CPI *Unrestrained* Transcription

Episode 1: Kendra Stea

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Terry Vittone: Welcome to Unrestrained, the podcast series from CPI. Here, you can enjoy conversations where professionals on all sides of crisis and behavior management relax and open up about themselves, their workplace, and their clients. You'll get the latest tips and trends from the best in the business. So tune in often to integrate their experiences with your own.

Terry Vittone: Hello, and welcome to the first episode of Unrestrained, the CPI podcast series. This is your host, Terry Vittone. I'm joined today by Kendra Stea. Kendra is a nationally-certified counselor and CPI's director of client services. Hello and welcome, Kendra.

Kendra Stea: Thanks, Terry.

Terry Vittone: Thank you for joining us today. Today, we're going to talk with Kendra about her 13-plus years working with CPI, as well as her own personal history. That brings me to our first question today on Unrestrained. Kendra, in your article, "Seven Essential Elements of Healthcare Excellence", you wrote, "People enter the caring profession because they want to give back, because they want to be a part of something bigger than themselves, because they feel called to do so." In light of those observations, talk about your career path and personal experiences and kind of what brought you here today.

Kendra Stea: Sure. Well, as I was growing up, you take all these career aptitude tests. Everything told me I was either going to be a pastor or farmer or a social worker. So at the end of the day, I ended up kind of going the social work route, getting a bachelor's degree in criminal justice and then eventually a masters degree in counseling.

Terry Vittone: Are you a Wisconsin native?

Kendra Stea: Yeah, for the most part, born and raised on a dairy farm in central Wisconsin, hence the aptitude toward farming.

Terry Vittone: I see.

Kendra Stea: Yeah. So right after college, I went to work in a group home for youth. My aspiration was to become a victim witness coordinator in the court system.

Terry Vittone: Oh.

Kendra Stea: But the jobs are few and far between, and they're often filled internally by the other county employees or things of that nature.

Terry Vittone: Is that a support role for people that have been victimized in crimes?

Kendra Stea: Correct, helping them navigate the court system, making sure they have the right resources. They're prepared to maybe be in the court room with the person who victimized them, just really being an advocate and a support for people who are either victims or witnesses of crime.

Terry Vittone: Sounds like we can use more of those people.

Kendra Stea: Yeah, I think it's a really critical role in the court system. So I started working at this group home for teenagers who'd been adjudicated or found guilty of certain crimes and removed from their home, and I fell in love. I didn't mean to. I didn't even know I liked children that much.

Terry Vittone: Oh, my God.

Kendra Stea: On my second day of employment in a group home, somebody handed me a video and said, "You're going to get some training, but this will get you started. Why don't you watch this video?" It was CPI's "The Art of Setting Limits." It changed immediately the way I looked at how I was going to interact with these teenagers who I was pretty sure I could make them do anything. I was the adult. Right?

Terry Vittone: Right. Right.

Kendra Stea: The one in charge, right? So that's kind of how it all got started. It was quite by accident. Over time, through a series of jobs working with mostly youth and some adults in group care or residential treatment settings, transitioning out of corrections back into the community.

Terry Vittone: Do you remember the a-ha moment when you said, "Oh, this is me. This is really what I want to do?"

Kendra Stea: I don't. I wish I could say all of a sudden it was clear to me, but it felt right, I think, right away from the beginning. It just was a good fit for me. Like I said, I took the job because I needed a job, and I wasn't sure. Immediately, it was just the right fit. It was just the right fit.

Terry Vittone: That's great.

Kendra Stea: Yeah.

Terry Vittone: So then you became aware of CPI through "Setting Limits", the presentation. How did you eventually get to CPI from the home that you were counseling at?

Kendra Stea: Well, that organization used CPI's nonviolent crisis intervention training program. So I eventually was trained in the program. I left that organization and went to Lutheran Social Services of Wisconsin and Upper Michigan, and they too used CPI's training program. There came a point in time during my tenure with them where they needed an instructor for the group homes that I was supervising at the time. So I volunteered to become the trainer because I liked the content.

So I went through the instructor certification course. I began training for the staff in our group homes. Then we recognized that we had a group of staff that didn't really have a duty to care, or they were working in partnership with schools, but their job wasn't really . . . They weren't the caregiver. So at the time, CPI had an offering called "Street Smart" from 9:00 to 5:00, which has since been kind of

repackaged into our prepared training program. Now, it's much more robust than it was then.

So I went to get a dual certification. It was at that program where I said to the instructor, "How do I get to be one of you? How would I work for CPI?" Because I really liked taking the knowledge, the skills, the simple strategies and just passing those along to my staff, and then watching them in those crisis moments just completely resolve things in a way that was successful. So we never had to put our hands on anybody.

Terry Vittone: Yeah.

Kendra Stea: She said, "Send your resume." So I did.

Terry Vittone: Was that 2001?

Kendra Stea: Yes, that was in 2001 or late 2000. I sent my resume, went through the interview process, and started as a global professional instructor then in 2001.

Terry Vittone: Did you take the teaching, the role of the GPI right away?

Kendra Stea: Yeah. Yeah, I did. So I trained actively for about three and a half years, but really felt called and compelled to some other things CPI was doing. I miss training. I loved being on the road.

Terry Vittone: Oh, yeah.

Kendra Stea: I love interacting with our clients and our customers and watching those light bulb moments that they have, but we're a growing company. We've been growing. So there were so many other opportunities to get involved with that have really led to a place I feel like I can help people change their culture. That's a big impact, and it's been a very fulfilling shift then.

Terry Vitton: I'm glad you brought that up. In the time that you've been here, what's the biggest sort of cultural turnaround that you've been involved with? Maybe you can talk a little bit more how national accounts sort of evolved, how your role transitioned to director of client services.

Kendra Stea: Sure. You think over time, we recognized we had certain accounts at CPI that were very large-scale, like spanned nationwide. How we typically sell is based on geography. Our account managers have a state they're assigned to or a province they're assigned to, but there are those organizations. They tend to be large integrated health systems and/or mental health systems that have locations in multiple states that were large utilizers of our offerings.

So we recognized there might be an opportunity for us to better support those types of organizations or even to try to speak with their corporate level to get a corporate-level contract or some buy-in and support, so that all facilities could freely use our offerings without having to go through a bunch of red tape or to help consolidate buying efforts, to save them time and money. They've really been open to that kind of relationship with CPI.

Terry Vittone: I see.

Kendra Stea: So the more we started to do that, we saw the effects of that kind of relationship with those organizations. So we decided we needed to make a department or a couple positions really designated towards supporting those large nationwide accounts. So it's really evolved in this really nice thing of a group of us who work not only at the individual facility level, but also have these corporate relationships as well. So we work bottom-up and top-down to shape their entire workplace violence prevention policy, essentially across their whole system.

Terry Vittone: Right. Want to talk about a specific client for that?

Kendra Stea: Sure.

Terry Vittone: Okay.

Kendra Stea: Sure. So as an example, probably now two years ago, I started to have a dialogue with Ascension Health. They are located out of St. Louis, Missouri, but they have about 120 hospitals across the nation. They do some long-term care homes as well. Like most health systems, they're merging and consolidating and growing day-by-day. They really, really wanted to start to address this issue of

violence in healthcare. It gets a lot of press, but there's not a lot of resources out there.

So we started to dialogue about what would that look like to do a system-wide approach, not just a formal training, but informal components, so that everybody in the facility might get some level of an awareness about what workplace violence is and how to prevent it from occurring.

So we've expanded our training presence from a formal capacity into many of their health ministries, is what they're called, but we're also working on some informal components with them to put out on their LMS, so that every associate in their employment will have access to . . . One is a very specific healthcare video that was actually filmed in one of their facilities, using scenarios that they helped us create and write. That is focusing on preventive techniques. Then we did two e-seminar series. One is on workplace bullying, and one is on domestic violence and how it impacts the workplace.

These are issues and concerns they've identified are their highest-risk areas, patient-to-patient violence, patient-to-staff violence, visitor-guest violence.

Terry Vittone: So in your planning stage as director, do you go in and sort of partner with the executive or the decision makers there and say, "What's hurting you?" They then come back. Do you ever sometimes take an assessment and look and say, "Well, you could also do this as well."

Kendra Stea: Right. That's exactly. I mean, some organizations, when we come together as partners, already have a really good feel for what they need or what they want to try to change in their culture. Others really are starting from ground zero, and they're not sure. So the first step is to sit down, have a dialogue, kind of figure out what their goals are, and then how can we be a partner to them in achieving those outcomes.

Terry Vittone: How long have we talked with Ascension?

Kendra Stea: It's been two, two and a half years now. It's still kind of rolling out. The e-seminars and the preventive techniques video are all in pilot right now. The

training is slowly expanding across the health ministries. So it's been a really nice relationship. Then they've had to make other changes that are connected but not necessarily related to us, like an improved reporting system for incidents. So then there was an education piece of making sure associates know the proper way to report and record workplace violence of all different kinds. They put together threat-assessment protocols and risk-assessment protocols. So it's been this really comprehensive workplace violence prevention approach that's really been great to be a part of.

Terry Vittone: That initiative was developed in connection to CPI, as we went through.

Kendra Stea: Correct.

Terry Vittone: I've read about Waypoint Center up in Canada. Could you shine a light on that a little bit for me?

Kendra Stea: Yeah. So Waypoint Center for mental health is in Ontario, and the facility, it's huge, right? They have like 8000 employees. The facility houses the province's most chronically mentally ill individuals. They serve individuals who have been adjudicated or found not-guilty by reason of mental disease or defect. These are individuals who cannot live in the community.

A couple years ago now as well, they put out a request for proposal after dialoguing with some training vendors, to really put together a comprehensive culture change plan. That included training, both formal and informal. That included some consultation pieces. What was really interesting about this environment is they're very sure they're very unique. Right? They're unique. No one else is like them.

There's some truth in that. However, what we really had to work to do is help them see how what we had really can work for them. By their own admission, they were using some fairly coercive practices when individuals were in crisis. They were using elements of pain compliance and physical coercion during crisis that just are no longer acceptable best practices.

Terry Vittone: Who's been the most dramatic sort of turnaround that you've seen?

Kendra Stea: Well, I mean, it happens a lot.

Terry Vittone: If that's a fair question. Is that?

Kendra Stea: Yeah. I mean, right? It happens a lot. I think a good example is the folks at Waypoint. In working with them, I knew that it was going to be a challenging group for a lot of reasons. It had really little to do with the actual individuals and more to do with the culture that had developed at the organization. So the trainers that were selected . . .

Terry Vittone: Can you describe that culture just a little bit?

Kendra Stea: Yeah. It's very paramilitary. They are the largest employer in a small community. So it's also very generational within families. My grandmother worked at Waypoint. My uncle works at Waypoint. My cousins work there with me. It's my job, too. So as things would change, there's that pressure from family members or friends of, "Well, when I worked there, we did it that way." It's steeped in tradition, is really what's going on there. Right? It's completely steeped in tradition.

It's also had a history of kind of, "What's our soup of the day intervention we're going to try now or thing we're going to change now," that for many staff, they felt like never got staying power. They'd do some things different, and everybody would say, "This is how we're going to do it." Then it would just go away.

Terry Vittone: So a treatment du jour that no one really bought into at a practical level.

Kendra Stea: Exactly.

Terry Vittone: Yeah.

Kendra Stea: Exactly. Or just even things that staff wanted to see changed. Yes, we're going to change them, and then it just never really would. It wouldn't stick. So they really were concerned that this was just another one of those initiatives

that would require them to put a lot of work in at the front end and would never be supported.

Terry Vittone: Do you know this going in?

Kendra Stea: Yes.

Terry Vittone: Wow. Okay. So that's got to be a mental . . . Talk about steep.

Kendra Stea: Yeah, it's tough because the instructors, when they come to our program from any location, are putting so much effort and energy into learning a new curriculum, but also then preparing to go deliver it to a bunch of people. In this case, they all knew that they were going to be the pariahs, right? They were going to come with this curriculum that was called "nonviolent crisis intervention", and they were going to get nothing but resistance from their team members. Frankly, that's where they started.

So I hand-picked some of our very best trainers that can handle that kind of resistance, but I think my favorite example was . . . One of the instructor candidates, in the middle of the first day, looked at Pam Sikorski, who's one of our best GPIs, and said, "This is a bunch of . . . "

Terry Vittone: Hooey.

Kendra Stea: Hooey. Yeah. He totally used an explicit word that we won't use here, but he said, "This will never work for us."

Terry Vittone: Wow. Wow. How do you combat that sort of . . .

Kendra Stea: Yeah, and that was one of several people with that attitude. Waypoint took this really interesting approach, which has really, really been effective for them. I really highly recommend it. They certified a group of trainers, but then they also had us deliver training to a group of individuals that they hand-picked that were called coaches. These coaches' role isn't to teach or train, but it's to help be the eyes and ears of the trainers, so that during the implementation phase, as they're rolling out this new strategy, they have a lot of people that can coach and help people remember, but they can also make little mental notes of,

"We need to practice something over here, and in this unit we need to do a refresher on limit setting. We didn't debrief this incident, and we should have."

So they can feed that information back to the trainers as part of the gap analysis for planning next year's training or to plan to come into a unit and do a drill or to do a review or to spend some extra time with some staff that need some mentoring or coaching on de-escalation and limit-setting. So it really has been this nice model. So not only did Pam have these 12 trainers, but then she had 25 coaches that were all of this mindset of, "This will never work for us."

I worked with Pam for a long time. She's been at the organization just about a year less than me. She said this was the hardest training she's ever done. But within six months of them beginning the training anyway . . .

Terry Vittone: Beginning was January 2013?

Kendra Stea: We first certified them, I want to say, February, March of 2013.

Terry Vittone: Okay.

Kendra Stea: They started their training of their staff in April or May. By mid-fall, they had trained already about 700 staff. So it was intensive, intensive training in both our basic course and our applied physical training course. That same trainer came up to me, and he says, "Kendra, I'm a changed person."

Terry Vittone: Oh, my God.

Kendra Stea: He said, "I like to come to work now. I feel like I'm making a difference in people's lives." He said, "I don't know what's happened to me. My wife doesn't know what's happened to me." It was . . .

Terry Vittone: Some profound changing.

Kendra Stea: Huge. Hugely profound. He said to me once . . . He said, "You know, I used to always be number one or two in on the crisis," meaning they'd call a code, he'd go, he'd be one of the first two people to enter into a physical situation. He said, "The other day, we were standing there, and this gentleman in the day room was getting really agitated, and he was pacing around. He was trying to pick stuff

up to kind of throw it and being very loud and cursing and threatening. The team kept saying, 'Let's go. Let's go,' and I just said, 'No, we don't have to do this.'"

He said, "And we waited it out because he wasn't hurting anybody." He said, "We didn't have to restrain, and it resolved itself." He said, "Now, I come to work, and I know I have a different way. I don't have to put my hands on people to keep control in the unit." So to hear just those testimonies of . . .

Terry Vittone: It strikes me. To put it back into this lockup where there are some . . . There are some tough cases.

Kendra Stea: They're very, very sick individuals.

Terry Vittone: There are some hard cases.

Kendra Stea: Absolutely.

Terry Vittone: To imagine somebody, after less than a year of this training, has gone and said, "Let him go," that's remarkable to turn around.

Kendra Stea: Yeah.

Terry Vittone: Have you seen a stance that they keep regarding restraint and seclusion?

Kendra Stea: I am going up in a few weeks and hope to see a little bit more of that, but the initial reports are that injuries are down. Restraint use is down. I don't have the percentages yet. But by all accounts, it's been a very positive change.

It's not still without resistance because on top of changing our kind of clinical programming and changing our behavior management programming, they also built this very large, brand new, state-of-the-art building that then they had to move into, with all these different bells and whistles and, quite frankly, more space and a beautiful location where every patient will have a view of the Georgian Bay and just very much more warm and welcoming than the old building they were in.

But in that, staff were concerned about giving up a level of environmental control that they experienced in their old building, because it was tight quarters, and confined spaces. So it gives this feel to staff of safety and control. Now, they were going to open that up and have more space for people to roam around or more places for people to go cool off or more options, but that was . . .

Terry Vittone: Also more territory to police.

Kendra Stea: Absolutely. More territory to monitor, to watch for those signs of anxiety. They were just very concerned about how that would all go, but the move went really well. One of the VPs told me the other day, they've already just experienced another shift in that reduction of incidents and disruptive moments because of the new environment. Immediately, people just breathed a big sigh of relief, and that has been good.

Terry Vittone: That's more space for them as well.

Kendra Stea: Everybody. Right?

Terry Vittone: Maybe you'll talk to us again when you come back.

Kendra Stea: Yeah, that'd be great.

Terry Vittone: What do you see out there that makes you more or less optimistic that the models at CPI can catch on in a greater degree and accomplish less restraint and seclusion and just more peaceful and productive work spaces for people?

Kendra Stea: I think one of the more promising things in my tenure here at CPI has been to watch the amount of legislative activity around the issue. When I first started for CPI, it was just the beginning of people recognizing the real dangers of restraint use. It was unregulated. It was underreported or not reported at all. Eric Weiss had just broken the news in his Hartford Courant series called "Deadly Restraint" about the issue. The general accountability office had done some research and figured there were 150 deaths that were related to restraint each year. Those were just those that kind of got reported as such.

Over the last 13 and a half years that I've been at CPI, I've watched the awareness around the risks of restraint use grow, and with that has come this beautiful transition of care practices to be more person-centered, trauma-informed, just positive behavior supports, everything being integrated in a way that has moved us from coercive environments into collaborative and cooperative environments.

That's been across our markets, whether it's schools or hospitals or mental health or human service organizations, the advocacy groups standing up and fighting for the rights of individuals that are in care, the legislative transitions that are now requiring a higher level of monitoring and reporting, and training for staff.

Terry Vittone: So it's kind of an age of enlightenment so far, as to people who might be subject to restraint.

Kendra Stea: It has been.

Terry Vittone: And seclusion.

Kendra Stea: Yeah, it really has been. I mean, I think also for a long time, we did a disservice to employees in these high-risk environments because they weren't trained in what to do. None of crisis intervention is really intuitive. It is not intuitive for me to stay calm, professional, rational when somebody is swearing at me, threatening me, throwing stuff at me, or trying to kick me or hit me. I've been in that position where I've got a kid across from me, and the trash can comes flying, and the foot is next. I'm expected to respond in a way that keeps him safe, that keeps me safe, that will help him calm down eventually and keep everyone else safe in the meantime, and I'm the only worker at a group home. That is a challenge for any professional.

I was fortunate because the organization I work for, by licensing requirements but also by ethics, felt it was important and necessary to train me. So they did. But every day at CPI, we get calls from individuals who have never been trained.

Terry Vittone: Did you take to the models immediately when you were presented with them?

Kendra Stea: It just made sense.

Terry Vittone: Yeah.

Kendra Stea: It's simple. It's easy to digest and easy to quickly apply. I mean, that's one thing that I really like about curriculums is that it's just so practical. It's not complicated to do or to use. It's principle-based. So I can take the concept and apply it in any situation, so whether I'm in a school classroom or whether I'm in a mental health unit.

Terry Vittone: Sounds like once people internalize the models, they can become almost intuitive.

Kendra Stea: Yeah.

Terry Vittone: Is there some element of our coursework, the CPI coursework, that you wish that you . . . continually wish people did, maybe dug a little deeper or some aspect or any observation really that you'd like to share about the program that you find [inaudible:00:26:12] interesting?

Kendra Stea: I am often talking with people about changing the culture. I mean, we can train staff, and we can check a box and say we've done it, but that won't necessarily impact our outcomes. I've had the great fortune to work with several institutions who have completely eliminated restraint or seclusion.

In every success story, there's one common variable. You can change up a lot of things and get there, but the one thing that has to be present if you are going to eliminate or significantly reduce your restraint and seclusion, it's a commitment to debriefing every single incident that occurs.

I think we are good about debriefing with the individual in our care that was in crisis. We want to reintegrate them into the [inaudible:00:27:01] or get them back into the classroom. So we talk about what happened, and we help them think of different strategies on how they might behave next time. We look for the patterns, and we do functional behavioral assessments and try to make new behavior plans. But as a group of staff that are called to intervene daily in those situations, we too need to sit down and say, "What worked for us? What didn't?"

Because otherwise, we get stuck in this pattern of doing the same thing day after day and expecting a different result. Fairly confident it is the definition of insanity.

Terry Vittone: Yes.

Kendra Stea: How do we expect the individuals in our care to change their behavior if we don't change ours? If we're not willing to take a look at our own behaviors and how they might have influenced both positively and negatively that situation, so that we're better tomorrow too. So that element of our curriculum . . . It's the last unit. It gets short-changed because of time and energy. It's a commitment that you have to make as an organization to take the time to do it. But when you do, that's how you prevent it in the future. Post-vention becomes prevention.

Terry Vittone: Yes. Did you have anything else we should go over, you thinking? How are we on time? We're about half an hour. That's about right. Well, that concludes this episode of Unrestrained. I'd like to thank our guest, Kendra Stea. She's the director of client services here at CPI. We thank you for listening in. Kendra, thanks.

Kendra Stea: Thank you. Any time.

Terry Vittone: All right. Thank you for listening to Unrestrained. Tune in again on July 30th for our second episode, featuring Susan Keith, Intrepid CPI veteran and director of curriculum development. Until then, this is your host, Terry Vittone, hoping your intention is prevention.