**ABSTRACT**

Background: The Disease Risk Reduction (DRR) project focuses on risky sexual and drug use behaviors during re-entry, including problem recognition, commitment to change, and strategies for avoiding behavioral risks for HIV and hepatitis.

Method: The WaySafe intervention is a six session group-based interactive curriculum focused on enhancing decision-making skills in the two months prior to release from incarceration. This study focused on 88 offenders (WaySafe vs. Treatment as Usual [TAU]) admitted to eight criminal justice (CJ) residential substance abuse treatment facilities in two different states. The relationship between treatment engagement and participation with performance in WaySafe was examined.

Results: Offenders who had higher treatment engagement before starting WaySafe had post-test scores on WaySafe measures that did offenders with lower treatment engagement, although both high and low engagement offenders showed equivalent levels of improvement in WaySafe. In addition, offenders who completed WaySafe had higher engagement after WaySafe than did offenders in the TAU groups.

Conclusion: Results suggest that even though high engagement offenders start with more positive scores on the primary measures, WaySafe appears to be equally effective for both high and low engagement participants. In addition, participation in WaySafe helps to increase engagement in treatment.

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**BACKGROUND**

The Disease Risk Reduction (DRR) project focuses on developing strategies to help offenders adequately plan and apply HIV and hepatitis risk reduction principles during the crucial community re-entry phase after imprisonment. The WaySafe intervention was developed to meet the challenges of providing education on sensitive materials in correctional settings and promoting integrated services to offenders at-risk for HIV infection.

This 5-year project includes two major research phases intended to reduce drug and sex risks in CJ populations. The first phase includes the present WaySafe intervention effectiveness studies, and the second phase will address implementation and adoption in CJ settings.

Overall results to date (Lehman et al., 2011) have shown that WaySafe was successfully implemented in eight different correctional-based substance abuse treatment programs in two different states that varied by gender, type of facility, and length of program.

At baseline, there were no overall differences between offenders randomly assigned to WaySafe and those assigned to TAU on the five primary WaySafe outcome measures.

**SUMMARY**

Offenders with higher treatment engagement had significantly (p < .05) higher scores on WaySafe measures at pre-test and post-test than did offenders with lower engagement in both the WaySafe and TAU groups (not shown). This suggests that offenders with higher engagement may have entered treatment with more positive knowledge and attitudes toward HIV risks and/or took greater advantage of treatment programming dealing with HIV risks and had already experienced some improvements in knowledge and confidence prior to WaySafe.

As shown in the graph above, both low and high engagement offenders showed significant and similar levels of improvement on all WaySafe measures from pre-test to post-test, suggesting that the participatory nature of WaySafe sessions was successful at reaching low engagement offenders and that WaySafe added extra value to the pre-existing programming. Offenders in both the low and high engagement groups showed greater pre-test to post-test improvement in the WaySafe condition than did low and high engagement offenders in the TAU condition (not shown).

Examination of treatment engagement scores collected after the conclusion of WaySafe showed that offenders who participated in WaySafe had higher engagement than did offenders in the TAU group in terms of the composite Engagement measure and Treatment Participation and Satisfaction.

**WaySafe INTERVENTION**

- 6-hour, highly interactive group sessions held weekly
- Delivered to offenders during the last weeks of their incarceration by counselors trained in the sessions
- Group sessions include self-paced workbook assignments that are completed between sessions
- Incorporates TCU Mapping-Enhanced counseling, which is included in SAMHSA’s NREPP
- Focus on motivation, decision-making, overcoming cognitive roadblocks to change, and personal risk reduction planning

**RESULTS**

**WaySafe Participants**

- Low Engagement (N = 215) Pre-test Post-test
- High Engagement (N = 252) Pre-test Post-test

**WaySafe Measures (alpha)**

- **Measure**
  - HIV Knowledge Confidence (.89)
  - Risky Sex (.91)
  - Risky Drug Use (.88)
  - Risk Reduction Plan (.76)
  - Prevention Skills (.85)

- **Description**
  - Knowledge about avoiding HIV and confidence and motivation to talk with others about avoiding HIV
  - Knowledge about risky sex and confidence and motivation to avoid risky sex activities
  - Knowledge about risky drug use and confidence and motivation to avoid risky drug use activities
  - Knowledge about getting tested for HIV and obtaining HIV services and motivation to get tested regularly
  - Having skills for preventing HIV and having the confidence and motivation to use those skills

- **WaySafe Measures (alpha)**

- **Description**
  - Treatment Engagement (alpha)
  - Treatment Participation (.92)
  - Treatment Satisfaction (.88)
  - Counselor Rapport (.96)
  - Engagement Composite (.87)

**Measure**

- **Description**
  - Treatment Engagement (alpha)
  - Treatment Participation (.92)
  - Treatment Satisfaction (.88)
  - Counselor Rapport (.96)
  - Engagement Composite (.87)

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