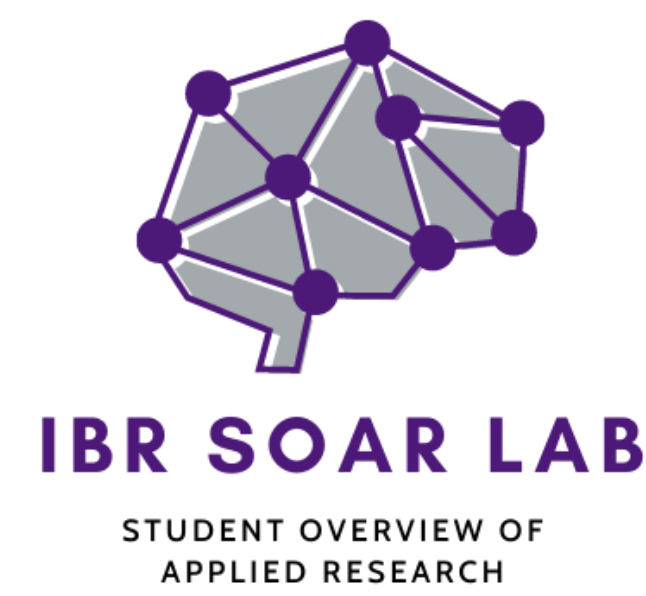
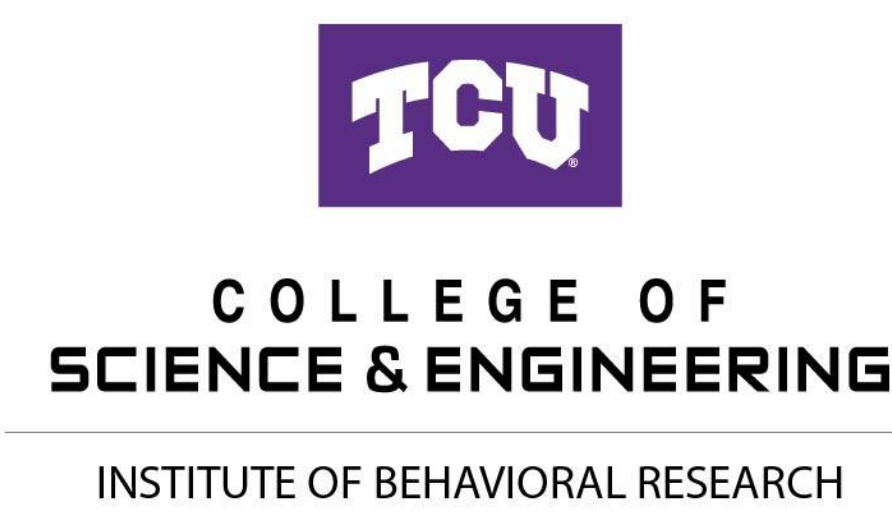


Examining Changes in Well-Being Among Vulnerable Populations: The Moderating Role of Interventionist Visits in the ACTION Study

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TCU Student Research Symposium, 2026, Texas Christian University, Fort Worth, TX



Background

- People involved with the justice system (i.e., probation and parole) disproportionately experience life stressors such as housing instability, unemployment, chronic substance use, and other physical health conditions (Western et al., 2015). These stressors make it difficult to reintegrate into the community, meet goals, and prioritize mental health.
- Use of social services among those involved with the justice system is associated with improvement in mental health and well-being, as it serves as a buffer and protective factor against stress factors (Gariépy et al., 2016).
- The ACTION project is a 5-year NIDA-funded R01 that evaluates the feasibility of two intervention services for connecting people involved with the justice system to treatment services for HIV, hepatitis C, and substance use (Springer et al., 2022). Participants were randomized to either a patient navigator (PN) or a mobile health unit (MHU) condition. Interventionist visits focused on referral to medical treatment as well as social services like mental health care.

Current Study Aims

The current study utilizes data collected as part of the ACTION study to investigate changes in well-being scores from baseline to a 6-month follow-up, as moderated by the number of interventionist visits.

Methods

A moderated regression analysis was performed to examine whether the number of interventionist visits influenced changes in well-being outcomes (depression, anxiety, and sociality) over time.

- Participants were recruited from community centers and probation offices across Tarrant County.
- After completing informed consent, participants completed a baseline assessment and were randomized to receive PN or MHU services. They received services for 6 months, then completed a 6-month follow-up.

Measures

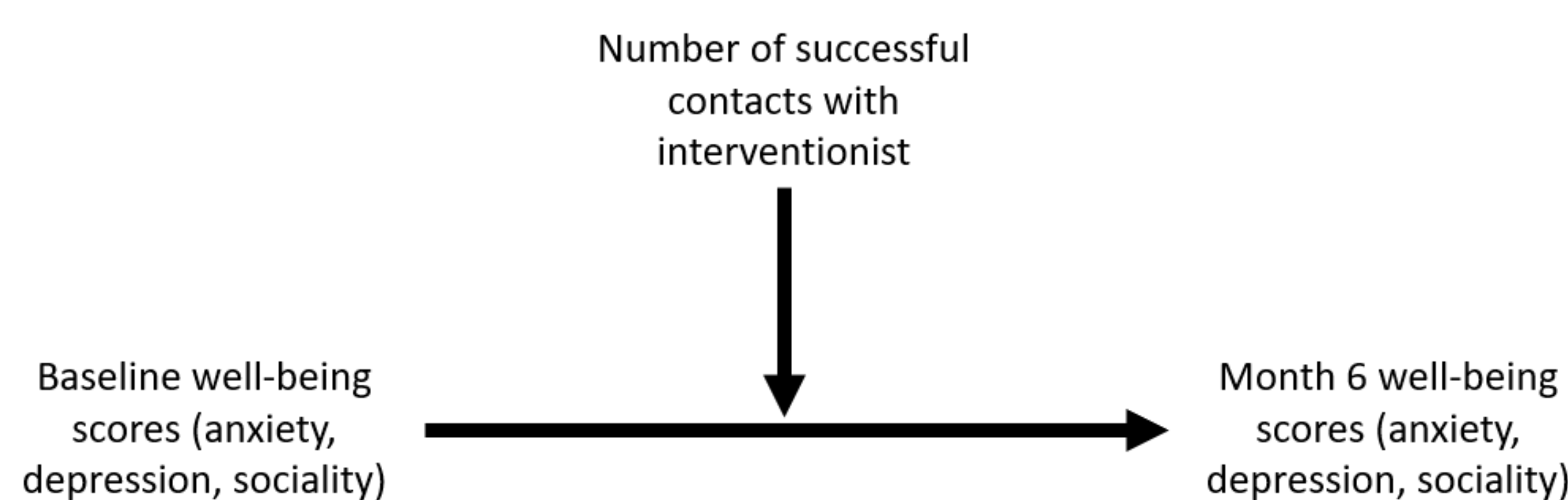
- Well-being scores were measured using the PROMIS 29+2
- A successful visit with the interventionist is defined as any in-person or phone-based contact (not including scheduling, texting, and check-ins).

Demographics

$N = 91$; Average age: 45 years (range 21-66)

Demographic Characteristic	N	%
Race		
White	61	67.0
Black or African American	25	27.5
Asian	2	2.2
American Indian or Native American	3	3.33
Other	4	4.4
Gender		
Man	57	62.6
Woman	33	36.3
Genderqueer	1	1.1

Model



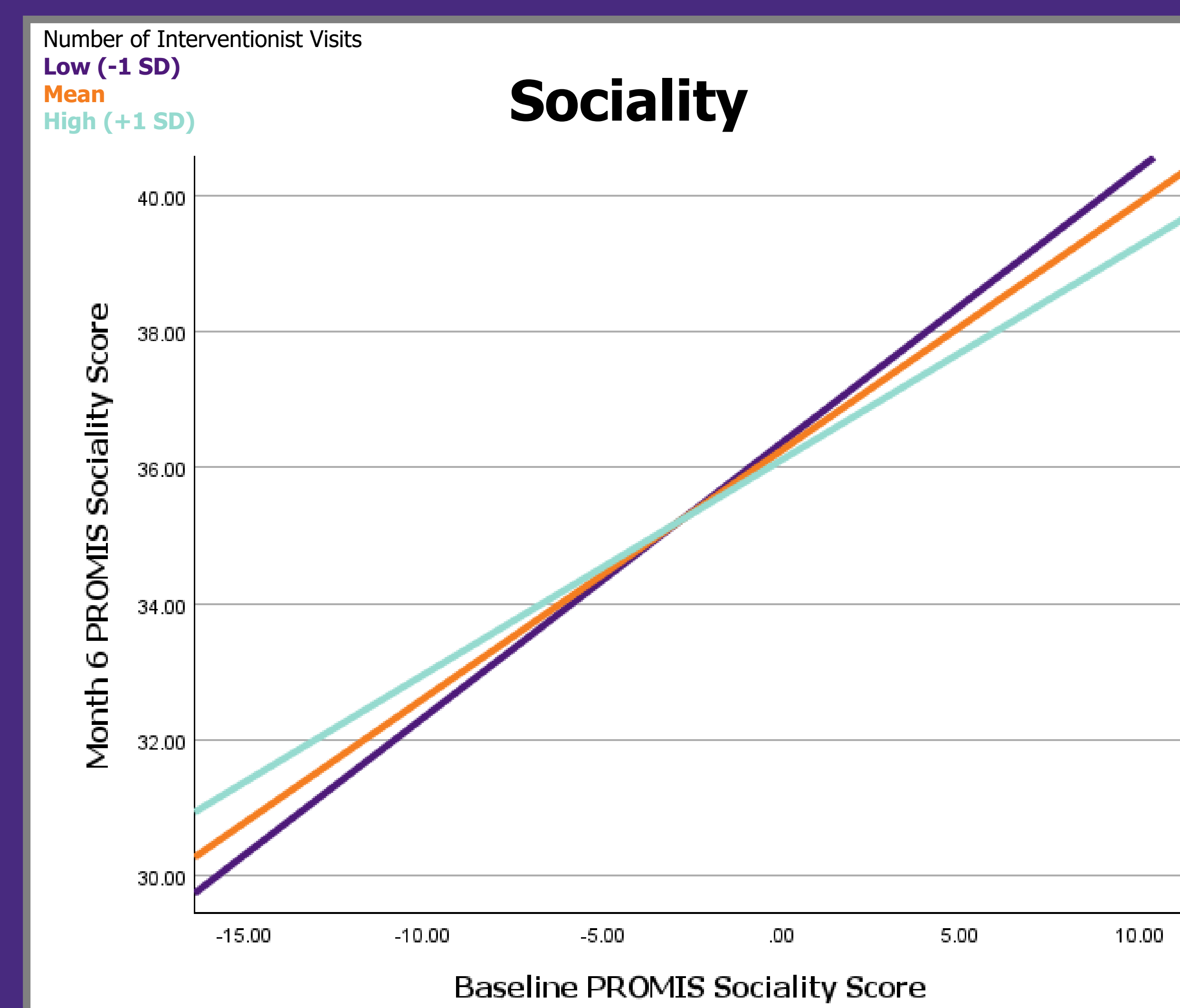
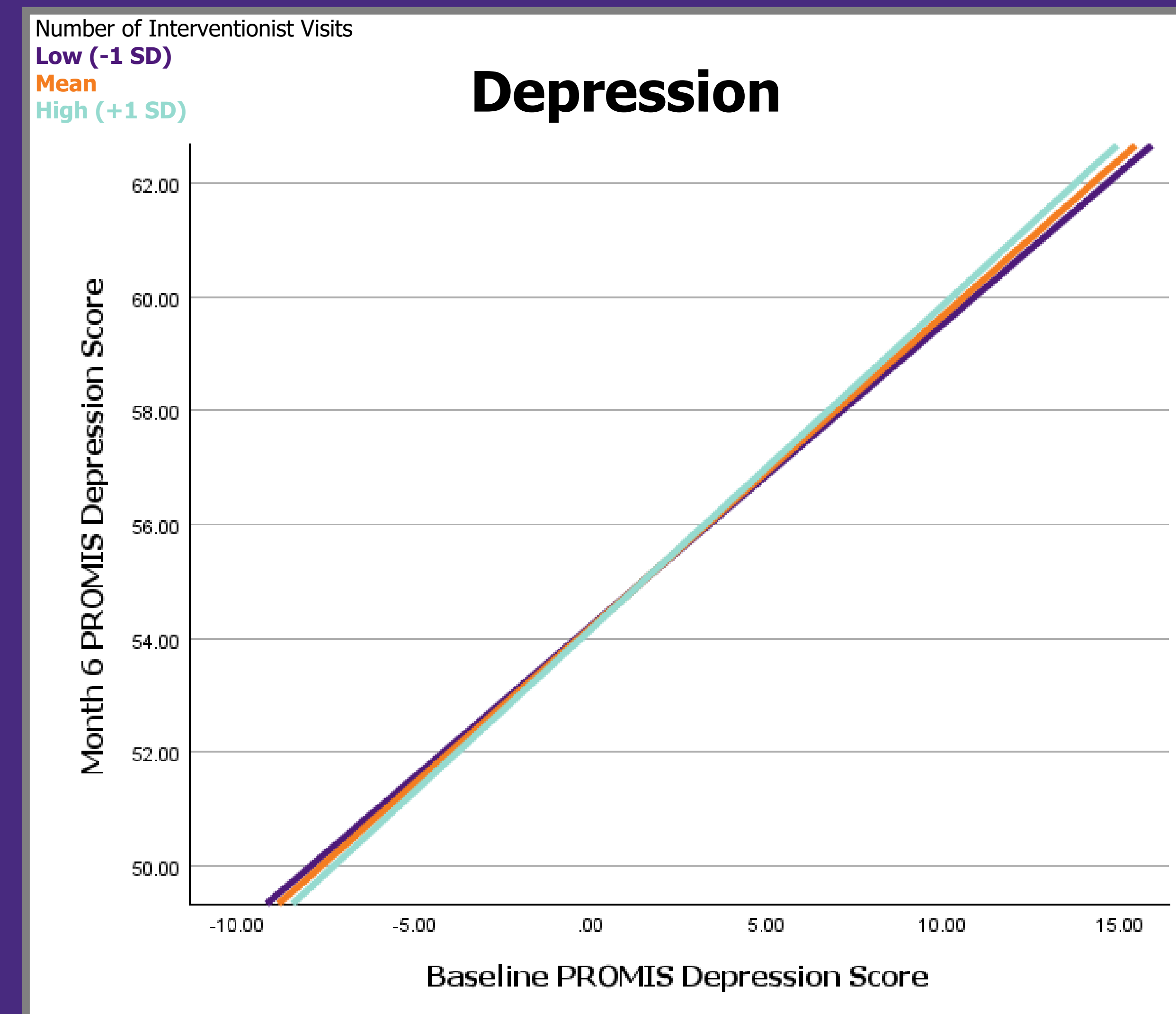
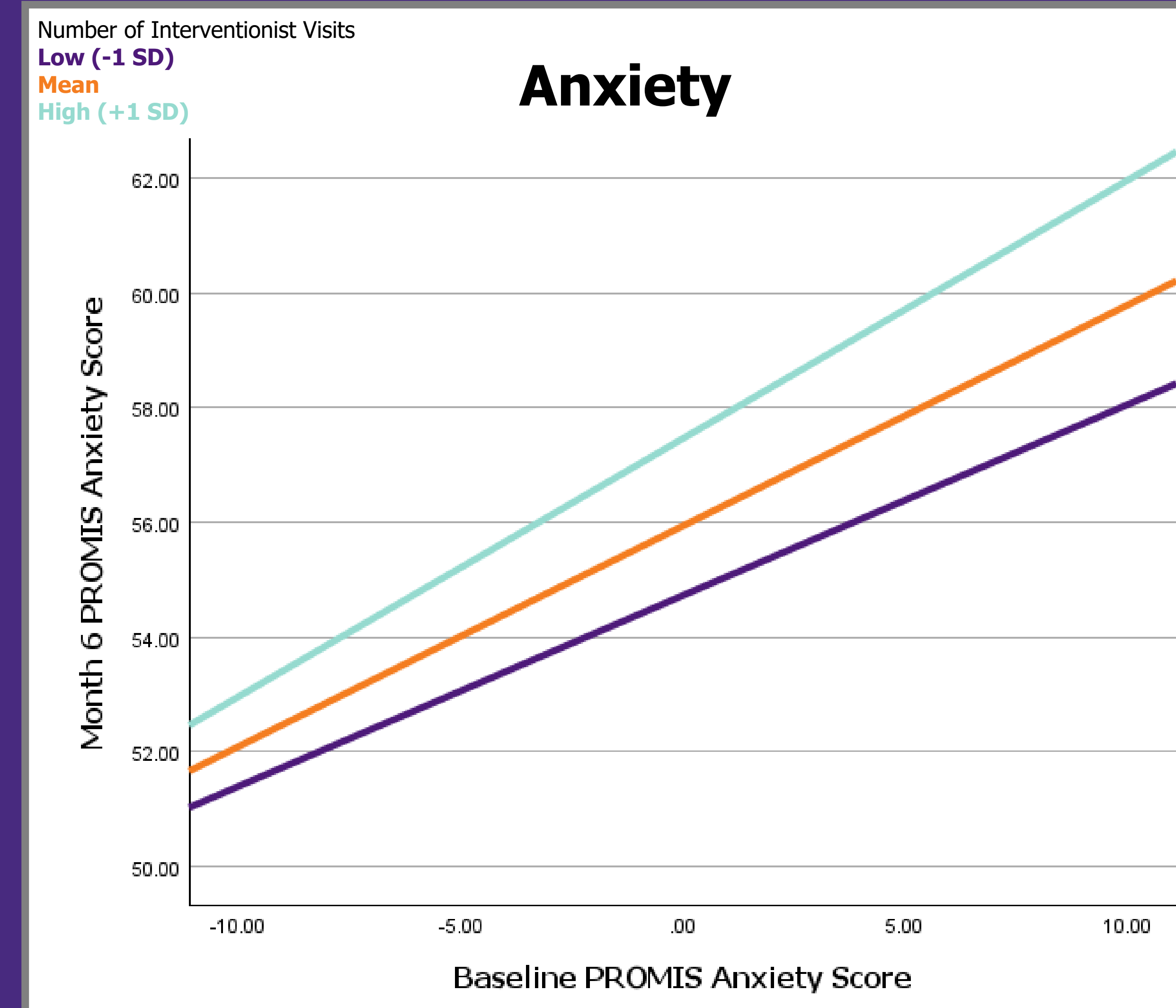
Model Statistics

Descriptive statistics

Characteristic	Min	Max	M	SD
Baseline depression scores	41.0	79.4	58.91	8.92
Month 6 depression scores	41.0	79.4	54.23	9.43
Baseline anxiety scores	40.3	81.6	60.02	9.01
Month 6 anxiety scores	40.3	81.6	56.21	10.90
Baseline sociality scores	27.5	64.2	39.20	9.82
Month 6 sociality scores	27.5	64.2	36.18	8.76
Number of interventionist visits	0.0	33.0	8.98	6.38

Moderated Regression

Effect	b	SE	t	95% CI		p
				LL	UL	
Main effects						
Depression	.55	.10	5.56	.35	.75	<.001
Anxiety	.39	.12	3.27	.15	.63	.002
Sociality	.36	.09	4.03	.18	.53	.0001
Interactions						
Number of Visits X Depression	<.01	.015	.24	-.03	.03	.813
Number of Visits X Anxiety	.01	.02	.52	-.03	.05	.605
Number of Visits X Sociality	-.01	.02	-.48	-.04	.02	.634



Discussion

- Consistent with previous research demonstrating that people involved in the justice system experience stress and difficulty reintegrating, participants entered the ACTION study with low well-being scores. However, all three well-being dimensions increased over the course of the intervention.
- While well-being scores for anxiety, depression, and sociality showed significant main effects, the interactions examining the moderating effect of the number of interventionist visits were nonsignificant. This suggests that participants were equally likely to see improvement in well-being regardless of how frequently they met with their interventionist.
- Improvement in well-being scores may be influenced by external factors that alleviate potential stressors. For example, participants experiencing stress related to unemployment may report improved well-being if they secure employment.

Limitations

- The current study only examines successful visits and does not include scheduling, texting, and check-ins. This study also only examined the PROMIS dimensions of anxiety, depression, and sociality.

Future Directions

- Quality of visits with interventionists can be examined to assess whether the quality of the visit has a moderating effect on well-being changes, despite or in addition to quantity.
- Future research can evaluate additional variables, such as community support, housing security, employment, and specific goal achievement, that may be moderating improvements in well-being scores.
- Further research should explore effects across other domains of well-being, such as physical function, fatigue, sleep disturbance, cognitive function, pain interference, and pain intensity, as well as the interaction effect of the number of visits.

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Acknowledgements

This research was funded by the National Institute on Drug Abuse (U01DA053039, Springer, Knight, Nijhawan). The funders were not involved in the research design, analysis or interpretation of the data.