Implementation of a Disease Risk Reduction Intervention for Women Offenders in Residential Substance Abuse Treatment

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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 489 female offenders (WaySafe vs. Treatment as Usual) admitted to three criminal justice (CJ) residential substance abuse treatment facilities of varying length of stay (4, 6, and 9 month programs).

Results: Overall, the WaySafe intervention was shown to increase knowledge, confidence and motivation regarding avoidance of risky sex and drug behaviors, increase risk reduction planning, and prevention skills; however, results differed by treatment length.

Conclusion: Results suggest that HIV/hepatitis prevention programs that include cognitive focusing strategies are a useful treatment addition for women in CJ-based programs for substance abusing offenders across treatment programs of varying length.

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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 interventions designed to increase positive decision-making skills among offenders for HIV prevention, including knowledge, confidence, and motivation for reducing disease risk behaviors.

➢ This 5-year project includes 2 major research phases and the second phase will address implementation and adoption in CJ settings.

WaySafe INTERVENTION

➢ 6 one-hour, highly interactive group sessions held weekly.
➢ Delivered to offenders during the last weeks of their incarceration by counselors trained to conduct 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.

METHODS

PROCEDURES

➢ Female offenders from 3 prison-based substance abuse treatment programs in 2 states were recruited to participate in the study. Informed consent was obtained and approved by TCU’s IRB. Subjects were randomly assigned to either attend WaySafe or participate in treatment-as-usual (TAU), consisting of each program’s regular treatment regimen.

➢ Both TAU and WaySafe completed the WaySafe Pretest assessment. Following completion of the 6-week WaySafe intervention, both groups completed the Posttest assessment.

MEASURES

➢ The WaySafe Pre/Posttest Assessment contains 92 self-report items from which 5 scales reflecting HIV Knowledge Confidence, Risky Sex, Risky Drug Use, Risk Reduction Planning, and Prevention Skills were constructed.

➢ Responses were on a 5-point response scale (1=“disagree strongly” to 5=“agree strongly”). After reflecting reverse-scored items, scale scores were computed by averaging the item values within a scale and then multiplying by 10, resulting in a score range of 10-50 for each scale.

➢ Analyzes compared the 3 treatment programs with varying lengths by WaySafe and TAU using pretest and posttest questionnaire difference scores.

PRIMARY QUESTION

➢ Is WaySafe equally effective in CJ women’s facilities of varying treatment length (4, 6, and 9 months)?

SAMPLE

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<td>169.7</td>
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* < .05
** Scores were adjusted for age and race

RESULTS

➢ The purpose of the TCU Disease Risk Reduction (DRR) Project is to develop and test an intervention, WaySafe, designed to increase positive decision-making skills among offenders for HIV prevention, including knowledge, confidence, and motivation for reducing disease risk behaviors.

➢ Baseline surveys indicated lower pretest scores for the shorter term offenders on all 5 WaySafe scales, but not between WaySafe and TAU groups.

➢ Results indicated significant changes across all five WaySafe scales, and difference scores revealed larger changes in the shorter term offenders even after adjusting for age and race.

➢ WaySafe is an effective intervention for varying length residential programs (4 month, 6 month, and 9 month), but appeared most effective in the short term program. Ceiling effects may account for smaller differences in longer term facilities.

➢ Post release data collection currently in progress with these facilities may reveal differential effects at follow-up.

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