



## Therapeutic Aggression

### Control Techniques v.2

To: All TACT2 Trainers and Administrators  
From: Steve Parese, Ed.D., Founder, TACT2 Institute  
Date: March 1, 2022

Re: **Recommendations regarding use of TACT2 PHYSICAL INTERVENTIONS**

The CDC has recently altered its recommendations regarding masking. The changes apply to individuals from low- to moderate-risk counties, those where the rate of new cases and test positivity is fairly low. This is very good news for those schools or agencies located in such regions. The rest of us (37% of the nation) are still strongly advised to wear masks in all indoor public settings.

Since many of my clients draw students or residents from high-risk areas, I wish to offer the following recommendations for use of TACT2 physical interventions. The first will center on reducing the likelihood of physical interventions driven by deliberately dangerous behavior. The second focuses on reducing those dangerous behaviors driven by emotional crisis. The last will offer recommendations approaching dangerous situations while minimizing the risk of greater harm.

#### **1: Prevent deliberate danger using behavioral concepts, including PBIS.**

- a. **Discuss and display positively stated expectations** about low-risk, safe behavior. Publicly reinforce compliance with expectations by praising values of safety, consideration, and self-control. Conspicuously address non-compliance in the same way, criticizing such behavior as unsafe, inconsiderate, putting everyone at risk, etc.
- b. **Identify students who are most likely to act out dangerously.** These may include youth who experienced a large number of restraints in the previous school year, who have had repeated contact with law enforcement over the summer, have diagnoses of conduct disorder or oppositional defiant disorder, etc. Speak to each student individually, discuss expectations, and require them to sign agreements regarding safe behavior. Track their behaviors daily, rewarding compliance and enforcing consequences for risky or unsafe behavior.

- c. **Closely monitor transition times and places when chaos is most common** and supervision is most limited. Create a consistent, attentive, and very vocal presence at such times (e.g., arrival, meals, class or shift changes, and dismissal) and places (e.g., entry and exit doors where youth cluster, dining rooms, stairwells, and bathrooms).
- d. **Create opportunities for students to regularly meet their social needs** for belonging, importance, fun, and freedom without violating safety expectations or putting others at risk.
- e. **Prevent unnecessary power struggles** which could escalate into dangerous situations by intentionally supporting all staff. Staff who feel stressed, uncertain, fearful, etc. are more likely to fall into anger traps and use poor judgment. Regular retraining and refreshers with TACT<sub>2</sub> content regarding behavior management and anger traps can be helpful.

## 2: Preventing emotional danger using concepts of trauma-informed care.

- a. **Learn as much as possible about students' home lives.** The more we know, the more accurate we can be in separating deliberate vs emotional issues and providing early interventions.
- b. **Identify students with significant trauma in their lives,** as they are most likely to act out in self-defeating ways. Pair each with a staff mentor for daily support, as well as with a clinical person for therapeutic issues. The more support these youngsters have, the less likely they are to feel desperate and act out impulsively.
- c. **Provide significant therapy support for students experiencing crises** in their home lives. Youth may have sick family members, extremely limited financial resources, unstable living situations, etc. If they have opportunities to talk out their feelings, they are less likely to act them out. Consider creating proactive support groups and social-emotional skills training groups as well as providing individual therapy.
- d. **Provide regular "emotional check-ins"** with these students to build accountability and self-esteem, and to teach self-regulation and self-control.
- e. **Prevent stress-related staff issues by actively encouraging and providing opportunities for healthy self-care.** Create support groups and check-ins for staff as well, and encourage them to vent their concerns as needed. As stated above, regular retraining and refreshers with TACT<sub>2</sub> content can remind staff about trauma-informed care principles and help them remain in professional mode during stressful interactions.

### **3: Intervening in dangerous situations while minimizing risk of greater harm.**

- a. **Adopt and enforce a policy of “Contain Don’t Restrain.”** Train staff to carefully consider all factors, including their own emotional state, the risk of exposure to others, and the relative *unimportance* of minor property damage, when making decisions about physical interventions.
- b. **Don safety gear before intervening physically** (including gloves, new N-95 breathing masks, and eye/face shields). Wash or disinfect hands thoroughly before and after any close contact.
- c. **When dangerous situations occur, move quickly to isolate youth who are placing themselves or others at risk, without actually putting hands-on.** Use verbal reassurances and redirections, and remove all uninvolved students and non-essential staff as quickly as possible. Use objects (e.g., cushions as shields) and obstacles (e.g., doors that can be closed) to block dangerous youth from acting in ways that put others at greater risk, and continue to calm verbally.
- d. **Use brief hands-on holds or escorts ONLY when all other attempts have been exhausted,** and then only to move dangerous youth to a safer setting, releasing as quickly as possible. Do NOT initiate lengthy holds or takedowns. If needed, escort dangerous youth to the main door, release outside, and report to law enforcement.
- e. **Keep youth who have been physically aggressive separated from others** even after they have calmed down, while their health status is evaluated. Contact parents or caretakers, health professionals, and law enforcement as needed.
- f. **If there has been any evidence that staff safety gear** (especially masks) have been compromised, keep staff safely isolated as well.
- g. **Follow up with student removal from school for a limited period of time as well as applicable legal consequences.** This is both for the safety of the student body (while the aggressive youth is in a period of quarantine, e.g.) and to make a clear statement about the importance of safety in the era of COVID-19.

### **In closing**

When staff are true to the behavioral and therapeutic principles of TACT<sub>2</sub>, and implement the training program according to our Standards of Implementation, I will be there to advise and support you in times of crisis. I ask your organizations to abide by my guidelines and carefully consider my recommendations, in hopes of avoiding greater crisis and catastrophe.

TACT<sub>2</sub> clients acknowledge that no guarantees are made or implied regarding the safety of restraints using TACT<sub>2</sub> techniques, nor does Steve Parese (d/b/a SBP Consulting, Inc.) accept any liability whatsoever for children or adults who may be injured or infected during such a restraint.