

PROJECT IMAGE

Good Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Mexican and African American female adolescents with a history of sexual or physical abuse and sexually transmitted infections (STI)

Goals of Intervention

- Increase condom use
- Reduce STI incidence
- Increase HIV/STI awareness
- Increase HIV/STI risk perceptions
- Enhance communication skills
- Reduce instances of abuse
- Reduce unintended pregnancy

Brief Description

Project IMAGE is a group and individual-level cognitive-behavioral HIV/STI risk reduction intervention consisting of 2 weekly workshop sessions delivered to groups of 4 to 8 participants, up to 5 optional weekly support group sessions, and additional individual counseling sessions upon request. Workshop facilitators use principles of motivational interviewing and deliver the intervention in a round table format. The first workshop discusses HIV/STI knowledge and awareness. The second workshop includes basic information about sex, drugs, STI, HIV, contraception and incorporates condom use, partner communication and decision making skills building activities. The weekly support groups cover topics generated by the group and the optional individual sessions focus on expressed participant needs.

Theoretical Basis

- AIDS Risk Reduction Model
- Motivational Interviewing

Intervention Duration

- Two weekly 3-4 hour workshop sessions, 5 optional weekly support group sessions, and two or more individual counseling sessions, as requested by the participant, delivered over 2 months

Intervention Setting

- Community-based research clinic

Deliverer

- Facilitator

Delivery Methods

- Counseling
- Group discussion
- Practice

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Jane Dimmitt Champion**, University of Texas at Austin, School of Nursing, 1710 Red River Street, Austin, TX 78701.

Email: jchampion@mail.nur.utexas.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in the Southwestern region of the United States between 2005 and 2009.

Key Intervention Effects

- Reduced STD infection

Study Sample

The analytic study sample of 409 women is characterized by the following:

- 84% Mexican American, 16% black or African American
- 100% female
- Mean age of 16 years
- 63% in school

Recruitment Settings

Recruited from a district health clinic

Eligibility Criteria

African American and Mexican American female adolescents were eligible if they either had a history of STI or physical and/or sexual abuse.

Assignment Method

Women (n = 559) were randomly assigned to 1 of 2 study arms: Project IMAGE (n = 271) or comparison group (n = 288).

Comparison Group

The comparison group received enhanced abuse and clinical counseling and was offered the intervention upon study completion.

Relevant Outcomes Measured and Follow-up Time

- New STI (incident gonorrhea or chlamydia confirmed by medical records during the previous 6 months and 12 months) were measured at 6 and 12 months after baseline which translates to approximately 4 and 10 months after the intervention

Participant Retention

- Project IMAGE
 - 78% retained at 6 months (4 months after intervention)
 - 83% retained at 12 months (10 months after intervention)
- Comparison
 - 78% retained at 6 months (4 months after intervention)
 - 80% retained at 12 months (10 months after intervention)

Significant Findings

- Among those with both a history of STI and abuse, intervention participants had significantly fewer new STIs compared to control participants by the 6-month follow up (0% versus 6.6%, $p = 0.001$) and by the 12-month follow up (4.8% versus 13.2%, $p = 0.006$).
- Among those with both a history of STI and physical abuse history but no sexual abuse history, intervention participants had significantly fewer new STIs compared to control participants at 12-month follow up (0% versus 9.8%, $p = 0.017$).
- Among Mexican Americans with both a history of STI and abuse, intervention participants had significantly fewer new STIs compared to control participants at 12-month follow up (6.6% versus 14.2%, $p = 0.043$).

Considerations

- This intervention fails to meet the best-evidence criteria because unit of allocation was not equal to the unit of analysis and not adjusting or controlling for this.
- Exposure to any intervention component, across study groups, was associated with significantly fewer new STIs from 6 to twelve month follow-up (Adj OR = 0.021, $p = 0.009$).
- Assignment to the intervention group was significantly associated with fewer new STIs from baseline to 12 months follow-up (Adj OR = 0.035, $p = 0.016$) and from 6 to 12 months follow-up (Adj OR = 0.021, $p = 0.024$), after controlling for age, type of abuse, and exposure to any intervention component.

REFERENCES AND CONTACT INFORMATION

Champion, J. D., & Collins, J. L. (2012). [Comparison of a theory-based \(AIDS Risk Reduction Model\) cognitive behavioral intervention versus enhanced counseling for abused ethnic minority adolescent women on infection with sexually transmitted infection: Results of a randomized controlled trial](#). *International Journal of Nursing Studies*, 49, 138-150.

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