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Reducing Disease Risk Behaviors After Release From Prison

Wayne E.K. Lehman, Grace A. Rowan, George W. Joe, and Kevin Knight

The present study extends results from WaySafe, a disease-risk reduction curriculum designed for incarcerated offenders in the last phase of substance abuse treatment shortly before release back into the community. This critical pre-release period includes special challenges in engaging and convincing offenders with a history of substance abuse problems to adequately plan and apply risk reduction principles during their crucial post-release community reentry phase. We examine the relationships between attitudes and intentions toward reducing health risk behaviors measured shortly before release from incarceration and attitudes and behaviors in the community in the first several months after reentry. These attitudes and intentions are those targeted by WaySafe.

WaySafe is a manualized curriculum developed to improve decision-making skills regarding disease-risk reduction behaviors after release from prison back to the community.

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Considerations for Introducing SBIRT Into a Jail Setting

Michael Prendergast, Jerome Cartier, and Anne B. Lee

Introduction

Nearly all chronic substance users enter the criminal justice system at some time in their use career. Drug use is closely associated with crime, and its prevalence among offenders is high (MacCoun et al., 2003; Newcomb et al., 2001). Relapse to drug use tends to occur within the first few months of release from incarceration (Prendergast et al., 2003; Siegal et al., 2002), highlighting the importance of providing intervention options at the pre-release or reentry phase of the offender's incarceration.

Relatively few offenders with substance use problems receive treatment. Using data from the Bureau of Justice Statistics, Belenko and Peugh (2005) reported that among state inmates classified as being at the most severe level of drug use, only 20% reported having received previous drug or alcohol treatment. Despite limited resources, many local criminal justice systems do provide some treatment options, including through drug courts. Such treatment is usually intended for those at high levels of severity, that is, abuse or dependence. Although many offenders use drugs at less problematic levels, they are at risk of progressing to abuse or dependence or of engaging in unhealthy behavior. Interventions for offenders at low or moderate risk are largely lacking within the criminal justice system. Although drug-using offenders are mostly abstinent while incarcerated, when released from jail or prison,

many of them resume previous patterns of drug and alcohol use, placing them at risk for rearrest and for increased health problems and HIV risk behaviors. Thus, there exists a need for interventions that will help drug-involved offenders either reduce risky behaviors or enter appropriate treatment. One promising approach is Screening, Brief Intervention, and Referral to Treatment (SBIRT).

SBIRT is an evidence-based practice that has been found to be both effective and cost-effective in reducing alcohol use and related problems in settings outside the criminal justice system. Research on SBIRT for illicit drug use has been limited, although findings are generally positive. SBIRT is an "opportunistic" intervention intended for individuals who are not actively seeking help for their drug use. SBIRT has become recognized as an evidence-based practice and has received considerable funding from the Substance Abuse and Mental Health Services Administration (SAMHSA; Madras et al., 2009). The Office of National Drug Control Policy (2013) has included SBIRT as a key intervention strategy in the National Drug Control Strategy.

Although it remains unclear whether SBIRT is effective in reducing drug use among inmates or offenders generally or in encouraging them to enter treatment,

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Michael Prendergast, Ph.D., is director of the Criminal Justice Research Group, UCLA Integrated Substance Abuse Programs. Jerome Cartier, M.A., and Anne B. Lee, M.S.W., are project directors at the Integrated Substance Abuse Programs.

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The curriculum focuses on improving decision making and intentions regarding risk behaviors and uses a visual-spatial rather than traditional didactic communication approach (Dansereau & Simpson, 2009). The program targets risk behaviors during community reentry and attitudes and behaviors related to risks for contracting HIV or other infectious diseases. Key components include problem recognition, commitment to change, and strategies for avoiding behavioral risks of infections. The curriculum is based in part on Fishbein and Ajzen's Theory of Reasoned Action (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975), which posits that behavior will be most closely associated with behavioral intentions. Motivational and planning sessions are designed to be delivered near the end of institution-based substance abuse treatment, expanding beyond the didactic HIV/AIDS education currently provided.

The WaySafe Curriculum

The WaySafe curriculum includes six hour-long, weekly sessions and self-directed workbooks that clients complete between sessions. One of the key components of WaySafe is the use of Texas Christian University (TCU) Mapping-Enhanced Counseling, an evidence-based graphic representation strategy used to visually enhance the counseling process and is part of the presentation and implementation of TCU intervention manuals (Dansereau et al., 1993; Dees et al., 1994). It is included in the National Registry of Evidence-Based Programs and Practices (NREPP) of the Substance Abuse and Mental Health Services Administration (SAMHSA), and a conceptual overview of this approach is published in Dansereau and Simpson (2009).

Sessions are conducted in groups by a trained counselor and include a variety of group-based and participatory activities. The WaySafe sessions are:

1. Introduction to Mapping, which includes participants working on group maps while learning mapping principles;
2. Risk and Reasons, which addresses risk taking and includes having subgroups each working on maps around different aspects of using or not using condoms;
3. The Game, in which participants form teams and play a quiz game around facts related to HIV, AIDS, and Hepatitis B and C (HBV/HCV);
4. The Should/Want Problem, which has teams of participants coming up with reasons why they would want to engage in a risky activity or what they should do regarding the risky activity;
5. Risk Scenes, which teaches thinking about, planning, and rehearsing intentions regarding risk activities; and
6. Planning for Risks, which includes activities in which participants are asked to imagine themselves in the future having avoided HIV/HBV/HCV and are asked what advice they would send to their "present" self to avoid infection.

Participant workbooks, distributed at the end of each session, include activities and exercises designed to prepare participants for the following week's session.

In the first phase of the project, WaySafe was implemented in eight correctional facilities that differed by gender, length of stay, and substance abuse treatment vendor in two different states. Inmates participating in drug treatment and who agreed to participate in the project were randomly assigned to attend the six weekly WaySafe sessions

or to receive treatment as usual (TAU). A total of 1,257 participants completed a pre-test and a post-test approximately eight weeks later and after the six WaySafe sessions. A Certificate of Completion was provided after the post-test. The pre- and post-tests assessed knowledge, confidence, and motivation regarding:

1. HIV Knowledge Confidence;
2. Avoiding Risky Sex;
3. Avoiding Risky Drug Use;
4. HIV Testing and Services; and
5. Risk Reduction Skills.

Findings from the project have demonstrated that WaySafe participants had greater improvements on each of these five knowledge and confidence measures targeted in the WaySafe curriculum than did those in the TAU arm (Lehman et al., 2014) and that these improvements were observed at each of the eight correctional facilities, thereby demonstrating generalizability of WaySafe effects in a variety of different settings.

Study Hypotheses

Prior results have shown that offenders who complete WaySafe have improved knowledge, confidence, and motivation toward health risk reduction behaviors measured after WaySafe but before release back to the community. We hypothesized that these improved attitudes would be associated with greater confidence in maintaining risk reduction strategies in the community and would also be associated with behavioral reports of avoiding risks. We also hypothesized that these improved attitudes pre- and post-release would be associated with a higher likelihood of reporting getting tested for HIV,

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a critical risk reduction behavior in the community.

Study Methods

Procedure. WaySafe sessions were conducted by counselors who were trained in a two-day training session that included an introduction to TCU Mapping, introduction to the WaySafe materials and exercises, and data collection procedures for the research aspect of the project.

WaySafe Pre- and Post-Test Surveys. Offenders were recruited from the eight different correctional facilities, which included three women's (including one special needs program) and five men's facilities. Offenders who volunteered for the study signed informed consent documents approved by the Texas Christian University Institutional Review Board and were randomly assigned to attend six weekly WaySafe sessions or to TAU, in which they attended their regularly scheduled programming. All participating offenders were asked to complete a 92-item pre-test survey approximately one week prior to the beginning of WaySafe sessions and a post-test survey one week after the end of WaySafe sessions. Of the 1,257 participants who completed the pre-test and the post-test surveys, 653 were in the WaySafe condition and 604 in TAU. WaySafe and TAU did not differ significantly on demographic characteristics other than race and did not differ on pre-test measures. All participants who completed pre- and post-test surveys received a Certificate of Completion.

Follow-Up. When offenders were released from incarceration, they were given a workbook that included the follow-up survey. Participants were asked to complete the workbook and follow-up survey in the first several months post-release, then to send the completed workbooks to TCU research offices. A Certificate of Completion was sent when completed workbooks were received. An additional follow-up survey was mailed to offenders who did not return a workbook. The final sample for this paper includes 210 offenders who completed the pre-test and post-test while incarcerated and completed a follow-up survey within the first several months following release.

WaySafe Pre- and Post-Test Measures. The WaySafe Pre/Post-Test Assessment contains 92 self-report items from which five scales reflecting HIV Knowledge

Confidence, Avoiding Risky Sex, Avoiding Risky Drug Use, HIV Testing Awareness, and Risk Reduction Skills were constructed. Each of the scales (except HIV Testing Awareness) included items assessing knowledge, confidence, and motivation of that domain. Responses were on a five-point "disagree strongly" to "agree strongly" scale. After reflecting reverse-scored items, scale scores were computed by averaging across scale items and multiplying by 10, resulting in a range from 10 to 50.

The HIV Knowledge Confidence and Motivation scale included 13 items (alpha = 0.89) such as:

- "You know enough to teach others what they should do if they think they have been exposed to HIV"; and
- "You feel very *confident* that you could be a role model for others in helping reduce HIV risks."

The Avoiding Risky Sex scale included 13 items (alpha = 0.91), such as:

- "During the past month, you have learned about what situations might lead you to make a poor decision about risky sex;" and
- "You are *confident* you will always 'do the right thing' when it comes to risky sexual activities."

The Avoiding Risky Drug Use scale included 12 items (alpha = 0.85), such as:

- "You have learned to think ahead in order to make less risky decisions about drug use"; and
- "You *feel sure* of yourself in controlling your risky drug use activities."

The HIV Testing and Services scale included seven items (alpha = 0.76), such as:

- "During the past month, you have become more knowledgeable about how to get HIV services in the real world"; and
- "You will get tested for HIV if you think that you might have been exposed."

The Risk Reduction Skills scale included 14 items (alpha = 0.85), such as:

- "During the past month, you have a better understanding of how your shoulds and wants can conflict in the real world"; and
- "During the past month, you have become more *confident* in balancing your shoulds and wants in the real world."

Follow-Up Measures. The follow-up assessment was completed in the first several months after release from incarceration

and included 49 items. Four of the follow-up scales comprised the confidence items from the pre/post test scales. These included:

1. Confidence for HIV Knowledge (four items, alpha = 0.84);
2. Confidence for Avoiding Risky Sex (four items; alpha = 0.81);
3. Confidence for Avoiding Risky Drug Use (four items; alpha = 0.78); and
4. Confidence for Risk Reduction Skills (four items; alpha = 0.66).

Three additional scales were based on items asking about actions taken since being released from incarceration. These scales included:

1. Teaching Others About HIV/AIDS (three items; alpha = 0.79; sample item: "You have helped others avoid HIV/AIDS");
2. Avoiding HIV Risks (five items; alpha = 0.81; sample item: "You have avoided personal HIV risks in the real world"); and
3. Practicing Risk Reduction Skills (seven items; alpha = 0.87; sample item: "You have stood up for yourself when pressured to take a risk").

An additional item asked whether they had been tested for HIV since release from prison.

Study Sample. The sample for this study included 210 inmates who completed pre- and post-test WaySafe surveys and who also completed and returned a follow-up survey after release from incarceration. The sample was 55% male, 61% white, 20% African American, and 12% Hispanic. The average age was 37 years. Slightly more than half were employed full time before being locked up, Twenty-nine percent reported weekly alcohol use; 29% reported marijuana use; 9% reported cocaine; 18% reported methamphetamine; and 9% reported other opiates.

Analytical Approach. To examine the relationships between WaySafe post-test attitudes and attitudes and later behaviors in the community, partial correlations were computed between each of the five WaySafe post-test measures and the seven follow-up scales with the corresponding pre-test score partialled out. T-tests were used to examine the differences on WaySafe post-test attitudes and follow-up attitudes and behaviors between those reporting getting tested for HIV and those who did not get tested.

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Study Results

Follow-Up Sample vs. WaySafe Post-Test Sample. The sample of interest for this study includes 210 participants who completed and returned a follow-up survey. We compared this sample to participants who completed a pre- and post-test survey but who were not in the follow-up sample (N = 1,047) on demographics and background and on the five WaySafe post-test scores. Overall, these two samples were largely equivalent. Compared to participants who completed a WaySafe post-test survey but were not in the follow-up sample, participants in the follow-up sample were older (average age of 37 compared to 34), more likely to be white (61% compared to 50%) and less likely to be Hispanic (12% compared to 22%). Follow-up participants were also more likely to have been treated for a mental health problem during the six months prior to being locked up (25% to 19%). The two groups did not differ significantly on any other measures examined, including gender, education, marital status, and background status during the six months prior to being locked up. The two groups did not differ significantly on any of the WaySafe post-test measures. These

results show that the follow-up sample is generally representative of all of the participants who were in the WaySafe study.

Post-Test WaySafe Measures and Follow-Up. Table 1 shows partial correlations between attitudes and intentions measured after WaySafe and just prior to release from incarceration, with confidence in avoiding risky behaviors and risk reduction behaviors in the first several months in the community. The pre-test score was partialled out of the correlations involving the corresponding post-test score. All of the partial correlations between WaySafe post-test scores and confidence and risk reduction behaviors after release from incarceration were statistically significant at $p < 0.001$. Correlations between WaySafe post-test measures and follow-up measures ranged from 0.248 to 0.571. Of the five WaySafe post-test measures, HIV Knowledge Confidence had the strongest correlations with follow-up scores. HIV Testing Awareness generally had the lowest correlations of the five post-test measures, a not surprising finding, given that the scale did not include any confidence items and there was not a corresponding "confidence" post-release scale. Overall, these results show that the positive attitudes and intentions measured while incarcerated are sustainable after reentry back into the community.

All partial correlations between the WaySafe post-test measures and reports of risk reduction behaviors in the community were also strong, ranging from 0.247 to 0.464. Of the five WaySafe post-test measures, HIV Knowledge Confidence had the strongest correlations with the three follow-up behavior measures, with correlations ranging from 0.464 to 0.331. These results indicate that not only are the attitudes promoted by WaySafe sustainable in the critical first several months after reentry back into the community, but they are associated with positive attempts at risk reduction behaviors in terms of teaching others about risks, avoiding risks, and practicing risk reduction skills.

Getting Tested for HIV. Previous results (Lehman et al., 2012) showed that offenders who participated in WaySafe were more likely to report getting tested for HIV in the community after release from incarceration than did offenders in the TAU arm. We were interested in examining the relationship of getting tested with the WaySafe post-test measures as well as with the follow-up confidence and behavior measures. That is:

- Are more positive intentions toward risk reduction measured while incarcerated associated with the likelihood of getting tested in the community? and
- Is confidence toward risk reduction measured in the community and engaging in positive risk reduction behaviors associated with getting tested?

Results shown in Table 2 support the expectations that offenders who reported getting tested for HIV shortly after release back into the community had significantly more positive attitudes toward risk reduction measured shortly before release in terms of HIV knowledge confidence, avoiding risky sex, HIV testing awareness, and risk reduction skills. Offenders who reported getting tested also had greater confidence in the community in their HIV knowledge, confidence for avoiding risky sex, and confidence in their risk reduction skills. Offenders who reported getting tested also were more likely to have taught others about HIV in the community and to have practiced their risk reduction skills.

Study Results and Discussion

Previous analyses have shown that participation in the WaySafe curriculum for

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Table 1: Partial Correlations Between WaySafe Post-Test Scores and Follow-Up Measures

	WaySafe Post-Test Measures				Risk Reduction Skills
	HIV Knowledge Confidence	Avoiding Risky Sex	Avoiding Risky Drug Use	HIV Testing Awareness	
Follow-up confidence measures					
Confidence for HIV knowledge	0.571	0.436	0.403	0.394	0.414
Confidence for avoiding risky sex	0.418	0.378	0.371	0.355	0.329
Confidence for avoiding risky drug use	0.368	0.274	0.375	0.249	0.298
Confidence for risk reduction skills	0.508	0.442	0.427	0.382	0.459
Follow-up behavior measures					
Teach others about HIV/AIDS	0.464	0.355	0.377	0.370	0.361
Avoiding HIV risks	0.464	0.343	0.313	0.331	0.353
Practicing risk reduction skills	0.331	0.330	0.304	0.247	0.294

Note: Pre-test score was partialled out of each correlation involving the corresponding post-test score. All partial correlations were significant at $p < 0.001$.

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Table 2: Means for WaySafe Post-Test and Follow-Up Measures by Post-Release HIV Testing: Not Tested vs. Tested

	Not Tested (34%)	Tested (66%)	p-level
WaySafe post-test measures			
HIV knowledge confidence	41.1	45.1	***
Avoiding risky sex	39.6	44.2	***
Avoiding risky drug use	44.7	45.9	
HIV testing awareness	43.6	46.4	***
Risk reduction skills	42.5	45.4	***
Follow-up confidence measures			
Confidence for HIV knowledge	41.4	43.9	*
Confidence for avoiding risky sex	36.9	41.0	***
Confidence for avoiding risky drug use	43.9	45.6	
Confidence for risk reduction skills	40.6	43.4	**
Follow-up behavior measures			
Teach others about HIV/AIDS	41.8	44.5	**
Avoiding HIV risks	43.5	45.3	
Practicing risk reduction skills	32.7	39.1	***

*p<0.05; **p<0.01; ***p<0.001.

incarcerated offenders in substance abuse treatment was associated with greater increases in knowledge, confidence, and motivation regarding HIV knowledge, avoiding risky sex and drug behaviors, HIV testing awareness, and better risk reduction skills compared to offenders receiving TAU. WaySafe was implemented and tested in eight different correctional facilities that differed by gender, length of stay, type of facility, and program vendor in two different states. Positive results for WaySafe were shown in all eight facilities in which it was implemented, demonstrating robustness of the results for improving attitudes and intentions toward health risk reduction while still incarcerated.

Follow-up results for the first several months post-release were available for a sample of 210 study participants. Analysis of these data showed sustainability of improved WaySafe attitudes in the community and that the five post-test WaySafe measures were associated with increased positive behaviors in the community. As noted above, participants who completed the WaySafe curriculum while incarcerated reported improved knowledge, confidence, and motivation about making better decisions around health risks. High scores at

post-test (pre-release) in these areas were associated with reports of lower risks and improved decision making in the community. Participants who had higher post-test scores on the WaySafe measures while still incarcerated were more likely to report positive, risk reduction behaviors in the community after release, including:

- Helping others avoid HIV;
- Avoiding personal HIV risks including risky drug use and risky sex activities;
- Getting tested for HIV; and
- Following a clear mental plan for avoiding risky people, places, and situations that could lead to problems.

Most notably, participation in WaySafe was positively associated with getting tested for HIV after release back into the community: 74% of offenders who participated in WaySafe reported getting tested for HIV compared to 55% of offenders who received TAU (Lehman et al., 2012). Testing is an important aspect of healthy living for those who are at risk for HIV. Current analyses show that getting tested for HIV in the community is associated with higher scores on post-test measures, with greater confidence in risk reduction

skills in the community, and with greater likelihood of engaging in risk reduction behaviors in the community

Addressing the risks for HIV and other infectious diseases should be included in substance abuse treatment programs, especially prison-based programs. Although basic information about HIV and how it is spread are often included as part of prevention programs, rarely do such efforts go beyond basic education on HIV to identifying and planning for risks and temptations for HIV or HCV. WaySafe was developed to help offenders make better decisions regarding these risks when they return to the community. WaySafe participants were more likely to report that they had learned that it may be necessary to reduce their enjoyment in order to avoid risky sex, that their confidence in managing emotions in sexual situations had increased, and that they had become more motivated to protect their sexual partner from HIV risks. Results presented here have shown that these attitudes can be sustained into the community and are linked to reports of reductions in risk behaviors as well as the important step of getting tested.

Study Limitations

Limitations of this study should be noted. First, all measures used in this study, including post-test measures while incarcerated and the follow-up measures after release from prison, are self-report. Thus, actual behaviors and attitudes cannot be independently verified and might be subject in some cases to social desirability responding.

Another limitation is that the curriculum was implemented and offenders followed from eight different correctional facilities in only two different states in prison-based substance abuse treatment facilities. Results could be different in other regions of the country where prison policies may be different.

Conclusions and Future Research

Overall, these results have demonstrated that positive attitude changes toward avoiding HIV risks and having better risk reduction skills associated with WaySafe are sustainable after release from incarceration. There is greater confidence in risk reduction back in the community, and this is associated with avoiding HIV risks in the community and getting tested for HIV. These

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findings help demonstrate that WaySafe can be an effective tool for addressing the very critical transition period for offenders as they reenter the community, when temptations for risky HIV behaviors can be overwhelming. Reducing risk behaviors in this population serves an important public health need by helping reduce the spread of HIV. Although these findings are promising, finding new methods to reinforce the lessons learned in the community is a critical next step because these changes in attitudes and intentions will degrade over time, especially with the stress and pressures of transitioning from prison back into the community. Reinforcing lessons learned while offenders are currently facing risky situations may therefore be helpful.

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Wayne E.K. Lehman, Ph.D., is senior research scientist at the Institute of Behavioral Research (IBR) at Texas Christian University. Grace A. Rowan, Ph.D., is a research scientist at IBR. George W. Joe, Ed.D., and Kevin Knight, Ph.D., are associate directors of IBR. Kevin Knight is also a coeditor of OPR.

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