"Keeping Families": Exploring Moderators of Retention and Engagement of Depressed Parents in Home Visiting Services

LORRAINE MCKELVEY, SHALESE FITZGERALD, NICOLA EDGE, & LEANNE WHITESIDE-MANSELL

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Monitoring participant engagement and attrition, assessing family and program characteristics associated with attrition and engagement, and developing strategies to reduce attrition and improve engagement are crucial for the successful replication of evidence-based home visiting programs (Azzi-Lessing, 2011).
Depression & Parenting

- Disengaged/Withdrawn
- Hostile/Intrusive
Depression & Involvement

**No Association:**
- SafeCare+ (15-20 weeks; Damashek et al., 2011)
- North Carolina’s state home visiting intervention (PN-1; Navaie-Waliser et al., 2000)
- Nurse Family Partnership (Brand & Jungmann, 2014; O’Brien et al., 2012)
- CAPEDP (PN-2; Foulon et al., 2015) w/ Edinburgh

**Better Involvement:**
- Family Connections (3/9 Mos; Girvin, DePanfilis, & Daining, 2007)
- Healthy Families America and Nurse Family Partnership (Every Child Succeeds; Ammerman et al., 2006, 2009)

**Lower Involvement:**
- CAPEDP (PN-2; Foulon et al., 2015) w/ Psychiatric Symptoms
- *Early Head Start (PN-3; Raikes et al., 2006; Roggman et al., 2008)
- *Parents as Teachers (PN-3; Wagner et al., 2003; Hebbeler & Gerlach-Downie, 2002)
- *Healthy Families America (PN-3; McGuigan et al., 2003)
Program Processes & Involvement

Better Engagement:
- Parent-Child Relationship
  (EHS; Peterson et al., 2007, Roggman, et al., 2016)

Better Retention:
- Child Development not Staff-Family Relationship Focus
  (EHS; Roggman et al., 2008)
- Time Spent on Parenting
  (NFP; Brand & Jungmann, 2014)
“It is still unclear which specific program characteristics, such as the qualities and training of home visitors and frequency of contact, are likely to improve family engagement, especially for families at higher levels of risk” (Azzi-Lessing, 2011)
Services & Evaluation
Home Visiting Models

Healthy Families America (HFA)
Enrollment: Prenatal to Age 3 Months (80%) with Services to Age 3 Years
Child Abuse/Neglect Reduction

Parents as Teachers (PAT)
Enrollment/Services Prenatal to Age 3 Years
Universal Parenting Intervention
Participants

The current study is a descriptive study of a community sample of families (N=1272) enrolled in two home visiting programs:

- Healthy Families America, n=582
- Parents as Teachers, n=690

Parents averaged 23 years (SD=6)
Participants

Marital Status

- Single: 73%
- Married: 24%
- Other: 3%

Race/Ethnicity

- White: 48%
- Black: 26%
- Hispanic: 22%
- Other: 5%
Family Assessment

Home visitors complete a family assessment and child screenings within one month of enrollment into services.

*The Family Map Inventories* (Whiteside-Mansell et al., 2007; 2013) is a semi-structured interview to assess important aspects of the family and home environment: Prenatal, Infant/Toddler, and Early Childhood versions.

Systematically identifies areas of concern and strength:
- Physical and social conditions that children experience directly,
- Family climate/context, and
- Parental characteristics

[www.TheFamilyMap.org](http://www.TheFamilyMap.org)
Depression Screening

The Patient Health Questionnaire-2 (Kroenke, Spitzer, & Williams, 2003)

Over the past 2 weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not At all</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Risk Score=2 or more for screening risk for any Depressive Disorder

Identified 19% of parents at enrollment
Retention and Home Visits

Retention at 6 and 12 Months was calculated from enrollment and dismissal dates* entered in family records (65% @ 6 and 43% @ 12)
  ◦ *Note: dismissal dates are reset to the date of the last home visit

Home Visit Completion Ratio was calculated as a ratio of:
  ◦ Total Number of Successfully Completed HVs TO
  ◦ Total Number of Attempted HVs (Successfully Completed + Unsuccessful)

Engagement and Quality, and HV Content are recorded on Home Visit Record** which is collected at every contact with the family that includes educational content
  ◦ **Note: Modified Home Visit Contents and Characteristics tool (Baby FACES)
Home Visit Characteristics

**Parent Engagement:** How much of the time do you think the parent is listening and thinking about the focus of the visit?

Indications of engagement in the activity include: 1) asking questions about materials; 2) asking questions about applications of the topic; 3) seeing the parent apply the concepts discussed; and 4) hearing/seeing the mother talk to other family members about materials concepts discussed:

◦ *Less than 10%; 10-24%; 25-50%; 51-75%; 76-90%; Over 90%*

**Overall quality of the home visit:** Based on the content of the visit and the quality of your interactions with the parent, please provide an overall rating of the quality of the home visit:

◦ *Poor; Fair; Good; Very Good; Excellent*
Home Visit Content

Percent time allocated for home visit activities

**Parent-child-focused**: focused on the parent-child dyad, for example activities to enhance parent-child interactions or the parent-child relationship

**Child-focused**: focused on the child and his/her development, for example, activities with child to promote child development, child development assessment, parenting education on developmental milestones, etc.

**Parent/family-focused**: case management, family support, adult education on other topics

**Staff-family relationship-building**: building staff-family relationships, for example through general conversation, other activities

**Crisis management**: meeting emergency family or child needs
Analyses

Mixed multiple regression analyses (logistic for dichotomous retention variables, linear for continuous engagement variables) controlled for:

- the fixed effects of model, parent age, race, education, employment, and marital status, number of adults and children in the home, and child age and
- the random effect of home visitor

The regression models included the main effects of depression screening, home visiting content, and the two-way interaction of depression screening and home visiting content

Significant interaction terms were probed in simple slope analyses (Dawson & Richter, 2006; Preacher, Curran, & Bauer, 2006)
Retention at 6 Months

Average % Time Parent-Child Focused

- **Depressed**
- **Not Depressed**

P(Enrolled 6 Months)

Low = 1.37
High = 31.2

Average % Time Parent-Child Focused

9.96
Retention at 12 Months

Average % Time Parent-Child Focused

Low = 1.05, High = 31.3

Depressed
Not Depressed

P(Enrolled 12 Months)
Home Visit Completion Ratio

![Graph showing the relationship between average percentage of time parent-child focused and home visit completion percent. The graph compares depressed and not depressed groups, with a trend line indicating an increase in completion percent as the average percentage of time parent-child focused increases.]

- Low = 1.37
- High = 31.2

Average % Time Parent-Child Focused

HV Completion Percent

Depressed
Not Depressed
Parent Engagement

Depression screening risk at enrollment is significantly negatively associated with engagement ratings

Parent-child focused content does not moderate
Home Visit Quality

Average % Time Parent-Child Focused

Low = 1
High = 30.5

Depressed
Not Depressed

26.29

HV Quality

4.00 4.05 4.10 4.15 4.20 4.25 4.30

Average % Time Parent-Child Focused

Depressed
Not Depressed
Conclusions

Depressed parents are less likely to remain in services and successfully completing visits with them is difficult.

With more parent-child relationship focus, those parents are more likely to remain in services and successfully complete home visits.

Parent-child focused content was more strongly related to objective measures of involvement than subjective (i.e., home visitor reported) even after nesting the analyses.
Discussion

There is evidence from that services that remained focused on the child are associated with stronger impacts (Raikes et al., 2006) even for high-risk families (Peterson et al., 2013). A recent study also reported associations between parent-child relationship focus in the home visit and parenting and child outcomes (Roggman et al., 2016). It may be that these stronger impacts result from a greater amount of services.

Individualizing services benefits depressed parents and a greater focus on the parent-child relationship benefits all.
Thank you

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To find out more: mckelvelylorraine@uams.edu or visit the Arkansas Home Visiting Network website at www.arhomevisiting.org

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