



Therapeutic Aggression Control Techniques v.2

Trauma-Informed. Relationship-Centered. Competency-Based.

Dr. Steve Parese PO Box 336 Danbury, NC 27016
(336) 406-1083 www.TACT2.com SBParese@aol.com

PROGRAM INFORMATION (2025)

THE PROBLEM

Children at risk. According to U.S. Census Bureau data, there are more than 55 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. More than 22% percent of all 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. Despite abstinence campaigns, 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, and exiled to alternative schools, residential treatment centers, wilderness programs, group homes, and juvenile correctional facilities. Staff at these agencies are often 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.

Deadly restraints. For decades, the focus in many behavioral programs has been upon control and compliance, enforced physically even when behaviors were not truly dangerous. A 1998 investigation by the Hartford Courant newspaper drew national attention to a startling number of deaths in mental health institutions and group homes, leading many states to adopt strict standards for training and limitations on physical interventions. Even so, many line staff receive only minimal instruction, and are often unequipped to de-escalate crises without the use of physical force.

OUR 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 intervention depends upon thorough, competency-based crisis intervention training to develop both professional skills and professional judgment.

To answer this need, Therapeutic Aggression Control Techniques (TACT2) offers training in:

1. Crisis Prevention, by developing a deeper understanding of WHY youth act out, skills in early detection and de-escalation, and greater awareness of staff's own anger.
2. Verbal Intervention, by enhancing skills in active listening, basic counseling, and values-based behavior management before and after crisis.
3. Physical Intervention, by learning effective self-protection techniques, standing holds, team escorts, and safe (non-prone) restraints while safeguarding the well-being of youth.

THE DETAILS

TACT₂ is a comprehensive training program, the contents of which include:

Day 1: Crisis Prevention (6 hours) = How to:

1. Utilize a therapeutic decision making model in crisis.
2. Use four cues to distinguish between deliberate misbehavior and true emotional crisis.
3. Identify underlying needs which drive deliberate misbehavior.
4. Recognize both internalizing and externalizing signs of childhood trauma.
5. Understand the impact of Adverse Childhood Experiences (ACEs) on children and youth.
6. Recognize four distinct phases of emotional crisis and responding proactively to each.
7. Avoid anger traps and unnecessary power struggles during an escalating conflict.

Day 2: Verbal Intervention (6 hours) = How to:

1. Recognize and minimize the impact of our own Adverse Childhood Experiences.
2. De-escalate students who are in genuine emotional crisis.
 - a. Giving space (without giving up) when a youth is highly escalated.
 - b. Actively listening to allow an upset youth to begin venting.
3. Manage students who are deliberately misbehaving.
 - a. Subtly reminding youth to correct a minor misbehavior.
 - b. Fairly warning of upcoming consequences to encourage better decisions.

Day 3: Physical Intervention (4-8 hours) = How to:

1. Identify situations which legitimately justify physical intervention.
2. Protect ourselves from assaults (including grabs, chokes, headlocks, hair pulls, and bites, if needed) without harming youth.
3. Hold escalated youth using bear hugs, cradle holds, and double arm bar holds to prevent them from assaulting others or harming themselves.
4. Escort an agitated youth to a safe area.
5. Safely restrain a dangerously out of control youth using seated and supine (face up) team restraints.

TACT₂ STAFF TRAINING

Staff training in Basic TACT₂ requires two days of verbal interventions and one additional day for physical interventions. Certification requires full attendance, workbook completion, a written test, and a practical test of physical skills. Annual 1-day recertification with a certified staff trainer is required.

TACT₂ TRAINING OF TRAINERS

TACT₂ Staff Trainer certification requires completion of a 4-day Training of Trainers. In addition to the requirements above, prospective TACT₂ staff trainers must demonstrate strong verbal and physical skills, competently teach demonstration lessons, and model professional judgement throughout. Annual 1-day recertification with a Master or Senior Trainer is required.

For more information about becoming a TACT₂ certified trainer, or receiving TACT₂ training from a local contract trainer, see the home page of [TACT₂.com](http://TACT2.com) or contact the author: