

Motivational Interviewing Does Not Increase Retention in Home Visiting

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Home Visiting Applied Research Collaborative Meeting

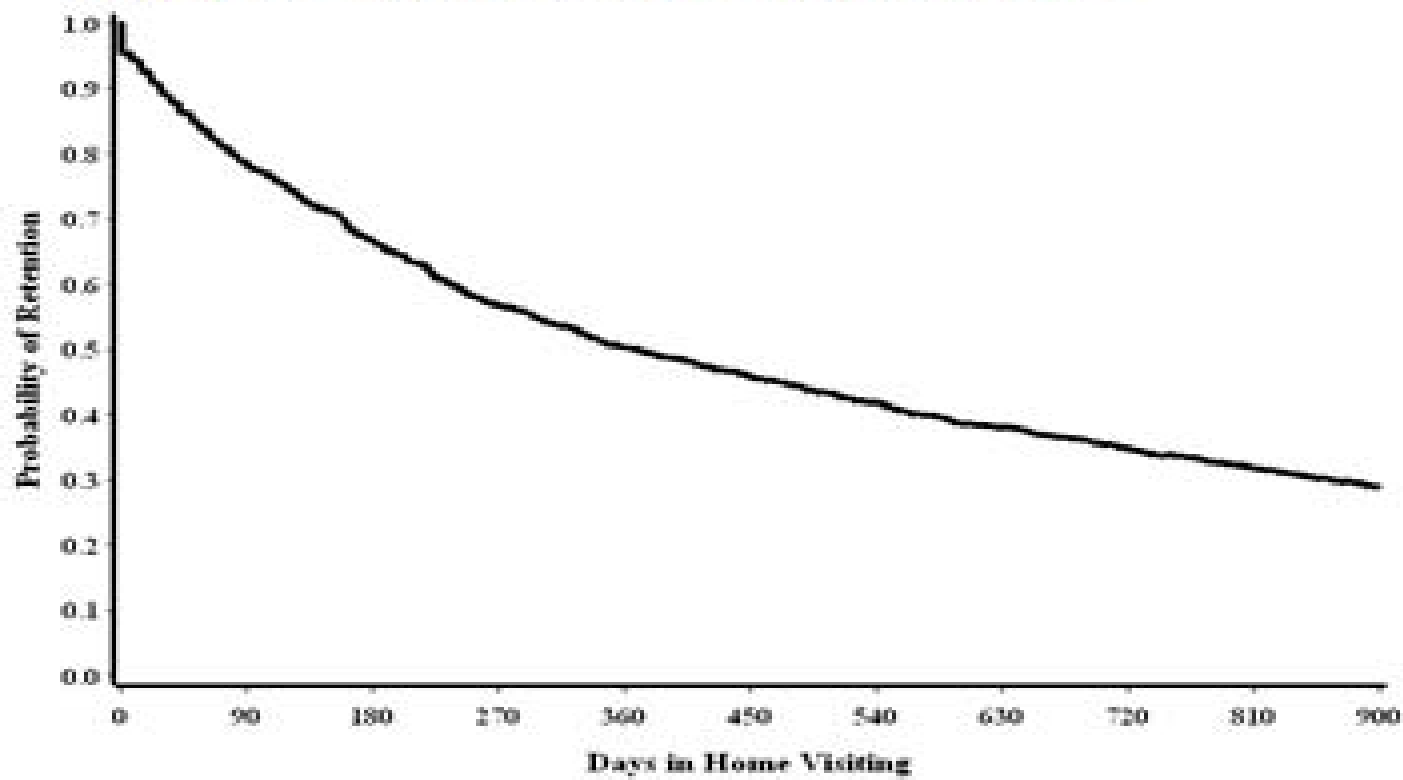
Alexandria, VA

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The problem: program retention

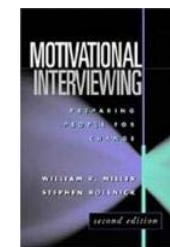
Figure A-1: Survival curve showing program retention



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.

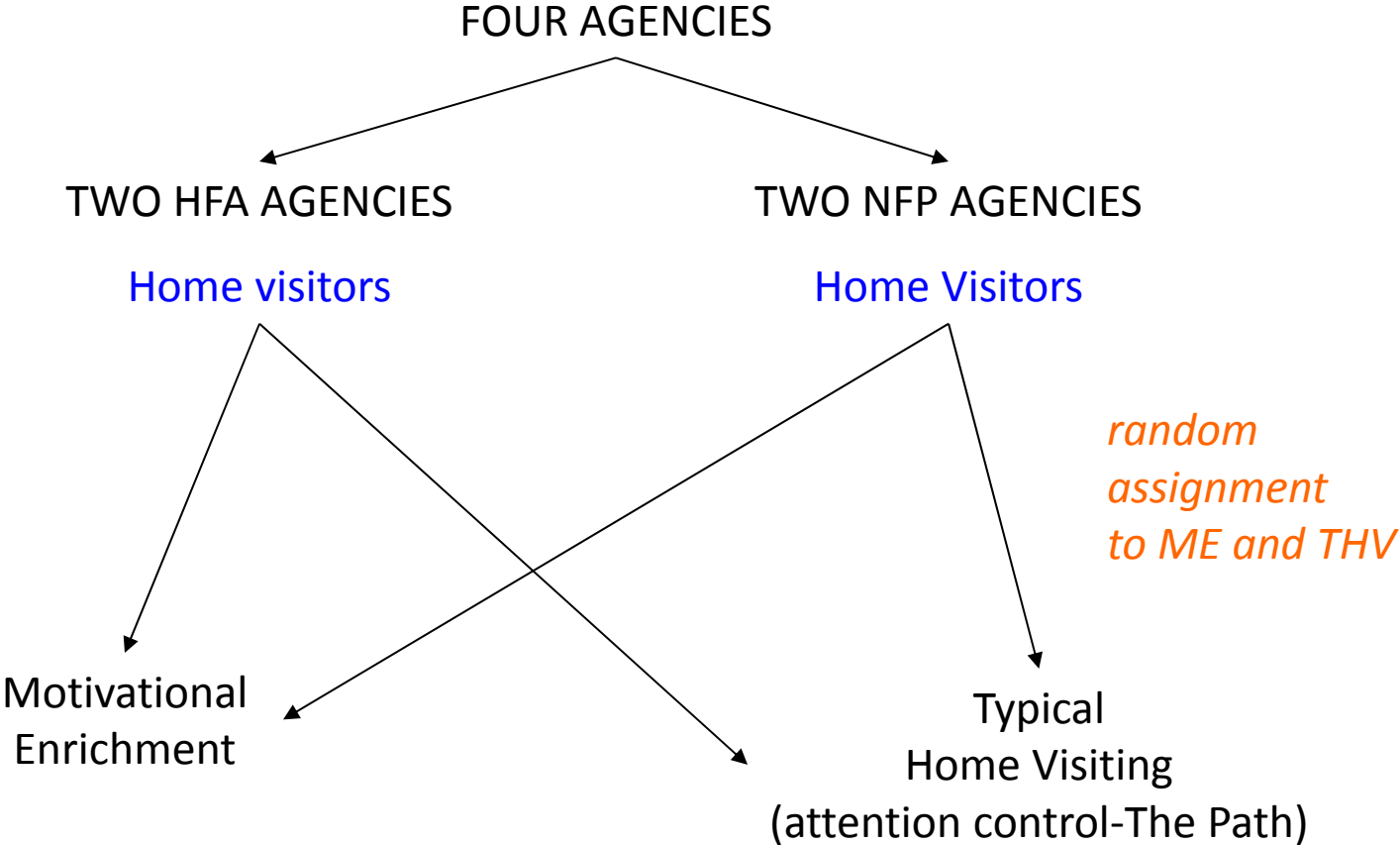
The First Years Project in Every Child Succeeds: Testing MI in Home Visiting



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



Assignment, Enrollment, & Assessment

Assignment to condition at referral

Baseline Assessment

N = 231
(12 withdrawals)

4.5 month call

PRIMARY HYPOTHESIS:

ME = 108
THV = 123

9 month Assessment

ME > THV

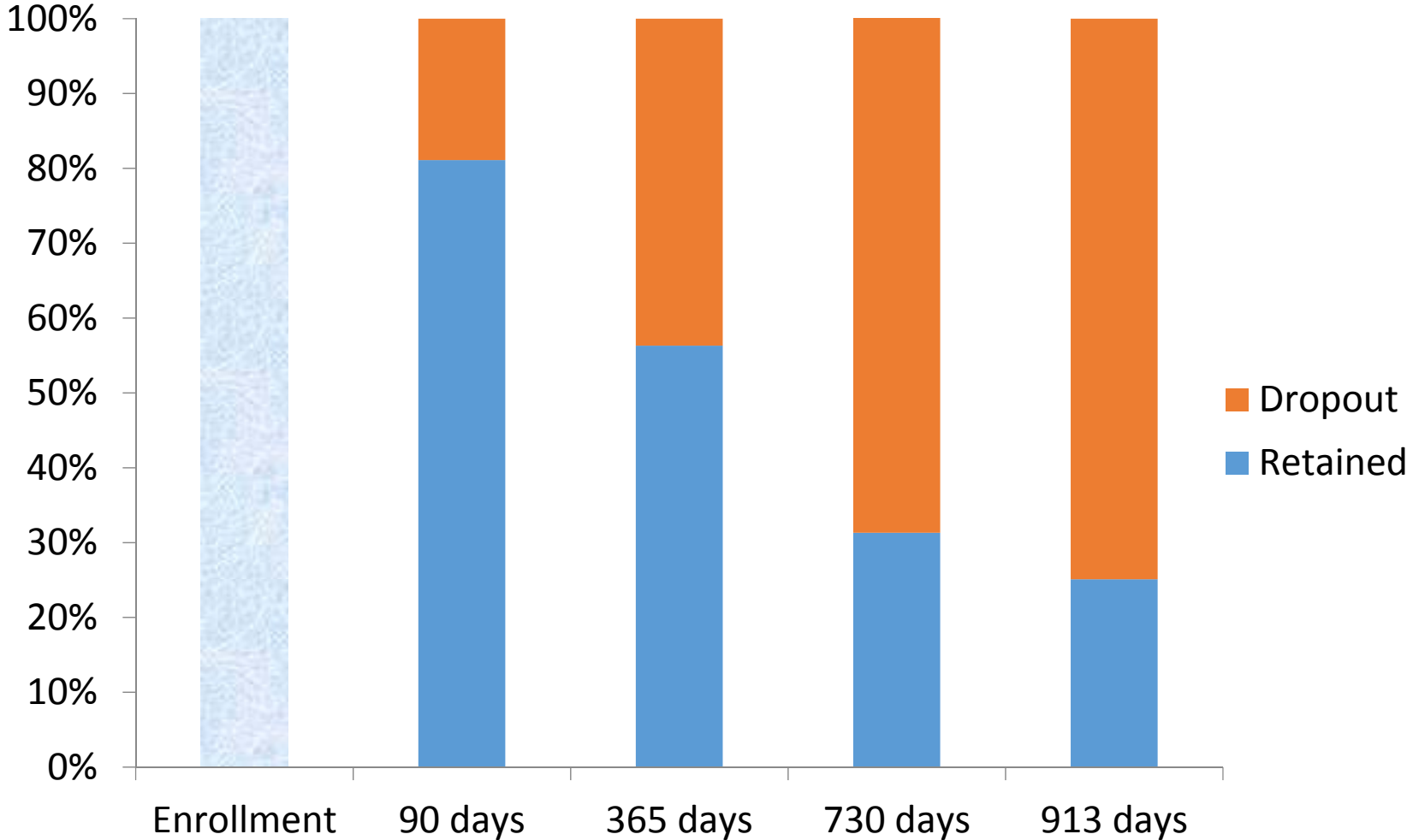
13.5 month call

INTENT TO TREAT
91.3% study retention

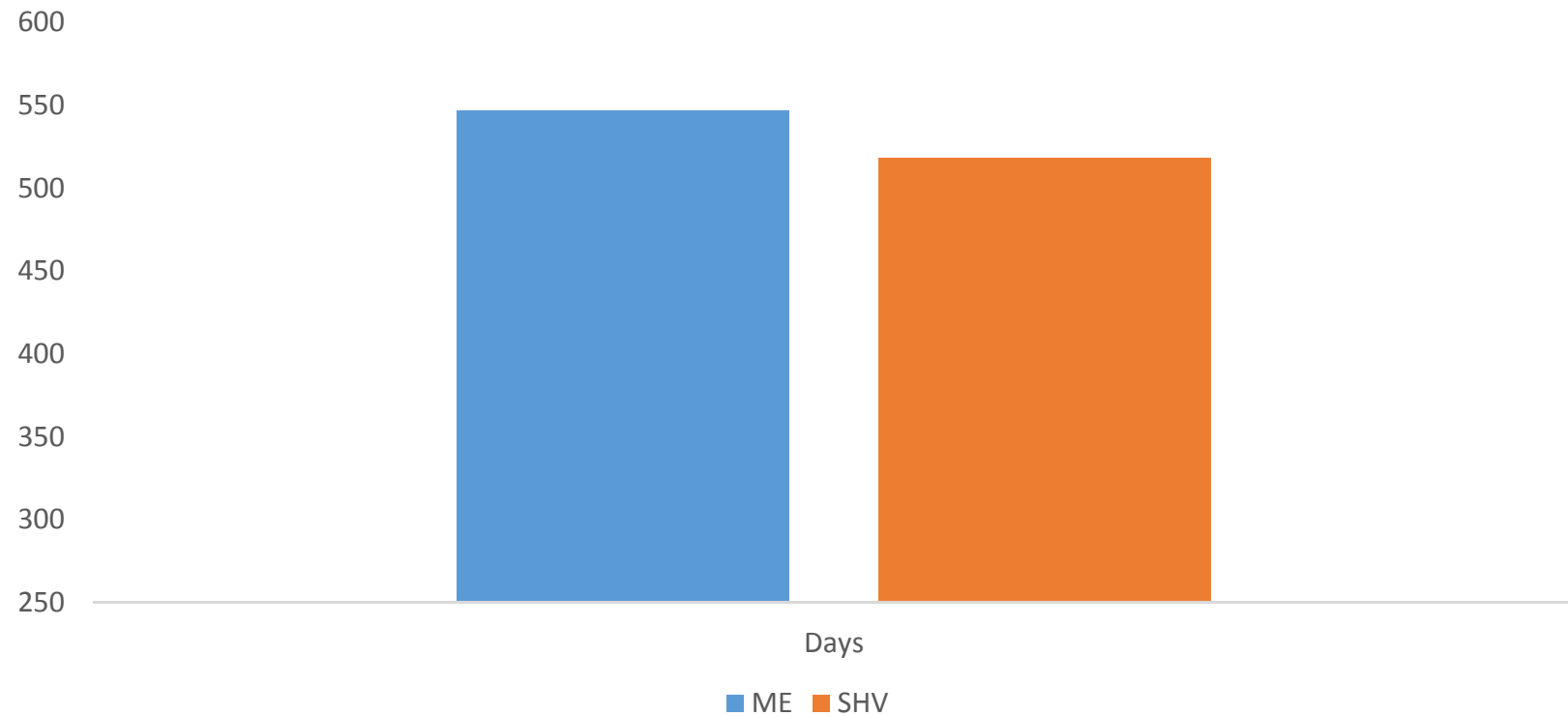
18 month Assessment

Retention: days, visits, density

Percentage retained in FYP sample (n=232)

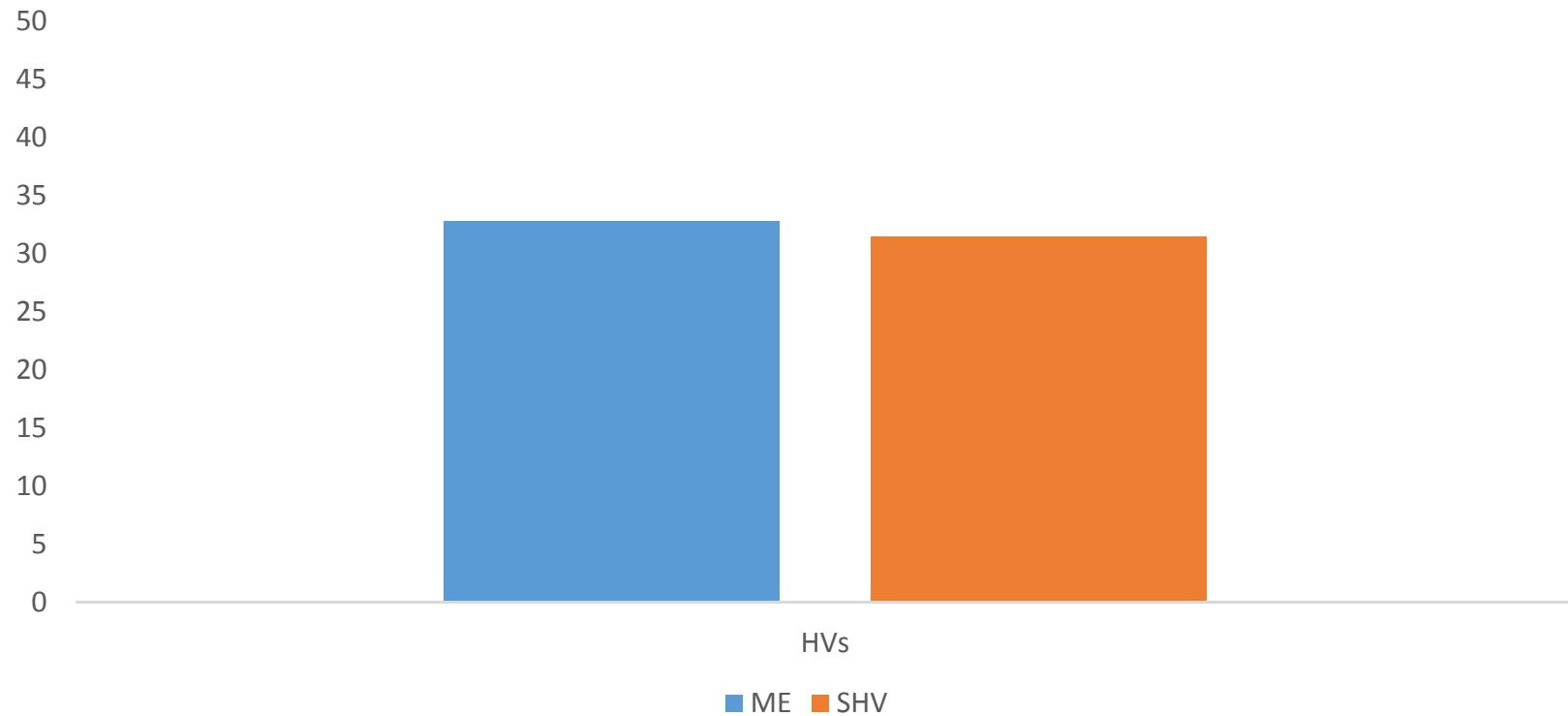


Average days in home visiting: group effects



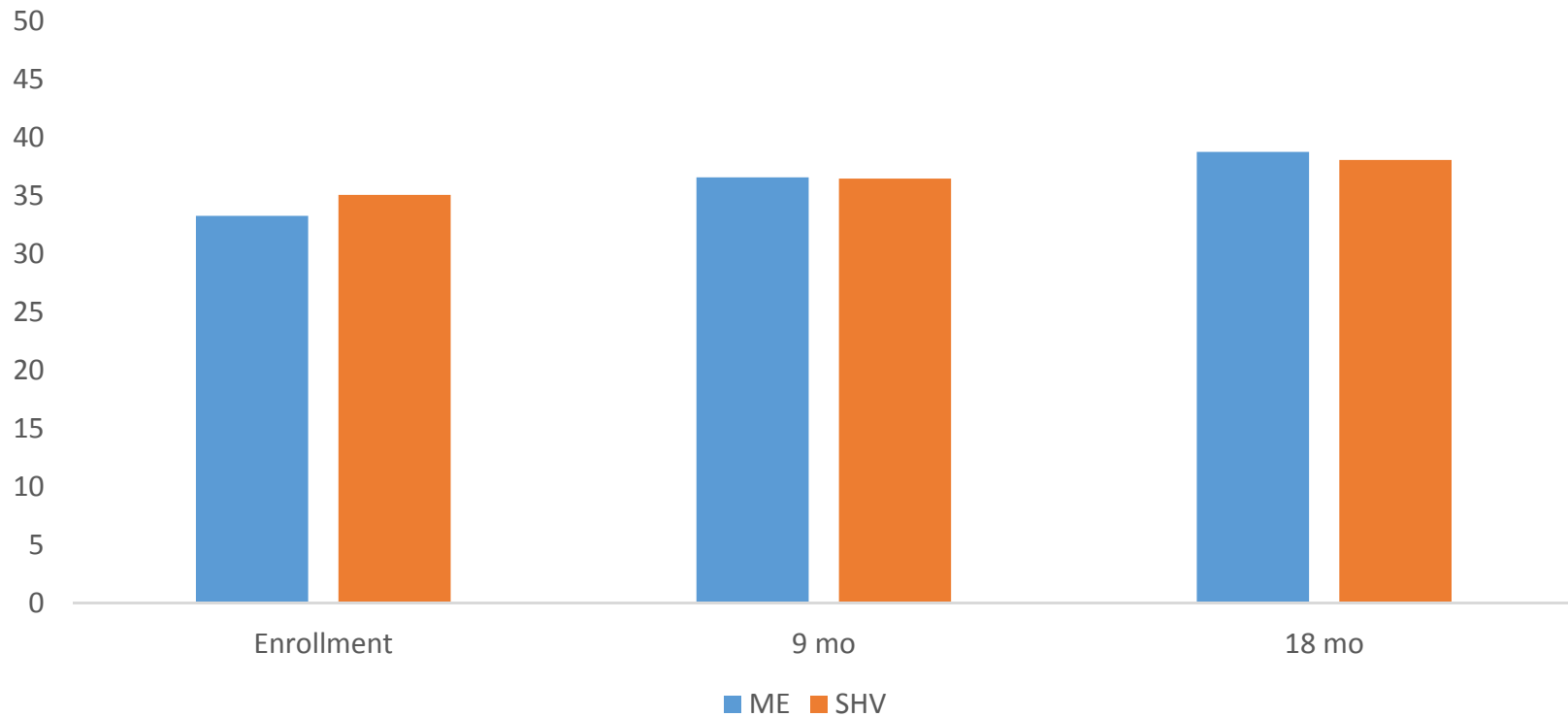
$t = 0.65, p > .05$

Average number of home visits: group effects



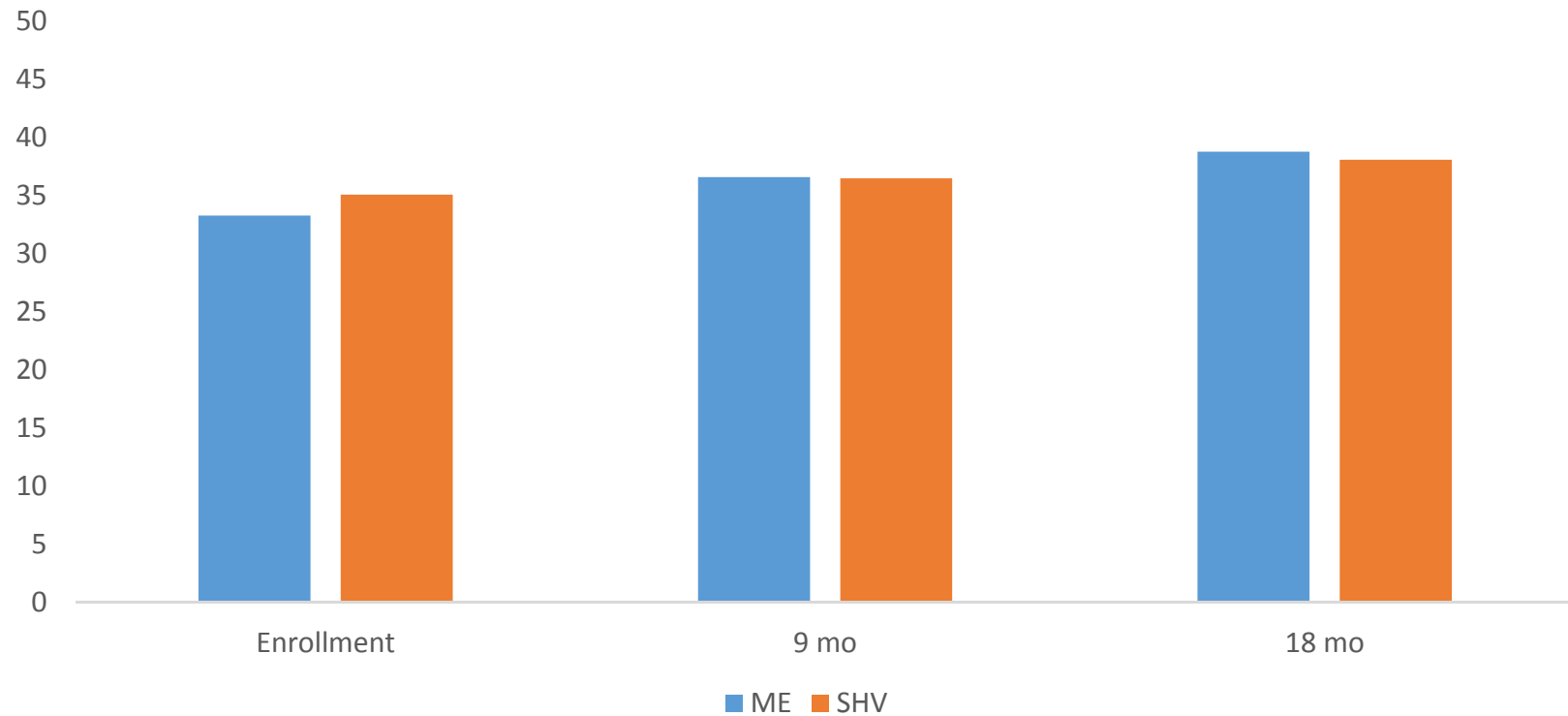
$t = 0.37, p > .05$

Average number of home visits: group effects



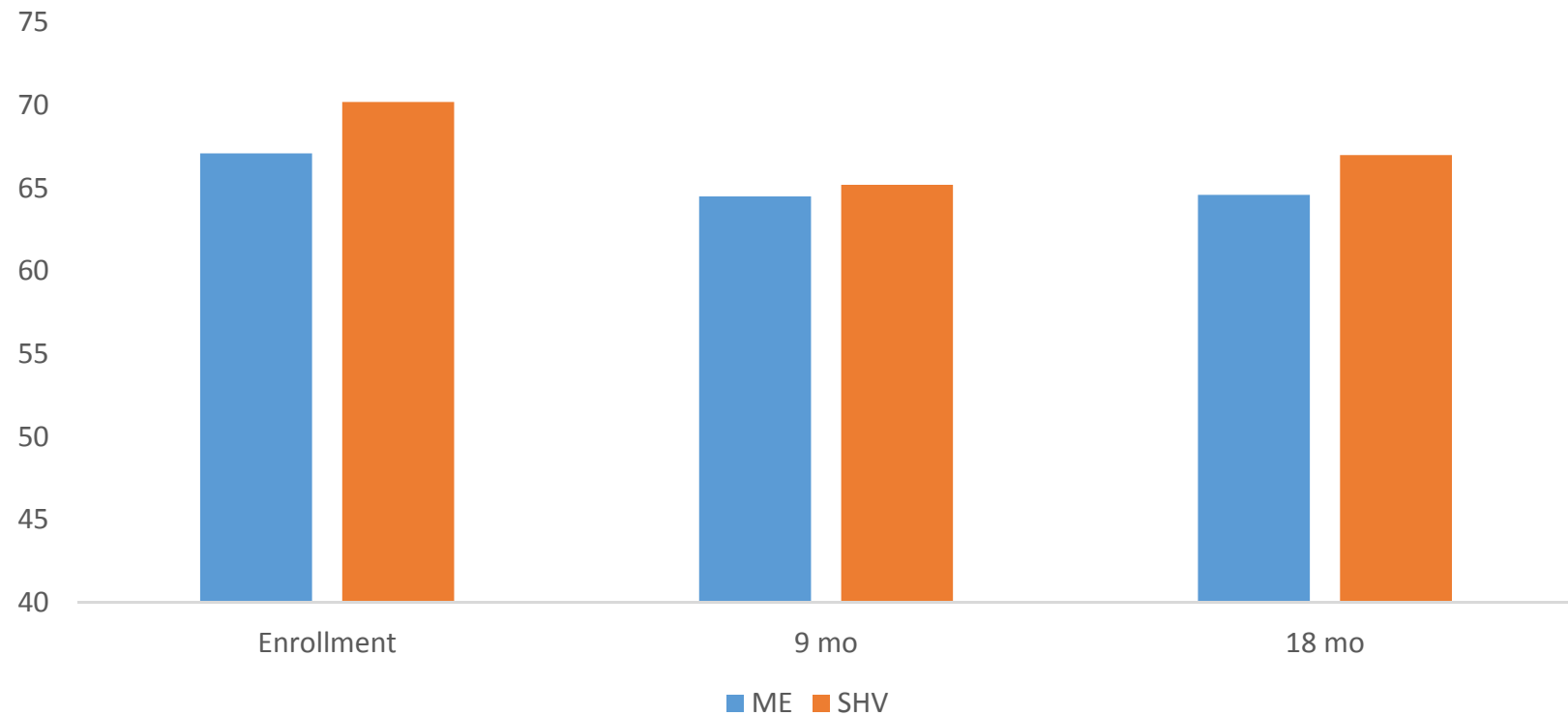
$F = 3.23, p > .05$

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?

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The natural selection of bad science

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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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