

# Working to Support Families Experiencing Adversity: Best Practices in Introducing the Lemonade for Life Program



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## Introduction

- Caregiver's ACEs is associated with poorer physical and mental health concerns during pregnancy and after the baby arrives.<sup>1</sup> Thus, pregnancy is a critical period to potentially interrupt the intergenerational transmission of trauma and mitigate negative health outcomes for caregivers and baby.
- Lemonade for Life (L4L) is a trauma-informed prevention-intervention to support professional's use of ACEs as a tool to foster hope with caregivers.<sup>2</sup> The main components of L4L include 1) awareness of the past, 2) acknowledgement of ACEs and their present effect, and 3) action planning toward goals in the future.
- For the L4L program to be successful in positively impacting families, providers must be able to introduce the program in a successful way.

## Results

- The providers believed that their 1) overall caregiver assessment prior to administering the ACEs questionnaire and 2) their approach to discussing the L4L program impacted overall caregiver response. Specifically, providers emphasized the importance of four specific factors when successfully implementing L4L:
  - Assessing caregiver's stage of change,
  - Assessing caregiver's current knowledge of parenting behavior,
  - Explaining the benefits of L4L, and
  - Using a conversational approach.
- Regarding approach, providers described feeling comfortable engaging in the ACEs discussion (62%) and that the L4L allowed the providers to gain insight on the families (46%).
- Providers described the most salient strength of implementing the L4L program was that it sparked behavior change among caregivers (78%) by supporting their goals to improve their parenting practices (71%).
- Despite having training in L4L, providers shared barriers to administering the ACEs questionnaire, including feeling unprepared to manage caregiver's potential negative reactions when discussing past trauma (59%), perceiving families' resistance to opening-up with the provider (41%), and not addressing cultural norms with families (24%).
- Providers offered suggestions for improving the L4L program, including focused training on using L4L materials with families and offering refresher trainings (71%) and adapting materials for families (29%).

## Conclusion

- In terms of best practices in introducing the L4L program, providers explained the importance of understanding caregiver motivation and knowledge, as well as clearly explaining the benefits of the program. Further, sharing information in a conversational approach is key.
- Due to the importance of supporting families and reducing future adversity, continuing to learn best practices in implementing programs like L4L is of utmost importance.
- Moreover, focusing prevention-interventions on building protective factors, like protective and compensatory experiences (PACEs), within families is imperative.<sup>3</sup>
- More robust training and support is needed to improve the understanding of best practices in engaging families across the continuum of recruitment and engagement in interventions like L4L, and ultimately, work to disrupt the intergenerational transmission of trauma from caregivers to child(ren).



## Purpose

- The current study used a qualitative approach to understand best practices in introducing the L4L program from the provider perspective.

## Methods

### Participants:

- A purposive sampling method was used. The sample included 17 providers in three home-based programs (Nurse Family Partnership, Parents as Teachers, and SafeCare).
- All providers identified as female.
- The median age range was 40-49 years old.
- Most providers identified as White (50%), Hispanic (31.3%), Native American (18.8%), Black (12.5%), and other (6.3%)

### Procedures:

- Individual semi-structured interviews were conducted to identify best practices in implementing L4L.
- Interviews were conducted by trained data collectors and last approximately 1 hour.

### Analysis:

- Interviews were transcribed and cross-checked for accuracy by University-trained research assistants with inter-rater reliability being 85% or higher for all transcripts.
- A template approach was used to analyze data using NVivo 11.

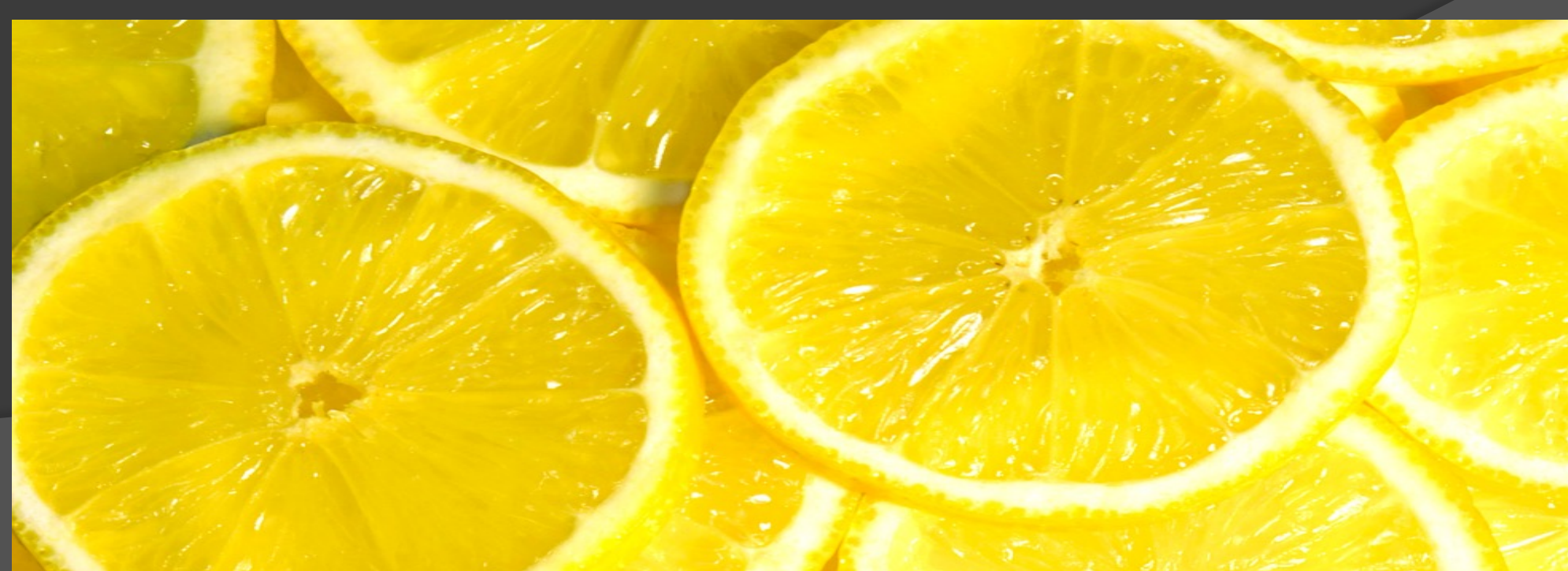
## Example Provider Quotes

"And I think it is ... where you are in the stage of change ... pre contemplation, contemplation, action. We use those ... to decide where they're at and when they're likely to change."

**-Provider discussing importance of stages of change**

"I think it can be a little bit clinical sometimes, ... I think sometimes there could be some shame, and maybe they don't want to -- either they have repressed it and they're really not aware of it, or they discount it, or they diminish some of the past events of their life."

**-Provider discussing barriers to ACEs conversation**



## Selected References

- Counts, J. M., Gillam, R. J., Perico, S., & Eggers, K. L. (2017). Lemonade for Life—A pilot study on a hope infused, trauma informed approach to help families understand their past and focus on the future. *Children and Youth Services Review*, 79, 228-234.
- Scorza, P., & Monk, C. (2019). Anticipating the stork: Stress and trauma during pregnancy and the importance of prenatal parenting. *Zero to Three*, 39(5), 5-13.
- Hays-Grudo, J., & Morris, A. S. (2020). *Adverse and protective childhood experiences: A developmental perspective*. American Psychological Association.

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