

DETECTIVE TERRY KELLEY

COLUMBUS OHIO DIVISION OF POLICE
SPECIAL VICTIM'S BUREAU
DOMESTIC VIOLENCE UNIT
HOSTAGE NEGOTIATIONS TEAM
ASSISTANT TEAM LEADER
TKELLEY@COLUMBUSPOLICE.ORG

OVERVIEW

- PTSD Barricade on suicidal combat veteran
- Preparation for this type of incident
- Case study of the negotiation
- Issues you will encounter when dealing with a PTSD sufferer
- How to overcome those issues
- Resources to assist
- Service Dogs

MY SERVICE DOGS !



RICO

CHICO

1100 Waterford Pt. Circle

May 4, 2016

8:30 PM

INITIAL CALL - 8:30PM

- Father calls from Pennsylvania asking Officers to check on the well being of his son, William Krise II
- Father informs radio that his son is a combat veteran, and has been diagnosed with PTSD by the VA in North Carolina.
- Father states William has posted on Facebook that “the demons have got me”
- Patrol is dispatched to the location on a well being check of William Krise II.

PATROL ARRIVAL - 9:06pm

- Two Officer patrol wagon responds and locates female claiming to be Mr. Krise' girlfriend outside the apartment.
- Girlfriend (Kristin) tells patrol that William is an army veteran and has several weapons in the residence.
- Patrol attempts contact at the front door of the apartment. Finds William Krise II inside the apartment with a handgun.
- William will not respond to commands and closes the door yelling at Officers.

PATROL RESPONSE

- Perimeter is set around the apartment and evacuations are started.
- SWAT notifications are made.
- Patrol Officer gathers phone number for William from Kristin and initiates contact with Mr. Krise.

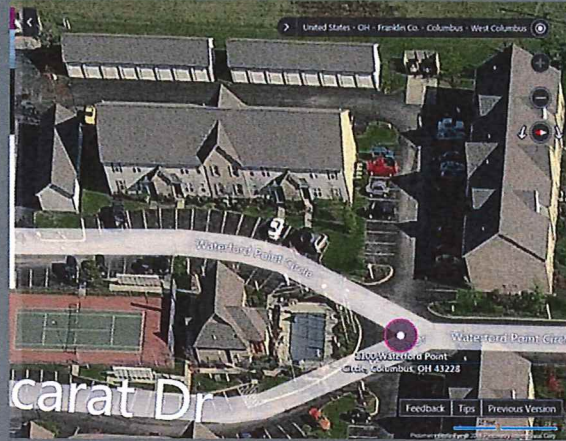
SWAT RESPONSE – 9:32 PM

- SWAT responds to scene and relieves patrol from perimeter.
- Negotiators are responding.
- Kelley is first negotiator on scene at 10:10 PM
- CP arrives on scene
- Kelley assumes role of Primary Negotiator
- Paige is Secondary
- Officer James Ingles has responded to assist with PTSD

SWAT RESPONSE



SWAT RESPONSE



NEGOTIATOR TRANSITION

- Patrol Officer speaking with William on cell phone.
- Cell phone is dying.
- **TRANSITION PROBLEMS**
 - Patrol Officer in problem solving mode.
 - Negotiator did not fully debrief Patrol prior to taking phone from Officer.
 - Transitioned cell phone to landline and Patrol to Negotiator at same time.

INITIAL CALL FROM WILLIAM

- ARMED



MEETING FORCE WITH
FORCE

I DON'T TRUST COPS



THE DEMONS HAVE
GOTTEN ME

JUST A CLICHE



MY STORY



ISSUES WITH PTSD BARRICADES

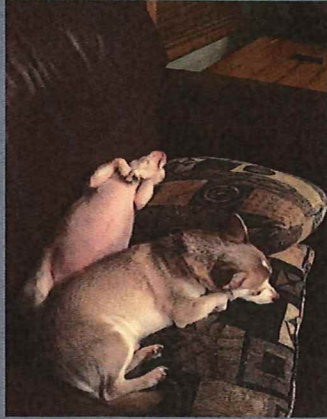
From an insiders point of view

- Civilian Trust Issues – **YOU WILL NOT BE TRUSTED**
- A lot of the time, they will be calm and respectful
- Extreme feeling of loss of control
 - Why is this important ?
 - In theater, you ARE the control.
- Letting everyone down.
 - Friends
 - Family
 - “Battlebuddies” – even those that did not return.

ISSUES WITH PTSD BARRICADES

- Tactics – Some sort of knowledge of tactics regardless of MOS in the military.
- Weapons Knowledge
- Fortifying structure knowledge
- Able to look at the goal and not just the present situation.

DON'T FORGET THE SERVICE DOGS



TACO PACO

OVERCOME THE ISSUES

- DO I NEED TO HAVE A VETERAN PRESENT ?
 - Will it help – Yes
 - Is it absolutely necessary – No
 - How do I get past not having a veteran to speak to?
 - Ask plenty of questions about his service.
 - Ask for clarification on what he did. Explain the MOS's

OVERCOME THE ISSUES

- Ask about his service
 - “Where did you serve?”
 - “What was your job?”
 - “Did you see combat?”
 - “How long were you there?” Or “How many tours did you do?”

OVERCOME THE ISSUES

- **THANK HIM FOR HIS SERVICE**
- Find out if Trust Issues exist with veteran and the VA hospital system. (Most likely they will)
- Research and contact a local hospital to establish a protocol for bringing in PTSD veterans for treatment. **BEST IF THIS IS DONE PRIOR TO CONTACT WITH THE SUSPECT**

TIME !!!

- Plan on taking the time needed to assist a true PTSD sufferer
- Don't rush
- Time is the best thing you can give him right now, let him tell his story. Let him explain how it felt or what he did in theater.
- DON'T LET YOUR WILLINGNESS TO HELP COMPROMISE OFFICER SAFETY IN ANY WAY.

First Exit Plan

Talk to Kristin



FIRST RECORDING FROM KRISTIN

11:34pm



ARE WE GAINING GROUND ?

- Are we overcoming the trust issue ?
- William hangs up and no contact can be made for 25 minutes

- **WHAT ARE YOUR THOUGHTS
?????**

- SWAT can see William talking on the phone with someone.
- William opens the door slightly and then slams it.
- Appears to be getting more agitated.
- Calls Terry Back 25 minutes after hanging up.

BACK ONLINE

- SECOND TPI PLAYED



HIS GUYS

READY FOR IT



EXIT



SUMMARY

WHAT WORKED WELL

- HAVING RESOURCES TO GIVE TO WILLIAM
- HAVING PEOPLE PRESENT WHO GENUINELY CARE ABOUT THE VETERAN
- TACTICAL ALLOWING US THE TIME NEEDED TO NEGOTIATE

WHAT TO IMPROVE ON

- MORE TRAINING FOR PATROL ON BASIC NEGOTIATION SKILLS
- BETTER TRANSITION BETWEEN PATROL AND NEGOTIATOR
- **SUGGESTIONS !!!!**



HANDOUTS

ASSESSING AND RESPONDING TO SUICIDAL IDEATION

Suicidal ideation is often triggered by a negative life event, like the break-up of a relationship, job loss, or a traumatic experience. Stressors like a disaster, violence, homelessness, or poverty may make people who are already susceptible to depression all the more vulnerable. It is important to assess for suicidal ideation.

What can you do?

Research indicates that such feelings are not uncommon when individuals feel overwhelmed. Provide the at-risk person with some hope or assurance that things are gradually going to get better each day. If a person is in a highly suicidal distress and a plan is not being reported to receive their 911, you want to work with them to help with their call. If they have a plan that includes a weapon, ask them if there is someone else they can give the weapon to until they feel safe.

Resources

If you think someone you know may be having suicidal thoughts, identify and share the risk factors for getting the idea in their mind. If you are your friend, talk to your doctor and the person to do it, and contact your friend with you to the safe. Try to get them to communicate with 911 immediately. For more information contact the National Suicide Prevention Lifeline at 1-800-273-8255, or visit www.suicideline.com. Veterans and family members can go to www.veteranscrisisline.net to reach the VA Veterans Crisis Line to speak with a crisis intervention specialist who is available 24/7.

- It is important to assess:**
- suicidal or homicidal ideation
 - the lethality of any plan for how they would harm themselves or others
 - Any history of previous attempts
 - Medical or psychiatric co-occurring conditions

- Assessment of dangerousness can include questions such as:**
- Have you had any previous suicidal thoughts or actions?
 - Have you ever thought about acting on these feelings?
 - Is there anyone who you are afraid that you will tell or show feelings?
 - Have you ever tried to act on feelings like this in the past?
 - Do you have a plan for how you would harm yourself or someone?
 - Do you have access to weapons?

- If the person will create a plan to stay safe:**
- Identify 2 or 3 individuals that the person has daily contact with who can help provide them support and help keep them safe.
 - Have the client verbally agree that they will contact the person if he or she has suicidal thoughts and back to danger of acting on them. Advise them to try to contact you or another provider if possible.
 - If medical health services are available please try to refer the patient immediately.

- If the person will not create a plan to stay safe:**
- Under normal circumstances, if a client has a plan AND a means to carry out that plan AND they will not contact for safety they are usually best at an emergency room and may be hospitalized. This can be accomplished by having someone take the person to an emergency room or by calling 911.
 - If no medical help is available you may want to leave the person alone with you whenever you have been assisting them.
 - If no emergency room is available and you do not have the ability to keep the person safe with you you may have to advise the person to a friend or family member who will need to watch them.

DID YOU SERVE IN A WAR ZONE?
 Columbus Vet Center
 614-237-5400 or 877-467-2337
 387 Square Street
 Columbus, OH 43215
 Free counseling for most Veterans

**WHAT BRANCH DID YOU SERVE IN?
 May I assist you in getting services?**

WOULD YOU LIKE TO TALK TO SOMEONE NOW?
 Veterans Crisis Line
 1-800-273-8255 and Press 1
 Help for Homeless Veterans
 1-877-424-3838

ADDITIONAL RESOURCES

Mayhew
 Engagement Center, Detoxification, Addiction Recovery
 614-445-8133
 1791 Main Street Drive
 BarCafe
 Crisis Stabilization Center
 614-276-2273
 300 S. Central Ave., Columbus, OH
 Franklin County Veterans Service Commission
 Emergency Financial Assistance, Benefits
 614-226-2260, 200 West Broad Street, Columbus, OH

**ARE YOU A PATIENT AT THE
 Chalmers P. Wiley VA ACC**

Healthcare for Homeless Veterans
 614-277-5400
 420 N. James Rd
 Monday - Friday 8:00am - 4:30pm
 Mental Health Clinic
 614-277-5411
 420 N. James Rd.
 Monday - Friday 8:00am - 4:30pm
 24 Hour Medical Telephone Care Program
 1-800-458-5448

EFFECTIVE ACTION TIPS

- Notice signs and symptoms
- Ask about Veteran status
- Speak to a counselor
- Speak simply, briefly, and clearly
- Not responsive may not = noncompliant
- Alcohol and drug abuse may be a sign of PTSD
- Anger and fighting may be signs of PTSD
- Homeless Veterans can have PTSD

DO YOU NEED SUBSTANCE ABUSE TREATMENT?

VA Substance Abuse Programs include
 614-257-7642
 5000 Taubert, Columbus, OH 43261
 Monday - Friday 8:00am - 4:30pm
 Columbus VA UCC and Detoxification
 760-773-1143
 17273 State Route 104 Columbus, OH 43084
 Monday - Friday 7:00am - 4:00pm

POLICE REFERRAL CARD

DO YOU HAVE A PLACE TO STAY TONIGHT?

Continental Point of Access
 1-800-458-5448
 Franklin County Residents Only
 Columbus, OH
 VA Homeless Hotline
 614-277-5409
 420 N. James Rd
 Columbus, OH

U.S. Department of Veterans Affairs

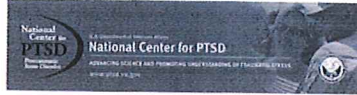
877-4AUD-VET
 877-467-2337

Veterans Crisis Line
 1-800-273-8255

HANDOUTS

Police Referral Card

Used for Franklin County Ohio but can be utilized for other areas



Mental Health Reactions After Disaster

In the immediate aftermath of a disaster, almost everyone will find themselves unable to stop thinking about what happened. These are called *intrusions* or *recounting* symptoms. They will also exhibit high levels of arousal. For most, fear, anxiety, or excitement efforts to avoid reminders, and arousal symptoms, if present, will gradually decrease over time. The expected psychological outcome is recovery, not psychopathology.

What are common stress reactions in the wake of disaster?

Practitioners should remember that most disaster survivors (including children and disaster rescue or relief workers) experience common stress reactions after a traumatic event. These reactions may last for several days or even a few weeks and may include:

Common Reactions After Disaster:

- * Emotional reactions: shock, fear, grief, anger, guilt, shame, feeling helpless, feeling numb, sadness
- * Cognitive reactions: confusion, indecisiveness, worry, shortened attention span, trouble concentrating
- * Physical reactions: tension, fatigue, edginess, insomnia, body aches/pain, starting easily, racing heartbeat, nausea, change in appetite, change in sex drive
- * Interpersonal reactions: distrust, conflict, withdrawal, work or school problems, irritability, loss of empathy, feeling rejected or abandoned

What are some more severe reactions to a disaster?

Because stress reactions are so pervasive after a major disaster, it can be difficult to know when a stress reaction is more severe and may require clinical intervention. The following are *acute stress symptoms* that indicate increased risk for acute stress disorder or posttraumatic stress disorder (PTSD). Even more important than the symptoms listed below is the individual's functional capacity. Symptomatic individuals who can continue to function effectively at work or at home are at much lower risk for developing psychiatric problems than those who are functionally incapacitated.

Severe Reactions After Disaster:

- * Intrusive reexperiencing: terrifying memories, nightmares, or flashbacks
- * Extreme emotional numbing: compulsory urination to feel emotion, as if empty
- * Extreme attempts to avoid disturbing memories, such as through substance abuse
- * Hyperarousal: panic attacks, rage, extreme irritability, intense agitation, violence

VA National Center for PTSD

February 2013

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HANDOUTS

From VA website
Center for PTSD
Care

PTSD COACH PHONE APP



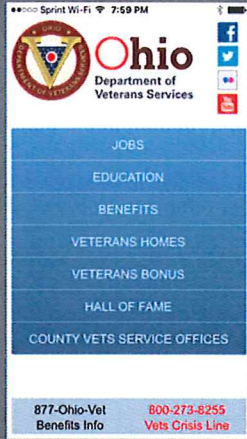
Find Support

has good resources and references to provide.

Has good information about PTSD symptoms

Can help guide the veteran during a negotiation if they are unaware they are suffering from PTSD

OHIO DEPARTMENT OF VETERANS AFFAIRS PHONE APP



AND OF COURSE THE SERVICE DOGS

WHEEZY



WHOOPASS

