Motivational Interviewing Does Not Increase Retention in Home Visiting

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The problem: program retention

Figure A-1: Survival curve showing program retention
What is motivational interviewing?

“Motivational Interviewing is a client-centered, directive therapeutic style to enhance readiness for change by helping clients explore and resolve ambivalence.”

Hettema, Steele, & Miller, 2005
Four Principles of MI

• Express empathy
• Develop discrepancy
• Roll with resistance
• Support self-efficacy

GOALS: bring out ambivalence, maximize discrepancy, elicit “change talk,” facilitate commitment
Why MI and retention in home visiting?

• Foundational assumption: The vast majority of mothers joining a voluntary home visiting program want support, assistance, and information. They join with the intent of participating fully.

• It addresses an area that can be potentially influenced by home visiting.

• Focus groups revealed that mothers are primarily focused on proximal needs.

• Numerous factors impede mothers’ ability to plan for the future: age, unstable living environments, mental health problems.
The First Years Project in Every Child Succeeds: Testing MI in Home Visiting
ME: Core Features

• ME uses MI techniques
• ME is directive, focused on maximizing adherence and retention
• ME explicitly brings up the issue of program retention
• Motivational Visits are during the first four home visits, and at 4, 8, 12, and 16 months
• Home visitors are encouraged to use ME skills at other times for other issues
• TRAINING IS INTENSIVE: 9 hours of group training followed by individualized training to criterion, regular review of audiotapes, annual group and individual booster trainings.
• Fidelity facilitators
FYP: Research Design

FOUR AGENCIES

TWO HFA AGENCIES

Home visitors

Motivational Enrichment

TWO NFP AGENCIES

Home Visitors

Typical Home Visiting
(attention control-The Path)

random assignment to ME and THV
Assignment, Enrollment, & Assessment

Assignment to condition at referral

Baseline Assessment

4.5 month call

9 month Assessment

13.5 month call

18 month Assessment

Retirement: days, visits, density

N = 231
(12 withdrawals)

ME = 108
THV = 123

Primary Hypothesis:
ME > THV

Intent to Treat
91.3% study retention
Percentage retained in FYP sample (n=232)
Average days in home visiting: group effects

\[ t = 0.65, \ p > .05 \]
Average number of home visits: group effects

$t = 0.37, p > .05$
Average number of home visits: group effects

F = 3.23, p > .05
HOME Inventory Total: group effects

F = 3.23, p > .05
PSI-SF Total Stress: group effects

F = 0.58, p > .05
What to do with negative findings?
Possible explanations for findings

• We did it incorrectly.
• Study was underpowered.
• MI does not effectively reduce retention.
• ME as an MI approach is insufficient or inadequate; closer supervision may be needed.
• Reasons for retention are varied, and motivation to remain in a program is one of several.
Learning and Implementing ME: Challenges and Facilitators
Other Benefits of MI

• Empathy skills are strengthened
• Elicits more discussion with mothers
• Resistance is brought out and can directly addressed
• Relationship is strengthened
• Added structure provided by ME allows for explicit discussion of issues related to retention
Challenges to Learning MI

• Large amount of training needed to fully master skills
• Need to overcome assumptions about what is already known; reflection and listening skills are difficult to master
• Frequent practice needed
• Challenging to develop self-awareness of skill usage
• Implicit authority role in home visiting that is difficult to minimize
Challenges to Implementing MI

• Distractions problematic for a method that relies on unfolding, uninterrupted discussions

• The preventive nature of home visiting makes it difficult to direct mothers toward change and goals

• Urge to step in prematurely is very strong

• Awareness of interaction with mothers, and adjusting strategies in the moment, is a difficult skill to consistently apply
Cautionary Notes and Next Steps

• Need to test interventions before they are widely disseminated.

• MI requires intensive training, booster trainings, close supervision.

• How best to deploy MI in home visiting needs more study—MI may have other and different benefits.

• The goal of ensuring full retention needs to be re-examined.
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