

A Mixed Method analysis of attitudinal and behavioral changes after StaySafe: A computer tablet app to improve decision making around health behaviors among people on probation

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Study Goals

- To test interventions to improve decision-making for disease risk reduction (DRR) for people in the criminal justice system
- To expand previous results from an in-prison, interactive group-based curriculum (WaySafe; Lehman et al., 2015; Blue et al., 2017; Joe et al., 2019)
- Adapt and test a self-administered decision-making tool for people under community supervision

StaySafe for Community Corrections

- ✓ Analytically Created Schemas (ACS) to improve decision making around health risk behaviors
- ✓ 12 brief (<10 minutes) tablet computer-based sessions provide for development and repeated practice of ACSs
- ✓ Focus on relevant health risk issues for people in re-entry using themes, vignettes, and health facts

Simple, Engaging, Sustainable

Themes

People

1. My partner has HIV—what now?
2. Telling others about testing positive for HIV
3. Asking a partner about his or her HIV testing
4. Hanging out with friends who inject

Places

5. Favorite high-risk places to hang out
6. Returning to the old neighborhood
7. Finding medical help for HIV care

Things

8. Practicing safe sex
9. Getting tested for HIV
10. Fear of getting HIV testing
11. Myths about HIV and where to find the facts



WORK IT

W

- **What's** the problem? **Who** will be affected by your choice? **Who** can help you with this decision?

O

- Think about your **Options**

R

- **Rate** your Options

K

- **Knowing** what decision to make

I

- **Imagine** how you will turn your choice into action

T

- **Time** to test the results

Facts about HIV risks and treatment are interspersed throughout each StaySafe session to provide learning opportunities that are linked to specific steps of the WORK IT schema.

Research Sites & Participants

Community Supervision and Corrections Department (CSCD) sites in three large counties in Texas (Lehman et al., 2018)

- ✓ Two community supervision locations
- ✓ Two residential probation drug treatment facilities
- ✓ Participants were people on probation who have a substance abuse history and are at least 18yo
- ✓ Participation compensated with payments towards probation fees (from \$100 to \$220)
- ✓ Research procedures were approved by TCU IRB



Outcomes

- **StaySafe participation (# of sessions completed)**
- **Decision-Making (pre-post)**
 - Dependent decision-making (relevant to “W” in WORK IT)
 - Rational decision-making (relevant to “O” in WORK IT)
- **Knowledge, Confidence, & Motivation Scales (pre-post)**
 - HIV Knowledge
 - Avoiding Risky Sex
 - HIV Test Planning (Knowledge & Motivation only)
 - Risk Reduction



Participation

Community

163 Baseline	
81 SP	82 StaySafe
78 Post Intervention	
38 SP	40 StaySafe

Residential

348 Baseline	
169 SP	179 StaySafe
238 Post Intervention	
113 SP	125 StaySafe

# of Sessions	Community	Residential
1	99% (81)	94% (169)
6	65% (53)	83% (149)
12	28% (23)	50% (90)
Average	7.2	10.2

StaySafe Improvements at Post-Test

	Community	Residential
Decision Making		*
Knowledge	HIV Knowledge	* (K C)
	Avoiding Risky Sex	* (K)
	Confidence	
Motivation	HIV Test Planning	* (K)
	Risk Reduction	* (K C)

* SS Participants had significantly greater gains at posttest than did SP participants



Predictors of Change

	Community	Residential
StaySafe sessions	Older, Married, Previous Alcohol Trt	
Decision Making		Unemployed, Fewer STD tests
HIV Knowledge	Female, Unemployed, More StaySafe	Unemployed
Avoiding Risky Sex	Married, Unemployed, More StaySafe	Unemployed, Fewer HIV tests
HIV Test Planning	Older, Married, More StaySafe	More Education, Unemployed
Risk Reduction	Older, Married, Not Injecting, Low Injection Risk	White, Unemployed, More Education, Previous Alcohol Trt, More StaySafe

Qualitative Data

- To provide feedback on the StaySafe experience
- 17 participants with minimum of 6 tablet sessions
- Interviews were audio-recorded, transcribed and coded with a team coding approach using Atlas.ti
- Codebook development - iterative process
- Inter-rater agreement 85% threshold

WORK IT

Like I'm blessed that I didn't get infected, just because of the lifestyle I was living. So [StaySafe] just opened my eyes to that.

StaySafe left us to basically – the whole program led to logical thinking. You know what I'm saying. That's what I liked about it, logical thinking.

Awareness

Behavioral Regulation

Problem-solving

I guess the biggest thing I learned was that everyone should get tested frequently.

Resources and where to go, what to look for and again, with the HIV, how it spreads and how to kind of keep that from spreading.

Health information

DRR₂



Conclusions

- Participants were willing to complete multiple StaySafe sessions over several months even in the community settings with multiple barriers to retention
- Significant improvements in knowledge, confidence and motivation (KCM) around HIV and risk behaviors
- Completing more StaySafe sessions was associated with significantly greater improvement in KCM measures
- StaySafe participants reported behavior change related to HIV testing, lifestyle issues, and interactions with others
- Behavioral regulation as a result of StaySafe centered around awareness and problem-solving related to the WORK IT ACS and health information

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