**CPI *Unrestrained* Transcription**

Episode 76: Christian Milovich

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Host: Terry Vittone

Terry: Hello, and welcome to *Unrestrained*, a CPI podcast series. This is your host, Terry Vittone. Today, I'm joined by Christian Milovich, a training manager at the Oaklawn Psychiatric Center in Indiana. Hello, and welcome, Christian.

Christian: Hi. Thank you very much. Very happy to be here.

Terry: Thank you so much for joining us. And a warm welcome to our listeners. Let me tell you a little bit about our guest before we begin. Christian has been working in community mental health for the last 17 years and for the last 9.5 years at Oaklawn. He has been facilitating CPI's *Nonviolent Crisis Intervention*® training for close to all 17 years of his career in community mental health care. He has worked as a case manager in child and adolescent outpatient and residential care. He is a team leader for outpatient skills training and a member of the Oaklawn's crisis response team.

So, Christian, let's begin today by telling listeners, if you will, about the facility where you work, share the history, mission, and services at Oaklawn, if you would.

Christian: Excellent. Yeah. Oaklawn is my favorite place that I've worked. I've had three professional jobs. And we serve a very large community. We're actually the community mental health center for two different counties, St. Joseph and Elkhart County in the northern region of Indiana. We have four campuses on four different cities. So, we have one campus in South Bend that is primarily addictions and outpatient services. We are connected to the building that provides St. Joe County's adult acute services. However, it's not our facility. It's connected to our local medical group of Beacon Health.

And then we have a campus on our Mishawaka—in the city of Mishawaka that is our child and adolescent residential programming. So, intensive service programming and that's 100% what's contained there. And then we have another campus in the city of Elkhart. And that's primarily, again, addictions, outpatient services, and a clubhouse for some of our clients to attend and take part in different things.

And then in our Goshen Campus, which is also part of our Elkhart County, we have outpatient services and school services for child and adolescent, and our acute Elkhart County residential programming as well.

Terry: So, you serve a huge cross-section of the community. How many clients would you say you treat in a year?

Christian: So, I was just looking, marketing is putting information out there all the time and since we're just into the fresh year, not too far into the first year, they said anywhere from 30,000 clients in different capacities in any given year. And we have right around the area of 955 employees.

Terry: Wow.

Christian: So, it's a lot of people helping a lot of people over a pretty good area.

Terry: I noticed on your website that you do a lot of addiction services. Have you seen a huge surge in that?

Christian: We have. We are constantly getting referrals and walk-ins. We actually have one day a week on both our South Bend and our Elkhart Campus, where somebody can walk in and get an intake. They don't require a referral. It's absolutely with the opioid epidemic. We're seeing people looking for help coming in every day. The hard part is that whole part of getting them to stay clean so they can get the help they need. You gotta be ready. But we absolutely have seen a large increase in that.

Terry: So, just so I'm clear on this, if I need that kind of help, I can walk into the door at Oaklawn and be admitted without any kind of referral, just on my own volition?

Christian: You can go in. Yes. So, they'll take you through the referral process. Now, there are specific criteria that I don't know offhand that they have to meet to be able to complete the intake. But yeah, we have one day every week that somebody could come in to our addiction service programs and just ask for help. And if we can't help them at that time, we have specific people who give them detailed ways to meet those needs. So, the next Wednesday, if they show up and they've done all this, we can help.

Terry: Well, what an incredible contribution to public health in your region. Let's talk about your personal history at Oaklawn. You're a training specialist now. Is that how you came into the organization? And what work did you do before Oaklawn? I know we've kind of touched on that, but fill that in for us.

Christian: Yeah. So, I actually started off, I was a youth and adult sports director at the YMCA in Indianapolis. And from there, I decided I wanted to come home and help my community because I wasn't a huge fan of my hometown, which is South Bend. So, I decided I was going to go home. I was married to a nurse. She could work anywhere. So, I decided, "Let's go home and try and make my home community be better." And also trying to find more upward mobility in a job. And the first place that was hiring was called Madison Center. And they were hiring for case managers in what they called a day treatment program.

So that's essentially a daytime residential program. So, the kids would go home in the evenings and sleep and then come back in the mornings. And we would basically, do residential treatment during the days with them. They would go to school with us. And I got a $6,000 pay increase to move into community mental health, which is always nice.

Terry: Yes.

Christian: So, I took the job and I was pretty good at helping people. And this was not long after September 11th had happened. So, we had the terrorist attacks, and everybody was freezing salaries and doing all this, and I found a job somehow within all of that. And then they kept promoting me because I was pretty good at helping people. My background was not in psychology or anything like that. One of my two bachelor's degrees from the University of Indianapolis is in communication. I always thought I was going to be in someone's human resources. Next thing I know, I was the team leader for a team of skills trainers that would go out into our community and help.

And at the same time, Madison Center collapsed as a business. And Oaklawn came in and took over the outpatient services that were being provided. And that's how we ended up split from the acute care that is done by Beacon and how Oaklawn controls the outpatient community mental health. And then I was approached, they said, "Hey, you're pretty good at training people. You know, what you're doing. Would you want to do a split position as a trainer and a team leader?" And it eventually faded into about the last four, four-and-a-half, maybe five years, I specialized in the trainings and became the training specialist.

And I'm the only human resources member who's actually worked directly with clients in almost all of the aspects: residential, outpatient. I was out in the community. And then I was a team leader. So, I've seen every angle—almost every angle of what we do with the client.

Terry: So, you understand what that one-on-one experience with your client really is about then?

Christian: Absolutely, absolutely. So, that way when I go into the trainings like CPI training, I also provide first aid and CPR training. I do cultural competency training. When I'm doing those, I know the perspective that they're dealing with, which helps me provide them with a more inclusive training. Something that they can really take something from and use right away because those are the examples I'm using as well.

Terry: I see. Now, to go to the training specifically. Now, I understand that you became a CPI Certified Instructor in 2013, but that you actually received CPI training 10 years before that. Could you talk about your first training and your impressions of CPI training when you first received it?

Christian: Yeah, when I first went to training, I thought it was a holding training. I was going to be taught how to hold kids. I was working in that day treatment program. And I actually told the Instructor at my very first class, I was like, "I really should not even be here because I'm never going to put my hands on somebody." And they're like, "Well, let's just see." And then four days later I actually was using a hold because I ended up getting punched in my face, as I walked into a gymnasium. So, it was definitely a different experience. But like, I thought it was a holding training.

Now, yeah, they did talk about all the other things, the verbal and nonverbal. But I really felt like early on in my career that was grazed over much quicker and it was all about getting to how to protect yourself, how you use a restraint, if need be, saying it was used as a last resort that was always out there. But there wasn't enough of an emphasis given to the nonverbal skills or the verbal skills.

Terry: So, the verbal de-escalation wasn't emphasized as much in your initial training as the physical holds and disengagement skills were?

Christian: That's correct. Yeah. I didn't feel like it was emphasized enough. And then when I became a trainer, I started talking to my supervisor at the time, whose name was Kathy, and she was a master trainer with CPI. And I said, "We really need to switch this up. We really need to make sure people are getting more of the verbal skills, nonverbal skills, so that way we never do have to put…" So, I've never changed my goal. My goal is still, never put my hands on somebody. And that's what I'm trying to emphasize now as the leader of our CPI team here, we call the CPIC, you know, CPI Committee.

Terry: Well, that's interesting because we've recently released a product called *Verbal Intervention*™, which is strictly the verbals and then some disengagements, but none of the holds. And I think we certainly have always thought that hands-on was last resort. But we have really emphasized the verbal de-escalation skills and our product mix certainly reflects that. But it's interesting to hear from someone in the field, you know, who said…Well, you know, it's interesting that back in when you

became a Certified Instructor that you really zeroed…you focused in on those verbal skills. So that hands on was absolutely the last thing that was probably going to happen if you use the behavioral models and the levels. I mean, you know, depending on the individual that you're dealing with, but they can be…you've certainly, I guess, found them very effective if you use them with some rigor and expertise.

Christian: I have. So, after I put my hands on this young man, I used the full team restraint. I decided I was going to go back and look in that book and start perfecting or trying to figure out how to perfect the use of these skills, these verbal skills that we went through really quickly and filling out that workbook. And so, I started studying. And today, I think I am a better husband, I'm a better father, I'm a better employee, I'm a better man because I decided knowing how to intentionally use these skills was more important. And so, I decided to use it to change my life really.

Terry: I don't think you can derive more from the training than the message that you just gave. I think that's truly remarkable and to take it up to that level in your life is something…I think we find a number of people expressing that, but to what degree people actually can incorporate it, of course, is up to their unique personality and skill. And I mean, obviously, you rose in your profession as a trainer and something that you have great aptitude to understand how to do. And so, it's, I guess, a logical progression that you took it into the other aspects of your life, where you might have had conflict with people.

Christian: Absolutely. Now, Terry, let me tell you though, the people that I'm the worst at using these skills with are my own children. And it's that emotional connection. Like, there's so many times I'll say something and then I'll go, "Oh man. Like, that is not how it was designed in the book." Like, that's what I think. So, it is tough, still the fact that I've been doing this for this long and I still sometimes will struggle with it, with my own kids.

Terry: Well, I think that maybe speaks to the uniqueness of the parent-child emotional connection, and how uniquely we understand how to provoke, and love, and whatever the desired result might be. So, interesting. So, at Oaklawn…so who receives training? I mean, you've got a huge staff there.

Christian: So, everybody receives some form of CPI training. Everybody that participates in our intensive services gets the full 10 units. So, they get everything from the nonverbals, to the disengagement, and into the holding skills, taught all the seated and standing, everything, they get a full training. We currently do it in just a little under 11 hours through 2 days. And our outpatient services, since they're alone in the community, we do not…they can't go hands-on because there's never the team approach unless they're in one of our buildings, which gets us into the crisis response teams, I'll get into in a little while.

But outpatient buildings, we give them units 1 through 8 and 10. So, we just skip the holding skills. We still teach them the disengagement skills. And people like aids, and housekeepers, and maintenance, they still go through our version of the verbal skills, where we don't teach any of the any of the holding and disengagement skills. However, we've had several of those people ask if they could. And if somebody requests to attend more of it, we let them.

Terry: And so, how many people a year is that, that you would say you train? I mean, a round number.

Christian: Wow. Well, that's a good question. We currently have…we have in our computer system, the ability to remind people. We currently have active 551 employees that have to retake CPI every year.

Terry: I see. And how many Certified Instructors are on staff there at Oaklawn?

Christian: I believe we have 12.

Terry: Okay. And you still facilitate training yourself in CPI?

Christian: I do.

Terry: You do?

Christian: I do. I do actually usually the lion's share of our training, about 250, 300 hours a year. I think I've taught 710 hours in my last 6 years as a trainer.

Terry: Wow. Now, I understand you guys do…for part of your refresher training, you do something called a monthly booster. Could you talk about that?

Christian: Yeah, yeah. For intensive services. So, we break down some of the units and go to some of the important things that every once in a while, it's about a 15-to-20-minute refresher. And we have what are called inner shift meetings. So, as shifts are coming in and out, they have a quick meeting as one shift's covering or the other. So, there's two or three for each one of our units that we do. And we just do a booster shot, kind of. So, we'll give them a quick little piece on the Coping Model and we'll just walk through, what do we have to make sure first? That the person's back under control. And then we just kind of go through it at a little more rapid pace, but just enough to be that booster shot.

So, it helps them remember all those steps that they got because this booster shot comes every month. So, some of them go through a refresher…everybody goes through a refresher every year of some sort. But you know, when you're waiting a

year, there's little pieces you can forget if you're not getting those monthly reminders. We also offered to do extra training sessions with the holding skills for other staff that oftentimes, don't get taken up on a voluntary basis.

Terry: So, a lot of opportunities to refresh on the CPI concepts there at Oaklawn.

Christian: Yeah, we try, we try. We try and keep it out there because we feel like that's the best way to get the right response.

Terry: Can you share a story then, Christian, about how CPI de-escalation techniques help prevent a negative outcome when challenging behavior was being presented by a client? I mean, you refresh so often. It sounds like you've got quite really a crack staff who's really good at implementing these techniques.

Christian: Well, sure, I'd be happy to. And you know, like I said, in stressful situations, we try and keep everybody as prepared as we can. However, that's hard to do sometimes in a stressful situation, when you're not immersed in it as much as I have been. But it does make me think of a time that they called for the crisis response team in one of our outpatient buildings and I responded to what was going on. I was one of the first people to get to the top of the stairs to where they had called for the crisis response team. And I could hear somebody yelling and what they were saying was, "I want my controlled substance!"

And so, I immediately start into processing because when I teach people about the verbal skills, I teach them that oftentimes, I'm not gonna teach you a new strategy, not something that you necessarily didn't already know, but how to intentionally respond to it. So, as I'm hearing yelling, as I'm approaching, and then saying something about a controlled substance, I'm thinking, "Okay, they're for sure defensive." My guess is venting. So, I start going through the charts, the flow system on how to respond. And then I also start thinking of a way to rationally detach myself. And I'm thinking this person's probably seeking a high or is already high. And it's probably not their best day. Like, they're probably not going to look back at this and go, "This was a good time in my life."

So, just kind of preparing my brain to go in and be ready to respond in more of a positive manner versus a crisis manner. And so, as I came into the area, I also could tell immediately that the person wasn't clean by the odor that was in the area. And, I saw that the staff surrounding them looked very scared. So, the very first thing I did was, told the rest of the crisis response team members to start removing the rest of the audience, moving them out of the way and trying to get to where he could see somebody who looked competent. He was actually yelling directly at his doctor, his prescriber, and continuing to say, "I want my controlled substance."

And then I said, "Maybe it'd be best to get the doctor out of there as well." So, I asked somebody to remove the doctor. And this is one of the things I talk about with a lot of the trainings that I do is I say, does a reality slap. Not that we're striking somebody, but like in the movies when somebody's really going off, how do you snap them back to a rational mind? So, when the doctor started to move, I saw him for a second, kind of flinch, like, "Wait a minute, this is the person I need." And I said to the person, then I go, "I hear that you're wanting your medication. When was the last time it was filled?" And he looked at me for a few minutes and I just stopped responding until he said something else. And he goes, "Well, I just got it a couple of weeks ago." And I'm like, "Okay. So, that means we know that you can't get your prescription refilled right now, right?"

And I waited for him to respond again and he was like, "Yeah, but I really need it." And I was like, "I understand that." I said, "What's something else you need right now?" And he was like, "My girlfriend." And so, I looked around, I was like, "Is his girlfriend here?" And somebody said, "I think she's in the lobby." I'm like, "Somebody go get her." And from that point on, he started speaking more rationally. He never came back to a level that I would say felt good. But that also goes into one of my goals when I go into a situation is never…not actually, my goal isn't to de-escalate them. It's not for them to escalate any further.

So, if I can just hold them there, as long as they're not going to becoming a threat to themselves or somebody else, I've kind of won, I've done my job. And he did come down just a little bit. He chose to leave on his own with his girlfriend. And he said that they were going to go to the police station, and tell them that we're withholding treatment, and we should be going to court. And I was like, "All right, that's fine. If you'd like, we can find somebody that can help you get there." And he chose not to. So, you know, it's not always that it's pretty, it's not always that it feels good, but the best response was that he was able to come back around to be rational enough to leave on his own without hurting himself or somebody else.

Terry: Right. You know, as you're related that story, and by the way, very effective use of all the boilerplate skills and to really, you know, calm down what could have been a really an explosive situation. I wondered, do any of the physicians get CPI training that you know of?

Christian: So, they do. It's at a very abridged version. Actually, we still use one of the old DVDs through CPI. They get a manual, but they don't go through the certification process. But they do watch the video. I'm searching for it really quickly while I'm talking. And it was the *Nonviolent Crisis Intervention*® DVD program and it looks like it's from 2011. They watch that video, they go through it, and then, I sit down with each one individually, and just kind of go through the verbal skills, and ask them questions. And I usually use one of the post-tests out of our manuals now, just kind of going through it, and talking to him about it. And then, they usually

have written everything down in their books and I remind them that they get to keep that, that they can use, that they can refer to that. And so, they don't get certified, but they do get some of the pieces.

Terry: I see. So, well that's excellent. I think that at the least there is some aspect of training fidelity there and they understand the basic terminology then and the techniques that are at work. So, with…

Christian: And I also…I'm sorry. I also go to their team meetings once a year and give them one of those booster shots.

Terry: Excellent. So, you know, with the way you've described it, do you think CPI training has changed the culture at Oaklawn since you've been there?

Christian: So, I would say it's changed from the culture that I came from with Madison Center. I believe it has changed Oaklawn as well, but I think Oaklawn was already moving in that direction. They realized that there wasn't enough of an emphasis on the verbal skills and de-escalating or just not accelerating the behaviors more. Because one of the first things that happened with our child and adolescent residential unit did away with all floor holds. So, they only use standing or seated floor holds now. And then after I took over the CPIC, our adult acute unit also decided to do away with floor holds. And that meant a lot of our CPI Instructors working with them to strengthen their standing and seated skills to the point where they felt confident and secure that they didn't need to use it.

Terry: I see. Does Oaklawn keeps statistics about violent patient incidents and is there any correlation between training and a downturn?

Christian: We do. So, we have a specific staff person whose name is Emily. She's our compliance officer. She keeps all the statistics. She's also one of our CPI Instructors, which I think is a huge benefit to our team and the understanding. And we have debriefings for the ones that we feel like could have use some strengthening. We're lucky enough to have some videos that we can oftentimes watch, and go through with the staff, and use that as part of our debriefing, and further learning of the times that things don't go the way we feel like they're planned or the way the book looks. So, we do keep different kinds of statistics. Like just lately at our CPIC meeting, Emily brought up the fact that we have an increase in biting right now. We have a lot of…kids and adults in our two intensive service programs are biting more people.

So, we're going to make sure as we're going through the refreshers, and as we do those booster shots, and those things that we really talk about biting, and how to think about it. And right now, it's thigh biting. So, they're biting them on their thigh somehow. And so, we've been talking about, how do you feed the bite when

somebody gets your thigh, not your arm? Because it's far easier to feed it with your arm than it is with your legs. So, how do you do that?

And so, that's one of the things we're looking at right now. And the reason we moved away from the floor holds was because we saw more clients and staff were being injured when things went to the floor.

Terry: So, you're really using sort of an awareness of aggressive incidents or injurious behavior to tailor your training and what you pay attention to so far as how you handle escalating behavior. That's excellent.

Christian: Yeah. We also have on our…child and adolescent intensive service unit, they have a group of kids that have moved through the skills and are the spokesperson for their units. And they have a meeting that they call the Youth Advisory Council. And I go twice a year and talk with them about things that they see as needs for improving our staff training as far as using verbal skills, and nonverbal skills, and holding skills. And so, we're getting input straight from the child and adolescents that are on our intensive service units that I go back and we put into practice with our CPIC on how to strengthen and change things, so that way we're meeting the needs, and they're feeling more supported.

Terry: So, you guys basically worked in a feedback loop with your own clients. That's amazing. Whose idea was that? That's a really wonderful idea.

Christian: I've got to give some credit to Joint Commission. It was their idea and they asked us about it. And then our vice president, Sharese Swafford, actually asked me to start attending the meetings, and getting that feedback, and then taking it to the CPIC. So, it's from the top to the bottom. Like I said, our vice president said, "We need feedback about holds, and verbal skills, and how our staff's doing and, and the buy-in to using these skills."

Terry: Excellent. Now, speaking of youth and adolescents, during our pre-interview, you mentioned that you were going to be trained in trauma-informed care. And I'm wondering if you could speak to why you feel a trauma-informed perspective is important when dealing with clients who come to Oaklawn.

Christian: Yeah. Because I think it helps you stay rational yourself if you understand, that the people you're dealing with have probably dealt with some sort of trauma. I am looking for one more train to go to because I'm a senior trainer right now and I've done the advanced physical techniques [Advanced Physical Skills] training. And I'd like to become a Master (level) trainer and that's all I'm away from being able to do that. So, it's a little selfish that I want to attend this, but it's also helpful because we get questions during class. Like, how can you be trauma-informed as you're holding somebody in a holding skill? And that's a hard question to answer. Like, while I'm

holding somebody's arms snug to my body and I have them bent over next to me, how do we remain trauma-informed? And I just remind them that we tell them things, we'll talk to. Whenever I've been in a hold and somebody says, "I don't like this." I'm like, "I don't like it either. As soon as you relax a little bit, we can let you go."

And I think that's also being trauma-informed, but I want those other nuggets that you guys have figured out to be able to pass onto our staff and think about when you were being trauma-informed. Because being trauma-informed doesn't start at the hold. It's all the way through the process of talking with somebody. When working in a community mental health center, it's from the moment they walked in the door to the moment they walk out and beyond.

Terry: Right. Right. I mean, I think it has to have that the initial perspective, like you said, a trauma-informed perspective has to begin right at the first touch, the first interaction with the client. So, let's talk a little bit about your crisis response team when it goes into action and you know, how CPI training works within that structure.

Christian: Okay. So, the crisis response teams were specifically created to help deal in the outpatient buildings. So, it does not exist in our Mishawaka Campus because that is 100% intensive service. All those staff there are trained from unit 1 to 10. So, we needed some people who could respond on our campuses because the outpatient people who are in and out of our buildings are only getting trained in mostly, 1 through 8 and 10. Some of them just 1 through 7. So, it meant different responses. What happened if somebody was out of control? So, we created a team of people at each of the campuses. I'm a crisis response team member on three of the four campuses. So, all of our buildings that provide outpatient, if I'm there and they call for it, I respond to it.

And so, they get all the training, units 1 through 10. We also have monthly meetings and oftentimes, in those monthly meetings, we practice different things. Kind of like those booster shots once again, except for, by the time we're called in, we're almost always dealing with defensive behaviors. So, we do it through our paging system. So, that's how we get called in. So, we don't spend a whole lot of time on anxiety because it's very rare that we're dealing with anxiety. So, we kind of start with the defensive, and the *Verbal Escalation Continuum*[SM], and taking that through holding skills because that's oftentimes where we come in.

And one of the hardest things to deal with as a crisis response team member is, I have zero relationship with any of the clients that I'm responding to now. The clients that I worked with starting 17 years ago out in our community, I don't see anymore. So, I don't know the people. And that means I have to use what I was taught to figure out where they were at. And that's the emphasis I use when

helping train a crisis response team, is saying, "There's a good chance none of us are going to know this person." So, we may need to have somebody gathering information from somebody who does know this person or we may want that person to continue being the person communicating.

But we have to be the ones responsible for giving those orders because most people are going to kind of step away from it when somebody's moving up and venting or intimidating, doing things like that. Most people are gonna move away, especially if they weren't trained in the holding skills. But we may need them to stay closer to be an auxiliary member because they have the best relationship with them.

Terry: That's important. Okay. So, Christian, this might be a tough question, but if you were going to recommend the CPI training or speak CPI training to staff at another care facility, what would be the primary message that you would give them? And I think because you've had so much experience with it, you're really a good person to ask this question to.

Christian: Well, I think I really do believe in it. And so, I think what I would say is, use it to its fullest and ingrain it into the culture. Because it really is important that we require every year as a refresher, but to be able to master these skills…I mean, if it changed my life, it can change more people's lives. It can become the way people respond, but not if you only talk about it once a year. You have to figure out a way to really make it part of the culture and give those booster shots, do things like that. And it's not just going through those holding skills or those disengagement skills. It's going through every level of the *Verbal Escalation Continuum*SM, and the *Crisis Development Model*SM, and talking about all of those pieces. Like, when we talk about a refresher, I know the staff that I'm talking to already knows the names of these things because we talk about it more than once a year. You have to bring it in.

I mean, if you're gonna spend the money and take the time, make it part of the culture as well.

Terry: So, a working familiarity is really what makes the training effective.

Christian: Yeah, I think so. I absolutely think so.

Terry: Excellent. Well, Christian, it's been fascinating talking with you about how you've put this training into place, and your sense of mission, and your commitment to what you do is very palpable. And thank you so much for sharing that. My guest today on *Unrestrained* has been Christian Milovich. He's a training manager at the Oaklawn Psychiatric Center in Indiana. Thanks so much for joining us, Christian.

Christian: Thank you very much.

Terry: And thank you all for listening.