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Effective Police Negotiation: Synthesising the Strategies and Techniques That Promote Success Within Hostage or Crisis Situations

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Chapter Focus and Outline

The following book chapter aims to synopsise the strategies, techniques and approaches that are utilised by police hostage and crisis negotiators (hereafter "negotiators") when resolving critical incidents (i.e., crisis or conflict incidents). The question of "what works when negotiating with hostage takers or individuals in crisis" is addressed by considering the extant empirical, anecdotal, and observational research within this arena. Whilst there is some empirical research that attempts to address this question, a strong body of academic research utilising the intended population in an ecologically valid sense is lacking. To date, development of the hostage and crisis negotiation (hereafter "negotiation") discipline has often relied upon anecdotal or observational research as opposed to research that utilises data taken from actual negotiation deployments. We are yet to achieve the stage whereby an empirically derived model of effective negotiation has been validated or predictive modelling of effective negotiation strategies can be used to inform practice (i.e., evidence-based negotiation); this is one of the most pertinent challenges surrounding the development of the negotiation discipline moving forward. Despite this research gap, there is a body of literature that focuses on effective negotiation, ranging from models that can be used to guide practice and strategies and techniques that can be selected from the negotiator "toolbox" as necessary (see Grubb, 2021). When consolidating the literature in a broad sense, it is clear that there are a number of key theoretical driving forces/relevant constructs/principles within negotiation practice (i.e., de-escalation, active listening, relationship building and rapport, empathy, social influence, and persuasion) that play a key role in successful resolution and these constructs are synthesised below. The chapter also addresses the question of "why do these approaches work" with the aim of developing a theoretical understanding of negotiation techniques in practice and elucidating the origins of such techniques (which have often been "borrowed" from other disciplines). The principles outlined above have often been identified within the academic study of, or practical application within other disciplines (i.e., behavioural sciences, social psychology, psychotherapy/counselling, mental health nursing, health behaviour change, marketing and advertising, etc.), and then applied to the context of negotiation. These theoretical underpinnings of negotiation are synthesised within the chapter with an attempt to highlight the links between theory and practice and to identify the reasons why certain approaches/techniques work within critical incident management.

Introduction and Contextual Scene Setting

Negotiation is one tactical option that is available to incident commanders when encountering critical incidents (Grubb et al., 2021). Critical incidents requiring intervention by negotiators can vary in contextual and situational characteristics, with negotiators being deployed to a range of incidents, including hostage taking, kidnap and extortion, barricades, extortion, and suicide intervention (amongst others) (Grubb et al., 2019a). Whilst negotiation was originally developed in response to several high-profile and poorly managed international hostage-taking incidents (including the hostage-taking event at the 1972 Olympics games referred to as the "Munich Massacre") (Grubb, 2010), the discipline has evolved and is now used to respond to a plethora of critical incidents ranging from kidnap and extortion to suicide intervention (Grubb et al., 2019a). Whilst negotiators are trained to respond to a variety of scenarios, by far the majority of the work that negotiators do involves responding to individuals who are experiencing some form of psychological, personal, or emotional crisis, with this often manifesting as threats/attempts to harm the self, as opposed to others; with this claim being supported by negotiator deployment data in various countries (Grubb, 2020).

Work by Alexander (2011), for example, reported that 59% of the incidents deployed to by negotiators in Scotland between 2005-2008 involved a threat to the perpetrator's life as a result of deliberate self-harm. Similarly, Grubb's (2020) research found that suicide/self-harm intervention was the most frequent deployment category for negotiators and suicide threats were present in 51% of cases. Qualitative research conducted by Grubb et al. (2019a) equally concluded that most of the work completed by negotiators in England involves responding to individuals in some form of personal crisis with negotiator day-to-day work (i.e., "bread and butter") consisting of deploying to suicidal individuals. These findings equally resonate with the US data taken from the Hostage Barricade Database System (HOBAS) established by the Crisis Negotiation Unit of the Federal Bureau of Investigation (CNU of FBI) presenting a similar Anglo-American picture in relation to the nature and contextual backdrop of negotiation work. Flood (2003, as cited in Vecchi et al., 2005), for example, reported that 90% of critical incidents were non-hostage, crisis situations; Mohandie and Meloy (2010) reported that 77% of cases involved suicidal individuals; and Rogan (2011) reported that suicides, attempted suicides, and barricaded standoffs accounted for nearly two thirds of negotiation incidents responded to by law enforcement.

Negotiators respond to a variety of challenging and complex critical incidents whereby individuals are threatening to harm themselves or others (Grubb, 2010; 2020), and therefore often play a role in whether individuals live or die (Grubb et al., 2019b). As such, negotiators perform an invaluable function within society by resolving critical incidents, with the role helping to prevent numerous fatalities and forming an important part of the modern policing repertoire (Grubb, 2020; Grubb et al., 2019c). Negotiation as a police tool is well-established, with both anecdotal and empirical evidence attesting to its efficacy (Flood, 2003, as cited in Vecchi et al., 2005; Grubb, 2020; McMains et al., 2021; Rogan et al., 1997); and thereby driving the continued implementation of negotiation as an operational police tactic. With negotiation forming such a core function within society, it is important to understand "what works" and "why" in order to develop a strong evidence base for negotiation training and practice and increase the number of successful negotiation deployments.

What Works When Negotiating with Hostage Takers or Individuals-In-Crisis and Why? Dissecting The Negotiation Process – The Journey to Success

When we look to analyse and dissect the negotiation process and encapsulate the successful journey to negotiated resolution, we can break the process down into key areas of foci. Effective crisis negotiation is essentially characterised by a chronological communicative process adopted by negotiators that focuses on three key components in the form of de-escalation, relationship building, and behavioural influence. Negotiation is one part of a broader interpersonal communication process whereby two interlocutors have to work collaboratively and communicate effectively in order to reach an outcome that meets the demands/needs of both parties, or, results in satisfactory concession by one party to create resolution. When reviewing the growing body of literature relating to negotiation in the context of law enforcement settings, and research that has been completed from non-negotiation disciplinary perspectives to help guide negotiator practice; there are several perennial themes that occur throughout this body of work and typically drive understanding of negotiation as a police mechanism. These themes include: 1) the use of de-escalation techniques to reduce subject emotional arousal levels/distress (see Hammer, 2007; Rogan & Hammer, 1995; Vecchi et al., 2005); 2) an emphasis on the development of a relationship between the negotiator and subject (see Donohue & Roberto, 1993; Donohue et al., 1991; Grubb, 2016; Grubb et al., 2021; Madrigal et al., 2009; Vecchi et al., 2005); and 3) facilitation of positive behavioural change in the subject (see Grubb, 2016; Grubb et al., 2021; Kelln & McMurtry, 2007; Madrigal et al., 2009; Vecchi, 2009; Vecchi et al., 2005). Each theme is discussed below with an emphasis on two sub-aspects. The theme is first discussed and outlined (section a) with this initial narrative being followed by reference to the theoretical underpinnings that inform their application to a negotiation context (section b), thereby highlighting the evidence-base for the approach.

1a. De-Escalation of Intense Emotions

Negotiators frequently encounter subjects who are experiencing extreme forms of emotion and are emotionally aroused/activated. Subjects within critical incidents may present with varying levels of emotional intensity, often displaying what can be described as emotional distress (Hammer, 2007). Emotions displayed within this context are typically negatively valanced (i.e., anger or sadness) (Hammer, 2007), with research suggesting that negatively valanced emotion (measured via message affect) intensifies when negotiators attempt to make initial contact with a subject (Rogan & Hammer, 1995). When subjects are experiencing emotional distress, this is considered to compromise the subject's ability to function cognitively, in a manner that enables them to process information and effectively problem solve (Hammer, 2007). This can act as a barrier to successful negotiation, whereby rational decision marking is necessitated, and inherently central to resolving crisis interactions (Hammer, 2007). Vecchi et al. (2005) refers to this process as the transition of a critical incident from a state of high emotionality (crisis) to rationality (problem solving) which is required to facilitate effective crisis intervention. The subject's emotional state is therefore considered to be a "crucial ingredient in determining the success or failure of a negotiated outcome" (Miron & Goldstein, 1979, as cited in Hammer, 2007, p. 97).

Emotional communication, in the form of verbal and non-verbal exchanges between two parties can intensify or reduce emotional distress (Anderson & Guerrero, 1998, as cited in Hammer, 2007); and it is this concept that drives some of the initial processes adopted by negotiators when engaging with subjects in critical incidents. When we consider that emotion is inextricably linked to human behaviour, it is common-sensical to assume that negotiators must consider and work with the emotions being experienced by subjects in order to effectively de-escalate heightened emotions/distress and develop an opportunity to engage in normative bargaining with the individual, with the aim of positively influencing their behaviour and peacefully resolving the critical incident. De-escalation of intense emotions is therefore conceptualised as a form of laying the groundwork for the negotiation process; unless this initial work is performed successfully, the negotiation is unlikely to be successful.

1b. Theoretical Principles and Research Underpinning the Need to De-Escalate Emotions in Crisis Negotiation Contexts.

Research demonstrates that emotional states can influence reasoning processes and *ergo* a person's logical rationality (Pham, 2007). Most intense emotional states (excluding sadness) are associated with high levels of autonomic arousal, which has been linked to impaired working memory (Darke, 1988a; Humphreys & Revelle, 1984, as cited in Pham, 2007). Such a cognitive impairment is likely to have a negative impact on reasoning abilities, as demonstrated by research conducted with anxious individuals. Research focusing on the impact of anxiety on reasoning abilities, for example, has found that, compared to non-anxious individuals, anxious individuals take longer to verify the validity of logical inferences (Darke, 1988b), scan alternatives in a more haphazard fashion (Keinan, 1987), select an option without considering each alternative (Keinan, 1987), and process persuasion arguments less thoroughly (Sanbonmatsu & Kardes, 1988), amongst others (see Pham, 2007). Similarly, emotional states of anger and disgust have been shown to reduce levels of cognitive processing and increase reliance on stereotyping and other cognitive cues (Bodenhausen et al., 1994; Tiedens & Linton, 2001); and extreme forms of sadness (i.e., in the form of chronic depression) have also been found to interfere with reasoning and effortful processing (Conway & Giannopoulos, 1993; Hartlage et al., 1993; Silberman et al., 1983).

These findings, therefore, suggest that certain emotions, and particularly those likely to be experienced by subjects encountered by negotiators (i.e., extreme sadness, anger, depression) work to prevent individuals from engaging in rational processing of information and reasoning, components that are key to the successful resolution of crisis incidents. In a similar vein, intense negative emotional states have been linked to a reduction in self-control (in various experimental guises), suggesting that those experiencing extreme negative affect experience a shift in priority whereby distressed individuals place the immediate goal of feeling better higher than other goals (Tice et al., 2001). When translating this across to a crisis negotiation scenario, this suggests that subjects encountering extreme forms of emotion/negative affect are more likely to pursue a goal of hurting themselves, or others, due to restricted self-control mechanisms that may be over-ridden (i.e., trumped) by the desire to take action in order to relieve their distress and feel better. This means that negotiators trying to prevent such action(s) are essentially working against an underperforming cognitive processing mechanism when trying to negotiate with subjects who are encountering extreme forms of emotional affect. Such research from the cognitive psychology and neuroscientific arenas highlights the link between emotion, cognition, and behaviour, implicating the role of emotional de-escalation as a form of preparatory (ground) work required to facilitate rational communication between the two parties.

Emotional de-escalation techniques that can be applied in a critical incident setting can be translated across from the literature focusing on de-escalation of aggression and violence within clinical (i.e., secure mental health) and other settings. General verbal de-escalation principles, for example, have groundings in specific psychotherapies, linguistic science, law enforcement, martial arts, and nursing (Richmond et al., 2012). There is a vast body of literature which focuses on techniques used within such settings to resolve conflict, defuse emotions, and reduce aggression and violence behaviours, with much of this knowledge being applied to de-escalation within law enforcement/critical incident management settings and providing the basis for conflict resolution/crisis intervention training (CIT) used with police officers. Such techniques include a combination of non-verbal, pre-verbal and verbal strategies/approaches that can be used to reduce emotional arousal and de-escalate a crisis/conflict situation.

Richmond et al. (2012, p. 20), for example, refer to ten domains of de-escalation that can be used with agitated[1] patients (as originally conceptualised as the ten commandments of de-escalation by Fishkind, 2002), with such techniques having application within the negotiation

[1] Agitation has been conceptualised as existing on a continuum ranging from anxiety to high anxiety, to agitation, and then to aggression (Zeller & Rhoades, 2010).

context whereby subjects may be displaying similar aetiologies. These principles are 1) respect personal space, 2) do not be provocative, 3) establish verbal contact, 4) be concise, 5) identify wants and feelings, 6) listen closely to what the patient is saying, 7) agree or agree to disagree, 8) lay down the law and set clear limits, 9) offer choices and optimism, and 10) debrief the patient and staff.

There are equally a variety of specific verbal/non-verbal techniques/behaviours that have been demonstrated to play a role in de-escalating intense negative emotions. The use of a calm, gentle and soft tone of voice, for example, is considered to be central to de-escalation (Ryan & Bowers, 2005) with tone of voice equally being identified as a means of displaying calmness on the part of the negotiator and reducing the tension of the situation within hostage or crisis incidents (Thompson, 2013). Non-verbal behaviours have also been identified as playing an important role within de-escalation; which is unsurprising when considering the fact that communication occurs via both verbal and non-verbal channels (Slatkin, 2009); with research suggesting that approximately 90% of all emotional information and more than 50% of the total information in spoken English is communicated not by what a person says, but by non-verbal behaviour (including body language and tone of voice) (Elgin, 1999, as cited in Richmond et al., 2012). Non-verbal communication happens via a variety of channels, ranging from elements concerning our personhood (i.e., how we look or smell) through to our body language (i.e., posture, gestures, facial expressions, position of body and limbs relative to another person, proximity from the other person, eye contact, grooming behaviours, etc.) (Slatkin, 2009, p. 22). Appropriate use of specific non-verbal behaviours has been identified as playing a role in effective de-escalation within clinical settings. The ability to select appropriate non-verbal behaviours is grounded in the clinician having an awareness of their own body language (such as eye contact, posture, proximity, facial cues, intention movements, and touch) (Lowe, 1992). Avoidance of body language or behaviours that may be construed as confrontational or escalatory is key in these contexts, and awareness of a negotiators' own behaviour is the starting point for attempting to select behaviours that are likely to be helpful in serving a de-escalatory purpose (Slatkin, 2009); such as body language that expresses concern for the patient (Carlsson et al., 2000; Johnson & Hauser, 2001; Virkki, 2008) and is congruent with what the clinician is saying (Richmond et al., 2012). Other helpful behaviours include displaying a calm demeanour and facial expression, and avoidance of closed body language or excessive direct eye contact (Richmond et al., 2012). Understanding the role of body language and non-verbal/pre-verbal behaviour on de-escalatory success is salient when applied to negotiator practice, where the initial contact formed (and behaviour displayed) by the negotiator can influence the first impression formed by the subject and thereby positively or negatively influence the success of the negotiation within the initial phase of the interaction.

2a. Relationship/Rapport/Quasi-Therapeutic Alliance Building

The second core recurring theme within the negotiation literature, relates to the importance of relationship building between the two interlocutors/parties involved (i.e., negotiator and subject). It has long been established that development of a relationship between the negotiator and the subject is an important pre-cursor to success within negotiation contexts (Vecchi et al., 2005); with this forming a key component of several models of negotiation used to elucidate and guide negotiator practice (i.e., the Behavioural Change Stairway Model (BCSM) developed by the CNU of FBI (see Vecchi et al., 2005); the Behavioural Influence Stairway Model (BISM) (Vecchi, 2009); the four-phase model of hostage negotiation (Madrigal et al., 2009), and the D.I.A.M.O.N.D. model of negotiation (Grubb et al., 2021), amongst others, all highlight the importance of developing a relationship between the negotiator and subject for promoting success. This relationship has been conceptualised as developing “rapport” (Donohue & Roberto, 1993; Donohue et al., 1991; Vecchi et al., 2005) or a quasi-therapeutic alliance (see Grubb et al., 2021) which promotes an environment that enables the negotiator to influence the behaviour of the subject in a positive manner (due to development of trust in the negotiator on the part of the subject) (Grubb, 2016; Grubb et al., 2021). Negotiators are trained to utilise various techniques to aid the development of a rapport with the subject, with many of these techniques being derived from the literature focusing on developing rapport within psychotherapeutic contexts.

The core technique used by negotiators to underpin relationship development is the use of active listening skills (ALS). The use of ALS is by far the most well-documented technique within the police negotiation literature (Grubb, 2021). Active listening is described as the "foundation of all negotiation" regardless of the type of negotiation scenario (Vecchi, 2009, p. 12) and is conceptualised as a range of multipurpose tools that can be applied to a variety of communicative contexts, including that of police negotiations (Miller, 2005; Royce, 2005). Exemplars of ALS include the use of *emotional labelling*, *paraphrasing*, *reflecting or mirroring*, *minimal encouragers*, *silences and pauses*, *'I' messages*, and *open-ended questions* (Miller, 2005), with these techniques helping the negotiator to facilitate disclosure on the part of the subject and to develop an understanding of their needs/demands and to build a picture of why they are in the position they are in (Grubb, 2016; Grubb et al., 2021). Once collected, this information can then be used to inform the negotiation strategy adopted by the negotiator to help promote negotiated resolution. Understanding the position of the subject is key within negotiation, and we cannot seek to understand such positioning until we have effectively listened to the subject and heard their point of view.

In addition to ALS, negotiators use various person-centred or humanistic principles to facilitate rapport building/development of the quasi-therapeutic alliance with the subject (Grubb et al., 2021). Such principles include the use of empathy, congruence, and unconditional positive regard (Grubb, 2016; Grubb et al., 2021); with these concepts aligning with conditions described by Rogers (1957) as necessary for therapeutic growth and personality change within the person-centred therapy approach. 'Congruence' refers to a state whereby the therapist is congruent or integrated in the relationship with the client (Rogers, 1957); 'unconditional positive regard' is when the therapist 'experiences a warm acceptance of every aspect of the client's experience' (Rogers, 1959, p. 209); and 'empathy' refers to when the therapist experiences an empathic understanding of the client's internal frame of reference (Rogers, 1957). Such therapeutic principles have been translated into a negotiation context, with the terms 'therapist' and 'client' essentially being replaced by 'negotiator' and 'subject' (Grubb et al., 2021). The use of empathy, in particular, combined with ALS is highlighted as an important strategy that helps negotiators to achieve rapport with a subject; "the application of active listening skills helps to create an empathic relationship between the negotiators and the subject. Demonstrating this empathy tends to build rapport and, in time, change the subject's behaviour" (Noesner & Webster, 1997, p. 19). Use of empathy is conceptualised as a "golden ticket" that enables the negotiator to break through the metaphorical armour of the subject and connect with them on a human level; with negotiators referring to the use of empathy as a mechanism for "building a stairway of trust" or "opening an instant can of friendship" (Grubb et al., 2021, p. 968). In line with the BCSM, BISM, and D.I.A.M.O.N.D. models of negotiation, ALS are therefore used to demonstrate empathy, which then helps to develop rapport, which can then be used to influence the behaviour of the subject, resulting in positive behaviour change and successful negotiated resolution (Grubb et al., 2021; Vecchi, 2009; Vecchi et al., 2005).

2b. Theoretical Principles and Research Underpinning the Importance of Relationship Building Within Negotiation Contexts

The importance of relationship/rapport building within negotiation was adopted from the psychotherapeutic and counselling literature, with the concept of the therapeutic alliance (TA) being translated into a negotiation setting, albeit in a condensed and time-pressured format (Grubb et al., 2021). ALS have been effectively used by psychologists, counsellors, and therapists to establish rapport and positive therapeutic relationships with clients in counselling/clinical settings (Evans et al., 1989; Hersen & Van Hasselt, 1998) with the strength of the therapeutic relationship often playing a role in therapeutic success. Research that explores the impact of the therapeutic alliance/relationship consistently demonstrates that the quality of the therapeutic alliance is positively correlated to therapy outcome (Horvath & Luborsky, 1993). In their meta-analysis, Horvath and Symonds (1991) synthesised the quantitative research (*N* = 24 studies) linking the relationship between TA and therapy outcome, finding an average (moderate but reliable) effect size of r = .26, highlighting the influence of the relationship between client and therapist on therapeutic success. These findings have equally been demonstrated with a variety of therapeutic treatments, including behavioural, cognitive, gestalt, and psychodynamic therapies, with a strong alliance making a positive contribution across all therapy types (Horvath & Simmonds, 1991).

More recent meta-analytic work has replicated these findings, both in adult and youth psychotherapy contexts, with the researchers concluding that the quality of the alliance was more predictive of therapy outcome than the type of intervention adopted (Martin et al., 2000; Shirk & Karver, 2003; Karver et al., 2006). Work conducted by Ardito and Rabbellino (2011, "abstract") in the form of a historical excursus of studies that investigate the link between alliance and psychotherapy outcome equally concluded that "the quality of the client-therapist alliance is a reliable predictor of positive clinical outcome independent of the variety of psychotherapy approaches and outcome measures". As such, the TA has been clearly highlighted as an important, if not necessary pre-cursor to successful therapeutic change on the part of the client. When we consider the context of therapy and the broadly conceptualised outcomes of therapeutic growth and behavioural change (in some format), it is logical to assume that successful outcome in a negotiation setting (whereby the outcome is behavioural change in a positive manner) is equally related to the success/quality of the relationship formed between the negotiator ("quasi-therapist") and the subject ("quasi-client"). The empirical, anecdotal, and observational research findings attest to such a claim, with research demonstrating that rapport and development of a quasi-therapeutic alliance is vital to negotiation success (Grubb et al., 2021; McMains et al., 2021; Noesner, 1999; Noesner & Webster, 1997; Vecchi, 2009; Vecchi et al., 2005; Vecchi et al., 2019).

3a. Behavioural Influence and Behavioural Change

Negotiators achieve successful resolution of critical incidents by encouraging and persuading (i.e., influencing) the subject to change their behaviour in a positive manner. Models of negotiation are often grounded in the concepts of behaviour change, with the majority of extant models being structured around an end goal of behaviour change (i.e., the BCSM [see Vecchi et al., 2005]; the BISM [Vecchi, 2009]; D.I.A.M.O.N.D. model [Grubb et al., 2021]; the Four-Phase Model of Hostage Negotiation [Madrigal et al., 2009]; the STEPS model [Kelln & McMurtry, 2007]; whereby the subject chooses to surrender peacefully (in the case of hostage taking) or to exit the situation causing concern (in the case of suicide intervention/barricade situations). When we break crisis negotiation down into its constituent parts, and frame it through a lens of human behaviour, the negotiator has the task of trying to get the subject to do something different, i.e., to modulate their behaviour in a manner that poses less risk to themselves or others.

In many senses, negotiators are "professional persuaders" (Grubb, 2016; Grubb et al., 2021), where the success of their persuasion skills can often dictate whether individuals live or die. Such a task is not always easy, particularly when considering the context in which negotiation deployments arise. Convincing someone who is in crisis not to follow through with suicidal behaviour or preventing a hostage taker from following through with a threat to kill a hostage are actions often situated within a backdrop of high emotionality and low rationality on the part of subject, presenting negotiators with a more time-pressurised, riskier task than that of a therapist trying to achieve sustainable and incremental behavioural change with a client. Despite such complexities, negotiators can employ a variety of techniques to influence subject behaviour within such settings, with a variety of strategies having been developed from non-negotiation settings and the theoretical principles applied to negotiation practice.

3b. Theoretical Underpinnings for Behavioural Influence Applied to Negotiation Contexts

Models of Behaviour Change. Behaviour change is a desired outcome within many contexts, with particular emphasis on the work performed within clinical/health/psychotherapeutic settings. There are a plethora of theories relating to behaviour change within the extant psychological literature base, however, one of the models that has been used to inform understanding within crisis negotiation contexts, is the Transtheoretical Stages of Change Model (TSCM; Prochaska & DiClemente, 1986). The TCSM provides a framework to conceptualise and understand how people can make changes in their behaviour and what needs to happen in order for this task to be successful and has been applied to multiple problem behaviours including addiction/substance abuse (DiClemente, 2003; Povey et al., 1999), smoking cessation (Prochaska & DiClemente, 1983), weight control (Prochaska et al., 1992) and offending behaviour (Casey et al., 2005), amongst others. The TCSM proposes that an individual has to progress through a variety of concrete stages in order to make a change in their behaviour (Kelln & McMurtry, 2007). The model also identifies several fundamental aspects that an individual must accept in order for change to be achieved, including, that they must 1) be concerned about their current behaviour, 2) be convinced that they need to make a change, 3) develop an action plan for making a change, and 4) follow through with said action plan and maintain the change (Kelln & McMurtry, 2007).

In a traditional (clinical) application, the TSCM suggests that an individual must transition through five discrete stages (*precontemplation*, *contemplation*, *preparation*, *action*, and *maintenance*) in order to achieve behavioural change; with therapists/clinicians attempting to skilfully move the patient through from *pre-contemplation* (where the patient is not aware of any need to change their behaviour) through to the *contemplation* stage (where they are aware of the need to change), then the *preparation* stage (where they plan how they will change) and then the *action* and *maintenance* stages (where they implement behaviour change(s) and try to maintain such change(s)) (Kelln & McMurtry, 2007). Various experiential or behavioural techniques (or processes of change) can be employed by practitioners to encourage movement from one stage to the next (Prochaska & DiClemente, 1983), with the stage of change in which the client presents being used to guide choice of therapeutic intervention in line with the empirical evidence demonstrating which processes are most appropriate to the presenting stage of change (Prochaska & DiClemente, 1986).

In line with the successful application of the TSCM in a multitude of behaviour change contexts, the TSCM has equally been applied to negotiation processes, with the model forming a key theoretical underpinning component within the STEPS model of crisis negotiation (Kelln & McMurtry, 2007). The STEPS model applies the TCSM to a negotiation context and provides negotiators with guidance for assessing the subject's stage of change and selecting the most appropriate negotiation techniques to apply to successfully move the subject sequentially through the various stages of change (i.e., Step 0 = Pre-contemplation; Step 1 = Contemplation; Step 2 = Preparation; Step 4 = Action). The authors of the STEPS model recognise that in the same way that a patient who has been smoking 40 cigarettes a day but does not feel that this is a problem or something that they want to change (i.e., *precontemplation* stage) is unlikely to respond to intervention by a smoking cessation practitioner, a subject who has just initiated a hostage taking event, is acting aggressively and making exuberant demands with little awareness of wrongdoing, is unlikely to simply give up the stronghold and release the hostages (i.e., move to action stage) immediately. Sympathetically, an individual who initially presents as in crisis with demonstrable distress and displays of suicidal ideation/threats is unlikely to respond to an initial intervention or request from a negotiator to stop what they are doing and transfer to a place of safety (i.e., move to action stage) immediately. Instead, the negotiator needs to frame their intervention in accordance with the presenting cognitive framework (stage of change) of the subject to promote success.

The STEPS model adopts principles developed via work in the health behaviour change context by considering the role of stage of change, motivation to change and treatment readiness to inform management techniques used by negotiators (Kelln & McMurtry, 2007). For example, the model highlights the role of motivational interviewing (MI) (see Miller & Rollnick, 2002) within crisis negotiation to encourage subjects presenting in the early stages of change, or those displaying ambivalence towards their behaviour to move from a non-action phase through to a stage of change where they feel ready and able to start changing their behaviour, *ergo* promoting successful resolution of the incident. Techniques utilised within MI, including expression of empathy, development of discrepancy, rolling with resistance, and supporting self-efficacy (Miller & Rollnick, 2002), can, therefore, equally be applied within negotiation as a mechanism of enhancing the subject's motivation to change and, by association, promoting successful resolution. When considering the crisis negotiation scenario alluded to above, techniques such as validating the subject's lack of readiness to change their behaviour, reassuring and empathising with the subject and use of active listening to understand the positioning and reasoning behind the subject's current circumstances and potential distress can be used in the initial pre-contemplative phase to help advance the subject from Step 0 to Step 1, where the subject is able to begin to consider and contemplate behavioural change (see Kelln & McMurtry, 2007 for a more detailed discussion of techniques).

The Psychology of Persuasion. Persuasion can be conceptualised as "a conscious attempt by one individual to change the attitudes, beliefs, or behaviour of another individual or group of individuals through the transmission of some message" (Bettinghaus & Cody, 1987, p. 3). Persuasion is used in various settings to achieve different outcomes and involves an *attempt* to influence human behaviour in one way or another. For example, persuasion communication is used to inform marketing and advertising campaigns, sales interactions, and business negotiations (Perloff, 2010), amongst others. The difference between persuasion approaches applied in these settings versus within a negotiation context, however, is the potential consequences/ramifications if the attempt to influence is not successful. Lack of successful persuasion in advertising campaigns may result in poor sales figures and lower revenue, but when considering potential injury or loss of life as the outcome of non-successful persuasion within a crisis negotiation scenario, the high stakes of successful persuasion become obvious.

Research focusing on the interpersonal persuasion strategies used to gain compliance within non-law enforcement settings has enabled translation of the findings into law enforcement settings, with negotiators being able to adopt some of these tactics to achieve successful behavioural change within crisis negotiation contexts. Exemplar techniques of interpersonal persuasion include the foot-in-the-door (FITD) and the door-in-the face (DITF) techniques which have been consistently demonstrated by researchers to have compliance gaining effects with meta-analytical support (Dillard et al., 1984; O'Keefe & Hale, 1998). The FITD works on the basis that an individual is more likely to comply with a second, larger request if they have already acquiesced to a small, initial former request (Perloff, 2010). Bem's Self-Perception Theory (1972, as cited in Perloff, 2010) can be used as an explanatory tool to account for the success of the FITD technique, whereby individuals who perform a small favour for someone reflect on their behaviour and form a perception of themselves as a helpful, cooperative person. Once this self-perception has been formed, individuals are more likely to acquiesce to a second, larger request. The role of cognitive consistency has also been implicated within the FITD technique, whereby a rejection of a second request creates dissonance as this goes against the self-perception created after compliance with the first request (i.e., of being a helpful person). A desire to reduce such dissonance therefore creates commitment to behave in a manner that is consistent with their new self-perception (Perloff, 2010) and results in two sequential compliance behaviours. In the context of crisis negotiation, the FITD technique can be used by dovetailing a small request (i.e., "I would feel much happier if you put both hands on the railings while we are talking") with a larger request ("thank you for agreeing to hold onto the railings while we are talking; now that we have been talking for a while, how about you come over onto the safe side of the railings and we can continue to talk so I know you are safe and there is no risk of you falling accidentally?").

The DITF technique works in the opposite sense to the FITD technique with a purposefully inflated larger request (likely to be denied) being followed sequentially by a smaller request (scaled down to a more appropriate request than the initial one). Such a technique has consistently and reliably been demonstrated to have compliance effects, with greater compliance success in experimental conditions involving the DITF technique compared to asking individuals to acquiesce to the larger request in isolation (Cialdini & Ascani, 1976; O'Keefe & Figge, 1999; Mowen & Cialdini, 1980). Psychological explanations for the DITF technique are varied but include the influencing role of guilt induced by refusing the first request, with individuals agreeing to the second request as a mechanism of removing the unpleasant feeling associated with the guilt experienced (O'Keefe & Figge, 1999). Contrastingly, others have suggested that by scaling down a request, the persuader is then perceived to have made a concession which then leads the persuader to reciprocate with their own concession in line with the social rules of "meeting halfway" (Perloff, 2010). Applying the DITF technique via the lens of hostage negotiation, a negotiator may start with an over-inflated request such as "releasing all of the hostages" which they know is likely to be refused, and then follow such a request with a lesser request such as "releasing a couple of hostages (perhaps those who are elderly or require medical attention)".

Principles of Influence and Social Influence Tactics. The concept of social influence and effective persuasion has been heavily researched within the social psychological domain; with research focusing on factors that define an influential message (Chaiken & Trope, 1999); *ergo* making it more effective from a persuasion perspective. Research has explored influence from a variety of disciplinary contexts, including work that has focused on understanding the psychological mechanisms that drive persuasion (i.e., Cialdini's [2007] principles of influence); and work that has focused on compliance gaining via understanding communication styles and patterns, with Kellerman & Cole's (1991) review, for example, identifying a 64-category scheme based on compliance gaining message behaviours or strategies that can be used to influence the behaviour of others (see Kellerman & Cole, 1994). Such research has typically focused on influence at the dyadic level, attempting to identify the strategies or tactics that can be used to influence the behaviour of the receiver of the message in a certain direction. The work of Robert Cialdini, in particular, has provided a wealth of understanding when considering persuasion and influence using psychologically informed mechanisms or tactics; with these tactics having application to a variety of settings and contexts. Via the use of controlled experimental studies, Cialdini (2007) identified and empirically validated six strategies (or weapons of influence) that can be used to persuade others and ultimately influence their behaviour. These strategies include 1) *reciprocity* (i.e., social exchange or quid pro quo principle), 2) *scarcity* (i.e., people desire things if they believe them to be less available), 3) *authority* (i.e., people are more likely to acquiesce to a person in authority), 4) *commitment and consistency* (i.e., people feel obliged to honour promises/justify decisions they have made; there is a desire to appear [and be] consistent with actions we have already taken), 5) *liking* (i.e., people are more likely to do a favour for someone they like), and 6) *social proof* (i.e., people are more likely to behave a certain way if they believe other people are behaving (or would behave) in the same way).

Whilst the research focusing on understanding the psychological principles that underpin social influence was originally performed outside of the context of policing or negotiation, the theory developed has been translated across into such settings and negotiators can adopt relevant "weapons" of influence within their practice in order to try and change the behaviour of the subject and promote incident resolution. Mullins (2002), for example, discusses the application of Cialdini's weapons of influence to a US hostage negotiation context as a means of achieving influence and compliance and research conducted in the UK (anecdotally at least) attests to the utilisation of Cialdini's weapons of influence by English negotiators; with the caveat, however, that some of these weapons are more applicable/generalisable to crisis negotiation settings than others (Grubb, 2016; Grubb et al., 2021) (i.e., the use of positive police actions/concessions (cigarettes) can be used to demonstrate *reciprocity*; the use of a demand made by an authority figure (police officer) can be used to demonstrate *authority*) (Grubb, 2021).

Other researchers have explored the concept of influence within the context of crisis negotiation settings, with Giebels (2002 as cited in Giebels & Noelanders, 2004) developing the framework known as the Table of Ten (ToT) on the basis of interviews with European negotiators (and later empirically validated by analysis of dialogue taken from Dutch and Belgian crisis negotiation incidents). The ToT represents ten social influence tactics that can be used by negotiators to positively influence a subject's behaviour (or to dissuade a subject from continuing with their current course of behaviour). The ToT differentiates between *relational tactics* (i.e., those related to the sender and his/her relationship with the other party) and *content tactics* (i.e., those related to the content of the message and the information being conveyed to the other party). Each tactic is underpinned by a principle of social influence that has previously been identified within persuasion, influence and/or compliance gaining research within various contexts. As such, the ToT presents a set of theoretically informed and psychologically reinforced tactics that have been validated within both negotiation and non-negotiation contexts, further attesting to their credibility.

The ToT strategies include 1) being kind (principle = *sympathy*) (i.e., using friendly, helpful behaviours), 2) being equal (principle = *similarity*) (i.e., focusing on something that the parties have in common), 3) being credible (principle = *authority*) (i.e., demonstrating expertise or showing that you are reliable), 4) emotional appeal (principle = *self-image*) (i.e., using the emotions of the subject to your advantage), 5) intimidation (principle = *deterrence/fear*) (i.e., threatening potential consequences if the subject fails to comply), 6) imposing a restriction (principle = *scarcity*) (i.e., making something available in a limited way), 7) direct pressure (principle = *power of repetition*) (i.e., exerting pressure in a neutral manner by being firm), 8) legitimising (principle = *legitimacy*) (i.e., referring to what has been agreed on in society or with others), 9) exchanging (principle = *reciprocity*) (i.e., use of concessions; give and take/*quid pro quo* behaviour), and 10) persuasive arguments (principle = *cognitive consistency*) (i.e., use of rational and logical arguments to persuade the subject) (Giebels et al., 2014). Whilst the ToT provides a framework for negotiators to adopt, the fine art of knowing which tactic to adopt when plays a key role in successful crisis negotiation outcome, with factors such as culture also playing a role in whether employment of a particular strategy is likely to have the intended outcome (see Giebels & Taylor, 2009). Giebels and Taylor (2009), for example, found that perpetrators from low-context cultures (i.e., Western societies such as Northern Europe and the United States) were more likely to use persuasive arguments (based on logic and rationality), to reciprocate persuasive arguments and to respond to persuasive arguments in a compromising way than perpetrators from high-context cultures (i.e., from collectivist societies such as China and Russia). Such findings imply that various factors (including culture) may play a role in the success of persuasive/social influence strategy adopted by negotiators.

More generally speaking, there is likely to be a "horses for courses" element to the success of such strategies, implicating the role of both training, operational experience, and intuition to guide strategy implementation by negotiators *in theatre*. For example, whilst the use of intimidation and direct pressure by negotiators may be advantageous in certain hostage taking situations, to demonstrate authority and power; such strategies may be less beneficial when responding to individuals in crisis who may be persuaded more effectively via use of being kind and being equal principles. It is equally important to recognise that inappropriate matching of strategy to situation/subject can potentially result in unintended consequences; particularly when rapport has not been fully or successfully established between the two parties. Whilst the intended consequence of a social influence tactic may be to change subject behaviour in a positive direction, use of an inappropriately matched or timed tactic could result in negative unintended consequences, highlighting the importance of adopting caution when applying such techniques to hostage/crisis situations and further identifying the role of training to equip negotiators to adopt the *appropriate* "tool" from their "toolbox" at the *appropriate* time.

Conclusion and Key Takeaways

The profession of negotiation has clearly learned from and been informed to a significant degree by practice in (or academic investigation into) different disciplines. It is clear that the practice of negotiation has multi-disciplinary origins, and this has served negotiators well by providing a platform for the techniques that they adopt within their practice to resolve critical incidents. There has also been a building momentum in terms of empirical research that focuses specifically on negotiation as an entity, with researchers internationally starting to build an evidence-base for the work that negotiators do *in theatre*. This latter work is particularly welcomed by the author, but still has some distance to travel before a “fully-fledged” evidence-base can be established for negotiation practice. To achieve this aim, there needs to be not only a greater quantity of research conducted, but this research needs to be conducted in the right way, i.e., using real deployment data, recordings of negotiator-subject dialogue and statistical modelling that helps to establish the predictors of successful negotiated resolution. Until this full evolution of the discipline has been achieved, we will continue to rely upon anecdotally informed, or atheoretical principles/models to inform negotiation practice, which, in the eyes of the author presents as an incomplete solution to a complex phenomenon.

Key Takeaways for Police Officers (Front Line)

The techniques discussed above clearly have relevance for officers trained as negotiators and provide a “snapshot” synopsis of the salient areas of foci for achieving the successful resolution of critical incidents (in the form of de-escalation of emotions, development of a relationship between the negotiator and subject, and use of persuasion and influence to achieve behavioural change in the subject); however, these techniques equally have relevance to non-negotiator officers/staff (i.e., frontline police officers, first responders, call handlers, etc.) who are likely to encounter members of the public who may be in crisis or presenting with aggressive/violent behaviour requiring conflict resolution skills. Many of the techniques adopted by negotiators can equally be applied within other law enforcement contexts, providing scope for within-disciplinary learning and training.

Key Takeaways for Conflict Management Trainers

The negotiation principles and approaches discussed above can equally be applied within other conflict management contexts, providing scope for cross-disciplinary learning and training. The growing negotiation literature base presents a wealth of information that can be used to inform other conflict management practices; with an emphasis on adopting tried and tested negotiation techniques within other conflict management arenas. There is therefore scope for conflict management trainers to learn from the discipline of negotiation and to develop training based on successful negotiation strategies.

Key Takeaways for Police Decision-Makers

The discipline of negotiation has developed and evolved significantly since its inception in the 1970s, however, there is still some distance to travel before we can achieve an entirely evidence-based discipline of negotiation. This can be achieved by greater recognition of the beneficial role of academic research and pro-active collaboration by police departments/services with academics to conduct research that can be used to develop evidence-based negotiation, thereby enhancing negotiator success and saving more lives as a result.

References

Ardito, R. B., Rabbellino, D. (2011). Therapeutic alliance and outcome of psychotherapy: Historical excursus, measurements, and prospects for research. *Frontiers in Psychology*, *2*, Article 270. https://doi.org/10.3389/fpsyg.2011.00270

Bettinghaus, E. P., & Cody, M. J. (1987). *Persuasive communication* (4th ed.). Holt, Rinehart & Winston.

Bodenhausen, G. V., Sheppard, L. A., & Kramer, G. P. (1994). Negative affect and social Judgment: The differential impact of anger and sadness. *European Journal of Social Psychology*, *24*(1), 45-62. https://doi.org/10.1002/ejsp.2420240104

Carlsson, G., Dahlberg, K. & Drew, N. (2000). Encountering violence and aggression in mental health nursing: A phenomenological study of tacit caring knowledge. *Issues in Mental Health Nursing*, *21*(5), 533–545. https://doi.org/10.1080/01612840050044276

Casey, S., Day, A., & Howells, K. (2005). The application of the transtheoretical model to offender populations: Some critical issues. *Legal and Criminological Psychology*, *10*(2), 157-171. https://doi.org/10.1348/135532505X36714

Chaiken, S., & Trope, Y. (Eds.). (1999). *Dual-process theories in social psychology*. The Guilford Press.

Cialdini, R. B., & Ascani, K. (1976). Test of a concession procedure for inducing verbal, behavioral, and further compliance with a request to give blood. *Journal of Applied Psychology*, *61*(3), 464-476. https://doi.org/10.1037/0021-9010.61.3.295

Conway, M., & Giannopoulos, C. (1993). Dysphoria and decision-making: Limited information use for evaluations of multiattribute targets. *Journal of Personality and Social Psychology*, *64*(4), 613-623. https://doi.org/10.1037/0022-3514.64.4.613

Darke, S. (1988a). Anxiety and working memory capacity. *Cognition and Emotion*, *2*(2), 145-154. https://doi.org/10.1080/02699938808408071

Darke, S. (1988b). Effects of anxiety on inferential reasoning task-performance. *Journal of*

Personality and Social Psychology, *55*(3), 499-505. https://doi.org/10.1037/0022-3514.55.3.499

DiClemente, C. C. (2003). *Addiction and change: How addictions develop and addicted people recover.* Guilford Publications Inc.

Dillard, J. P., Hunter, J. E., & Burgoon, M. (1984). Sequential request persuasive strategies: Meta-analysis of foot-in-the-door and door-in-the-face. *Human Communication Research*, *10*(4), 461-488. https://doi.org/10.1111/j.1468-2958.1984.tb00028.x

Evans, D. R., Hearn, M. T., Uhlemann, M. R., & Ivey, A. E. (1989). *Essential interviewing: A programmed approach to effective communication* (3rd ed.). Thomson Brooks/Cole Publishing Co.

Fishkind, A. (2002). Calming agitation with words, not drugs: 10 commandments for safety. *Current Psychiatry, 1*(4), 32-39. https://cdn.mdedge.com/files/s3fs-public/Document/September-2017/0104_Fishkind.pdf

Giebels, E., & Taylor, P. J. (2009). Interaction patterns in crisis negotiations: Persuasive arguments and cultural differences. *Journal of Applied Psychology, 94*(1), 5-19. https://doi.org/10.1037/a0012953

Giebels, E., Ufkes, E. G., & van Erp, K. (2014). Understanding high-stakes conflicts. In O. B. Ayoko, N. M. Ashkanasay, & K. A. Jehn (Eds.), *Handbook of conflict management research* (pp. 66-78). Edward Elgar.

Grubb, A. (2010). Modern day hostage (crisis) negotiation: the evolution of an art form within the policing arena. *Aggression and Violent Behaviour*, *15*(5), 341-348. https://doi.org/10.1016/j.avb.2010.06.002

Grubb, A. R. (2016). *A mixed-methodological analysis of police hostage and crisis negotiation in the United Kingdom* [Unpublished doctoral dissertation]. Coventry University. https://doi.org/10.13140/RG.2.2.22287.79522

Grubb, A. R. (2020). Understanding the prevalence and situational characteristics of hostage and crisis negotiation in England: An analysis of pilot data from the national negotiator deployment database. *Journal of Police and Criminal Psychology, 35*(1), 98-111. https://doi.org/10.1007/s11896-020-09369-z

Grubb, A. R. (2021). Understanding the communication dynamics inherent to police hostage and crisis negotiation. In H. Giles, E. R. Maguire, & S. L. Hill (Eds.), *The Rowman and Littlefield handbook of policing, communication, and society* (pp. 275-296). Rowman & Littlefield.

Grubb, A. R., Brown, S. J., Hall, P., & Bowen, E. (2019a). From "sad people on bridges" to "kidnap and extortion": Understanding the nature and situational characteristics of hostage and crisis negotiator deployments. *Journal of Negotiation and Conflict Management Research*, *12*(1), 41-65. https://doi.org/10.1111/ncmr.12126

Grubb, A. R., Brown, S. J., Hall, P., & Bowen, E. (2019b). The self-perceived successful hostage and crisis negotiator profile: A qualitative assessment of negotiator competencies. *Police Practice and Research: An International Journal*, *20*(4), 321-342. https://doi.org/10.1080/15614263.2018.1473772

Grubb, A. R., Brown, S. J., Hall, P., & Bowen, E. (2019c). "There's nothing that compares to it": A grounded theoretical analysis of the experiences of police hostage and crisis negotiators. *International Journal of Conflict Management*, *30*(3), 369-394. https://doi.org/10.1108/IJCMA-01-2019-0003

Grubb, A. R., Brown, S. J., Hall, P., & Bowen, E. (2021). From deployment to debriefing: Introducing the D.I.A.M.O.N.D. model of hostage and crisis negotiation. *Police Practice and Research: An International Journal*, *22*(1), 953-976. https://doi.org/10.1080/15614263.2019.1677229

Grubb, A. R., Brown, S. J., Hall, P., & Bowen, E. (2022). "The more you do, the more comfortable you feel”: Qualitatively mapping the police hostage and crisis negotiator journey. *Journal of Police and Criminal Psychology, 37*(1), 195-211. https://doi.org/10.1007/s11896-021-09486-3

Hartlage, S., Alloy, L. B., Vazquez, C., & Dykman, B. (1993). Automatic and effortful processing in depression. *Psychological Bulletin, 113*(2), 247-278. https://doi.org/10.1037/0033-2909.113.2.247

Hersen, M., & Van Hasselt, V. B. (1998). *Basic interviewing: A practical guide for counsellors and clinicians.* Lawrence Erlbaum Associates.

Horvath, A. O., & Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal of Consulting and Clinical Psychology, 61*(4), 561–573. https://doi.org/10.1037//0022-006x.61.4.561

Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38*(2), 139-149. https://doi.org/10.1037/0022-0167.38.2.139

Johnson, M. E. & Hauser, P. M. (2001). The practice of expert nurses: Accompanying the patient to a calmer space. *Issues in Mental Health Nursing, 22*(7), 651–668. https://doi.org/10.1080/016128401750434464

Karver, M. S., Handelsman, J. B., Fields, S., & Bickman, L. (2006). Meta-analysis of therapeutic relationship variables in youth and family therapy: The evidence for different relationship variables in the child and adolescent treatment outcome literature. *Clinical Psychology Review, 26*(1), 50–65. https://doi.org/10.1016/j.cpr.2005.09.001

Keinan, G. (1987). Decision-making under stress: Scanning of alternatives under controllable and uncontrollable threats. *Journal of Personality and Social Psychology, 52*(3), 639-644. https://doi.org/10.1037/0022-3514.52.3.639

Kelln, B., McMurtry C. M. (2007). STEPS-Structured Tactical Engagement Process: A model for crisis negotiation. *Journal of Police Crisis Negotiations, 7*(2), 29-51. https://doi.org/10.1300/J173v07n02_03

Lowe, T. (1992). Characteristics of effective nursing interventions in the management of challenging behavior. *Journal of Advanced Nursing, 17*(10), 1226-1232. https://doi.org/10.1111/j.1365-2648.1992.tb01839.x

Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*(3), 438-450. https://doi.org/10.1037/0022-006X.68.3.438

McMains, M. J., Mullins, W. C., & Young, A. T. (2021). *Crisis negotiations: Managing Critical Incidents and Situations in Law Enforcement and Corrections* (6th ed.). Routledge.

Miller, L. (2005). Hostage negotiation: Psychological principles and practices. International *Journal of Emergency Mental Health, 7*(4), 277-298. https://www.psychceu.com/miller/Miller_Hostage_Neg.pdf

Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). The Guilford Press.

Mohandie, K., & Meloy, J. R. (2010). Hostage and barricade incidents within an officer-involved shooting sample: suicide by cop, intervention efficacy, and descriptive characteristics. *Journal of Police Crisis Negotiations, 10*(1-2), 101–115. https://doi.org/10.1080/15332581003799737

Mowen, J. C., & Cialdini, R. B. (1980). On implementing the door-in-the-face compliance technique in a business context. *Journal of Marketing Research, 17*(2), 253-258. https://doi.org/10.2307/3150936

Mullins, W. C. (2002). Advanced communication techniques for hostage negotiators. *Journal of Police Crisis Negotiations, 2*(1), 63-81. https://doi.org/10.1300/J173v02n01_05

Noesner, G. (1999). Negotiation concepts for commanders. *FBI Law Enforcement Bulletin, 68*(1), 6-14. https://leb.fbi.gov/file-repository/archives/jan99leb.pdf/view

Noesner, G., & Webster, M. (1997). Crisis intervention: Using active listening skills in negotiations. *FBI Law Enforcement Bulletin, 66*(8), 13–19. https://leb.fbi.gov/file-repository/archives/august-1997.pdf/view

O'Keefe, D. J., & Figge, M. (1999). Guilt and expected guilt in the door-in-the-face technique. *Communication Monographs, 66*(4), 312-324. https://doi.org/10.1080/03637759909376482

O'Keefe, D. J., & Hale, S. L. (1998). The door-in-the-face influence strategy: A random-effects meta-analytic review. In M. E. Roloff (Ed.), *Communication yearbook 21* (pp. 1-33). Sage.

Perloff, R. M. (2010). *The dynamics of persuasion: Communication and attitudes in the 21st century* (4th ed.). Routledge.

Pham, M. T. (2007). Emotion and rationality: A critical review and interpretation of empirical evidence. *Review of General Psychology*, *11*(2), 155-178. https://doi.org/10.1037/1089-2680.11.2.155

Povey, R., Conner, M., Sparks, P., James, R., & Shepherd, R. (1999). A critical examination of the application of the Transtheoretical Model's stages of change to dietary behaviours. *Health Education Research, 14*(5), 641-651. https://doi.org/10.1093/her/14.5.641

Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology, 51*(3), 390-395. https://doi.org/10.1037/0022-006X.51.3.390

Prochaska, J. O., & DiClemente, C. C. (1986). Toward a comprehensive model of change. In W. R. Miller & N. Heather (Eds.), *Treating addictive behaviors: Processes of change* (pp. 3-27). Plenum Press. https://doi.org/10.1007/978-1-4613-2191-0_1

Prochaska, J. O., Norcross, J. C., Fowler, J. L., Follick, M. J., & Abrams, D. B. (1992). Attendance and outcome in a work site weight control program: Processes and stages of change as process and predictor variables. *Addictive Behaviors*, *17*(1), 35-45.

https://doi.org/10.1016/0306-4603(92)90051-V

Richmond, J. S., Berlin, J. S., Fishkind, A. B., Holloman, G. H. Jr., Zeller, S. L., Wilson, M. P., Rifai, M. A., & Ng, A. T. (2012). Verbal de-escalation of the agitated patient: Consensus statement of the American Association for Emergency Psychiatry project BETA de-escalation workgroup. *Western Journal of Emergency Medicine, 13*(1), 17-25. https://doi.org/10.5811/westjem.2011.9.6864

Rogan, R. G. (2011). Linguistic style matching in crisis negotiations: A comparative analysis of suicidal and surrender outcomes. *Journal of Police Crisis Negotiations, 11*(1), 20-39. https://doi.org/10.1080/15332586.2011.523302

Rogan, R. G., Hammer, M. R., & Van Zandt, C. R. (1997). *Dynamic processes of crisis negotiation: Theory, research and practice*. Praeger.

Royce, T. (2005). The negotiator and the bomber: Analyzing the critical role of active listening in crisis negotiations. *Negotiation Journal, 21*(1), 5-27. https://doi.org/10.1111/j.1571-9979.2005.00045.x

Ryan, C. J. & Bowers, L. (2005). Coercive manoeuvres in a psychiatric intensive care unit. *Journal of Psychiatric and Mental Health Nursing, 12*(6), 695-702. https://doi.org/10.1111/j.1365-2850.2005.00899.x

Sanbonmatsu, D. M., & Kardes, F. R. (1988). The effects of physiological arousal on information processing and persuasion. *Journal of Consumer Research, 15*(3), 379-385. https://doi.org/10.1086/209175

Shirk, S. R., & Karver, M. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*(3), 452-464. https://doi.org/10.1037/0022-006X.71.3.452

Silberman, E. K., Weingartner, H., & Post, R. M. (1983). Thinking disorder in depression: Logic and strategy in an abstract reasoning task. *Archives of General Psychiatry, 40*(7), 775-780. https://doi.org/10.1001/archpsyc.1983.01790060073009

Slatkin, A. A. (2009). *Communication in crisis and hostage negotiations* (2nd ed.). Charles C Thomas.

Thompson, J. (2013, August 13). *Hostage & crisis negotiators: Nonverbal communications basics*. Psychology Today. https://www.psychologytoday.com/gb/blog/beyond-words/201308/hostage-crisis-negotiators-nonverbal-communication-basics

Tice, D. M., Bratslavsky, E., & Baumeister, R. F. (2001). Emotional distress regulation takes precedence over impulse control: If you feel bad, do it! *Journal of Personality and Social Psychology, 80*(1), 53-67. https://doi.org/10.1037/0022-3514.80.1.53

Tiedens, L. Z., & Linton, S. (2001). Judgment under emotional certainty and uncertainty: The effects of specific emotions on information processing. *Journal of Personality and Social Psychology, 81*(6), 973-988. https://doi.org/10.1037/0022-3514.81.6.973

Vecchi, G. M. (2009). Conflict & crisis communication: The behavioral influence stairway model and suicide intervention. *Annals of the American Psychotherapy Association*, *12*(2), 32-39. https://link.gale.com/apps/doc/A218313990/AONE?u=anon~179d8583&sid=bookmark-AONE&xid=0a1b4bc7

Vecchi, G. M., Van Hasselt, V. B., & Romano, S. J. (2005). Crisis (hostage) negotiation: Current strategies and issues in high-risk conflict resolution. *Aggression and Violent Behavior, 10*(5), 533−551. https://doi.org/10.1016/j.avb.2004.10.001

Vecchi, G. M., Wong, G. K. H., Wong, P. W. C., Markey, M. A. (2019). Negotiating in the skies of Hong Kong: The efficacy of the Behavioral Influence Stairway Model (BISM) in suicidal crisis situations. *Aggression and Violent Behaviour*, *48*, 230-239. https://doi.org/10.1016/j.avb.2019.08.002

Virkki, T. (2008). The art of pacifying an aggressive client: ‘Feminine’ skills and preventing violence in caring work. *Gender, Work and Organisation*, *15*(1), 72-87. https://doi.org/10.1111/j.1468-0432.2007.00365.x

Zeller, S. L. & Rhoades, R. W. (2010). Systematic reviews of assessment measures and pharmacologic treatments for agitation. *Clinical Therapeutics*, *32*(3), 403-425. https://doi.org/10.1016/j.clinthera.2010.03.006