# Using StaySafe Decision-making App in Probation Settings: Qualitative Experiences from Study Participants

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## What is StaySafe?

- 12 brief 10-minute sessions
- Delivery system: Android tablet
- Evidence-based problem solving schema – **WORK IT**

## WORK IT
## Decision-making Framework

**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

## StaySafe Mechanisms

- **Virtual learning** – imagining steps in making a decision
- **Vicarious learning** – watching someone else
- **Repetition** – practicing and learning the schema

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## Abstract

This study reports qualitative findings from interviews conducted with a subset of participants who completed the **StaySafe** intervention, a 12-session decision-making tablet application designed to help adults on probation make better decisions around health risk behaviors linked to risky sex and drug use. Transition to community probation from incarceration or other restricted treatment settings (e.g., residential) is associated with involvement in high-risk activities. **StaySafe** provides an evidence-based decision-making strategy for participants to use in thinking about, planning for, and avoiding risk situations. Development of the intervention draws on health risk literature and evidenced-based health practices (available from the CDC and NIH).

## Methods

**Sites:** probation (**community** and **residential**) in three large counties in Texas

**Random assignment:** StaySafe condition or the treatment as usual

**Qualitative Interviews:** A subset of **StaySafe participants (n=17) with a minimum of 6 completed tablet sessions were invited to participate in an interview to provide feedback on the StaySafe experience.** Participation in the interview was voluntary and each interviewee completed informed consent prior to scheduling the interview session.

### Sample Characteristics

| Demographics | Total |
| --- | --- |
| Sample | n=17 |
| Gender - male | 47% |
| Hispanic | 18% |
| White | 47% |
| Black | 41% |
| More than 1 race | 6% |
| Other | 6% |
| Mean number of sessions completed | 11.7% |

### Procedures

- 2-person interview (participant and researcher)
- Audio-recorded in private setting
- Recordings transcribed by 3rd party transcription agency
- Voice-to-text proofing
- Atlas.ti 6.2 coding software

### Coding

- Team coding approach
- Codebook development guided by interview questions
- Reliability and validity: consensus coding
- Coders met and discussed themes emerging in the files
- Analysis of response patterns and unique themes

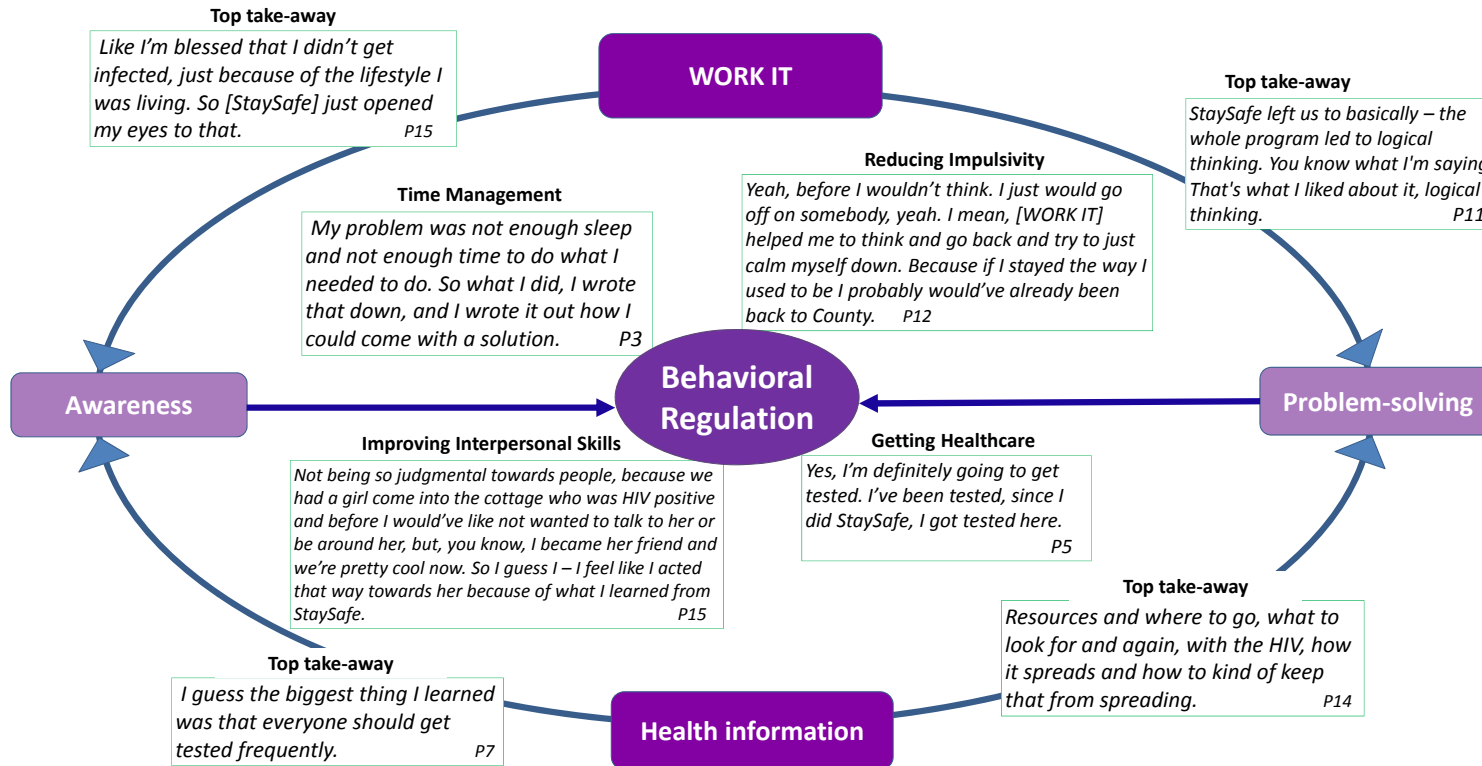## Interview Guide - Sample Questions
**[Guide contained 24 total questions on StaySafe and 3 questions on using the tablet technology]**

1. What was your overall feeling about using StaySafe?
2. Do you think WORK IT can be useful in your everyday life?
3. Can you give an example of using WORK IT to help you make a decision in your everyday life?
4. Has the information presented in StaySafe helped you to change some behaviors and if so, in what ways?
5. Do you plan to use information and techniques from StaySafe in the future and if so, in what ways?
6. What was the top thing you learned from the content in StaySafe?
7. Please tell us about your experience with using the tablet to work through StaySafe.

## RESULTS

**The model illustrates two prominent elements in STAYSAFE: WORK IT decision-making schema and HEALTH Information**

- WORK IT helped individuals to think through a problem in a logical, organized way – for some, reducing stress and others, reducing impulsive responses
- For most participants, using StaySafe was credited with raising self-awareness about HIV risk and options for HIV healthcare

**DRR 2**

**Top take-away**

*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.*  P15

**WORK IT**

**Top take-away**

*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.*  P11

**Time Management**

*My problem was not enough sleep and not enough time to do what I needed to do. So what I did, I wrote that down, and I wrote it out how I could come with a solution.*  P3

**Reducing Impulsivity**

*Yeah, before I wouldn't think. I just would go off on somebody, yeah. I mean, [WORK IT] helped me to think and go back and try to just calm myself down. Because if I stayed the way I used to be I probably would've already been back to County.*  P12

**Awareness**

**Behavioral Regulation**

**Problem-solving**

**Improving Interpersonal Skills**

*Not being so judgmental towards people, because we had a girl come into the cottage who was HIV positive and before I would've like not wanted to talk to her or be around her, but, you know, I became her friend and we're pretty cool now. So I guess I – I feel like I acted that way towards her because of what I learned from StaySafe.*  P15

**Getting Healthcare**

*Yes, I'm definitely going to get tested. I've been tested, since I did StaySafe, I got tested here.*  P5

**Top take-away**

*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.*  P14

**Top take-away**

*I guess the biggest thing I learned was that everyone should get tested frequently.*  P7

**Health information**

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**StaySafe: WORK IT schema, integrating CDC health information**

### SUMMARY

- Qualitative results support the efficacy of StaySafe to
  - facilitate self-regulation skill development[1,3] using the WORK IT schema
  - raise self-awareness about HIV health risks[2] and need for HIV testing
  - dispel myths about HIV by delivering current and sometimes completely new information (e.g., PrEP medication)
- Change in behavioral regulation was attributed to using the StaySafe App for some participants

### CONCLUSIONS

- Delivering StaySafe in residential correctional settings reduces factors (such as drug use) that can impede raising self-awareness[1].
- Tablet-based content provides an easy cost-effective way to present updated health content in correctional settings.
- Further research is needed to gain a better understanding about the mechanisms by which StaySafe impacts behavioral regulation.

**References**
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