

Staying safe in the community: Adaptation of *WaySafe* for helping probationers make better decisions about their health risks

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What's next?

WaySafe developed to prepare offenders for transition back to the community

- ✓ Successful at improving knowledge, motivation and confidence for avoiding health risk behaviors

Need programming for the **at-risk return to the community**

- ✓ Workbook approach was inexpensive, easy to implement but had low penetration

Develop *StaySafe* for community corrections!



*An important goal for StaySafe is to **develop and test an application help probationers make better decisions regarding health risk behaviors.***

From *WaySafe* to *StaySafe*: Need for Programming in Community Corrections

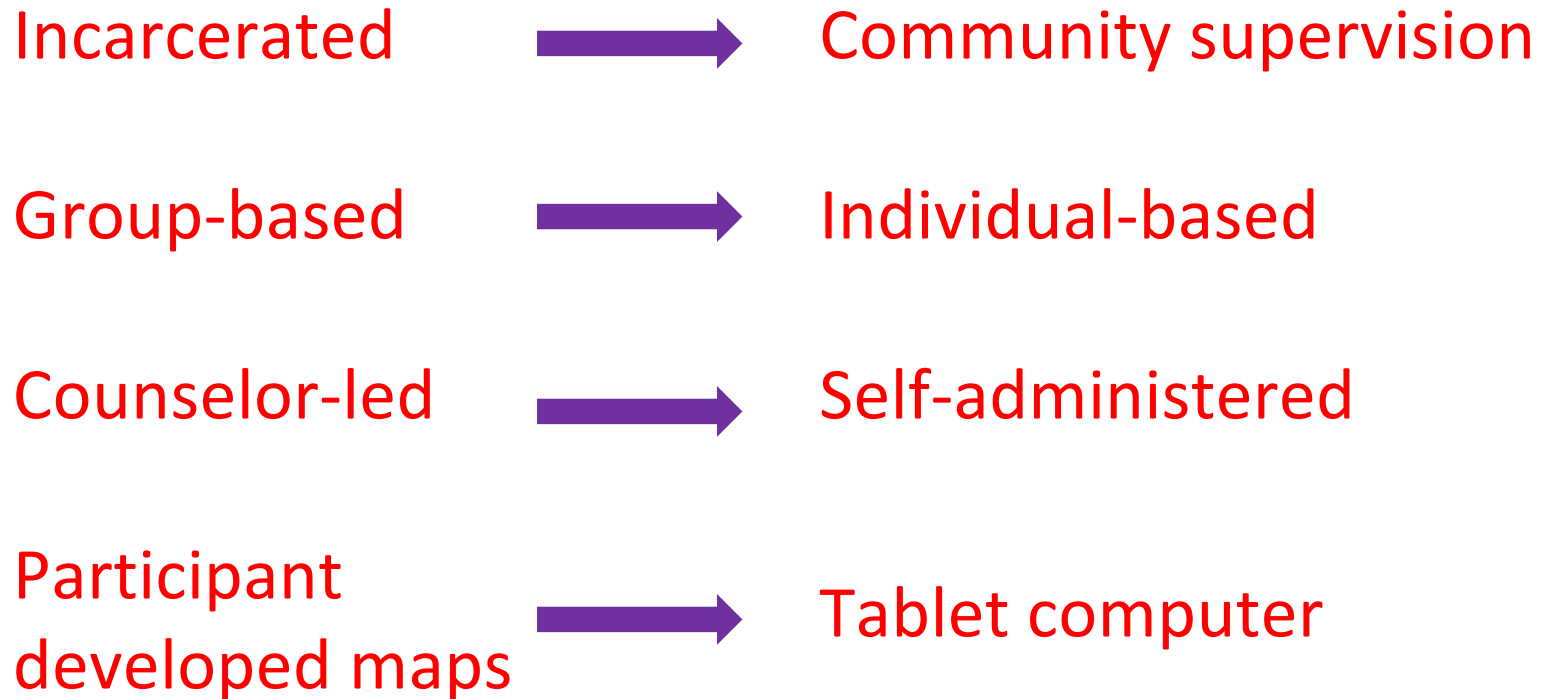


- High risk drug and sexual practices
- Offenders engaging in risk behaviors prior to CJ involvement often actively seek and engage in risky drug and sex behaviors after supervision
- Programming to address HIV and Hepatitis B & C is lacking for many probationers

StaySafe Development

- ✓ **Adapt** concepts from the group-based *WaySafe* including **evidence-based TCU Mapping-Enhanced counseling** to use in **community corrections** for an individual-based application
- ✓ Self-administered by probationers **prior to or after meetings** with probation officers and **requiring minimal staff assistance**
- ✓ Twelve *StaySafe* sessions to take approximately 10-15 minutes each completed during the **first six months of probation**
- ✓ Use of touchscreen tablet computers that provide an easy-to-use interactive interface

WaySafe Adaptation



StaySafe for Community Corrections

- ✓ Can be administered by probation departments with **minimal staff training and time**
- ✓ Is engaging and **easy to use** by probationers
- ✓ That requires **minimal maintenance**
- ✓ Focuses on issues relevant for offenders in the community under community supervision
- ✓ **Free to probation departments** (other than the cost of the touch screen computers)

Simple, Engaging, Sustainable

StaySafe Project Goals

- ✓ Assess uptake of the technologically-based curriculum by tracking participation rates, number of sessions completed, and participant comfort and satisfaction with using the technology
- ✓ Test the efficacy of the *StaySafe* intervention in **increasing knowledge, confidence and motivation**
- ✓ Test the efficacy of the *StaySafe* intervention in reducing health risk behaviors (e.g., drug and sex risks) and increasing HIV/HBV/HCV testing

Judgment & Decision Making (JDM)

Experiential – Episodic memory. Matching a current or expected situation with a similar situation and accompanying behavioral decision from episodic memory

- Judgments and decisions about risks often based on experiential system, are rapid, and stem from automatic reference to previously stored episodes

Analytic – Semantic memory. Abstract, slower, requiring more cognitive effort. Often context-free, with focus on abstract process

- Executive functions including anticipation, goal selection, planning, initiation of activity, self-regulation and use of feedback

Dual-Process Model of JDM

Experiential System	Analytical System (Verbatim-based analysis)
Intuition	Analysis
Quick processing	Slower, more deliberate processing
Automatic	Intentional
Unconscious	Conscious

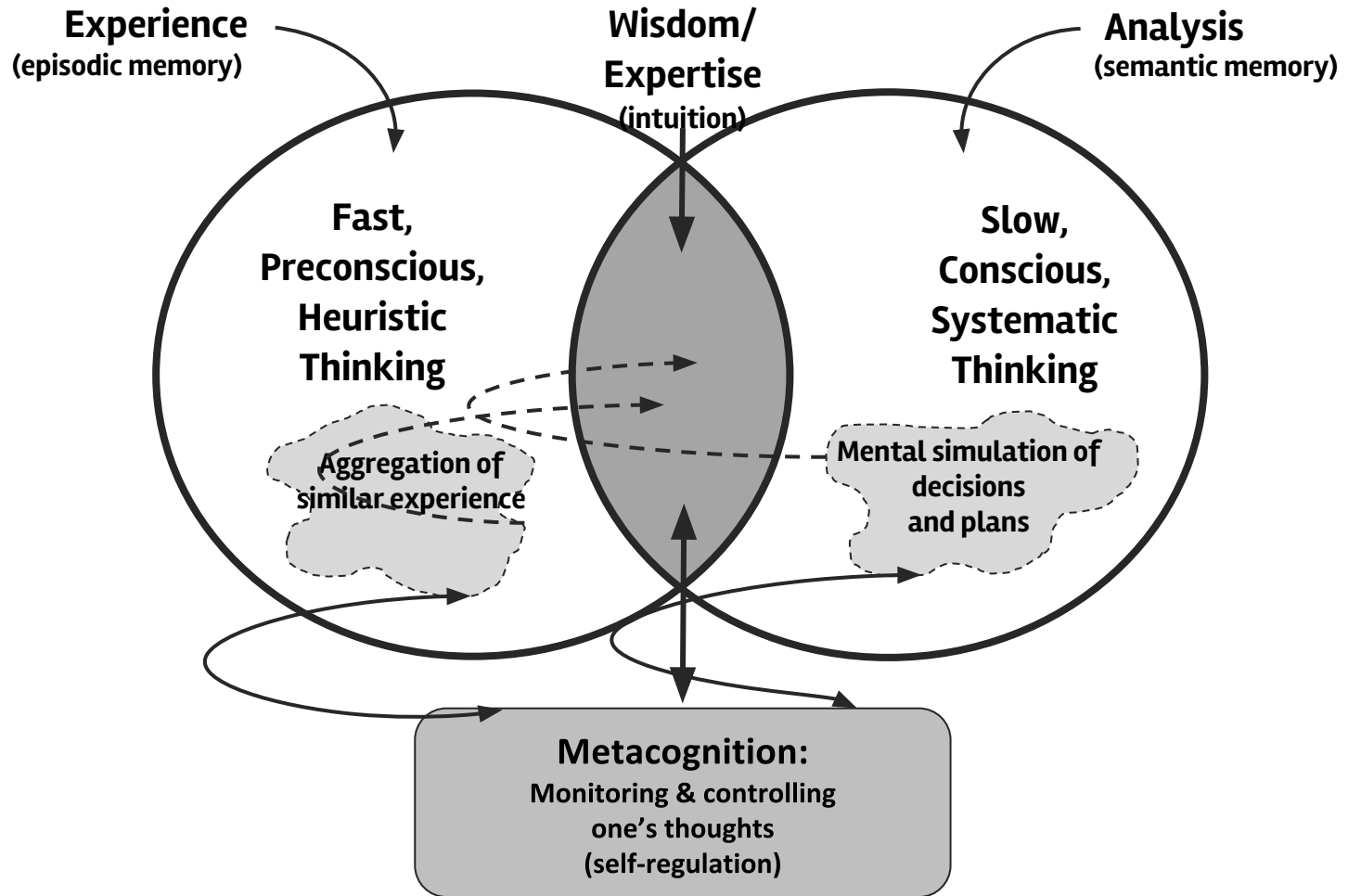
Probationers are capable of analysis but tend not to use it.

- Susceptible to bias
- Influenced by emotion, arousal, and rewards
- Promoted by social norms & values

Accurate processing requires

- Retrieval of memories, schemas
- Integration of “what” is known with “how” to proceed

Integrated Model of JDM



The Power of Imagination

Studies have suggested (e.g., Cooper et al, 2001) that mental practice can have beneficial effects on learning compared with studying the material

- ✓ *This benefit occurred when participants had the pre-requisite schemas for integrating the material but not when schema did not exist*

Cooper, Tindall-Ford, Chandler, & Sweller (2001). *Journal of Experimental Psychology: Applied*.

The Power of Imagination



Learning includes the development of schemas (i.e. analytic memory) and the automation of schemas (i.e. episodic memory) so that the schemas become easily retrievable

- ✓ *Imagining helps facilitate the automation of previously developed schemas*

Cooper, Tindall-Ford, Chandler, & Sweller (2001). *Journal of Experimental Psychology: Applied*.

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

Clinical Relevance for Probationers

Scenarios, risk situations, problem areas, options chosen to be relevant for the targeted population

- ✓ Drawn from experience from a body of TCU research including DRR-1 (*WaySafe*), CJDATS-1 & 2, projects involving adolescents in treatment
- ✓ Informed by interviews/discussions/focus groups with inmates, probationers, probation officers
- ✓ Taking into account substance use and treatment history, criminal history and criminal thinking

Hybrid Model

- ❖ *StaySafe* includes adapted elements of *WaySafe* to provide an analytical schema for making better decisions regarding risks
- ❖ *StaySafe* includes explicit elements and steps for the participant to learn and internalize the schema

Hybrid Model

Virtual or imaginary elements ask the participant to “think” about some of the steps rather than making explicit responses

- ✓ Helps automate the schema
- ✓ Assists in internalizing the process so that it is readily available when risk situations are encountered in the community
- ✓ Repetition of the process helps reinforce schemas and increase their availability to episodic memory

StaySafe Sessions

WORK-IT Demonstration

WORK-IT

WORK-IT

WORK-IT

Participant Choice

WORK-IT

WORK-IT

Participant Choice

WORK-IT

WORK-IT

WORK-IT

Participant Choice

Participants

Inclusion Criteria

- ✓ Recently released (≤ 2 months) from SA treatment (residential, intensive outpatient, jail/prison based)
- ✓ At least 12 months of probation supervision remaining
- ✓ 18 years of age or older

Exclusion Criteria

- ✓ Sex offender, convicted of a violent crime or rated as a safety concern, serious mental illness
- ✓ Pending charges that could result in reincarceration in next 12 months

Institute of Behavioral Research

A national research center for evaluating and improving treatment strategies that target reductions in drug abuse, related mental health and social problems, as well as other significant public health risks—especially HIV/AIDS and other infections among at-risk populations.



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