

FOR SECURITY,  
THREAT MANAGEMENT AND  
HUMAN RESOURCES PROFESSIONALS

# Safety at Work

Ellis Amdur, M.A., N.C.C., C.M.H.S.

William Cooper, M.B.A., M.P.A.



## Skills to Calm and De-escalate Aggressive and Mentally Ill Individuals

*A Comprehensive Guidebook for Corporate Security Managers,*

*Human Resources Staff, Loss Prevention Specialists, Executive Protection,*

*and others involved in Threat Management Professions*

An Edgework Book  
[www.edgework.info](http://www.edgework.info)

---

## Contents

Books by the Author (and Co-Author) .....	vi
In Gratitude for Expert Critique .....	vii
Introduction.....	ix
<b>SECTION I Core Requirements .....</b>	<b>1</b>
Chapter 1 The Development of a Safety Mindset: Systems Issues.....	3
Chapter 2 Threat Assessment .....	7
Chapter 3 Safety Planning and Risk Reduction: Practical Issues.....	15
Chapter 4 Show-of-force.....	25
<b>SECTION II Honing Intuition .....</b>	<b>31</b>
Chapter 5 Training Your Intuition to Pick Up Danger.....	33
Chapter 6 The Texture of Relationship: Intuition in Action .....	37
<b>SECTION III Centering.....</b>	<b>41</b>
Chapter 7 Introduction to Centering.....	43
Chapter 8 The Power of Gravity.....	45
Chapter 9 A Fair Witness: Peer Support as a Survival Tactic.....	47
Chapter 10 It is Not Personal Unless You Make It So.....	49
Chapter 11 Circular Breathing: Be the Eye in the Center of the Hurricane .....	53
Chapter 12 The Joy and Intoxication of Righteous Anger .....	59
<b>SECTION IV Unusual, Intense, and Eccentric Communication Styles .....</b>	<b>61</b>
Chapter 13 Overview.....	63
Chapter 14 Rigid Personality (Asperger's Syndrome and Similar Disorders) .....	65
Chapter 15 Tell It Like It Is: Communication With Concrete Thinkers .....	69
Chapter 16 Information Processing and Retention: Consolidating Gains.....	71
Chapter 17 Coping With Stubborn Refusals.....	73
Chapter 18 Coping With Repetitive Demands, Questions, and Obsessions .....	75
Chapter 19 The Need for Reassurance .....	77
Chapter 20 Dealing With Mood Swings .....	79
Chapter 21 They Are Not Moving: What to do? .....	81
Chapter 22 Grievances: Should a Security Professional Ever Apologize? .....	83

Chapter 23	If There Is a Problem, That Would Be Your Fault: Useful Tactics for Dealing With Symptoms of Paranoia and Persecution.....	85
<b>SECTION V</b>	<b>Recognizing the Strategies of Manipulative and Opportunistic Individuals ...</b>	<b>89</b>
Chapter 24	Divide and Confuse: Borderline Personality Disorder and Splitting.....	91
Chapter 25	Bad Intentions: Recognizing the Strategies of Opportunistic and Manipulative Individuals.....	95
Chapter 26	Tactical and Safety Considerations Concerning the Psychopathic Individual.....	99
<b>SECTION VI</b>	<b>Communication With Those With Severe Mental Illness or Other Conditions That Cause Severe Disability.....</b>	<b>105</b>
Chapter 27	Overview.....	107
Chapter 28	Struggling in a Fog: Dealing With Symptoms of Disorganization.....	109
Chapter 29	Latency: Dropping Stones Down a Well.....	113
Chapter 30	Withdrawal From Intoxicating Substances.....	115
Chapter 31	Psychosis: Delusions and Hallucinations.....	117
Chapter 32	Communication With an Individual Experiencing Delusions or Hallucinations.....	121
Chapter 33	Welcome to the Rollercoaster: Tactics for Dealing With Symptoms of Mania.....	131
Chapter 34	Communication With People With Dementia (Elderly).....	135
<b>SECTION VII</b>	<b>Suicide.....</b>	<b>137</b>
Chapter 35	Why Should Suicide Be a Concern of a Security Professional?.....	139
Chapter 36	The Essentials of Intervention With Someone You Believe Might Be Suicidal.....	141
Chapter 37	The Four Questions.....	143
Chapter 38	The Art of Communication With a Suicidal Person.....	147
Chapter 39	Self-mutilation and Para-suicidal Actions.....	151
<b>SECTION VIII</b>	<b>Recognition of Patterns of Aggression.....</b>	<b>153</b>
Chapter 40	The Cycle of Aggression.....	155
Chapter 41	Why Would an Individual Become Aggressive?.....	161
Chapter 42	What Does Escalation Look Like?.....	165
<b>SECTION IX</b>	<b>De-escalation of Angry Individuals.....</b>	<b>171</b>
Chapter 43	Preemptive De-escalation.....	173
Chapter 44	Physical Organization in the Face of Aggression.....	175
Chapter 45	Tone and Quality of Your Voice for De-escalation.....	181
Chapter 46	Across the Spectrum of Anger.....	185
Chapter 47	Diamonds in the Rough: Essential Strategies for the De-escalation of Anger.....	189
Chapter 48	Tactical Paraphrasing: The Gold Standard With Angry Individuals.....	195
Chapter 49	Big Mistakes That Seem Like Such Good Ideas at the Time.....	201

---

<b>SECTION X</b>	<b>Managing Rage and Violence</b> .....	205
Chapter 50	Preface to Rage.....	207
Chapter 51	Chaotic Rage: A Consideration of Rage Emerging From Various Disorganized States.....	209
Chapter 52	Terrified Rage.....	215
Chapter 53	Hot Rage.....	217
Chapter 54	Predatory or Cool Rage .....	231
Chapter 55	De-escalation of Developmentally Delayed Individuals .....	235
Chapter 56	Feeding Frenzy: Mob Rage .....	237
<b>SECTION XI</b>	<b>Managing Rage and Violence—The Aftermath</b> .....	239
Chapter 57	The Aftermath: What Happens to the Aggressive, Mentally Ill Individual After an Aggressive Incident? .....	241
Chapter 58	Managing Threats to Your Family.....	243
Chapter 59	Conclusion.....	245
<b>SECTION XII</b>	<b>Staff Working in Specialized Roles</b> .....	247
Chapter 60	Newly Hired Security Professionals .....	249
Chapter 61	Support Staff: Managing Aggressive Individuals in the Lobby and on the Phone .....	251
<b>APPENDIXES</b>	.....	259
Appendix A	Frequent Precipitants in Incidents of Worksite Violence.....	261
Appendix B	The Viewpoint of OSHA.....	263
Appendix C	Security Assisted Termination Request Form .....	265
Endnotes .....		267
About the Authors.....		269

# CHAPTER 33

## Welcome to the Rollercoaster: Tactics for Dealing With Symptoms of Mania

### Figure 33.1 Concerning Mania

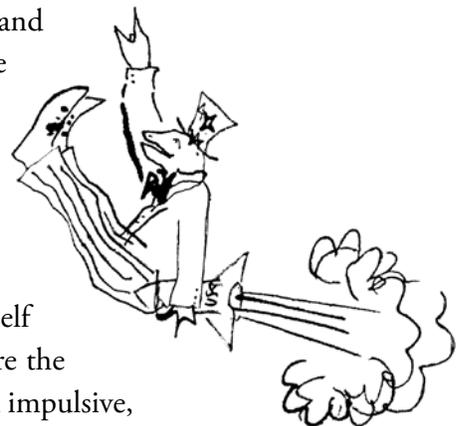
Do not assume that people prone to mania will not be present on your worksite, either as customer/clients or as employees. Mania usually emerges from two sources: stimulant drug abuse and as the “up” phase of bipolar disorder. (Also known as manic depression.).

One of the hallmarks of stimulant abuse is that in its beginning stages the person can actually function *better* than normal. It is only after continued abuse that the hallmark signs of deterioration emerge, including hyperactivity, agitation, paranoia, even psychosis.

Similarly, those with bipolar disorder can function as very productive members of society. For many, the medications allow them to live absolutely uneventful and normal lives. Many others do not take medications, but they either show no signs of the illness most of the time, except for brief, albeit dramatic, episodes, or as often happens they have their first manic episode while on the worksite. In other words, no one, including themselves, knew that they were ill: their lives suddenly explode.

Mania is a state of high energy. Manic individuals need little sleep, and can be excited, grandiose, agitated, or irritable. They often have flights of fancy, which can be either creative or completely irrational. Their speech is often pressured: not only is it rapid, but there is a sense that there is more to say than they can get out.

They are usually extremely confident, even to the degree of believing themselves to be invulnerable. Manic individuals are often self centered. They feel wonderful, and their own needs and desires are the only things that matter. Their judgment can be extremely poor and impulsive, and they engage in behaviors that can put them or others at risk.



**Figure 33.2 Beyond Mania Is Chaos**

Aside from bipolar disorder and stimulant drug abuse, people with different brain malfunctions can have periods of agitation that may look very much like mania, but this kind of delirium is usually more extreme than the classic manic state. Such people are usually quite confused and disorganized. On the other hand, manic people can get so agitated, called manic excitement that they shift into a delirium state. All such individuals are de-escalated using the strategies described in Chapter 51 on Chaotic Rage.

Manic individuals are particularly vulnerable because they are most susceptible to making harmful decisions when they feel wonderful. Imagine the best spring day of your life. The sky is blue, birds are singing, and a gentle breeze keeps things just cool enough to be comfortable. You wake up and literally jump out of bed, happy to be alive. You have so much energy that it feels like there is champagne in your veins. You know you will make some new friends today, so you are going to go to the park, the club, and the bar—whatever—and just enjoy life. Imagine that feeling day-after-day, multiplied by ten or twentyfold. Can you see how easy it would be to begin to make unwise choices, how your confidence could lead you to, for example, hijack that freight train because you always wanted to be an engineer?<sup>12</sup>

When you feel this good, it seems like a good idea to feel *even better!* Thus, manic people very often want to party. Drugs and alcohol are very tempting, spending money to buy anything and everything one wants leads to credit cards run to the max, and often the energy turns sexual and the manic person gets involved with people who may be inappropriate for them or even dangerous. On the flip side, manic people—stimulant drug users or not—sometimes try to calm themselves with other drugs: barbiturates, heroin, and alcohol. Alcohol can have a “paradoxical effect” on some manic individuals, further exciting rather than sedating them.<sup>13</sup>

Manic people often talk in rapid cascades of words, a waterfall of ideas leaping from one area to another. Sometimes you can follow their thoughts, although they are speaking very rapidly, but at other times, they leap and zigzag, making connections that have little or no meaning to you.

In extreme manic states, people can become psychotic, with all the symptoms of grandiosity, persecutory, paranoid, and religious delusions that any other psychotic individual might.

Some manic people become very irritable. They can have a hair-trigger temper, and may also be provocative. Rather than merely being reactive, some will aggressively tease and taunt other people. It may seem to be in good fun, at first, but it goes way too far. Others may simply try to pick a fight. Because manic individuals can easily become angry or even violent, the authors recommend strongly that Security Professionals familiarize themselves with the latter sections in this book concerning the de-escalation of anger and rage.

### **Brittle Grandiosity**

Manic people can act as if they do not have a care in the world. They spin ideas, one after another, and expect both agreement and admiration. They seem utterly self-confident. However, truly self-confident individuals are resilient; unfair criticisms seem to bounce off them. They can respond either with a gracious laugh or a dignified response. Think of manic grandiosity, however, as a fragile structure, like a tower made of spun sugar. It glitters, it glows, and it is huge! But tap the wrong strut or beam and the entire tower falls down in shards.

If you bluntly criticize individuals who are manic, they can experience your criticism as a personal attack, and from giddy happiness, they suddenly turn on you in rage. If you tease them about their somewhat irrational ideas, try to joke around with them, or laugh at something funny that they said, they easily misinterpret this, too, as an attack, thinking you are making fun of them. In other words, consider the manic flight of words to be a kind of hysteria. Even when they appear happy, it is as if they are on a giddy flight hanging onto a helium balloon. It certainly is thrilling: until they look down! Miscalculated teasing or criticism is experienced as if you are poking at the balloon with a needle

#### **Figure 33.3 Author's Example: They may be acting like a comedian, but they are not trying to be funny!**

One of the writers recalls a little guy who had lined up over five thousand “matchbox” cars on every projecting surface of the inside of his house. None were glued, but they were perfectly balanced, even on the molding on the walls! Because he had overdosed, we took him to the hospital. He was given charcoal, and as he sat on a gurney, belching black fluid down his chin into a pan, he was talking non-stop, chirping like a little bird, asking why, if this medicine was so bad, they had given it to a man like him? It was both a reasonable question and, under the particular circumstances, funny. One of the nurses began to laugh, and he threw the metal basin he was holding right at her head, and still spewing black vomit, grabbed her by the throat, screaming, “This isn't funny. Nothing's funny!”

### **Watch Out! Mania can be Infectious**

Although manic individuals can present themselves as brilliant conversationalists, witty, sexy, provocative, entertaining, Security Professionals must be wary of being seduced by their overt friendliness or entertaining demeanor. Do not allow an individual's apparent personality (He is such a nice guy, a lot of fun!), to cloud your professional judgment and responsibilities.

If you accept, or go along with, the manic individual's actions without contradiction and appropriate limit setting, he/she will assume you are in agreement with them. However, when you subsequently sanction them for those behaviors, they may suddenly turn on you in betrayed anger.

Do not get swept up in the individual's behavior, no matter how apparently innocuous or entertaining they appear. Manic individuals can be very manipulative, while appearing to be friendly and engaging, they are only doing so in an effort to control the relationship. Remember, the manic individual may be very provocative (think of the relationship of the Road Runner and the Coyote), trying to set you up for an over-reaction or making you look like a fool. As said earlier, they often sexualize interactions; you must be very cautious that they do not perceive sexual interest on your part based on your letting pass some innuendo or mild flirtatious comment.

There is an old expression: "He's a drag," referring to someone who slows the party down. That can be an effective approach with the manic person. In order to do this:

- Stay centered.
- Do not get swept away or swept up in their energy.
- Focus on slowing things down. Speak slower, and take things step-by-step.

#### **Figure 33.4 Review: Dealing With a Person in a Manic State**

You will recognize the manic person because they will display super high energy. They will often be talking very fast and their ideas will "zigzag" from one to another. They often act like comedians, with a rapid-fire delivery. Their behavior may also be either sexualized or hair-trigger aggressive. In either case, they will very likely be provocative.

- Remain calm and centered.
- Be conscious of their "brittle" state of mind, in spite of how confidently they behave. Grandiose does not mean strong!
- Do not bluntly criticize their actions.
- Do not tease or joke around. If you use any humor, it is for the purpose of slowing them down, not having fun.
- Do not join in what sounds like fun. It is not.
- They may try to provoke you (Think of the Road Runner and Coyote, or Bugs Bunny and Elmer Fudd.).
- They can be very volatile, exploding into rage with the slightest provocation. Be relaxed but ready for the worst.
- If the manic person is also psychotic (Chapter 32), those tactics will probably take precedence. In these situations, you basically have a hallucinating or delusional person who also happens to be moving and talking very fast.