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**A Submission to
The Thomas R. Braidwood, Q.C.
Commissions of Inquiry**

From:

Dr. Mike Webster

Registered Psychologist

Centurion Consulting Services Ltd.



**Centurion
Consulting Services**

**Consultation and Instruction
for Law Enforcement**

**Dr. Mike Webster
Registered Psychologist**

May 13, 2008

Hon. Thomas R. Braidwood, Q.C.
1600 – 1095 Pender Street
Vancouver, B.C.
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Dear Mr. Commissioner,

Thank you for inviting me to appear before the Commission. With your permission I would like to read a brief statement and then I look forward to answering your questions.

I am a consulting (police) psychologist. I work with police services around the world including the RCMP, Europol, the FBI, Mexico, Australia, Iceland, several South American countries, and provincial and municipal police here in Canada. I specialize in crisis management and have been assisting law enforcement, for over 30 years, in managing kidnappings, hostage/barricade incidents and incidents of public disorder. I have a great deal of experience dealing with conflicts, from domestic to international, and as such am very familiar with applications of force and people's responses to them.

The Use of Conducted Energy Weapons (e.g. Taser)

Police patrol personnel, during the course of their work, are often faced with individuals exhibiting some of the following characteristics:

- Bizarre and/or aggressive behaviours
- Shouting
- Elevated suspicion
- Anxiety/panic
- Violence
- Unexpected physical strength
- Profuse sweating

In a growing number of cases they appear to be reaching for their Tasers to assist them in gaining control of the uncooperative individual. In some of these cases (especially some of those resulting in death), the circumstances under which the weapon is deployed seems suspect even to the untrained eye.

I will look at the weapon from the perspective of a (police) psychologist. The appropriate use of the Taser cannot be addressed without a discussion of the controversial phenomenon “excited delirium”. The police, in an attempt to justify their use of the weapon, in many cases, have taken to citing the hypothetical disorder.

Opinion as to its validity falls on both sides of the issue. Some argue that the “condition” is not only valid but responsible for a large majority of “in-custody” deaths, including those in which the deceased has been stunned with a Taser.

On the other side it is noted with great concern that:

- no reputable medical/psychiatric/psychological association recognizes “excited delirium” as a medical or mental health condition;
- nearly all cases of the phenomenon involve people fighting with, or being restrained by, the police;
- even with an extensive autopsy there is no definitive way to prove someone died of “excited delirium”; and,
- it may be that police and medical examiners are using the term as a convenient excuse for what could be excessive use of force or inappropriate control techniques during an arrest.

My own opinion on this is that Canadian law enforcement and its American brothers and sisters have been “brainwashed” by companies like Taser International and the Institute for the Prevention of In-Custody Deaths. These companies have identified a need within policework and created a product that basically sells itself. How can you argue against something that purports to save life? Moreover, these organizations have created a virtual world replete with avatars that wander about with the potential to manifest a horrific condition characterized by profuse sweating, superhuman strength, and a penchant for smashing glass that appeals to well-meaning but psychologically unsophisticated police personnel.

The phenomenon of “excited delirium” has been of great assistance to Taser International in the recent past. The company has successfully defended itself against at least eight lawsuits in which it was alleged that the victims died of Taser shocks. The company argued that the cause of death was “excited delirium” and not the Taser.

Taser International spokesman, Steve Tuttle, has acknowledged that the company sends thousands of pamphlets to medical examiners explaining how to detect “excited delirium”. The company also holds training seminars around the North American continent, attended by thousands of law enforcement personnel (including Canadians). Taser International makes a concerted effort to educate both the law enforcement and medical communities with regard to “excited delirium”.

Taser International business associate, John Peters, heads up a company called the Institute for the Prevention of In-Custody Deaths. It specializes in training policepersons,

coroners, emergency room physicians, and other medical professionals in sudden death from “excited delirium”.

Mr. Peters is also one of Taser International’s star witnesses when the company has to defend itself in court against charges that its weapon has killed. In addition, he and his company have been on Taser International’s payroll to provide instruction at their training academy.

Taser International and the Institute for the Prevention of In-Custody Deaths complete with supportive physicians and researchers, all on the payroll, have, through a brilliant marketing scheme created an extremely lucrative business built largely on a dubious disorder.

In my opinion, these two companies have revitalized an old and mythical condition and influenced law enforcements’ conceptions of crisis and its management. Genuinely motivated Canadian policepersons have, in an attempt to manage crises, explain the tragedy of “in-custody” deaths and ridiculously inappropriate applications of the Taser, embraced the controversial concept of “excited delirium”. It is these misperceptions that have influenced police persons to deploy the Taser in some situations that fall well outside the acceptable usage scenarios provided for in policy.

Canadian law enforcement’s own National Use of Force Framework states that “an officer’s perception is his or her reality” and that perceptions and tactical considerations are inter-related. In other words, if every person in crisis is perceived as experiencing this unmanageable and non-responsive condition and the only way to handle it is with a Taser, then the Taser will be deployed. When you think the only tool you have is a hammer then the whole world begins to look like a nail. As perception lies at the heart of the Canadian Use of Force Framework we need to be more critical of what (or who) influences the perceptions of our police services.

Physicians, psychiatrists, and psychologists working in hospital emergency rooms, and psychiatric emergency services readily relate how individuals who are exhibiting the symptoms of hyper-arousal can be managed in a variety of ways ranging from medication to communication. Staff is trained to handle agitated patients by speaking in calm, non-confrontational tones and adopting neutral body postures.

“Excited delirium” does not appear in the Diagnostic and Statistical Manual of Mental Disorders. Plain old Delirium does. It can be brought on as a direct physiological consequence of a general medical condition, substance intoxication or withdrawal, use of a medication, exposure to a toxin, or a combination of these factors. Mr. Frank Lasser, the 82 year old man hospitalized in Kamloops, who received several jolts from an RCMP Taser last week, may be an example of a case of Delirium brought on by a general medical condition. He was in hospital fighting pneumonia.

Delirium can be of the active variety, and resembles the behavior of Robert Dziekanski; or it can be of the less active variety where people become muted and

withdrawn. Properly trained mental health professionals are aware that the more active variety increases the risks associated with physical restraints. Death from Delirium is extremely rare. Determining the cause of death of someone who was suffering from Delirium is always a challenge. Was it the disorder, the restraint, the Taser, or a complex interplay of all the foregoing?

In my opinion, well-meaning police services are creating a potentially libelous situation for themselves by recognizing the convenient fiction of “excited delirium” as a medical condition with “symptoms” that include common street behaviours. They are forcing a higher standard of diagnostic acuity, and standard of care, upon themselves for which they are neither trained to make or manage. Moreover, they provide the basis for a charge of legal negligence if they fail to provide a standard of care for a person who dies in their custody and has exhibited one or more of the published symptoms of “excited delirium”. As in the case of Robert Dziekanski.

There is a way to avoid all of this. There is an alternate view of the symptom picture that Taser International describes as “excited delirium”; and an alternate method of management. Most medical and mental health professionals would agree that people manifesting this symptom picture are in a state of hyper-arousal. That is, they are in crisis. They are experiencing a temporary state of disorganization in which they are unable to cope with an immediately stressful situation using their day-to-day coping mechanisms. In these states people are affected on several levels. Cognitively, their ability to process information is disrupted and disorganized; (judgment, decision making, problem solving) their emotions are labile; and their behaviour is random and unpredictable. It is neither humane nor logical to inflict crippling pain upon someone who has lost his mental balance.

Crisis intervention is designed to assist people in lowering their arousal level and regaining their mental balance, enabling them to use better judgment, make better decisions and become better problem solvers. There are several well accepted ways that this can be accomplished. The one most amenable to police first responders is **the creation of a safe non-threatening environment**. The first rule of crisis intervention is, no more crisis! During a review of Taser tragedies it is not difficult to see numerous violations of this rule.

This type of training is not offered routinely by all police training academies, nor as an in-service course, in Canada. Locally it is provided by the Vancouver Police Department to its patrol personnel. It is my understanding that the RCMP, following the death of Robert Dziekanski, has undertaken this training in the Lower Mainland.

The training usually entails 5 – 7 days and covers a broad array of topics including: drug awareness, mental health issues, conflict theory, crisis theory, crisis intervention, verbal and non-verbal communication techniques and experiential exercises.

It is my recommendation, that if the Taser proves to be safe, that its use in Canada be restricted to only those situations involving a significant risk of death or grievous

bodily harm; and that Canadian law enforcement be provided with crisis intervention skills during their basic training.

Sincerely,

A handwritten signature in black ink that reads "Mike Webster". The signature is written in a cursive, flowing style.

Mike Webster, Ed.D., R.Psych.
Centurion Consulting Services Ltd.

CURRICULUM VITAE

I. BIOGRAPHICAL DATA

Name:	WEBSTER, Michael Charles
Present Position:	Consulting Psychologist to Law Enforcement Agencies – Private Practice
Place of Birth:	Victoria, British Columbia, Canada
Date of Birth:	May 30, 1944
Marital Status:	Married
Citizenship:	Canadian
Children:	Three

II. EDUCATION

- **Undergraduate**
BA, University of Notre Dame, Notre Dame Indiana USA, 1966
- **Graduate**
 - **Teacher's Certification, Simon Fraser University 1974**
 - **M.Ed. (Counseling/Clinical Psychology), Western Washington State College 1976**
 - **Ed.D. (Counseling/Clinical Psychology) University of British Columbia 1981**
 - **RCMP Training Academy "Depot" Division (Basic Police Training) January-July 1987**
 - **FBI Academy-Crisis (Hostage) Negotiation School Jan-Feb 1993**
- **Special Profession (Internships, Residencies)**
Counseling Centre Western Washington State College 1975-76
Counseling Centre University of British Columbia 1978-80
Columbia Centre for Management of Pain and Stress 1980-81
- **Titles of Theses Written for Graduate Studies**
 - **M.Ed., The relationship of self-esteem to school adjustment (advisor: Dr. E. Jones, Professor of Psychology)**
 - **Ed.D., The resolution of decisional conflict: Relating process to outcome. (advisor: Dr. L.S. Greenberg, Professor of Psychology)**

III. PROFESSIONAL EMPLOYMENT RECORD

- **Consulting, professional or research positions held:**

1976-78	Psychologist, Correctional Service Canada
1978-80	Teaching Assistant, University of British Columbia
1980	Research Assistant, University of British Columbia
1981	Acting Director (and Psychologist) Community Clinic Alcohol and Drug Programs of British Columbia
1981-83	Psychologist, City of Vancouver Health Dept. (North Unit)
1984-87	Psychologist, Correctional Service Canada
1988	Royal Canadian Mounted Police
1989-Present	Psychological Consultant to RCMP "E" Division Emergency Response Team Program
1993-Present	Psychological Consultant to Critical Incident (kidnaps, hostage takings, barricaded persons) Response Group FBI Academy, Quantico, VA.
1998-Present	Psychological Consultant to RCMP's Critical Incident Program
1998-Present	Psychological Consultant to FBI's Undercover and Special Operations Unit
1999-Present	Psychological Consultant to RCMP's Organized Crime Branch (Ottawa)

- **Principle University and Department Teaching Responsibilities**

- **FBI (Undercover and Special Operations Unit)**
 - **The Psychology of Social Influence**
 - **Identifying, Recruiting and Managing Human Sources**
- **Royal Canadian Mounted Police (Source Development Unit)**
 - **The Psychology of Social Influence**
 - **Recruiting and Managing Human Sources**
 - **The Psychology of Terror**
- **Royal Canadian Mounted Police (Undercover Program)**
 - **The Psychology of Influence**
 - **Compliance Gaining Techniques**

IV. PROFESSIONAL ACTIVITIES

- **Memberships in Professional and Learned Societies**
 - **British Columbia Teacher's Federation 1975-present**
 - **British Columbia College of Psychologist's 1980-present**
 - **Canadian Critical Incident Association 1996-present**
- **Professional Service and Experience**
 - **A list of recent presentations in the areas of conflict management and social influence are available upon request**

RECENT CONSULTATIONS

September 1997	Dealing with Kidnap/Hostage Barricade Incidents Colombian National Police Bogota, Colombia
August 1999	Covert Investigative Techniques Hungarian National Police Budapest, Hungary
October 1999	Dealing With Kidnap/Hostage/Barricade Incidents Icelandic National Police Reykjavik, Iceland
December 1999	Dealing With Kidnap/Hostage/Barricade Incidents Ministry of Justice of the United Arab Emirates Abu Dhabi, U.A.E.
November 2000	Dealing With Kidnap/Hostage/Barricade Incidents Ministry of Justice of the United Arab Emirates
December 2001	Source Development Issues Ministry of Justice Brazil

October 2002	Source Development Issues Ministry of Justice Bogota, Colombia
April 2003	Source Development Issues Ministry of Justice Mexico City, Mexico
February 2006	Undercover Issues FBI (USOU) Hollywood, Florida
May 2006	Project "Osage" RCMP Toronto, Ontario
November 2007	Source Development Issues Melbourne Australia
March 2008	Source Development Issues Europol Dusseldorf, Germany

V. RESEARCH & PROFESSIONAL RELATED SCHOLARLY AND CREATIVE ACTIVITIES

- **Areas of Special Interest & Accomplishment in Discipline**
 - **Conflict/Conflict Management**
 - **Negotiation and Mediation**
 - **The Psychologies of Influence and Persuasion**
 - **Recruiting and Managing Human Sources**

- **Publications**

- **The Role of Influence in Crisis Management (1996).** The Gazette: A Publication of the Royal Canadian Mounted Police. Vol. 58 No. 2.
- **The Use of Force and the Gustafsen lake Barricade (1996).** The Gazette: A Publication of the Royal Canadian Mounted Police. Vol. 58. No. 2.
- **The Cornerstones of Commanding Hostage/Barricade Incidents.** The Gazette: A Publication of the Royal Canadian Mounted Police. Vol. 58. No. 12.
- **A Process Approach to the Management of Hostage/Barricaded Persons Incidents.** The Gazette: A Publication of the Royal Canadian Mounted Police. Vol. 58. No. 13.
- **The Role of the Psychologist in Managing Hostage Barricade Incidents.** The Gazette: A Publication of the Royal Canadian Mounted Police. Vol. 59. No. 12.
- **Using Active Listening Skills In Crisis Negotiation.** Gary Noesner & Mike Webster. (August 1997) The FBI Law Enforcement Bulletin.
- **Tactics and Talk: Hand in Glove.** The Tactical Edge. Official Journal of the National Tactical Officer's Association. Fall 2000.
- **The Role of Influence in Undercover Work.** The Gazette: A Publication of the Royal Canadian Mounted Police. Vol. 63, No. 1, 2001.
- **Preventing Violence at School and Work.** The Gazette: A Publication of the Royal Canadian Mounted Police. Vol. 62. No. 4, 2000.
- **Active Listening and Beyond. (in press).** The Tactical Edge._Official Journal of the National Tactical Officer's Association.
- **The Psychology of Terror: A Social Psychological Perspective (in press).** Journal of Violence and Aggression.
- **Public Disorder: An Introduction to Crowd Psychology.** The Tactical Edge: Official Journal of the National Tactical Officer's Association. Winter 2003.
- **Police, Social Activists, and the Principles of Conflict Management. (in press).** The Tactical Edge: Official Journal of the National Tactical Officer's Association.
- **The Psychology of Recruiting Human Sources.** (unpublished paper).
- **Kidnapping: A Brief Psychological Overview. In Understanding and Responding to the Terrorism Phenomenon.** (Eds. Nikbay & Hancerli) NATO Science For Peace and Security Series.
- **Do Crisis Negotiators Practice What They Preach?** Crisis Negotiator. Fall 2003
- **Active Listening and Beyond: Problem Solving in Crisis Negotiation.** Summer 2005
- **Taking a Solution Focus in Crisis Negotiating.** Crisis Negotiator. Fall 2005
- **Taking a Solution Focus in Crisis Negotiating (Part Two).** Crisis Negotiator. Winter 2006
- **More on Problem Solving.** Crisis Negotiator. Winter 2007
- **Problem Solving: Dealing With The Past.** Crisis Negotiator (in press).