Administration and Operation of EBP in corrections amid COVID-19

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Profile – who we provide service to

- KY DOC Adult Institutions – Program Administration, QA and Facilitation of 28 EBP’s across 13 prisons
- Training and QA/oversight of Jails with collaboration of KYDOC – 31 Jails
- Re-Entry and Probation and Parole
  - Re-Entry – continue with releases
  - Modifying practices to fit the mold (KY State P&P and US P&P)
- Fidelity/Validity – program authors and monitors
  - How procedural changes impact data
  - How procedural changes impact review
  - How procedural changes impact effectiveness
  - Auditing via Zoom
    - Allowing counselors to see each other in action
    - Auditing counselors by supervisors to sharpen skills
CONSISTENCY IS THE KEY

• Maintaining calm in uncertain times
• Answering questions about job retention and impact on income
• Health/safety hazards – fostering choice while ensuring operational continuance
• Motivating without dictating – how to avoid litigation (staff and clients alike)
• Human vs. Robot – what about your own fears (told or untold)
Use the chat feature to keep questions rolling. The point is to provide you with valuable information and discussion. There will be about 15 minutes left for questions that we cannot tackle during the presentation...

Prison Operation amid COVID-19

Lean security staff → Attitude in relation to the virus across the state: West vs. East → Working with not only staff/clients but their extended family → Organizing who to protect first

Running of programs (with lean staff) – check benefit → Creativity → Being a trained practitioner helps keep information organized and allows for rational decision making.
Using EBP

- An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on an individual’s functioning and mental, physical, social, emotional spiritual well-being.
- -SAMHSA

While we do not have time, we have the tools...

Fear is tricky when not tamed

• Utilizing CBT pathway to behavior – beliefs trigger attitudes and values and underlying feels about the situation, ultimately generating a behavioral response that may or may not be appropriate (trauma has impact on rationality)
• Utilizing MI in order to stimulate intrinsic motivation – communication and empathy building is key
• Using trauma informed care to build resilience – normalizing trauma (especially mass trauma) but not minimize the impact it may have on individuals
Important to remember

EVERYONE IS PROCESSING THE PANDEMIC IN THEIR OWN WAY

GEAR PRACTICES AND CRISIS-DIFFUSION BASED ON AUDIENCE

COMMUNICATION/SHARING – INDIVIDUALS RESPOND BETTER WHEN THEY ARE INCLUDED IN THE DECISIONS BUT NOT THE DISCUSSIONS

HAVE ALTERNATIVE PLANS – 6 TIERS OF PROGRAM EXECUTION

BE PRESENT

BE CREATIVE

Prison Programming

- Tier 1 – Videoconferencing – limitations
- Tier 2 – Teleconferencing – limitations
- Tier 3 – Scanning and Checking
- Tier 4 – Self-directed/self-guided journaling
- Tier 5 – Client packet with de-escalation and relaxation techniques, journaling and logging, mapping, etc.
Policy and Procedure implications

How does social distancing impact programing - smaller groups, more segregated / separated groups, splitting sessions up into smaller intervals to minimum of 3 individuals in a group

PPE impact - wearing gloves or masks - communication limitations

Comprehension through Video and Teleconferencing - asking questions, keep clients engaged, monitor for any misconceptions, make copies of exercises and feed through a cloud system, email, etc.

Sign the clients in if they are physically present just like stores sign receipts for us.

Limit contact while maintaining normalcy through communication, relating, empathy. Keep in mind, you are maintaining calm without triggering or implicating procedure.

Clients who refuse programing - how to tackle

Specific Examples

- Wave 30-day policy
- Evaluate attendance policy
- Evaluate disciplinary write ups based on increased anxiety
- Include the human factor in practice (whether clients or staff)
- Keep in mind – running an operation with the resources and tools you possess as a leader
- 1 mil procedural changes – how to tackle multiple procedural changes – use platforms like Slack, Teams or similar. Use specific verbiage. “i.e.: Effective *insert date*”
- Use this time wisely to plan ahead for surge and evaluate current practices based on the effectiveness currently like going remote for meetings as opposed to traveling.
- Buy your staff a fun gift? Praise them for being there. Verbal praise goes a long way, especially with subordinates who are on the fence about engaging and assisting
- Evaluate capacity and ability to work. Consider family/children in the home. Rotate schedules if possible.
- ... be creative...
More examples

- Release from prison/within community with the most information a client can receive – think creatively what clients would benefit from, then execute utilizing creative ways (Public Service Hours – writing motivational messages, letters, etc)
- Quality Assurance: Evaluate variables impacted by program stagnation, attendance inaccuracies, completion outside of the pre-set time-table
- QA: Auditing staff and pairing staff to review programing/clinical and non-clinical skill.
- Online trainings with staff who require re-training
- Think outside of the box for increases/changes in operation

Assistive, collaborative relationship through communication and creativity