

CPI *Unrestrained* Transcription

Episode 61: Tom Loftus

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Terry: Hello and welcome to *Unrestrained*, a CPI podcast series. This is your host, Terry Vittone, and today I'm joined by Tom Loftus. He is a Senior Level CPI Certified Instructor and a compliance officer with Community Counseling of Bristol County in Taunton, Massachusetts. Tom has a Master of Science degree from Northeastern University in counseling psychology and a BA in psychology from Boston College. He is a licensed mental health counselor in the Commonwealth of Massachusetts. Hello, and welcome, Tom.

Tom: Terry, good morning.

Terry: Good morning, Tom. Today we're going to deep dive into your work at two residential facilities, the Charles Hayden Goodwill Inn School, a residential facility in Dorchester, Boston neighborhood, and Saint Vincent's Home, a residential facility in Fall River, Massachusetts. The first part of our interview will focus on a culture change initiative defined by a culture by design approach as put in motion by Tom at Charles Hayden Goodwill Inn School between his start there as a clinical administrator in August of 1986 to his conclusion as program residential coordinator in August of 1995.

Tom, can we begin today by having you describe the Dorchester neighborhood in the mid-80s and the unique challenges that post-desegregation Boston attitudes presented as they filtered down to the culture at Charles Hayden?

Tom: Sure. And I grew up in another neighborhood in Boston, Hyde Park, so I'm, you know, familiar with Dorchester, being a Boston resident. Desegregation began when looking at how schools were funded within various neighborhoods of Boston. It was found that in minority neighborhoods that the money wasn't there, the investment wasn't there, and the remedy was a court remedy to do busing for desegregation.

And during that time, it really kind of blew the lid off underlying racial tension. A lot of the neighborhoods were basically homogeneous as far as race, ethnicity, that sort of thing, and unless you're working with somebody from a diverse background, you didn't really have those opportunities to connect. And during that time, there was a lot of violence. People were fighting to get their kids out of it, you know, if they were going to be bused. Racial tensions certainly were in the schools; the schools had metal detectors and those kinds of things.

My father used to do the radio reports for the city of Boston during that time, and he would, you know, talk about the various [incidents], how many people got stabbed, how many fights, how many arrests, that sort of thing. And that's what permeated the time of desegregation. To look at it now, and working together, I was this new clinical administrator in charge of a unit—a diverse staff. And the same racial tensions, and those sorts of things, played out in working environments until, if you were successful, to be able to learn to appreciate each other, value each other, and then you could move mountains.

Terry: I see. Now, you wrote to me, you said, "When I started at Charles Hayden, there were a few hires before me that didn't work out. It complicated matters because of post-desegregation era. Decisions and interactions were seen through a racial lens and the unit of 12 boys, the identified patients at the agency, were 'the worst kids and worst staff.'" So talk about the culture in place at Charles Hayden when you started working at the facility.

Tom: Sure, because you talked a little bit about the revolving leadership that was there. There were other people who were in that position as clinical administrators, running the unit, running the program, and it didn't work out. And that was just more opportunity for those who worked there saying, "Okay, who's this person? How long is he going to last? (laughs) Do we trust this, you know, this white guy coming in?" And so you have to kind of go against that tide first. It [the unit] was seen as, you know, the worst kids because they were acting out the most, and, you know, physical plant damage, kids running away, fights, those sorts of things. And it wasn't that they were necessarily the worst kids—they weren't getting the treatment that they deserved.

Terry: I see.

Tom: And the staff didn't have, like, a real identified leadership in place.

Terry: How did a boy come to be in the Charles Hayden Goodwill School?

Tom: Most of the kids were involved in various schools, and they just couldn't work with them. You would think it was more so about learning issues and that was certainly part of it. But during that time in Boston, there was a lot of gang violence. And the schools weren't equipped to deal with that. You know, it wasn't uncommon to hear kids in the hallway [say], "Your boy shot my boy," and that sort of thing. So you have that underlying tension before you could even get to treatment issues.

Terry: So, the culture in place at Charles Hayden was very tense and I would say—was there any productive learning going on when you got there?

Tom: Initially, I would say it was very limited. Because if you don't feel physiologically and psychologically safe, you can't engage in meaningful learning or meaningful therapy.

Terry: Right. So I understand that you developed a new mission statement when you got to the school. Why was that critical and what was included in it?

Tom: It was important. Looking at it, you needed to start with the big picture first, and it's because you're going through uncharted territory. And so, by having a mission, we committed ourselves to a certain direction. And the direction was of quality treatments, valuing each other, working together, you know, those types of values and concepts. Because once we agree with that, then everything else kind of falls into place. I know it's abstract, but you do need to have, you know, the things that you do with the map, but you need a compass to guide you through. And that mission is like that compass.

Terry: Right. And can you remember what the central statement of that mission was?

Tom: I am embarrassed to say I don't remember those things. In the time we did it, I remember that we did it, and I was just, I more remember the feeling of it happening and doing it and how it had all these diverse people come together, and now we have a common purpose.

And that was also part of the beginning of the "to learn to trust" phase as well. Because you're always—the decisions [made] can be kind of second-guessed or, "Where is this going?" Because a lot of times, you know, in a dysfunctional culture, when you try something new, people basically either hold their breath, or, like a football analogy, take a knee and wait for it to fizzle out.

Terry: I see.

Tom: So by having this mission, that kind of puts us—these things that we're going to try and do are going to be well-thought-out, done together. We're going to implement it, and if it works, great. If it doesn't, we, together, will make some changes to make it work, but we're not going to just let it fizzle.

Terry: And did you find that statement gave staff more cohesion and purpose?

Tom: It did, because there were times when we discussed in meetings something we wanted to do, [if we started to drift] and one of us would then mention, "Okay, does this fit with our mission?"

Terry: I see.

Tom: So we always come back to it.

Terry: All right. So, a touchstone of values for people to refer back to when there was a question about going forward?

Tom: Exactly, and it wasn't just our meeting face to face, but it also would govern our behavior outside. And that's the true measure of when you're successful.

Terry: Uh-huh, well said. Now, I know you adopted a Venn diagram approach there for the development of residential, clinical, and educational teams. Can you describe how that took shape and then began to integrate?

Tom: Sure. Because you can't just, you know, work on the whole team at once. And I'll use a football example, just, you know, globally. We can't just all of a sudden pull everybody together and you have a team. You have an offense and a defense, and they have their training that they have to do. Even within the offense, you have your line, you have your quarterback, you have backs, you have receivers. So you have to kind of work on those as sub-units.

[For] the residential part of it, we had basically two teams: Sunday through Wednesday, and Wednesday through Saturday. I needed to get them on the same page because a lot of times, the Sunday through Wednesday, they're like, "Toe the line, you're in school," you know, more structured. And sometimes the Wednesday through Saturday can be, "Okay, it's fun time," because they're going into the weekend; things are a little looser. And all of a sudden, you know, the kids are angry Sunday through Wednesday because all of the sudden they're pulling the reins in, and then they kind of let loose Wednesday through Saturday, and just those kinds of tension. That's one aspect.

But the bigger aspect, going back to the sense of mission is, "This is how we're going to do treatment. This is how we manage things during second shift and the weekend." So the education part of it is—one of the things that was exciting that they did at Hayden was accelerated learning. And just briefly, what that would do is, say if you were—we looked at some of the, you know, learning, auditory, visual, kinesthetic; there's also Gardner's work of multiple intelligences. And we'd use those concepts to be able to work on the curricula. So, say if you were studying log cabins in social studies, in math, you'd be measuring logs.

Terry: Okay.

Tom: You know, things like that. (laughs) This may sound kind of funny, and in a way it is, but what happened was in the six months, the first six months they implemented it, reading scores went up 2.9 academic years, math [went up] 2.

Terry: Oh, man.

Tom: So which is, I think, a pretty stunning success.

Terry: Yeah. That's remarkable. And so, you're getting multiple years of advancement in those base skills in six months?

Tom: Yes.

Terry: Wow.

Tom: So not only did that aspect come in there, but we wanted the teachers assigned to our team to be able to continue the treatment that we would be doing clinically in second shifts to carry into the school. And the third circle was myself with the family therapists. We needed to be on the same page as well. So the whole idea is that these three teams are becoming more cohesive and working together. That'll be easier, then, to integrate these three circles than, you know, trying to do the whole team at once, because each one has its own challenges, its own strengths and areas to be developed.

Terry: Well, you mentioned the word "challenge," and I'm wondering what some of the most—I mean, what was the most pushback that you got? What was under the most intense scrutiny there in your role as an administrator at Charles Hayden?

Tom: I think in the beginning, "Am I for real?" (laughter) "Am I going to stay?" So once you get beyond that, then it's, "Okay." You'll be looking at, "This is how we want to do treatments; this is how we're going to work with kids." The teachers are used to managing things on their own, and that's been a part of their profession. So to get them to buy in to this team concept—because, usually, the teachers are highly educated, very committed. "This is my curriculum that I'm teaching with. This is what I'm going to focus on." So there's less, I'll say, extra-curricular aspects to it, with us buying into the team. So that was part of the challenge there.

As far as clinically, there wasn't that much; there was, you know, just the two of us. But we just want to look at how we're going to orchestrate treatment and being on the same page, because we're looking more at, you know, various group models as far as systems therapy and those kinds of things.

For the residential, it was trying to—it's almost like two teams, pulling in the Sunday through Wednesday [and the] Wednesday through Saturday. But I think just to really be committed to common values, because it's really, it always does seem to work out. You know, you get the hard part of the week and the fun part of the week; you've got to be able to make a consistent environment. I think that was certainly a huge challenge.

Terry: And falling under the culture by design and culture change initiative that you had there, that was central measure of success, I would imagine.

Tom: Exactly. And it took the whole process to really start to—begin to reach for—which was six months. At the end of nine months, it was really solidified.

Terry: Nice.

Tom: But the first couple of months, you know, "Is this going to be consistent?" You have to be very dogged in your approach. But you can't, because anytime you seem to be either indecisive or not committed, then that's like it will put doubt in people's mind. Because when you're changing your culture, you first have to have your members buy in, and adopt it, and live it.

Then it goes into, "Okay, who's going to be on board? " There are a certain number of people; there's not a lot that are really self-motivated, self-driven. And those folks, you need to get them to buy in right away. They can be your powerful leaders, one way or another. I think it's Firestone that attributed looking at leadership to like a "U" [shape]. On the left side is, up on the top, you know, mafia dons, your international gang leaders, cartels. On the other side, it might be, like, religious leaders, you know, that kind of thing. And as you go down, you know, as you go down the "U" on both sides, you have leaders, but not as powerful. The thought is it's easier to get the mafia don to become a positive leader than to tell them not to lead.

Terry: Aha. That's interesting. So, in other words, you keep your status and your designation as a leader, but your values change.

Tom: Exactly. Because as you've just said they can't turn it off.

Terry: That makes a lot of sense from a psychological—I think intuitively, most of us would embrace that as a truth. And there was actually a clinical proof of this, then?

Tom: Yes.

Terry: Wow.

Tom: You know, that was part of it, to get them on board. The people who are the rest, you know, can they switch into moving from an environment of chaos and embrace this? And there's some that just won't. And the negatives ones, will be disparaging, "What's going on?" And you have to kind of just keep going with the people that are part of it. And those other folks will, all of a sudden, they'll look like a sore thumb, and they'll either quit or be counseled out.

Terry: You know, that brings me to my next question, where you said it's very important to have, and I believe you had this at Charles Hayden, a strong lieutenant who buys in with strength plus commitment. Could you speak to that?

Tom: Absolutely. And that was Sheila. She was a strong leader. And she was—it's what I was told at first, you know, "Watch out for her because she could be very negative," and that sort of thing. And when I first heard it, I'm thinking about, "Oh, this is a strong person." So I met with her first.

And a lot of the work was, you know, with us together, and would she conceptually buy in to this culture by design? Which she did. Would she then be not only committed to it, but be able to coach staff? And then we looked at, in supervision meetings, that sort of thing, we'd look at each team member, what strengths they have.

And then that person is basically in charge when you're not there. And when you're operating in concert, then you're going to be able to see that change happen. So they put in a lot of hours for a long time. And no matter how many hours, if there isn't somebody in the other part of it to keep it going, it just won't happen. And I found out that she was one of those people that, you know, got a reputation. But when you put them in the right environment, they're superstars, and she was.

Terry: That's a note of hope for all of us, I think.

Tom: Yes!

Terry: Yes. You mentioned something in our pre-interview that you had at Charles Hayden called colloquium training. Could you speak to that?

Tom: Yes. And that was—the term actually came from Sheila. And what we did is, because after we, you know, we talked about the Venn diagram approach, because there's a lot of meetings happen in parallel, and we transitioned to become a team together. We would have our team meetings three out of four weeks, say in a four-week month, and on the fourth one, we would do some sort of special training. By workforce, we had anywhere from a GED to a master's degree, so a wide difference in education.

So what we did is we took a special training, and say it was on structuralist family therapy. And we would discuss the concepts of it, go over the theory. Then the second part of it is, "How do we implement this on the unit?" And we had all kinds of very interesting—and they were master-level concepts and topics. And what that did is, by introducing that, it does give the message that, "Yes, this stuff is advanced. Yes, you can grasp it. Yes, you can use it. And we're going to figure out how we're going to do it together."

Terry: So, you were able to take a lot of different levels of education and make a meaningful message that everyone in training could comprehend and put to use in the facility?

Tom: Absolutely. And this was, this colloquium, was with just my staff. It wasn't for the whole building.

Terry: I see.

Tom: I didn't have, you know, it's just the way the power structure was.

Terry: I see.

Tom: But at least by the discussion part of it, it also enhanced the learning and enhanced how it's used. This is like a model that I had—basically, if people are involved, they become invested, they take ownership, and they're ultimately accountable.

Terry: I see. That's kind of like the just-in-time or the ownership model that some factories put in place or certain procedures when they would make something. If they gave somebody the whole start to finish of one aspect of production, they found that they bought in because they had a sense of ownership in the product that they didn't have when they were doing simply one step of assembly on an assembly line. So maybe there's some of the same concept at work there.

Tom: Oh, yeah. Absolutely. And it's in one of the [blog articles](#) that I have that in there with the culture by design.

Terry: I know the school invested in accelerated learning training, and you described that as having a tremendous impact on student education. And you also did say the concepts were incorporated into staff training. Could you explain that?

Tom: Yeah. I'll use one example. When I moved up as the clinical administrator, there were various iterations of being in charge of residential operations. And when I first was in charge of the training, we had a week of training. And with budgetary cuts and that sort of thing, we were down to, like, three [days]. Then it was down to two days. And two of those days were, you know, we were using CPI, so we had to have that in there. There are also a number of topics that we had to cover, like a tour of the building, incident reports, those kinds of things. So what I'd do is all the new staff, we'd have them in the lobby, you know, waiting for people to come before we would bring them in. And I had a couple of staff—actually, three staff.

One would be like the acting-out kid and then the other two will be the staff. And all of a sudden, the door would burst open and you see this individual starting to yell, and all of a sudden, staff just put him into a restraint. And it didn't have to be appropriate at all. But basically, the message was, you know, and people, some of the people would be scared, some of them wanted to jump in, and that sort of thing. So then we go like, "Time out, time out! This is something that can happen, and this is something we want to avoid, and this is why we're doing the training."

So we'd start off with learning. One of the aspects of learning theory is it's best when the group has a common experience that they can work with. You know, if you work from each person's history, say even if they had a strong residential background, it's still not going to be the same. So that's kind of just, it's kind of got their hearts going and that sort of thing. But it pointed to the benefits of CPI as we went into that.

Terry: I see.

Tom: Another aspect is a quick one, is when we did the building training, I'd have somebody—"I want you to kind of fall," and we're going to write an incident report. And what invariably happened is that some of the group would see it, some of them wouldn't, and, "Okay, this is what happens. You need to be able to be aware of your environment at all times. And if you don't, then how do we then put those pieces together of this situation that happens?" So it's teaching them, we had a couple in the tour, situational awareness, and writing incident reports. So it's just combining experiences in the moment, experiences that we can draw on.

Terry: I see. Can you talk about the concept of therapeutic recreation? Because I know you had that in practice at Hayden. I know you've got a great story about the formation of performance of a softball team. I believe that was called the Rubber Chickens.

Tom: That's right. Yeah. There're two different aspects to it. The team that we had, I guess I'll go on reverse order. Because we were seen as the, you know, the identified patient of the building, the concept that you had mentioned earlier, you know, the worst staff and all that. Well, we decided we're going to challenge the building to a softball game. And, you know, on paper, we were, you know, half men and women. Our right fielder was seven months pregnant, [and she had] never played softball before.

They had all-male staff on their team and on paper that they should have trounced us, [but] we beat them. And, you know, it's just through teamwork. And then we played them again, and this time, they had kids on their team; we won again. We went to the dining hall one time, and I forget the name of the song. It's one of those epic instrumentals. And we had that [playing.] Sheila had the boom box, or somebody else had the boom box, and she and I had both sides of a pillow with the rubber chicken on it and carted it into the dining hall. We kind of rubbed it in a little bit. We're a little competitive.

Terry: I see. Well, after pulling together the team like you did, to win with the, say, the broad range of athletic talent that was on your team, was quite something, especially when you were playing against kids who were in their prime.

Tom: Yeah. And it was that, and I think it was also the culmination of our working together as a team, all of it, together. That event was just, you know, it was just a lot of fun for us.

Terry: And just an exclamation mark on how cohesive the team was and how inspirational to each other that the team had become.

Tom: There's another way of, I mentioned, about the team buy-in and people being on board and whether they make it or not. That's part of a public relations campaign outside of the team, because outside, they still looked at us, like, you know, "Who are they? They're

downtrodden," and that sort of thing. So it's kind of like I did arrange to have a [PR] campaign.

And we'd start to highlight some of the things that we had done. And I'd started that around month six. And I did more as we moved towards month nine. Then all of a sudden, I was able to get buy-in from other people to see that we had changed. And then after a while, where the people are still saying negative things, *they* stood out, that they weren't part of being on board the train, so to speak.

Terry: I understand.

Tom: But then that's—all of this stuff kind of culminated together. Just the softball was one of the visible kind of ways to show that we had changed, besides the way we had done clinically, and that we were in control and the kids were moving forward in their treatment and that sort of thing.

Terry: That's a celebration of the culture change that you had effected at the facility.

Tom: Yeah. And that we had done together.

Terry: Great. And to wrap up about Charles Hayden, I'm going to read a quote you sent me about the work you did there: "Any training designed and given started with theory and always ended with how it could be implemented, which made it real and made it more likely to be enacted." So how much of a difference did training make in the dramatic turnaround you saw at the school between 1986 and 1995?

Tom: It goes back to that same model you're talking about with the colloquium. Because I've been to a lot of the same training that the listeners have, and then you see and hear all these great ideas and, "Oh, I can't wait to implement it." You get back to work, and it sits somewhere. So, I've always thought of my trainings as, "Okay. Let's present this material, but let's build in time of how to use it." So that does a couple of things. One is it shows that there really is utility; [it] isn't just like a wonderful theory and then, you know, if all the planets are aligned, it'll work. So you get the buy-in there, and then the other aspect is then how do we use it?

And like with on our unit, then it was, "Okay. How do we use it with specific kids?" If it's a broader level, then how can folks bring it back to where they work, where then they'll have a map to be able to do it, because once you get back to work, you tend not to have much discretionary time. Discretionary time is either having some built-in time to work on it, or, if you're a self-starter, making the time to be able to see this thing, that could be very valuable to actually implement it and use it. So let's just try to take it to the next level, because ultimately, if something's really going to change, you have to keep focusing on it. That's kind of beyond the scope of trainings with people who're external to, you know, who's being trained.

Terry: I see. Well, let's transition now to Saint Vincent's Home in Fall River. You were the quality management director at Saint Vincent's from November of 2002 to August of 2009. Could you kind of describe the facility in a general way for our listeners?

Tom: Sure. We're very, when I was there, a very large school. We had long-term residential; we had an assessment unit, [and], you know, another short-term program, just for the kids who might be out of the home for a brief period of time. We had group homes, that sort of thing. I just want to take one step back just to Hayden for a second.

Terry: Sure.

Tom: Only because there's one other cultural aspect. We had a Deaf program there as well. And not only just like as far as culture, as far as black and white people working together, and teens working together, we had, basically, most of our other staff were non-signing. And a lot of the Deaf staff, you know, couldn't read lips, not that they should have to. So it just comes down to there was, you know, a barrier there.

So it started off, one of the Deaf staff, you know, we had rotating building supervision. They'd be in charge of the building second shift. Each one of the programs, they take turns, but nobody in the deaf program was part of that. And he said, you know, "Why can't we be part of it? We should be. We're equal and as well-trained as everybody else." And I said, "You're right." So I brought it up to leadership. They agreed. And then as we're looking at also at another level that's to show the equality of leadership. If there was a restraint type of situation and backup was needed, either Deaf staff will be coming to hearing units, hearing staff—non-signing—going to the Deaf unit, and sometimes the hearing staff would just take over. You know, and that would totally disempower the Deaf staff.

Terry: I would expect so, yeah.

Tom: So we, you know, learned the sign for restraints and that sort of thing. And when any of the times our hearing staff would go up there, they would be directed by the Deaf staff on what to do and vice versa. So that way, they'd be valued and utilized. But it was just—I think it is also known as a cultural barrier because there is deaf culture, and another great topic at some point.

But also, then, our culture of inclusion [taught us] to value each other, and [to] let them run their unit and the other folks run theirs. Because when you do a restraint with someone who's deaf, you do the restraint, but you have to have one of the hands kind of loose so they can sign. It's another challenge. But that was like the next step of growth that I think we were ready for at that time, but we kind of got beyond some of the other challenges that we discussed earlier.

Terry: That's fascinating. And that could be a blog post on its own, Tom, I think.

Tom: I think you're right. And I learned a lot about deaf culture. It's not about Deaf staff or even teach like a deaf culture and talk about, like, Martha's Vineyard and how that have to do with it, "Oh, American Sign Language is based on French, the way that they speak their language." There's just so much.

Terry: Fascinating.

Tom: Yeah. So I guess we'll go back to Saint Vincent. I just thought that might be an interesting . . .

Tom: Oh, I agree. I'm glad you . . .

Tom: Cultural aspect . . .

Terry: I'm glad you brought it in.

Tom: . . . we negotiated and was for the betterment of everyone.

Terry: Excellent. So how does someone come to be at Saint Vincent's Home in Fall River?

Tom: Actually, it's the same thing as far as Hayden. You know, there's kids that weren't able to make it in public schools either because of learning issues . . .

Terry: Okay.

Tom: . . . or behavioral issues, more frequently, both.

Terry: I know that therapeutic recreation played an important role at Saint Vincent's, and I wonder if you could talk about how you use it to generate milieu development and how it featured in the creation and development of something called "your team model."

Tom: Right. So this is, unfortunately this happened at the tail end of my career at Saint Vincent's, but I needed to be able to kind of get the right people involved. So actually, with therapeutic rec itself is a model that's where—to increasing challenges that it's a way to kind of enact therapy. And that sounds kind of broad and global. And the lower levels of, like, therapeutic recreation is you're just trying to build trust. So that might be like you have one person in a circle; everybody's around them. They cross their arms across their chest and kind of like fall backward. And they get kind of passed around, you know, through the middle.

So that kind of thing is—and that's because you are kind of putting trust in the group that they're not going to drop you. And it's set up [so] if everyone's is very, very close, even if somebody is heavier and larger, they can still have several sets of hands on them to do it. And when you do the activity, then you talk about the "what, so what, now what," that

you go [through] to process it. That's where the real action is, not the activity. So "what" is just basic left-brain kind of observation; you're not trying to get into any real affective content at that point. So what about that?

And then you kind of get into the dynamics that happen. "Oh, this one didn't push. I had to push for them." All these things are metaphors of how they act on the unit, you know, as far as, and how they act in the classroom.

And then the "now what" is, "Okay, we have this education, what are we going to do with it?" And you do that, and because if you talk about this in therapy, yeah, you might be able to make a difference, but really, [the] milieu therapeutic rec approach is what really sets the tone, because it's like with Trieschman's book, *The Other 23 Hours*. Now, the whole idea is the therapy session, no matter how powerful it can be, it can be undone in a second.

Terry: I see.

Tom: And as soon as you go in there, "Great session!", the kid goes, "Your mother *this*." Boom, it's all over. Those are the kinds of things that do that. And it works all the way up to what people do, like the high-wire kinds of stuff. But you're trying to develop the group through the various stages. The stages might slide up and down a little bit, but your target, your techniques for that [remain consistent]. (T.L. note: "The intention is targeting the intervention for the stage that the unit is on.")

Terry: Now, one of the premises of the team model is that increasing levels of perceived social risk are indicators of progress. Can you break that down for us?

Tom: Yeah. So let's see. Like if somebody is just coming on the trust aspect of it, we're just trying to do some of the activities there and we'll look at, "Okay. So what level are folks on?" (T. L. note: "Trust is the first stage; so it's targeting activities for this stage.") So I want to think of a good way to describe it. There's a way that I compare group models, and there's a work of Garland, the old theory of like forming, storming, norming, performing, it was like the original view of group. He had done something similar to that, but he broke it down into five stages. And the team model that we came up with actually has seven. And the stages were icebreaker, the de-inhibitizer, trust and empathy, communication, on and on. So the icebreakers were just trying to provide opportunities just to begin to be comfortable with each other.

Terry: So, very low social risk.

Tom: Exactly, exactly. And I'll skip a couple, trust and empathy, that stage, is for the group to trust physically, psychologically, emotionally, each other. So something like that, you might come to a low wall, and you have to help each other over the wall. So that requires, you know, there is some physical touch there. You have to know that the guy has given you 10

fingers—or a girl—and is going to keep it there till you can get up so somebody can grab your hand and help pull you over. And then the last one is, actually, to go through the last two, social responsibility, where you can build on everything you've done and have higher challenges, and personal responsibility, [these] are challenges that really put people to their highest, highest level.

Terry: I see. So there has to be . . .

Tom: Some of them are physical. Some of them can be, you know, not as strenuous.

Terry: But trust being a critical . . . one of the assets the team would start to cultivate would be mutual trust.

Tom: Exactly. The whole idea is you expect that to transfer outside of the experience.

Terry: I see.

Tom: And by having something physical, there seems to, not only is it multimodal: auditory, visual, and kinesthetic, but it gives them also, it's like if you look at it from an athletic point of view, taking repetitions, and the more rapid reps you can get, they're usually the better your technique is. But here, these are interpersonal repetitions. And that when you get to the "so what, now what," so "now what" is hopefully then when you're not doing the activity, that when they're on the floor together, they're going to be able to work more cooperatively.

Terry: I see. Now, I understand that you had CPI training there at Saint Vincent's and I'm wondering if you could speak to how the training and the concepts that CPI presents figure into the success of culture by design at Saint Vincent's.

Tom: So with CPI, it's because the person . . . actually, I'll take a step back, but still, it's addressing the question, the team discussion that we just were referencing a couple of minutes ago has to do with the kids. Now, how is your staff team together? So when you mentioned earlier about the perceived social risk and increasing as you move up the model. So the kids are together, but what about the staff? When I was at Hayden, we did the approach through like the mission statement all the way through until, you know, as far as the Venn diagram aspect and training. That's taking a totally different approach to do it. We would do some of the same therapeutic rec activities with staff, to be able to get them to communicate together, to work together.

So it wasn't just like, "Okay, this happened Sunday through Wednesday. This Wednesday through Saturday, how are [we] going to work it out?" Well, now you get the people together and they have to solve these problems together. New leaders will emerge, you can look at how communication happens. Who was sitting back? Who needs to be drawn

in? Okay. Even in a therapeutic activity, [if] the activity itself falls flat on its face, it still can be good because there's a discussion afterwards.

So by having the common values and opening up communication, then that's one of the fundamental things you're doing with the team. Now, you're also imparting education. Okay? What stage is the milieu on today? There'll be around the same. That will be going up plus or minus one or two. All right. Then, what do we need to do tonight if things have gone backwards? So how we might run the shift might be different. What if things are starting to move forward? Okay. Maybe we can do something a little different.

So it's having that diagnostic ability. And if you'll look at [it] from [a] CPI standpoint, you know, at least on the individual level, the *Crisis Development Model*SM, kind of look at, "Okay, where might individuals be there?" They'll look at the Anxiety stages. I see that as like the redirection zone, because as you progress through the Model, you're seeing someone who's less and less rational. How do we get somebody to be rational and now that they're rational, how can we capitalize on that on a group level?

Certainly, it's the users individually. I'm just talking where we're talking about therapeutic rec milieu level interventions. And also the initial part of the training is looking at non-verbal, paraverbal, verbal communication. So you're able to not only see what's in front of you, but also to own what you [are] exhibiting in those levels.

And the *Verbal Escalation Continuum*SM, again as another opportunity, as the Defensive level, to be able to read things, to intervene, and redirect back, because if we don't redirect it, then you move up the stages to the Acting-Out Person and we're trying to prevent that. We're trying to use the first-stage Anxiety and then the fourth stage, looking at Therapeutic Rapport. Therapeutic Rapport is built during that "now what" stage.

Terry: Yes. So would you say that the CPI training and concepts and learning that behavioral models like the *Crisis Development Model*SM went towards creating and sustaining or created a sustainable culture there at Saint Vincent's?

Tom: It is, as long as the leaders value it and practice it. That's the key part of it, because as valuable as it is, and as accessible as it is, it has to be part of the, you know, part of culture. Then it will have value, meaning, and utility.

Terry: And did you find that CPI training became part of the culture by design at Saint Vincent's while you were there?

Tom: It was already well in place before I got there.

Terry: Oh, it was?

Tom: Yeah. There's...oh, probably for a number of years.

Terry: Mm-hmm. Excellent. Well, to close today, Tom, I would like to ask kind of a broader question and that's how does the evolution of the cultures by design built at Charles Hayden and Saint Vincent's relate in a larger sense to the communities in which they serve? I mean, let's go back to Dorchester. Has there been any real impact?

Tom: If there was a real impact, I guess we'll never really know, because to know how well the kids are doing; they have grown up now. Are they having a productive life? That's one of the downsides of residential, but I'm glad. Because when somebody graduates, there's no mechanism in place to see how they're doing 5 years, 10 years [later]. So you can see when someone graduates that they have mastered certain things and a lot of it's, "How well can you play with others?" That's the educational part of it. If you don't do that, you're not going to be able to hold a job. You're not going to be able to put yourself in another environment, because a lot of the kids who are from gang areas, you know, if you don't do anything to give them skills and a way out, things will deteriorate.

I'll just take a quick detour about—from CCBC here (Community Counseling of Bristol County), the Children's Behavioral Health Initiative. It came out of a courts case, the [Rosie D.](#), [which was] basically against Romney [[Rosie D. v. Romney](#)], and that's Medicaid, Medicare services for children.

One of the things that we use is high fidelity wraparound; it looks at what's going to happen when the kid leaves. So you're helping the family as far as, "Okay, there's a problem with paying rent, finding housing, to be able to find natural support, which, you know, it could be, those are the ones that don't cost anything, like building bridges with people they burned some with, or having connections to churches, to other types of groups, meeting new people, that sort of thing. Those are the things they think that are missing from, well, missing definitely, from Hayden. And I'm not sure of if they're doing that at Saint Vincent's at this time. So that's I guess to see because you're asking, you know, did it work?

Terry: Yeah.

Tom: It works enough so that we know when they graduate, graduated and felt as though they were on a stable footing. But I think that when you're teaching somebody to fish and spending more emphasis on the family because the kid was going to go back to the family, whether it's their family origin, or someone else, there has to be an environment to support them.

I think we're expecting a lot more from kids who are in services, more than your average kid, you know. And not that all families are perfect, but having a stable parent, or parents, provides more opportunity for learning and support than if it's somebody who has bounced around from foster home to foster home and we're expecting them to be able to, at 18, they're gotta pay their bills, they're going to manage their apartment, they're going

to have a resume, they're going to be able to do things perfectly. And we all know there are kids, 18 to 25, that are struggling and didn't have the history that those kids have.

Terry: Indeed. Very true. All right. Any last thoughts for us today, Tom?

Tom: No. I think that that kind of covers it. I guess just, in sum, what you have to start, like Zig Ziglar said, "If you aim at nothing, you'll surely hit it." So let's find something to aim at, and that's our mission. And then from there, then we'll be able to design our training, our methodologies, to be able to effectuate change and then to involve people. So you have the involvement, investment, ownership, and accountability. And from those things, then you really can tackle things; you move mountains. And that process tells your staff that you believe in them, believe in their capacity, and want to take this journey together.

Terry: Well, that is certainly the voice of experience, Tom, and thank you. My guest today on *Unrestrained* has been Tom Loftus. He is a Senior Level CPI Certified Instructor. He's also a quality management and compliance coordinator with Community Counseling of Bristol County. Thank you so much, Tom.

Tom: It's been my pleasure. I'm really glad that we were able to do this together, and I hope there's some benefit and utility for others.

Terry: Thank you. And thank you all for listening.