

# Program Abstract

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## Summary

According to the Centers for Disease Control and Prevention, in 2010, more than 360,000 infants were born to women aged 15 to 19 years in the United States. Nearly one-quarter of adolescent mothers give birth to another child within two years, despite national efforts to increase timing between births. Adolescent mothers who give birth to more than one child may be at high risk for experiencing poorer medical, educational, economic, and developmental outcomes.

The purpose of the Computer-Assisted Motivational Intervention (CAMI) is to increase motivation among adolescent mothers to consistently use condoms and contraception with the long-term goal of reducing rapid repeat births. CAMI consists of at least two 60-minute sessions conducted in two-parts by trained counselors who meet one-on-one with pregnant and/or parenting adolescent mothers, ages 12 through 18 years old. During the first part of each session, participants use the computer-based CAMI Program to answer questions about current sexual relationships and contraceptive use intentions and behaviors. Based on the responses generated, CAMI counselors conduct a stage-matched motivational interviewing session to enhance participants' motivation to consistently use condoms and contraception in order to reduce the risk for a repeat pregnancy.

An evaluation of CAMI has demonstrated that receiving two or more CAMI sessions, either alone or within a multi-component home-based intervention, reduced the risk of repeat births among adolescent mothers aged 18 years and younger.

## Focus

- |                          |                              |                                     |                                |                                     |                           |
|--------------------------|------------------------------|-------------------------------------|--------------------------------|-------------------------------------|---------------------------|
| <input type="checkbox"/> | Primary pregnancy prevention | <input checked="" type="checkbox"/> | Secondary pregnancy prevention | <input checked="" type="checkbox"/> | STI & HIV/AIDS prevention |
|--------------------------|------------------------------|-------------------------------------|--------------------------------|-------------------------------------|---------------------------|

## Original Site

- |                                     |            |                          |                 |                          |              |
|-------------------------------------|------------|--------------------------|-----------------|--------------------------|--------------|
| <input checked="" type="checkbox"/> | Home-based | <input type="checkbox"/> | Community-based | <input type="checkbox"/> | Clinic-based |
|-------------------------------------|------------|--------------------------|-----------------|--------------------------|--------------|

## Suitable for Use In

Although the original implementation of CAMI took place mostly through home visits, the program may be suitable for use in community- or clinic-based settings that work with adolescents.

## Program Abstract (continued)

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### Approach

- Abstinence
- Behavioral Skills Development
- Community Outreach
- Contraceptive Access
- Contraceptive Education
- Life Option Enhancement
- Motivational Interviewing
- Self-Efficacy/Self-Esteem
- Sexuality/HIV/AIDS/STI Education

### Original Intervention Sample

The original implementation of CAMI involved pregnant teenagers in their 3<sup>rd</sup> trimester (N=235), aged 12 to 19 years at entry, who were recruited from urban prenatal clinics serving low-income, predominantly African American communities. CAMI sessions were conducted serially and some participants were 22 at completion. CAMI is suitable for pregnant and/or parenting adolescents ages 18 and younger.

### Program Components

- Adult Involvement
- Case Management
- Group Discussion
- Lectures
- Peer Counseling/Instruction
- Public Service Announcements
- Role Play
- Video
- Computer-Based Assessment
- Other: One-On-One Motivational Interviewing Session

### Program Length

It is recommended that the second session takes place at least 2-3 months after the initial session.

### Staffing Requirements/ Training

In the original implementation, CAMI counselors were recruited from the communities served by the local healthcare clinics. CAMI counselors were female, paraprofessional community outreach workers with experience working with urban children and adolescents. When recruiting CAMI counselors, it is highly recommended that agencies seek individuals who possess empathetic qualities, excellent communication skills, experience working with adolescents, and a familiarity with the community.

## Program Abstract (continued)

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<b>Program Materials</b>	<p>This PASHA program package contains one complete set of materials needed to implement the Computer-Assisted Motivational Intervention (CAMI) including:</p> <ul style="list-style-type: none"><li>• CAMI Program (on USB Flash Drive)</li><li>• Counselor’s Manual</li><li>• A set of four CAMI worksheets: Future Goals, Decisional Balance, My Safe Plan, and Readiness Rulers</li><li>• Motivational Interviewing Training Workshop [PowerPoint Slides]</li></ul>
<b>Notes about Evaluation</b>	<p>Resources for evaluation are also included in the program package:</p> <ol style="list-style-type: none"><li>1. Evaluation Instruments used in the original implementation of CAMI<ol style="list-style-type: none"><li>a. Baseline Questionnaire</li><li>b. 2 Years Postpartum Follow-Up Questionnaire</li></ol></li><li>2. <i>Prevention Minimum Evaluation Data Set (PMEDS)</i>, a generic questionnaire that can be adapted to suit most prevention programs</li><li>3. <i>Local Evaluator Consultant Network Directory</i></li></ol> <p>These evaluation materials are included as a starting point for evaluating your program, should you choose to do so. Before using these or any other survey instruments with your participants, it is very important that approval is received from the appropriate people in your community (e.g., school officials, parents, etc.). Most programs can benefit from outside help in designing and carrying out an evaluation. Your local university may be a good place to look for outside help—or you may refer to the <i>Local Evaluator Consultant Network Directory</i>.</p>
<b>Program Acquisition &amp; Implementation Cost</b>	<p>The cost of this PASHA program package includes one complete set of materials needed to implement this program, the resources for evaluation described above, as well as telephone technical support on program implementation and evaluation for one year (call PASHA staff; see below).</p>
<b>Contact Information</b>	<p>Program Archive on Sexuality, Health and Adolescence (PASHA) Sociometrics Corporation 1580 W. El Camino Real, Suite 8 Mountain View, CA 94040 Tel. (650) 383-6268, Fax (650) 949-3299 E-mail: <a href="mailto:socio@socio.com">socio@socio.com</a></p>

**Bibliography**

Barnet, B., Liu, J., DeVoe, M., Duggan, A. K., Gold, M. A., & Pecukonis, E. (2009). Motivational intervention to reduce rapid subsequent births to adolescent mothers: a community-based randomized trial. *Annals of family medicine*, 7(5), 436–445. doi:10.1370/afm.1014