

CPI *Unrestrained* Transcription

Episode 36: Albert Kral

Record Date: December 8, 2016

Length: 45:00

Host: Terry Vittone

Terry: Hello, and welcome to *Unrestrained*, the CPI podcast series. This is your host, Terry Vittone. And today I'm joined by Albert Kral, who in 1999 founded Little House Residential Care Services, Inc. That's a residential treatment center for kids who are developmentally challenged, emotionally disturbed, or living with autism. Little House is located in Ontario, Canada. Hello, and welcome, Albert.

Albert: Hello. Good morning.

Terry: Good morning. Let me tell you a little bit about our guest. Albert was born in the Netherlands, and after his formal education he joined his father in his insurance brokerage firm. Meanwhile, Albert worked as a volunteer in various youth programs and began taking courses in philosophy and psychology, and attending numerous seminars and workshops related to human behavior.

In 1980, he immigrated to Canada as an entrepreneur, eventually becoming a Canadian citizen in 2015. As an entrepreneur, he was involved in an import/export food business as well as hotel management.

In 1990, he got involved in the business of residential care for children, and along with his wife, Bernice, founded Little House Residential Care Services in 1999. They started with one residence with a maximum of six children, and operated that with the assistance of a childcare worker. But as the demand for services grew, their business grew to include four residences, one foster home, and a total of 28 employees.

To quote Albert, "It is an honor to be entrusted with the care of children who need so much, and have suffered much at no fault of their own. They have paid a heavy price and continue to pay that price when society holds them responsible for behavior that is a manifestation of their pain for which there is essentially later in their life little understanding from society."

Back in the early 80s, Albert began to seriously question whether behavior was in his words, "simply a matter of choice." After 30 years of developing his thoughts around behavioral concepts, Albert began collecting his thoughts, and a book is scheduled to be

published in early 2017. The working title is "Why is Behavior Not Simply a Matter of Choice?"

All right, Albert. Then let's begin. Could you talk about why you and Bernice decided to found Little House Residential Care Services and the models that you used to structure your business?

Albert: Yes. We were both very interested in children when we lived in our native country. Bernice is from the United States, and she fostered in the State of New York for several years. I was involved as a volunteer in many different youth groups, and founded some, and worked in some that were existing. So when we were in Canada, we visited friends of ours, and they were involved in residential care. So they were, as we call them, group home parents. And that introduced us to that kind of work. We were very interested in that.

So when an opening came, we did it with open arms, and we served in another organization for about nine years before we decided to start our own organization. We called it Little House; that came from Bernice. And it relates to *Little House on the Prairie*, which we often watched and still do at times because we love the philosophy behind it, and also the importance, and the values, and integrity of the program.

Terry: And what is the philosophy specifically behind *Little House on the Prairie*? Could you talk about that a little bit?

Albert: Yes. There is—to us, it comes across as a family that experiences a lot of difficulty, sometimes in various areas, and how the parents relate to that is just fantastic. They have the children involved, and then they try to solve the problems, but not in an aggressive way, [but instead] with a lot of understanding and a solution that benefits both parties involved in any conflict.

Terry: So it was the family dynamic that was so attractive to you about the show.

Albert: That's very true because there are—in a residential care there are two models, and one is the parent model, and the other one is staff model. Both can be good depending on the nature of the children and the difficulty that they represent. But we feel that the family dynamics are extremely important. If we can resemble a family as children deserve to grow up in, that would be great, and that has been our intention from the very beginning.

So in Little House, we have parents, a "mom" and a "dad" as we call them, and they create a family environment. They do things together as a family. They travel together; they do grocery shopping together. They sit around the table and discuss certain things. And the basis of it is the quality of their relationship.

Terry: It seems like a very holistic model.

Albert: True, yes.

Terry: And what behavioral issues, Albert, bring children to Little House?

Albert: When the children are taken into protective custody by the Children's Aid Societies in Canada, then they often look for placements for the children. And that can be foster care, that can be kinship care, and that can be residential care, which they usually call group homes but I don't like the word "group homes" because it has a negative stigma.

So when the children come, they are diagnosed with various issues. Then we look at them. When we get a referral, we look at them and look at the age. We look at what kind of issues they deal with. We look at the severity of it. We look at the dynamics and the home where we try to place them. We look at the skills and strength of our staff, the length of stay. And if that is a good match, then we take them.

Now, the interesting thing is that when we get a referral and we agree to take the child, there is what they call a pre-placement. So the social worker and the child come and visit one of our homes. We presently talk with them; we inform the child about what they may expect. When we invite them, for us it is a given, we're gonna accept them. But if they accept it, that's up in the air. But after meeting with the child, it is for us impossible to say, "No, we don't want you," for that is, as we see it, a rejection to the child and they will perceive it like that.

So that's how we do it with the children. It's got to be a match between the home and the child and the services we provide. And that is important because there was a time when there were many children and many more children than there were beds. So what happened is the CAS [Children's Aid Society] would take any bed available, which is understandable, but that would result often in not a good match at no specific fault of either party. But that could end up that the placement would break down, so the child would move. And I have heard stories from the ministry where a child at the age of 14 had been in 40 different homes.

Terry: Oh, my God.

Albert: Yes.

Terry: So hence, no matter how challenging the behavior a child might present you, you welcome them with open arms at Little House as a matter of policy.

Albert: Yes. If we see that we can meet the needs of the child and we say, "Yes, we take the child," then to a point, no matter how difficult it gets, we will continue and stick it out with the child as long—with the help of professionals—as long as we can make a difference in the child's life, as long as there is progress. So in the years that we have been doing this service on the Little House, we may have ended an agreement from our side maybe three or four

times, which was done in cooperation with a social worker. And it really is kind of painful for you to see the child go, and you know that more placements will break down. It's just a sad thing to see.

Terry: I can appreciate how that would be [painful] to have that recur in a child's life. It has got to be very influential on their development.

Albert: It is.

Terry: On your website you write that Little House provides—we will go back to this concept, enhanced family-based care. And I wondered, Albert, if you could talk about the philosophy and the structure and some activities that make up the care model, this family-based care model.

Albert: Yes. The enhanced family-based care rests on the foundation that we believe a family environment is in most cases very beneficial to the children, if a few conditions are being met. Besides being parents, there has got to be a skill level of the parents to deal with the challenges that children represent. Then you have activities that resemble a family. But also there is the assistance of a childcare worker.

So when we have a home with three children, if it is full, we have three professionals in there. But the parents are part of it, supported by the childcare worker. You could look at that when you're relating to a family as you have an older son or daughter who helps out with the younger children; that's a way of looking at it. So you keep the family environment there as much as possible.

Terry: So you're kind of scripting these kids for maybe the first time with the concept and the experience of living in an immediate family.

Albert: Yes. Yes. And that is twofold. We believe it's very important. But also when they come out of a dysfunctional family—and they often talk with staff about that. When children come out of a dysfunctional family, one of the characteristics is that there is nothing really predictable. There is no consistency; there is no predictability. So what do children do? They develop senses more than when everything is predictable and logical. So they can come into a home when mom has been drinking, dad is angry. Within seconds they sense, oh, this is not good.

So with that skill they come into our homes. And they can tell within a very short period of time that the staff is really connected to them, whether they really care for them. Where other children, and where we [others] develop logic and rationale, [they] may not have that set of skills to do so. So that's important for our staff to be aware of.

Terry: Is it correct to say then that when a child comes into Little House, they basically get an older brother or sister for a one-on-one relationship, and that's in place for them when they come into one of your facilities?

Albert: To a point. We always cater to, and that is usually done naturally to the child who has the most needs. And when you look at that, that's interesting too because children, they want attention. So when you give attention to a child, and we focus often at those who act out the most; it's really interesting. And we use that in training so often and say, "You know, we see ourselves as pleasing children often." But we need to pay attention to those who do well. Reports are often based on incidents, and we have developed a report about extraordinary achievements. It can be a very little achievement. It can be as small as a child who gets four or five physical restraints to prevent them from harming others or themselves a week. If that goes down to four or three, that is an accomplishment for that child. We may still say it's too many, but that's an accomplishment, and we tried to build on that. So when—yeah, go ahead.

Terry: So you celebrate each achievement no matter how seemingly basic it might seem to be, like a reduction in the number of restraints.

Albert: Correct, correct. Yes. And then you talked about the one-on-one. If a child requires a one-on-one, then we ask the Children's Aid Society to validate, provide extra funding for a one-on-one when it's needed. And then we have a specific plan for the hours that are needed, and what goals need to be achieved and the strategies for how to achieve that, within our own resources to provide that.

Terry: And so that's how you're able to customize your services to the unique needs of youth?

Albert: Correct, correct. When a child comes in, an assessment is done. They come with an assessment; we observe the children in the beginning. I mean not only in the beginning but in the beginning to get to know them. And when necessary, we have a professional involved. What happens often when we get a referral, the representation of that child's makeup is highlighted with a lot of negative. Now, we need to know the negatives for we need to know what the worst conditions can be. I always look for a positive. I go over it and so does Bernice. I say give me one sentence, "Child likes to please with an engaging smile, something." That is a strength and we like to build on that.

Then we give it to the parents in their home for they also need to see the profile of the child. And I tell them, I say, "Don't tell me that you want the child or not. Tell me what you see. Give me strengths, give me positives, give me feedback, but not yes or no. That's too simple."

Terry: So your starting point is proactive rather than reactive.

Albert: You may say that, yes. You may say that. And the interesting thing is then when you have the profile of the child, and the child is with us for a month, and often we get feedback and say, "Wow, that child is different." But we say there's a honeymoon period, and that is often the case, too. But then you say, "Hey, that child remains in the behavior well above the average as exhibited before." So the question is why. And humbly, I often relate to the environment. And I don't say that we are the only ones, but when that happens there is a reason for it. And then I relate that, when you have a flower and you have a flower sitting in a closet—no sun, no rain, no wind—the flower dies. You take that flower and you put it in the sun before it is really dead. In the sun, you water it, you put it outside, and you see the flower blooming.

What often happens, when that flower blooms, when the child makes progress, the child is taken out of the environment, taken out of the residential care, taken out of the foster care or wherever the child is and put back in the environment where they came from because the child is doing so well. Well, that's the same as having a flower, putting it back in a closet and guess what? After a while, that flower goes down!

Terry: Yes. The growth stops, yes.

Albert: Yes, yes. Now, that doesn't happen all the time. Sometimes the environment where it came from has changed, and that is very beneficial. But that's the example I often use.

Terry: I see. It's a good metaphor. What you put in place, the way you support the specific needs of youth, needs to stay in place as they develop further, and rather than as you said being put back in a closet. I mean that seems to be the wrong message to send a child who is making progress and then taken out of a supportive environment.

Albert: Yes. There was Dr. Ross Greene, and he developed the model of the collaborative problem solving approach, and he had a saying. He says, "When the demands outstrip the skills, a child is more likely to act out." If you take that concept, so then you say the children and the support as you mentioned, that needs to continue, but we've got to teach rather than punish. When a child is acting out, when they have difficulty in behaviors, we say that is an undesired behavior and we want to replace it with desired behavior. The old teaching model—and I've got to be very careful when I say that, but let me continue at that train of thought. It's often punishment.

You know, it is interesting. When I do a training, I role-play that almost. I said, "You know, one time I was kidnapped." I said then, "Those kidnapers, they wanted me to fly a Boeing 747, and I told them I can't." They said, "You can't?" I said, "No." So they beat the heck out of me and they said, "Now, fly that thing." I said, "Sorry, guys. I can't." So they start beating me again. I said to the staff, I said, "Guess what happened?" I said, "Magically, I sat on the cockpit seat." I said, "And I flew that Boeing 747 as I was the best pilot in the world." I said, "So after that, what I did, I came back and I said I got a solution for all the problems." I said, "We're gonna punish hard enough." I said, "And suddenly you are all getting the skills

that you couldn't get or had a hard time to get when you paid thousands of dollars in educational fees." I said, "You know, I'm kidding."

Terry: Of course.

Albert: It doesn't work. It doesn't work. I said, "But then if I would keep training in the skills," I said, "And then somebody comes and holds a gun against my head (I hope not) and says, 'Fly that 747,'" I said, "I would be able to do it because of the skills, not because of the punishment."

Terry: It's an excellent perspective shift, a necessary one. Albert, let me ask you, how did you decide to bring CPI training into Little House?

Albert: CPI training, we have done that from the very beginning. I look at CPI as a core foundation, and [part of] that is the Integrated Experience. And to me, it is so important, and I can go as far back as when we were born, and even the time we were in the mother's womb. I look at behavior, and I look at how we develop. There are a lot of influences that we experience. And it's well known too that in the mother's womb, a lot of conditions that the mother goes through affect the development of the child, and you can't really hamper the development, right?

So I call that the beginning of the Integrated Experience. But the integration isn't there yet. It is only one-sided. But the principle of it is the same. One affects the other one, and then later the other and the behavior affect the previous person again. So when you look at that, then it tells us that we've got to be aware how we interact with the children. We influence the children.

When we get an applicant coming from an interview, we talk with them. And one of my questions always is "Tell me on a scale from 1 to 10, how much control you think a child has over their behavior. So now, 10 means 100% and 0 means no control. But you cannot say 5." And I look at them, and I have that half smile, and they get it. I said, "I don't want anybody to sit on the fence." Some will say, "Oh, darn." I say, "No, you've got to go one way or the other."

So I said, "There is no right or wrong answer." I said, "But the answer is important." So I've had responses from 10 to 0.

So when they say 10, that means the child has 100% control over the behavior. I look at them for impact, I said, "Well, the interview is over." I said, "I take you out for coffee." I said, "And then, you know, we're gonna change the world because this will have a good impact. We don't need counselors anymore." I said, "We don't need therapists. We don't need psychologists, maybe not psychiatrists." I said, "Medication that alters behavior, we may not need that." And by that time I'm interrupted.

"No, no, no, no, I didn't mean that."

I said, "Oh." I said, "So, it's not 100%?"

"No, no, no, only under certain conditions."

So let me talk a little bit further. I said, "You know why I asked that question?" And then I get several answers. I said, "My reason for the question is this. How you believe this to be true affects how you are going to be affected by the behavior of the children." I said, "If you think that the children have 100% control over their behavior, you are most likely to believe that when a child acts out, they do it on purpose, where they have control so they could have chosen a different kind of behavior." I said, "So when you believe they do it on purpose, now you set yourself up for fueling your emotions of anger."

Terry: Yes.

Albert: I said, "When you are angry, then your response to the child is different. I would say it's less response, more reaction." I said, "But when you say, on the lower end of the scale, you say from one to three, maybe a four, now you say, 'Wow, the child does not have the control.' So you're more likely to stimulate a feeling of compassion. And when you have that compassion," I said, "Now, you affect the child in a positive way."

And I jump here to CPI [training content] where you have the nonverbals, where you have the paraverbals, how you say what you say, the tone of your voice, the volume of your voice, the cadence, the smoothness of how you talk to the child, your body language. I said, "So you already know control is not there; now you can influence the child." I said, "And that is what they call in the CPI, the Integrated Experience." The child doesn't do certain things. And CPI says also we cannot force them to do it.

When you take the *Crisis Development Model*SM, you have the first [level], it starts with anxiety, but anxiety is also defined in different ways. It can be withdrawal. It can be drumming of the fingers. It can be several things. But in order to be able to recognize anxiety, you've got to know the child. If you don't know the child, you don't know what is habitual or what is due to change in circumstances that make the child anxious. And then when we get anxious before an exam, we don't need somebody to yell at us. We need somebody to show empathy, compassion. That's the step, the response of the child—of the staff's attitude towards the child: be supportive. A visit may be cancelled, so the child acts out. We need to know that a visit is cancelled, and we've got to respond to the child [with] support, maybe, "You know, if I would be in your shoes, I would probably be terribly angry, maybe worse than you."

So I see the CPI teaching model [as something] of significant value. I think it is fantastic in all aspects. Then they talk about contributing factors. The contributing factor relates directly again to development, the Integrated Experience. And when it comes to the

contributing factors, I always split it in two. I know that CPI mentions it once, but I do it in two. I say there are contributing factors. They are from way past; they can be abuse, neglect. And then there are contributing factors that you call triggers. I call that dependent factors, for the triggers depend on the first contributing factors. And in combination of that, they can then cause the child to behave in a certain way.

So you could have a trigger that someone says to a child, "I love you." And I've heard this from actually a foster parent. He said, "I told the child I love him. And later, the child is acting out, really acting out." He said, "There are other things and I'm looking what was the cause. What was the cause?" I said to make a long story short, we discovered that when the child was abused, the parents always told him I do that because I love you.

Terry: Because I love you.

Albert: Yeah. So you have a trigger, but that is based on an older contributing factor where love [was] first associated with now the abuse comes. So it can be complicated, yeah.

Terry: So there is that prior conditioning to set up the trigger.

Albert: Correct.

Terry: Now, how many staff at Little House have taken *Nonviolent Crisis Intervention*SM training?

Albert: All of our frontline staff, there is about 20. It varies, you know. Staff comes and goes sometimes, but about 20, yes.

Terry: So everyone gets trained?

Albert: Yes, yes, it is a requirement. We train them before they start, and we do a refresher every year. But when I hire staff today and we have the training set in a few days and then they start, after that when others do a refresher or if other new staff [are] coming, I often invite the staff that just got training do it a second time because—I mean I've done the training for many years, and I still am always learning.

So when staff gets it, it may be overwhelming the first time. So when they do the refresher or being part of a second training a little bit later, they often say, "Hey, it was good. I forgot most of it."

I said, "Don't worry." I said, "I forget it, too. I use my books."

Terry: Excellent. Now, in our pre-interview, you had a really fascinating statement. You said, when confronted with challenging behavior, you have the thought "every child is perfect." Could you explain that for me?

Albert: Yeah. Yeah, I can. I say that at trainings, too. And believe me, the staff look at me and say—I hear them thinking and I tell them that, too. "You probably think I have lost my mind; I've got to resign and you need somebody else to run this organization." I said, "For you will tell me this child is not perfect," and then I look at it, and there are two models of perfection.

One is the perfection that we all may describe in a certain way for a particular event or object, and I get as many models of perfection if I ask people to describe it. Then there is perfection, and I define that, in my opinion, as something appears because it cannot appear in any different way. So if something cannot be different than it is, I say it must be perfect. Not meaning that it is the desirable perfection, but it can't be different unless something else is different. And I use this example to staff often. And so there is—

Terry: So this is just the individuality of every child?

Albert: Yes, yes. And maybe this example describes it better, and then I go into the child. When somebody wants to make a carrot cake, so they put the ingredients in the cake; they put it in the oven. They take it out, look at the cake, and I hear something like, "Doggone it! That cake is horrible. It's not perfect. I baked the worst cake."

And I say, "Can I see it?"

They say, "Yeah."

And I look at it. I say, "Can I taste it?"

"Yeah."

I say, "This is the perfect cake."

They say, "How can it be a perfect cake? It's not a carrot cake."

I say, "No, it isn't." I say, "It's a raisin cake."

"But it's not perfect."

I say, "Of course. You put raisins in there. It is a perfect raisin cake. It may be terrible, but it's perfect."

Terry: There you go.

Albert: Yeah. So when you look at the children, if you have an autistic child, the child behaves autistic[ly]. If you get a defiant child, the child behaves defiant[ly]. Now, not all the time, but those are the trends. So in that case, the child is perfect. And when staff can grasp that

idea, I said, "Now, if you go over the principle, the child is perfect. That means giving the conditions. The child could not be different than the child is. If you want the child to be different, we've got to change it. We've got to change something, like two plus two cannot be four and also five. We've got to change the equation." I said, "Here, the Integrated Experience comes in. We can't force the child." I said, "No. We've got to teach skills. We've got to see how we approach the child, how we interact with the child and how we can influence the child so that is processed in the brain, and we may accomplish a different outcome."

Terry: And that leads to my next question about why outcomes are so important at Little House and your concept of an outcome statement and how goals are related to that. Could you talk about that?

Albert: Yes, yes. When the needs of the child are defined and assessed, then we look at that and often look at the child as life skills and social skills. What are the potentials of the child that they can accomplish? And [the] most basic one is to enable the child to live independently with a degree of happiness in different aspects. Yeah. So then we set goals and say, "We'd like the child to achieve that goal." For instance, to be independently able to read the train schedule, the bus schedule, to get on the train or a bus and travel from A to B. So then we develop a strategy and say, "How can we accomplish that?" So we can have the child to figure [it] out themselves, see what they lack, and then teach them the skills, how to accomplish it.

So then when we have a goal, now we've got to define the characteristics of success. And one of the things is—[it] depends [on] how do we define the goal. Depending on how we describe the goal, that makes it sometimes difficult or easier to define success. When we say the child [has] got to travel independent[ly], the ultimate sign of success is that the child goes on the train. We travel with the child, we don't interfere, and she is able or he is able to go from A to B without problems. That's a success. That's an example.

So there are many different facets, but that is important. Successes can be measured in that way. But then there are successes, they are hard to measure. We get questions sometimes from the social workers who say, "You know, the child is completely different. How did you do that?" If you can duplicate it, you can create a success for other ones. And sometimes, it's just the environment. Again, I hate to beat this horse to death, but the Integrated Experience, yeah, CPI, we affect the child. And the outcome is positive.

Terry: And that relates to another concept, Albert, that you talked about in our pre-interview involving what you described as a child's mental blackboard. And that counselors, when they interact with the child, write on that child's mental blackboard. Why is that so important?

Albert: Well, the children, they perceive their environment. They perceive us. Sometimes, they perceive us in a different way than we intend them to. And sometimes, we are not even

aware of what we intend; we just react with our own emotions. So we say in the trainings to the staff, "In all your interactions with the children—verbal, nonverbal, in any way, shape, or form—we've got to be aware that we should write on the mental blackboard of the child the following message: 'You are significant. You are important. You are worthwhile. You are cared for. You are loved.'" I said, "And that is of the utmost importance, for those are factors that a child doubts all the time."

They do self-talk. When something goes wrong, they say, "It's my fault. I'm no good. I will never accumulate to anything positive." I said, "So it's not the words, the message." And I use the following example. I said when I'm doing the dishes and a child asks, "Can I talk with you?" and I say, "Don't you see I'm doing the dishes?" now, what message do I send? Forget the words. What message do I send? The child could think, "Does he think I'm blind? I'm not important. This is more important. He really doesn't care about me at all."

But if I respond and say, "Hey, Johnny. I'm doing the dishes, but you have an important question, I'm sure, or you want to talk about something important. Can I finish the dishes, or [do] you need me right now?"

"If you allow me to do it," I said, "maybe you want to help me, but otherwise I will come back to you as soon as I'm done. And if not, please remind me. So it's up to you. Tell me what you want me to do." I said, "The tone, the engagement," I said, "sometimes that's more than enough for them [so] they feel validated. They feel accepted. They feel worthwhile. They feel important. That makes the world of difference."

Terry: Yeah, I agree. I think you're basically re-scripting a child's self-image through positive behavior support then.

Albert: Yes, yes. We hope to accomplish that, yes. And we believe firmly that that is a way.

Terry: You've said that you believe that the CPI teaching model outside of its physical techniques reaches much further into the essence of behavior, its contributing factors, and is most effective when applied with understanding and compassion. Could you talk, Albert, about how CPI training reaches into the essence of behavior and contributing factors?

Albert: Yeah. There are many models. They deal with instant situations or crises, and that's often how staff looks at it. There's a crisis, give me a quick fix. The CPI, and again the integrated experiences and the contributing factors, and the way it makes us aware of our self, I believe that touches a child deep, not only when there is a crisis.

But I think many facets of CPI can be applied routinely without even being aware of it, but if we understand the child, when we understand the essence of the CPI model, we should *always* apply that. Not saying, "Okay, let me see whether the child is anxious. Now, I got to do supportive. Oh, child is defensive; I've got to look at that kite thing." [The CPI *Verbal Escalation Continuum*SM] No, you—it has the emphasis and all the materials to absorb in us

and to make it part of our continuous interaction with the child; that's where I say that it reaches far beyond. It touches the child where we make connections.

I use an example for that. I often use examples to the staff. I say, "The making of a connection, the making of the relationship, is important." And one time I took a shaver to the staff training. And I showed them I plugged it in. I said to the staff, I said, "Connection there?"

"Yeah."

I said, "How do you know?"

"You plugged it in."

I said, "Now, watch." And then I pushed a little bit harder and the light came on, on the shaver. I said, "What happened?" I made a connection.

This is the difference between children coming in and you say, "Hey, how are you doing? Can you go downstairs and hang up your coat?" or "How are you doing?"

"Okay."

And then you pick out one child and say, "Hey, Peter, come down here. Got to talk with you for a moment. What's happening?"

"Nothing."

I said, "Let's do this over again. I see it [in] your eyes. I see it in your hair. I smell it. There is something wrong. I know you."

He said, "Oh yeah, I was bullied at school."

That's the relationship and that is—that I see as the teaching that is encompassed in the whole CPI that we can continuously apply to the children, touching them deep inside for years to come right after. I just got—this is interesting—just got an email yesterday from a child with severe difficulties, and he stayed with us for several years and then he left. And, you know, this is the biggest reward for us. He said, "If it wasn't for Little House," he said, "I don't know where I would have been."

And to me, that means so much. And it's not to say let me see and show how proud we can be, and [what] good work we do. No. I mean it in a way that we reach the children. Most of them, we don't know. And to staff, I say, "If you come and you want to see everybody to become a lawyer, to become a doctor, and to be successful and happy ever after, you probably will not always see that." I said, "But if you can make a difference

today in their life [and show them] that they are not evil, that they feel safe, cared for, maybe this afternoon, maybe this morning, and maybe this moment," I said, "we weave it together and we affect them for a lifetime."

Terry: So you're saying a routine and continuous application of the CPI model basically scripts a child or behaviorally conditions a child towards a positive outlook and a positive self-image?

Albert: Yes, if we take it out of using it only when there is a crisis. And I think CPI has that in it to be able to apply it routinely.

Terry: I see. That's an excellent observation. Albert, you have this book that you've written, and I would really like to have you tell us about your concept here about behavior. Why is behavior not simply a matter of choice? Rather, could you talk to us about that?

Albert: Yes, I will talk a little bit about it, but I won't give the conclusion away. Yeah.

Terry: Okay. Right, no spoiler.

Albert: No spoiler today. I think this book, it's not a collection of thoughts expressed in a different way. But I believe it is a book of concepts never expressed before in this manner. And I try to say that in a humble way. I approach behavior different than a conventional way. And if we look at society, when you go to court and there is a court case, the prosecution is eager to establish motive. When some of our friends do something out of the ordinary, our first question is "Why did you do that?" We often say, when we have done something, we say, "If I would've known that, I would not have done that."

This all suggests that it wasn't just simply a matter of choice but it was heavily influenced by factors and the fact that I say, "If I would've known that, I would not have done it." Or my friend called me up today and says, "I'm in Moscow." I'm sure within the first sentence the question comes, "Why? What are you doing there?" And if he says, "Oh, well, I just got up and I decided to go," I definitely wouldn't say, "Yeah, that's how you choose." I will say, "What happened? What's wrong?" Yeah.

So I have taken that concept further. I have thought about it for a long time. I talked about it to my closest friends and my family. And then at one time, I said, inspired by some of my friends and a professional, he said, "Why don't you try to put your thoughts in a book?" So I started. This is the interesting fact. When I was writing it, the thought developed, it processed. It was almost like stepping stones. And I ask myself the same questions over and over and over again which I believe that put my brain on an [automatic] search. I could be driving, or I do a lot of jogging, and sometimes an idea would pop up in my mind. I say, "Yeah, I've got to remember that." And I write it down. And I blend it all together.

This is the interesting point. When I reached my conclusion, I was surprised myself about the conclusion. At the onset of writing, I never anticipated, not even considered it possible that a conclusion would be as I have expressed it in my book today. So for me, it was a great experience. I enjoyed it very much, and I learned from it, and I know that sounds kind of contradictory. When you write something yourself, you learn from it. But the process was fascinating. And I believe that for those who are interested and read it, it gets complex sometimes. It goes deep, but it is a different way of looking at it. Whether people agree with it or not, that's up to them, but it is a different way of looking at it, yes.

Terry: Well, we'll be interested to learn what your surprised conclusion might be. And I would ask you, Albert, when you publish, will you let us know and maybe give us an excerpt so we can publish a little bit of your book and get people interested?

Albert: It is my honor to do that, definitely.

Terry: Excellent. Well, it has been our honor to speak with you today, and I thank you very much for the interview. Are there any last thoughts you'd like to leave with our audience?

Albert: I think, in general, that understanding of children's behavior is so important. And it is not always what we see [that] is what it is. There are underlying factors. They are sometimes so deep and the pain is so deep that it is exhibited in behavior, and if we judge the behavior, we may not always be right. But then we have compassion, understanding, and we can teach. We can say one encouraging word, one smile; we may touch that person for a lifetime.

Terry: That's a beautiful final thought. Thank you, Albert. My guest today has been Albert Kral, who in 1999 founded the Little House Residential Care Services, which is a treatment center for kids who are developmentally challenged, emotionally disturbed, or living with autism. My thanks to you, Albert.

Albert: It was my pleasure and honor.

Terry: And thanks to all of you for listening.