Listening Visits Delivered by U.S. Point-of-Care Providers: Sustainability of Treatment Gains

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Objective: Depression in low-income, ethnic-minority mothers is prevalent [1, 2]. Although treatments delivered by specialists are difficult to access by this at-risk group, treatments delivered by non-mental health specialists who are already working with women as part of ongoing health care or social services (i.e., point-of-care providers) appear to provide a promising and cost-effective alternative. One such approach, Listening Visits (LV), developed and validated in the U.K.[3], was recently evaluated in U.S. home-visiting settings and reported successful outcomes [4]. Despite the robustness of empirical evidence for treatments like LV, considerable skepticism continues to surround treatments delivered by non-mental health specialists, as evidenced by the longstanding debate about the comparative effectiveness of specialist vs. non-specialist treatment providers [5, 6]. To address this issue of the sustainability of LV, this talk will present results from the follow-up phase of the two-arm, four-site randomized controlled trial of LV delivered by U.S. point-of-care providers to impoverished mothers with mild to moderate depression [7].

*Method.* Women (N=66) were randomized to immediate (treatment) or delayed LV (control) and completed assessments (depression & quality of life) at 8- and 16 weeks post enrollment. The 16-week assessment that is the focus of this presentation constitutes the follow-up phase, assessing the sustainability of treatment gains in the immediate treatment group and treatment effects in the delayed group.

**Results:** Treatment gains previously observed in women completing LV immediately were enhanced during the 8-week follow-up period. Women who were originally assigned to a wait-list control condition (consisting of usual care) experienced significant improvement in depressive symptoms and adjustment during the 8 weeks when they received LV.

*Conclusions*: Results demonstrate the sustainability of treatment gains resulting from LV delivered by point-of-care providers, and provide further evidence of the effectiveness of LV regardless of whether treatment begins immediately or after several weeks.

*Keywords:* Listening Visits, depression, sustainability

## References

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