



EXECUTIVE SUMMARY

July 2014

Preventing Rapid Repeat Teen Pregnancy with Motivational Interviewing and Contraceptive Access: Implementing Teen Options to Prevent Pregnancy (T.O.P.P.)

Health professionals affiliated with the OhioHealth Hospital System in Columbus, Ohio, developed the Teen Options to Prevent Pregnancy (T.O.P.P.) program in 2010 in response to high repeat teen birth rates and low family planning utilization rates among teens in the Columbus area (Centers for Disease Control and Prevention 2013; Ohio Department of Health 2007, 2010). T.O.P.P.'s goal is to reduce rapid repeat teen pregnancies, as defined by a subsequent pregnancy within 18 months of a prior birth, and promote healthy birth spacing among teenage mothers. Through telephone-based care coordination, T.O.P.P. provides (1) motivational interviewing delivered by trained nurse educators; (2) personalized access to contraception via transportation to clinics or hospitals, in-person visits from a T.O.P.P. nurse educator, and/or services through a T.O.P.P. clinic; and (3) referrals by a T.O.P.P. social worker to additional services, as needed. The intervention draws on the Behavioral Model of Health Services Use, which suggests that contraceptive behavior will be changed by helping women identify their own reasons for their need for birth control and providing them easy access to it (Babitsch et al. 2012; Andersen 1995).

T.O.P.P. targets teens who are at least 28 weeks into their pregnancies or have recently given birth (up to 8 weeks postpartum), and are on Medicaid or eligible for it. Program staff partnered with five local hospitals and seven clinics in the OhioHealth Hospital System to recruit and enroll youth, typically at the time of a prenatal appointment, birth, or postpartum visit. On average, the 297 young women served by T.O.P.P. during the study period were 18 years old. As a group, nearly half were non-Hispanic white and the other half were non-Hispanic black. At the time of their enrollment into T.O.P.P., more than half were enrolled in middle or high school, and nearly half lived with their mothers.

T.O.P.P. is currently being evaluated as part of the Evaluation of Adolescent Pregnancy Prevention Approaches, a national evaluation funded by the Office of Adolescent Health in the

About this Summary

This executive summary provides a brief overview of the implementation study findings from the evaluation of Teen Options to Prevent Pregnancy (T.O.P.P.) in Columbus, Ohio. The full report on program implementation discusses these findings in more detail.

U.S. Department of Health and Human Services (HHS), to study the effectiveness of six teen pregnancy prevention approaches. T.O.P.P. is funded through the Personal Responsibility Education Innovative Strategies grant program within the Administration on Children, Youth, and Families, HHS. This report provides a preliminary analysis of the implementation of T.O.P.P. by examining the first third (38 percent) of the evaluation sample during their first six months in the program.

Using Motivational Interviewing to Provide Family Planning Support

Using motivational interviewing, T.O.P.P.'s nurse educators coordinate and deliver contraceptive education, care, and other supportive services to participants. By design, motivational interviewing is individualized and focuses on relationship building, communication, and empowerment. On average, the T.O.P.P. nurse educators aim to conduct a telephone call with each participant once per month, on average, for 18 months. Calls vary in length based on a client's interests, needs, and the general flow of the conversation. During these calls, nurse educators use motivational interviewing techniques to educate clients about family planning and the value of preventing rapid repeat pregnancies. A semistructured protocol is used to guide and support the calls between participants and educators.

The T.O.P.P. program relies on expert staff, along with a commitment to ongoing training and technical assistance. The T.O.P.P. nurse educators are well qualified to coordinate and deliver contraceptive education and related care to participants given their nursing background in obstetrics, gynecology, or maternal and child health. Additionally, they are trained to educate clients on the characteristics of different contraceptive options. A social worker also plays a key role in program implementation, serving as a link to social services. Soon after enrollment, the social worker conducts a psychosocial assessment and domestic violence screening with participants to assess risk factors and needs, providing referrals to additional services as needed. A consultant plays a key role in training the nurse educators and the social worker in motivational interviewing techniques and in providing ongoing technical assistance and support, which helps ensure fidelity to established motivational interviewing guidelines.

Facilitating Contraceptive Access

To improve access to contraceptives and facilitate teen mothers continued use, the nurse educators make follow-up telephone calls and are encouraged to conduct a home or other in-person visit at least once within the first few months after a client's enrollment in T.O.P.P. During these visits, nurse educators take a "contraceptive bag," which contains informational pamphlets and examples of contraception. Nurse educators value use of the bag as a hands-on experience to help assuage fears that the teen mothers may have and to share information with them about birth control methods.

Additionally, T.O.P.P. provides access to sexual health and contraceptive services. The program van serves a dual purpose: first, program staff provide transportation to and from clinics or hospitals, which increases participants' access to contraceptives. Second, nurse educators use the time spent in the van with participants as a way to further build rapport with the youth. In addition to the van, the program operates a small stationary clinic in the T.O.P.P. offices where the T.O.P.P. physician serves clients who are not currently affiliated with another physician.

Frequency and Intensity of T.O.P.P.'s Services

T.O.P.P. aims to provide a targeted, flexible, and individualized approach to support pregnant and parenting teen women, address their specific questions and needs, and promote their consistent adherence to a birth control plan across an 18-month period. During a teen's first six months in T.O.P.P., the following occurred:

- Clients received eight service contacts on average—including motivational interviewing calls and other service contacts—lasting a combined total of two hours and 40 minutes.
- Ninety-four percent of clients participated in a motivational interviewing call. The average client participated in 4.7 calls (almost one per month), with the average call lasting 14 minutes.
- Forty-one percent of clients received an in-person visit, either in their home or a community setting, with the average visit lasting more than 75 minutes.
- Eighty-one percent received a psychosocial assessment and domestic violence screening from the T.O.P.P. social worker, and 64 percent received information assistance or service referrals.
- Eighty percent discussed and problem-solved transportation issues with their nurse educator, and 21 percent received a T.O.P.P. van ride to a clinic or doctor appointment.

Clients' level of contact with T.O.P.P. varied during their first six months in the program. Two-thirds (67 percent) of clients participated in at least one contact per month. About one-fifth (19 percent) participated in 12 or more contacts during the first six months and received a more substantial level of support. Others (18 percent) had fewer contacts (three or fewer) in the first six months. These differences in service level suggest that there is no standard dosage for a program intervention centered on motivational interviewing, and dosage can vary based on the needs and accessibility of the teen mothers.

Looking Forward: Lessons for Future Implementation

Lessons from this implementation study of T.O.P.P. can support stronger implementation of the program and inform possible future replications of the program.

T.O.P.P.'s individualized service model requires a considerable investment in professional nursing staff and a commitment to training and ongoing technical assistance to support motivational interviewing. Having staff trained and experienced in obstetrics, gynecology, or maternal and child health appeared to facilitate the delivery of motivational interviewing related to contraception and birth spacing. These same staff, however, also needed to work hard to adapt to the motivational interviewing style of interaction with participants. Some staff found it difficult not to fall into their role as a health professional and be directive—

which is a different approach from motivational interviewing. At the same time, these staff acknowledged the usefulness of their medical knowledge when participants asked about contraception or reproductive health. Ultimately, motivational interviewing takes patience to master. Any efforts to replicate it or scale up should allow for adequate staff training and technical assistance to ensure that staff members' use of the technique adheres to established motivational interviewing guidelines.

Additionally, it is important that nurse educators are patient and persistent in terms of establishing and maintaining contact with participants. Contacting young mothers after their enrollment can be difficult because the T.O.P.P. population is transient. To reach the young mothers, staff sometimes have to rely on alternative forms of communication and adapt their communication approaches, for example, by texting, calling after school hours, and calling at the beginning of the month before cell phone minutes are depleted.

In providing motivational interviewing, it is important that the nurse educators develop positive and supportive relationships with the teen mothers. Even after motivational interviewing has been mastered, rapport building—a critical ingredient in motivational interviewing and the success of the T.O.P.P. program—can take time. Successful motivational interviewing in T.O.P.P. requires all staff, particularly nurse educators, to be enthusiastic about working with at-risk teens and committed to establishing rapport to sustain participants' engagement. It is critical that staff are able to connect with the teen mothers to develop a level of comfort and help them see the value of the resources available through T.O.P.P. Both the nurse educators and teen mothers felt one way to build a strong rapport and connection between a nurse educator and teen mother was through in-person visits. To increase the use of home and other in-person visits, T.O.P.P. leadership might consider two key program strategies: (1) formalizing an in-person visit as a program requirement and (2) adding a semistructured guide or manual to support nurse educators as they prepare for and conduct these visits.

In sum, T.O.P.P. uses motivational interviewing, contraceptive access, and social service support to help at-risk teen mothers adhere to a birth control regimen and prevent rapid repeat pregnancies. Although the impact of the T.O.P.P. program is yet to be seen, the teen mothers who participated in the program have responded positively to their experiences. This analysis of the implementation of T.O.P.P. demonstrates challenges and successes that can inform other programs serving similar populations or using similar one-on-one interventions.

References

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Teen Options to Prevent Pregnancy (T.O.P.P.) Program and Evaluation—A Snapshot

- ▶ **T.O.P.P. aims** to prevent rapid repeat pregnancy (a subsequent pregnancy that occurs within 18 months of a prior birth) and thereby promote healthy birth spacing.
- ▶ **Part of the national multiyear Evaluation of Adolescent Pregnancy Prevention Approaches:**
 - Funded by the Office of Adolescent Health, U.S. Department of Health and Human Services
 - Conducted by Mathematica Policy Research, with Child Trends and Twin Peaks Partners, LLC
 - Involving seven participating sites
- ▶ **Served 297 low-income female adolescents ages 15 to 19 who were at least 28 weeks pregnant or up to 8 weeks postpartum at time of enrollment**
 - Recruited from five OhioHealth hospitals and seven clinics in the Columbus, Ohio area
 - Rolling enrollment from October 2011 to January 2014
- ▶ **Three components:**
 - Telephone-based one-on-one motivational interviewing sessions with a trained nurse educator
 - Access to contraception via transportation to clinics/hospitals, in-person visits from a T.O.P.P. nurse educator, or services at a T.O.P.P. clinic
 - Access to a T.O.P.P. social worker to screen for risk factors (for example, domestic violence or depression) and provide service and resource referrals as needed
- ▶ **Topics commonly covered:** Importance of birth spacing and preventing rapid repeat pregnancy, birth control methods (ranging from abstinence to long-acting reversible methods), misconceptions that inhibit contraceptive use, and future planning for achieving birth control and birth spacing goals
- ▶ **Program impacts measured by three follow-up surveys:** 6 months, 18 months (upon program completion), and 30 months (12 months after program completion) after enrollment