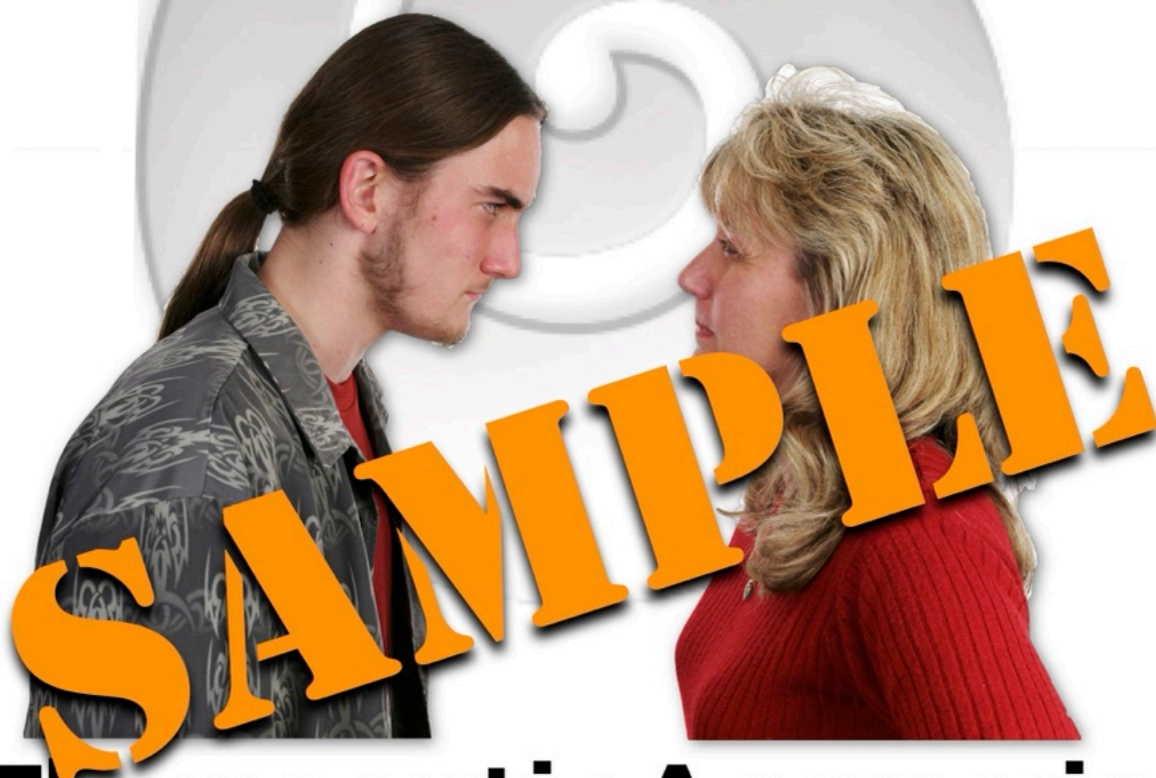


TACT2



Therapeutic Aggression Control Techniques v.2

Trauma-Informed Approach to Managing Crisis with At-Risk Youth

Workbook for Staff

Name:

Comprehensive Crisis Intervention Training for Staff Working with Challenging Adolescents

TACT2

Therapeutic Aggression Control Techniques

Updated
2019

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"Therapeutic Aggression Control Techniques v.2" is a product of SBP Consulting, Inc. and was written by Dr. Steve Parese. It consists of a trainer's manual, Power Point presentations, and staff workbook, no portion of which may be copied for any purpose without the express written permission of the author. For more information regarding training in this program, contact:

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Therapeutic Aggression Control Techniques v.2

Acknowledgments

Evolution of TACT2. The TACT2 program is based on over 25 years of research, development, field testing and use in group homes, emergency shelters, hospitals, residential treatment centers, wilderness camps, after school programs, and public or alternative schools. The original form of TACT was developed in 1994, with significant changes made to both verbal and physical intervention components in 1997 (hence TACT2). In 2006, in response to growing concern nationwide regarding the dangers of positional asphyxia, the prone takedown was replaced with seated and supine techniques.

ACEs in 2019. In 2019, in response to an emerging body of research on the impact of childhood trauma, we have added significant content on Adverse Childhood Experiences (ACEs). There is a renewed emphasis on adult anger traps and unnecessary power struggles, and exercises helping staff to recognize the presence and effects of their own ACEs as well.

Spiral TACT2 logo. The TACT2 logo is inspired by the New Zealand Maori "koru." Based on an unfurling fern, to the Maori the koru symbolizes new life, new beginnings, and new journeys.

Grounded in Theory. The practical works of Drs. William Glasser (Reality Therapy/Choice Theory), George Sugai & Robert Horner (Positive Behavior Support) have informed TACT2's conceptualization of deliberate misbehavior. The work of Drs. Nicholas Long (Life Space Intervention) and Carl Rogers has contributed greatly to our approach to emotional crisis. I have also been deeply influenced by Dr. Sandra Bloom's work on trauma-informed care, and by researchers such as Drs. Vincent Felitti and Robert Anda, who initially explored the impact of Adverse Childhood Experiences (ACEs).

Physical Techniques. The TACT2 physical skills are derived largely from commonly practiced wrestling and self-defense techniques. While no blanket guarantees can be made, these highly effective techniques have been carefully engineered to protect the safety and dignity of both youth and staff. They have been adapted for the TACT2 program with the expert assistance of a trusted martial artist and a wrestling coach in Virginia, and modified as needed based on years of feedback.

Gratitude for Contributions. My thanks to the 900+ dedicated TACT2 trainers who have skillfully delivered this program over the years, many of whom have contributed to its evolution over the past two decades. In particular, I wish to thank a number of talented individuals for their input and contributions to previous and current versions of this program: Dr. Christopher Wolfel at Colonial Intermediate Unit #20, Easton, PA; Lynn Elliot at A2Z Strategies and John Lochte at High Road Schools, both in Baltimore, MD; Teresa Lyons at Health Recovery Services, Athens, OH; the entire Leadership Team at Omni Visions, Nashville, TN; and always, Carolyn Parese, my wonderful wife, faithful partner, and eagle-eyed proofreader. I am truly blessed to have your help, loyalty, and encouragement.

Day One: Crisis Prevention



Therapeutic Aggression Control Techniques v.2

Today, we will learn:

1. How to utilize a therapeutic decision-making model in crisis, and use diagnostic cues to separate deliberate misbehavior from emotional crisis.
2. How to identify four social needs driving deliberate misbehavior, and provide positive alternatives instead.
3. How to understand the impact of childhood trauma, low self-esteem, and situational stress on a child's behavior during an emotional crisis.
4. How to identify four predictable phases of an escalating emotional crisis, and choose helpful strategies to manage each phase.
5. How to recognize and manage five adult anger traps.

"Every child needs at least one adult who is irrationally crazy about him."

Dr. Urie Bronfenbrenner

TACT2 Survey

1. Jesse (14) is a withdrawn student at an alternative school. He lives with his alcoholic mother and younger sister in a small, dirty trailer, so he seldom gets his basic needs met at home. Today, Jesse came to first period class 10 minutes late, hoping to escape notice. However, Samantha (on whom Jesse has a crush), spotted him: **"What is that smell? Oh yuck, it's Junkyard Jesse."** Jesse immediately turned red, made an excuse to use the restroom, and left the classroom as his classmates laughed. He was found standing near the boys' room, mumbling to himself with tears in his eyes.

What would be your initial intervention?

- Physically escort Jesse back to class.
- Walk past without saying anything, but check on him later.
- Give him immediate consequences for being out of class.
- Encourage Jesse to tell you what's going on.



2. Tanisha (17) is a popular girl from a middle class family who attends a public charter school. Tanisha and her friends often hang out at her house unsupervised, and spend a lot of time gossiping about other students on social media sites. Recently, their favorite target has been Carrie, a new student in their school. Today in biology class, Tanisha made some rude comments about Carrie's sexuality: **"So Carrie, is it true you're a LEZBO? Were you born that way, or were you like, 'turned'?"** The class erupted in laughter as the teacher tried to restore order.

What would be your initial intervention?

- Physically remove Tanisha from the room.
- Ignore the comment and refocus on the lesson.
- Firmly warn Tanisha of consequences of such teasing.
- Tell the class to be more tolerant of Carrie's differences.



3. Carrie (16) is a loner who lives in a girls' group home, but attends a local charter school. She has a long history of self-abusive behavior, including piercing, tattooing and cutting, and is often hostile toward staff who try to help. For the past year, Carrie has been questioning her sexuality, which has led to a great deal of ridicule and cyberbullying from her classmates. Today, Carrie was being taunted by Tanisha in biology class. The teacher tried to calm the group: **"Come on, kids. Let's be a little more understanding of Carrie's differences, instead of putting her down...."** Humiliated by this patronizing comment, Carrie cursed out her teacher, then stormed out of the classroom, tearing posters from the wall.

What would be your initial intervention?

- Physically stop her from removing the posters.
- Let her go and give her time to calm down, but inform other staff.
- Give Carrie consequences for disrespect and destruction of property.
- Help Carrie express her feelings toward Tanisha in a healthier way.



4. James is a tough 15-year-old who lives in a group home with 11 other youth. Back home, he was a member of an informal street gang that often had run-ins with rival groups. James has mostly kept to himself since he arrived, but earlier today, he got into a shoving match in the hallway with a boy he knew from back home. Staff quickly separated them, but the grudge grew as the day progressed. It peaked after lunch during a basketball game when James threw an elbow at the other boy's jaw, and the two started swinging wildly at each other.

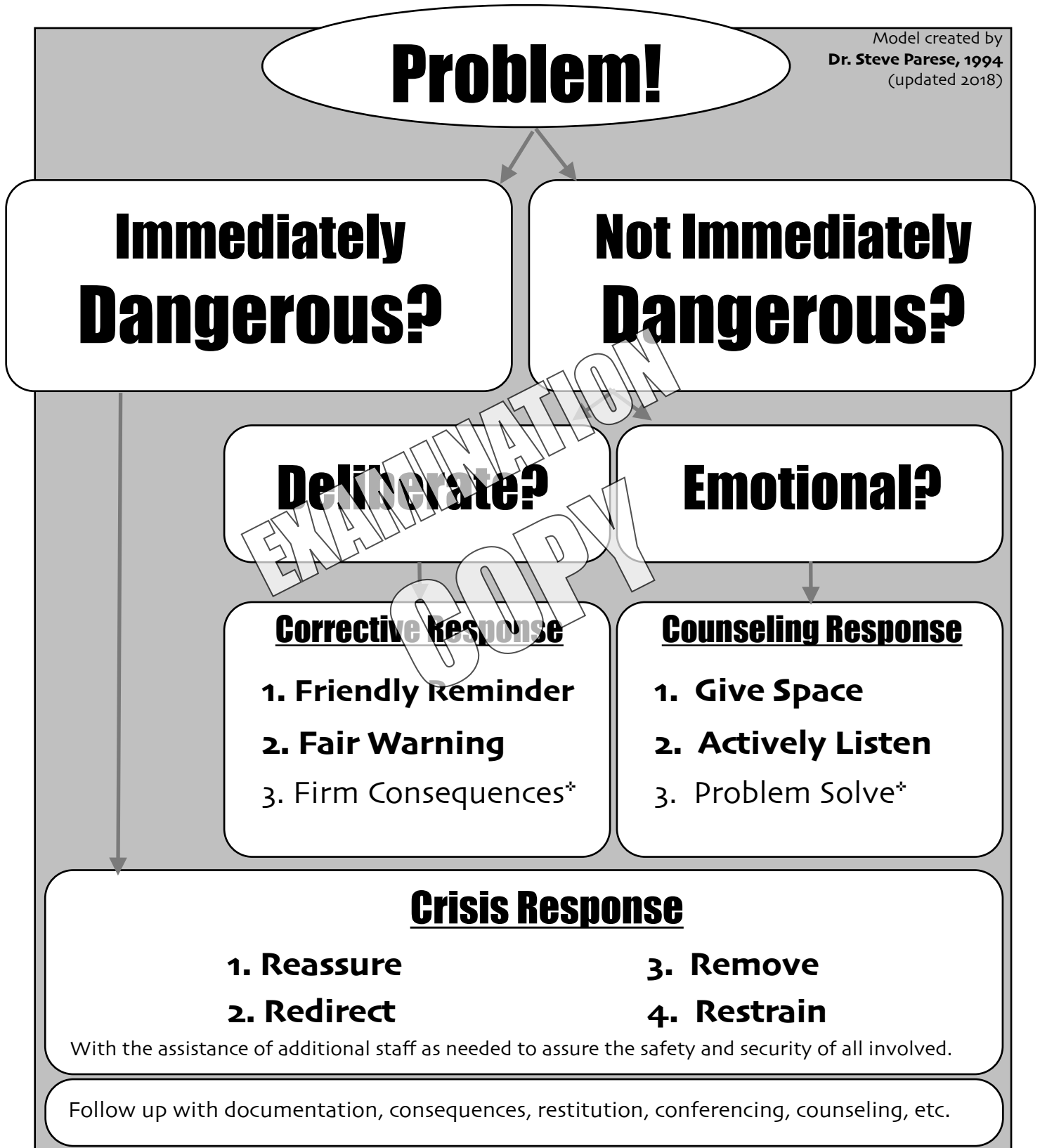
What would be your initial intervention?

- Physically separate them (with help from other staff).
- Let them fight it out, since they're going to do it anyway.
- Give both youth immediate consequences for fighting.
- Help the two youth talk out their differences here and now.



TACT2 Model

The TACT2 Model suggests that decisions in crisis should be made by first assessing the level of imminent danger, then determining the psychological source of the issue. Deliberate or intentional problems can often be handled with straightforward behavior management (rules), but overwhelming emotional crises require de-escalation and counseling first (relationships).



* These skills are taught as supplementary follow-up sessions to the main TACT2 curriculum.

Deliberate vs Emotional

IMMEDIATELY DANGEROUS:

Situation which places S_____ or O_____ at risk of S_____ H_____.

Crisis Response

1. Reassure 3. Remove
2. Redirect 4. Restrain

With the assistance of additional staff as needed to assure the safety and security of all involved.

DELIBERATE MISBEHAVIOR:

I_____ behavior which meets youth's S_____ needs at expense of O_____.

Corrective Response

1. Friendly Reminder
2. Fair Warning
3. Firm Consequences

EMOTIONAL CRISIS:

I_____ reaction fueled by high S_____ low S_____ -E_____, or prior T_____

Counseling Response

1. Give Space
2. Actively Listen
3. Problem Solve

Diagnostic Cue	Deliberate	Emotional
BEHAVIOR How typical is this behavior under normal conditions?	U _____ N _____	U _____ A _____
EXPRESSIONS How much stress is visible in face, voice, body language, etc?	C _____ L _____ S _____	I _____ H _____ S _____
THINKING How clear & rational is the youth's thinking?	R _____ C _____	I _____ D _____
ISSUES Are there stressful outside issues occurring at the same time?	M _____	S _____

Part 2

Glasser's Social Needs

Dr. William Glasser suggests that all people are drawn to activities and relationships which meet four basic social needs. Most youth have adopted healthy, socially acceptable ways to meet these needs, but those from harsh environments may have learned unhealthy, illegal, or socially unacceptable behaviors instead. Managing deliberate misbehavior is easier when programs offer youth prosocial ways to meet their social needs without violating rules or others' rights.

Love • Belonging

Negative activities:

Positive alternatives:

Power • Importance

Negative activities:

Positive alternatives:

Fun • Pleasure

Negative activities:

Positive alternatives:

Freedom • Individuality

Negative activities:

Positive alternatives:



James' Deliberate Misbehavior

Based on work by
Dr. William Glasser

An hour before the fight during the basketball game, James' friends were saying: **"Man, you can't let that punk get away with messing with you like that! Everyone will think he owns you! What you gonna do?"**

Which social needs were being met by James' eventual decision to fight?

Part 3

Childhood Trauma

Research suggests that 18% of all adult men and 26% of all women in the U.S. have had sexually or physically abusive childhood experiences. Many are resilient enough to bounce back from adversity, but virtually all pay a price for their exposure to chronic abuse, neglect, or family violence. About 25% experience lifelong physical, emotional, and behavioral problems.

Drawn in part from research by Dr. Gordon Hodas (2006) "Responding to childhood trauma: The promise and practice of trauma informed care."

Results of Childhood Trauma may include:

Physical Injuries

Bruises, broken bones, scarring, malnutrition, head injuries

Physical Changes

Physical and developmental disabilities, traumatic brain injury, hormonal changes

PTSD Symptoms

Dissociation (dazed unresponsiveness), hyperarousal, re-experiencing (flashbacks)

Hopelessness, powerlessness, and shame are common in almost all trauma survivors, and situations which evoke those feelings often trigger powerful emotional crises. Traumatized children/youth may internalize these three emotions, acting them out as self-defeating anxiety and depression. Others may externalize them, and act them out as destructive anger and aggression instead.

1. Elementary (age 5-11)

Internalizing symptoms: _____

Externalizing symptoms: _____

2. Adolescent (age 12-17)

Internalizing symptoms: _____

Externalizing symptoms: _____

3. Victims of sexual abuse

Often exhibit either complete _____ or _____

Carrie's Traumatic History

When Carrie was just 8 years old, a CPS worker removed her from her home in the middle of the night, after a neighbor reported that she and her brother were living in filth. Medical staff later observed signs of malnutrition and dehydration, and x-rays revealed a number of old fractures from previous injuries. Though it was clear that Carrie's mother was mentally ill and a victim of domestic violence herself, the woman refused help, and was later hospitalized for a heroin overdose.

Carrie spent the next 4 years bouncing from one foster home to the next. Most foster parents found it hard to connect with this angry, sullen child, and quickly gave up on her. By age 12, Carrie was placed in a long-term group home, where she began piercing, tattooing and cutting herself. Two years later, a male staff member was arrested when it was discovered that he had been molesting Carrie for months.

For the past year, Carrie has been questioning her sexuality, and has been romantically involved with other female residents at the group home, some of whom have experienced similar abuses. As a student at the public charter school, Carrie has endured a great deal of ridicule over her looks, behavior, and presumed sexuality. She has often acted out against staff and peers, leading to numerous discipline issues in school for disrespect and property destruction.



Adverse Childhood Experiences (ACEs)



“Adverse Childhood Experiences” (or ACEs) are highly stressful or traumatic events that occur in the life of a child before the age of 18. During these years, multiple ACEs can alter a child’s stress-response system. A constant lack of safety and predictability encourages their young brains and bodies to make changes that ensure survival. If the stress goes on for too long, this neurological rewiring can become permanent.

Significant research has shown that having multiple ACEs often leads to **emotional and cognitive problems** (e.g, anxiety, depression, and learning issues) in childhood. A high ACE score also predicts **high-risk behaviors** (e.g., substance abuse and aggression) in young adulthood. Later in life, it increases the chances of **chronic diseases** (e.g., obesity, emphysema, diabetes, etc.), and even **early death** (up to 20 fewer years of life).

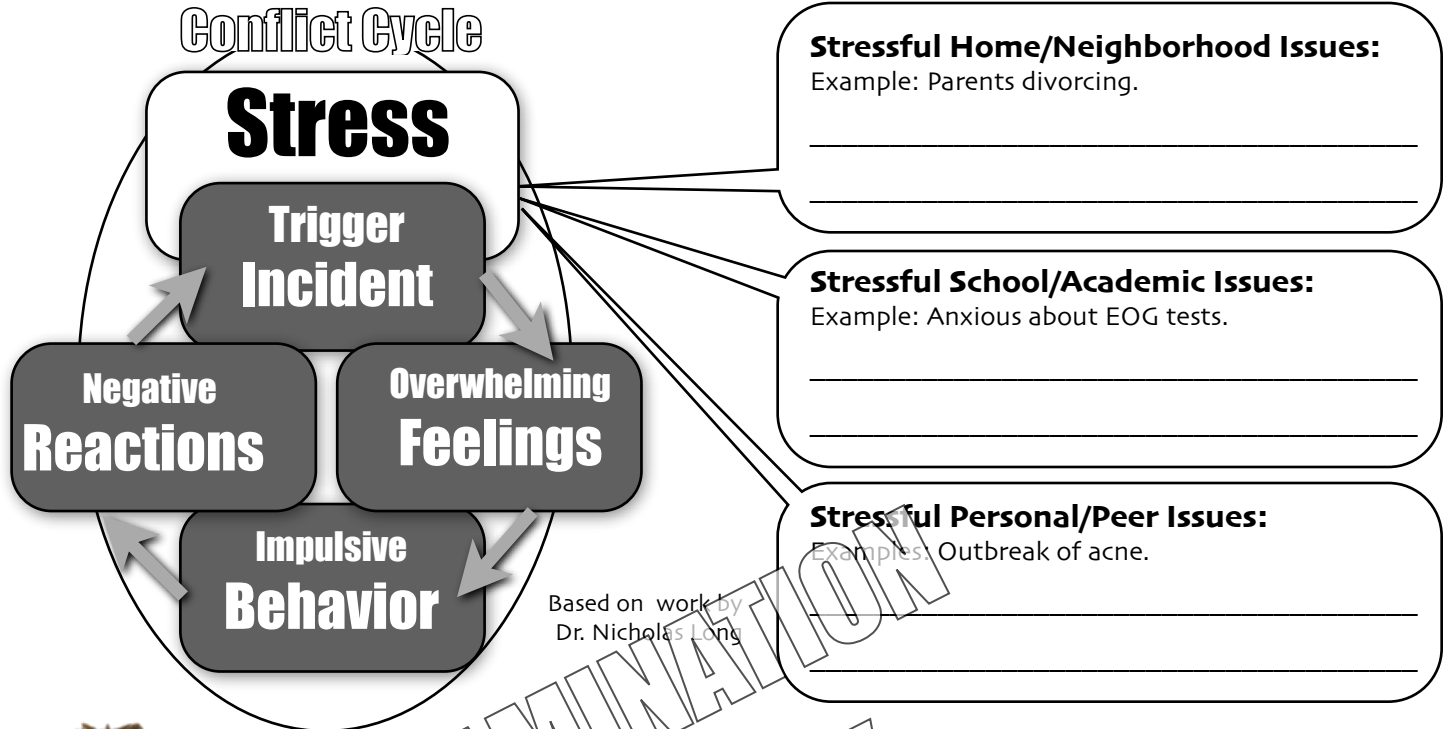
“Adverse Childhood Experiences” Survey (Center for Disease Control & Prevention)

	YES	NO
1. Did a parent or other adult in the household often ... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did a parent or other adult in the household often ... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you often feel that ... No one in your family loved you or thought you were important or special? or Your family didn’t look out for each other, feel close to each other, or support each other?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you often feel that ... You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you, or take you to the doctor if needed?	<input type="checkbox"/>	<input type="checkbox"/>
6. Was a biological parent ever lost to you through divorce, abandonment, or other reasons?	<input type="checkbox"/>	<input type="checkbox"/>
7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Was a household member depressed or mentally ill, or did s/he attempt suicide?	<input type="checkbox"/>	<input type="checkbox"/>
10. Did a household member go to prison?	<input type="checkbox"/>	<input type="checkbox"/>

1. Apply this survey to Carrie’s Story. What is her probable ACE Score?
2. Think about a child whose background you know well. What is his/her ACE score?

Long's Conflict Cycle

Dr. Nicholas Long's "Conflict Cycle" illustrates how minor incidents turn into major problems, especially when students have (1) low self-esteem; (2) high stress; or (3) prior trauma. A small stressful issue may trigger an avalanche of powerful feelings. If poorly managed, these overwhelming emotions can lead to impulse behaviors which quickly escalate into a crisis, especially when peers or adults react negatively.



Jesse's Story

Jesse is a withdrawn 14-year-old student from a very poor, dysfunctional family. As a result, his clothes are often dirty and his hygiene is poor. A few hours after being teased by Samantha, Jesse was in Coach Taylor's Health class, trying to avoid his teacher's attention. His previous experiences with Coach Taylor in PE class made him nervous around the man, so he was hoping to stay under the radar this morning.

"So today, we're talking about personal hygiene. Who knows what the word 'hygiene' means?" Coach asked the class. Bobby's voice yelled out: **"Don't ask Jesse. He don't know squat about hygiene!"**

The classroom erupted with laughter, and even Coach Taylor chuckled. Jesse suddenly felt his face go red with shame and embarrassment. He glanced toward the other student and mumbled under his breath: **"Leave me alone, you frikkin' ahole..."**

Several of the other students overheard the comment, and Bobby said: **"Ooooooh! Did you hear that? He called Coach Taylor an @\$\$hole!"** In a loud voice, Coach confronted Jesse: **"Did you just curse me out, son?"**

Jesse felt his throat close up with panic. Terrified, he tried to explain, but no words came out. With nowhere to hide, he shut down and stared down at his health book. The other students whispered **"Watch out!"** as Coach Taylor snatched the textbook out of Jesse's hands. He squatted down in front of him and said: **"Answer me, son, and don't you dare lie to me. Did you curse me out or not?"**

Conflict Mapping

Conflict Mapping can help us track how small problems transform into major crises. Use the details from Jesse's story on the previous page to complete the Conflict Map below.

1. Even before class, Jesse was STRESSED out about:

2. Jesse was TRIGGERED when:

3. Jesse began to FEEL (list two feelings):

4. Jesse ACTED OUT his feelings by:

5. NEGATIVE REACTIONS:
From Peers:
From Staff:

6. Jesse's STRESS level immediately:

7. Jesse then FELT (list two feelings):

8. Jesse ACTED OUT his feelings by:

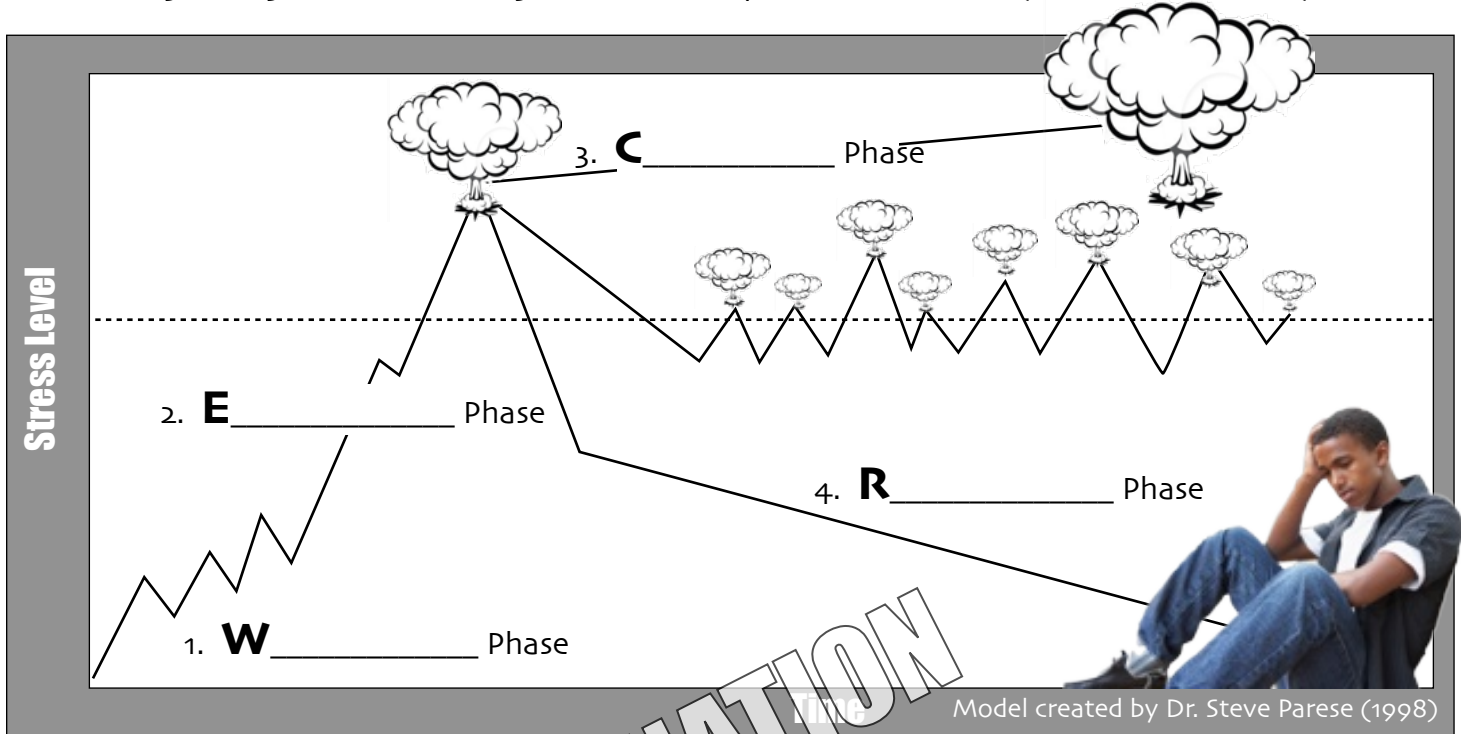
9. NEGATIVE REACTIONS:
From Peers:
From Staff:

EXAMINATION COPY

DISCUSSION: What could a more effective staff member have done to: (1) Reduce Jesse's background stress before class; (2) Defuse the triggering situation in class; or (3) De-escalate Jesse's behavior?

TACT2 Escalation Model

Overwhelming stress can cause youth to overreact to problem situations. It is helpful to understand how externalizers and internalizers behave differently during an escalating emotional crisis. Using the right tools at the right time can help us more effectively de-escalate these youth.



Signs and Symptoms of Each Phase

Staff Goals & Helpful Strategies

Phase 1. WARNING PHASE:

Externalizers show early signs of A _____
Internalizers show early signs of A _____
- while doing their best to cope with the problem.

Staff Goal is to: **P** _____ the crisis

Helpful Strategies:

Phase 2. ESCALATION PHASE:

Externalizers become more H _____
Internalizers become more W _____
- as the problem overwhelms their coping skills.

Staff Goal is to: **D** _____ the crisis

Helpful Strategies:

Phase 3. CRISIS PHASE:

Externalizers often B _____ up
Internalizers often S _____ down
or M _____ down
- as they verbally and/or physically lose control.

Staff Goal is to: **P** _____ self/others

Helpful Strategies:

Phase 4. RECOVERY PHASE:

Externalizers blame O _____
Internalizers blame T _____
- before taking responsibility for the problem.

Staff Goal is to: **R** _____ the problem

Helpful Strategies:

Identifying Phases of Escalation

Jesse's Story

Jesse (14) lives in a small trailer with his mother, her current boyfriend, and his 6-year-old sister Tammy. For the past two years, Jesse has been enrolled in the Big Brother/Big Sister program. He has developed a close relationship with Tim, a 30-year-old man who was once a troubled youth himself.

Jesse and Tim planned to work on a Social Studies project for a few hours Saturday morning, then go to a football game at Tim's college in the afternoon. On Friday night, however, Jesse's mom and her boyfriend got into a drunken argument, and it quickly turned violent. When Jesse tried to get in the middle, the boyfriend grabbed him by the throat and shoved him roughly out the trailer's front door. Hours later, the man was gone, his mother was in the hospital, and Jesse was standing guard... just in case.



When Tim arrived to pick him up the next day, Jesse and his mom had just arrived back home. He was hungry, sore, and exhausted after staying up all night, and still had to get his sister from the neighbor's house.

"Hey champ! What do you say? Got your homework packed up and ready to go?" Tim asked, wrapping him in an affectionate headlock. They'd played this way many times before, but this time Jesse flinched away.

"Whatever," Jesse mumbled cynically. He was being unusually rude.

"Whatever? C'mon kiddo, let's go. I've got all the arts and crafts stuff at my place. We've only got a few hours before we have to head out to State for the game."

"I don't know. I'm kinda tired..." Jesse said nervously, not meeting Tim's eye. He felt guilty lying to his Big Brother, but he couldn't leave his mom alone... and he was too ashamed to tell Tim the truth.

"Well, you shouldn't have spent all night playing 'Gears of War' then, huh?" Tim teased with a smile.

Jesse's face got tight, his eyes narrowed, and his jaw clenched with sudden anger. He screamed: **"You know what? You don't know sh--, so maybe you should just keep your stupid mouth shut!"**

Tim was shocked. He'd only been joking! He knew that Jesse could be difficult, but this was too much! His face got hard, and in a stern voice, he said: **"You know what? Maybe I should see your mother!"** He started walking toward the trailer.

Jesse suddenly couldn't think straight. He felt an explosion of panic and shame rush through him. He pushed Tim back, staggering the larger man. Tears were pouring down his face as he shouted furiously, **"No, you can't! She's sick! Just go away! Go away!"**

Tim's heart was pounding as he got in his car. **"What the @#\$% was THAT all about?"** he thought, as confused and frustrated as Jesse, wondering how they could ever make this right.

1. Underline three specific events that contributed to Jesse's crisis with Tim.
2. Underline three physical warning signs that Tim missed in Jesse's Warning Phase.
3. Circle five (5) strong emotions that Jesse experienced.
4. Put a large "E" where Jesse crossed into the Escalation Phase.
5. Put a large "C" where Jesse crossed into the Crisis Phase.

Part 5

Adult Anger Traps

Despite our training, there may be times when we react personally rather than respond professionally to challenging youth. A deeper understanding of our own anger traps can help us defend against emotional overreactions in difficult situations, allowing us to remain clear, calm, and focused instead.

1. Outside Stress

Leftover stress from an exhausting home or work problem overloads us, making it easy to overreact angrily to an aggravating situation involving a youth.

Directions: Circle feeling words in each trap. These are red flags of anger.

2. Embarrassment

We feel helpless or inadequate trying to handle a challenging situation, then turn uncertainty and embarrassment into anger.

3. Shock or Fear

We feel a sense of shock or fear in response to a threatening situation, then turn our surprise or anxiety into anger at the youth.

4. Values Violation

A core value is violated by a young person's offensive words or disgusting actions, sparking powerful feelings of righteous anger.

5. Authority Challenge

We stubbornly engage in an angry power struggle to establish control or dominance over a defiant youth who just won't listen.

Based on work by Dr. Nicholas Long

Ms. Johnson's story

Ms. Johnson, a lunch room aide in Tanisha's school, was already in a foul mood when she noticed the "Prom Queen and Queen" poster circulating. Her sick grandson had kept her up half the night, so Ms. J was more than a little irritable when she confronted Tanisha and her friends. **"Why don't the four of you hoodlums leave that poor girl alone? Haven't you got better things to do with your time than mess with her?"** she called out loudly, grabbing Tanisha by the shoulder and spinning her around.

Tanisha quickly slapped her hand away, retorting: **"B----, why don't YOU keep your hands to yourself? Or you'll have nothing better to do with YOUR time 'cept file for unemployment!"** The group laughed and walked away, leaving Ms. J shaking with rage.



Which anger traps do you see in this story? _____

Think about an upsetting situation involving youth. Which anger traps did YOU experience?

Keeping Perspective

When tempted to engage in a power struggle with a frustrating youth, remember these things.



1. About the CHILD or YOUTH IN CRISIS:

a. Remember that stress acts like a magnifying glass, making small problems seem larger than they are. Be aware of the stressors in your students' lives. Avoid putting extra stress on young people whose coping skills are already maxed out.

b. Remember that a child's past experiences give him a very different way of perceiving events than you have, especially if he has experienced childhood trauma. However unreasonable or unfair this perception seems to you, it is very REAL to him. Try to see things through his eyes before reacting to his behavior.

c. Remember that during conflict, a troubled child may be her own worst enemy. She will defend, deny, blame, rationalize, and regress from owning her feelings or taking responsibility for her behaviors. Don't try to reason with her when you can see she is highly agitated. Back off, and give her time to cool off first.

Which one of these seems most meaningful to you? Why? _____

2. About STAFF DURING CRISIS:

a. Remember that outside stress (e.g., a bad cold or problems at home) can make it harder to tolerate the situational stress of a conflict. Be aware of the stressors acting on you, and be able to tell what you are reacting to in a crisis. Reduce your stress when you can before entering "hot" situations.

b. Remember that everyone has sensitive issues that set them off. Know your emotional hot spots and anger traps before problems occur.

Admit to yourself when you are getting angry or overwhelmed in a crisis. Take a deep breath and slow down, or ask for help if you need it.

c. Remember to catch yourself using sarcasm, belittling comments, or accusations when you are angry. Trying to beat emotional youth at their own game lowers us to their level, and reinforces their negative perceptions of adults. Apologize if necessary (without expecting one in return) and make a habit of letting go of grudges. Every day is another chance to start fresh!

Which one of these seems most meaningful to you? Why? _____





Key Points from Day One



1. The TACT2 Model provides a professional framework for therapeutic interventions, based first on the danger level, then on the psychological source of the problem. Deliberate misbehaviors can often be handled with rules-based behavior management, but overwhelming emotional crises benefit from relationship-centered de-escalation.



2. Glasser's Social Needs theory suggests that deliberate misbehavior is a learned behavior which meets a youth's social needs for belonging, power, fun, or freedom, but in ways that violate rules or rights of others. Because youth from harsh backgrounds often lack the skills to meet their needs in socially-acceptable ways, it is important to provide prosocial alternatives to negative behaviors.



3. Research in trauma-informed care suggests that emotional behavior is an irrational, impulsive reaction, often fueled by high stress, low self-esteem, or prior trauma. Children who have experienced significant ACEs (adverse childhood experiences) are often changed by them in dramatic ways -- not just emotionally, but neurologically. When triggered, some youth may externalize their feelings as angry, destructive aggression toward people and property. Others may internalize instead, acting out their emotions with self-destructive anxiety and depression.



4. Long's Conflict Cycle suggests that emotional youth may be triggered by what seems like a minor problem, then become overwhelmed by their feelings, and act out negatively to simple staff directives. The Conflict Cycle gets worse when staff react to emotional behaviors with punishment, but can improve if we respond calmly instead.



5. According to the Escalation Model, emotional problems often follow a predictable series of four phases as they escalate, and can be more effectively de-escalated when staff choose the right strategies. We should prevent problems in the Warning phase, de-escalate in Escalation phase, protect youth in Crisis phase, and resolve problems in Recovery phase.



6. Adult anger is a natural side-effect of working with challenging children and youth. As professionals, we must become skilled at recognizing our anger traps and calming ourselves before our anger leads to counter-aggression.

Day Two: Verbal Intervention



Therapeutic Aggression Control Techniques v.2

Today, we will learn:

1. How to identify our own ACEs, and minimize their impact on our lives.
2. How to calm youth who are in genuine emotional crisis:
 - a. How to give space when a youth is highly escalated.
 - b. How to use three levels of active listening to help an upset youth calm down.
3. How to manage youth who are deliberately misbehaving:
 - a. How to use friendly reminders to casually redirect minor misbehaviors.
 - b. How to use fair warnings of consequences to encourage better decisions.

**"I've learned that people will forget what you said, they will forget what you did,
but people will never forget how you made them feel."**

Maya Angelou

ACEs for Caretakers

Many adult caretakers have had numerous “Adverse Childhood Experiences” (or ACEs) during our own lives.

To be good for kids, we must also be good to ourselves. Take a moment to reflect on the ACE’s questionnaire as it applies to your own childhood.

Source: <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

(Refer back to WB p 9 for the full ACEs Survey.)



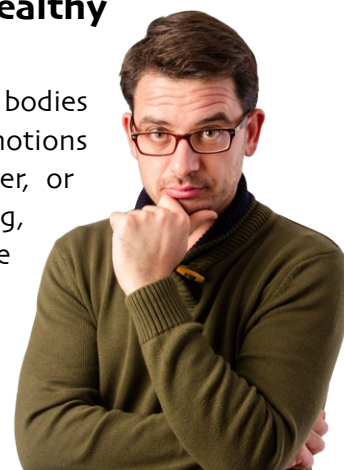
ACEs Questionnaire: How many of these did YOU experience prior to age 18?

- ☐ **Emotional abuse** (often felt humiliated, insulted, or afraid of your parent?)
 - ☐ **Physical abuse** (often pushed, grabbed, slapped or ever hit hard enough to be injured?)
 - ☐ **Sexual abuse** (ever sexually touched, molested, or had sex with adult/person 5+ years older?)
 - ☐ **Emotional neglect** (often felt unloved, unimportant, or unsupported by your family?)
 - ☐ **Physical neglect** (often went w/o food or clean clothes, or parents too drunk to meet needs?)
 - ☐ **Parental loss** (parent lost to you due to abandonment, divorce, or other reasons?)
 - ☐ **Domestic violence** (mother-figure often pushed, grabbed or hit, or ever injured?)
 - ☐ **Substance misuse in home** (lived with a problem drinker or street drug user?)
 - ☐ **Mental illness in home** (lived with person depressed, mentally ill, or who attempted suicide?)
 - ☐ **Incarceration in home** (had a household member go to prison?)
- YOUR SCORE: _____**

Adults with four or more ACEs in childhood often take on unhealthy stress coping mechanisms in adolescence or adulthood.

In order to survive chronically high stress in childhood, our young brains and bodies quickly developed an extreme stress-response system, leading to unhealthy emotions and behaviors. To escape the burden of excessive guilt, shame, anxiety, anger, or depression, some of us (as teens and young adults) self-medicated by overeating, smoking, using drugs and alcohol, having multiple sexual partners, trying extreme sports, or engaging in escapist or thrill-seeking behaviors.

Years later, as adults, we are now at greater risk of a number of physical, emotional, and social problems, including diabetes, COPD, liver disease, chronic depression, suicide, incarceration, domestic abuse, and serious financial problems. However, because of the damage toxic stress causes to the brain and body, even those of us who did NOT engage in high risk behaviors are at higher risk for chronic diseases in their 40’s & 50’s.



Discussion: How does all of this apply to you and your work with challenging youth?

Self-Care: Reducing the hold of ACEs

As helping adults, it is often easy for us to ignore our own needs, draining our emotional and physical reserves of strength trying to rescue others. Effectively caring for ourselves is essential. Research (Burke-Harris, 2018) recommends these six strategies for reducing the hold of ACEs:



1. R_____ S_____

Chronically stressed adults typically sleep irregular hours, sometimes with only 3-4 hours per night. **To improve our resilience, we need at least 7 hours of restful sleep each night. If you go short one night, make it up the next day.**

2. G_____ N_____

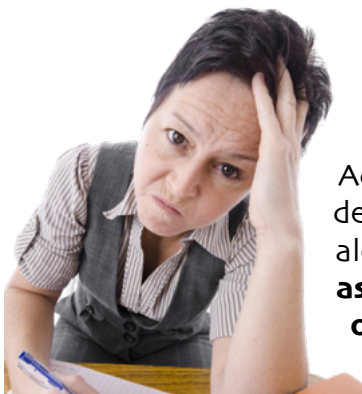
People in high stress often skip meals, then consume quick burning, high sugar snacks, salty, fatty foods, and high caffeine drinks to replenish energy stores. **To build a stronger body, plan at least one healthy meal each day, drink lots of water, and replace sugary, salty snacks with**



3. D_____ E_____ Over-stressed adults often claim to be too busy or too tired to exercise. **But just 20 minutes of brisk walking each day (especially after a meal) can aid digestion, strengthen our hearts, improve energy levels, and increase blood flow to the brain.**

4. C_____ M_____

People dealing with toxic levels of stress often obsess on the issues that cause them stress, magnifying their impact. **To build a greater resilience, put a special effort into refocusing and disciplining your mind through just 10 minutes of daily meditation, prayer, or quiet reflection in a peaceful place.**



5. M_____ H_____

Adults in chronic stress often struggle with unhealthy levels of depression, anxiety, or anger, and sometimes self-medicate with alcohol or drugs. **To improve mental health, we must be willing to ask for help and support. It takes great strength to humble ourselves this way, but most people find at least some relief within weeks.**

6. C_____ R_____

Toxic stress often leads people to isolate themselves or engage only in toxic relationships, distorting our sense of 'normal.' **To combat this, spend time in healthy places where you are likely to meet healthy people instead. Open yourself to the mutually caring relationships you deserve.**

Part 2

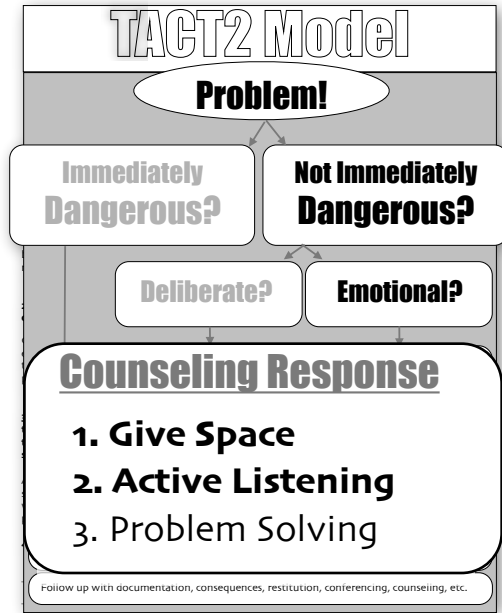
Part 2: Counseling Responses to Emotional Crises

Counseling Responses

Use counseling responses when problems are the result of **OVERWHELMING EMOTIONAL STRESS**. These interventions rely on relationships more than rules.

Diagnostic Cues of Emotional Crisis:

1. **BEHAVIOR** U _____; A _____
2. **EXPRESSIONS** I _____; H _____-S _____
3. **THINKING** I _____; D _____
4. **ISSUES** S _____



EMOTIONAL SITUATIONS: Brainstorm specific situations in which your youth might act out because of overwhelming emotional stress.

E.g.: Alex, a test-anxious student... melts down when he realizes he totally forgot about today's quiz!



Skill 1: Giving Space



Give space when an emotionally overwhelmed youth is **PHYSICALLY SAFE** but unable to talk rationally.

Carrie stormed into the principal's office with a copy of the "Prom Queen and Queen" poster in her hand, barely in control. **"Have you SEEN what this B---- is doing now? Are you people FINALLY gonna do something about her, or do I have to?"** She threw the paper on the secretary's desk, and stood stiffly at the counter, her fists clenched tightly and arms rigid at her sides.

To GIVE SPACE:

Step 1: ACKNOWLEDGE FEELINGS

Step 2: SUGGEST TIME ALONE

Step 3: SET LIMITS

For example, the secretary might say:

"I can see how _____ you are, and I don't blame you a bit."

"Why don't you take a _____."

"You can _____ and I'll let the principal know you'd like to see her."

Skill 2: Active Listening

Use Active Listening when an emotional youth is **CALM ENOUGH** to begin talking rationally, but is not yet ready to problem solve.

One of the most powerful crisis intervention tools is also the most basic: LISTENING. Open-hearted listening allows a highly emotional youth to vent to someone who cares, while offering us an opportunity to gather information and (later) offer helpful advice.

There are three levels of Active Listening: 1. Attending 2. Decoding 3. Reflecting

Level 1 Listening: ATTENDING

Good listening is more than just waiting your turn to talk. Good listeners communicate their concern and willingness to help as much by what they **DO**, as by what they **SAY**.

Mark "G" for generally good and "B" for generally bad habits. How would these impact a youth?

THINGS WE DO:

- | | |
|---|--|
| <input type="checkbox"/> Interrupting constantly | <input type="checkbox"/> Rolling your eyes |
| <input type="checkbox"/> Making some eye contact | <input type="checkbox"/> Tapping a pencil |
| <input type="checkbox"/> Nodding at the right times | <input type="checkbox"/> Leaning in |
| <input type="checkbox"/> Quickly checking a text | <input type="checkbox"/> Answering emails |

THINGS WE SAY:

- | | |
|---|--|
| <input type="checkbox"/> "Tell me more about what happened..." | <input type="checkbox"/> "You just need to get over it..." |
| <input type="checkbox"/> "That's nothing! You think that's bad?" | <input type="checkbox"/> "What about HER point of view?" |
| <input type="checkbox"/> "That must have been upsetting..." | <input type="checkbox"/> "You've really had a hard day..." |
| <input type="checkbox"/> "Here's what you SHOULD have done..." | <input type="checkbox"/> "I see what you mean..." |

Level 2 Listening: DECODING

Much of a youth's real meaning is communicated non-verbally. Good listeners learn to read between lines and interpret what is NOT said.

TIP: Pay attention to and decode discrepancies between verbal messages and non-verbal messages.

%	Communicated through
%	Facial expressions & body language
%	Tone of voice, pitch & inflection
%	Actual words chosen

"I see you all slumped over, looking pretty miserable. What's that look all about?"

"You say that you're fine, but you look really upset. What's going

Level 3 Listening: REFLECTING

Reflective listening paraphrases what we hear youth saying and feeling, without attempting to insert our own opinions or give unsolicited advice. Instead, offer your full attention, decode both verbal and non-verbal messages, then briefly repeat what you've heard in your own words.

REFLECTING: "It sounds like you feel _____ because/about _____.
emotion reason

JESSE (sniffling): "You wanna know why I left out yesterday? Cuz stupid Bobby was making fun of me and everybody was laughing and Coach Taylor didn't believe me when I told him I wasn't cursing at him. There. Now

JAMES: "It's not fair. I lost my home visit when all I was doing is defending myself. And now I can't go home this weekend. It's my little brother's birthday! He's gonna think I don't care about him if I'm not there. I

REFLECTION: "It sounds like you're pretty messed up about what happened in class yesterday."

REFLECTION: "So you're upset because it seems like you got punished for just defending yourself."

REFLECTION: "It sounds like you were _____ when _____."

REFLECTION: "It sounds like you're _____ about _____."

Jesse and Tim

Twenty minutes after the incident at the trailer, Tim pulled over and called Jesse on the phone.

Tim: "Jesse, I want to apologize for losing it with you this morning. We've known each other a long time, and I hope you feel like you can trust me a little. What's going on? What was that scene all about?"

Jesse (defensive): "It's nothing. I had a bad night, and I just didn't feel like joking around. You shouldn't have kept messing with me!"

Negative response: _____

Reflective response: _____



Practice with Reflective Listening

Carrie and the Counselor

Carrie sat in the front office for a few minutes, calming down. She spoke briefly with the principal, who walked her down to talk with the new school counselor.

Counselor: "So the principal said there was an incident in the lunchroom today, Carrie. I'm kind of new to this school. Can you tell me more about what happened?"

Carrie: **"Seriously? I need to explain this AGAIN? That b---- Tanisha is what happened! Why is she allowed to keep messing me with me? I thought this was supposed to be a bully-free school or some bulls--- like that."**

Negative response: _____

Reflective response: _____



Ms. Johnson and the Counselor

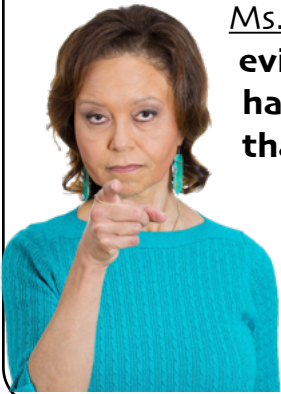
Just before the end of the day, the school counselor spoke with Ms. Johnson, the staff member who'd been in the cafeteria with Tanisha and her friends at lunch.

Counselor: "Ms. J, I'm trying to find out more about what happened in the lunch room earlier today. I'm told that you were there?"

Ms. J (furious): **"Yeah, and I'm sick of that twit Tanisha and her little gang of evil minions. She has been picking on Carrie every chance she gets, and she has no respect for authority. Somebody needs to give her a good whoopin', that's all I got to say."**

Negative response: _____

Reflective response: _____



SKILL PRACTICE: Choose one of the brainstormed EMOTIONAL SITUATIONS from p 22. Write an emotional statement the youth might make in that situation, and a reflective response from staff.

Youth's Emotional Statement: _____

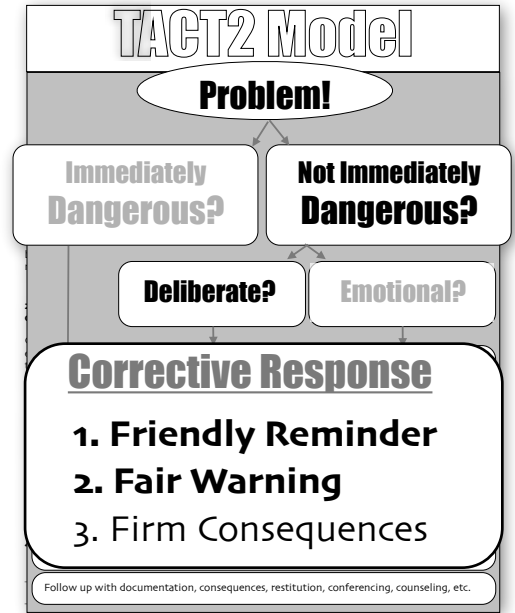
Staff's Reflective Response: _____

Corrective Responses

Use corrective responses when problems are the result of intentional **DELIBERATE CHOICES** to misbehave. These interventions rely on rules more than relationships.

Diagnostic Cues of Deliberate Misbehavior:

1. **BEHAVIOR** U _____; N _____
2. **EXPRESSIONS** C _____; L _____-S _____
3. **THINKING** R _____; C _____
4. **ISSUES** M _____



DELIBERATE SITUATIONS: Brainstorm several situations with deliberate misbehaviors.



E.g.: Kaylee doesn't like Leandra at all, so she... teases her about her clothes & hair in front of several peers.

Skill 1: Friendly Reminders

Use a friendly reminder to encourage a deliberately misbehaving youth to abide by rules or expectations.

A "friendly reminder" is a low-key redirection which does not mention consequences.

Camille is bored in class and is using her cell phone to "sneaky-text" a friend.

VERBAL REMINDERS

- "Camille? Focus on your work please."
- _____
- _____

NON-VERBAL REMINDERS

- Raise eyebrows.
- _____
- _____



Three Types of Consequences

Careful use of reasonable consequences can be an effective deterrent to deliberate misbehavior. But if consequences seem like “threats,” they often lead to resistance and resentment. Understanding three different types of consequences helps avoid power struggles with challenging youth.

DEFINITION

Camille is sneaky-texting during class:

NATURAL consequences occur on their own, without any staff intervention (includes feelings).

- She doesn't learn the material in class.
- _____.

LOGICAL consequences are applied by staff, but make sense because they fit the behavior.

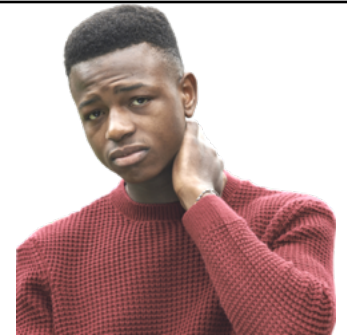
- She has to make up missed content.
- _____.

PUNITIVE consequences are applied by staff, but either do not fit the behavior or go to extremes.

- She has to clean up the girls' restroom later.
- _____.

James' Story

Earlier today, James got into a brief shoving match with a new youth at the group home. Now they're playing an intense basketball game, and James is talking trash. Categorize each possible consequence as Natural, Logical, or Punitive.



- | | |
|-------------|---|
| [N] [L] [P] | 1. Other youth get annoyed for delaying the game. |
| [N] [L] [P] | 2. James might have to sit out the rest of the game. |
| [N] [L] [P] | 3. He might have to do 200 push-ups. |
| [N] [L] [P] | 4. The talk could lead to a fight, and people could get hurt. |
| [N] [L] [P] | 5. The fight would get documented by staff and noted in his file. |
| [N] [L] [P] | 6. James might not be allowed to watch tonight's movie. |
| [N] [L] [P] | 7. There may be more emotional tension at the group home tonight. |
| [N] [L] [P] | 8. James' mother could be notified of the incident. |
| [N] [L] [P] | 9. She would be angry and disappointed in him. |

SKILL PRACTICE: Choose one of the brainstormed DELIBERATE MISBEHAVIORS from p 26. List three possible consequences, using one of each kind.

- [N] [L] [P] 1. _____
- [N] [L] [P] 2. _____
- [N] [L] [P] 3. _____

Skill 2: Fair Warnings

Use a fair warning to inform a deliberately misbehaving youth of the consequences of continued misbehavior.

To give a **WARNING**:

Camille put her phone away at first, as requested. A few minutes later, you see her reaching into her purse for her cell phone again.

Step 1: ASK TO TALK

"Camille, can I have a moment?"

Step 2: GIVE "IF/THEN"
statement of consequences

a. "If you don't <CHANGE>, then <NEGATIVE CONSEQUENCE>."
b. "If you want <POSITIVE CONSEQUENCE>, then <CHANGE>."

Step 3: REINFORCE VALUE

"So be <VALUE> and keep it in your purse. Understand?"

Tanisha's Story

Tanisha got called to the principal's office over the Prom Queen poster. She played innocent, and no disciplinary action was taken, at least for the time being. Today, Tanisha was in the hallway with her cell phone in hand, about to take an unflattering picture of Carrie, who was bending over. A teacher stepped in between them and said:

1. ASK TO TALK: "Excuse me, Tanisha. Can I have a word?"

2. IF/THEN: "If you _____
then _____."

3. VALUE: "So let me suggest that you _____,
and be a little _____, OK?"



James' Story

Earlier today, James got into a brief shoving match with a new youth at the group home. A few hours later, the two were playing basketball. James was talking trash, trying to antagonize the other boy. One of staff members blew a whistle and called James to the sideline:

1. ASK TO TALK: "James, let me holler at you."

2. IF/THEN: "If you _____
then _____."

3. VALUE: "So show some good _____
and _____, will you?"



Avoiding Power Struggles

Typically, youth respond to warnings of consequences with some sort of angry retort. It can be exceptionally challenging to remain professional in moments like these!



"Try taking my phone and you'll see what happen! You never even gave me a warning! And you're not my parent, so you can't tell me what to do! Besides, you didn't take Alex's phone last week. You're just being sexist."

Good Response or Not?

"Yes, I DID give you a warning! If you'd clean the wax out of your ears, maybe you could hear me!"

"It's a good thing I'm NOT your parent, or I'd..."

"They don't pay me enough to put up with @#\$% like this..."

Good tactics when youth argue about consequences

- ✓ **Lower your own tone.** A softer, lower-pitched tone of voice is less likely to provoke a reaction. Anger or sarcasm from you will only provoke defensiveness from them.
- ✓ **Check your body language.** Stay alert, but relax your body to appear less defensive. Avoid angry facial expressions or gestures, such as finger pointing.
- ✓ **Refocus on the issue.** Don't get distracted by defending your decision against accusations of favoritism. Refuse to argue, and restate your request.
- ✓ **Let other staff assist.** Ask for/allow staff with better relationships to step in and persuade the youth to comply.
- ✓ **Allow the youth to save face.** Let them get away with having the last word, or making a gesture to save their pride. Give additional consequences LATER, if needed, but not now.

SKILL PRACTICE: Continue with your DELIBERATE SITUATIONS from p 27. Write a three-stage Fair Warning addressing that behavior.

Deliberate Situation: _____

1 Ask to Talk _____

2 Give "If/Then" _____

3 Reinforce Value _____



Key Points from Day Two



1. As caretakers, it is easy to ignore our own emotional and physical needs while tending to those of others, completely draining our reserves of strength. This is particularly unwise for helpers struggling with the long-term effects of our own ACEs, which can include domestic violence, addiction, obesity, diabetes, COPD, and other chronic conditions.

The impact of our own ACEs can be reduced if we take better care of our physical, emotional, and mental well-being. It takes a deliberate effort to change old habits, even those that harm us in the long run.



2. When youth are acting out because of stressful emotional issues, relationship-based counseling, including basic listening skills, can be very effective. Our goal is to de-escalate youth while helping them build greater stress management skills.

"Counseling tools" include Giving Space, Active Listening, and Problem Solving. Giving space allows overwhelmed youth time to calm down physically and emotionally. Active listening (attending, decoding, and reflecting) encourages them to de-escalate further by venting to a caring adult. Problem Solving should be saved until youth are calm and ready to resolve issues.



3. When youth misbehave deliberately to meet their social needs at the expense of others, rules-based behavior management is often the best approach. Our goal is to correct the behavior with minimal disruption to the program.

"Corrective tools" include Reminding, Warning, and Giving Consequences. A reminder verbally or non-verbally prompts youth to correct their own behavior without mentioning consequences. A warning informs them about possible consequences in an effort to encourage better choices, and compliance with reasonable expectations.



4. A deeper understanding of the types of consequences (natural, logical, and punitive) can be helpful when enforcing rules. Natural consequences offer youth valuable insights about the impact of their choices. Logical consequences ensure that "the punishment fits the crime," and are often most effective. Punitive consequences are easiest to enforce, but sometimes create more resentment and resistance than they are worth.

Day Three: Physical Intervention



Therapeutic Aggression Control Techniques v.2

Today, we will learn:

1. How to safely approach and verbally respond to volatile situations.
2. How to protect yourself from assaults (grabs, chokes, headlocks, hair pulls, and bites, if needed) without harming youth.
3. How to use standing holds (bear hug holds, cradle holds, and double arm bar holds) to prevent youth from assaulting others or harming themselves.
4. How to team-escort an agitated youth to a safe area.
5. How to calmly and safely restrain a dangerously out of control youth using seated and supine team restraints.

**"Children in stress create in others the same feelings of stress,
and if we are unprepared, the same behaviors as well."**

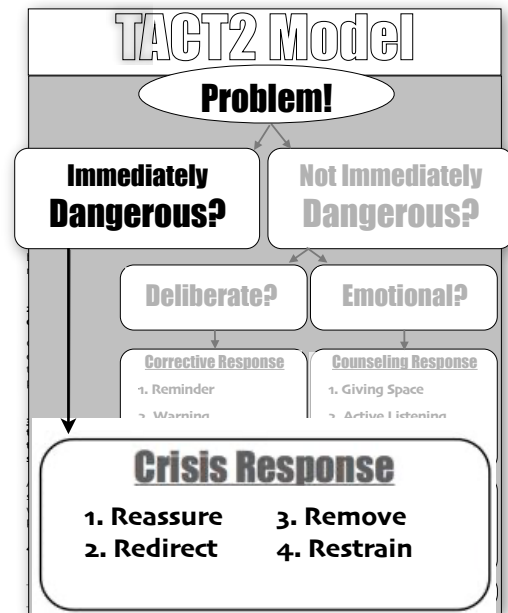
Nicholas Long, Ph.D.

Crisis Responses

Crisis responses focus on safety and security.

Use them when problems are on their way to becoming IMMEDIATELY DANGEROUS, regardless of the psychological source.

Examples of Immediately Dangerous behaviors:



Approaching Volatile Situations

Step 1. ASSESS THE SITUATION

Step 2. ESTABLISH YOURSELF

Step 3. INTERVENE

Option 1. REASSURE

Option 2. REDIRECT

Option 3. REMOVE

Option 4. RESTRAIN

Step 1. ASSESS THE SITUATION

- How dangerous is the situation? Are weapons involved?
- How large and/or irrational is the person?
- Are other students or staff in danger?
- Should I wait for more staff or police back-up, or initiate this now?
- Is physical intervention needed, or can I talk this situation down?
- Can a physical restraint be done safely in this setting without causing more harm?

Step 2. ESTABLISH YOURSELF

Approach the situation calmly.

- Make eye contact, appearing centered and competent.
- Introduce yourself if needed; call youth by first name, if known.
- State that you are here to help.
- Allow at least 3-4 feet of space and avoid touching the youth.

Monitor your tone of voice, expressions, and body language.

- Pitch your voice low, speaking clearly.
- Maintain an open and concerned expression, but not anxious or overly friendly.
- Stand firmly, hands low, slightly turned, in a non-threatening posture.

'Use of Physical Force' Policy

Before using any physical force, you should know this agency's policies regarding the following questions:

1. "What are the only justifiable reasons for staff using physical force with youth in this agency?"

A: _____

2. "What methods of physical intervention for aggressive behaviors are approved in this agency?"

A: _____



3. "How much force may be used to control a situation?"

A: _____

4. "What must be attempted prior to use of physical force, whenever possible?"

A: _____

5. "What documentation MUST follow any use of physical force?"

A: _____

EXCEPTIONS TO RESTRAINT

Staff have a legal and ethical responsibility to act in a safe and professional manner. Even if the policies and procedures of your organization allow physical restraint and the youth's behavior seems to justify it, there are conditions under which you should NOT intervene physically:

- a. Setting is too dangerous.** Tables, chairs, broken glass, traffic, etc. may present conditions in which either the youth or staff are likely to be seriously injured.
- b. Youth are physically unmanageable.** Youth may be too large or violent for available staff to physically manage, may be part of a violent group/gang, or may have weapons nearby.
- c. Risk of emotional or physical re-traumatization.** Using physical force with emotionally traumatized or physically injured/disabled youth may cause further trauma or physical harm.
- d. Risk of serious harm to victims or bystanders.** Using physical force with youth may place innocent victims at greater risk of harm.
- e. Staff limitations.** Staff may be injured, or too angry to use sound judgment during a restraint. In such cases, staff are still expected to participate as able to keep the situation as safe as possible.
- f. Other exceptions.** _____

GOLDEN RULE of TACT2: "Never cause more harm than you prevent."

Physical Crisis Responses

When facing an immediately dangerous behavior, our responses should be focused and professional:

(1) Quietly reassure all those involved that you are there to help; (2) Calmly redirect the youth to stop the dangerous behavior; (3) Attempt to verbally or physically remove the aggressor, the target, any aggravators, and/or the audience; or (4) Restrain the youth using safe physical intervention techniques and minimum force needed to safely control him/her.

I. Self-Protection Techniques

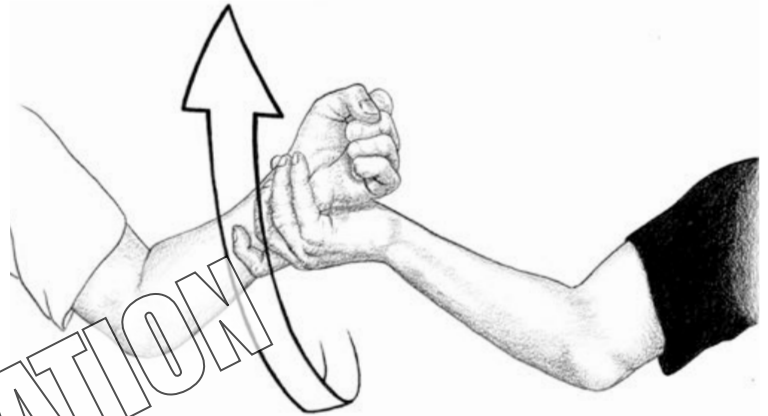


WARNING

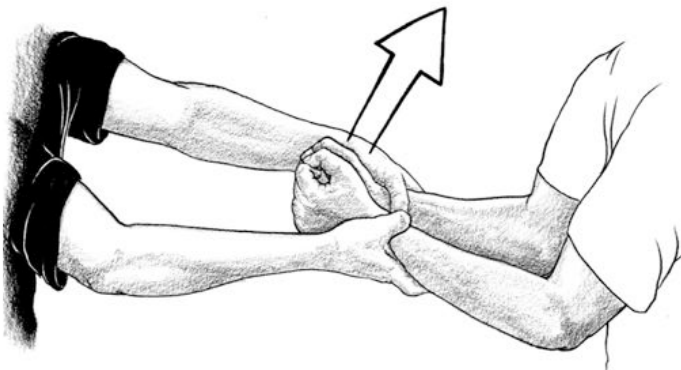
The techniques illustrated on these pages are designed to be learned and practiced only under the guidance of a certified TACT2 instructor.

Any attempts to learn or use these techniques based on the illustrations alone may result in serious injury.

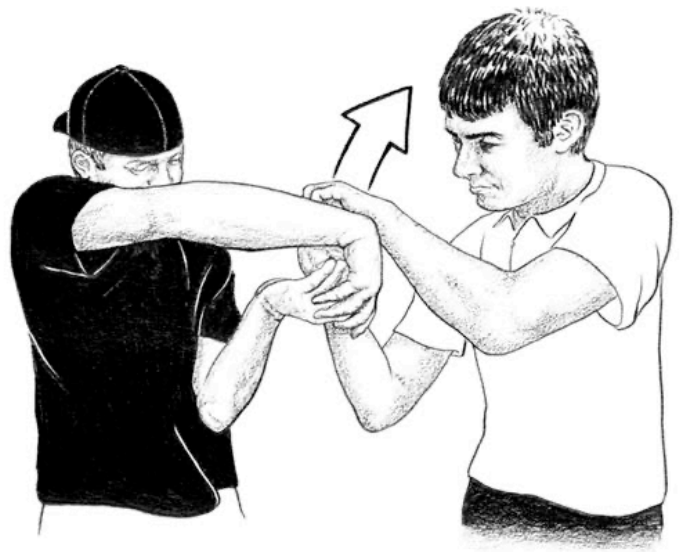
Illustrations by Bruce Burgess, 2003



Same Side Arm Grab
Opposite Side Arm Grab

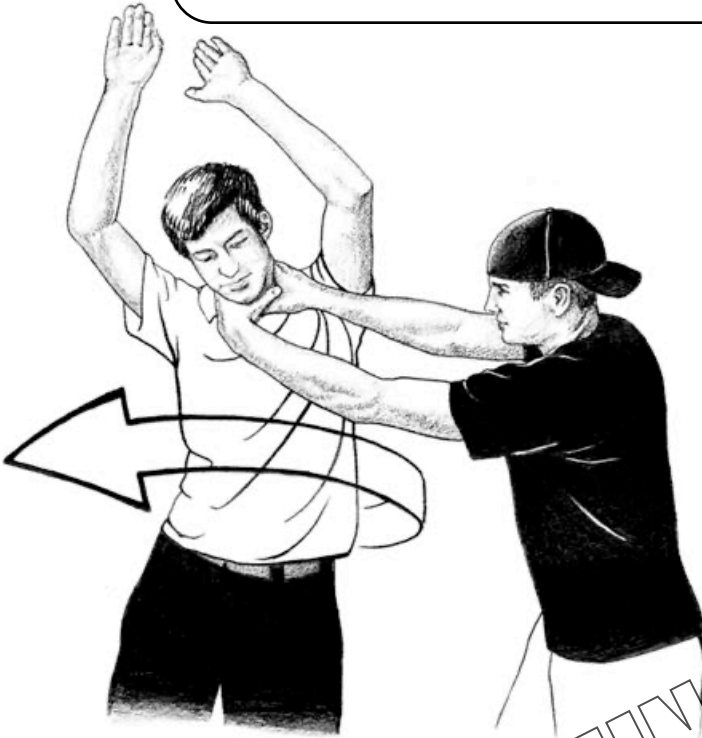


2 on 2 Arm Grab



2 on 1 Arm Grab

I. Self-Protection Techniques



Front Choke Escape



Rear Choke Escape



Side Headlock Escape



Rear Headlock Escape

II. Holds & Seated Restraints



Standing Double Arm Bar Hold



Cradle Hold (shown seated)

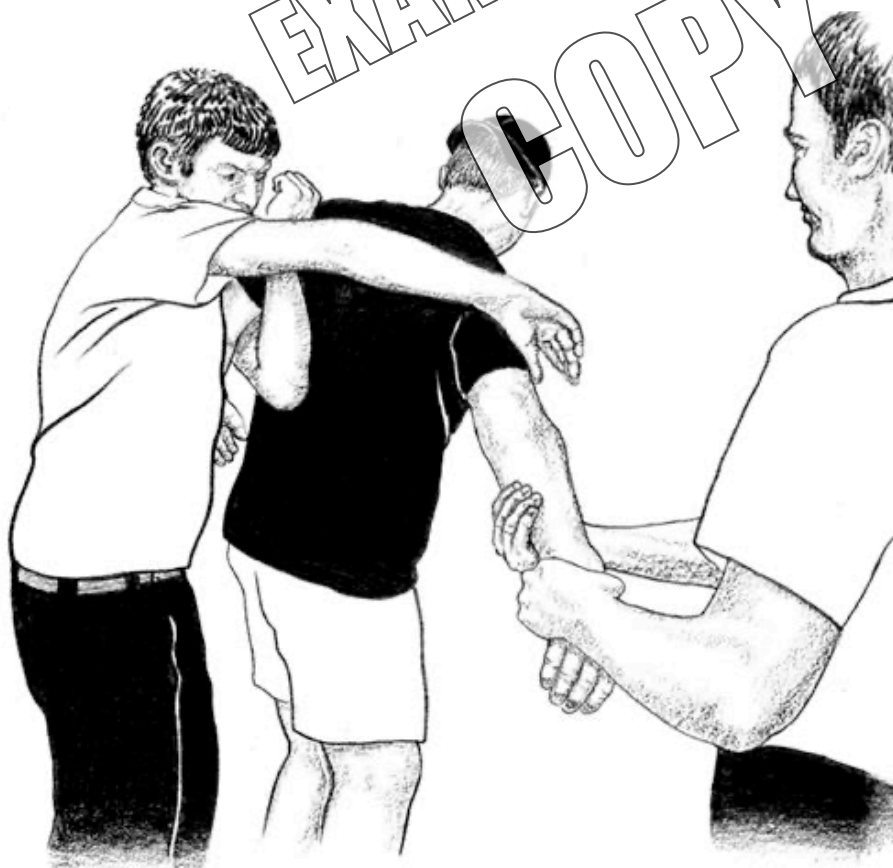


Seated Wall Restraint

III. Team Escort Techniques



2-Person Escort



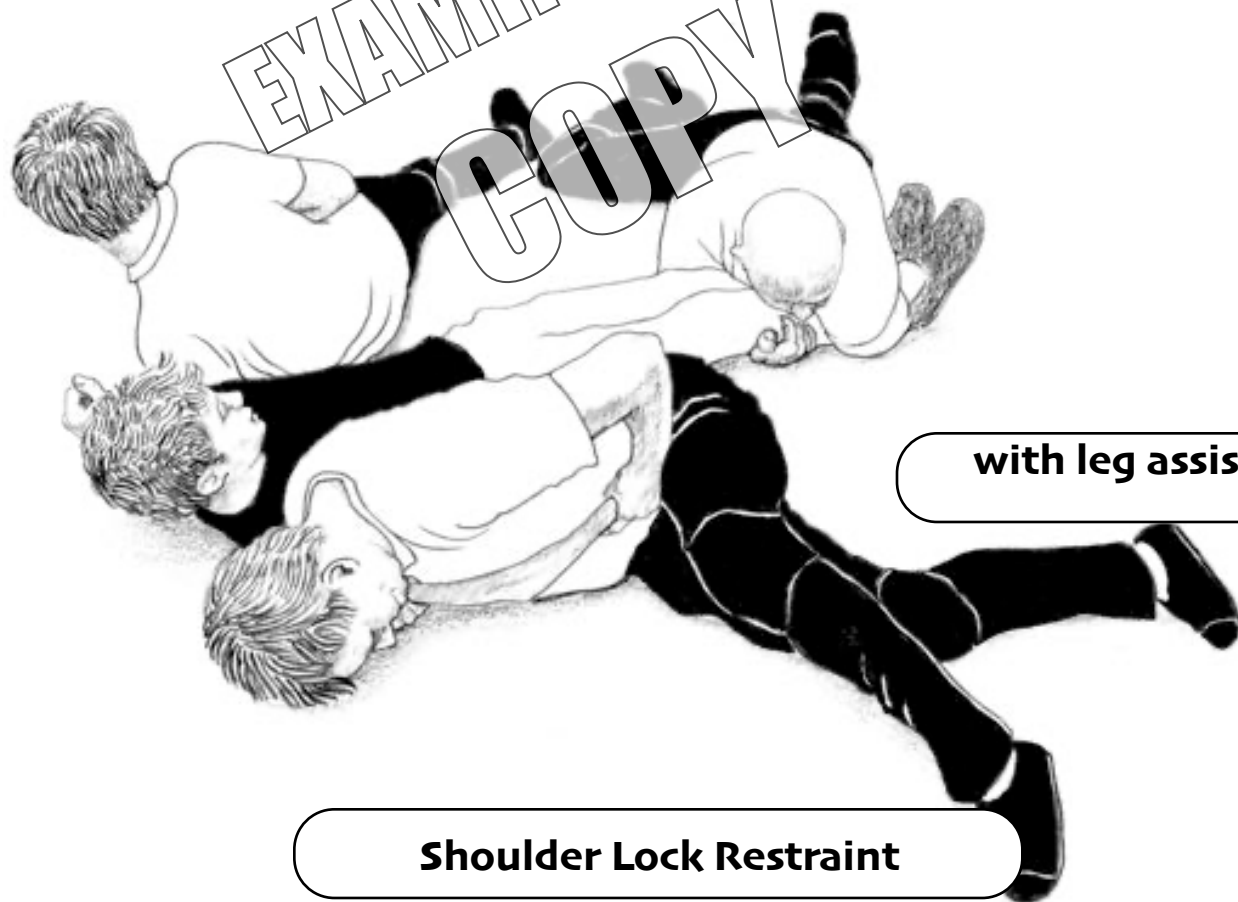
Handoff to Double Arm Bar

IV. Supine Restraints



with leg assist

Arm Bar Restraint



with leg assist

Shoulder Lock Restraint

Things I Want to Remember....

EXAMINATION
COPY

Bonus Content:

Responding to Trauma

Many non-clinical staff, providers, and parents ask anxiously: **"How should I respond to children who have been through trauma? I'm not a therapist or psychologist!"**

Here are six recommendations, adapted for TACT2 from the work of well-known trauma expert, Dr. Bruce Perry.

1. **Don't be afraid to talk about the traumatic event.** Children do not benefit from "not thinking about it." Don't bring up a prior trauma on your own, but if a student brings it up, listen openly. Provide calm reassurance, and refer to a social worker or other clinician as needed.

2. **Provide a consistent, predictable pattern for the day.** Make sure students know the daily pattern. If there are new or different activities, tell them beforehand and explain why this day will be different.

3. **Be nurturing and affectionate, but within healthy boundaries.**

For children traumatized by physical or sexual abuse, intimacy is often associated with confusion, pain, fear and abandonment. Be friendly, but don't initiate affectionate physical contact. Set strong boundaries with youth who seem to seek out a great deal of physical affection or reassurance.

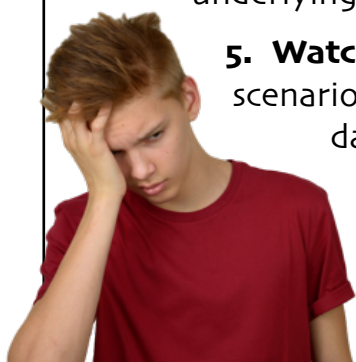
4. **Discuss your expectations for behavior and your "rules of discipline."** Make sure that there are clear rules, and fair consequences for breaking rules. Be consistent when applying consequences, but use flexibility when there are underlying reasons for behavior.

5. **Watch closely for signs of re-enactment** (acting out abusive scenarios in play, drawing, behaviors), avoidance (being withdrawn, daydreaming, avoiding others) and hyper-reactivity (anxiety, sleep problems, severe impulsivity). These signs may indicate that the youngster has had some reminder of a traumatic event. Try to comfort them, and be tolerant of their emotional and behavioral problems during this time.

6. **Give the student choices, and some sense of control.**

When trauma-exposed youth feel hopeless, powerless, or ashamed, they will often get more symptomatic. If they are given some choice or control, they will feel more safe, comfortable, and will be able to feel, think and act in a more 'mature' or age-appropriate fashion.

http://teacher.scholastic.com/professional/bruceperry/working_children.htm



Readings and Resources

The following resources have informed or inspired the TACT2 program, and are recommended for those wishing more information about this content.

Brendtro, L. Brokenleg, M., & VanBockern, S. (1990). Reclaiming youth at risk: Our hope for the future. Bloomington, IN: National Education Services.

† Burke-Harris, N. (2018). The deepest well: Healing the long-term effects of childhood adversity. Boston, MA: Houghton Mifflin Harcourt.

† Craig, S. (2016). Trauma-sensitive schools. New York: Teachers College Press.

Faber, A., & Mazlish, E. (1980). How to talk so kids will listen and listen so kids will talk. New York: Avon.

Garbarino, J. (1999). Lost Boys. Why our sons turn violent and how we can save them. New York: Anchor Books.

Ginott, H. (1972). Teacher and child: A book for parents and teachers. New York: Scribner.

Goldstein, A. (1988). The prepare curriculum: Teaching prosocial competencies. Champaign, IL: Research Press.

Glasser, W. (1986). Control theory in the classroom. New York: Harper & Row.

Goleman, D. (1995). Emotional intelligence. New York: Bantam.

Greene, R. (1998). The explosive child. New York: Harper Collins.

Greene, R. (2008). Lost at school: Why our kids with behavioral challenges are falling through the cracks and what we can do to help them. New York: Scribner.

Henderson, N., & Milstein, M. (1996). Resiliency in schools: Making it happen for students and educators. Thousand Oaks, CA: Corwyn Press.

† Hodas, G. (2006). Responding to childhood trauma: The promise and practice of trauma informed care. <http://www.childrescuebill.org/VictimsOfAbuse/RespondingHodas.pdf>

Long, N. (1996). The conflict cycle paradigm on how troubled students get teachers out of control. In N. Long & W. Morse (Eds.), Conflict in the classroom (5th ed.). Austin, TX: Pro-Ed.

Manning, M., & Baruth, L. (1995). Students at risk. Boston, MA: Allyn & Bacon.

† Nakazawa, D. J. (2015). Childhood disrupted: How your biography becomes your biology and how you can heal. New York, NY: Atria Books.

Parese, S. (2009). Understanding childhood trauma: Insights for educators. Danbury, NC: Author. http://www.tact2.com/images/Childhood_Trauma_Reading.pdf

† Walsh, D. (2004). Why do they act that way?: A survival guide to the adolescent brain for you and your teen. New York: Free Press.

Walker, H., Stieber, S., & Ramsey, E. (1995). Antisocial behavior in school: Strategies and best practices. Pacific Grove, CA: Brooks/Cole.

Wolin, S., & Wolin, S. (1993). The resilient self: How survivors of troubled families rise above adversity. New York: Villard.

† = **HIGHLY RECOMMENDED READING ON CHILDHOOD TRAUMA**

Inspirational Quote from Dr. Haim Ginott

"I've come to the frightening conclusion that I am the decisive element in the classroom. It's my personal approach that creates the climate; it's my daily mood that makes the weather.

"As a teacher, I possess tremendous power to make a child's life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or humor, hurt or heal.

"In all situations, it is my response that decides whether a crisis will be escalated or de-escalated or a child humanized or dehumanized."



Dr. Haim Ginott (1972). "Teacher and Child: A Book for Parents and Teachers."

EXAMINATION
COPY

This program is part of a larger series of crisis intervention training programs:

Therapeutic Aggression Control Techniques (TACT₂): For youth care workers serving seriously troubled youth in settings such as alternative schools, shelters, residential treatment centers, group homes, etc.

TBM/Elementary: For educators working with challenging students in grades K-5;

TBM/HighSchool: For educators working with difficult students in grades 6-12;

TBM/FosterCare: For adults caring for foster children in their homes; and

TBM/DD: For staff serving older youth and adults with developmental disabilities.

I welcome your reflections on your experiences as educators and caretakers of challenging kids, and your thoughts about this curriculum. If you would like to share your insights, or want information about becoming an instructor in one of these curricula, please contact me:

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