S.W.A.T. Response to the Barricaded Mentally Ill Subject

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Abstract

This research paper deals with S.W.A.T. teams and their response to barricaded mentally ill suspects. This type of callout accounts for over 75 percent of the average team's workload. Though very common, there are several hard decisions to be made at such an incident. Some of the questions to be asked are; when or ever should a team forcibly enter a subjects home when he has broken no law? Should a S.W.A.T. team use force to stop a subject who is only threatening himself? Under what circumstances should a team be called out for a subject who has not violated the law? While all these questions have no definitive answer, this paper will open the door to different options available to S.W.A.T. commanders around the country.

Introduction

Since the inception of S.W.A.T. teams in the 1970's, they have been sent out into the field to solve a variety of high risk situations. One of the most prevalent problems is that of the barricaded mentally ill subject. Sometimes the subject is wanted for a crime, but on other occasions he has done nothing but threaten himself with harm.

Historically, S.W.A.T. teams have been crucified in the press because of tactics used when handling these scenarios. While trying to prevent an EDP (emotionally disturbed person) from harming himself, S.W.A.T. teams have had to kill the subject. Which brings up the question; should S.W.A.T. teams force the issue on a barricaded EDP when he is only threatening himself? And if so, under what circumstances?

In some cases 100% of the call outs that S.W.A.T. teams respond to in a year involve a barricaded EDP. For fiscal year 2006, the Santa Rosa County Sheriffs Office SWAT Team responded to 4 callouts, and they were all involving barricaded EDPs. Team commanders are faced with a very tough decision in these situations, and often there is no right answer.

As a commander of a S.W.A.T. team, this writer has a vested interest in the questions listed above. The research contained herein may not be able to solve all of the problems associated with this type of call out, but hopefully will open new avenues with which to approach the EDP problem.

Literature Review

Dealing with the mentally ill is not limited to S.W.A.T. teams per se, but special operation teams around the country do provide different solutions to certain problems that arise in these situations. Less lethal weapons/munitions do provide another means to an end at these call outs. The average patrol officer does not have access to some of the more advanced munitions such as 37/40mm foam baton; fin stabilized, and bean bag rounds. (Fourkiller, 2002)

Some of the mentally ill subjects don't respond to pain compliance tools like less lethal munitions. A perfect example of this would be the schizophrenic EDP. Schizophrenia is characterized by hallucinations both audible and visual, as well as totally unpredictable behavior. The paranoid schizophrenic brings all of the above listed problems to the table, but with an added twist. Paranoid Schizophrenics often feel persecuted, and view any authority figure as a potential threat. They are very difficult to deal with from a hostage negotiator stand point, and often they resort to violence that is directed towards themselves as well as others. Schizophrenic's behavior patterns are so unpredictable that deciding on a time table for a tactical solution is almost impossible. (Haughton, 2006)

With the barricaded EDP being the majority of the call outs for the average S.W.A.T. team, there can be a certain amount of complacency that occurs when responding to the threat. Officers can be lulled into a sense of security knowing that the last 50 barricaded EDP call outs ended peacefully. When in reality, this is the type of call out that deserves the utmost in respect and concentration. The average S.W.A.T. officer is highly motivated and very well trained, sometimes causing the officer to have feelings of invincibility. All these factors combined are a recipe for disaster when dealing with an EDP. (Gervasi & Rudd, 2006)

Some psychologists believe that the answer to the problem of EDPs and law enforcement interaction is to have mental healthcare professionals and police officers working together to resolve critical situations. The implication for S.W.A.T. teams would be having a psychologist/psychiatrist on the hostage negotiation team. The psychologists input mixed with the law enforcement experience of the negotiator could only enhance the chances of solving a barricaded mentally ill subject peacefully. One of the issues that could possibly make this scenario unfeasible would be the cost of having the mental health professional on call twenty four hours a day, seven days a week. The larger departments could afford the cost, but the smaller teams have a limited budget and would therefore need to have the psychologist on a volunteer basis. (Lamb, 2002)

Another plan to deal with the mentally ill is to form crisis intervention teams (CIT). These would be law enforcement officers with medical training, to include types of medications and their uses, as well as the various types of disorders. The major types of mental disorders studied are; schizophrenia, bi-polar disorder, and major depression. Some of the CIT members interview mental patients in the various facilities in their jurisdiction in order to gain insight on certain disorders. The CIT members would respond to S.W.A.T. callouts to both negotiate as well as provide vital information to the team commander to assist with tactical decision making. Trying to successfully negotiate with mentally ill subjects depends on the type of illness, and the skill/knowledge level of the negotiator. According to the New Orleans Crisis Negotiation Unit, 90% of their callouts are due to mentally Ill subjects. The most common mental disorder they encounter is the paranoid schizophrenic. These subjects cannot tolerate stress well and they need a controlled show of force from the police to realize they are not in charge of the incident. The second most common disorder they encounter is the bi-polar or manic depressive illness. These individuals are very unpredictable, and may require massive force to subdue. Various less lethal options are not very successful on these suspects, and tend to only infuriate them. Personality disorders come next, and these subjects are more predictable than their counterparts listed above. Their concept

of reality is usually still intact, and they can be reasoned with to some extent. The antisocial personality disorder is characterized by an individual who has no emotional connection with society. They are very dangerous, as they do not feel responsible for any of the consequences of their actions, and they feel no remorse towards their victims. Dependant personality disorders are the subjects at most of the family disputes, and are highly personal, and highly volatile. A large percentage of these offenders will be under the influence of alcohol or drugs. The negotiator has to help this subject transfer his dependency to the police, and develop trust in order to get him/her to surrender. The system that the New Orleans Police Department developed to control each of these types of offenders is called P.A.S.S.; Power, Affiliation, Status, and Security. The offender is getting power from controlling the situation, wishing for affiliation with some identity different from their own, status to feel important and be visible to the public, and security if they come out. The negotiator must establish behavioral goals for the subject who will be ranting about his/her emotional goals. This is a very fine line, but once crossed, the negotiator then controls the subject until the resolution. (Avery, 2003)

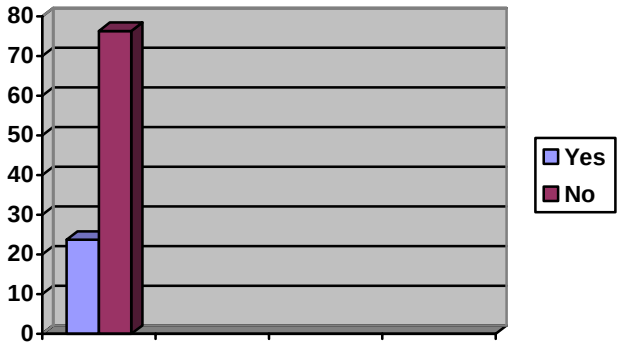
Methods

The collection of data was primarily done through the internet at the website: www.surveymonkey.com . The survey was emailed to 40 SWAT Commanders around the country. The responses came from Florida, Texas, Minnesota, California, Colorado, and Arizona. The team commanders that were selected to participate in the survey were mostly new commanders that recently attended a team commander school in Las Vegas Nevada in July of 2007. The other participants were personally known to the author through other contacts. The survey consisted of ten questions, all multiple choice with the exception of one which required a brief written response. The responses were tabulated by the website, with all responding parties being anonymous.

Results

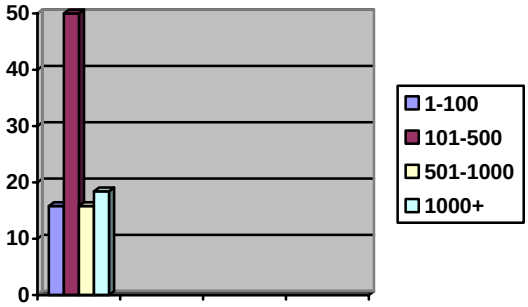
Of the 40 surveys sent, 38 were completed, giving a return rate of 95%. The following is a copy of the survey questions and charts pertaining to the answers. All graphs are in percentages, with the percentages rounded to the nearest whole number.

Question #1; Does your agency have a full time SWAT team?



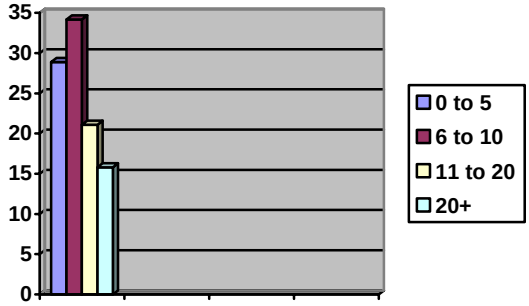
24% of the responding commanders lead full time teams, with 76% leading part time teams.

Question #2; What is the size of your agency?



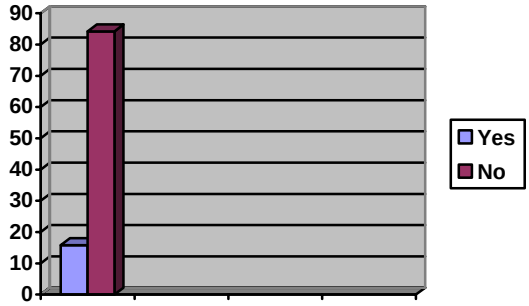
50% of responding commanders work in an agency with more than 100 officers, but less than 500 officers. 18% work in agencies with over 1000 officers, 16% in agencies with less than 100 officers, and 16% in agencies with more than 500 but less than 1000 officers.

Question #3; How many callouts does your team receive per year? (Excluding warrant services).



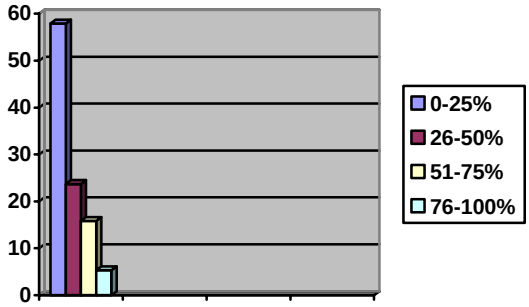
34% of commanders responding stated that their teams had between 6 and 10 callouts (excluding search warrants), 29% stated that they had between 0 and 5 callouts, 21% had between 11 and 20 callouts, and 16% stated that they had more than twenty callouts in a year.

Question #4; Does your SWAT team have a psychologist assigned to assist with negotiations?



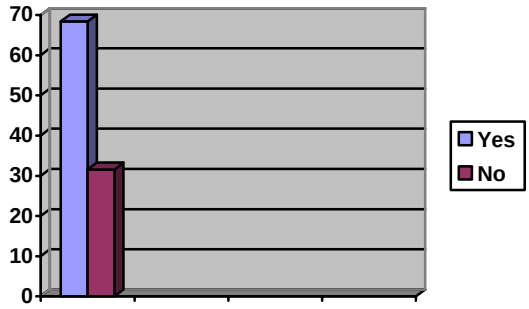
16% of team commanders indicated that they do have a psychologist that responds with their team to callouts. 84% responded that they do not have a mental health professional respond with their team.

Question #5; What is the percentage of callouts you have that deal with a mentally ill barricaded subject?



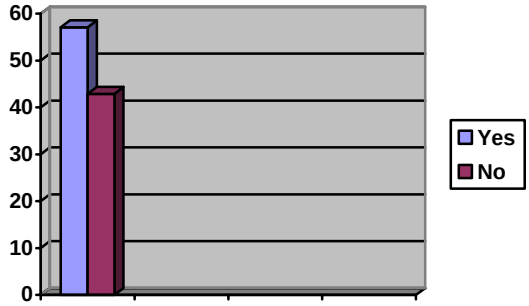
57% of team commanders replied that between 0 and 25% of their callout load deals with barricaded mentally ill subjects. 23% listed 26 to 50%, 15% list 51-75% and 5% listed between 76-100%.

Question #6; Has your team ever responded to a mentally ill barricaded subject that has not broken a law?



69% of commanders responded that they have responded to a barricaded mentally ill subject who has not broken a law, with 31% indicating that they had not.

Question #7; If yes, have you ever forced an entry to take the subject into custody for psychological testing?



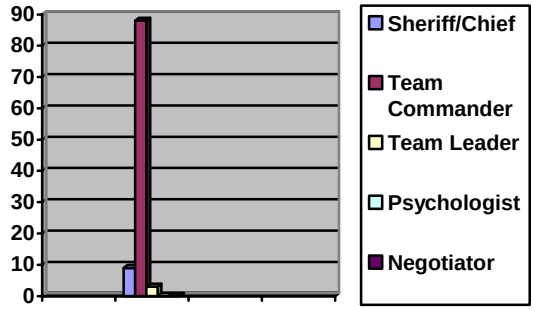
57% of commanders who had responded to a barricaded mentally ill subject who had not broken a law, indicated that they had forced an entry, with 43% stating they had not.

Question #8; If yes, briefly explain what forced the entry.

18 commanders answered this question, with 20 skipping it.
Some of the answers were as follows:

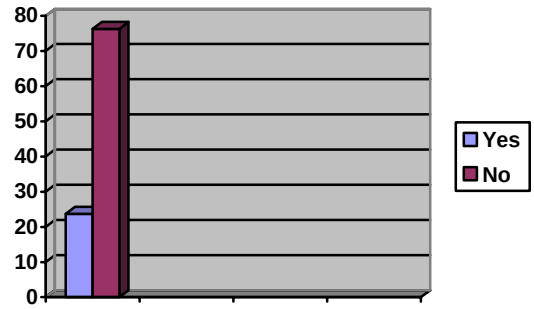
- Shots fired inside
- Pending harm to another
- SWAT officers getting tired (over 10 hrs). Too much OT pay, got to bring an end one way or the other.
- Threatened to kill hostage or cause great bodily harm.
- Danger to himself or others.
- After extensive negotiations had failed, we used gas and secured subject without injury.
- Safety/welfare of the subject.
- Lack of negotiations led to the decision to make an entry.
- Time constraints and the subject being extremely intoxicated and passed out. We forced entry and took him into custody.
- Subject was unresponsive, shots were heard from within the house earlier in the event, no response after chemical agents were deployed.
- Last option to safely resolve the incident.
- Concerns for the safety of the individual and their need for medical attention.

Question #9; Who with your agency makes the call to do an entry in such a situation?



Some agencies allow more than one individual to make the call in these situations, so the responses do not add up to exactly 100%. 89% of agencies rely on the team commander to make the decision, with 24% of agencies sheriffs' making the call. The other three choices had negligible responses.

Question #10; Does your agency have a policy or general order that addresses barricaded mentally ill subjects that have not broken the law?



Only 24% of responding agencies have a policy in place to deal with barricaded mentally ill subjects that have not violated the law, with 71% not addressing the problem.

Discussion

The information above lends itself to several different possible conclusions. Almost all of the teams surveyed have dealt with the barricaded EDP. The one of the noticeable pieces of data is that even though the barricaded EDP is fairly common, very few agencies actually have a policy in place to guide the team leader through the incident. Also, very few teams employ a mental health professional to assist them. This could be because of cost, or simply because today's crisis negotiators are well versed in psychological issues. Almost seventy percent of the responding commanders said that their team has responded to a barricaded EDP that had not broken a law. This is fairly significant considering that courts are now ruling that the deployment of a SWAT team in and of itself is a significant use of force. Of that seventy percent, fifty seven percent of commanders said they had forced an entry on the EDP to take him into custody for psychological testing. The commanders that responded to question eight sighted several reasons for forcing the entry, to include;

- Overtime costs
- Time constraints
- Trying to prevent self inflicted injury to the EDP
- Lack of contact with the EDP
- SWAT officers being fatigued

The questions were limited in scope to barricaded mentally ill subjects, with emphasis placed on taking them into custody for psychological testing. This area can be of great concern when there are no charges pending. Eighty nine percent of the responding team commanders indicated that they were responsible for making the call to make an entry on the EDP. With the burden squarely on the shoulders of the team commander, and no policy to guide his actions, puts both the agencies and the commanders in jeopardy of civil litigation should something go wrong. The only conclusion to be drawn from the given data would be that these types of SWAT callouts are often no win situations, and that if the barricaded subject is killed during the operation, the blame is always going to come to rest on the shoulders of the SWAT Commander.

Recommendations

Civil liability can be lessened if there is an effective policy in writing that guides the SWAT Commander, and supports a clear course of action. Another valuable tool that is seldom employed is a mental health professional. Their advice could be the difference between a violent outcome or a peaceful one. For the smaller agencies with part time teams, the cost of hiring a psychologist is just too great. The only option in these cases is to try to illicit the cooperation of a psychologist on a volunteer basis. Agencies with no policy in place will have two courses of action;

1-Starting from scratch, write a policy.
2-Locate an agency with a policy in place, and cut and paste.

A policy and a mental health professional will help lessen the liability aspect, but these types of callouts will remain difficult at best.

Lieutenant Bob Johnson began his law enforcement career in Washington D.C. in 1982. He currently is the supervisor of the Major Crimes Division as well as the SWAT Team Commander for the Santa Rosa County Sheriff's Office. Bob is pursuing his Bachelor's degree from Troy State University.

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Appendix A

SWAT Survey

1. **Does your agency have a full time SWAT team?**

Yes

No

2. **What is the size of your agency? (Sworn officers only).**

1-100

101-500

501-1000

1000+

3. **How many callouts does your team receive per year? (Excluding warrant services)**

0-5

6-10

11-20

20+

4. **Does your SWAT team have a psychologist assigned to assist with negotiations?**

Yes

No

5. **What is the percentage of callouts you have that deal with a mentally ill barricaded subject?**

0-25%

26-50%

51-75%

76-100%

6. **Has your team ever responded to a mentally ill barricaded subject that has not broken a law?**

Yes

No

7. **If yes, have you ever forced an entry to take the subject into custody for psychological testing?**

Yes

No

8. **If yes, briefly explain what forced the entry.**

   Brief written explanation

9. **Who with your agency makes the call to do an entry in such a situation?**

Sheriff/Chief

Team Commander

Team Leader

Psychologist

Negotiator

10. **Does your agency have a policy or general order that addresses barricaded mentally ill subjects that have not broken a law?**

Yes

No

Appendix B

List of Responding Agencies

Florida Agencies	**Out of State Agencies**
Escambia S.O.	San Diego S.O. California
Okaloosa S.O.	Las Vegas Metro Nevada
Pensacola P.D.	Houston P.D. Texas
Crestview P.D.	Dallas P.D. Texas
Bay S.O.	Oak Park Heights Minnesota
Panama City P.D.	Pocatello P.D. Idaho
Leon S.O	L.A.P.D.
Jacksonville S.O.	El Paso Texas
Ocala P.D.	Scottsdale Arizona
Marion S.O.	
Lake S.O	
Pinellas S.O	
Hillsborough S.O.	
Tampa P.D.	
Miami P.D.	
Miami Beach P.D.	
Metro Dade	
Broward S.O.	
Lee S.O.	
Orange S.O.	
Orlando P.D.	*Sheriff's Office (SO)
Plantation P.D.	
Polk S.O.	*Police Department (PD)
Collier S.O.	
Charlotte S.O.	
Lakeland P.D.	
Volusia S.O.	
St. Lucie S.O.	
Alachua S.O.	