

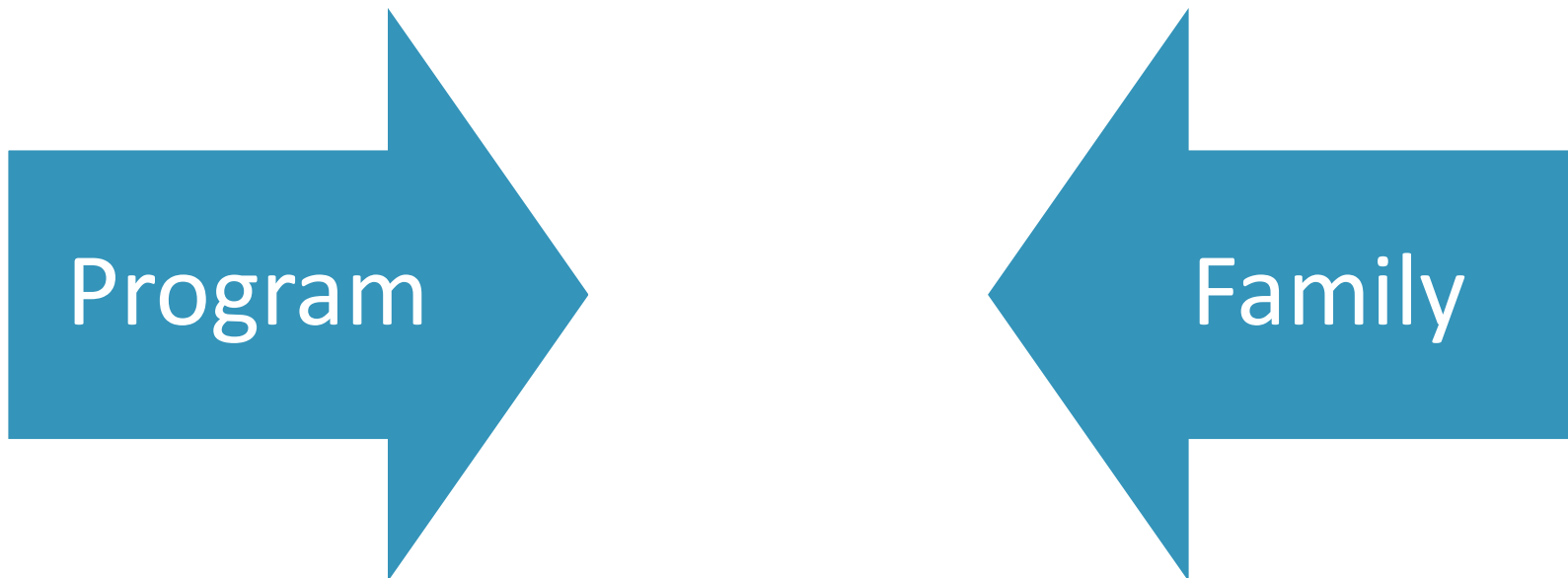
"Keeping Families": Exploring Moderators of Retention and Engagement of Depressed Parents in Home Visiting Services

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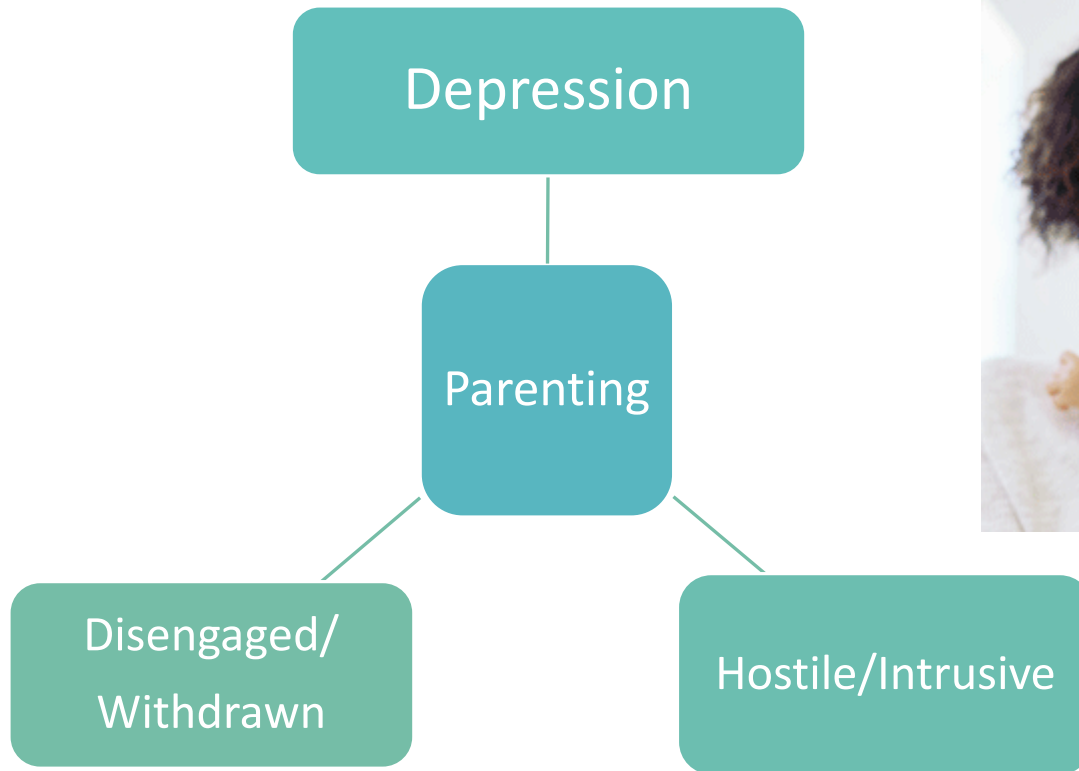
PRESENTATION TO THE HOME VISITING APPLIED
RESEARCH COLLABORATIVE; WASHINGTON, DC.
NOVEMBER 2016

Background

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).

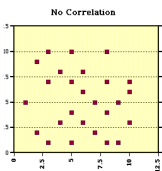


Depression & Parenting



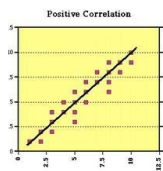


Depression & Involvement



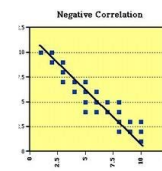
No Association:

- 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:

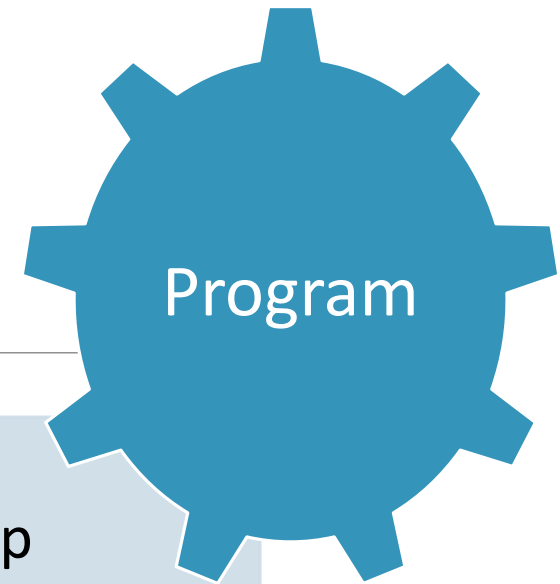
- Family Connections (3/9 Mos; Girvin, DePanfilis, & Daining, 2007)
- Healthy Families America and Nurse Family Partnership (Every Child Succeeds; Ammerman et al., 2006, 2009)



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



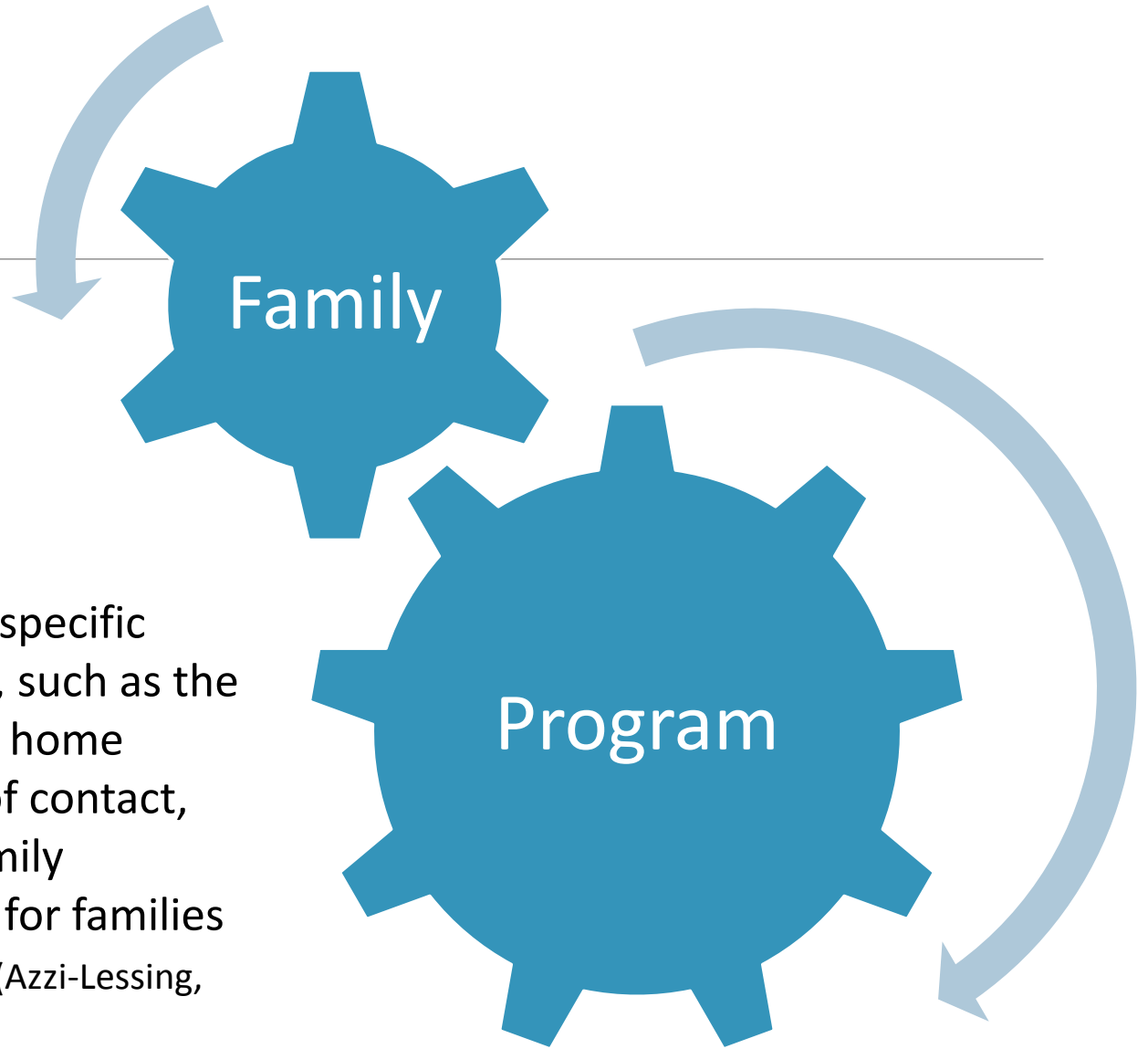
Better Engagement:

- 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)

Purpose



“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)

A photograph of a woman in a pink and white patterned dress sitting on a dark leather couch. She is smiling and looking towards the camera. To her left, a man in a green long-sleeved shirt and glasses is sitting on a wooden chair, looking down at a clipboard and writing. The setting appears to be a living room with a wooden coffee table in the foreground and a window in the background. The text "Services & Evaluation" is overlaid in the center of the image.

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™

Parents as Teachers (PAT)

Enrollment/Services Prenatal to Age 3
Years

Universal Parenting Intervention

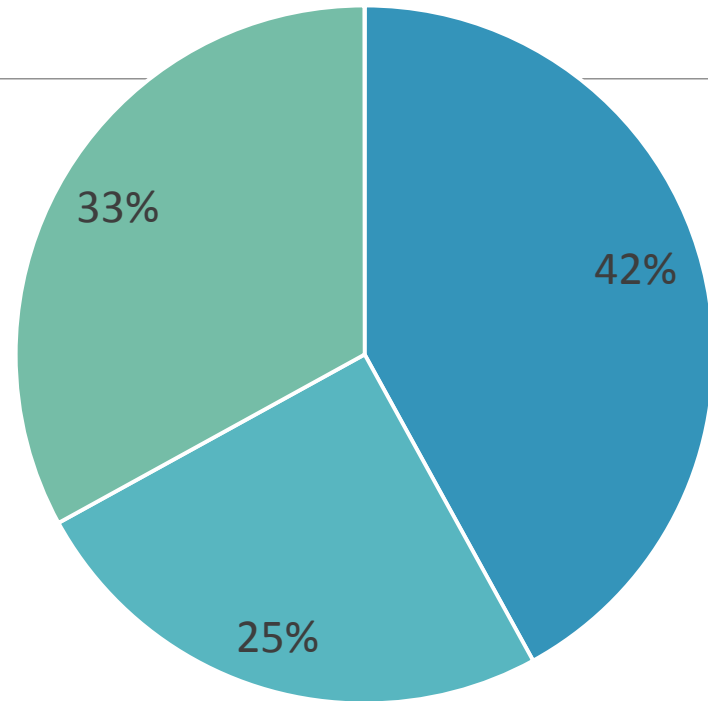
Participants

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)

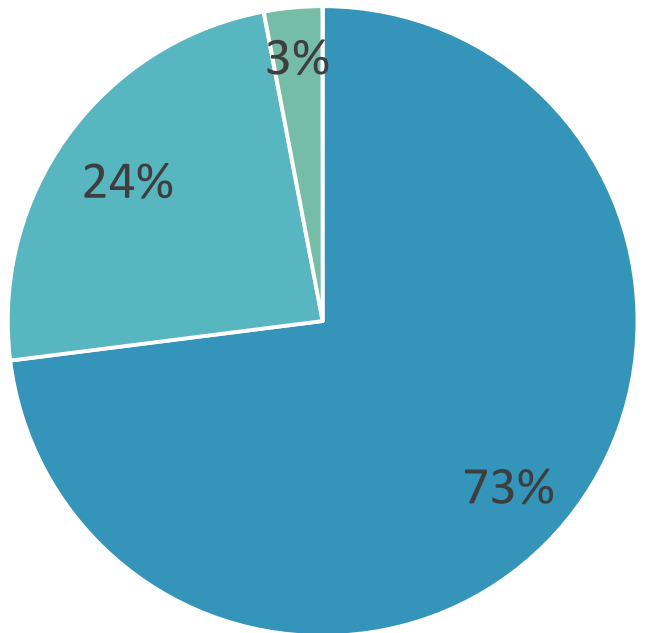
Child Age at Enrollment



- Prenatal
- Birth to 6 Months
- 6 Months and Older

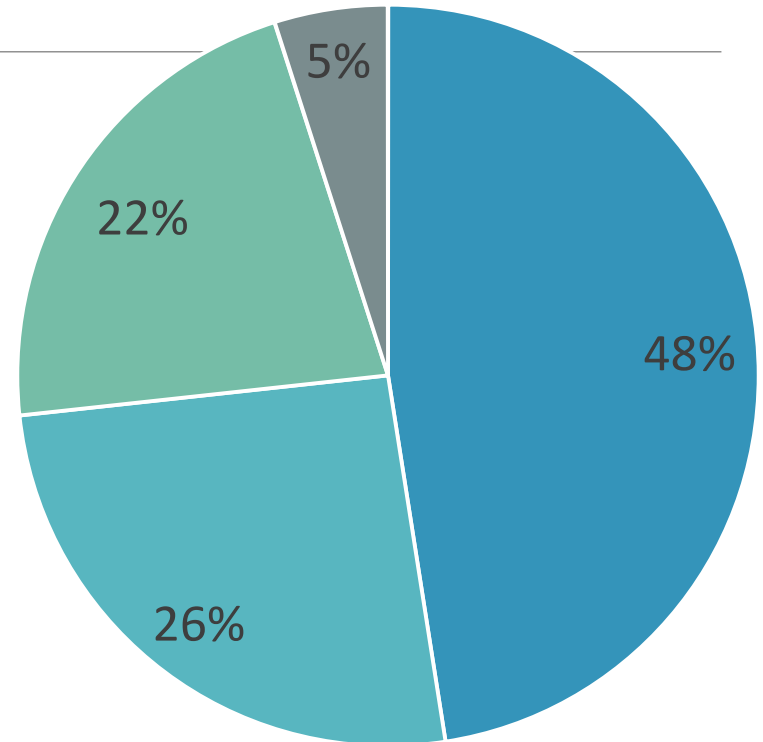
Participants

Marital Status



■ Single ■ Married ■ Other

Race/Ethnicity



■ White ■ Black
■ Hispanic ■ Other

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



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?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

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

Identified 19% of parents at enrollment



Any Depressive Disorder (18% prevalence)			
PHQ-2 Score	Sensitivity	Specificity	Positive Predictive Value (PPV*)
1	90.6	65.4	36.9
2	82.1	80.4	48.3
3	62.3	95.4	75.0

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

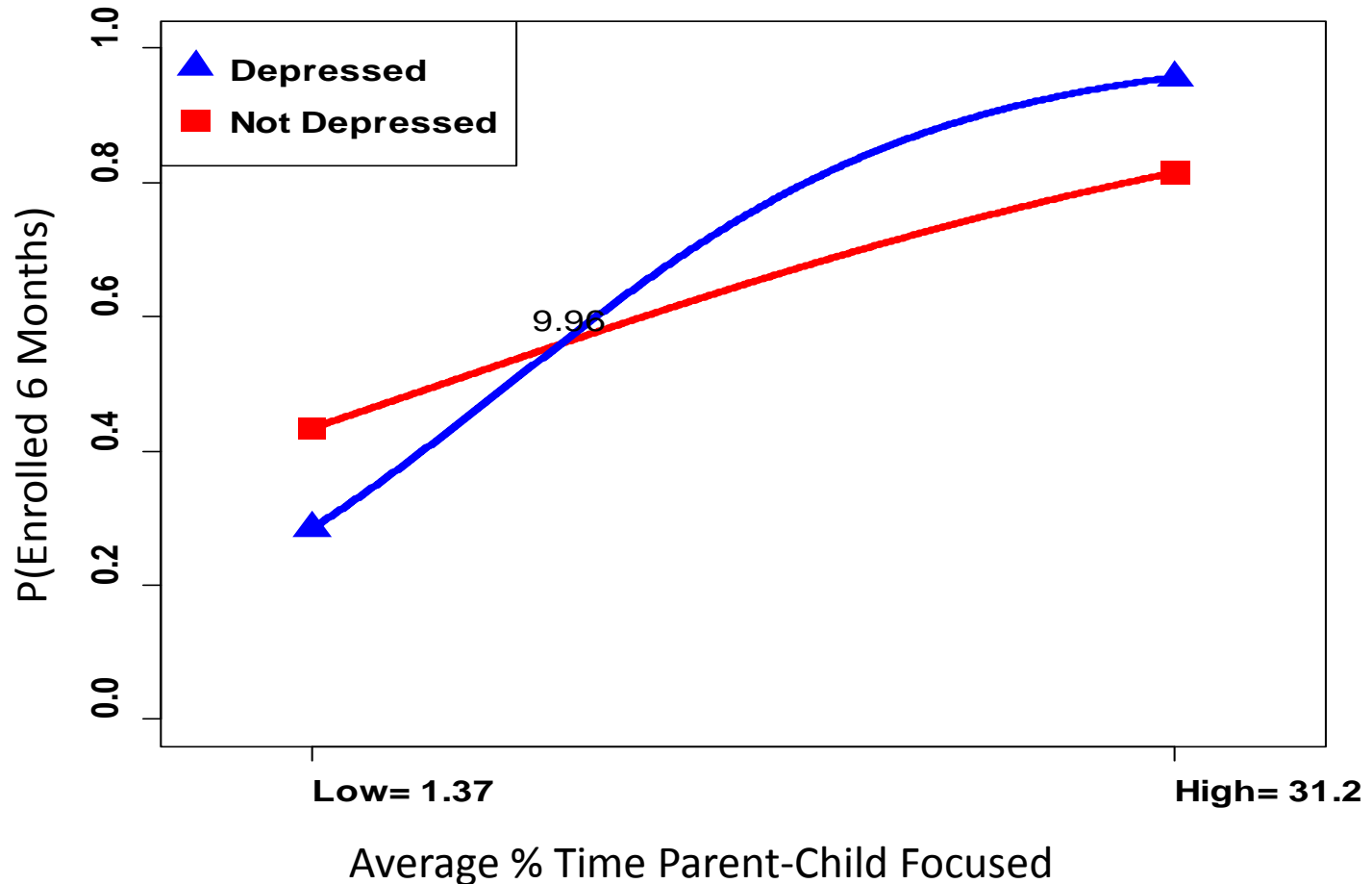
Mixed multiple regression analyses (logistic for dichotomous retention variables, linear for continuous engagement variables) controlled for:

- 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

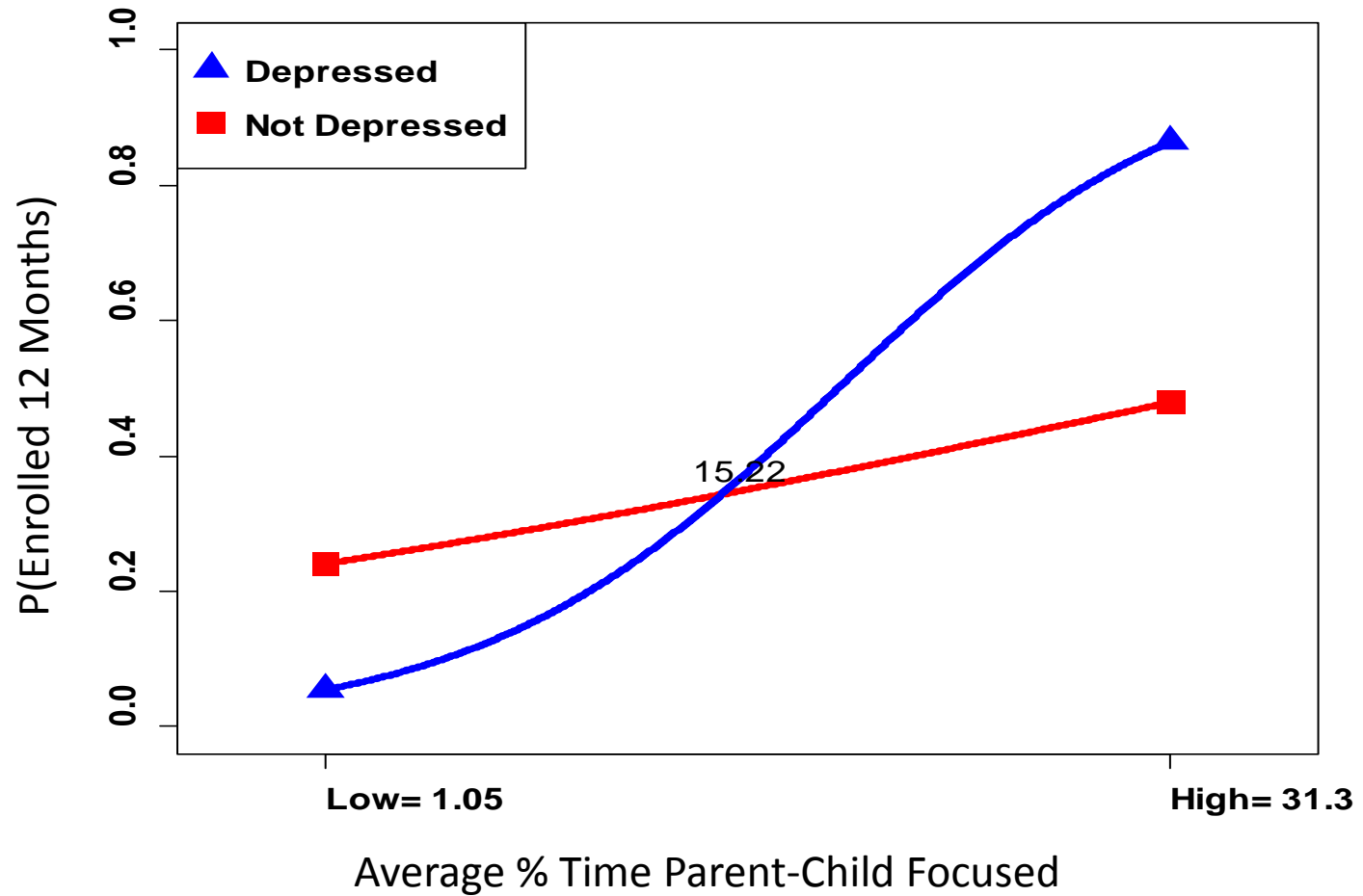
The regression models included the main effects of depression screening, home visiting content, and the two-way interaction of depression screening and home visiting content

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

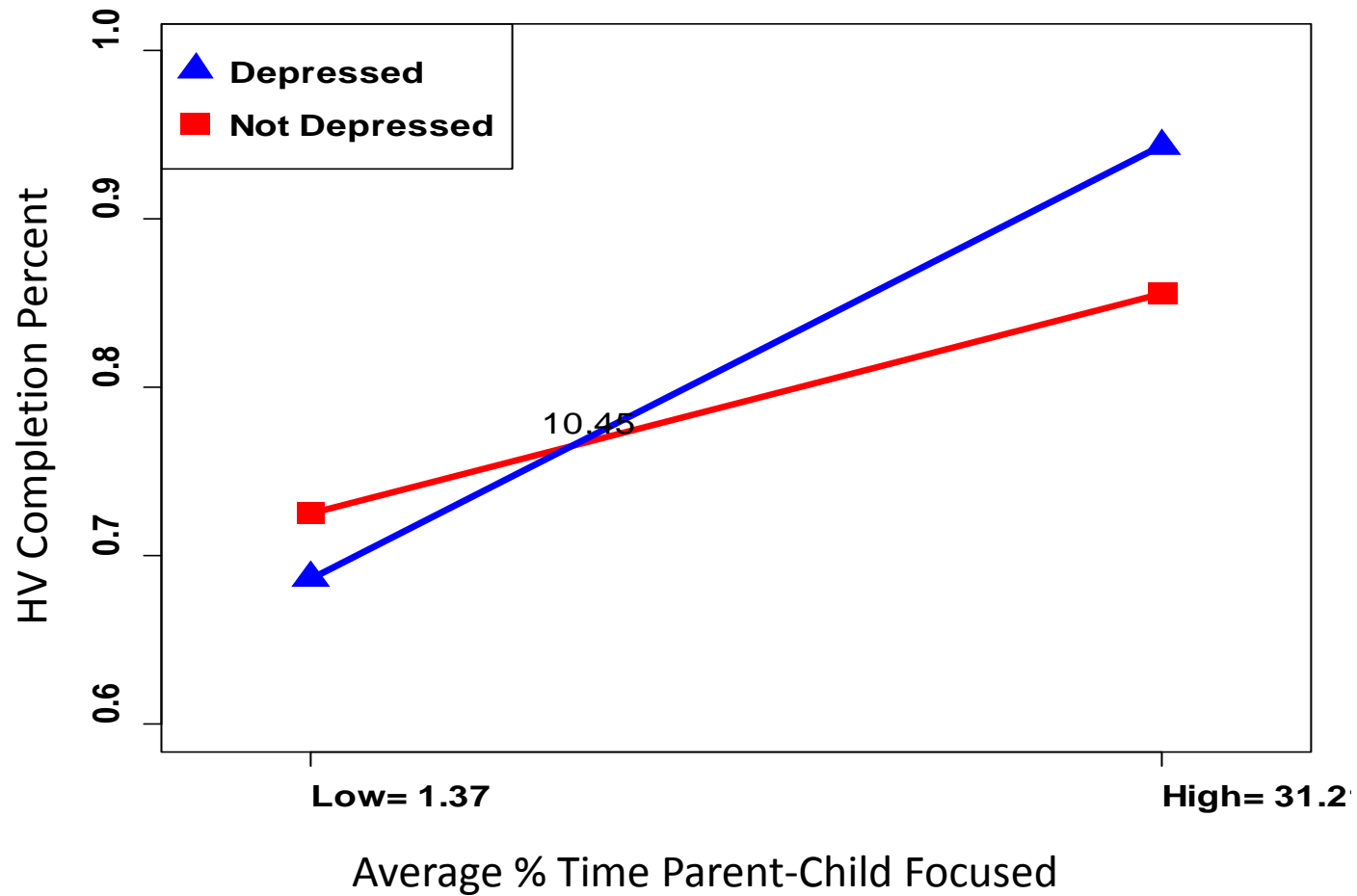
Retention at 6 Months



Retention at 12 Months



Home Visit Completion Ratio



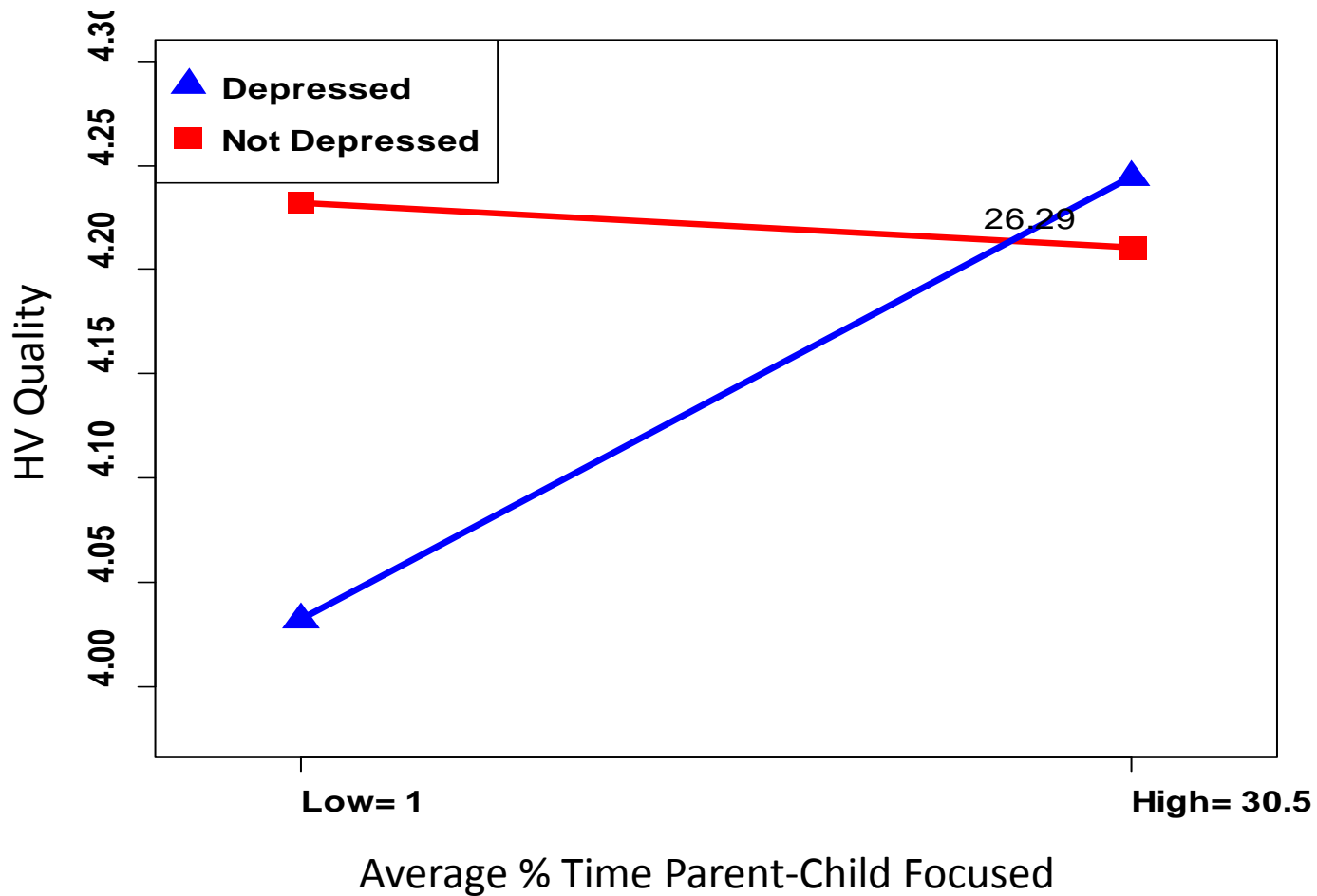
Parent Engagement

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

Parent-child focused content does not moderate



Home Visit Quality



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

Special thanks to our participants, home visitors and supervisors, and funder!

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

Funding for this study was made possible by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number D89MC23141 of the Affordable Care Act - Maternal, Infant, and Early Childhood Home Visiting Program awarded to the Arkansas Department of Health. This study was also funded in part by the HHS Office of Head Start (90YD0254) and Administration on Children, Youth, & Families (90YF0051). The information or content and conclusions expressed in this material or by speakers and moderators are those of the author(s) and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.



**Stronger Families.
Brighter Futures.**
ARKANSAS HOME VISITING NETWORK

