.

Chapter 5: Discussion and Conclusion

Introduction

H/CNTs deal with stressful and ever-changing conditions when handling callouts and scenarios that rely on crucial decision making. This study was designed to explore the perception and socialization of MHPs who were embedded on teams as either designated/identified team members or as consultants. The study was guided by research questions derived from current and previous literature on hostage/crisis negotiation. This study found that MHPs who were considered designated team members scored higher on a small-group socialization scale and were perceived higher than those who were consultants. Further, those with law enforcement experience were also perceived higher. This chapter describes the purpose of the study, why it was conducted, interpreted the findings, described the study's limitations, future recommendations, and how this study has the potential to make a positive social change on H/CNTs.

Key Findings

The statistical analysis indicated the following key findings:

1. For RQ1, MHP involvement had no effect on outcome of incidents.
2. For RQ2, MHPs that were designated/identified as members of the negotiation team scored significantly higher on the Perception and the MHP Scale than MHPs that were designated as consultants. This test determined that MHP involvement-type did have a significant effect on how the MHP is perceived.

3. For RQ3, on average, MHP with law enforcement experience scored higher on the Perception and the MHP Scale than those without law enforcement experience.
4. For RQ4, MHPs that were designated/identified as members of the negotiation team, on average, had a higher score on the Small-group socialization and the H/CNT Scale than MHPs that were designated as consultants.

Interpretation of the Findings

Research Question 1

Research question 1 examined whether the type of MHP involvement (team member versus consultant) had an effect on the outcome of incidents. Desired outcomes included peacefully negotiated surrenders or tactical entries with no injuries. Though the findings did not show a significant effect in MHP involvement-type and outcome, the data presented a significant number of desired negotiated surrenders compared with other outcomes, as shown in Table 9.

Table 9

Hostage/Crisis Incident Outcomes

Variable	<i>N</i>	<i>M</i>	Total	<i>SD</i>
Surrender	128	15.08	1,931	26.64
TAC Team Entry & Arrest	105	7.08	743	10.66
One or More Subjects Killed	61	.64	39	1.12
One or More Subjects Suicide	68	1.45	99	2.15
One or More Subjects Escaped	51	1.76	90	4.97
Other	8	.62	5	1.77

Note. *N* = 362.

Increasing desired outcomes with MHP involvement can reduce ethical concerns noted by Meyers and Anderson (2008) and overcome intra-group contention identified by Alison et al., (2015), Hickman (2009), and Skubby et al., (2013).

Research Question 2

Research question 2 examined the difference in perception of MHPs designated as team members versus those attached as consultants, from the perspective of H/CNT members. A significant difference was observed in that MHPs who were designated/identified as members of the negotiation team, scored significantly higher on the Perception and MHP Scale. These findings emphasize the importance of team concept, and supports the hypothesis that MHPs attached as team members are perceived more favorably by team members, consistent with the existing literature (Butler, Leitenberg & Fuslier, 1993; Fuselier, 1988).

Existing research discussed in the literature review emphasizes the importance of the team concept by hostage/crisis negotiation in that stress can invade the individual's ability to focus but can be greatly reduced when the whole team is working together, delegating job responsibilities and tasks and having synergy within the team (Nelson, 2010; Strentz, 2013). Allison et al., (2014) stressed the importance of a team concept where individuals within the group had to know what roles and responsibilities the team members had, noting that poor interpersonal team trust and role understanding emerged primarily from exogenous uncertainties (stressful hostage/crisis negotiation scenarios). If perception of team members is highly positive, the idea of synergy and working well with those perceived highly is synonymous. In other words, the score of perception for any team member with poor role understanding and poor interpersonal team trust would not rate high because of the particular statements made on this study's Perception and the Mental Health Professional Scale (e.g., the MHP is helpful when it comes to hostage/crisis negotiation). Therefore, if *perception* is important for the theoretical lens of perception and group socialization (Anderson et al., 1999; Fouche, 2015; Hickman, 2009; Riddle et al., 2000), MHPs designated as team members scored higher. Appendix C shows a breakdown of the average Likert scale score per question.

Specific rated questions of perception on this study's scale were important not only for the research question but designed to perhaps assist law enforcement in choosing the right MHP for their team. An example of this involves how the team rated their MHP as being knowledgeable about mental illnesses that are involved in hostage/crisis

negotiation. This concept of high perception for both could involve a team question for the potential MHP and help decide the right one for their team.

Research Question 3

Research question 3 examined the perception of MHPs with and without law enforcement experience. The variable of interest, perception, indicates that on average, MHPs with law enforcement experience were perceived more positively than those without law enforcement experience. Specific phases outlined in the Group Socialization Model developed by Anderson et al. (1999) include the *anticipatory* phase where the individuals involved in the group expect or anticipate what to expect from the group and the individual members, the *encounter* phase is where the group discusses “goals, roles, norms, and expectations” (p. 29), the *assimilation* phase is the process of being integrated within the group’s culture and opinions, and the *exit* phase essentially argues that individuals carry their experiences when they depart groups and bring them to their new groups. It is posited that this assimilation would be easier for a MHP with law enforcement experience to enter a group of existing law enforcement officers.

The data supports the finding that those with law enforcement experience are perceived higher. This is important because it can assist the H/CNT when they decide upon the right MHP to become a team member. If positive perception is believed to derive from what the new member brings to the team, based on the specific phases noted, those with a law enforcement background may assimilate to the culture easier, have knowledge of the “group talk,” understand where the authority to negotiate derives from, integrate more easily, and have an overall positive experience with the team. This is not

to say that it should be the only qualifying mechanism to properly screen a MHP but it should be at least considered.

Research Question 4

Research question 4 examined how MHPs who are designated team members and MHPs who are consultants are socialized within the group. The findings indicated that MHPs who were designated/identified as members of the negotiation team scored higher on average, on the Small-group socialization and the Hostage/Crisis Negotiation Scale. Because of these results and its determination of significance, the theoretical framework that guided this study, the Group Socialization Model developed by Anderson, et al (1999), must be explored closely. Particular statements in the referenced scale were determined to be closely related to the four group outcomes that relate to group socialization: cohesion, consensus, communication satisfaction, and loneliness (Riddle, Anderson, & Martin, 2000).

When considering the statements and the constructs, I posit that this study can influence the process of choosing the right MHP through that small-group socialization. Examples of this can include a probationary period that involves getting the MHP involved in training and scenario based negotiations where they can be seen if they're going to gel with the team, consistent with Fagan (2016). The team can see if the MHP is understanding the "group talk", understand where the team's authority derives from, a willingness to accept decision making that they may not agree with but the team does, and even seeing how the MHP is accepted by the other team members (Fouche, 2015).

These constructs follow the theory of small-group socialization that derived from the study's scale (Anderson et al., 1999).

Limitations of the Study

One of the main limitations in this study included the sample size. It was determined that, utilizing the G*Power 3.0.10 software (Faul, Erdfelder, Buchner, & Lang, 2009), a power analysis for a Wilcoxon rank-sum test was conducted to determine a minimum sample size using an alpha of 0.05, a power of 0.95, a medium effect size ($d = .5$), and one tail. With an equal allocation of participants into each group the recommended sample size is $N = 105$ for each group, $N = 210$ total. Upon calculating the results, it was found that, for research question one, 105 participants for each group was not met. Ranges were far from the desired participant amount and ranged from only 38 participants that utilized the MHP as a designated team member and 70 participants that utilized the MHP as a consultant that answered how many Negotiated Surrenders and far less in the other categories. Had the respondents been forced to answer each question, this would have been in violation of IRB. If the sample size had been met, there may have been more support for the hypothesis that the outcome of incidents were based on whether or not the MHP was a designated team member or utilized as a consultant.

For research question two, a post-hoc analysis was done to compute achieved power utilizing the sample size of each group, the MHP as a designated team member, $N = 48$, and the MHP as a consultant, $N = 89$, and it provided a Power ($1 - \beta$ err prob) = 0.87. For research question four, a post-hoc analysis was done to compute achieved power utilizing the sample size of each group, the MHP as a designated team member, $N = 51$,

and the MHP as a consultant, $N = 93$, and it provided a Power ($1 - \beta$ err prob) = 0.89. I note this because, though the desired number of participants were not achieved, .87% and .89%, respectively, this indicates a strong probability the null hypotheses were correctly rejected.

Another limitation in this study included the wording of the two scales utilized, the Perception and the Mental Health Professional Scale and the Small-group socialization and the Hostage/Crisis Negotiation Scale. The concept of perception derived from the literature and theoretical framework and how H/CNT members would rate their perception of the MHP. It included the idea of perceived usefulness, knowledge, attitude, and communication variables associated with positive group socialization. The Small-group socialization and the Hostage/Crisis Negotiation Scale derived from previous literature, the original Small-group socialization Scale and contact with the original authors of the scale. A limitation in this study's version of this scale derives from the notion of taking the original and conforming it to meet the needs of the MHP and the H/CNT. Though there were no derogative comments from the participants about the wording of the questionnaire, it did differ slightly from the original Small-group socialization Scale.

A final limitation to this study could stem from the H/CNTs themselves. Based on department size and population in which they serve, teams could differ in two noted ways. The first is the number of team members and the second is the amount of callouts or incidents they respond to. For instance, a small department may be less likely to have

the ability to afford or believe they need a MHP. This could make my sample less homogenous than originally believed.

Recommendations

Future studies could focus on the reasoning behind the number of teams that utilize a MHP and those that do not. I found, of 362 participants, 153 stated they utilize a MHP as either a designated team member or as a consultant (47.4%) and the 153 stated they did not (47.4%). Future studies should focus on why approximately half of teams do not use a MHP. Additionally, future studies could also potentially evaluate what could encourage H/CNTs to participate in the FBI's HOBAS program. I found that 91.4% of its participants had identifiable records of their team's incidents, or callouts, and 25.6% stated they utilize HOBAS while another 17.6% stated they use it sometimes. With 43.2% utilization of HOBAS, future studies should focus on why some teams are participating and others are not, its ease of use, its accessibility, and what can be done to promote it (HOBAS). I found that perception and small-group socialization was determined to be more positive when H/CNTs utilized their MHP as a designated team member and only half of teams that use the MHP use them in that capacity. Future studies should focus on why more teams do not use them as designated team members and how this study could enhance the vetting process of getting the right MHPs for their team.

Implications

The concept of marrying the MHP and law enforcement on a H/CNT is paramount for the team's success and positive social change. Key findings in this study

showed that teams with a MHP as a designated/identified team member were perceived more positively and the small-group socialization was determined to be better. If these teams that are utilizing the MHP in this way and are getting better at what they do, there will be better outcomes and possibly fewer mental health issues all around, to include team members. This study's intent was to show positive implications for the team, hostages or victims, communities, and even the individual who is suffering in the crisis, by potentially enhancing the relationship between law enforcement and the MHP. It is suggested that teams utilize a MHP for that synergy and knowledge that they bring.

When considering the theoretical foundation of this study, small-group socialization, it is posited that a team's success derives from certain group outcomes that relate positive socialization (cohesion, consensus, communication satisfaction, and loneliness) and certain phases the group members go through to adapt to the group's culture. My study addressed these variables by asking specific questions that would relate to positive socialization. Things for H/CNT leaders to consider are included in the questionnaire itself and may enhance, or foster, that positive relationship between the MHP and the other team members. It may be as simple as assigning a team member to the MHP to ensure they understand the group's culture and norms, or including them in training and showing their voice is being heard and included in the decision process. A recommendation for practice for the law enforcement team leaders would be to look at the Small-group socialization and the Hostage/Crisis Negotiation Scale and see if that is being practiced in training and real world events. Between that scale and the Perception scale, it may even help to determine if their particular MHP is a good fit for the team.

Conclusion

By conducting this theory-based study and focusing on the relationship between the law enforcement team members and the mental health professionals involved in hostage/crisis negotiation, I have determined that positive small-group socialization and positive perception is higher when the MHP is considered a designated/identified team member. This is important for teams who have a MHP, as well as teams considering one, because it shows that these MHPs (designated/identified team member) have adapted into the culture and norms of the team, understand the “group talk”, understand what is expected from them, are more helpful and useful to the team, a stronger willingness to collaborate and participate, add insight to what the team is trying to accomplish, share the same attitude and are accepted by the team (Appendix C and D). The questionnaire was designed to not only measure the described constructs but to be utilized when considering research into what helps a team choose and work with a MHP. An example of this would be when screening for a MHP for a H/CNT, to ask the question of prior law enforcement. MHPs with law enforcement experience scored higher on both scales. When interviewing prospective MHPs, questions to consider may include where the MHP believes the team’s authority to negotiate derives from, does the MHP know what to expect from the team and what is expected from them, does the MHP understand the team concept and the ability to adjust to the team’s culture and norms, does the MHP understand the possibility of training, late nights, possibility of less desired outcomes, and the idea of what they know their role will be?

Whether barriers between law enforcement and MHPs exist or previously existed, teams such as hostage/crisis negotiation benefit from breaking them or working through them. This study's intent was to not only stress the importance building the idea of synergy between the MHP and the team but help to vet and get the right MHP whilst furthering the process of studying individuals who save lives and help those in crisis.

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Appendix A
Permission Emails

William Butler, Ph.D.
Licensed Psychologist-Doctorate
125 College Street
Burlington, Vermont 05401
802-338-6375

April 7, 2018

To Whom It May Concern,
I have given Special Agent Timothy Quigley permission to use the Hostage Negotiation Questionnaire (HNQ) in his research and publications stemming from his research.

William Butler, Ph.D.
Licensed Psychologist-Doctorate
Clinical Associate Professor of Psychiatry
College of Medicine
The University of Vermont
125 College Street
Burlington, Vermont 05401

From: Carolyn Anderson <cmacomm@att.net>

To: Timothy Quigley
Apr 6 at 5:21 PM

As an author of the Small Group Socialization Scale, I have given permission to Timothy Quigley to use the scale in his dissertation research.

Carolyn M. Anderson, Ph.D.
Professor Emeritus
The University of Akron
Akron, OH

From: Matthew Martin <Matt.Martin@mail.wvu.edu>

To: tq25@yahoo.com (Timothy Quigley)
Apr 6 at 3:37 PM

To Whom It May Concern:

Mr. Timothy Quigley has our permission to use our Small Group Socialization Scale to use in research for his dissertation.

Sincerely,

Matt Martin, Professor, West Virginia University

Appendix B

Hostage/Crisis Negotiation and Mental Health Professional Questionnaire

- 1) Have you read and understood the consent form?
 - a. Yes
 - b. No
- 2) Are you a sworn police officer on a hostage/crisis negotiation team for at least two (2) years?
 - a. Yes
 - b. No
- 3) What is your age? _____
- 4) What is your Gender?
 - a. Female
 - b. Male
 - c. Other (please specify)
- 5) Type of Agency (Check one):
 - a. _____ Federal
 - b. _____ State Police/Highway Patrol
 - c. _____ County Police
 - d. _____ Municipal Police
 - e. _____ Corrections
 - f. _____ Sheriff's Department
 - g. _____ Other (please specify _____)
- 6) Years as a sworn police officer for current agency and/or other: _____
- 7) Years as a hostage/crisis negotiator: _____
- 8) Is your team referred to as:
 - a. Hostage Negotiation
 - b. Crisis Negotiation
 - c. Other (please specify)
- 9) Do you have identifiable records on such incidents?
 - a. Yes
 - b. No
 - c. Other (please specify)
- 10) Does your agency place results of hostage/crisis incidents into the FBI's HOBAS program, via FD-522 form or other?
 - a. Yes
 - b. No

- c. If your answer is sometimes, out of how many incidents within the last two years did you place in HOBAS?
- 11) Does your agency use a mental health professional (MHP) as a member of, or a consultant to the Negotiation Team? If YES, please continue. If NO, you will be directed to the last page of this questionnaire.
- Yes
 - No
 - Other (please specify)
- 12) How does your team designate your MHP?
- As a designated/identified member of the negotiation team
 - As a consultant to the negotiation team
 - Other (please specify)
- 13) Please indicate, by checking, how the MHP is used in a negotiation situation (check all that apply):
- Primary negotiator
 - Consultant to negotiators on negotiation techniques
 - Consultant to negotiators on assessment of suspect(s)
 - Interview of suspect's family/friends, etc., for background information
 - Liaison with other MHPs in the community
 - Post-incident counseling for police
 - Post-incident counselling for victims
 - Participants in post-incident critiques
 - Other (please specify _____)
- 14) Does your team utilize your MHP as a primary negotiator?
- Yes
 - No
 - Other (please explain)
- 15) Does your MHP have law enforcement experience (a former or current sworn police officer)?
- Yes
 - No
 - Other (please specify)

Small Group Socialization and the Hostage/Crisis Negotiation Team

Complete each item in regard to your experience with your mental health professional (MHP) on your hostage/crisis negotiation team. Rate each item in relation to the following scale by filling in the blanks with what you consider an appropriate answer.

If you **strongly agree** with the statement, write 5 in the blank.

If you **agree** with the statement, write 4 in the blank.

If you **neither agree nor disagree** with the statement, write 3 in the blank.

If you **disagree** with the statement, write 2 in the blank.

If you **strongly disagree** with the statement, write 1 in the blank.

_____ 16. The MHP understands the “group talk” the hostage/crisis negotiation team uses to do their job.

_____ 17. The MHP knows what is expected from them on the hostage/crisis negotiation team.

_____ 18. The MHP understands their authority the group has for doing its work.

_____ 19. The MHP is unsure about what the hostage/crisis negotiation team is to accomplish (R).

_____ 20. The MHP has a willingness to collaborate and participate in decision making in a positive manner.

_____ 21. The MHP has a willingness to accept the hostage/crisis negotiation team’s decision whether or not they agree with it.

_____ 22. I do not see the MHP as an effective hostage/crisis negotiation team member (R).

_____ 23. The MHP has a voice when it comes to the hostage/crisis negotiation team’s decision making.

_____ 24. The MHP is accepted by the law enforcement team members on the hostage/crisis negotiation team.

_____ 25. The MHP is powerless when it comes to influencing the hostage/negotiation team’s processes (R).

_____ 26. The MHP should wear the same clothing, or negotiator insignia, that the other hostage/crisis negotiators wear (e.g. **NEGOTIATOR** on tactical vest).

_____ 27. The MHP has freedom to participate in the hostage/crisis negotiation team’s interaction.

_____ 28. The MHP had no one on the hostage/crisis negotiation team in which they could depend on for support (R).

_____ 29. The MHP has someone on the hostage/crisis negotiation team with whom they could discuss personal matters.

_____ 30. The MHP has someone on the hostage/crisis negotiation team they can depend on for support.

_____ 31. The MHP has someone on the hostage/crisis negotiation team that could help them adjust to the group.

_____ 32. The MHP should attend all meetings that involve the hostage/crisis negotiation team.

Scoring:

Reverse score all items marked with an (R). (If you put a 5 for item 4, change this score to 1; if 4, change this score to 2; if 2, change this score to 4; if 1, change this score to 5.) Sum all items to create a general socialization outcome score. The higher the score, the more positive the socialization experience.

Source: The above questions derive from the Small Group Socialization Scale (Riddle, Anderson, and Martin, 2000) and the Small Group Socialization Model (Anderson, Riddle, and Martin, 1999)

Perception and the MHP

Complete each item in regard to your perception of the mental health professional (MHP) on your hostage/crisis negotiation team. Rate each item in relation to the following scale by filling in the blanks with what you consider an appropriate answer.

If you **strongly agree** with the statement, write 5 in the blank.

If you **agree** with the statement, write 4 in the blank.

If you **neither agree nor disagree** with the statement, write 3 in the blank.

If you **disagree** with the statement, write 2 in the blank.

If you **strongly disagree** with the statement, write 1 in the blank.

_____ 33. The MHP is knowledgeable about mental illnesses that are involved in hostage/crisis negotiation.

_____ 34. The MHP is useful when it comes to hostage/crisis negotiation.

_____ 35. The MHP is helpful when it comes to hostage/crisis negotiation.

_____ 36. Having the MHP on our team makes the hostage/crisis negotiation team stronger.

_____ 37. The MHP adds insight into what the hostage/crisis negotiation team is trying to accomplish.

_____ 38. The MHP is accepted by the other members on the hostage/crisis negotiation team.

_____ 39. The MHP can be utilized as a primary negotiator.

_____ 40. The MHP does not share the same beliefs as the law enforcement members of the hostage/crisis negotiation team (R).

_____ 41. The MHP shares the same attitude as the law enforcement members of the hostage/crisis negotiation team.

_____ 42. The MHP helps the hostage/crisis negotiation team resolve incidents in a safer way.

_____ 43. The communication between the MHP and the law enforcement team members is poor (R).

_____ 44. The MHP and the law enforcement team members discuss the acceptable behaviors and practices as they relate to hostage/barricade situations.

_____ 45. The MHP knows all of the roles and positions on the hostage/crisis negotiation team.

_____ 46. The MHP's understanding of the law enforcement culture on the hostage/crisis negotiation team is poor (R).

Scoring:

Reverse score all items marked with an (R). (If you put a 5 for item 4, change this score to 1; if 4, change this score to 2; if 2, change this score to 4; if 1, change this score to 5.) Sum all items to create a general socialization outcome score. The higher the score, the more positive the socialization experience.

Source: The above questions derive from previously written literature on Small Group Socialization and literature focusing on law enforcement and hostage/crisis negotiation.

47) From what you can recall, how many negotiated incidents has your team responded to in the last two years? _____

48) From what you can recall, how many of these incidents were resolved by:
(More than one may apply to a particular incident)

1. _____ Negotiated Surrender
2. _____ Tactical Team Entry and Arrest
3. _____ Tactical Team Entry where one or more Subjects were
Killed
4. _____ One or more Subjects Committed Suicide
5. _____ One or more Subjects Escaped
6. _____ Other (Please Specify _____)

Final note of the questionnaire:

If you have completed this questionnaire or did not fit the eligibility for the questionnaire and know other law enforcement hostage/crisis negotiation team members that fit the criteria for this questionnaire, I humbly ask for your assistance and pass on my information to them so I may ask for their help. My name is Timothy Quigley, telephone number (240) 460-6093, email address Timothy.Quigley@Waldenu.edu. If there are any further questions and/or issues you have, please do not hesitate to contact me directly and I cannot thank you enough for your time and attention to this research.

Appendix C

Perception and the Mental Health Professional Scale

Question	Designate or Consultant	<i>N</i>	Mean	Std. Deviation
The MHP is knowledgeable about mental illnesses that are involved in hostage/crisis Negotiation	Designated	48	4.85	.36
	Consultant	89	4.44	.62
The MHP is useful when it comes to hostage/crisis negotiation.	Designated	48	4.75	.44
	Consultant	89	4.30	.71
The MHP is helpful when it comes to hostage/crisis negotiation.	Designated	48	4.73	.45
	Consultant	89	4.31	.70
Having the MHP on our team makes the hostage/crisis negotiation team stronger.	Designated	48	4.75	.48
	Consultant	89	4.26	.78
The MHP adds insight into what the hostage/crisis negotiation team is trying to accomplish.	Designated	48	4.64	.63
	Consultant	89	4.19	.72
The MHP is accepted by the other members on the hostage/crisis negotiation team.	Designated	48	4.67	.52
	Consultant	89	4.07	.81
The MHP can be utilized as a primary negotiator.	Designated	48	3.14	1.51
	Consultant	89	1.88	1.01
The MHP does not share the same beliefs as the law enforcement members of the hostage/crisis negotiation team (R).	Designated	48	4.25	.89
	Consultant	89	3.50	.93
The MHP shares the same attitude as the law enforcement members of the hostage/crisis negotiation team.	Designated	48	4.21	.92
	Consultant	89	3.41	.85
The MHP helps the hostage/crisis negotiation team resolve incidents in a safer way.	Designated	48	4.35	.76
	Consultant	89	4.03	.68
The communication between the MHP and the law enforcement team members is poor (R).	Designated	48	4.67	.63
	Consultant	89	4.08	.92
The MHP and the law enforcement team members discuss the acceptable	Designated	48	4.29	.65
	Consultant	89	3.89	.74

behaviors and practices as they relate to hostage/barricade situations.				
The MHP knows all of the roles and positions on the hostage/crisis negotiation team.	Designated	48	4.56	.77
	Consultant	89	3.58	1.01
The MHP's understanding of the law enforcement culture on the hostage/crisis negotiation team is poor (R).	Designated	48	4.56	.68
	Consultant	89	3.84	.86

Note. Mean = to Likert Scale Average, 1 through 5

Appendix D

Small-group socialization and the Hostage/Crisis Negotiation Scale

Question	Designate or Consultant	N	Mean	Std. Deviation
The MHP understands the “group talk” the hostage/crisis negotiation team uses to do their job	Designated	51	4.39	1.11
	Consultant	93	3.91	1.00
The MHP knows what is expected from them on the hostage/crisis negotiation team.	Designated	51	4.72	.66
	Consultant	93	4.09	.89
The MHP understands their authority the group has for doing its work.	Designated	51	4.67	.71
	Consultant	93	4.17	.85
The MHP is unsure about what the H/CNT is to accomplish (R).	Designated	51	4.67	.79
	Consultant	93	4.17	1.11
The MHP has a willingness to collaborate and participate in decision making in a positive manner the group has for doing its work.	Designated	51	4.62	.75
	Consultant	93	4.09	.94
The MHP has a willingness to accept the H/CNT’s decision whether or not they agree with it.	Designated	51	4.47	.73
	Consultant	93	3.97	.80
I do not see the MHP as an effective hostage/crisis negotiation team member (R).	Designated	51	4.53	.94
	Consultant	93	4.21	1.01
The MHP has a voice when it comes to the hostage/crisis negotiation team’s decision making.	Designated	51	4.35	.91
	Consultant	93	3.70	.95
The MHP is accepted by the law enforcement team members on the hostage/crisis negotiation team.	Designated	51	4.51	.97
	Consultant	93	4.13	.84
The MHP is powerless when it comes to influencing the hostage/crisis negotiation team’s process (R).	Designated	51	4.47	.70
	Consultant	93	4.01	.73
The MHP should wear the same clothing, or negotiator insignia, that the other hostage/crisis	Designated	51	3.92	1.20
	Consultant	93	2.61	1.16

negotiators wear (e.g. **NEGOTIATOR**
on tactical vest).

The MHP has freedom to participate in the hostage/crisis negotiation team's interaction.	Designated	51	4.65	.48
	Consultant	93	3.53	1.09
The MHP had no one on the hostage/crisis negotiation team in which they could depend on for support (R).	Designated	51	4.61	.72
	Consultant	93	4.11	.91
The MHP has someone on the hostage/crisis negotiation team with whom they could discuss personal matters.	Designated	51	4.14	.82
	Consultant	93	3.60	.91
The MHP has someone on the hostage/crisis negotiation team they can depend on for support	Designated	51	4.51	.58
	Consultant	93	3.99	.74
The MHP has someone on the hostage/crisis negotiation team that could help them adjust to the group.	Designated	51	4.39	.78
	Consultant	93	4.00	.67
The MHP should attend all meetings that involve the hostage/crisis negotiation team.	Designated	51	4.55	.76
	Consultant	93	3.09	1.12

Note. Mean = to Likert Scale Average, 1 through 5