

CPI *Unrestrained* Transcription

Episode 54: Kyle Weygandt

Record Date:

Length: 33:48

Host: Terry Vittone

Terry: Hello and welcome to *Unrestrained*, a CPI podcast series. This is your host, Terry Vittone and today I'm joined by Captain Kyle Weygandt. Hello and welcome, Kyle.

Kyle: Hi.

Terry: Let me tell you a little bit about our guest. Captain Kyle Weygandt is a full-time investigator and the Director of Member Safety for American Municipal Power. In addition, he is a part-time police captain in the Magnolia, Ohio police department, as well as an adjunct instructor in law enforcement at Ohio State University and Stark State College. Kyle is also a professional safety and human relations educator, and for nearly 25 years, he has taught a course called Just the F.A.C.T.S. "F.A.C.T.S." is an acronym for Facilitating A Commitment To Safety.

He also facilitates a program known as D.A.R.T, or De-Escalation and Response Training. Kyle was first certified in CPI's *Nonviolent Crisis Intervention*® [training] back in 1995, and he holds a master's degree in psychology from California Coast University.

Okay Kyle, let's jump in. To begin today, I'd like to ask you, as a subject matter expert in active shooter incidents in school settings including ALICE procedures—that's Alert, Lockdown, Inform, Contain, and Evacuate—is there one overarching change you think schools could make to minimize either the incidence or severity of active shooter incidents?

Kyle: Well, thank you so much for allowing me to be on this podcast, and being able to talk with people that are interested in providing *Care, Welfare, Safety, and Security*SM for the people they work with. This is something that's been a very, very big question that's been going on, not just recently, but for many years. And the ALICE program was one of the programs that was implemented, and it was designed by a police officer, Greg Crane, and Lisa Crane, who is a teacher. And the ALICE—Alert, Lockdown, Inform, Counter, and Evacuate—s program is something that was implemented in a lot of schools and colleges. But many locations are now also starting to implement the Homeland Security Run, Hide, Fight model.

And then there's another program that is put on by Texas State University, which is called the ALERRT Program (Advanced Law Enforcement Rapid Response Training), or CRASE, or Civilian Response to Active Shooter Events. As we evolve and have a good form or way of de-escalating people, and turning their volume switch down both cognitively and verbally, most of the individuals have a good plan. And I would say the majority of people can be—their volume switch can be turned down if you have a therapeutic rapport. We obviously know that there are certain times you have to therapeutically stop an individual from hurting self, others, or destroying property, specifically destroying property in such a way so that they don't hurt self or others. But what do we do in the event of an active killer?

Now, most people call these active shooters, but we've really evolved to call them active killers or active terrorists, because guns may not be the weapon of choice. It could be a truck. It could be a knife. And as we're evolving, there needs to be a plan of action along with your emergency action plan of fire and tornado drills. We additionally now have to deal with violence in the workplace that stems from everything from employee to employee-directed, all the way up to these active killer incidents. I mean, the old adage states, "Failing to plan is planning to fail." And that's really the goal that we're going for as we're evolving into the 21st century.

Terry: I see. So, this is a matter of a preemptive behavioral rehearsal and strategy to get people prepared for an incident of an active killer, as you put it?

Kyle: Yeah, that's correct. And when we take a look at statistics, I mean, it can be very scary for some people. If I said today we're going to have a fire drill, there would be no stigma attached to it. We'd go, "Okay, other than the fact that we may be inconvenienced because we may have business calls that are going out, we see the value." And then we don't debate that value. But if I went to a location and said, "Today we're going to have a drill on active killers," there seems to be a little bit of concern. They're like, "Oh my gosh, what has happened? Do we have a concern that something has happened over the past week?"

And quite honestly, OSHA, the Occupational Safety and Health Administration, through their general duty clause is now suggesting that we have that as part of our plan of action. The chances of an actual active killer event happening to most of your readers is about a one in a million chance. But when we take a look at fires for instance, and we keep going back to the fire drills, you will not find one fire in the last 59 years that's killed anybody in any elementary school, middle school, high school, or college of higher academia.

Terry: Is that right?

Kyle: But when we look at these mass shootings, the FBI used to take a look at mass shootings, the criteria was there were multiple people targeted and four or more people had to die in the shooting.

Well, they changed that criteria. Now it doesn't matter even if an individual died or not. If something happens in the United States, it's recorded, and there is a [website]—actually, it's a sad thing to share with your readers—but it's called shootingtracker.com, and what it does is it records mass shootings. Many law enforcement officers, including myself, when we do these programs, we look at those statistics. And if something happens in the United States, it's instantly recorded right onto this within the hour. And so if we look at mass shootings, in 2013 we had 363 mass shootings.

There were 303 shootings in 2014, 356 mass shootings in 2015. And 2016, we're at 385. 344 mass shootings in 2017. And in 2018, so far since April 12, we've had 77 mass shootings. So, not that we need to run to the hills and hide our head in the sand, but these are the issues that we need to take a look at. You know, fires aren't killing people. It's volatile behavior from employee to employee-directed all the way up to these mass killings.

Terry: I see. So, preparedness is going to be quite a significant factor in buying down mortality rates when an active killer decides to spring into action?

Kyle: Absolutely. And I think a good foundation, and I'm not trying to push this as a sales point for CPI, having a good foundation for de-escalation. And when we see something, say something. I think the CPI format gives the user a user-friendly format to be able to do that. And then if they bolster that with the proper training and observation, [they'll know] what to look for. You know, if I see somebody—it's an 80-degree day—walking down the road with a trench coat on and it looks like they have a broom in their coat, there's something probably pretty wrong and I need to report that.

So, bolstering a good verbal de-escalation, and then some type of a plan of action [that includes] "when we see something, say something," our powers of intuition are extremely valuable and strong. And yet most people questioned after the fact, will say, "I noticed something was wrong, but I didn't act upon my situational awareness."

Terry: I see. Well, that leads nicely into my second question. I understand that you became a CPI Certified Instructor in *Nonviolent Crisis Intervention*® training back in 1995. And I'm wondering how you first became aware of CPI, and how you used your training in a professional setting when you began, and what lessons you take from it and still use today?

Kyle: Well, good. And I think it was really one of the founding foundations of what I evolved into what I do. There are some things that blend in seamlessly into law enforcement, and then obviously, other ones need to be modified. Obviously, the therapeutic intervention, the physical intervention from CPI may not be all that's required when you're implementing the interventions as a police officer, [which would also include] cuffing techniques, you know, tasers, and obviously, going from less lethal to lethal. But in 1995, I worked at a juvenile facility, a juvenile detention facility, and I was asked by my administrator to look

for a methodology and a training to work with the staff to be able to do de-escalation, and what would an appropriate therapeutic restraint look like.

And it didn't take me too long to do the research. And what I found is, the one that was most highly recommended was the CPI format. So, I went through the train-the-trainer program and did that with multi-county juvenile detention systems, and I also did it with [The Twelve Incorporated](#) when I was a social worker with them. Then I evolved in and became a law enforcement officer and started to use the OPOT, or the Ohio Peace Officers Training Commission's curriculum in the line of dealing with intercepting of physical volatile episodes.

Terry: I see. And so, what lessons from the CPI behavioral model do you think are the most lingering, and that you still use today?

Kyle: Well, amazingly enough, I probably have more than I could even share in this podcast. But I think one of the biggest takeaways, and I think it really sticks out with CPI, and I know that most of the people that have been using your format for years. And there are a lot of people out there will agree with this, is, you know, when we work with individuals, one out of six people could be diagnosed with a mental health condition. That doesn't mean that it's for the rest of their life. But if somebody loses somebody through death and separation, they could go through a depression and be diagnosed.

But I think the big takeaway that I got from CPI is when people have problems, they have symptoms. And we as the professionals being therapeutic, we can't take on their symptoms when they act out, when they are high energy, when they're cussing at you, when their high-performance energy is going out, not taking on their symptoms. And so, many times the professional takes on that symptom, so to the outside radar, the observer, they're looking at the client or the person upset, and the staff, and asking themselves, "Who is influencing who?" And that's that Integrated Experience that CPI teaches. I think that was a huge takeaway. And if most people focus in on that, and say, "I can't take on their symptoms."

And the duality of when a person is acting out, the first part of it is the physiological arousal, that primal reflex that you talk about. I have to get that volume switch at the physiological arousal to be turned down. Once that person gets to about a 4 or 5, and they're able to answer my questions, the mental cognitive or the therapeutic intervention can now take place. And what I found over the years, many professionals, even the mental health facilities that I've worked at, missed that very valuable, important piece during that very fragile time of intervention. They missed that piece.

Terry: That's an excellent point. Now, today you are a full-time investigator, part-time police officer, deeply involved in training like ALICE, D.A.R.T, Active Shooter, and I'm wondering if you could speak to how you balance these responsibilities and how they support and overlap with one another.

Kyle: Well, thank goodness only one's full-time. (laughs) The other ones are part-time. There are so many demands to do active killer training that I have a couple of other people that are officers, and one's a teacher, that will go in and actually do the training. And that's been very helpful. I've actually booked a lot of this training for dealing with active killers even into 2019. I've really done no advertisement, and quite honestly, wasn't looking to do this program as a supplement, but actually to serve people and give them a methodology so that they could be self-sufficient, so they don't need to have me come back and do the training. The program that I provide is to teach you how to have these drills and do them on a regular basis.

I've been very fortunate, and many of your readers that are either in military and law enforcement will know the name Lieutenant Colonel Dave Grossman, who is a retired Lieutenant Colonel Ranger, and he's a West Point psych professor. I've worked very closely [with him], and I've met him on a number of occasions. I work with a special agent, Dan A. Harp, and he's an individual that deals with active killers. And I go to a lot of conferences. I've had the opportunity to meet with Virginia Tech University Chief, Wendell Flinchum, Sandy Hook Elementary Chief, Michael Kehoe, and then the MIT College Campus Chief, John DiFava. Now, when I say MIT College Campus, most people don't know what that event was. It was the Boston Marathon bombing. And all of these professionals have three things to say.

And if we plan this, and we do it ongoing, we have a good foundation with our training. And the first one is, never say it can't happen here. You know, in talking with Chief Mike Kehoe who was the Chief of Police at Sandy Hook, and now all of your listeners know what happened there, December 2012, when the killer went in and killed 20 children and 6 teachers. And please respect the fact I will never ever use their names, that I will not give them 15 minutes of fame. I'll never use the killer names. I will tell you the profile; I will tell you where they're from and what happened, but I'll never use their names.

So even Chief Mike Kehoe, said, "I'm not naïve. I know volatile acts can happen anywhere, but [I] never thought that this was going to happen in an elementary school, in their sleepy little burb of Sandy Hook."

And then number two is, have a plan and have drills. There shouldn't be a stigma attached. Most of, if not all, of your listeners should have somebody that they can connect with, with the police department that already have the training and the drills to provide that. And additionally, [with] the ALICE program, you don't have to be a police officer to go through that. People could be educators, they can be teachers, and go through the training and actually be a trainer for their location.

And the last one, which is very important, which I find many professionals, companies, corporations, and even [organizations] at the municipal level, they don't do, they don't have an actual working relationship with their emergency responders. And what I mean by

that is they've never invited the police, paramedics, and firefighters to do an actual walkthrough to their location. I do a training for special response training, very similar to SWAT training. And the drills that we do, we have to do room clearing. You know, imagine somebody coming into a facility, or a school, or a mental health facility they've never been into; it's like a maze.

Terry: I'm sure.

Kyle: And some of these locations, it'd probably take a good two days to actually clear the building. So having a working relationship, having workable drills with professional responders will lower the risk factors of what to do in the event of an emergency. And the time to be figuring it out isn't when it's happening. So failing to plan is truly planning to fail.

Terry: Excellent points. I know, because I remember getting lost in the high school that I went to and I'd been going there for three or four years. [laughter] All right. So now, let's now move over to—I think this will dovetail nicely into an overview of your program, your D.A.R.T Program, or De-Escalation and Response Training, because I think it has some of these things in common with what you just described. You could talk about how it facilitates a commitment to safety and helps to lower risk factors to violent behaviors. Now, I know that you've got four primary numbered steps and how participants will learn to identify and deal with risk factors, is the first one, and then there are three others. So, can we go through those in order, and, if you would be so kind, Kyle, walk us through how the D.A.R.T Program works?

Kyle: Well, sure. And I think most of your active killer incidents or training, that's all they deal with. That's all they work with. But what you're going to have really a bigger problem with, and this is what OSHA is concerned about or BWC, the Bureau of Workers' Comp, is that we can't quite put our thumb on the reasons why we're being so turbulent. Some things could be that we have lost the ability to connect interpersonally because of the technology we have, and I'm not trying to bring that up as a debate, but the employee to employee-directed seems to be the biggest concern.

Like I said, it's about a one in a million chance that an active killer incident happens there. You have a bigger chance of employee to employee-directed. And that's what I start focusing in on.

The other one, the type two, is the offender either is current or a former employee who is acting out towards co-workers and managers.

The third victim is somebody who's—their motive is robbery or to try to steal things so that they can get, you know, money for drugs or whatever.

The type four are those domestic violence situations where that spouse says, "If I can't have you, no one else can." And they come into the workplace and there's an issue of domestic violence.

And type five is really your active killers. So going back to the employee to employee-directed, it covers everything from what is an actual acting out episode of violence in the workplace? How do we identify it? How do we set up with a good policy so we have a zero tolerance policy?

But when that rears its ugly head, and we all have certain behaviors, our personalities are set into motion. And when we come to work, we don't stop a personality and put on another personality. We just—we try to behave as the best we can. But when harassment, bullying, a myriad of different problems arise in the workplace, how do we deal with that? And that includes communication skills, it includes de-escalation, it includes conflict resolution skills where we actually do some of the role-play scenarios and work our way all the way to "when do we get the supervisors involved and getting them to be able to stop and help them be mediators? And what is the outcome of that?" So we really focus in on that on day one.

Day two is, how do we deal with the physical episode? So that if somebody from the outside coming in, it includes some of the CPI format, because when you look at releases, like you say in your releases, all grabs have a weak point. And an attack is an object trying to come into contact with a target. That's pretty universal. There's only so many ways that you can grab somebody. So we address that on day number two, ending with how do we deal with somebody who's trying to kill you? So that's pretty much the program in a nutshell. It would probably take me a good hour and a half to break down the whole program, but that's the small of it, if you will.

Terry: I see. Okay. And I see that one of the components of the D.A.R.T training is to proactively de-escalate through verbal intervention techniques. So, you do have those [techniques], again, similar to CPI's *Nonviolent Crisis Intervention*® [training] where you take a Supportive approach.

Kyle: Yes. And the majority of those people that are probably listening to your . . .

Terry: Or Directive.

Kyle: Yes. You're directing them but doing it therapeutically and not taking on their symptoms. And a lot of the people that are listening to your podcasts that are experts in CPI would take this program and it would just be like a perfect fit. You know, I get into a little bit more towards some of the psychological things to talk about. But you would see that there's a real perfect fit to what it is. You know, with CPI, most of these people you have a one or two day [training], so I really applaud the Instructors for being able to push a decent message. And any instructor knows to do that today, the average employee will

retain, you know, maybe 20% to 30%, and that's if even if they're paying attention. What do they retain after, you know, 30, 60, 90 days? And that's the reason why whatever the drill is, when you're looking at de-escalation, it certainly would be great in a perfect world to have the training every 90 days if you could. If not, at least six months.

Most people take a look at schedules and they go, "Okay, well, I'll just do this maybe yearly, or every other year," or whatever. And if your job requires you to verbally de-escalate and work with people that can be diagnosable, it's a really good idea to hone those skills. Or if you see something where there's a deficit, bringing that staff in, not to embarrass them, or it's not a consequence, "Oh, now you're written up so now we got to send you to training." But let's evaluate what went wrong and what we can do, and you [CPI] cover that in your Postvention. Postvention is so important. So if we had to do something differently, what would it be, now that we see things clearly, and we're not acting out on our own anxiety? What would you do differently today? And that's the takeaway for that Postvention to me.

Terry: When we talked in our pre-interview, we talked about empowerment and why it's so important for people who might have to deal with challenging behaviors that includes lethal force. Could you talk about that empowerment and why it's so critical?

Kyle: Well, one doesn't need to have a background in psychology. As I'd mentioned, my background is in psychology. We, so many times, think about coming to work and providing a job, and especially if you're in the mental health field, you're constantly giving, giving, giving, and you're constantly looking at getting these jobs done. And our goal is to try to help people so that they can become self-sufficient or empower them to a state of equilibrium. What I have found over the years is that people, so many times, they simply don't take care of themselves. They don't rationally detach. They don't have a life outside of work.

And unfortunately, there truly is a difference between burnout and stagnation. Burnout, you are working yourself to the bone. Stagnant, you just simply don't care anymore about what you do and you're really kind of looking for something else to do. Both dynamics can happen if you're not taking care of yourself, and honing your ability to have a good foundation. And some of those things that are required, and I touch base in the training program is—and I love—I like a zen approach to things. And one of the biggest thing is learning, making sure that we understand the art of communication. And it's not how eloquently we can speak, but seeing the value of connection, the art of compassion, and just making sure that we're taking care of ourselves.

The late Angelou Maya, who was, or Maya [Maya Angelou], that was constantly on "The Oprah Winfrey Show," I really enjoyed what she had to say. I think one of the biggest messages that she had to share was—and I'm sure your podcast listeners will agree with this—is, "People may forget what you say, they may forget what you do, but they'll never forget how you made them feel." And the therapeutic touch is how we connect with

somebody on a humanistic level. And I truly believe in my heart of hearts that it really doesn't matter what hat you wear. We've kind of lost that a little bit.

And in some of the seminars that I put on, when we talk about what's missing in our therapeutic intervention, that constantly rises to the occasion: empathy, communication, compassion, and our abilities to rededicate ourselves. And I know that's hard if we've been doing this for 15, 20, 25 years, we've kind of become desensitized. But I think it's so important to make sure that we reconnect, and very few classes are out there that teach us how. So we just keep going down this funnel. And when I provided those programs, not that my program's the best, people come back and said, "You know, I wish we would have done this 10 years ago because it really did give me a rejuvenation of the reason of what called me to be in the service of others." You know, and I'm sure you'll agree with this, and so will your listeners, it wasn't so that we got rich.

I mean, most of the individuals that are in the service of others, we do it because it's really a calling, or we're trying to rectify something that's happened to our life, and we're missing that piece. We're missing the importance of reconnecting, of what brought us into the service of others, and rejuvenating ourselves to be able to be the best that we can be.

Now, the takeaway from that is when we're in a good place, we're comfortable with the acting out behavior because our stress is being managed. But if we don't, that's when our volume switch can become raised where we take on the symptoms of others, and we're not helping anybody including ourselves.

Terry: That's a really, really important point, and well said. And how far indeed truly it is from something as limited as the profit motive. Indeed, it doesn't touch—it really is separate and apart from that, not that people don't have to eat and live, of course, because they do, but I think it begins in a very different place.

Kyle: Oh, absolutely.

Terry: You know, I have another question here. I think we may have touched on it, but you used the phrase in our pre-interview about the ways organizations can, quote, "Bridge the gap and successfully intercept challenging and violent behavior." Could you talk a little more about that, Kyle?

Kyle: Yeah. Some people have the opportunity to know where somebody's coming from. I think we get too carried away with labels. I think, well, because this person's labeled, or they have this diagnosis, or dual diagnosis, they're on this medication. Therefore, if they didn't get this medication, that's why they're acting up. Most of your listeners that are in mental health will tell you, unless I give somebody Haldol and put them out, there's really no medications out there that can actually change behaviors. The bridging of the gap is—and I know when people hear this will go, "We just simply don't have time." Our communication therapeutically between one staff to another is really that 10 to 15 minutes when we

relieve ourselves. You know, I'm taking the shift over and this could be mental health, law enforcement, or whatever.

The way that we bridge the gap is, be on the same page, and that means to have meetings with our team. Now, furthermore, if we're working with individuals, let's say for interventions in that are in mental health, the time to be contracting with somebody is when they're not having a problem. When they're having a problem, they're in that defensive mode. But sitting down with somebody and saying, "You know, you did a really good job by turning the volume switch down. You know that we have problems and problems are expressed in many different ways. When you have this problem, what do you do? What are your behaviors and how can I help you? What would you like my role to be when you have this?" Now, this may seem very elementary, but if you do this on a regular basis, this becomes the coping mechanism.

And I've had 15 years of experience with people where I've seen this work from 8-year-olds all the way to people in their early 20s. That once they have that acting out, you can say, "What's our contract?" Now, amazingly enough, you know, I'm a father. I have a 34, a 31-year-old, and a 17-year-old, and no, I didn't plan it that way. God has a sense of humor that you have almost a 15- to 16-year gap between the oldest to the youngest, but this exercise, this intervention has even worked as a parent. So bridging the gap is the importance of the professional connection and communicating with people proactively before they have a problem. That is a simplistic way of bridging the gap so you have, and agree upon, a relationship.

I truly believe in my heart of hearts, [that] it's the relationship that we create with one another that not only defines who we are to them, but it either makes or breaks the intervention. And I truly have seen this over the years to be a very proactive way. Now, we all know there are certain people, regardless of what you do, they're going to have these turbulent episodes. And that's where your meeting, and what our plan of action is going to be with your whole team of how we're going to therapeutically deal with this individual who has some issues during their acting out episodes whether those are verbal or physical.

Terry: Excellent point. It's almost like you're debriefing in advance, it sounds like.

Kyle: Absolutely. Well, if Postvention is after the fact, prevention is before, which is important. But let's review how well that went during the Postvention and say, "If the same thing was to happen again tomorrow, what would I do differently?" You know, or, "I see that you're very effective with this person. Well, what are you doing that maybe I can implement with my personality? I can't take your personality on but some of the techniques that you use, I can use that." And what I have found, when I've talked about that in many different circles in mental health, they simply don't do that. They make excuses and I'm not blaming them, "We don't have time. We're understaffed."

I get it, and most of your folks that work in facilities, you're just happy that you have somebody that can come relieve you, because many have to work double shifts and they're mandatory because they don't—they're short-staffed and they have to be staffed, and that burns them out in of itself. So to say, "Well, guess what? You're going to come in for an hour or two-hour meeting on a weekly basis to discuss personnel," that can be a very stressful thing. But those locations that do and those listeners that do will agree that being on the same page, is like a band of the hand, everybody's on the same page.

Terry: An excellent point and one that we believe in very sincerely at CPI. Kyle, let me ask you this. Who is your greatest—obviously, I would say that your expertise is on display here and that you are indeed an SME, and I'm wondering who your greatest professional inspiration is and why? Who lit the fire in you to do such productive and positive work?

Kyle: Look, I knew you were going to ask this because, you know, we have talked about this before and you, you know, I'm a talker. And we were talking for so long, I was enjoying the conversation. I thought about that, and there's not just one person, it was a myriad of people. But there was one person that really made an impact. Most people have probably heard of Dr. Wayne Dyer. He was the third most influential motivational speaker in the world. He actually worked with Abraham Maslow, and most people know that Maslow's hierarchy of needs.

My approach to psychology is more in a humanistic and behavioristic step. But he said something that was very profound to this podcast today and I'd like to share it is, "When we change the way we look at things, the things we look at change." Now, you can look at a shirt that's black and say, "No, it's green and it went through a metamorphosis [to] change color." But it's how we see things. If we see things as turning real bad, then that's what they become. You know, your thoughts carry tremendous vibrations, and they're very powerful. And our thoughts, if we see things as a horrible or a bad situation, that's what they become. And because we speak so much through kinetic body language, people read that, and especially mental health consumers.

But if I look at this as, you know, this is something where there's a positive. It gives me the opportunity to work on something and there is light at the end of the tunnel. And because I'm building skills to be able to do that, I change the outcome myself. I am the author of this acting out episode. And what's really cool is that there's an art to it. Some people have this art, that's the reason why we can take a look at a real small person go in, and they can turn the volume switch down with a problem. And conversely, another person can come in, and all of a sudden, the escalation turns up. What does the first person have that the latter doesn't? And it's obvious when we dig to that. They have a certain intervention, but also I think it's a lot of that positive attitude and technique that they have to be able to make an impact on that person.

Terry: An excellent point, and well stated. And thank you for it. And thank you for the interview today, Kyle. My guest today has been Captain Kyle Weygandt. He is a full-time investigator

and Director of Member Safety for the American Municipal Power. In addition, he is a part-time police captain in Magnolia, Ohio Police Department, as well as an adjunct instructor in law enforcement at Ohio State University. And he also trains in F.A.C.T.S and D.A.R.T., and we'll put those links on our site. As you heard, Kyle was kind enough to give us a phone number where you can reach out to him with questions. That is very generous of you, Kyle. Thank you.

Kyle: Thank you. And I wish everybody a good day, and thanks for listening to the podcast. And just remember safety . . .

Terry: Hey, that's my line.

Kyle: Yeah. And just remember safety is contagious, don't be afraid to spread it with your team.

Terry: And I'm going to leave you with the last word on that. Thank you, Kyle.