

The background of the entire page is a blue-tinted photograph of tactical personnel in a field. In the foreground, a person is lying on the ground, possibly a casualty or a downed soldier, with a rifle nearby. In the background, another person is standing and aiming a rifle. The scene is set in a grassy field.

The CommandPost

THE NEWSLETTER FOR NEGOTIATORS, INCIDENT COMMANDERS, SCRIBES, AND TACTICAL LEADERS

Presented By



**Canadian Critical
Incident Inc.**

Volume 37
Summer/Fall Edition

THE PRESIDENTS MESSAGE

Greetings,

I trust your summer was enjoyable and you took advantage of this great province during the summer. I know some of you had your annual leave restricted due to the Pam Am Games, however the weather in August has been great. My wife and I had a great time on the boat and a couple short motorcycle trips.

I have been busy working with Gerry Foster and his team at the Stratford Police Service regarding the fall seminar as well as course development and improvements. I had the pleasure of presenting the Crisis Negotiation Techniques for First Responders July 29, to members for the Waterloo Regional Police, London P.S. (911 Coms CTR.), Woodstock P.S. (911 Coms CTR.) as well as members of the Durham Mental Health Services. The mental health workers are part of Durham Regional Police Service Mental Health Unit, which provides a mobile crisis intervention team to the front line officers when responding to people in crisis. Having the mobile crisis intervention workers expand their knowledge in crisis negotiations and critical incident command is an added value to their demanding mandate.

As I continue to update and adjust the crisis negotiators course and the critical incident commanders course, I was once again reminded that the value of the CCII courses is the knowledge and experience the instructors have. As a former member for the Durham Regional Police Service Tactical Support Unit for 7 years, 4 years with the Nuclear Security Tactical Response Unit and 20 years as a crisis negotiator, I bring a tremendous amount of experience and value to the CCII courses.

CCII Critical Incident Commanders Course Co-Instructor, Inspector Greg Lamport of the Waterloo Regional Police Service is a former tactical officer and has instructed at Canadian Police College and Ontario Police College. Moreover, he has taught Incident Command to members of the Indonesian National Police Service. Greg Lamport is currently assigned as a critical incident commander on a rotating basis. His knowledge and experience, particularly being on call as an incident commander, brings

exceptional value and meaning to the CCII Commanders course. Additionally, having the courses accredited by the Ministry of Community Safety and Correctional services, is vital piece of the CCII product.

Another added value to the CCII courses is Dr. Peter Collins, Dr. Mini Mamak and Dr. Jean-Guy Gagnon instructing the mental health portion for the Crisis Negotiators Course and the Critical Incident Commander course. Not only are they recognized leaders in their profession, but they have extensive "at the scene" experience supporting the incident commander and the negotiating team while attending critical incident call outs day and night. It is a privilege to share the same CCII course with them.

Crisis negotiation and critical incident command training is an important aspect of policing. To ensure the members receive the best training methods alongside the fundamental skills and abilities to do their job safely, and the best serve the public at time of crisis, is paramount. Notwithstanding the Ontario Regulation 3/99 of the Police Services Act, adequacy and effectiveness of police service provides a legal obligation to ensure proper training methods and time lines are followed.

Crisis negotiation and critical incident command is not an applied or pure science, therefore there is no right or wrong answer. Crisis negotiation and critical incident command is a skill, art and an aptitude based on current, sound and accredited course training standards. Furthermore, instructors with actual hands on experience are essential for the crisis negotiators and critical incident commanders success. Crisis negotiations and critical incident command is one of the most stressful and complex challenges, a police officer will face. The properly trained negotiator or commander will be able to justify and correctly articulate his or her actions to the senior command, media and possibly a tribunal or inquiry.

The annual fall conference has been changed to seminar to reflect the changes in the program. The case studies will be presented in a way to offer more interaction with those attending,

thereby enhancing the learning experience. I am grateful for commitment and level of professionalism from the hosting police agencies over the last three years, since taking over CCII. I have been listening to the feedback and I continue to improve the conference/seminars to make it an enjoyable networking and learning experience.

Crisis negotiation, critical incident command and related tactics is a dynamic, challenging and demanding aspect of policing, that requires constant training. Learning from each other's experience has proven to be an excellent way to improve and maintain a high level of standards.

I hope to see you at the CCII – Stratford Police Service Fall Seminar, October 26 to 28, 2015!

Take care and be safe,

Tom Hart

President

289-387-3250

tom@canadiancriticalincident.com

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CCII Canadian Critical Incident Inc.

"Make the Call Count"

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Crisis Negotiation Program



PROFILING

CCII PROFILES THE STRATFORD POLICE SERVICE EMERGENCY RESPONSE UNIT

The city of Stratford is located between London and Kitchener-Waterloo Ontario and is the home of the famous Stratford Shakespearean Festival of Canada.

The Stratford Police Service is comprised of a Uniform Division, Support Services, Administration and I.T Support.

The Emergency Response Unit of the Stratford Police Service provides support to the various units within the Stratford Police Service. The ERU works closely with Stratford Police Canine Unit and Street Crime Unit.

Prior to being deployed, new ERU officers

receive Basic Tactical Officer training provided by the Waterloo Regional Police Service. This five-week course is intense and physically demanding. In order to maintain these skills, the ERU conducts monthly training on firearms, use of force, building entries, vehicle assaults, and open air scenarios. Other training includes Crisis Negotiations, Operational Planning, Immediate Rapid Deployment, Mechanical Breaching, Stealth and Dynamic Clearing.

Along with providing containment during crisis incidents, the Stratford Emergency Response Unit also executes virtually all levels of search warrants. The ERU has been called upon to assist the Toronto Police Service in "Project

Marvel" in 2011.

Stratford Police Service Emergency Response Unit consists of 11 officers.

Team members: Staff Sergeant Paul Pitblado, Sergeant Jamie Taylor, Constable Mike Robinson, Constable Rob Menzies, Constable Kyle Clark, Constable Matt Peck, Constable Doug Johnson, Constable Mike Pender, Constable Mike VanGestel, Constable Mike Weyers, and Constable Jeff Serf.





BELIEVING IS SEEING

AN OVERVIEW OF DELUSIONAL DISORDER

Case Example:

R.D. is a 45 year old divorced male who recently immigrated to Canada from Russia. He obtained employment in technical support at a cable company in Toronto. He had been employed at this company for only a few months before he began sending emails to his co-workers warning them that the company's C.E.O. was leaking customer information to Russian technology companies. He started calling customers and advised them to discontinue their cable subscriptions in order to protect their personal information. He also informed them that he was the only one whom the Russian government would negotiate with as a result of his "superior intelligence" and "unique internal knowledge" of the workings of the Russian political system. R.D. was fired from his job, and was apprehended by police a few days later after he continued to visit his place of employment and threatened to abduct the C.E.O. in order to ensure that he would be charged with espionage. A barricade ensued and 6 hours of negotiations ended the situation peacefully. Although he surrendered with his delusional belief system intact, his wife, who acted as a third party intermediary, told him that she trusted the police and no harm would come to him while she was there. Surprisingly, R.D. agreed to come out. He was taken to hospital, where he was eventually diagnosed with Delusional Disorder (*paranoid* and *grandiose* delusions) and started on the appropriate pharmacological and psychological treatment.

What defines the diagnosis of Delusional Disorder?

Delusional Disorder is a mental illness whose core feature is the presence of non-bizarredelusions in the absence of other mood or psychotic symptoms. A delusion is a fixed false belief that is out of keeping with largely accepted cultural norms. Non-bizarre delusions include firmly held beliefs that could be based in reality, but which would be considered unlikely. Examples might include the belief that someone is in love with them, the belief that someone is following them, or the belief that they are suffering from a severe medical illness or infection. Symptoms that are absent in this disorder include significant depression or mania (mood symptoms), auditory

or visual hallucinations, bizarre delusions (other psychotic symptoms), and disorganized/incoherent thought process. The delusion and its ramifications fit into a comprehensive and complex system that makes sense to the patient. Outside of this delusional system, the patient's functioning is relatively intact and unremarkable.

Who ends up being diagnosed with Delusional Disorder?

- The estimated prevalence of Delusional Disorder is 0.03%, making it relatively rare compared to schizophrenia (1%) or major mood disorders (5%). The first presentation of this disorder is generally in mid adulthood (age 40's-50's).
- The ratio of women to men suffering from this disorder is approximately 3:1.
- Associated demographic risk factors include being married, low educational achievement, and low socioeconomic status.
- Psychosocial stressors that have been observed to precipitate a first presentation of this disorder include recent immigration stressors and social isolation, including solitary confinement.
- Men are more likely to suffer from persecutory delusions, while women are more likely to suffer from erotomanic delusions.

What are the most common types of delusions that individuals with Delusional Disorder experience?

1. Persecutory delusions: Delusions that the individual is being maliciously treated in some way
2. Grandiose delusions: Delusions of inflated worth, self image, power, or knowledge
3. Erotomanic delusions: Delusions that another person, usually of higher status, is in love with the individual
4. Delusions of Jealousy: Delusions that the individual's sexual partner is being unfaithful, often despite evidence to the contrary
5. Somatic delusions: Delusions that the individual has some physical defect or serious medical condition.
6. Mixed Type: Delusions characteristic of more than one of the above types, where no one

theme predominates.

What differentiates Delusional Disorder from other mental health disorders with seemingly similar psychotic features (hallucinations and/or delusions)?

See Table One.

Which types of delusions are more likely to result in police involvement?

- Paranoid delusions may cause individuals to target and/or react violently towards the person who is perceived as being a threat to his or her own safety.
- Erotomanic delusions may be at the source of what later becomes an incident of harassment or stalking. Those who are seen to be interfering with this "romantic relationship" may also be at risk of retaliation or violence.
- Delusions of jealousy have the potential to be at the root of cases involving domestic violence.

How do we treat individuals suffering from Delusional Disorder?

General Principles:

Establish a therapeutic alliance with the patient; do not directly confirm or deny the individual's delusional beliefs, but be genuinely curious about the patient's experience; obtain collateral and involve family members once trust has been established; attempt to optimize patient functioning on an outpatient basis unless safety concerns exist; if pharmacological treatment is indicated and accepted by the patient, frame its utility in terms of reducing associated symptoms of anxiety, irritability, or depression as opposed to eliminating the delusional system.

Pharmacological Treatment:

The first line treatment for Delusional Disorder consists of the use of antipsychotic medications. No one antipsychotic appears to be more effective than another, therefore the antipsychotic chosen is usually based on the side effect profile of the medication. Other useful medications to treat associated symptoms may include anti-anxiety medications and antidepressants.

TABLE ONE:

OTHER MENTAL HEALTH DISORDERS	VS. DELUSIONAL DISORDER
<p>SCHIZOPHRENIA</p> <p>Presents with psychotic features such as hallucinations and bizarre delusions (ie. mind reading, being able to insert or withdraw thoughts, communication with others through the television or radio). Thought process is disjointed and difficult to follow.</p>	<p>DELUSIONAL DISORDER</p> <p>No other psychotic features are typically present. Thought process is logical and coherent.</p>
<p>MOOD DISORDER WITH PSYCHOTIC FEATURES</p> <p>Mood symptoms (depression or mania) are prominent, and are often present before psychotic symptoms develop. Once the mood symptoms are treated, psychotic symptoms tend to resolve.</p>	<p>DELUSIONAL DISORDER</p> <p>Mood symptoms may be reflective of the delusional content (ie. Feeling irritable or anxious with paranoid delusions), but are typically transient and less apparent than with a major mood disorder.</p>
<p>SUBSTANCE INDUCED PSYCHOSIS</p> <p>There is a history of known substance abuse, with psychotic symptoms presenting in the context of intoxication or withdrawal. Stimulants (amphetamines or cocaine), alcohol, and certain prescribed medications (steroids) can produce delusions and hallucinations (visual, auditory and tactile).</p>	<p>DELUSIONAL DISORDER</p> <p>Delusions are fixed and persist independent of substance use. No hallucinations or thought disorganization is present.</p>
<p>DEMENTIA</p> <p>Often evidence of cognitive decline or memory loss which precedes the onset of delusions. Generally presents in the elderly population.</p>	<p>DELUSIONAL DISORDER</p> <p>First presentation more commonly seen in middle age. Cognitive function is usually intact.</p>
<p>DELLIRIUM</p> <p>Psychotic symptoms develop in the context of a treatable medical condition. Sudden onset, and fluctuating course of symptoms. Tends to resolve once the source of illness is treated.</p>	<p>DELUSIONAL DISORDER</p> <p>Delusions are not secondary to a medical condition, and are stable over time.</p>

Psychological Treatment:

The focus of psychological treatment may include identifying maladaptive thoughts and gently challenging them once a therapeutic alliance has been established. Individuals may benefit from social skills training so as to learn how to interact with others without their delusional system interfering with relationship building. Recognizing and understanding cultural influences which may be shaping the delusional belief system will likely also be helpful in guiding future treatment.

Negotiations

Negotiating with individuals with delusional disorders can be difficult. They are essentially normal except for that band of delusional thought that can widen to interfere with their relationships at home, work and elsewhere. They may incorporate the police, generally, or the negotiator specifically, into their delusional system. You cannot argue, with them, about the validity of their beliefs.

The best way to negotiate, with these individuals, is to establish a rapport over time. Use your active listening skills and accept it may be a long call. Utilize your mental health consultant.

Dr. Peter Collins
MD, MCA, FRCPC
O.P.P. & University of Toronto

Dr. Peter Collins is the forensic psychiatrist with the Criminal Behaviour Analysis Unit of the OPP. His clinical appointment is with the Complex Mental Illness program of the Centre for Addiction and Mental Health. He is an Associate Professor with the Division of Forensic Psychiatry at the University of Toronto. Dr. Collins has spent 38 years working with law enforcement, the last 26 years as an operational psychiatrist with the police.

Dr. Claire Harrigan
MD
University of Toronto

Dr. Claire Harrigan completed her Bachelor of Psychology degree (BAH) at Queen's University and went on to pursue her medical degree at the University of Toronto. She is currently in the fourth year of a five year Psychiatry residency program also at the University of Toronto. She has an interest in forensic psychiatry, with a specific focus on how to promote successful interactions between police and people with mental illness.

CCII AND THE STRATFORD POLICE SERVICE ARE EXCITED TO ANNOUNCE

THE 2015 FALL SEMINAR

OCTOBER 26 - 28



"Make the Call Count"

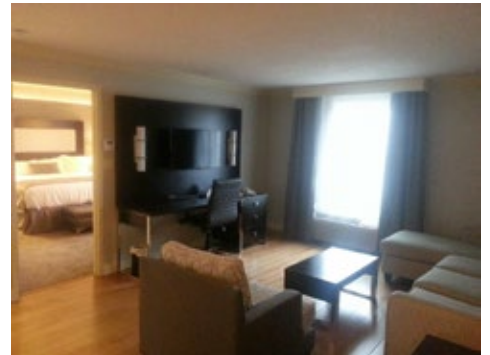


A CHANGE IN FORMAT TO ENHANCE YOUR LEARNING EXPERIENCE

The format has been changed from conference to seminar to allow a greater interaction with the attendees and enhance your learning experience.

The upgraded Arden Park Hotel provides an excellent venue in the beautiful town of Stratford.

More information will be available in the next issue of the Command Post and on the CCII website.



Located on the main street, just a short walk from the Festival Theatre, The Arden Park is the newest hotel in Stratford, a city acknowledged around the world for its natural beauty and outstanding theatre. Here you can enjoy big city offerings like exceptional restaurants and wonderful shopping in an idyllic, almost rural setting. You'll enjoy all the amenities of this top quality hotel, including an indoor pool and whirlpool, fitness facilities, a fine dining room and lounge, exceptional conference and banquet facilities and ample free parking.

Our oversized standard rooms offer two queen beds or one king. They are furnished with attractive bedspreads and drapes, upholstered armchairs, cocktail tables and television. Selected rooms are also complete with either a loveseat or sofa bed. All bathrooms feature extra long tubs to relax in, showers, hair dryers and coffee makers. We also provide refrigerators, irons and ironing boards in all rooms. *Standard Room \$145.00 - includes breakfast.*

CCII AND THE STRATFORD POLICE SERVICE ARE EXCITED TO ANNOUNCE

THE 2015 FALL SEMINAR

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"Make the Call Count"



The landscape of law enforcement is ever-changing and becoming increasingly complex. The threat posed by those with extremist views present new and complex problems to modern law enforcement agencies. Consequently, continuing education and professional development have never been so important. This is why the Stratford Police Service has once again partnered with Canadian Critical Incident Incorporated (CCII).

The CCII 2015 Fall Seminar promises to provide attendees with a deeper understanding of extremism in all its various forms. Subject matter experts from both the academic and law enforcement communities will provide up-to-date information, investigative tools, and strategies intended for all groups involved in critical incident response. This includes Incident Commanders, Crisis Negotiators, Tactical Team Commanders and members, Intelligence Officers, and Criminal Investigators. The Fall Seminar is an effective way to augment existing training while demonstrating ongoing professional development. Lastly, attendees will have the opportunity to network and build long-lasting professional relationships with representatives from across the province.

This year's CCII Fall Seminar will feature:

- Dr. Jocelyn J. Belanger – Assistant Professor at the University of Quebec
- Forensic Psychiatrist Dr. Jean-Guy Gagnon B. Sc., M.D., CSPQ, FFRCP(c)
- Phil Gurski – former Senior Strategic Analyst at CSIS
- An OPP presentation on a 37 hour stand-off with an armed and barricaded individual near Petawawa
- London Police Service debrief on a 24 hour stand-off with an armed and barricaded subject - complete with a handoff to the OPP
- Saskatoon Police Service will present on an incident involving a barricaded/ hostage subject that became an active shooter at responding officers
- Updates on current trends and statistics in two critical Crisis Negotiation programs in Ontario
- Showcasing the innovative and collaborative work being done by the Hate Crime Extremism Investigative Team (HCEIT)
- Presenting the General Lewis MacKenzie Leadership Award. This prestigious award will be presented to an Incident Commander, Crisis Negotiator or Tactical Officer, who demonstrated exemplary leadership during a critical incident.

The seminar will be held at the Arden Park Hotel located at 552 Ontario Street, Stratford ON. (519.275.2936). The cost is the same as last two years, \$400.00 (includes HST). This includes a full buffet lunch, beverages and snacks. Standard rooms are \$145.00 per night, which includes full buffet breakfast. Registration desk opens Sunday October 25, 2015 at 7:00 pm. We will be hosting hospitality nights to allow you to meet the presenters and network.

CCII AND THE STRATFORD POLICE SERVICE ARE EXCITED TO ANNOUNCE

THE 2015 FALL SEMINAR

OCTOBER 26 - 28

2015 Fall Seminar Registration Form

Arden Park Hotel, Stratford, Ontario

Mon. October 26 to Wed. October 28, 2015

Name: _____

Rank/Title: _____

Organization: _____

Badge Number: _____

Day Telephone: _____ Email: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Cancellations made by October 1, 2015 will receive a refund less a \$50 administration fee.
After that date we gladly accept substitutions.

Conference Registration Fee: \$400.00 (\$353.98 + \$46.02 HST - No. 86037 7886)

Register online at <http://canadiancriticalincident.com>

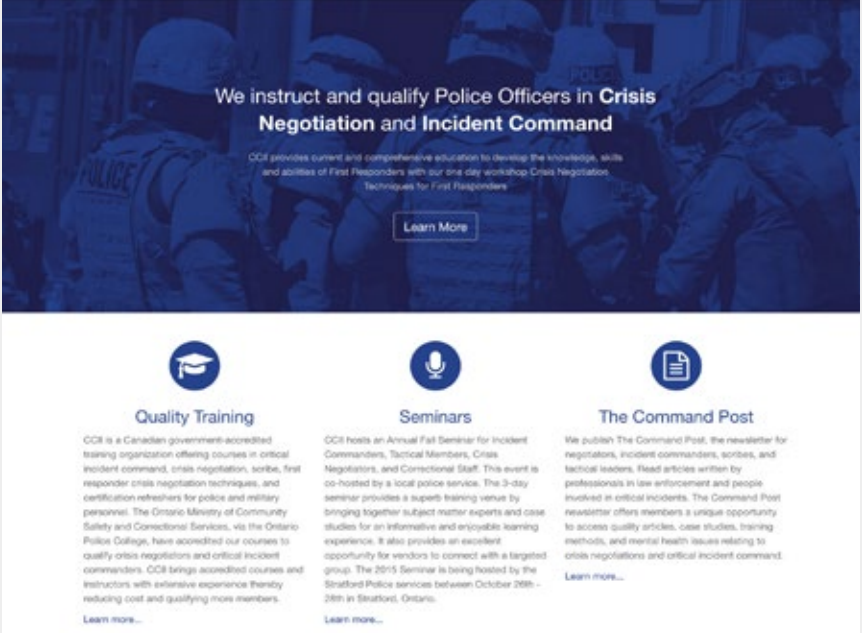
Register by mail; please return the completed Registration & Invoice Form with the appropriate fees payable to:
Canadian Critical Incident Inc.
946 Lawrence Ave. East P.O. Box 47679
Toronto, Ontario M3C 3S7
Phone Inquiries: 289-387-3250

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WWW.CANADIANCRITICALINCIDENT.COM

NEW COURSE
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BUTTON

CCII Canadian Critical
Incident Inc.



We instruct and qualify Police Officers in **Crisis Negotiation and Incident Command**

CCII provides current and comprehensive education to develop the knowledge, skills and abilities of First Responders with our one day workshop Crisis Negotiation Techniques for First Responders

[Learn More](#)

Quality Training

CCII is a Canadian government-accredited training organization offering courses in critical incident command, crisis negotiation, scribe, first responder crisis negotiation techniques, and certification refreshers for police and military personnel. The Ontario Ministry of Community Safety and Correctional Services, via the Ontario Police College, have accredited our courses to qualify crisis negotiators and critical incident commanders. CCII brings accredited courses and instructors with extensive experience thereby reducing cost and qualifying more members.

[Learn more...](#)

Seminars

CCII hosts an Annual Fall Seminar for Incident Commanders, Tactical Members, Crisis Negotiators, and Correctional Staff. This event is co-hosted by a local police service. The 3-day seminar provides a superb training venue by bringing together subject matter experts and case studies for an informative and enjoyable learning experience. It also provides an excellent opportunity for vendors to connect with a targeted group. The 2015 Seminar is being hosted by the Stratford Police services between October 28th - 30th in Stratford, Ontario.

[Learn more...](#)

The Command Post

We publish The Command Post, the newsletter for negotiators, incident commanders, scribes, and tactical leaders. Read articles written by professionals in law enforcement and people involved in critical incidents. The Command Post newsletter offers members a unique opportunity to access quality articles, case studies, training methods, and mental health issues relating to crisis negotiations and critical incident command.

[Learn more...](#)

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FETAL ALCOHOL DISORDER AND CRISIS NEGOTIATING TIPS



Fetal Alcohol Spectrum Disorder (FASD) is used to describe a range of harm that is caused by alcohol use during pregnancy. FASD is considered one of the most difficult disabilities for an infant. The fetus has no functioning liver and therefore has no way to eliminate the alcohol. The alcohol interferes with the normal development of a baby which may cause slow growth, damage to the frontal lobe and other birth defects. Other physical causes could be low birth weight, intellect development and organ damage.

Some behavioral effects of FASD is hyperactivity, Attention Deficit Disorder (ADD), Oppositional Defiant Disorder (ODD), Obsessive Compulsive Disorder (OCD) and Language/Learning Disabilities.

In western Canada, Health Canada has identified 50 % of children in the care of the Children's Aid Society as either diagnosed or suspected of having FASD (Health Canada statics).

According to a study in 2008, by the Toronto Children's Aid Society found 33 % of their children were diagnosed with FASD and 17% suspected of having FASD, equalling 50 % of the children under their care in 2008. The statistic is slightly dated, however it provides sufficient context for how prevalent this disorder is.

Some tips when negotiating with a person you believe is a victim of this illness: Allow the person to vent, de-escalating the situation. If possible maintain eye contact with the person, although it may be impossible or

very difficult to do this as a crisis negotiator but consider it if you are doing a face to face negotiation. Use simple language and simple terms of reference when in conversation with the person. When you have reached the point, where the person is willing to comply with your request and get the help and treatment (surrender), use simple terms and always give one direction at a time. Be consistent with your request, if necessary consult with your crisis negotiation team to discuss the request and the order that they should be presented to the person. Keep in mind that the request may require repeating, be patient and allow the person to process the information.

These are just a few tips on how to negotiate with individuals suffering from this illness.

What CCII Can Offer You

- We are the only private institution in Ontario that has been given accreditation by the Ontario Ministry of Community Safety and Correctional Services, via the Ontario Police College.
- CCII has recently instructed and qualified critical incident commanders and crisis negotiators within the Canadian Armed Forces – Military Police CFB Trenton, Toronto Police – ETF, Hamilton Police, Windsor Police, Niagara Regional Police, York Regional Police, and the Sudbury Police.
- Delivering accredited courses, qualifying crisis negotiators and critical incident commanders at the hosting police service is cost effective and expands the training opportunity to other members.
- CCII courses can enhance community safety, police accountability, and reduce civil liability.
- All courses and workshops are taught by knowledgeable and experienced experts in critical incident command, crisis negotiations and tactical.
- The Crisis Negotiations for First Responders Workshop is excellent for by-law/security personnel, communicators, and college/university students.
- Our courses are co-instructed with forensic psychologists and psychiatrists who have years of on-call experience and unique knowledge assisting police during critical incidents relating to barricaded and/or suicidal subjects experiencing mental health issues.

Accredited Education & Learning Solutions

Canadian Critical Incident Incorporated (CCII) is a Canadian government-accredited training organization offering courses in critical incident command, crisis negotiating, scribing, first responder techniques, and certification refreshers for police services throughout the province of Ontario. The Ontario Ministry of Community Safety and Correctional Services, via the Ontario Police College, has accredited our courses to qualify crisis negotiators and critical incident commanders. Having met and exceeded the high standards required for accreditation purposes CCII is able to serve as a vital resource for the police services.

CCII is unique; it brings the accredited course and instructors to municipal police and military facilities, thereby reducing cost and qualifying more members. Police personnel/services are better able to support community safety and use peaceful resolution in high-risk incidents when they have received quality training and accreditation in crisis negotiations/incident command, particularly in situations while attending to those experiencing mental health issues and in a state of crisis.

The Command Post

The Command Post newsletter offers members a unique opportunity to access quality articles, case studies, training methods, and mental health issues relating to crisis negotiations and critical incident command. (Visit our website to become a member today).

Annual Fall Seminar

CCII hosts an Annual Fall Seminar for Incident Commanders, Tactical Members, Crisis Negotiators, and Correctional Staff. This event is co-hosted by a local police service. This seminar provides a superb training venue by bringing together subject matter experts and case studies for an informative and enjoyable learning experience. It also provides an excellent opportunity for vendors to connect with a targeted group. (The 2015 Seminar is being hosted by the Stratford Police services between October 26th – 28th in Stratford, Ontario. To find out more information or register for this event please visit our website).

Company Roots

Incorporated in 2002 by Past President Barney McNeilly, CCII is founded on his dedication and experience as a Crisis/Hostage Negotiator for the Toronto Police Service, and Lead Instructor at the Canadian Police College.

In March 2012 immediately following retirement with the rank of Detective, Tom Hart became President of CCII. He previously served 32 years with the Durham Regional Police Service, on the Tactical Support Unit, Criminal Intelligence Branch, and Major Crimes Branch. Tom is a seasoned Crisis Negotiator with twenty years of experience and seven years as a Tactical Officer in the field, allowing him to bring a depth of knowledge and expertise to his leadership and vision of CCII.

Our expert Executive and Advisory Board consists of experienced critical incident commanders, crisis negotiators, tactical members, academics, mental health professionals, in addition to forensic psychologists and psychiatrists with unique on-call experience attending those experiencing an episode of mental illness during critical incidents. This team offers advice and guidance in managing the dynamics and challenges relating to critical incident command, crisis negotiations and mental health.



Contact CCII for competitive course pricing and promotional opportunities

Tom Hart, President
1-289-387-3250
tom@canadiancriticalincident.com

946 Lawrence Avenue East
P.O. Box 47679
Don Mills, Ontario
CANADA M3C 3S7

CRISIS NEGOTIATORS COURSE

SEPTEMBER 21 – 25, 2015

REFRESHER COURSE

SEPTEMBER 23 – 25, 2015



**Brantford Police Service
WRPS Headquarters**

344 Elgin Street
Brantford, ON

Course Coordinator

Sgt. Jason Saunders,
Training Branch
519-756-7050 x2509
jsaunders@police.brantford.on.ca

The Canadian Critical Incident Inc. and the Brantford Police Service will be hosting a five day Ministry Accredited Crisis Negotiators Course and a three day Refresher Course.

Day One:

Crisis Negotiators Course – Introduction
Crisis Negotiation Techniques – Subject/Suspect Profile and Assessment
Crisis Negotiation - Procedures and Best Methods

Day Two:

Crisis Negotiation – Procedures & Best Methods (continued)
Crisis Negotiation – Social Media
Crisis Negotiation – Critical Incident Stress

Day Three:

Psychologist will provide a comprehensive review of the common mental health illnesses and the characteristics of the emotionally disturbed person. Discuss the challenges while attending with those suffer from a mental illness and in a state of crisis.

Day Four:

Present and review Crisis Negotiation Team case studies, discuss mandatory reading. Demonstration of the Brantford Police Service Emergency Response Team equipment, use of force options and procedures.

Day Five:

The course candidates shall participate in a hypothetical hostage/barricade person scenario based training exercise. The candidate will demonstrate effective subject assessment, formulate negotiation strategies and work as a team to support the Incident Commander to achieve a successful resolution. Following the scenario there will be an operational debriefing, course evaluation and certificate presentation.



CRITICAL INCIDENT COMMANDERS COURSE

OCTOBER 19 - 23, 2015

REFRESHER COURSE

OCTOBER 21 - 23, 2015



Hamilton Police Service
1227 Stone Church Road East
Hamilton, ON L8W 2C6

Course Coordinator
Sgt. Chris Hastings,
Training Branch
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The Canadian Critical Incident Inc. and the Hamilton Police Service will be hosting a Ministry accredited five day Critical Incident Commanders Courses Course.

Day One: Critical Incident Commanders Course Introduction, Operational Planning, Scene Management & S.M.E.A.C

Day Two: Tactical Considerations, Mission statement, Effective planning and managing resources. Media Relation and Public Information

Day Three: Crisis Negotiation - Procedures and Best Methods Crisis Negotiation Social Media/Critical Incident Stress

Day Four: Psychologist, Dr. M. Mamak will provide a comprehensive review of the common mental health illnesses and the characteristics of an emotionally disturbed person. Discuss the challenges while attending with those suffer from a mental illness and in a state of crisis. He will also discuss the need to review the level of fatigue of the Critical Incident Command Team.

Day Five: The course candidates shall participate in a scenario based learning opportunity using the Hamilton Emergency Response Unit and Incident Command Team. The course candidates will be given a hypothetical and multifaceted hostage/barricade person scenario, formulate effective contingency plans for a successful tactical resolution.

Following the scenario there will be a critique, course evaluation and certificate presentation.

CRISIS NEGOTIATORS COURSE NOVEMBER 16 – 20, 2015

REFRESHER COURSE NOVEMBER 18 – 20, 2015



Stratford Police Service
17 George Street West
Stratford, ON N5A 1A6

Course Coordinator
Sgt. Jamie Taylor,
Stratford Police Service
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The Canadian Critical Incident Inc. and the Stratford Police Service will be hosting a five day Ministry Accredited Crisis Negotiators Course and a three day refresher Course.

- Day One:** Crisis Negotiators Course – Introduction
Crisis Negotiation Techniques – Subject/Suspect Profile and Assessment
Crisis Negotiation – Procedures and Best Methods
- Day Two:** Crisis Negotiation – Procedures & Best Methods (continued)
Crisis Negotiation – Social Media
Crisis Negotiation – Critical Incident Stress
- Day Three:** Psychologist will provide a comprehensive review of the common mental health illnesses and the characteristics of an emotionally disturbed person. Discuss the challenges while attending with those suffer from a mental illness and in a state of crisis.
- Day Four:** Present and review Crisis Negotiation Team case studies, discuss mandatory reading. Demonstration of the Stratford Police Service Emergency Response Team equipment, use of force options and procedures.
- Day Five:** The course candidates shall participate in a hypothetical hostage/barricade person scenario based training exercise. The candidate will demonstrate effective subject assessment, formulate negotiation strategies and work as a team to support the Incident Commander to achieve a successful resolution. Following the scenario there will be an operational debriefing, course evaluation and certificate presentation.

DRINKING POISON



Oftentimes people come to see me about “anger issues”. They feel that they are on edge all of the time and are mad at everyone they encounter. It doesn’t take long before their “anger” begins to be explained by other more critical (vulnerable) feelings such as hurt, shock, and a sense of betrayal and resentment. The problem with anger is that it can sometimes spread from being aimed at one person and one situation to every other situation and person. Your anger may be justified - you were passed over for a promotion or an assignment you desired despite being the most qualified. Someone else got it because they had a personal relationship with the deciding supervisor. I have certainly seen that in policing.

Holding onto this anger contributes to resentment. Resentment is like drinking poison and hoping the other person dies. I’ve witnessed clients agonizing over how someone else needs to change (boss, co-workers, parents). I remind them that there is no point in this suffering because we can’t change another person no matter how much we agonize over it. It seems as though they keep saying in their head “But she must change for me to be happy”. If this is your logic, you’ll likely never be happy. You will likely keep circling that thought, feeling powerless and defeated. So you have to figure out how to let it go and not let your happiness depend on someone else’s behaviour.

Unacknowledged anger and resentment tend to wreak havoc in our lives. They affect our physical and emotional health, our relationships, our work and, consequently, our financial health. Physically, ongoing anger leads to headaches, stomachaches, muscle tension, poor focus, poor sleep, and diet. It can wear us down emotionally, causing depression and/or anxiety from obsessive thoughts. Our personal and professional relationships suffer because the pent-up anger is released while interacting with others. You might be passive aggressive, directly aggressive, and/or inattentive to the needs of others because you are so preoccupied with your own anger. You’re probably not very fun to be around. Have you been around a person who is always angry? Every conversation you have somehow finds its way back to how they have been wronged. At the beginning, friends and family are empathetic to their feelings. After a while, it gets tiring for others and they tend to stop coming around.

This is not to say that we should just accept abuse from others. There are situations where we should act and the “this/they must change” idea is the motivator behind you advocating for that change. We just have to look at the situation and the way we are thinking about it to know whether to let it go or push for change. Do we or someone else have the power to change the situation? If so, what do we need to do to act on it? If we don’t, then we must move on and stop thinking about it. Reflect on the serenity prayer - “God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and wisdom to know the difference.” It might feel like defeat to accept the situation or the person, but it really is like drinking poison if you don’t. It doesn’t mean that you condone or approve of it. It just means you’re wise enough to know that you need to put your energy somewhere else in your life.

So how do you let it go? First, watch how you think about letting go. Some people have said

it felt like they were losing and the other person was winning if they let it go. Yet, they don’t feel like they are winning at all. So give up that idea. You’re not winning if you’re suffering. Now, ask yourself if there is anything you can change about the situation. Maybe even ask someone else if they think there is anything you can do to change the situation. If the answer is “no” then it’s time to shift your mindset. Remind yourself that you can’t change another person or situation and realize that if another person is a jerk then they are probably just as miserable on the inside as they are to others on the outside. They’re not winning either. Say to yourself “I can’t change this. I can’t waste my life and my happiness thinking that I can. What can I focus on to be happier?” Then focus on that. Remember, nothing besides death is permanent (and that hasn’t been confirmed either). If you move on to other things you can control you might be surprised to find that down the road you get that promotion or assignment. You may also determine that you’re glad you didn’t get it after all. I know that has happened to me. How many times have you thought to yourself “I’m glad that didn’t turn out as I had hoped. This is so much better.” I’ll close with a quote from Helen Keller which I hope summarizes my message: “When one door of happiness closes, another opens; but often we look so long at the closed door that we do not see the one which has been opened for us.” I urge you to look toward the open door.



Stephanie Conn
PhD
Conn Counselling & Consulting

Stephanie Conn has a PhD in Counselling Psychology from UBC, a Master of Science in Criminal Justice and over ten years of teaching experience. Stephanie is the author of a Monthly Mental Health Column, Holding the Line, for Blue Line Magazine. Stephanie is also a former police officer and communication dispatcher.

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