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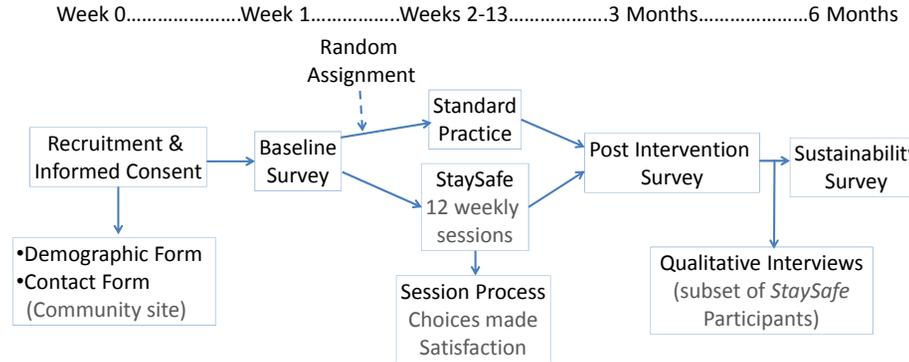
StaySafe

- ❖ Programming to address HIV and Hepatitis B & C is lacking for many probationers
- ❖ *StaySafe* is a 12-session decision-making tablet app that is designed to help probationers make better decisions regarding health risk behaviors
- ❖ *StaySafe* works by developing and repeatedly practicing an Analytically Created Schema (WORK IT) to help participants make more informed decisions regarding health behaviors
- ❖ *StaySafe* is designed to be self-administered in brief 10-minute sessions requiring minimal staff assistance and training

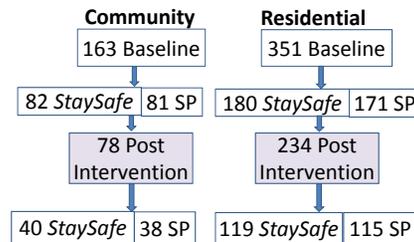
METHODS

- ❑ Participants were 263 men and 251 women on probation in three large counties in Texas in community corrections or at short-term (6 months) residential treatment centers
- ❑ All volunteer, consented participants were asked to complete a Baseline Survey and Post Intervention Survey (3 months after Baseline)
- ❑ Participants were randomly assigned after the Baseline Survey to complete up to 12 *StaySafe* sessions or to Standard Practice (SP)
- ❑ Post Intervention outcome measures included Decision-Making and Knowledge, Confidence and Motivation regarding HIV, testing, and avoiding risks
- ❑ *StaySafe* and SP participants were compared on Post Intervention measures controlling for the Baseline score
- ❑ A small sample of 17 participants in the *StaySafe* group who completed at least six *StaySafe* sessions were asked to complete a brief semi-structured interview about their experiences using *StaySafe*

Research Design



Sample



Demographics

	Community	Residential
Male	56%	49%
Female	44%	51%
Black	40%	29%
White	49%	61%
More than one	8%	9%
Hispanic	28%	33%
18-29 years old	39%	40%
30-39 years old	33%	36%
40-66 years old	27%	24%
Age range	18-66	18-62

Participation -- *StaySafe* Sessions

# of Sessions Completed	Community	Residential	Total
1	81	169	250
6	53	149	202
12	23	90	113
average	7.2	10.2	9.2

StaySafe Participation Notes

- Attrition from Baseline to Post Intervention surveys was higher in the Community sample
- 88% of Residential participants in the *StaySafe* arm completed at least 6 *StaySafe* sessions and over half (53%) completed all 12 sessions.
- Almost two-thirds (65%) of Community participants in the *StaySafe* arm completed at least 6 *StaySafe* sessions and more than one-fourth (28%) completed all 12 sessions.
- Community corrections participants who completed more sessions were more likely to be –
 - ✓ Older
 - ✓ Married
 - ✓ Have previous alcohol treatment

StaySafe Outcomes

Decision-Making (10=disagree strongly; 50=agree strongly)
 (residential sample)

	<i>StaySafe</i>	SP	p
Dependent Decision making	36.9	34.9	.087
Rational Decision making	43.9	40.6	.018
Decision Making	39.7	36.8	.006

Subscales:

Dependent Decision making (relevant to "W" in WORK IT)

- "I use the advice of other people in making important decisions."

Rational Decision making (relevant to "O" in WORK IT)

- "When making a decision, I consider various options in terms of a specific goal."

Decision Making

- "You think about probable results of your actions."

Pre-post increases in Decision-Making were associated with –

- ✓ More education
- ✓ Less prior testing for STD

So can you give an example of using WORK IT to help you make a decision in your everyday life?

"Yeah. For one, I stay away from unsavory places, I look at my options. I don't have to go there. I don't have to go to a bar. Because that's dangerous territory for me. Because like I said before, it was my use of alcohol and going to clubs that I was introduced to HIV. And so I know to stay away from it. I'm implementing that in my life. So the answer is really simple once you make up your mind that's what you're going to do."

Acknowledgments

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StaySafe Outcomes

HIV Knowledge (10=disagree strongly; 50=agree strongly)

	StaySafe	SP	p
Community	42.0	39.3	.084
Residential	42.2	39.4	.016

Subscales:

HIV Knowledge (Residential)

▪You know enough to teach others about how to avoid getting HIV from sexual activities.

Confidence (Residential)

▪You feel very confident that you could be a role model for others in helping reduce HIV risks.

Pre-post increases in HIV Knowledge were associated with –

Community sample

✓ Being female

✓ Unemployed prior to probation

✓ **More StaySafe sessions completed**

Residential sample

✓ Unemployed prior to probation

Avoiding Risky Sex (10=disagree strongly; 50=agree strongly)

	StaySafe	SP	p
Community	41.9	40.0	.227
Residential	42.9	40.9	.012

Subscales:

Knowledge (Residential)

▪You have learned to think ahead in order to make less risky decisions about sex.

Motivation (Residential)

▪You have promised yourself to avoid risky sex activities.

Pre-post increases in Avoiding Risky Sex were associated with –

Community sample

✓ Being married

✓ Unemployed prior to probation

✓ **More StaySafe sessions completed**

Residential sample

✓ Unemployed prior to probation

✓ Less frequent prior testing for HIV

HIV Test Planning (10=disagree strongly; 50=agree strongly)

	StaySafe	SP	p
Community	43.1	40.4	.087
Residential	44.3	40.9	.001

Subscales:

Knowledge (Community, Residential)

▪You know what to do to get tested for HIV

Pre-post increases in HIV Test Planning were associated with –

Community sample

✓ Being older

✓ Being married

✓ **More StaySafe sessions completed**

Residential sample

✓ Higher education

✓ Unemployed prior to probation

Risk Reduction Skills (10=disagree strongly; 50=agree strongly)

	StaySafe	SP	p
Community	43.4	42.4	.498
Residential	44.0	41.9	.009

Subscales:

Knowledge (Residential)

▪You know how to stand up for yourself when someone tries to pressure you to take a risk.

Confidence (Residential)

▪During the past month, your confidence in decision making about HIV risks in the “real world” has increased.

Pre-post increases in Risk Reduction Skills were associated with –

Community sample

✓ Being older

✓ Being married

✓ Not injecting

✓ Less injection risk

Residential sample

✓ Being White

✓ Higher education

✓ Unemployed prior to probation

✓ Prior alcohol treatment

✓ **More StaySafe sessions completed**

Conclusions

❖ Participants in both community and residential settings were willing to complete multiple *StaySafe* sessions. Although residential settings were conducive to completing more weekly sessions, completion of *StaySafe* sessions in community settings was encouraging given the scheduling issues and other barriers in those settings.

❖ Differential factors were significantly related to improved outcomes for the Community and Residential samples

❖ Completing more *StaySafe* sessions was associated with greater change in Knowledge and Confidence around HIV and risk reduction

❖ There is support for the notion that *StaySafe* can help prepare participants in short-term residential settings to make better decisions and have better strategies for reducing risk behaviors when they return to the community

❖ Participants who completed *StaySafe* sessions, compared to those in standard practice, reported significantly–

✓ Better decision-making skills

✓ More knowledge about HIV

✓ More knowledge and motivation to avoid risky sex

✓ More knowledge around HIV test planning

✓ More knowledge and confidence around risk reduction skills