Terry: Hello, and welcome to *Unrestrained*, the CPI podcast series. This is your host, Terry Vittone, and today I'm joined by Don Costa, a lieutenant and manager of the Protective Services Department of the Yale-New Haven Hospital, and Dave Vargas, a Lead Global Professional Instructor for CPI. Hello and welcome, Don and Dave.

Don: Hi. How are you doing, too?

Terry: Good.

Dave: Hi, Terry. Thanks for asking us to be here.

Terry: You're welcome, Dave. Let me begin by telling you a little bit about our guests. Donald Costa has over 35 years of experience in both the public and private sectors of law enforcement. He was initially trained as a law enforcement specialist in the United States Air Force. After military service, Don pursued a career in law enforcement, serving on the City of Waterbury Police Department as a patrolman in a high-crime area, as well as a detective who earned several commendations for bravery and valor. Since retiring from the public sector, Don has worked in the health care sector and is now the manager of protective services for one of the largest health care facilities in the country. Don is currently a Master Level CPI Instructor, training some 2,000 hospital staff annually in *Nonviolent Crisis Intervention*® training. Don also developed and instituted a safety awareness program that has effectively reduced the application of physical restraints used at the hospital, resulting in reduction of staff injuries. Don also planned and implemented the Critical Incidents Stress Management Team, which responds to extraordinary events within the campus as well as the surrounding community.

Also joining the podcast is Dave Vargas, a Lead Global Professional Instructor with CPI. Dave is originally from Wautoma, Wisconsin, and holds a bachelor's degree in communication from St. Norbert College. Dave has nearly 16 years of experience in the fields of security and law enforcement, and maintains an active certification as a law enforcement officer in the state of Wisconsin. In addition to his responsibilities with CPI, Dave is a patrol sergeant with the Village of Hancock Police Department. In Dave's words, "I enjoy training with CPI because our program prepares staff to effectively respond to real-life situations and to provide good service to individuals in our care, even during their most vulnerable and violent moments. From my perspective as a police officer, I've experienced firsthand how untrained or undertrained staff can perpetuate crises based on how they respond. My hope is that through CPI training, staff will be better prepared and more likely to handle behavioral outbursts in-house, thus freeing up law enforcement to respond to other calls for service in the community, some that may be life-threatening."

All right. So then, to start today, Don, could you talk about your career in the United States Air Force and then law enforcement leading up to your position as a lieutenant at the Yale-New Haven Protective Services Department in the hospital there?

Don: Sure, Terry. Well, I grew up in a family that was a military family. Part of the family were policemen from, say, early 1900s, and the other part was mostly in health care, so it was a perfect fit for me to go into law enforcement. When I decided to go into the Air Force, I knew that the Air

Force had a law enforcement specialist program field, which was similar to a town police department. So I wanted to pursue that. And I was grateful. I went to their Academy and learned quite a bit and got my seat, went into the law enforcement community. So when I got out, I thought, "Well, I'm going to go on to a city department." And that was my desire. I was fortunate, I tested well, and I was able to get onto the City of Waterbury's Police Department.

Waterbury's about 120,000 people and 350 police officers. At one time, it was considered The Brass City of the United States. Over the years, industry has moved out, and there's been a situation where the city's a little bit depressed, and that's resulted in some high crime rate. At one point, during the . . . I'll call it the crack cocaine wars in the mid-80s and early 90s, my partner was shot and killed by a drug dealer who is currently serving a life sentence in a Connecticut institution.

Terry: I'm sorry.

Don: Thank you. And then in 1997, I was on a surveillance with another detective when we just happened to be maybe in the right place, maybe in the wrong place, but there was a drive-by shooting right in front of us. The vehicle was occupied by four individuals wanted for homicide out of New Jersey. During [the] course of our interaction, I shot one of the individuals. So I've experienced a tremendous amount of stress on the job.

Terry: So you are a case-hardened detective, no doubt.

Don: Yeah. So life went on, and I tested, and for the second part of my career in Waterbury, I was promoted through a civil service test to detective. As things went forward, the city, which is very depressed, had some financial issues. So all of us that had the time, we retired.

There actually were 150 of us who retired at once to get our benefits, but I was fortunate to be able to segue into health care. And I knew that Yale-New Haven Hospital actually in 1969 had had its own police department and were considered constables from the City of New Haven. So I had heard that they were actually going to be hiring, and the idea was they were going to only hire POST certified, and POST meaning Police Officer Standards Test and Training, which is a national certification and standard for police officers throughout the country. So they wanted a unique type of security system at Yale. So they were hiring. They wanted experience. They wanted all POST certified officers that had also worked from active certified police departments. We were all armed.

Terry: So deeply qualified staff.

Don: Yes. Some of the officers here are retired police chiefs, ranking detectives, ranking patrolmen, lieutenant captains, and Yale was considered a coveted post and position. So I felt very fortunate to arrive at Yale, and I did it at a very important time. I've been here 10 years. And when I first arrived, there were maybe 45 of us. Now, there are 160 of us, and we're moving up to 180. Like many health care hospitals, we have acquired another hospital in the city. And we are now, I think, the ninth largest in the country.

Terry: Wow. Now, Don, you said you are armed on duty, correct?

Don: Yes.

Terry: First of all, that expansion from 45 officers back in 2006 when you joined to 160 now, that underscores a lot of, I guess, the kind of behavior that's happening or the changes to culture that you might have seen in the past 10 years. But are all 160, just to set the scene for people, are all those officers armed? That's a true force.

Don: Yes. A large department, and we bring a lot of training experience. Yale really believes in providing a safe environment for everybody, from the employees to the physicians to the visitors. We have 18,000 employees here and about 10,000 people that visit every day. So it's a little city within a small area, so we're pretty active.

Terry: I see.

Don: It's an interesting position. It was a very good position for me because from a city department where it's very active, now I'm able to really spend a lot of time on calls that I go on and truly help some people. Every day at Yale, some people receive some of the worst possible news imaginable, and some people receive some of the best news, that someone that they love and care for is going to get the finest treatment in the world. So we have some unique things that are happening in New Haven. Over the last 10 years, New Haven has been ranked as one of the top 10 most violent cities in the country. In the past five years, it's either one or two. And I think there are two or three and [inaudible:10:00] Michigan is one. But anyway, we're an urban city hospital, and it has many of the issues that an urban environment provides us.

Terry: And your extensive experience in law enforcement has certainly made you very familiar with the population that you're dealing with right now, I would imagine.

Don: Absolutely, yeah. And it's a comfort level, and I really, really embrace it. I really enjoy it here, and it's been a tremendous opportunity.

Terry: And I understand you guys brought CPI training into Yale-New Haven in 2008. And I'm wondering what your initial reaction to the training was. Could you set that scene for us?

Don: Well, initially when I first arrived at Yale, every stretcher on the adult ED had hard wires and leather restraints. Every stretcher. I don't know if you can just imagine if you were ever to bring in your grandmother or mother in and on the stretcher were leather restraints. So that set not the most welcoming appearance that we wanted. And we knew that we had to make improvements.

So, like I said, we're all trained, experienced officers, and we realized that the best skills are the verbal skills and not the hands-on. So the hospital decided we needed to search out a nonviolent intervention company like CPI. And after an extensive search, they decided CPI is nationally recognized.

We have a lot of regulatory agencies that come in here. And as soon as they hear that we're CPI-trained, everybody feels very comfortable. It sets the standard. That was one part of it. The other part is the resources that we get from CPI. Any kind of questions that I need to research or find out, there's a whole cadre of people and research resources that I can access.

The other thing is, which was big to me, and that's why I became one of the Instructors, was I really believe in assessing the situation rather than assuming what might be going on with a particular patient. I really embrace the thought process that CPI embraces as well, in continuing to assess what's occurring, and always verbal de-escalation.

Terry: Right. I think you mentioned in our pre-interview that the verbal skills are emphasized and that hands-on was always the last resort for you guys.

Don: Always the last resort. I think everyone should know in this business that it's not like TV. Going hands-on never is the best option. The best option is always when you can verbally de-escalate. And so in becoming *Nonviolent Crisis Intervention*® Instructors at the beginning, we quickly realized that Yale is a very active place. And what we thought we would do at that point was we would take the advanced practice training, which we did rapidly.

And at that point, we decided medical people are very exact people, and I thought that we should all train together. If you've ever seen medical people involved in a call, they all work wonderfully together. And so my thought process was you respond how you're trained. So what we decided to do here was protective services, adult ED, pediatric ED, adolescent behavioral units, the adult behavioral units are the most active units in the hospital, and we decided to all train together.

Terry: I see. So at 2008, you guys did the initial *Nonviolent Crisis Intervention*® training, correct? And then at 2009, you did advanced physical training.

Don: Yeah.

Terry: And then in 2012, enhanced verbal techniques. I think this is when you met Dave Vargas. Is that correct?

Don: I did. I went to San Antonio. And right away, when Dave introduced himself, there's something about policemen—we kind of connect. And Dave is a very dynamic Instructor, and he presents wonderfully. And both Dave and I connected right away. We had a lot of common things and experiences, and we shared some of them. And I was very honored. And it was a great course. I firmly believe in the verbal enhancement. And Dave, it was a perfect fit for him. And he seemed friendly.

Terry: You guys became friendly. And Dave, what do you remember about the training?

Dave: Well, yeah, absolutely. Thank you, Terry, and thank you, Don, for those kind comments. Absolutely. Thinking back to that training program, that was the *Enhancing Verbal Skills: Applications of Life Space Crisis Intervention*SM program. And in order to go to that program, of course, you need to be a Certified Instructor. And we had a wide range of Instructors as far as years of experience in that room.

And as Don mentioned, right away we kind of connected regarding our backgrounds in law enforcement. And what really impressed me was that not only just the fact that here's Don coming in from Yale-New Haven, from Connecticut, and into San Antonio . . . any time you see that on a roster where a person's coming in from such a long distance just for this program, that, right there, it really makes you feel good.

But on top of that, because of our backgrounds in law enforcement, and Don coming to the enhanced verbal skills . . . oftentimes, when I've met other law enforcement officers, it's always been focusing on just battle stories about how things have been, what they've seen. But when really speaking with Don, I truly saw that he believed in our concepts.

He really believed in the philosophy and the values of *Care, Welfare, Safety, and Security*℠, and really responding thoughtfully as opposed to reacting emotionally. And I thought this was an excellent, it was excellent that he came all this way to take the verbal skills as opposed to maybe the *Applied Physical Training*℠ or really any of the other courses and focusing maybe on more physical interventions.

It really speaks volumes that you've . . . not just Don but also to Yale-New Haven, about what their philosophy is in responding to individuals in crisis, individuals in need.

Crisis behavior is needy behavior, especially in the health care setting, especially in a service profession. Speaking about Yale-New Haven being one of the largest hospitals, that they're dedicated to saying, "We want to be the best there is. We want people to say, when they hear that we're being taken to Yale-New Haven, or I'm going to choose to go to Yale-New Haven, I want to go to Yale-New Haven." And that goes back to the service that you provide, and the commitment demonstrated just by Yale being willing to send Don to our class.

And we were there. I believe that was actually a sponsored on-site program with a metro area school district in San Antonio.

Don: Yes.

Dave: So there was some large amounts of educators in the room, along with, of course, some health care and some security [professionals]. And so it was a real nice . . . it was a fairly decent-sized class—I'd say somewhere in between 15 and 20 participants.

And they collaborated in saying, "You know what? You might see certain people on these days. We see certain people on these days. And we all see some very similar behaviors, but we all want the same results. We want people to feel comfortable, be respected."

And so, like I said, Don and I connected over that three-day training. We definitely stayed in contact even after that time, Don being so kind as to continue to do the work with CPI, and [he] coordinated an on-site program at Yale-New Haven that I instructed, I believe, about a year and a half ago. I've lost count. I'm not entirely sure on that one. The time flies when you're GPIs.

Terry: This is funny. “The time flies when you're GPIs." That's very good.

Dave: Right. I've been to three cities a month. I can't believe I've already been with CPI for five years.

Terry: Oh my. And what a demonstration of commitment by New Haven indeed to send Don to San Antonio for enhanced verbal skills. Those are true believers in the CPI method and models, no doubt.

Don, you write that the thought process at the organization has changed after training. Could you talk about those changes, both internally to some staff attitudes, and externally? You've mentioned the AED stretchers with the hardwired restraints on them, and if you could go with that a little bit. And Dave, thank you for painting that picture of San Antonio so clearly.

Don: Yeah, sure. Absolutely. Yale at that particular time said, "Okay, we need to take these restraints off." And the idea was after we initiated this training that we are going to work on our verbal skills. And even though it might take a little bit longer, the results are better. And we know now that anytime you apply physical restraints, there could be bad results. Something's going to happen, and we need to be concerned about it. And so by using our verbal skills, it's just been such a positive thing. So I wanted us all to work together and use all our skills together.

So we started responding as a group. In the police department, we've always had a nonverbal communication. Some departments use hand signals on where we stand. I added to our program a two- and a four-finger system where if you came around the corner and someone is having an interaction with someone, you would know quickly by using the two or the four fingers where that person was and what his intentions were, and how we should prepare and how we could work as a team. And it's worked so well.

Because before, someone would have to take the time out and say, "All right, someone get the meds. Someone get this or someone get that." We started initiating the team right away, right from the beginning, because we recognized a good coordinated team effort usually has a better result, a safer result. And we've had very positive results with this.

Almost immediately with the mind-set of just using our verbal skills, the adolescent psych unit experienced at least half the restraint application. So that was very noticeable.

Terry: You mean you decreased the need for restraints by half after the training?

Don: Yes. We reduced the application by half. So that was immediate, and it was very recognizable and it was very positive.

Terry: That's just incredible results. How long did that take?

Don: Well, we started recognizing it immediately. The initial group of CPI Instructors . . . we were so engaged! The communication was amazing, so we were just feeding off all these great stories which occur daily because we have so many times that we have to use this per day.

Terry: You mentioned yesterday in our pre-interview, you do about 10 of these per shift. So you debrief 10 incidents per shift. That's amazing.

Don: Yeah, it is. It's a very active hospital. We really need this program and we have done so well with it. Having the team concept is so important.

Now, here's the other thing that we use. From the beginning, we recognize that there are nurses and medical people that were using terminology that wasn't the same as CPI, and we thought we need to have a common terminology. For example, and we do this at every new class, we've asked, "Has anybody ever charted a patient who was combative?" And we always get a handful. And what we say is from this point on, instead of using “combative” (because using it is suggestive; what combative means to one person might mean another thing completely different to another), we use AOP, acting-out person.

And this common terminology is evidence-based. So it's something that could end up in litigation. When we went to a court, we'd be able to say, "Listen, we're CPI-trained, and “acting-out person” is a certain level in the continuum, and this is what it is, and it’s evidence-based.

It presents a more professional court appearance, it's more educated, and we have everybody on the same page. From the moment a patient comes in, we use this, and all the way through until a patient's discharge, we use this common terminology.

Same thing when we do have an interaction, we redirect people. When they call us on the radio, instead of saying, "Well, someone's yelling over in this particular area," we'll say, "We need a team over here to do a redirection." It's much calmer. If anybody hears the radio, everybody understands what we're going to be doing. We're going to be applying our verbal de-escalation skills and we activate the teams. So it's been very successful.

Terry: That's great. So you saw 50% reduction in adolescent. How about in adult? I think I cut you off a little bit when you were about to remark on that.

Don: I don't have the exact numbers on the adult side, but I would say easily from half to two thirds reduction in restraints. There was a culture years ago where someone came into the adult ED, the police department brought them in and they were acting out on the street. They transitioned almost immediately into two- or four-point restraints. And that's not the process.

The process now is when they arrive, whatever happened out on the street, that's one thing. What happens here will differ. We're constantly assessing and trying to de-escalate.

Terry: I like your team approach, especially something you said yesterday; you said people under crisis respond as they are trained. And you can see that team approach really having a collective power when a behavioral situation presents.

Don: Absolutely, yeah. Teaching people the *Supportive Stance*℠, when we teach that, it's a nice comfortable way to approach. And it puts your mind [on] automatically, "Okay, I'm protecting myself." It's supportive, and we work as a team. And it puts your mind-set in the right place. And it's a perfect way for us.

It's worked out so well; it's been such a positive thing. And like I said, everybody's been very happy. I thought it might be a tough thing because teaching some of the protective services staff members, we all came from the police department. We're all older, so there was a different mind-set.

Terry: Yeah, I got a question here with some of the unique challenges of teaching law enforcement professionals CPI models and techniques.

Don: What I did was really I broke it down. And once we really looked at it, a lot of the ways we respond, some of the things, if it does go to physical, that we can apply are exactly how they taught at the police academy. It turned out to be an easier sell than I thought I'd have. And like I said, most of us come with a lot of years of experience, and it's much more gratifying when you de-escalate someone with verbal skills.

Before we started the interview today, I was sharing with you just last night, the police department had a young individual that was out in the street. He fought with two or three policemen, physical. He was very aggravated. He was very anxious. He was very physical with the policemen. And he was brought to our pediatric ED. But he's a big guy. He was about six-foot-two and a good size. He's very angry. And there was a lot of anxious staff members. But after continuing our CPI, we recognized that he was anxious. We kept on working with our verbal de-escalation skills. This is not an easy process sometimes. It actually took a few hours. But three hours into this, he calmly walked over, I guess, for treatment. There was no hands-on physical interaction. We de-escalated it and he got the treatment that he needed. So it was a very positive result.

Terry: Excellent.

Don: And everybody was safe. And that's very gratifying, and that's what I'm most proud of.

Terry: Excellent. Excellent. Dave, may I ask you, have you had unique challenges teaching law enforcement professionals over other staff that you might train in CPI techniques?

Dave: Yeah. As a matter of fact, I think back to the days when I started five years ago. And of course, just being relatively new to the organization. I remember even my first annual review at CPI, I was told by my director and my manager that "Yeah, out of anyone we hired this year, you were the one who we had the most concern about." I thought to myself, "That's really good to hear," right?

[Laughter]

They followed up with that saying, "Actually, the reason for that is because you came from a squad car and we put you in front of a group of 40 people, or a group of 20 people." And they said, "We couldn't be more happier with your progress." And to me, that was really a vote of confidence in me, and especially because I was still wrapping my mind around all of the different concepts and how we can apply all of our different training models into real-life situations and scenarios.

And so back then, I think just as sometimes many of the GPIs—I think there's many Instructors in general, if they have to train someone who has a law enforcement or a military-type background where they come from a very rigid kind of sometimes thought process of how to respond because of their previous experiences and previous training—it's sometimes daunting to train those individuals.

At first, of course, I had that same hesitation. However, I then realized, "Wait a second. These are my people. These are the people who I have been with, I'm aligned with. We have very similar backgrounds and experiences." And now I've embraced that if I'm able to go to a correctional setting, if I'm able to go to and train security or law enforcement, I am more than happy to go. I will volunteer right away. Because I feel like I can make that connection. I can say, "This is where it fits into our backgrounds, to persons with our same experiences." And that, you know what, though we're learning a different approach, all those other options we have, those still are in line. We're still able to use that. The use of force continuum still is in play.

However, I think that when most persons, when most police officers are trained, when they go to the police academy, that they train the officers to take the enforcement action. It takes a few years of experience and being a more veteran officer, and maybe for some it takes a few more years than others, to realize that really it's not just about enforcement action—it's about taking that corrective action. How can we help the individual, that I'd much rather take a little bit of time now and use my verbal skills than go in basically ready to take physical action? I certainly do not wake up in the morning to go to work, especially as a police officer (even when I was working full-time as a police officer)—I don't want to go to work to throw down. I don't look forward to that. I want to go home safe!

Don: That's right. Yes, go home safe every day, and I want people who are in my charge, whether they are my colleagues, whether they are the citizens of my community, or whether it's our guests and customers and our patients at our medical facility, I want them to go home safe. And so I have to decide how is my approach going to be. And I have to maybe vary my approach. And so helping staff members . . . I love during a week of training when you just see the change of the mind-set from just being maybe "Oh, this stuff is all lovey-dovey. This is great, but it's not going to work."

But when they start realizing, "Wait a second. If I just put a little bit more effort in, if I actually take my time and think about the words that I say, think about my nonverbal presentation and how much of an impact just those first initial pieces can make, it might save me a whole lot of time later on with having to deal with someone who's physically agitated, with having to maybe potentially deal with a plethora of reports to write because of the action that I took. And frankly, it might save me from having to go and seek medical assistance for either myself, a colleague, or especially that person in crisis."

Terry: Multiple benefits.

Don: So many benefits.

Dave: And so I think—

Terry: Go ahead. That's all right. No, no, Dave. I'm sorry.

Dave: I can see that based on just listening to Don describe the culture change and the implementation at Yale-New Haven, I mean, as I think about what our training goals are in this program: to help staff to organize their thinking; to provide a common language to staff members that's consistent so that when they respond, that they are very familiar with our crisis development model, very familiar with our verbal escalation continuum; and understanding that even though something has been tried once and I'm responding, I might want to try that same way again because it's a different approach when it's coming from a different person.

And then, build staff confidence in responding. And so therefore, they have their increased ability to problem solve, no matter what type of situations come in, and that contributes to the culture of *Care, Welfare, Safety, and Security*℠.

I've always liked to say we can provide good care and welfare upfront. We increase our safety and security from then on out. And so it really comes back to just those first moments. And so when I trained persons from law enforcement, corrections, and security, yeah, they realize, "Wow, I have more tools than just my muscle or more tools than just what's around my belt." And if they use their relationship as opposed to their authority, I could see that they're like, "Finally, I have something more and I feel even more confidence, and I can prepare my staff members to respond effectively to whatever situations might arise."

Terry: I start to see how you have such a deep and productive association with Don, with the philosophy that you shared in your training with Don, and then hearing how Don has turned around and in fact trained and brought those values and those methods into Yale-New Haven, a very dramatic success, and the way that this model can be replicated and succeed in different environments.

And for someone like Don to go in and then to, like you said about the team effort, that you invented that nonverbal signal, Don, for your team response with your fingers. Could you describe that in a little more detail?

Don: Well, what I was seeing when I first got here was medical people are very exact, and part of being exact is they would verbalize, right in front of the person that we're trying to have the interaction with, what their intentions were and what preparations they were going to do. So the time that I most recognized we needed to improve on this was when I was trying to de-escalate someone in the psych hospital, and behind me, I could hear a nurse telling the other staff to get the restraints, and who was going to have the left arm, who was going to have the right arm, etc. And I'm thinking, "I can *hear* you."

[Laughter]

So that impressed me and I said, "Listen, for years on the police department, we had a code system, a hand signal system that was very nonchalant, and you would know, the other officer arriving, what direction they were going at." So I decided that a two- and a four-finger system would be fine. You don't use one finger because people point. So if someone just calmly puts out two fingers, and that means that "Let's start getting ready, start preparing and activate the team. I need another couple of people here to support what I'm doing verbally, maybe get the physical restraints over on the side. Someone clear the room. Someone speak to a doctor about possible meds." It just activates a whole, sort of preempting the situation.

Terry: And sometimes you'll bring in someone who has had a prior rapport with the patient sometimes during—

Don: Absolutely. Part of this team effect is that we have social workers, chaplains, and officers, nurses involved. And when we activate this team, usually more times than not, there might be a past history, and someone will be able to take the lead and have a good rapport.

We also know from our training experience, and also from my experience, that some days a person might like you one day and the next not really care to talk to you. Whereas someone around all of a sudden will be able to engage and take the lead.

So we're comfortable with the handoff. Because the most important thing is people's egos need to be put on a shelf. And the best thing is a nice, safe de-escalation. And so once we got past that culture or thought process of "No, I'm in charge." No, what we really need is a safe conclusion. And so this team effort really has worked quite well.

And we also use, there's a four-finger, like a wave often, which means we need to be stand-by, stand around the corner. You can be ready, but I've dealt with this person before, and if we overcrowd, the situation could be just as temperamental.

So it's been very positive. Everybody uses it. Actually some of the nurses have used it for other things rather than yelling out if there's a code that's about to happen. They've used the two and the four fingers to get help. So it's been very positive here at Yale, and it's just been a wonderful process. Now, the other thing that—oh, go ahead.

Terry: No, no, please.

Don: The other thing that we introduced here is after each interaction, we debrief. Because we need to learn: Did we do something? Can we do it better? Did something just occur? And it's an open debriefing with the staff. How do you feel with what just occurred? And we discuss it openly. And we have a checklist. We also have a staff member that is dedicated to actually speaking to the patient or the visitor and their perception of what just occurred. And by reviewing this whole process, we've gotten better at it. And it's a positive result. And this is something at CPI, we use the *COPING Model*℠ because we realize that what affects the patient also affects the staff.

Terry: Excellent.

Dave: And Terry, if I may—

Terry: Please do.

Dave: Yeah, and just something to mention here . . . and I'm really happy Don brought that up because in the advanced verbal skills course, we spend about a day and a half on the *COPING Model*℠, on expanding the thought process and the benefits of seeing a crisis as an opportunity for learning, growth, and change, and as opposed to "Okay, it's done. It's over. Let's all get back to work."

Just in my experience with training with different organizations and hearing about implementation success stories, the two pieces that I really hear predominantly that what have organizations done to really implement, and how has it affected their positive culture change, you know, the two pieces that really I've heard a lot of is exactly what Don just mentioned. That after even smaller incidents, smaller issues, they take the time to debrief and learn from that experience.

And that right there, I try to communicate that and advocate that every week when I train a new group of Certified Instructors. And I try to say, "If you want positive success, take some time now and really spend, even if it's five minutes, even if it's just a low-level, anxiety, defensive-type behavior, take some time and debrief and just say, 'Everybody good? What happened? How can we learn from this event?'" Because where I've heard that success, it's "Hey, we learned from the event." We find out what exactly happened. We decide "Hey, what did we do well? What could we do differently?"

And as staff, we learn from that. And now, let's even practice some of that through scenarios with scenario-based training. And that's something I'm sure Don and I both understand. Being from law enforcement, we do so many scenarios, scenarios, scenarios, to the point that when I was with the police academy, I was just scenario-ed out. I really didn't understand—

Terry: And so for some of us who haven't been exposed to the law enforcement culture, a scenario would be . . .? I think I have a general idea, but it might be wrong. What exactly is that in police training?

Dave: So when it comes to police training, basically we're going to take a situation that would possibly occur, and we are going to now place maybe one of our fellow officers kind of in a role of a person in crisis, or a role as a citizen in the community, maybe a domestic-violence-type call, and we're going to role-play. Basically, it is a role-play, but really more live-action, and we are going to run this role-play to see it through.

And so scenario-based training, we're going to take some varied situations. I think about back in the academy, we did domestic violence; we did active shooter; we did just even simple calls. On a regular basis, we would go through these different types of scenarios to prepare us for what's to come. Even scenarios to where we may have to use our sidearm, our firearm, our weapon, and potentially subdue a potential threat.

And so the same idea, this can be utilized even with our training as far as with CPI. In Unit 6 of our *Nonviolent Crisis Intervention*® course, we expand the idea of staff fear and anxiety and what

contributes to that, and understanding that we all have fear and anxiety. We can never get rid of that fear and anxiety.

And I realized finally, something clicked that, you know what? Scenario-based training is where it's at. We can do all we want about talking about what can we do differently next time. Let's do that next time. But to really provide staff members, to build staff confidence, let's actually role-play that. Let's actually get ourselves into the moment, as opposed to saying, "What would you do?" No, let's actually do it ourselves. I'll be the person in crisis. You be the officer or you be the staff who is responding. Let's go and really get into the moment almost. Sometimes what I say to my classes, put on some Oscar-nominated shoes right now and really get into the moment because that's what's going to prepare us. Because we're in a safe training environment. If we can prepare ourselves now, we're taking what we train, and we're going to then apply it in real life if that situation were to occur.

And that's one thing I really advocate, is let's take the moment to look at the debriefing process, say, "What did we do well? What did we do differently? If we're going to do this differently, let's practice doing it differently, and let's run a quick scenario of what that would look like."

That's honestly where I've heard the most success from organizations who have implemented CPI, that that's some of the constant commonalities that I've probably heard is they really embrace that opportunity and learn from experience. And hopefully, we could help staff members who may not have been through that experience to prepare themselves.

And it goes back to that law enforcement training, and you know what? I think about all the different training I went through, and why did we go through so many scenarios? It was so that when we respond, that we respond more effectively. That if not, we don't have that shock value. Because law enforcement officers, every one of us, has fear and anxiety.

But it's the idea that if we train ourselves to respond in an effective manner, we can keep our anxiety and emotions in control. We can actually respond in a way that will help the individual and it’s going to, again, decrease, or hopefully we'll respond in a way that's going to effectively help the individual and also keep us safe.

Don: Absolutely.

Terry: That resonates with a quote that Don said to me yesterday, "People under crisis respond as they are trained." And you can see through that regular debriefing and also through those scenarios that repetition helps people to internalize their response and to recognize the responses of their team members as well in the moment.

Don: Absolutely. And actually, it's kind of a funny little note, but when we teach this class, because people do . . . and inherently, you're going to be anxious when you're involved in one of these situations, and sometimes people don't know what to say. And so we paraphrase something right from CPI. So if you don't know what to say and you're nervous, and you're trying to think, and you want to calm the situation, we always tell everybody, "Just say in a very slow, low voice, 'I'm here to keep you safe.'"

And we employ that, because what do anxious people do? They speak fast. They talk loud. So you lower your voice and we're here to keep you safe. And so often, everybody chuckles. And now they really chuckle, but everybody knows "I'm calming myself down." And anybody who is to be listening, what would they hear our staff saying? The most important thing, we're here to keep them safe.

Terry: So, that's a great message.

Don: Yeah. Absolutely.

Terry: I understand that at Yale-New Haven, you are known as Mr. CPI.

Don: Yeah.

Terry: Because we talked yesterday, we were going to talk maybe about who most inspired you, but you said, "I want to talk about my legacy at Yale-New Haven as Mr. CPI." Could you speak to that a little bit for us to wrap up today?

Don: As I officially transitioned to probably the last few years of my career, hopefully, I've always said this is going to be one of my legacies, being CPI, bringing this program here, keeping people safe. And they look forward to it.

And I've been teaching so many people and presenting so many of the terminology to all the new employees when they first come. And everybody says, "You're so passionate about this." And my answer is "I'm passionate because I believe in it and I've seen it be successful." And so when I leave, I know what my legacy is, that I did keep people safe here, and this program helped. So yeah, a lot of people come up and then they go, "Hey, there's Mr. CPI. He's the one that teaches the course." And that's a great thing for me.

Terry: And you had a quote yesterday, too, a three-word thing about "It worked again," was something that you said, a thing that you say often about the CPI methods.

Don: Yeah, a lot of people will stop me in the hall and say, "Don, I've got to tell you something. We used it today and it worked again! And everybody was safe." And that is such a positive thing. I get goose bumps thinking about it because it wasn't always like that.

Terry: That's powerful.

Don: Yes, it is. And so I'm grateful to have been able to embrace this program and bring it to Yale. So I have to thank you all.

Terry: Oh, thank you. And we're grateful to you as well, Don. Dave, do you have any last thoughts for us today?

Dave: Well like I said, I think that speaks volumes on you. I wish that we were sitting here having a conversation, face-to-face, Don. It'd be so great to catch up with you even more, but just to hear your thoughts . . .

Don: Absolutely.

Dave: Just hearing your thoughts and hearing just the positive outcomes, how far Yale-New Haven has come, and how much that it's going to continue on. And I truly do believe that it would be your legacy.

I know how passionate you are about this program and how respected you are from when I visited Yale-New Haven a year and a half ago. And it truly speaks volumes. And to me, I just have a big smile on my face as I'm hearing and picturing some of your colleagues and staff members walking up to you and saying, "Hey, listen. It worked again." Just the power of that, hearing that, and the validation that you get as an Instructor. It's amazing. It really is.

I hope that every organization that implements CPI and every facility, whatever the background might be (educational, health care, mental health, and most specifically, security and law enforcement), I hope that they have those same results: that if we can truly implement this, you know what? It's powerful. It works. It's not rocket science. It's something that we all can put into effect.

And maybe for some of us, it comes easily. Sometimes it just takes a little bit more legwork. But if we really, truly work at it, we really can change the lives of those in our care. We can change the lives of the colleagues and employees that we work with, and we really embrace and perpetuate that culture of *Care, Welfare, Safety, and Security*℠. And that should be our goal, is to make the world a better place.

And I can just see it, because I've been there. I've seen it. But I can certainly hear it in Don's words that he has made a very much lasting impact. He made a lot of people, made many customers', consumers', patients', visitors', staff members', many persons' lives a lot better by this service. So I just want to say thank you once again to Don.

Terry: That is a meaningful legacy indeed.

Well, my guests today have been Don Costa, lieutenant and manager of protective services at the Yale-New Haven Hospital, and Dave Vargas; he’s a Lead Global Professional Instructor with CPI. Gentlemen, my thanks to you both for an excellent interview.

Don: Thank you. Thank you for this opportunity, Terry. And Dave, nice hearing from you. We'll be in touch.

Dave: Absolutely. And thank you, Terry. And thank you, Don. Yes, we’ve definitely got to get in touch one of these days. So let's stay in touch.

Terry: All right, guys.

Don: All right. Thank you.