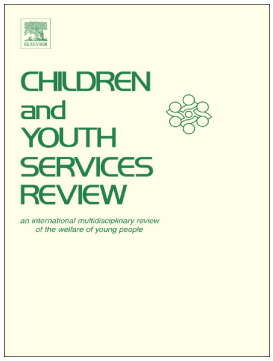


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# Lemonade for Life—A Pilot Study on a Hope-Infused, Trauma-Informed Approach to Help Families Understand their Past and Focus on the Future

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**Abstract**

The Adverse Childhood Experiences' (ACEs) research provided groundbreaking evidence that events that occur early in life can impede core life capabilities and lead to significant negative social, behavioral, and physical outcomes. While the research is widely known, the translation and application for use with families has been lacking. In response to this gap, Lemonade for Life was developed to help professionals who work directly with families understand how to use the ACEs research as a tool to build hope and resilience. A developmental evaluation was conducted to learn about how Lemonade for Life participants integrate ACEs in their work with families, as well as whether and how the Lemonade for Life training and materials influenced their work. Focus group and survey data were collected from 24 home visitors and parent educators and parent educators, who participated in a Lemonade for Life training. Findings indicate that Lemonade for Life may be a useful tool for translating ACEs research into practice with families. Participants perceived that following the integration of what they learned through Lemonade for Life into their work, the families they served were more engaged in services and better able to understand their past experiences and current life circumstances. Results suggest a continued need to assess and focus on the hope and mindset of professionals who work directly with families to optimize opportunities for change.

## 1. Introduction

Research has never been clearer about the importance of the early childhood years in relation to life success (Perry, Kaufmann, & Knitzer, 2007; Shonkoff & Meisels, 2000; Nakazawa, 2015). Public and private funding has invested significantly in early intervention programs to capitalize on the opportunity to support families and get them onto a positive trajectory (Michalopoulos et al, 2015; Head Start Program Facts, 2016; Child Care Development Fund Expenditures, 2016). Yet children continue to get to school unprepared, and the underlying factors that build resilient families go unaddressed. The Adverse Childhood Experiences (ACEs) study provided an important, foundational understanding of why this phenomenon occurs. This landmark study identified the link between what happens during a child's early years and health risks that one faces as an adult (Felitti et al., 1998). The ACEs study measured ten types of childhood adversity: sexual, physical, and verbal abuse; physical and emotional neglect; witnessing domestic violence; a household member who is an alcoholic or drug user; a household member who been imprisoned; a household member who has been diagnosed with a mental illness; or loss of a parent through separation or divorce. Findings revealed that childhood trauma is very common—two-thirds of the 17,000 participants experienced at least one type of childhood trauma, and most suffered two or more. The more types of childhood trauma a person has, the higher the risk of

medical, mental, and social problems as an adult; and, the more likely that ACEs will be transferred to the next generation (Nakazawa, 2015).

ACEs can result in toxic stress, as prolonged activation of the stress response systems can negatively affect the development of the brain and other organ systems, increasing the risk of stress-related disease and cognitive impairments throughout a child's life (Center for the Developing Child website 2017). Given this, ACEs have become a key issue in public health, social services, and social change efforts. Since the federal fiscal year 2010 to 2014, over $1.5 billion has been invested in home visiting through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program (Michalopoulos et al, 2015). MIECHV funds evidence-based programs that focus on families with children birth to age three to improve maternal, infant, and child health, prevent child maltreatment, encourage positive parenting, and promote child development and school readiness (Health Resources and Services Administration, 2017).

Home visitors and parent educators are confronted daily in their work with the realities of ACEs' impact on families. For many professionals, the ACEs study confirmed what they already suspected. For others, the understanding and acknowledgement of ACEs is a new territory to explore. There are few resources available that provide support specifically aimed at the use of ACEs research in home visiting. The NEAR@Home Toolkit (Thrive Washington, 2015) provides useful information but requires self-driven learning, and evidence on the effectiveness of the integration of the strategies into home visiting services

has not been established. Websites such as ACEs Too High (https://acestoohigh.com/) or ACEs Connection (http://www.acesconnection.com/collection/aces-101) provide overviews of the ACEs study and report on new strategies to use ACEs to strengthen practice. However, the research base on the effectiveness of such tools is not yet well-established. Further, these online resources and reports on innovative programs offer little in the way of translating the research into practice with families. In response to this gap, Lemonade for Life was developed by a team of researchers and practitioners with expertise in home visiting, early childhood, child abuse and neglect prevention, and protective factors. Lemonade for Life was designed to provide concrete training and tools on how to use the ACEs study to foster hope and resilience, with an ultimate goal of mitigating future exposure to ACEs for the next generation.

*1.1 Lemonade for Life—background*

Lemonade for Life's goal is to empower professionals who work in helping roles with families. The training was initially developed for home visitors, with the intention of educating these professionals on the ACEs research and ways to build hope and resilience in families. Lemonade for Life aims to provide practical tools using a trauma-informed, hope-infused approach. Home visitors have varying levels of comfort in working with families, relationship capacity, and abilities to deals with sensitive topics (Burrell, McFarlane, Tandon, Fuddy, Duggan, & Leaf, 2009). The ability of a home visitor to build a strong therapeutic alliance, handle conflict, and facilitate change is key to successful family

outcomes (Duncan et al, 2003; Early & GlenMave, 2000). Training, experience, resources, technical assistance, self-reflection, and supervision are effective methods for increasing home visitor competency in these areas. Recognizing this, Lemonade for Life provides information on trauma-informed care; building intentional, hope-infused practices; addressing ACEs with families; and family engagement.

### *1.2 Trauma-informed care*

Trauma-informed care is based on a theoretical framework that emphasizes family self-determination, working from a strengths-based perspective, and the importance of engagement and rapport (SAMHSA, 2016). Trauma-informed care is about shifting the conversation from “what’s wrong with you?” to “what happened to you?” Many family support programs have embedded the principles of a trauma-informed approach, including safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, and cultural, historical, and gender sensitivity (Adam, 2010).

### 1.3 *Hope-infused*

While trauma-informed care acknowledges that the damage caused by toxic stress is an important aspect of the work, a trauma-informed approach may not be enough to change the trajectory of an individual’s life. Being trauma-informed only addresses one side of the equation. Hope Theory offers a way to build on a trauma-informed approach (Lopez, 2013; Snyder 2000). According to Synder (2002), “Hope is defined as the perceived capability to derive pathways to desired goals, and motivate oneself via agency thinking to use those pathways.

(p. 1)." Goals are meaningful targets that a person has a desire to accomplish. Pathways are the plans A, B, and C that allow a person to adjust when there are barriers on the way to achieving their goals. Agency is the willpower that encourages and motivates a person to be persistent in the pursuit of their goals. Pathways are generated when a person has more agency, and more pathways lead to greater agency. Lopez argues that while some people are intrinsically more hopeful, agency and pathway thinking can be taught. In other words, hope is not a static characteristic of individuals and can be developed as a tool for personal change (Lopez, 2013).

Neuroscience has found that hope has the opposite effect as toxic stress on the brain; research has shown that hope actually can heal the brain (Ornstein & Sobel, 2009). According to the Student Gallup Poll (2016), hope is the leading indicator of success in relationships, academics, career, and business—as well as of a healthier, happier life. A hope-infused approach is aligned with the strengths perspective (Early & GlenMaye, 2000), and builds on family strengths, which has been evidenced to mitigate the lasting effects of adversity or trauma in an individual's childhood (Hillis, et al., 2010).

The present study is a step toward better understanding the role of hope in addressing toxic stress and ACEs.

*1.4 Using ACEs Research with Families*

While the ACEs research is well-known, methods to discuss ACEs and early trauma in home visiting and parent education programs are lacking. When talking with practitioners about using the ACEs questionnaire with families, the

authors have received feedback that doing so could re-traumatize families (Personal communication with prevention practitioners, June 15, 2015). This perspective is becoming less prevalent as many practitioners across disciplines are beginning to see the tool as a method of understanding the past. For example, Dr. Nadine Burke-Harris (2014) administers the ACEs questionnaire to all her patients at the Bayview Child Health Center. In Washington State, the ACEs questionnaire was used in two early childhood programs—Nurse Family Partnership and Head Start (Blodgett, 2012). These programs reported that families were very willing to complete the ACEs questionnaire and further adversity as a result of completing the questionnaire was non-existent to minimal (Blodgett, 2012). Becker-Blease and Freyd (2006) report that parents are not only willing to share their past experiences, but find it empowering to do so when those experiences are handled appropriately. These conversations have the potential to have a lasting impact on the family, resulting in positive outcomes for children (Becker-Blease & Freyd, 2006).

*1.5 Engagement*

Enrollment, engagement, and attrition are often reported as challenges that prevent families from receiving the intended service dosage (MIECHV TACC, 2015). During interviews with 116 home visitors about the impact of low-engaged parents on their work, researchers found that when parents are disengaged, home visitors struggle to build positive relationships; there is less home-visitor and parent collaboration; home visitors have lower job satisfaction and perceptions of efficacy; and home visitors have more difficulty assessing

what parents need and want (Paulsell, Del Gross, & Supplee, 2014). In other words, if the relationship does not get off to a good start and parents are not engaged, it can be difficult to get things back on track. It is critical to identify approaches that foster trusting relationships early on and build confidence that by fully participating in the intervention, change is possible.

*1.6 Lemonade for Life*

Lemonade for Life was designed as an approach that could be integrated into existing evidence-based programs for professionals to introduce the ACEs research to families and increase motivation to participate in services. Participation in Lemonade for Life includes completion of a prerequisite three-hour online ACEs module, a six-hour in-person training, and a ninety-minute coaching call approximately six weeks after the training. The program is designed for home visitors who have at least six months of experience working directly with families and have basic knowledge of the ACEs study. Core elements of the 6-hour training include: 1) education and reflection on ACEs, including the home visitors' own ACEs score; 2) intentional practice and action; and, 3) hope theory and ways to foster hope and resilience.

Prior to the training, individuals are asked to complete a three-hour ACEs 101 training and to complete a pre-test. The pre-test is comprised of questions about the participant's understanding of their own ACE score and ACEs in general and items from the Hope Scale (Lopez, 2013).

The training is rooted in adult learning best practices (Keillor & Littlefield, 2012). Trainers prepare the room and the group to be a safe, welcoming

environment and use the name and concept of the training as an inviting theme. At the start of the training, ground rules are set to ensure a safe, empathic, and authentic learning environment. Participants receive a handbook and are encouraged to take notes, color, and write their own script for having a conversation about ACEs. The participant handbook is meant to engage participants in their own learning and to empower them to integrate the information into their own knowledge base and set of practice tools.

The coaching call approximately six weeks post-training is an opportunity for reflective supervision. The coaching calls provide participants with an opportunity to talk about their experience using the Lemonade for Life approach with families. Some individuals are anxious about broaching this topic with families and gain confidence from hearing others share their experience. The call also gives participants a forum to discuss any roadblocks or challenges they have experienced in understanding or applying the concepts discussed in the training. Coaches help participants give voice to some of the internal reservations that they may have about discussing ACEs with families. Those individuals who have already used the resources share their experiences and can guide others. It is a safe space to share struggles and learn from one another.

Participants receive materials that can be used with families during home visits, including The Amazing Brain handouts (Chamberlain, 2008); a Strengthening Resiliency Plan; and a Hope Map (Lopez, 2013). The Amazing Brain video can be used during home visits as a way to demonstrate to parents why their child's early years are so important. During the training, home visitors

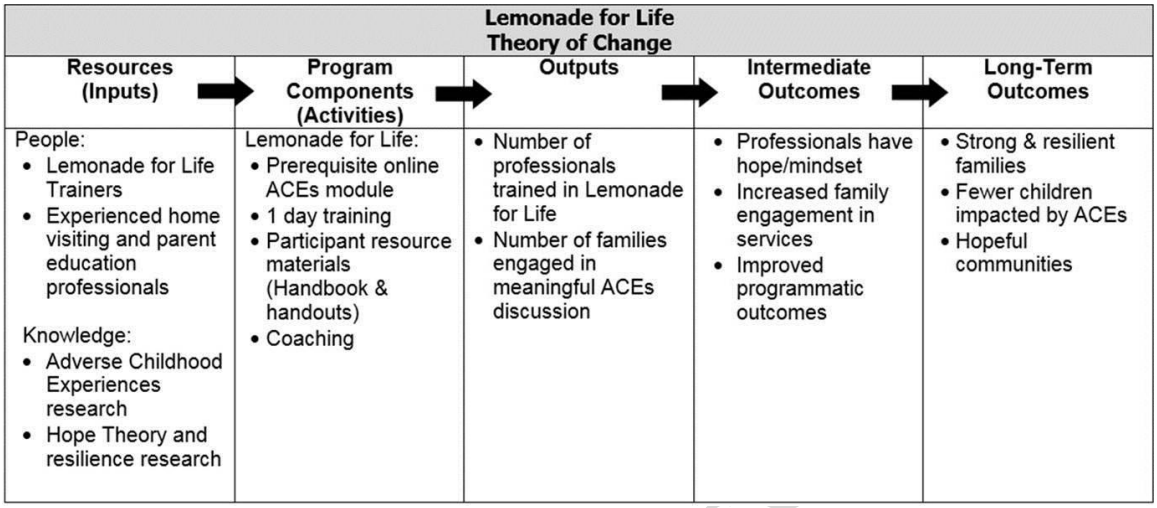
prepare their own script for introducing the ACEs questionnaire, as well as guidance on what to say and what not to say to families. Participants also receive a checklist to help them assess whether a family is ready and the timing is right to administer the ACEs questionnaire and have a conversation about the results. The training makes clear that a parent's choice to take the ACEs questionnaire is completely voluntary and families may decline participation.

As a result of participating in the training and the coaching calls, home visitors are expected to have increased hope scores, as well as move towards more of a growth mindset than a fixed mindset (Dweck, 2006). Families are expected to become more engaged in services and also see a booster effect in programmatic outcomes. Long-term outcomes include more resilient children and families, a reduction in transmission of ACES from one generation to the next, and more hopeful communities. More hopeful communities mean that overall more individuals have goals for the future, as well as the agency and pathways to achieve them.

Lemonade for Life helps families understand that change is possible, and that people are more than their ACE scores. By increasing awareness of the past, acknowledging ACEs, and creating an action plan to reach goals for the future, the training materials help home visitors show families a different pathway for themselves and their children.

Figure 1 shows the Lemonade for Life Theory of Change and articulates the expected outputs and outcomes if Lemonade for Life is implemented as intended.

Figure 1. Lemonade for Life Theory of Change.




*1.7 Present study*

The present study used a developmental evaluation approach (Patton, 2010) to understand home visitors' experiences with Lemonade for Life. Developmental evaluation is intended to capture the results of innovations in complex, dynamic environments. Based on complexity theory, developmental evaluation is particularly useful in situations where a program or idea is emergent and the context of the work is key to understanding the outcomes (Gamble, 2008). Developmental evaluation is an appropriate approach for Lemonade for Life for a number of reasons. First, as an unfunded project, the focus of the study was on adaptive learning rather than external accountability (Dozois, Langlois, & Blanchet-Cohen, 2010). Second, it was expected that the results would be used to inform program improvements in real-time, and particularly related to innovative strategies and ideas that emerged from the participants (Dozois, Langlois, & Blanchet-Cohen, 2010). Finally, the developmental evaluation meets the needs of the developmental stage of Lemonade for Life. It is flexible and

allows for tweaks to measurement instruments and data collection with populations and time points. The approach encourages co-evolution of the program and the evaluation (Dozois, Langlois, & Blanchet-Cohen, 2010). This study explored home visitors' hope orientation using questions from the Hope Scale (Lopez, 2013) and experiences with Lemonade for Life through pre- and post-surveys and focus groups.

## 2. Material and methods

### *2.1 Participants*

Lemonade for Life was piloted with 24 home visitors and parent educators in Kansas and Iowa in the summer of 2014. Seventeen participants completed all phases of the program.

### *2.2 Recruitment*

Participants were recruited through existing home visiting and parent education programs, and were expected to have at least six months of direct service experience. Both the home visitors and their supervisors were provided information about Lemonade for Life; supervisor support was required for participation. In Iowa, participants were primarily home visitors through the Maternal, Infant, Early Childhood Home Visiting (MIECHV) program, representing various evidence-based program models including Nurse Family Partnership, Parents as Teachers, Healthy Families, and Early Head Start. In Kansas, participants were primarily grantees of the State's Community-based Child Abuse and Neglect Prevention (CBCAP) program, which included Healthy Families,

Triple P, and Early Head Start. Two participants were social workers in a local police department.

All participants in the present study were females. The average length of time in their current job was 5.78 years. Most had at least a Bachelor's degree (83%); 17% had a Master's degree. Participants ranged in age from 26 to over 65 years. Table 1 shows participant demographics.

Table 1.

*Participant demographics.*

| Variable | % |
|---|---|
| Age | |
| 26-35 | 45% |
| 36-45 | 32% |
| 56-65 | 9% |
| Over 65 | 9% |
| Missing | 5% |
| Education | |
| Bachelor's | 83% |
| Master's | 17% |

*2.3 Procedures*

Home visitors and parent educators who consented to participation in the study were asked to complete a three-hour online module about the ACEs study

prior to the six-hour in-person Lemonade for Life training. Survey data, including items from the Hope Scale (Lopez, 2013) and Lemonade for Life-specific questions, were collected prior to the training and again approximately six weeks after the training. Focus group data were collected via a coaching call, approximately six weeks after the training.

*2.4 Measures*

The surveys included four primary sections: 1) demographic information about participants including their age, experience in their current role, and level of education; 2) participant experiences with ACEs personally and professionally; 3) portions of the Hope Scale (Lopez, 2013), and 4) participant perceptions of using ACEs in work with families. Surveys were administered online using SurveyMonkey. Questions were on a 4-point likert scale: Strongly disagree, Disagree, Agree, Strongly agree.

The focus groups utilized a semi-structured guide asking questions about participant reactions to the training, use of materials with families, and additional questions or needs around the use of ACEs with families. Questions included:

- What aspects of the training/key learnings have impacted how you address ACEs in your work?
- How did the training impact your ability to support your clients?
- What is the biggest challenge you continue to see in addressing ACEs in your work with families?
- Identify one thing that you learned that you used with clients that has been most useful/most impactful.

- After using Lemonade for Life with families, how do you think it has impacted parent engagement?

The focus group was conducted via conference call; a member of the project evaluation team took detailed notes during the call which were used for the data analysis. Quotes used to illustrate parent perspectives were reported by the home visitor.

*2.5 Analysis*

Frequencies and mean scores for demographics and survey responses were calculated using SPSS 22. Mean score comparisons from pre to post tests were conducted; significance testing of differences from pre to post was not conducted due to the small sample size. Focus group data were analyzed using standard qualitative, inductive methods, looking for common themes across the responses. Quotes are presented in the results as available and appropriate to represent the voices of participants.

The data analysis focused on the participants' use of ACEs with families, participants' perceptions of how ACEs conversations with families affected the practitioner-family relationship, and the usefulness of the Lemonade for Life materials.

**3. Results**

Based on the survey results, home visitors indicated that by the end of the training they were better prepared to introduce and administer the ACEs questionnaire and understand the skills needed to talk about ACEs. On the pre to post question, "I would know what to say to a client who is struggling with their

own ACEs score," the mean score increase from 2.95 to 3.41. A practical interpretation indicates that home visitors felt more comfortable using the ACEs questionnaire after the Lemonade for Life training. In the focus group, one home visitor shared that "building relationships and having parents willing to talk about their ACEs with me is a success story, because then I can help them recognize their strengths and give them other agencies who can help them in their journey."

Only some of the home visitors had used the tools and skills acquired for action planning to build hope and resilience. During the focus groups, many home visitors indicated that they had not spent time understanding and processing their own ACEs prior to Lemonade for Life. Home visitors noted changes that they had made to their own parenting practices and a renewed understanding of the need for self-care as a result of the experience. The materials and training were complimentary to evidence-based home visiting models; participants stated that their home visiting training did not cover ACEs in sufficient detail to actually use the research in their work.

Mean scores for participant perceptions of training and engagement at pre and post time points are presented in Table 2. Except where noted, the items were designed by the authors of the study to assess attitudes and behaviors as a result of the training.

Table 2.

*Mean scores on survey items pre (n=24) and post (n=17) 4-point likert scale: 1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree.*

| | Pre | Post | Diff |
|---|---|---|---|

| | (n=24) | (n=17) | |
|---|---|---|---|
| I have the power to make my future better. (Hope Scale: Lopez, 2013) | 3.92 | 3.59 | -0.33 |
| I make others feel excited about the future. (Hope Scale: Lopez, 2013) | 3.83 | 3.29 | -0.54 |
| I understand how early experiences influence the course of a person's life. | 3.79 | 3.94 | 0.15 |
| I know my own Adverse Childhood Experiences (ACES) score. | 3.46 | 3.94 | 0.48 |
| I have reflected on my own Adverse Childhood Experiences (ACEs score). | 3.25 | 3.69 | 0.44 |
| My personal experiences with Adverse Childhood Experiences (ACEs ) impact how I work with/interact with clients. | 3.42 | 3.06 | -0.36 |
| I know where to refer someone who is struggling with ACEs. | 2.9 | 3.53 | 0.63 |
| I would know what to say to a client who is struggling with their own Adverse Childhood Experiences (ACEs score). | 2.95 | 3.41 | 0.46 |
| If a person has a high ACE score, there is little they can do to change the life course of their child(ren). (reverse scored) | 3.62 | 3.76 | 0.14 |
| Using ACEs with families has the potential to | 3.67 | 3.59 | -0.08 |

| | | | |
|---|---|---|---|
| increase family engagement. | | | |

Mean scores increased from pre to post in several areas: understanding how early experiences influences life course; home visitors' knowledge of and self-reflection on their own ACEs score; and, knowing where to refer someone who is struggling with ACEs. The mean score on both hope items: "I have the power to make my future better" and "I make others feel excited about the future" - decreased from pre to post.

Qualitative data identified three major themes expressed by participants following the Lemonade for Life training and use of ACEs with families: 1) engagement increased between home visitors and families; 2) families gained an understanding of the connection between life choices and ACEs; and 3) the training and materials were easy for the home visitors and parent educators to understand and provided tangible tools for use in work with families.

Increased Engagement: Survey data on the question about the use of ACEs to increase engagement show a decrease from pre to post. However, the focus group data highlighted a different perspective that indicates a willingness to get more involved. For example, "One mom was fairly moved by the survey and is wanting to get involved with the referral that I have talked with her about before. It was helpful in getting her more motivated and seeing the major impact that her and her child's relationship can have on her child's future ACE score."

Home visitors reported that their rapport with families was strengthened as families became more engaged with Lemonade for Life materials. One

participant noted that “Lemonade for Life helps to introduce rapport.” Professionals reported that with practice, conversations became easier and families were more receptive to understanding and addressing ACEs. Home visitors also noted that families became more motivated to improve their parenting patterns. Although some participants mentioned that using Lemonade for Life felt awkward at first, using it at the right time was helpful and, in fact strengthened the relationship between home visitors and family. One participant reflected that Lemonade for Life was helpful “[e]ven after rapport is there with a client…they really open up more to you. It can open a window that they didn’t know could be helped.”

Connection between life choices and ACEs: Home visitors said that after using Lemonade for Life, families better understood that adverse early experiences had an impact on them. “It helped my client realize the root of an issue,” one participant noted. Home visitors observed that parents began to understand how their early experiences had influenced their own parenting styles. “This training gave a practical way to help parents see how adverse childhood events impacted their lives and to help them to take a proactive stance in making the futures of their own children positive,” another said.

From the home visitors’ perspectives, when families made that connection, they became more willing to learn and change, so their children did not experience the same pattern. Home visitors reported the following accounts from parents:

“It helped my client to want to change their parenting patterns.”

"It helps parents feel more in tune with their child's needs, and how they can change the ACEs."

"My client became unstuck."

Training and Materials: Participants shared that attending the training helped prepare them for how to discuss ACEs with families. "It helped me think about what I might say back to a client that would be helpful." They also noted that it would be helpful to bring other co-workers to the training. Participants stated that the materials provided throughout Lemonade for Life were tangible and useful for teaching and engaging families. One participant noted that "[t]he materials provided are easy to understand and really offer positive support." The materials enabled the home visitor and family to identify patterns of resilience, set realistic goals, and link families to appropriate community referrals.

## 4. Discussion

Lemonade for Life was designed to provide tools for home visitors to use the ACEs research in their work with families. The results of the present study suggest that Lemonade for Life may be a useful approach to translating the ACEs research into practice. In addition, the results provide insight into changes could improve the materials and training.

Home visitors and parent educators who participate in Lemonade for Life are college-educated professionals who have experience working with families for at least six months. Yet survey results showed a notable increase in their understanding of how early experiences influence life course and knowing where to refer someone who is struggling with ACEs following the Lemonade for Life

training. Despite existing, trusting, and strong relationships, home visitors observed that Lemonade for Life made a difference in their connection to and engagement of families. Building on these relationships through conversations about ACEs, families may offer more disclosure and gain a better understanding of how their past impacts them and why they feel and act in certain ways. The goal of Lemonade for Life is to leverage ACEs as a way to set the stage for the practitioner and client to look at next steps for developing safe, nurturing relationships and environments. While home visiting programs provide education and support that has been proven effective, participants reported that many families still did not realize the connection between ACEs and their actions and choices before these conversations were explicitly brought up. Lemonade for Life offers an opportunity to shift the conversation between practitioners and families and for parents to look ahead to improve their parenting practices and break the intergenerational cycle of ACEs.

Survey results also indicated an increase in home visitors' knowledge of and self-reflection on their own ACEs score. Because the ACEs research has been around for almost 20 years and has been a prominent topic at conferences, Lemonade for Life developers assumed that most home visitors had a working knowledge of the research, had already completed the questionnaire themselves, and had processed their results. However, we learned that this is not always the case. One unexpected result of the training and the developmental evaluation is that the training provides a safe and strategic space for home visitors to understand how ACEs have impacted their personal and professional lives. The

opportunity for dual impact on professionals and families could be an opportunity to strengthen the field as practitioners have more self-awareness and can transfer this understanding to the families they work with.

Mean scores on both items from the Hope Scale decreased from pre- to post-survey. This finding is particularly interesting and offers insight into why programs may not be achieving intended outcomes. Home visitors are in the business of helping families, often those who are at-risk, living in poverty, dealing with trauma, etc. Fundamental to helping families are the components of hope: goals, agency and pathways. A home visitors' ability or inability to help a family identify and set goals, harness motivation (agency), and outline pathways is an important area for future research. Research has found that a ninety-minute intervention can measurably increase hope (Lopez, 2013). Yet the results from this developmental evaluation found a decrease. While the reason for this is unclear, there are several possibilities. First, home visitors expressed that the material on hope was new to them. This exposure to new material may have led to a more realistic view of their own perspectives, as reflected in the post-survey. Second, in the training, hope material was largely confined to one lesson. During the focus group, home visitors expressed a desire for additional training on hope, many asking for a second training day on the topic. Introducing hope but not allowing for adequate time to understand and explore the material may have impacted pre-post change. Finally, the results may indicate that hope is not necessarily inherent in helping professionals or that it is not fully understood as a tool for change. More than just wishful thinking, hope is a key aspect of

resilience. If professionals themselves do not have an understanding of the components of hope, then it seems likely that families are not receiving the full benefit of the intervention. These results are inconclusive and suggest a need for future study of hope as a tool in addressing trauma and promoting resilience. This finding may have implications for home visiting programs, as well.

The field of home visiting is well-positioned to integrate a hope-infused, trauma-informed approach that builds on ACEs research. Home visitors have experience working with high-risk families and discussing sensitive or difficult subjects with families, including the topics of domestic violence, substance abuse and mental health (Avellar, Paulsell, Sama-Miller, & Del Grosso, 2014). Lemonade for Life helps home visitors not just deal with present crises, but also move toward a future orientation with families, leveraging the research, the family's resilience, and their knowledge of available community resources and meaningful, timely referrals.

Results indicate that there may be a disconnect between home visitors' self-hope and the ability to spread hope. Home visitors have high hope that they can influence their own future (70% answered strongly agree), but are less confident (29% answered strongly agree) that they can get others excited about the future. This gap suggests that home visitors may lack the vocabulary necessary to break down the components of hope and intentionally integrate it into their work with families. In response, and in line with the developmental evaluation approach that is being used to understand Lemonade for Life, revisions have been made that include infusing hope in all lessons throughout

the six-hour training. This will give professionals exposure to the concepts and tools to teach about hope theory and practice. Infusing hope may be a key to breaking the intergenerational cycle of ACEs. As one participant noted, “the idea that here is what life gave you, how do you make lemonade is a really good, easy approach.”

Several home visitors from the established, evidence-based home visiting program models participated in the pilot. This was important since Lemonade for Life was not intended or designed to be a stand-alone training. Participants indicated that Lemonade for Life was a value-add to their program model training and resources. While more research is needed to better understand the intersection between evidence-based home visiting and Lemonade for Life, the study results suggest that Lemonade for Life has the potential to improve outcomes of current program models, specifically by increasing family engagement in services and improving home visitor-client interactions (MIECHV Enrollment and Engagement Brief, 2015). The integration of Lemonade for Life into home visits or other programming is meant to address this engagement chasm by creating an empathic space for families to share experiences and connect with the home visitor. Most home visitors who participated felt that with practice and over time, using Lemonade for Life becomes easier and their parents became more receptive to understanding and addressing ACEs, in addition to increasing engagement in the home visiting program.

### *4.1 Limitations*

This study has several limitations, including: the sample size, limitations of the tools, and unit of measurement.

First, while the sample was reflective of the larger population of home visitors in terms of age, gender and education, the small sample size may limit generalizability of the findings. Additionally, data were collected with all English-speaking home visitors from the Midwest. This was a practical approach to initially testing the materials; however, there is a need for research to understand how Lemonade for Life translates across geographies, languages and cultures. The International ACE Research Network is developing resources to embed questions about early adversity in public health surveys worldwide (World Health Organization, 2011). The ACEs questionnaire has been translated into over 30 languages indicating a strong interest and need for culturally relevant materials. More work is needed to understand the impact of Lemonade for Life on non-English speaking and more culturally diverse participant groups.

Second, in an effort to minimize the data collection burden on participants, only portions of the Hope Scale were used. While the results give insight into participant perspectives, the full scale will be used in future studies to increase understanding of these concepts and how they relate to Lemonade for Life. Further, psychometrics of the tools are not currently available. Validation of the instruments and use of the full tools would be preferable in future studies.

Third, the results on engagement are inconclusive. The item in the survey, although one item, is not consistent with home visitors reports that families are

more likely to be involved in services and also more open to suggestions from home visitors.

Finally, the unit of measurement was focused on the home visitor, despite the ultimate goal of changing families. Home visitor observations of family interactions and engagement are valid measures of change. However, future research that captures parent perspectives would strengthen the evaluation.

### *4.2 Conclusion*

In conclusion, Lemonade for Life as an add-on support for home visitors may be a promising tool for translating ACEs research into practice with families. Home visitors perceived that families were more engaged and better able to connect past experiences and current life circumstances. Materials were useful and provided tangible tools that were beneficial in using ACEs as a learning opportunity to build hope and resilience. More research is needed to explore wider scale implementation, specifically in diverse settings.

ACEs have a bold imprint on the lives of individuals and communities and are too big to ignore in research or practice. Existing work focuses on trauma and healing, but may not adequately incorporate strengths-based tools such as hope and mindset as a method for home visitors to bolster core capabilities in families. As more funding is directed toward evidence-based home visiting, home visitors are well-positioned to be the hope contagion that changes the way families think about the future and engage with services. Through strengthened relationships and increased engagement, families may more often receive the intended doses of services and achieve better results.

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**Highlights for Review**

This article explores Adverse Childhood Experiences as a tool for addressing trauma in families and building hope as a strategy for promoting resilience. Hope-infused approaches have not been studied within the home visiting literature. This developmental evaluation adds to the evidence base and provides next steps for exploration.