



# Therapeutic Aggression Control Techniques

## A Relationship Centered Approach to Aggression

---

Dr. Steve Parese PO Box 336 Danbury, NC 27016  
(336) 593-3533 www.TACT2.com SBParese@aol.com

## PROGRAM INFORMATION

### THE PROBLEM

According to 2003 U.S. Census Bureau data, there are more than 53 million school-age children (age 5-17) in the U.S.. While the majority of these children may live in healthy homes and neighborhoods, a disconcerting number do not. Thirteen percent (13%) of all children (almost 40% of all Black or Hispanic children) live in poverty-stricken households. Over 530,000 children are in foster care. More than 1.2 million U.S. kids drop out of school each year, including almost half of all Black and Hispanic teens. The percentage of children and youth who are sexually active by age 14 continues to rise, along with use of alcohol and illegal drugs, exposure to crime and violence, and homelessness.

Many of these at-risk children and youth find themselves removed from their homes and schools, exiled to alternative schools, residential treatment centers, wilderness programs, group homes, and juvenile correctional facilities. Staff of these agencies are poorly prepared to deal with the multitude of emotional and behavioral problems these children and youth present. Statistics show that as many as 65-75% of juvenile offenders have one or more psychiatric disorders, though most juvenile facilities do not have the resources to serve them.

The focus in many programs is often upon behavioral control and compliance, and physical force may frequently be used when youth are dangerous, or even noncompliant. Use of physical force with troubled youth predictably leads to resistance, and resistance to restraint. A 1998 investigation by the Hartford Courant drew national attention to the startling number of deaths in mental health institutions and group homes: 142 confirmed deaths during or shortly after restraint or seclusion from 1988-98, many to young people. Because so many cases are misreported, the Harvard Center for Risk Analysis estimated that a more accurate count was actually between 50-150 restraint related death per year.

### THE SOLUTION

When youth are out of control, safety depends entirely upon staff, who may be on the edge of crisis themselves. Safe and effective behavioral interventions depend upon thorough, competency-based crisis intervention training, which emphasizes development of both professional skills and professional judgment.

To answer this need, Therapeutic Aggression Control Techniques (TACT-2) offers dynamic staff training in:

1. Crisis Prevention, by developing awareness of both youth and adult reactions in crisis situations.
2. Verbal Intervention, by enhancing skills in both emotional counseling and behavior management.
3. Physical Intervention, by coaching effective methods of self-protection, escort, and full restraint while safeguarding youth.

TACT-2 is a relationship-centered response to aggression. It is based on a philosophy of understanding the source of a student's immediate problem, then using both relationships and rules to manage misbehavior. Staff must vigilantly safeguard students' physical and emotional safety by utilizing professional judgment and skills during times of stress, by being at their best when students are their worst: in crisis.

## THE DETAILS

TACT-2 is a comprehensive training program whose contents include:

### Day 1: Crisis Prevention (5-6 hours)

- a. Professional decision making in crisis
- b. Causes of deliberate (functional) misbehavior
- c. Causes of emotional (irrational) crisis
- d. Stages of escalation within youth
- e. Adult issues in crisis

### Day 2: Verbal Intervention (5-6 hours)

- a. Skills for de-escalating and counseling emotional crises (giving space, active listening, and therapeutic problem solving)
- b. Skills for preventing and managing behavioral problems (friendly reminders, fair warnings, and firm confrontations)
- c. Written test of verbal skills

### Day 3: Physical Intervention (5-6 hours)

- a. Justifications for physical intervention
- b. Self-protection techniques
- c. Standing holds and escort techniques
- d. Seated restraint techniques
- e. Safeguarding restraints and releasing youth
- f. Practical test of physical skills

Due to growing concerns about the potential dangers of positional asphyxia during prone restraints, the TACT-2 program offers training in only standing and seated restraints.

## BASIC TACT-2 TRAINING & TRAINING OF TRAINERS

Staff certification in Basic TACT-2 requires full attendance, workbook completion, a written test of knowledge and professional judgment, and a practical test of physical skills. Annual 6-hour refreshers, conducted by internal TACT-2 trainers using reproducible materials, are required for staff to maintain Basic TACT-2 certification.

TACT-2 Trainer certification requires completion of a 4-day Training of Trainers, led by the author, Dr. Steve Parese. In addition to the requirements above, prospective TACT-2 trainers must co-teach both verbal and physical demonstration lessons, and attend an annual 1-day recertification, during which their verbal and physical skills are reassessed. TACT-2 trainers leave with the skills and materials to begin training right away, including a trainer's manual with reproducible supplements, PowerPoint CD, and a starter set of 10 workbooks. Implementation of the TACT-2 program may require additional workbooks (\$5 - \$7 ea.) for initial Basic TACT-2 training, though reproducible booklets for staff refreshers are provided.

*More information about TACT-2 may be found by visiting [www.TACT2.com](http://www.TACT2.com), or by contacting Dr. Steve Parese directly at [SBParese@aol.com](mailto:SBParese@aol.com) or (336) 593-3533.*