



GETTING THE JOB DONE

At the table with Randy Shively

BY MOLLY LAW, M.A.

The American Correctional Association hosted two exciting conferences in 2019, one in New Orleans and the second one recently in Boston. *Corrections Today* caught up with the “always front and center” Randy Shively, Ph.D., LICDC-S, director of research and clinical development at Alvis, an Ohio-based, nonprofit human services agency with 50 years of experience providing highly effective treatment programs. The mission of the organization is to innovate and deliver evidence-based human service programs that empower those we serve to build successful, productive lives. If you ever have the privilege to talk to Dr. Randy Shively, you’ll quickly come to know that he believes in the power of working directly with clients and staff, which has been the focus of his career for a better future, both for inmates and corrections professionals. Shively knows it takes action to get to where we want to be in this industry, saying, “It’s not enough just to have good ideas, you need to be on the front lines with those doing the work to really make an impact.” One of the many ways Shively takes action is in his involvement with ACA over the last 15 years. He has chaired and co-chaired the Substance Use Disorder Committee for the last six years and has been a member during the formation of all ACA treatment committees that are in existence today. Shively frequently writes for *Corrections Today* and in other corrections publications outside of ACA. Shively was recently elected to the Delegate Assembly and serves on the Awards Committee for ACA. Most recently, Shively was on the front lines when it came to the historic passing of co-occurring disorders into policy, and relishes in, not only this milestone, but in other milestones that he sees are happening presently and that will happen in the future of corrections.

Corrections Today: History was made at the 2019 Winter Conference. Why was the passing of the policy statement and position paper on co-occurring disorders a monumental step towards the future of corrections?

Randy Shively: It’s so relevant. This is a very needy, specialized population that have both substance use disorders and mental health disorders occurring concurrently, and there is a need for integrated treatment where both problems are dealt with by the same group of mental health practitioners and it takes a lot of collaboration. So, this policy passing at ACA probably would not have ever passed four to six years ago, but corrections professionals have gotten so much better at seeing clinical needs; ACA got everyone to the table to get this resolution passed. This is a great example of what’s going to happen under Gary Mohr’s presidency, where corrections professionals need to start defining the problems, the key problems for corrections so that everybody is on the same page.

ACA professionals spent a lot of time on the definition for this policy, because co-occurring disorders is a very generalized concept and it needed to be defined for corrections. This really points to the importance of defining clinical terms, so all corrections professionals can be on the same page. After that, then ACA can develop policies and procedures around standard knowledge. I think this was just a key policy to pass because it really shows you that when you get all professionals together, amazing things can happen with very difficult client populations. This is one of the most difficult, so it was very significant.

CT: What are a few other key things you see within ACA and the corrections industry today that is making a difference?

Shively: Throughout my experience here, I’ve really learned the importance of collaboration. It is so key to get key stake holders involved together on major projects and that has

been a strength of ACA, being able to do that. I've really learned how important it is to be mentored by people who know this industry well and have been involved with ACA for a long period of time — mentorship is so key. The other thing I've seen happen, in the time that I've been here at ACA, is that things progress from just thinking about what's going on in the prisons to thinking about the continuum of care through reentry — the importance for reaching out into the community for services. We really need to be focusing from day one with what's really going on with the inmate in prison to what's going to happen when he leaves; that reentry piece is so important and key.

We have to make those linkages in the community so partnerships can develop because they take time, and our inmates benefit greatly by those partnerships.

CT: During your 30 years' experience, how has the industry evolved? And what are some of the evident positives?

Shively: One of the first things that I've seen happen is there's been a real shift and emphasis on merging/marrying safety and operations with treatment. We know how important safety and security is in the corrections business, but there really needs to be a wedding between operations and treatment, and I'm starting to see that happen through the workshops here at ACA as well as through what is happening in my own company at Alvis. It's just key to have continuing dialogues between those trying to keep our inmates safe and those who are providing direct services and treatment within our facilities. We need each other. I've realized from watching cases happen in front of me that there needs to be active dialogue between both sides, and they have to both be at the table when we have interdisciplinary or multidisciplinary treatment teams. They both have to be at the table to get things done.

The second shift I've seen, from the past to the present and going into the future, is the shift from the punishment model, trying to control our inmates through our operations and through our directives to trying to empower them and give them tools — expect them to handle things more maturely and to give them what they need to get the job done — that has been a big shift. We used to talk more about punishment models or how we could control them better. Now we realize that doesn't work. We have to work on how we are going to empower the inmate to make better decisions and to take more responsibility. But you don't do that through trying to control them, you do that by trying to motivate them, inspire them and give them reasons and goals for their lives.

The third shift I've seen is the reentry movement blossoming more. We used to look within our facilities, trying to find answers, and now realize that we're all a part of a continuum of care for our inmates, where we have to look outside our walls to services in the community. I talked to Dr. Elizabeth Gondles who believes it's very important that we start looking for answers day one when they get into our institutions. We need to start focusing on reentry the first moment they come through our doors, because they will be leaving in the near future and those connections in the community will be vital for their success;



Randy Shively (right), recipient of the Peter P. Lejins Research Award, poses with CEO and president of Alvis and ACA Treasurer Denise Robinson.

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The fourth shift I've seen, in my time in corrections, is from within the treatment world, the clinical world — each entity not working in isolation but working together in a multidisciplinary way. You know, we talk about nursing, we talk about psychology, medical professionals, security professionals, management teams — they all have to be at the table, working together — without that, little happens or we're redundant, working harder instead of making it simpler for our inmates. We have a long way to go, but we're on our way to a multidisciplinary perspective within corrections, where that is not only valued, but done routinely. It's one thing to talk about it, it's another thing to do it and we've got to start sitting around the table and having regular, planned meetings with our inmates about their futures.

CT: What is the process in forming a multidisciplinary approach and why is it so important going forward?

Shively: I think part of the multidisciplinary process that is so important is for professionals to get comfortable with one another's strengths in working together for the benefit of the inmate, and that only happens through developing relationships and relationships take time. I think a great example is what we've seen happen at ACA, as far as treatment professionals working on each other's committees, getting together and feeling comfortable working together on projects where the process is more seamless when professionals feel comfortable talking and working hard in group meetings at ACA and between conferences.

I think that the whole multidisciplinary spirit is what's going to be perfected as we go along in corrections, where professionals are comfortable working with one another for the benefit of the inmates; those relationships do take some time to develop.

CT: What are some other future trends in corrections that are important or key that are on our horizon?

Shively: The first, I would say, is investing in inmates earlier on in their stay. One of my administrators always taught me to do the work upfront, as far as evaluating and assessing an inmate. That saves so much time later when you're implementing treatment. It also serves to develop rapport early with an inmate to get to know them. Getting to know the pertinent issues going on in their life develops that key rapport early in the relationship that is the springboard for progress and working with them in the future. So, for a lot of reasons, we need to really invest in our inmates timewise and upfront and that will pay dividends on the back end.

The second trend I see happening is the shift from the what works in corrections. We know what works. We've done a lot of scientific studies and evidence-based practices that measure what works, but now we're at the point in corrections where we have to see how to deliver it effectively, implement it especially for our specialized populations. We can get much better at this, and I think this is what we're going to see happening in the future such as having better gender-specific curriculum for female clients and being more effective with the intellectually disabled client. There's a growing population of medically fragile inmates who we've got to get better at dealing with, and I think what's been happening now is that we know what works in the field, but now we're finetuning it to look at how to effectively deliver what we know works with our specialized populations.

A third trend is that we're now at the point with the aging inmate that we have to start focusing on their needs and plan for the future. There's a lot to be done as we're going to have to develop systems within corrections to address the whole continuum of health care for those aging. We know in the non-corrections populations we have assisted living, we have specialized nursing, we have memory-care units — that same concept is going to have to be played out in corrections over the next 10-15 years,

because we're going to have a lot more aging inmates with specialty health care needs that are going to be vital to address. We also have aging taking place in our leadership. There are many leaders within ACA and within corrections organizations who are going to be retiring in the next 5-10 years, and it is going to be so important that there be a more seamless transition to pass off leadership to those younger who are coming up and working through the system to develop their careers — there has to be a plan. How do you pass the baton to the new leaders? It's going to take a lot of mentorship on the part of those of us working toward retirement, and it's going to take a lot of planning that just doesn't happen on its own; it takes

relationships and work to pass on that leadership. So that is going to be a key issue, I think, in the next 5-10 years.

The next area, I think, is we're going to see more and more need for utilizing new technologies to advance our field. We're going to work smarter, not harder to get the job done. We're not going to always have the budgets where we can afford all the staff that we're going to need to get the job done. We may need to rely on technology at times to make the job easier and have less demand on staff. I've seen a lot of creative ways, through ACA, of using technology to try and save time and save data and to retrieve data. I think we're going to have to get better at that to get the job done in the future.

Setting the course

CT: Who have been some of your mentors who have given you the tools that you needed to get the job done?

Shively: One has been Denise Robinson, she's the CEO and president of Alvis, where I work back in Columbus, Ohio. I have watched Denise over the years. She knows how to bring people together for major tasks. Words that would describe her are knowledgeable and compassionate. The other thing about Denise is that she is so family focused. She understands that it's not just the inmate or the client that we're treating, it's the family unit. You've got to impact the family to see success in the long run, because most of our inmates and clients are going to be either directly involved with their family and some are going to be living with their families when they leave our system; it's so important that we address family needs and Denise is passionate about the family.

Another mentor of mine has been Betty Gondles. I came in pretty naïve on what this organization [ACA] was all about and Betty didn't give me any time — she threw me in and that was great, because Betty understands collaboration and how to get the most out of health care professionals — and I have really admired her



Denise Robinson



Betty Gondles

passion. The best way to describe Betty is, she has an internal drive for excellence in health care and an excitement for health care practices; it's infectious. We all need to be grabbing that passion, because it is what is going to drive the field ahead. Also, Betty is always looking for best practices — for people who are doing exceptional things in places in the country who could come to ACA and present a workshop and share with others. It is about sharing, it's not about having superior knowledge, it's about sharing what exemplary practices might help others in their situation. Betty has been a great mentor. The final thing about Betty is she is a driver of multidisciplinary teams. She understands how to bring people together to get projects done, always striving for excellence.

Finally, my other mentor within ACA has been Lannette Linthicum. She is such an extremely wise and bright lady, but she's got a way to keep focus, not on herself, but focused on the inmates she's serving and her staff who are helping the inmates. It's not about us as professionals, it's about the inmates we are blessed to serve; and Lannette is extremely client centered and client focused. The other thing about Lannette, she blends passion with compassion, and it's infectious — it's hard not to get motivated when you hear her speak and see where she's taking us.



Lannette Linthicum

CT: Who do you see as upcoming leaders in the corrections field? And how can we invest in their futures and the future of corrections?

Shively: I think it's really important that leadership today in corrections be those who lead by example, more servant leaders who are humble. People follow them because of what they believe in and how they motivate corrections professionals, not just by what they say, seeing the potential in corrections professionals and trying to develop them. This is a great way to have a plan through mentorship to bring new professionals who can grow into great leaders.

I think the millennial generation is a good example. They want to be inspired. They want to be passionate, but they also need a lot of information to get the job done, a lot of tools, and I think ACA is a great place to see that happen. Only through mentorship can we advance the field. But we need both inspiration and to teach the skills and knowledge to get there.

We've got to be investing in their education, and if we can do that effectively with our line staff, we're going to see great things happen within our institutions.

In my career, I've realized the key importance of training line staff and investing in line staff. They often do not get the recognition they deserve; they are so important to our operations and they often do not have the best pay, so it is important that we invest training of correctional staff for specialty problems. One of the areas that we're really facing problems right now is with the influx of synthetic drugs into our corrections facilities. I did a training on first responders to synthetic drug overdoses and there were a lot of visuals that could help staff; I just realized we need to do more training so that line staff know what drugs are coming into the facilities and how the drugs are being brought in and how it is impacting operations. They really need to get

it, so they keep their eyes open and can really slow down the drugs that are being brought in. This is just a great area to show the importance of training staff, because our field is evolving, daily. I mean, we have so much happening all at once and we have to be investing in our line staff. They are key. They spend so much time with the inmates, our COs and other direct care professionals. We've got to be investing in their education, and if we can do that effectively with our line staff, we're going to see great things happen within our institutions. If we don't invest in them things are going to slip through the cracks or we're not going to be able to prevent negative incidents from occurring. So, our future is in the investment of line staff and working with them on current trends happening within the field and trusting that they're going to get the job done, because we're giving them the skills and the tools they need.

CT: What drives you to continue this work and see it through to the best possible system there can be?

Shively: Personally, why I really enjoy my job in the field is my interaction with clients. I realize that they come to us with so many negative things that have happened in their life and they're really down on their life — for me it's so fulfilling and great breathing life back into them and sending them out with more than they came. I've had several clients call me back, years later, and just thank me or just wanting to hear my voice to touch base again on how their life is going. What keeps me motivated in this field is the supportive and professional relationships with clients and investing in them, because that is what it is all about really, for all of us as corrections professionals, to stay motivated in this field. There's got to be something personal to connect with, and even though we've got to keep it professional, we can still have a rapport that goes way beyond the walls with our clients who are going back out into the community — that's what it's all about — building community and building lives — that's what happens when we get the passion for the clients we serve.



Randy Shively, Ph.D., is the director of research and clinical development at Alvis.

Molly Law, M.A., is an associate editor at the American Correctional Association.