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EVIDENCE-BASED FAMILY STRENGTHENING TRAINING IN MAINE:
A RESOURCE ASSESSMENT AND PROPOSAL TO REDUCE BARRIERS
AND INCREASE FACILITATORS

by

Elaine F. Thomas

A Thesis Submitted in Partial Fulfillment
of the Requirements for a Degree with Honors
(Business Administration in Management)

The Honors College

University of Maine

April 2023

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ABSTRACT

The purpose of this research is to conduct a resource assessment of family strengthening training programs in the state of Maine. The primary focus of the resource assessment is to identify the agency and provider-level barriers and facilitators that impact their capacity to provide caregivers with awareness of and access to programs. Prior to presenting the resource assessment, this thesis reviews data about key child and family issues in Maine and examines how family strengthening training is applied as an evidence-based tool to prevent child maltreatment, foster healthy attachments within the family, and nurture positive caregiving skills. The methodologies used to collect data are internet searching, surveys, personal communication, and interviews. The data collected points to the conclusion that interagency and intersectoral collaboration and information-sharing needs to be increased because provider referrals are of critical importance in facilitating access to family strengthening training. The thesis concludes with recommendations that collaboration and information-sharing be increased through network and coalition models, additional training is offered to providers on how to use available tools to access information about family strengthening training programs, and agencies and providers work to increase their outreach and engagement to community-based stakeholders.

DEDICATION

This research is dedicated to the following people who listened to my excited ramblings after each interview and supported me as a whole person while I was attempting to balance so much. I love you all and am endlessly grateful that each of you are in my life.

To my parents, Matt and Heidi Thomas, and my brother, Simon Thomas

To my best friend, Neily Raymond

To my grandmother, Susan Rideout

To my great aunt and uncle, Jan and Dwight Rideout

To my piano teacher, Amy Irish, and all my piano students

To my advisors, Dr. Melissa Ladenheim and Dr. Julie DellaMattera

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Because this research was born out of conversations and connections, I have a long list of people to whom I want to express my gratitude.

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Thank you to everyone who answered my emails with enthusiasm, affirmation, and information. Thank you to everyone who made the time to talk with me about their wonderful work and share hard truths with me. Thank you to everyone who sent me resources and helped me sort through the complicated maze of information online.

Thank you to my thesis committee members, Dr. Leslie Forstadt and Alli O'Neil, who were invaluable inspiration and support. Thank you to all of my friends, neighbors, coworkers, bosses, professors, and acquaintances who indulged my unending passion for talking about this work. Thank you to the Attachment Theory Team, Patty and Allen Morell, the Child Reintegration Center in Sierra Leone, Cherish Uganda, Ekisa Ministries, and Debbie Harvey and Naomi Studtmann at Holistic Haitian Alliance (formerly Helping Haitian Angels); without you, my passion for family strengthening would not exist. Our work together has inspired me every single day for the past three years.

Thank you to New Ventures Maine for giving me the privilege of leading a statewide program a month before graduating college, along with the grace, flexibility, and understanding I needed to finish my degree and this thesis strong. I see the work of increasing economic stability as deeply tied to child welfare and look forward to devoting my whole self to their mission and values.

Thank you to each of the agencies I will discuss in these pages. They do the work of ensuring we have something to find when researching family strengthening training. We can all be grateful for their contribution to our society because healthy families create healthy communities.

PREFACE

The Attachment Theory Workshop

This research is truly an outflow of the passion I have for my work with the University of Maine Honors College Servant Heart Research Collaborative Attachment Theory Team. I began as a Student Researcher in September 2020 and am now Student Coordinator of a wonderful, multidisciplinary team of students, faculty, staff, and community partners whose mission is to bring the Attachment Theory Workshop (AT) to caregivers around the world.

AT is a trauma-informed and evidence-informed family strengthening curriculum originally developed for nonliterate caregivers of children in Sierra Leone that has been regularly and successfully offered in the country for several years. In the time since I have been involved, the AT team has expanded to work with non-governmental organization (NGO) partners in Haiti and Uganda. The workshop covers topics like triggers, emotional regulation, attunement, temperament, the impacts of corporal punishment, apologizing, resilience-building, setting limits for children, and caregiver well-being. Originally, AT began to be developed for the caregivers in the semi-institutionalized children's homes at what was then the Child Rescue Center and is now the Child Reintegration Center (CRC) in Bo, Sierra Leone. During the original development process, the CRC began complying with a Sierra Leonean government mandate that children be transitioned from institution-based care to family-based care. AT was then fully developed to be offered to the caregivers in the community who would be taking in children who may not be related to them or even be people they know. The

purpose of AT is to give caregivers the knowledge and skills they need to foster healthy attachments with their children. AT is well-positioned as a useful tool in the global movement to phase out institutional care and reintegrate children into community families.

One of the core competencies of the workshop is that it is designed to be accessible to low literate and nonliterate caregivers through the use of images and oral repetition of words, phrases, and concepts. Another is the commitment to collaboratively and iteratively adapt AT for each culture and community in which it is used by incorporating specific traumas, using familiar language, and illustrating concepts through photos taken by our in-country partners. Thus, AT possesses unique core competencies which make it a globally sought-after tool for family strengthening and child reintegration support.

My Personal Journey

Several important life experiences and career pivots have led me to pursue a service-oriented career in the nonprofit sector. During high school, I embarked on a path to pastoral ministry, which was the origin of my still-strong desire to pursue meaningful, impactful work. During my first year of college, I took somewhat of a detour as a piano performance major, in addition to a management major, and intended to teach private piano full-time. However, as I became deeply invested in AT, I eventually shifted my career aspirations to nonprofit management and dropped my music major to a minor. While working with AT throughout college, I also interned at United Way of Eastern Maine (now Heart of Maine United Way) and Partners for Peace. I volunteered at Literacy Volunteers of Bangor and the American Red Cross. I organized volunteer grant

review panels, stuffed donor mailings, worked on graphic design projects, planned events, entered data, gave presentations, and learned what it looked and felt like to do the daily work of moving the needle for worthy missions in my community. These experiences solidified my commitment to addressing the issues we face in Maine with lasting, holistic, innovative, and community-engaged solutions.

Because I want to live and work in Maine, I have become increasingly curious about AT's potential in my own state. I soon discovered there is much to be studied, mapped, and assessed before the AT team can consider whether domestic partnerships might be effective or impactful given the work that is currently being done to strengthen families through training and education. This research is the beginning of my journey to learn all I can about the current landscape of family strengthening training in Maine with an eye toward reducing barriers and increasing the accessibility of information to all agencies, providers, and, ultimately, caregivers.

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CHAPTER ONE

INTRODUCTION

In this chapter, I begin by introducing the child welfare context in Maine, including data that affirms the urgency of our focus on child abuse prevention and family strengthening measures alongside child welfare system reform. I define important terms and describe how the focus and scope of this research has shifted and where it has ultimately landed. I outline the assumptions, scope, and limitations of my research. Finally, I provide a conceptual framework for understanding the stakeholders and relationships which are relevant to this research.

Child Welfare in Maine

There have been 143 child deaths determined to be homicides or for which the Maine Department of Health and Human Services (DHHS) has records of abuse, neglect, or child protective involvement in Maine from 2007 to 2021 (DHHS Data).¹ 2021 had a higher number of deaths (25) than any year on record (Russell, *Portland Press Herald*). See Figure 1 for a visual representation of how the overall trend of child deaths in Maine due to homicide, abuse, neglect, or in situations with previous child protective involvement, has been increasing. Commenting on the underlying causes of this disturbing trend (which may include poverty, mental health, and/or substance abuse) does not fit within the scope of my research, but it is critical to understand the worsening

¹ The data I am reporting covers 2007-2021 because those are the years for which the Maine DHHS released information in the name of enhanced transparency in the wake of the high-profile deaths of Kendall Chick in 2017 and Marisa Kennedy in 2018 (Russell, *Portland Press Herald*).

severity of the problem and the need to explore a variety of ameliorative measures—including family strengthening training.

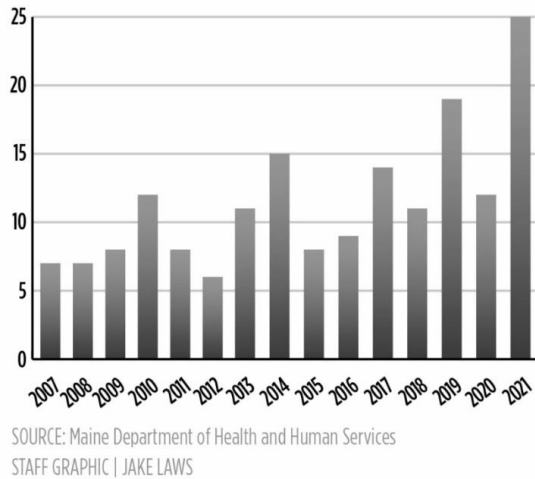


Figure 1—The increasing number of child deaths due to abuse and neglect from 2007 to 2021 (Portland Press Herald).

In January 2023, the *Portland Press Herald* highlighted the most recent report of the Maine Child Welfare Ombudsman that “cites ‘substantial issues’ with more than half of the child welfare cases reviewed and a ‘downward trend in child welfare practice’” (Cohen, *Portland Press Herald*). Although the United States is considered a first world nation with lots of resources, we cannot pretend we are beyond or above generational and deeply problematic relational and parenting practices. We must also acknowledge the limits of DHHS and work to address these issues in sustainable ways.

Definition of Terms

The following are terms and definitions which are important to understanding the focus and scope of this research:

1. Agency: A nonprofit or governmental organization that works with children and families. An agency can be state funded/operated, privately funded/operated, or both state and privately funded/operated.
2. Agency personnel: Any staff member who works at an agency (see above definition).
3. Barriers: Factors, circumstances, attributes, and/or attitudes pertaining to caregivers, providers, agencies, institutions, or environments that decrease the likelihood that caregivers will be aware of, pursue, and/or benefit from family strengthening training.
4. Caregiver: Anyone in a primary parenting position including, but not limited to, biological parents, foster parents, step-parents, adoptive parents, kinship caregivers, and Guardian ad Litem.
5. Child maltreatment: According to the U.S. Centers for Disease Control and Prevention and DHHS, child maltreatment is any harmful act of commission (physical, sexual, or psychological abuse) or omission (neglect through failure to provide or supervise) by a caregiver (DHHS/CDC).
6. Evidence-based: Practices and programs which are demonstrated by research to be effective (Child Welfare Information Gateway).

7. Evidence-informed: Practices and programs which do not meet the standard of being evidence-based, but are informed by research, current practice, and caregiver experience (Australian Institute of Family Studies).
8. Facilitators: Factors, circumstances, attributes, and/or attitudes pertaining to caregivers, providers, agencies, institutions, or environments that increase the likelihood that caregivers will be aware of, pursue, and/or benefit from family strengthening training.
9. Family strengthening: Family intervention and education grounded in evidence-based or evidence-informed child development principles and practices. The goal of family strengthening is to support healthy, safe, and secure relationships within the family.
10. Prevention: In the context of child welfare, prevention includes activities intended to proactively prevent child maltreatment from happening by reducing risk factors and promoting protective factors (CWIG).
11. Program: An agency's systematic and consistent offering of services to a particular clientele in a community.
12. Provider: Healthcare providers, mental healthcare providers, social workers, case managers, community employees such as public safety personnel or librarians, and teachers or school counselors who provide direct service to and/or have direct engagement with children and families.
13. Sector: Distinct service areas and groups of providers including, but not limited to, government, private, healthcare (physical, mental, behavioral), and education.

14. Training: A workshop, session, series, or class for which caregivers gather (in-person or virtually face-to-face) to complete an evidence-based or evidence-informed curriculum designed to strengthen skills and knowledge around caregiving. Training can also include home visitation to individually deliver curriculum.
15. Trauma-informed: Curriculum design and implementation that is sensitive to and mindful of traumas and triggers to minimize further traumatization (CWIG).

Process of Discovery

At first, this research was titled: “Family Strengthening Training in Maine: A Resource Assessment and Proposal to Increase Effectiveness and Accessibility.” My aim was to determine whether there is sufficient quantity and quality of family strengthening training available to meet the specific needs of caregivers in Maine, including those with low literacy or lack of formal education. If I had discovered that the family strengthening training in Maine is sufficient according to the criteria described above, I would have written a report of my findings. If I had discovered that the effectiveness and/or accessibility of the family strengthening training in Maine could be improved, I would have written a report of findings and recommendations to distribute to agencies. If I had discovered a clear lack of effective, accessible family strengthening training curriculum in Maine, I would have also proposed adaptations to the Attachment Theory Workshop for the cultural context of Maine, including staging photos for the workshop, possibly in collaboration with an agency partner.

As I began speaking with agencies, however, I realized I was thinking too far ahead in the research process and my hypothesis did not fully reflect the real state of

knowledge about family strengthening training in Maine. There are many family strengthening training programs in Maine. Since the pandemic, most trainings are offered virtually and are thus accessible to expanded geographic regions in the state (provided internet access is available in the caregiver's region and that the caregiver has the technology necessary to participate). The people operating these programs are experienced, compassionate, and adaptive. State and private funding is very complicated and many programs are made possible through one large grant or initiative; for example, the Family First Prevention Services Act which came from the 2018 Federal Bipartisan Budget Act or the Maine statute that funds the Maine Children's Trust to administer and distribute funding to Prevention Councils for each county in Maine.

My observation is introducing a new program without access to federal or state funding is impractical given the programs that already exist. The more pressing issue I have discovered is lack of community and professional awareness of basic information about existing family strengthening training programs including affiliations with state or local entities, funding streams, service area, clientele, curriculum used, and specific focus. As I will discuss further, caregivers rely on providers of other services to help them access family strengthening training programs. And because child welfare is a public health issue, when community members (not just those who might be expected to provide referrals to training but others who have mentor-style relationships with families, including clergy, librarians, and teachers) are aware of family strengthening training programs, that bolsters public awareness and access in general.

When I communicated (via email, survey, and/or interview) with individuals involved or familiar with family strengthening training in Maine, several expressed

similar sentiments about their lack of advertising budget and not being as familiar with the programs of other agencies as would be ideal. Furthermore, the people with whom I have been speaking are in the upper levels of these agencies (mainly program managers and agency directors), thus reflecting a presumably experienced and well-informed level of leadership. Although, as we know, people in leadership can often have so many responsibilities that they lack the time to seek new information or awareness. This only exacerbates the problem because they are not able to share knowledge with people in the lower levels of the organization (typically the ones providing direct service to families).

As I was wading through information online, creating a large spreadsheet of agencies and contacts, and populating a Google Drive full of information, I could not help but think: if an Honors College student who has been given a significant amount of time to figure out this system is finding it challenging, how can we expect agencies and providers already struggling to keep up with the daily demands of their direct service to children and families to devote the time necessary to understand the landscape of family strengthening training in Maine? Furthermore, how could we begin to expect caregivers themselves to do so? Much of the time, though I could always discover incredible programs, this resource assessment felt like both a wild goose chase and falling down a rabbit hole. The reality is that we have to rely on providers to make good referrals, not on caregivers to track down training on their own. It seems fair to ask and expect providers to increase their knowledge through the tools available rather than expecting caregivers to utilize new tools and expend their limited resources to find programs that might help (and be available to) them.

My research goal shifted to continuing to conduct a resource assessment with the intent not of proposing a new program, but of increasing awareness of existing programs among agency personnel and providers so they can better assist and inform the caregivers with whom they work. I am seeking to answer the following questions:

1. How are family strengthening programs in Maine managed and funded?
2. Do agency personnel believe they are well-informed about what other agencies are doing?
3. Do agency personnel believe that other agencies and providers are well-informed about what they do?
4. How do caregivers find family strengthening training programs?
5. What barriers hinder caregivers from becoming aware of and pursuing family strengthening training? What are the facilitators that allow for that awareness and access?
6. Would a comprehensive list of family strengthening training programs in Maine allow providers to make better referrals?

My revised claim is that a comprehensive, informative, and easily accessible list or search tool of family strengthening programs in Maine would be beneficial to all stakeholders.

Assumptions, Scope, and Limitations

I am making several assumptions with this revised research direction. First, I am operating under the assumption that the existing family strengthening programs in the state of Maine are effective and well-executed; in other words, they create a net positive benefit when caregivers are able to access them. Though I am sure there is need for

further research regarding the content and delivery of such trainings, those attributes are not my focus and I do not currently have the expertise to make such evaluative judgments. Second, I am operating under the assumption that the agency personnel with whom I am speaking have accurate knowledge of the agencies, providers, and caregivers in their area of service who may or may not be aware of their programs.

A major limitation of this research is the small sample size of agencies I spoke with and the possibility that I missed several agencies who are important providers of family strengthening training in Maine. I attempted to mitigate this limitation through multiple internet searches with different keywords to find agencies, asking each agency personnel I spoke with if they could refer me to other agencies doing similar work, and reaching out multiple times to all the agencies I found. I am comfortable with this limitation, though, because I am operating under the assumption that if a program is both undiscoverable through basic internet searching, unknown to all the other agencies I connected with, and unreachable via email, it is likely that such an agency could not be easily discovered by most caregivers and is therefore not a major provider of relevant services in Maine. Another limitation is that I did not speak with any healthcare providers (who are not involved with DHHS) or anyone from the judicial system. Direct assessment of provider awareness in all fields (healthcare, judiciary, education, social work, and other community points of direct contact) would be an important area for further research.

Conceptual Framework

A caregiver and family may have relationships with any number of professional individuals and institutions which could provide referrals to family strengthening training. These relationships include, but are not limited to, their connection with the judicial system, a case manager through a private agency, a case worker through DHHS, a mental health provider, a healthcare provider, a social worker/school counselor, or a classroom teacher.² In many ways, these are the individuals and institutions that are the intermediaries between the caregiver/family unit and family strengthening training, which underscores the importance of ensuring these individuals and institutions have the information they need to make thoughtful, appropriate, current, and well-informed referrals.

Figure 2 below, a diagram created in consultation with a Licensed Clinical Social Worker in Maine who has DHHS experience and currently works in a public school, provides a simple overview of the various relationships with individuals and institutions that a caregiver who may benefit from family strengthening training might have. Though important and, in many cases, invaluable in providing support, information, and strategies for navigating the child welfare system, I did not include casual relationships such as extended family members, friends, and neighbors, since my focus is on increasing awareness at the provider level. The reason that case workers and case managers are listed separately is because case workers are DHHS state employees, whereas case

² As previously mentioned, community members like clergy persons, librarians, and childcare providers could also provide referrals, which might be an additional level of awareness to improve. I did not include them on the framework, however, because they are less ubiquitous among at-risk caregivers than the relationships I did include.

managers work for private agencies and are provided to eligible individuals with a mental health condition, intellectual disability, or developmental disability.

The relationships connected to the caregiver through solid lines are, in many cases, not voluntary or chosen, as is the case particularly with the judicial system and DHHS. Thus, all types of provider and direct service relationships are the caregiver's best hope of accessing the further support of both state and privately funded agencies who offer family strengthening training, which are offered as voluntary resources. Without a referral, a caregiver's access to family strengthening training relies on their own initiative and ability to independently search for the program that both meets their needs and is available in their region.

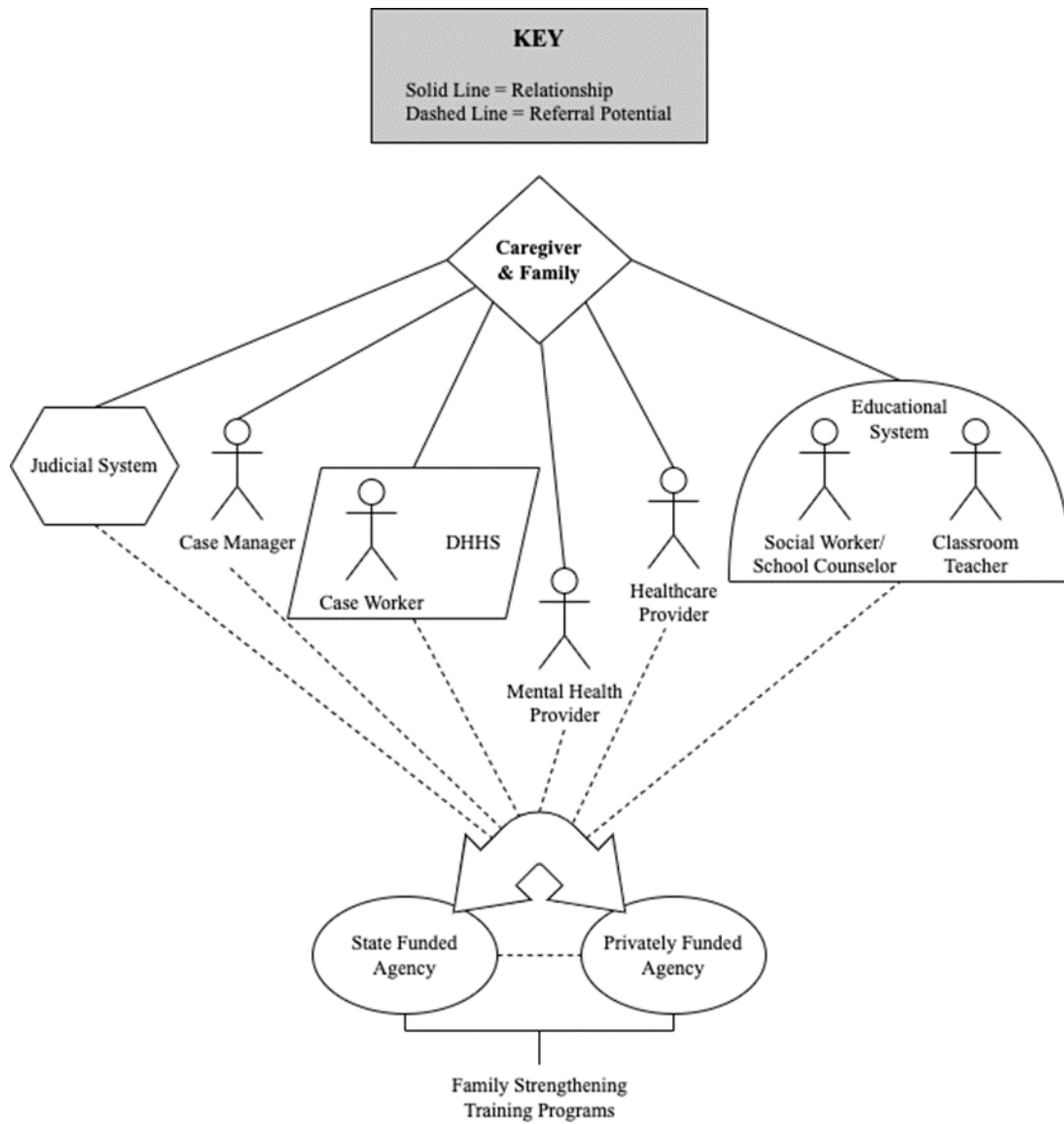


Figure 2—A conceptual framework of the provider relationships caregivers and families may have and the corresponding potentials for referral to family strengthening training programs.

The dashed lines show the agency personnel and providers who could provide referrals to family strengthening training from a place of trust and knowledge of the program to which they are referring their client. There is also the possibility of caregiver self-referral through independent discovery of a program and of interagency referral due

to either the caregiver's region not being covered by the agency they contact first or different program specialties depending on the needs of the family.

At first glance, this framework looks like a highly supportive network with many avenues through which caregivers could be informed of the resources available to them, but there is an important caveat: appropriate referrals cannot happen without the right knowledge. Ensuring that the people connected to the caregiver through solid lines are aware of existing programs and resources is not an easy task, in no small part because turnover in child welfare roles is high, estimated at 20-40 percent every year for the past 15 years (Casey). As I will discuss in later chapters, relationship-oriented work is full of variables and blind spots, but it is critical that we have systems in place to keep providers well-informed with the necessary breadth and depth of information so they, in turn, can help caregivers access the training and supports they need.

My involvement with AT and Literacy Volunteers of Bangor has made me a passionate believer in the transformative power of training and education. As I will discuss in my literature review of evidence-based family strengthening training, increasing knowledge of child development, self-management strategies, and trauma-informed care can make all the difference for the health of the caregiver-child relationship and the family as a whole. It is my goal in undertaking this research to increase awareness about the family strengthening training programs in Maine, particularly among providers and agencies themselves. Ideally, this will result in better referrals and open opportunities for enhanced interagency collaborative efforts. My secondary objective is that this project will allow the AT team to make a more informed decision about whether to pursue domestic partnerships in the future.

In Chapter Two, I provide further background and information about family and child-related needs in Maine, child welfare in Maine, family strengthening training, and relevant literature on family strengthening training in general. In Chapter Three, I describe my methodology in gathering information, both online and directly from agencies. In Chapter Four, I present, analyze, and interpret the data I gathered on family strengthening training programs and awareness of those programs. I also discuss my recommendations for increasing provider awareness of family strengthening programs in Maine. In Chapter Five, I discuss opportunities for further research and offer my conclusions.

CHAPTER TWO

BACKGROUND AND LITERATURE REVIEW

In this chapter, I begin by presenting several useful and informative needs and resource assessments related to children and families conducted by agencies in Maine. I do this in order to identify salient community issues and concerns which should direct agency prioritization and decision-making related to programs intended to support children and families. I assert that the issues present in Maine can be improved through family strengthening training, so we should be investing not only in the programs themselves, but also in increasing knowledge about these resources. I discuss the merits of proactive preventative (rather than reactive and punitive) measures like family strengthening training in our collective tackling of the issues previously detailed. I provide a list of prominent family strengthening training curricula and a timeline of major child welfare reforms and initiatives that are relevant to research. Lastly, I will discuss barriers to and facilitators of family strengthening training being accessed by caregivers.

Highlights From Maine Needs and Resource Assessments

In order to understand why family strengthening training is offered in the first place, it is critical to understand the specific child welfare and family-related issues we find in the state of Maine. These issues, the contexts from which they arise, and resource limitations all impact the kinds of reforms and preventative practices that could be used and that are most likely to be effective. Several agencies in Maine regularly conduct helpful needs and resource assessments about a variety of social issues. I will discuss several developed by Maine agencies or that were created by an outside agency

contracted to provide data about Maine-specific issues. The data I will pull from these reports relates specifically to children and families or general characteristics and issues which, from my perspective and research, directly impact the offering of family strengthening training.

I will present data from: a Child Protective Services Report from DHHS; a Resource Map & Community Engagement Project, along with Shared Performance Measures, produced by United Way; a Community Needs Assessment conducted by Penquis Community Action Program; a Strategic Child Welfare System Priorities document building on the Maine Framework for Action developed by the Maine Child Welfare Action Network; and a Fact Sheet from Casey Family Programs. These are all the major data reports that I have discovered through either working at United Way, speaking to agency personnel who have referred me to these reports, or searching online for data about child welfare in Maine.

In presenting these reports, my intent is to provide a broad array (yet sufficiently nuanced and tailored to child welfare to be useful) of information about unique challenges—and even competencies—in Maine. A secondary objective in presenting these reports is to give readers a sense of the kinds of questions agencies in Maine are asking and what topic or issue areas about which they are seeking further information in order to better provide for the clientele in their service area. All of the communities, providers, and caregivers involved with family strengthening training have to grapple with at least some of the issues I present here. I will discuss general barriers and facilitators to family strengthening training in the literature at the end of this chapter, but one of the most important takeaways from my work with AT is the importance of cultural competence

and context-specificity when introducing any program or initiative, including (and maybe especially) training offered for voluntary participation. Maine, and specific counties and communities in Maine, present a context with specific challenges (as do all states and regions whether urban or rural, rich or poor, multicultural or monocultural, highly educated or less educated). Exploring the data available to us helps bring clarity to how the demographics and challenges of Maine, discussed in the following paragraphs, might impact either the need for or the implementation of family strengthening training.

The 2021 Child Protective Services (CPS) Report from DHHS provides a detailed review of five child fatalities in June 2021. The review was conducted collaboratively by the Office of Child and Family Services, Casey Family Programs (a data-gathering foundation which I will discuss in this chapter), and Collaborative Safety, which conducts critical incident reviews. They found that two contributing factors were “Communication and Coordination with Providers” because “Behavioral health providers may shield parents from child welfare at the expense of child safety” and “Difficulty Engaging Caregivers” because “Unless court ordered, family engagement with child welfare is voluntary” (DHHS). One of their recommendations produced in light of the findings was to “Work with a coalition of providers to support effective coordination with child welfare staff (e.g., supporting families, court and Family Team Meeting participation, sharing information, etc.) and address any identified barriers” (DHHS). Though these findings are in the context of child protective cases, all providers and agencies who offer family strengthening training should also take note of the need for increased communication, coordination, and referral.

The CPS report also discusses the Family First Prevention Services Plan, which was made possible by the previously mentioned Family First Prevention Services Act (FFPSA), the purpose of which “is to reduce the number of children entering foster care by providing at-risk parents and families with supportive services such as mental health counseling, substance abuse use treatment, and in-home parenting skill development” (DHHS). In 2018, the FFPSA expanded eligibility for the Parents as Teachers in-home parent education program, administered by the Maine Families Home Visitors Program, from 0-3 years to 0-5, and referral availability from prenatal up to 4 months to prenatal up to 4.5 years (DHHS). The CPS report briefly referenced the Homebuilders program, which was in the process of being launched in 2021, but I could not find much further information about it online.³ It was described in the report as “an intensive family preservation and reunification program... [serving] children ages 0-17 and their families. The goal is to provide high-risk families involved with child welfare with services to remove the risk of harm to the child (instead of removing the child) and give families the chance to learn new behaviors and help them better care for their children” (DHHS). Overall, the CPS report reminds us of two important facts: 1) coalitions of providers can help save lives, and 2) the government is increasingly recognizing the critical nature of expanded access to training and education for caregivers to prevent DHHS involvement and child maltreatment.

I will now turn attention to a Resource Map and Community Engagement Project produced by United Way (UW), a major nonprofit funder. When I interned at Heart of Maine United Way (formerly United Way of Eastern Maine), I read a significant amount

³ I did have the opportunity to speak with someone from DHHS about this program and will discuss that information in Chapter Four.

of material connected to their Opportunity 2028 initiative which set their three goals, as a program funder, for the decade from 2018 to 2028: basic needs, substance use disorder, and early childhood development. These priority areas were selected in response to a needs assessment UW conducted in 2016 in partnership with various community partners in the five county area they served at the time: Hancock, Penobscot, Piscataquis, Waldo, and Washington.⁴ Through in-depth interviews with UW staff, UW board members, local foundations, local providers, and local organizations, they identified several key barriers to addressing community needs, including:

1. “The large, rural geographic area,” which makes accessing services a physical challenge (United Way). Maine’s geography also results in underserved communities who do not get the amount of federal funding they need due to lack of population density.
2. “The lack of resources and coordination,” which relates to the sense I had that there *are* good programs, but that they are not as connected as they need to be in order to make the most impact. Challenges mentioned include the complexity of partnerships across organizational and sector boundaries (United Way).
3. “Lack of knowledge of existing resources,” which similarly suggests that knowledge is a key barrier. The report noted that the resource hotline in Maine, 2-1-1, was designed to address this, but it is not used as frequently in Eastern Maine as it is in Greater Portland (United Way).⁵

⁴ Since 2022, Heart of Maine United Way also serves Somerset County in addition to the five counties noted above.

⁵ 2-1-1 was a significant subject in my interviews and will be discussed in further detail in Chapter Four.

In addition to the needs assessment, United Way also published a useful measurement framework. Under each larger goal was listed a headline indicator, several outcomes, and several shared community indicators. One outcome under the early childhood goal reads: “Parents and caregivers are informed and engaged in their child’s development” (United Way). The shared community indicators include: “Number of parents or caregivers experiencing reduced barriers to accessing parenting resources,” “Number of parents and caregivers who increase their knowledge of child development,” and “Number of parents and caregivers who are using parenting best practices in the care of their children” (United Way). This reaffirms these outcomes are seen by an organization whose mission is to allocate funding to help solve major issues in Maine as directly addressing the needs and issues which they identify as most significant in the five-county area they serve.

Penquis is the Community Action Program (CAP) agency serving Penobscot, Piscataquis, and Knox counties and has several programs which are funded by United Way. I had a preliminary conversation with two Penquis employees. Penquis is one of the main providers (if not the main provider) of family strengthening training in their service area and conducted a community needs assessment in 2021. Several notable and relevant statistics offered in the Penquis report were that 21 percent of households in Maine are single parent households (compared with 14 percent in the United States) and the percentage of Maine households in which grandparents are responsible for grandchildren was on par with the national percentage of 34.1 percent (Penquis). Affordable childcare was a major issue mentioned, and the focus group noted that “There are programs out there, but people don’t know about them” (Penquis). Penquis then developed a list of

prioritized needs, which included the following on the lower priority⁶ end: “Increasing community awareness of Community Action Agencies and the services they provide” and “Increasing the collaboration between community providers” (Penquis).

The subject of collaboration brings me to the next report I want to highlight, which one of my interviewees drew my attention to and which is from the Maine Child Welfare Action Network (MCWAN). I had the opportunity to speak with a founding member of the Network and will describe the Network’s work in further detail in Chapter Four, but their mission is to bring stakeholders together in collaborations which further child welfare policy reform. The January 2023 MCWAN Framework noted that “The COVID-19 pandemic exacerbated challenges families were already facing, presenting increased risk to child safety and family stability. This has resulted in a child protective system that is overstressed... Sustained investments to support families experiencing challenges to safety and stability are essential to prevent child maltreatment and reduce the pressure on the state child protective agency” (MCWAN). There was a 30 percent increase in substantiated child maltreatment from 2017 to 2021 (MCWAN). In 2020, the child maltreatment rate in Maine was the highest in the nation, and the rate of children in Maine entering foster care was above the national average (MCWAN). Risk factors identified for maltreatment were neglect, domestic violence, and drug/alcohol use; additionally, “The income status of families is a significant predictor of child welfare involvement” (MCWAN). In a ranking of U.S. states by median household income, Maine was 20th from the bottom in 2021 (Kaiser Family Foundation).

⁶ Needs were listed and ranked based on a community survey. Higher priority needs included affordable housing, healthcare, substance abuse treatment, and higher wages.

The MCWAN framework noted that in the last year, there has been increased legislative funding for prevention and family strengthening interventions.⁷ However, the framework made the bold statement that “There is no statewide plan or coordinated system for preventing child maltreatment in Maine,” although the legislature established a prevention coordination position that is currently under development (MCWAN).⁸ Additionally, “Reports from the Office of Program Evaluation and Government Accountability in 2018 and Casey Family Programs in 2021 identified the need for the state child welfare agency to improve collaboration with community providers and other state agencies that serve the same families” (MCWAN). One of the recommendations in the MCWAN Framework is that “Philanthropy and Community Organizations should work together to address family support gaps that exist between prevention and intervention services by establishing flexible funds and direct financial assistance that are available to community providers and can be accessed to stabilize families” (MCWAN). Again, note the critical nature of information sharing; in order to address gaps, both in geography and services, agencies must be aware of the programs and offerings of other agencies.

To provide a fuller picture of how federal funding and collaboration impacts child welfare, the Casey Family Programs Fact Sheet is useful. Casey Family Programs is a national foundation that focuses on reducing the need for foster care and improving the child welfare system. In their 2021 fact sheet, they report that “Most states currently are

⁷ The focus on child and family issues seems to be continuing; in April 2023, Governor Janet Mills announced that 24 million federal dollars will be allocated to “support the development of an Early Childhood Integrated Data System to help make data-driven decisions about programs and policies to benefit Maine children” (Office of Governor Janet T. Mills).

⁸ In Chapter Four, I will also discuss the most current state government developments which include a state prevention plan announced by the governor in February 2023.

limited to using the bulk of the \$9.8 billion in dedicated federal child welfare funding only for services related to foster care. The Family First Prevention Services Act of 2018 and the Family First Transition Act of 2019 provide states with the historic opportunity to invest federal funding to support preventive services, including substance abuse, mental health and parental skill training, so more children can remain safely at home” (Casey). Figure 3 below, which shows the family setting to which children were reintegrated post-foster care in 2019, underscores the importance of family strengthening training.

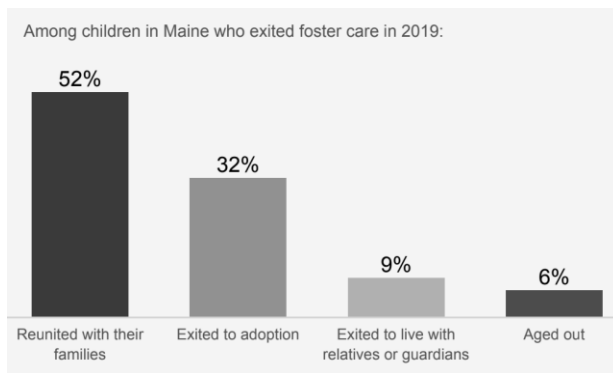


Figure 3—Graph of where children who exited foster care were reintegrated in 2019 (Casey Family Programs).

Over half of children in foster care, who came into state care for serious reasons, go back to their families. Caregivers may need additional support, strategies, and skills in their journey to become the parents they would like to be. Training becomes a highly important reintegration strategy to increase the likelihood that children will not end up in the same vulnerable situation or even back in the foster care system.

Terms, Curricula, and Trends in Family Strengthening Training

Now that I have described the issues related to Maine children and families, I will turn attention to why family strengthening training is viewed as an important tool in the mitigation and resolution of these issues. I will address the following four questions: What is commonly used terminology other than family strengthening training? What are common approaches and methods to family strengthening training and how did they originate? Why does family strengthening training work? What do we observe as current trends in the way family strengthening training is approached in the U.S.? The answers to these questions will provide greater clarity to the larger question of why we care to reduce barriers and increase facilitators to family strengthening training in the first place. I will then provide an overview of prominent family strengthening curricula.

Family strengthening can also be referred to as parent education or training, but the latter may imply that it is only needed by caregivers perceived as “bad parents” for a variety of reasons including judicial system or DHHS involvement. “Family strengthening” could be more likely to send the message that all families have room to be strengthened. This type of training is also referred to as prevention or intervention, referencing its role in preventing child abuse and maltreatment or intervening in an at-risk family situation. Another term that frequently surfaces in this realm is “evidence-based,” which, in the context of child welfare and according to the Child Welfare Information Gateway (CWIG), refers to initiatives whose efficacy has been demonstrated by research. Many of these programs are also said to increase “protective factors,” which are “conditions or attributes of individuals, families, communities, and the larger society that mitigate risk and promote the healthy development and well-being of children, youth, and families” (Children’s Bureau, CWIG).

Family Strengthening Curricula

I am going to introduce several prominent family strengthening curricula that are used on a national or global scale. I chose these curricula to highlight because they are in use in Maine, well-known by Maine providers, or prominent in internet and academic literature searches. Though this research does not focus on which curricula are being used, it is valuable to have an awareness of the different approaches available and especially what they share in common as effective characteristics. I will describe the evidence associated with each approach as a way to underscore the effectiveness of family strengthening training. I also want to introduce these programs and curricula now so that when I mention them in the context of agencies that use specific curricula, a general familiarity has already been established.

The Strengthening Families Program was created by Dr. Karol Kumpfer, University of Utah professor of psychology (Strengthening Families Program). She has been a coauthor on a significant amount of research, mainly in the 1990s and early 2000s, about family strengthening training, and also about cultural adaptation of family strengthening training. Her program was originally designed for families affected by substance use. The program has been the subject of over a dozen research studies by independent evaluators regarding its implementation and effectiveness. These include randomized control trials in nine countries and longitudinal studies. The program has been found to “be effective in reducing multiple risk factors for later alcohol and drug abuse, mental health problems, and delinquency” (Strengthening Families Program). Caregiver skills emphasized include bonding, setting boundaries, and monitoring child well-being.

Parents as Teachers, the curriculum used by the Maine Families home visitation program, began in the 1980s in Missouri as an approach to in-home parent education that highlighted the parent as the child's first teacher. Parents as Teachers, which relies on developmental parenting, attribution theory, empowerment, and self-efficacy, is focused primarily on school readiness, early literacy, and preventing abuse and neglect (Parents as Teachers). It is designed to give parents strong child development knowledge and connection to further resources as needed, particularly to address developmental delays. The package of services Parents as Teachers offers has four components: "Personal Visits, Group Connections, Child Screenings, and Resource Network" (Parents as Teachers). It has been the subject of eight independent randomized controlled trials and 22 peer-reviewed published outcome studies (Parents as Teachers). It was found that when Parents as Teachers was used, children had a 22 percent decreased likelihood of child maltreatment substantiations and 50 percent fewer cases of suspected abuse and neglect (Parents as Teachers).

Circle of Security, also in use by agencies in Maine, is an intervention program centered around a visual map of the secure attachment between caregiver and child first brought into the literature by John Bowlby. They have developed significant materials for various settings with which the Circle of Security can be introduced. The Circle of Security approach was the subject of an interesting and compelling study with parents whose children were involved with the government-operated Head Start program, which is for low income families and promotes school readiness for children from 0-5 years old through centers, schools, family child care homes, or the child's home (DHHS).

Caregivers classified with a disorganized attachment⁹ status went from 60 percent of the caregivers in the program before the Circle of Security intensive intervention to 25 percent of the caregivers in the program post intervention, and insecure attachment status decreased from 80 percent to 46 percent. It is still listed as a promising practice, which means it does not yet meet the standard of being evidence-based.

Another widely used curriculum is Nurturing Parenting: a trauma-informed program “designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices” for families with children ages 0-18 (Nurturing Parenting). Its stated goals are to “prevent recidivism in families receiving social services, lower the rate of multi-parent teenage pregnancies, reduce the rate of juvenile delinquency and alcohol abuse, and stop the intergenerational cycle of child abuse by teaching positive parenting behaviors” (Nurturing Parenting). It has been the subject of randomized controlled trials, pre-post test studies, comparative studies with other programs, and pre-post longitudinal follow-up studies. Its development was funded by the National Institute of Mental Health as a response to the Adult-Adolescent Parenting Inventory (AAPI) developed in 1978 and designed to assess adolescent beliefs about parenting, indicating “the risk level of pre-parent teens in replicating the abusive and neglecting parenting practices they experienced during the process of growing up” (Nurturing Parenting). Nurturing Parenting was designed to mitigate the five behaviors associated with child maltreatment: inappropriate developmental expectations, lack of empathy, corporal punishment, parent-child role reversals, and oppression of child power.

⁹ A disorganized attachment style, which results in inconsistent behavior when forming attachments with others, is thought to stem from the childhood trauma of a caregiver providing inconsistent support and/or abuse (Psychology Today).

Triple P–Positive Parenting Program, which is used by at least one of the agencies I spoke with, claims to be, “one of the most effective evidence-based parenting programs in the world, backed up by more than 35 years of ongoing research” (Triple P). This particular program is ideally “designed to be delivered as a public-health initiative,” meaning they seek to reach the entire population rather than the very limited number of parents who typically receive training. They are ranked by the United Nations as the top parenting program in the world.

The Brazelton Touchpoints Center partners “with family-facing providers, researchers, advocates, policymakers, and their institutions to listen to and amplify the unheard voices of babies, children, and families, and to co-create with them practical, incremental solutions to the challenges they express” (Brazelton). This method, which trains providers rather than caregivers themselves, has been found to significantly increase knowledge of development and family engagement.

Lastly, Strengthening Families is a program of the Center for the Study of Social Policy and the framework is used by over 30 states in their early childhood and child welfare programs. They focus on building what they have identified as the five most important protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and the social and emotional competence of children.

The History of Prevention and Intervention

Along with understanding the needs of families in Maine and national approaches to family strengthening training, it is useful to understand the general history of our public awareness about child welfare issues in the United States and gain an

understanding of the dynamics and momentum of child welfare initiatives. The Child Welfare Information Gateway, a government-operated child welfare resource, houses many reports and briefs about what has been done, is currently being done, and should be done to prevent child maltreatment—the most basic goal of family strengthening training. A document from 2017 titled “Child Maltreatment Prevention: Past, Present, and Future” outlines prevention efforts from the last half century, which have “moved beyond a public awareness approach to one that emphasizes the vital role of community, early intervention services, and caregiver education to help keep children safe from abuse and neglect” (CWIG). This document begins by establishing the increasing gravity of the child maltreatment problem and the corresponding effects on child health and even the economy. Here is a timeline of the relevant prevention efforts and significant events highlighted in this document:

- 1960s—Emergence of social concern and research about child maltreatment and “battered child syndrome” (see 1962 article by Kempe, Silverman, Steele, Droegemueller, & Silver)
- 1967—Child abuse or neglect referral laws enacted by every state in the U.S.
- 1974—Child Abuse Prevention and Treatment Act (CAPTA) allocated federal funds to support state response and instituted mandatory reporter laws
- 1980s—Increase in education and public awareness efforts
- 1993—Family Preservation and Support Services Program Act provided support services for families in crisis
- 2000s—Child welfare policy focuses on protective factors and community-based prevention

- 2000–Institute of Medicine and National Research Council publish an important study about how a child’s brain development is influenced by social environment, including positive relationship with caregivers
- 2003–Amendments to CAPTA funded Community-Based Child Abuse Prevention programs; the Center for the Study of Social Policy released their five protective factors
- 2007–The Office on Child Abuse and Neglect’s Prevention Resource Guide adds a sixth protective factor: nurturing and attachment
- 2008–The Children’s Bureau funds grants to expand home visiting
- 2010–Additional amendments to CAPTA focus on substance use treatment, domestic violence services, and youth homelessness
- 2012–The Administration on Children, Youth, and Families (ACYF) reviewed protective factors research with a goal of improving outcomes for abused and neglected children/youth, children exposed to domestic violence, youth transitioning from foster care, homeless youth, and pregnant/parenting teens

In recent years, “The current approach to child maltreatment prevention relies on enhancing the role of communities in strengthening protective factors in a child’s environment and providing prevention services targeted toward different segments of the population” (CWIG). Figure 4 introduces us to the three levels of prevention: Primary (targeting the general population), Secondary (targeting higher risk populations), and Tertiary (targeting families already affected by child maltreatment).

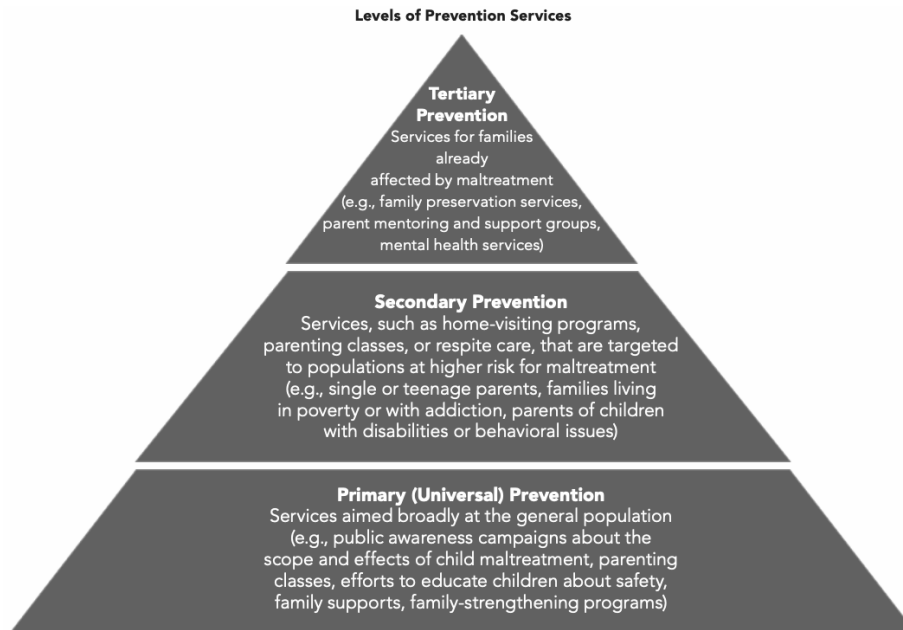


Figure 4—A diagram showing interventions at the different levels of prevention (CWIG).

As has already been noted, evidence-based practices are viewed as increasingly critical in both the selection and implementation of programs, as is statistical evaluation of program effectiveness. The increasing primacy of cultural competence is also discussed in the CWIG document, because as we recognize the extent to which culture shapes parenting, it must also shape intervention and prevention. Looking to the future, this document predicts the centrality of an awareness of Adverse Childhood Experiences and long-term health impacts on future prevention and intervention efforts. Lastly, we will likely see an enhanced focus on collaboration and information sharing across service sectors to address these issues at a systemic level.¹⁰

¹⁰ For more in-depth information, also see the National Child Abuse Prevention Month 2021/2022 Prevention Resource Guide, which is created by DHHS, the Administration for Children and Families, the Children’s Bureau, and the CWIG. The section I found particularly informative was about a two-generation approach to family strengthening, which entails focusing efforts on both parents and children simultaneously for greatest efficacy.

Now that we are aware of the data about child welfare in Maine that is available, the different curricula in use in Maine and elsewhere, and the history of child welfare initiatives and reforms, the final section of Chapter Two discusses the barriers and facilitators to family strengthening through the lens of the academic literature available on the subject.

Barriers and Facilitators to Family Strengthening Training

There are several helpful articles in the literature about the barriers and facilitators to caregivers accessing family strengthening training. Because my research seeks to lay the groundwork for more completely understanding the barriers and facilitators for caregivers in the context of Maine specifically, gaining familiarity with both as discovered by other researchers in other places is key. I discuss a variety of barriers and facilitators here, but my findings section will focus specifically on lack of provider and caregiver knowledge of existing programs as a main barrier that must be overcome before the others (which are related to the structure and delivery of the program itself) can be addressed.

Just as there are particular barrier to implementing family strengthening programs in urban settings, rural¹¹ communities have very specific barriers that come between caregivers and family strengthening training. In a CWIG document about Rural Child Welfare Practice, the strengths of rural communities are first discussed, the most notable of which include strong community networks and trusting relationships built over time. They also discussed four factors which are simultaneously widespread in rural areas and also shown to be linked to increased prevalence of child maltreatment: poverty, lack of

¹¹ Rural areas have population densities of fewer than 500 people per square mile and include places with fewer than 2,500 people (USDA). Under these criteria, Maine is a mostly rural state.

education, unemployment, and substance use (CWIG). Difficulty accessing services due to providers being few and far between was also mentioned.

This Rural Child Welfare Practice document provided several helpful questions that need to be asked and answered in order to implement evidence-based curricula and practices in rural communities, including:

1. “What supportive services are needed to maintain model fidelity? Are these services available in the community?” (CWIG)
2. “Which providers from which agencies or institutions may need to collaborate for implementation and sustainability?” (CWIG)
3. “What research is needed to adapt or test promising models for rural practice?” (CWIG)

One of the primary and obvious barriers in rural areas is geography and low population density, which makes it difficult for caregivers to transport themselves to face-to-face programs and for home visiting programs to reach caregivers efficiently. Many programs are utilizing either all virtual or hybrid modalities, but high-speed internet access is also limited in rural areas of Maine, particularly for low-income households (Butcher). A study conducted in 2015 by Duppong-Hurley et al. looked into parenting program¹² non-completion and identified barriers to be overcome, possibly through web-based programs. Scheduling was noted as a major barrier and interest in web-based classes was substantial, particularly as a reducer of scheduling, childcare, and transportation barriers (Duppong-Hurley et al.). Though this article was published pre-

¹² When discussing articles in the literature, I will adopt the terminology that each individual article uses in place of the terminology I chose for all programs (family strengthening training).

pandemic, online or hybrid delivery models are even more critical in our post-pandemic world.

In 2018, Smokowski et al. wrote about recruitment and retention barriers in parenting programs using case studies of two programs in CDC-funded youth violence prevention research centers: one in an urban area and one in a rural county. Because it is more relevant to my research scope than retention, I will discuss the recruitment barriers they identified. They actually found similar structural (e.g., scheduling, childcare, transportation), attitudinal (parent beliefs and perceptions), and interpersonal (provider relationship) barriers in the two settings. The researchers noted that building credibility was a particular challenge in the rural community:

In the rural community, families were strongly rooted, and exceptionally disadvantaged, yet they would only seek help if their pastors referred them to the program. Once we aligned our efforts with the network of ministers, they linked us with the highest need families, who were likely to benefit most from the services provided. Navigating the closed boundaries of a tightly knit, rural community was difficult and took time and effort, including significant time in a car driving between implementation sites. We had to demonstrate our long-term commitment and collaborate with key gatekeepers (e.g., pastors, principals, juvenile justice counselors). At the same time, a key strength in rural areas is the dense social network that allows many community leaders to come together in efficient collaboration if they buy into the initiative. (Smokowski et al.)

This reinforces the validity of my emphasis on referrals as a facilitator for caregivers accessing family strengthening training. It is centered on relationships: first the

relationship of the provider to the family strengthening training program, and then the relationship of the provider to the caregiver.

Akin et al. also identify types of barriers to successful implementation of evidence-based interventions (EBIs). These include so-called “process factors” like staffing, training, and assessment of programs and “provider factors,” meaning the attitude of providers toward EBIs. They also include “structural factors” which can be either barriers or facilitators: system-level considerations in the workforce and the courts, as well as interagency collaboration. These structural factors become particularly prominent and impactful when there are many stakeholders involved and work is executed with funding from contracts, because of turnover and the shifting nature of contracts.¹³ This article noted the challenge of trainer turnover for staffing programs; I emphasize this here and will come back to staff turnover as a compelling reason for more codified systems of information sharing and relationship building among providers and agencies.

Mytton et al. conducted a qualitative systematic review of the barriers and facilitators to parenting program recruitment and retention, both from the parent perspective and the provider perspective, which the researchers compared. Prominent facilitators identified by parents included whether trusted or known people led the course and the empathy and non-judgment of those leading the course. Once again, we are reminded of the relationship-oriented nature of family strengthening training.

Straiton et al. explored barriers and facilitators to parent training for families with an autistic child from a training provider perspective and specifically in a low-resourced

¹³ I will discuss the difficulties of contracts further in Chapter Four.

context. Significant barriers identified include the perception of providers that families are not interested in training, and the feeling of providers themselves that they do not have sufficient training to effectively deliver the service. Especially since we see a lot of the family strengthening training in Maine occurring through home visitation, the providers in this study also noted how more group training could reduce some logistical barriers. Their main recommendations for facilitating training use were to train providers about parent training best practices and increase agency support for parent training. This article provided a useful focus on provider attitudes and beliefs and how influential they can be to the success of parent training. They also discussed the benefit of working from a curriculum. The researchers conclude that “Results from this study suggest that providers serve as gatekeepers to parent training access, with providers deciding whether or not to offer parent training based on barriers and facilitators at the family-, provider-, and organization-level” (Straiton et al.). This affirms my research focus on the provider and agency level rather than the caregiver level.

Koerting et al. conducted a qualitative synthesis of published studies relating to parenting program barriers and facilitators, specifically for children with behavioral challenges. A major barrier they reported was the following: “Lack of information/misconception about services (unawareness of services; misconceptions about services; belief that there is no need for treatment; advertising insufficient; perception that services are for ‘others’)” (Koerting et al.). These barriers all relate to that critical information component: training access and utilization depends so heavily on accessible, approachable, and accurate knowledge. That kind of information is difficult to convey merely through advertising, which can be ignored and whose audience is not

always clear;¹⁴ providers who have an established relationship with the family are more likely to be able to provide personalized information and dispel misconceptions.

Another set of recruitment barriers identified by Koerting et al. was “Poor interagency collaboration (poor/unorganised referral routes; poor communication/sharing of information between agencies; Inappropriate referrals, i.e. mismatch parent programme)” (Koerting et al.). Once again, we are faced with the primacy of the referral, and the importance that the first referral a parent receives is to a program that is a good fit. Referrals require provider familiarity with as many programs and their specialties as possible; based on their synthesis, Koerting et al. communicate a similar view: “In order for agencies to work together successfully, it was considered important for service providers to inform and continually update other agencies about available programmes” (Koerting et al.). The personal relationship piece is also key; the researchers noted “Having a good relationship with the target family was believed to be the key to successful engagement” (Koerting et al.). They were speaking more about the relationship of the trainer to the caregiver, but I think this also applies to the relationship between the caregiver and the provider giving the referral. Koerting et al. conclude that “Raising the general awareness of programmes and services within the community through good publicity is essential” (Koerting et al.).

The last article I will discuss was coauthored by one of my research committee members, Dr. Leslie Forstadt. It is about the Adverse Childhood Experiences (ACEs) movement in Maine, not family strengthening training, but some of the same ideas around multistakeholder collaboration apply, particularly in a rural state like Maine. The

¹⁴ The researchers also mentioned effective and widely disseminated advertising as a facilitator, with the caveat that it be accessible to all literacy levels.

Maine Resilience Building Network (MRBN) brings together people and practitioners from many professions and disciplines in Maine to have community conversations about ACEs, as well as engage in continuing education and offer trainings. I will discuss the network/coalition model further in later chapters, but I wanted to present MRBN and the work of Forstadt et al. as inspiration. I believe those of us working in the family strengthening training realm should take guidance from this model which puts multisector collaboration and community training and conversation at the center of a movement to increase awareness and support initiatives. As Forstadt et al. describe, “MRBN is creating a ‘menu’ of opportunities that are cumulative in content, are informed by participant evaluation, and engage statewide partners” and the network “functions as a support group and think tank for new projects, and as a facilitator for planning projects that involve the whole state of Maine” (Forstadt et al.). What if we did the same with family strengthening training? That is the question that will be my focus in Chapter Four and beyond.

CHAPTER THREE

METHODOLOGY

At the beginning of my research, I thought the data I would be collecting was primarily about the characteristics of the training curricula and programs themselves. My intention was to assess whether or not there was a sufficient quantity of programs to meet needs in Maine and to compare the attributes of family strengthening programs to the competencies I knew were present in the AT Workshop, such as a focus on attachment theory. But, because of my research pivot, the data I ended up collecting was about the general landscape of relationships and knowledge sharing between agencies, providers, and caregivers. Before the merits of individual programs could be compared and contrasted, I realized we needed to know more about how existing and available programs were perceived, discovered, and accessed. Until we understand the barriers and facilitators to caregivers being aware of and accessing any type of family strengthening program, the specific qualities of each program are a secondary concern. Additionally, it would not be appropriate to claim there are underserved areas or to propose an additional program if existing programs are not being fully utilized or if we do not have a clear sense of how successful recruitment occurs. My revised hypothesis is that successful recruitment has everything to do with the provider relationships and referral avenues presented in my conceptual framework.

The methods I used to conduct my resource assessment and research into barriers and facilitators to family strengthening training across Maine shifted slightly as my scope and focus changed. I will discuss four methodologies that yielded the information I will

present in my findings: searching for publicly available internet information in order to identify agencies, conducting a survey of these agencies, engaging in personal communication with agencies via email, and conducting interviews with key stakeholders. I will discuss each of these research methodologies separately.

Internet Searching

In order to find agencies in Maine that offer family strengthening training, I used four main general search terms and phrases in the Google search engine, in a variety of combinations:

- “Family strengthening program Maine”
- “Parent training Maine”
- “Parent education Maine”
- “Parenting class Maine”

I then searched Google using follow-up terms based on the specific agencies, programs, legislation, documents, and curricula I discovered through these initial searches.

I had preexisting familiarity with the nonprofit and social service landscape in Maine. As previously mentioned, I interned at Heart of Maine United Way, which funds many organizations that work with families in six counties. I used the search terms above to ensure that the list of agencies I had generated from experience, prior knowledge, and conversations was as comprehensive as possible.

Though the primary purpose of my online search was generating a list of agencies to recruit for my survey and interviews, I also gathered a small amount of information about each agency that offers family strengthening training and the characteristics of the

program. I did not include this data in my findings, but it did help me to determine which agencies were offering programs that aligned with my research. The following data-gathering questions framed my search and data organization:

- Is this agency state or privately operated?
- What is this agency's main mission or purpose?
- What is the staffing structure that sustains both the agency and their family strengthening training program?
- What is the name of the curriculum or curricula they use?
- How frequently do they offer family strengthening training?

I also found links from my original searches that led me to additional links I used to gather more details about family strengthening training programs. I clicked through to other pages on the agency's site or the sites of other agencies that were linked. If I encountered the name of a curriculum, agency, report, individual, or governmental act I was not familiar with and seemed relevant to gaining a more complete picture of family strengthening training in Maine, I searched the name in Google. For agencies with which I was already familiar, I found the agency website, looked for the "Who We Are" and "What We Do" tabs on their website, attempted to ascertain whether they had a family strengthening training program, and if they did, what kinds of classes they offered, with what frequency, and with what staffing support.

Surveys

I conducted a confidential online Qualtrics survey¹⁵ which was distributed early in my research process. The participants I recruited via email were employees or volunteers of agencies that work with families in Maine. I found the names of agencies, possible survey participants, and contact information from agency websites via the internet search described above. Whenever possible, I also sent the survey recruitment email to a general agency email (typically “info@agencyname.org”). For the individual agency contact, I attempted to select the person whose role appeared to be most closely tied to that agency’s work with families and children. I obtained consent through the first page of the survey. The purpose of the survey was to gather information about the content, effectiveness, and accessibility of the family strengthening trainings in Maine. I provided respondents with definitions for attachment theory, family strengthening, and training.

The survey questions covered service area, attributes of and topics addressed by the training, attributes of the population serviced, cost, staffing, funding, and a final question about whether the respondent believes Maine’s existing and available family strengthening trainings are sufficient to meet the needs of caregivers in their service area. I sent an initial recruitment email¹⁶ and an additional reminder email. The recruitment email asked participants to fill out the survey if their agency currently offers family strengthening training or has in the past.

¹⁵ See the Appendix for my complete Institutional Review Board proposal, including the survey questions.

¹⁶ See the Appendix for my complete Institutional Review Board proposal, including the recruitment emails.

Personal Communication

I also gathered data through personal communication with the agency personnel I attempted to recruit for my survey. Often the potential respondents had questions about my definition of “family strengthening training” or informed me that their agency does not provide family strengthening training. Sometimes I received information about their program from email alone and not from the survey. This was particularly the case for the Family Place Libraries, which I emailed without sending the survey link because I was simply curious as to how frequently family strengthening training is part of those programs in Maine.

Interviews

I originally intended for surveys to be my primary method of data collection with interviews providing supplemental case study information, but my new direction necessitated that interviews be my primary method for gathering information. I conducted interviews both individually and in pairs with seven individuals: an agency director, an agency project director, an agency vice president, a DHHS program manager, a DHHS program lead, a DHHS medical director, and a child welfare consultant. I had a preliminary conversation with two individuals from Penquis CAP but will not be discussing details from that conversation as it occurred before I obtained IRB approval. For my formal interviews, I obtained consent by sending my Interview Consent Form and obtaining verbal consent in the first interview question. I recruited interviewees by asking survey respondents to provide their contact information if they would be willing to be interviewed, but also included several individuals I was connected with via other interviewees. I found that to be an effective means of connecting with the people who had

relevant information about family strengthening training in Maine. My interviewees were selected less systematically and more opportunistically based on who was willing to speak with me and who I gained access to through a connection with another individual. Prominent informants with high levels of familiarity were most readily discovered through word of mouth, especially in a niche field such as family strengthening training with relatively few key players.

The interviews were conducted on Zoom, lasted between 30 and 60 minutes, and were recorded. I did not rely on the Zoom transcription, but rewatched each interview in order to provide accurate summaries and capture exact quotes. There was not a sufficiently large quantity of interviews to analyze themes or utilize coding, so I relied on individual quotes as my primary form of data collection. My original purpose for the case study interviews was to gather more information about that agency's family strengthening training program and collect their agency's training curriculum to gain a better understanding of the topics covered, the accessibility of the language, and the level of context adaptation for Maine.¹⁷ I planned to ask questions about the individual, agency, parenting challenges, why caregivers seek training, feedback and data about their program, accessibility to low literate populations, trends in family strengthening training, and goals and impediments to their program. As my interviews progressed, I focused more of my questions on the barriers and facilitators to the availability and accessibility of family strengthening training, along with agency, provider, and caregiver familiarity, rather than focusing time on the trainings themselves.

In the next chapter, I will present, analyze, and interpret my findings.

¹⁷ See the Appendix for the interview script and original set of questions.

CHAPTER FOUR

FINDINGS

In this chapter, I first present the data I gathered about family strengthening training programs in Maine through searching online for agencies involved in family strengthening training, personal communication, surveys, and interviews. I do this in the form of tables, maps, lists, and narrative sections. Then, I analyze and interpret the data, providing my own recommendations in light of what I discovered.

Online information, personal communication, and surveys provide data on what is currently being done to strengthen families in Maine through evidence-based and evidence-informed training. Through interviews, I was able to gather data on what should or could be done to increase the awareness and accessibility of existing family strengthening training programs on a provider, agency, and community level.

Presentation

Throughout this research project, I tracked every agency I emailed, any email feedback I received, whether or not a representative from the agency completed the survey, and whether or not I conducted an interview with that agency. I sent a survey recruitment email to a total of 45 agencies which I identified through searching online. Of those 45 agencies, I received an email response (but no survey response) from 11 agencies. Of the remaining 34 agencies, I received a survey response from 10 agencies.¹⁸ Of those 10 agencies, I had a preliminary conversation (not a formal interview) with one

¹⁸ One of these 10 agencies misinterpreted the qualifications for participation in the survey as they do not and have not ever offered family strengthening training, so I did not include the agency in my report of survey data.

agency and I interviewed representatives from four agencies. My two additional interviews were with contacts who did not originate from the survey recruitment agency list. I also communicated with individuals from agencies to whom I did not send a survey recruitment email. Overall, I communicated with 37 different individuals.

The following table is a summary of agencies and what kind of contact I had with each agency. An asterisk next to the agency name indicates an agency is the Maine Families home visiting contact for their county since I obtained some of the agency names through the online finding tool for providers of Parents as Teachers home visiting in each county. Maine Families is a statewide agency with local agency providers, so it is important to note the agencies providing local services to particular geographic regions.

<u>Agency Name</u>	<u>Survey</u>		
	<u>Recruitment</u>	<u>Email Communication</u>	<u>Interview</u>
A Family for ME (Partnership between Maine DHHS and Spurwink Services)	<i>No survey response</i>	I received an email response that they do offer family strengthening training with the goal of helping families become trauma-informed.	I scheduled an interview, but due to a family emergency for the interviewee, the interview was canceled and never rescheduled.
Adoptive and Foster Families of Maine & The Kinship Program	<i>No survey response, email communication, or interview</i>		
Aroostook Council for Healthy Families*	<i>No survey response, email communication, or interview</i>		
Aroostook County Action Program	<i>No survey response, email communication, or interview</i>		

Aroostook Mental Health	<i>No survey response, email communication, or interview</i>		
Bangor Region YMCA	I received a survey response.	<i>No email communication or interview</i>	
Children's Center	<i>No survey response, email communication, or interview</i>		
Community Care	<i>No survey response, email communication, or interview</i>		
Community Concepts*	<i>No survey response, email communication, or interview</i>		
Downeast Community Partners	<i>No survey response, email communication, or interview</i>		
Franklin County Children's Task Force*	I received a survey response.	<i>No email communication or interview</i>	
G.E.A.R Parent Network (Crisis and Counseling Services)	I received a survey response.	<i>No additional email communication</i>	I conducted a follow-up interview.
Good Samaritan Agency	<i>No survey response</i>	I received an email response stating that they do not provide group parent education training, but that they provide individual casework services for single parents, in which format they can provide parenting resources and referrals. I followed up asking for more information about these resources and referrals. They responded that their services involve assessment of individual needs (education, physical resources, childcare) or services from other	<i>No interview</i>

		agencies. They explained that they make referrals to many different agencies depending on needs, including Partners for Peace, Mabel Wadsworth, Maine Families, Women, Infants, and Children, and DHHS. For families seeking a parenting class, they would refer them to Penquis CAP or their local CAP agency which offers Maine Families, Nurturing Parents, or Bootcamp for New Dads.	
Healthy Kids Maine	I received a survey response.	<i>No email communication or interview</i>	
Help Me Grow Maine (DHHS)	<i>No survey response, email communication, or interview</i>		
Home Counselors Inc.	<i>No survey response, email communication, or interview</i>		
Kennebec Valley Community Action Program*	<i>No survey response</i>	I received an email stating that while family strengthening training sounded aligned with their work, more clarification on what that meant was necessary. I provided further clarification, then sent a second survey recruitment email, and did not receive a response.	<i>No interview</i>
Kids First Center for Co-Parent Education and Family Resilience	<i>No survey response, email communication, or interview</i>		
Maine Association for	<i>No survey response</i>	I received an email stating that they offer training for teachers	<i>No interview</i>

the Education of Young Children		and staff in childcare programs and elementary schools, but no training for caregivers.	
Maine Child Development Services	<i>No survey response</i>	I received an email response that stated that though the Maine CDS does not offer family strengthening training to families, they have received this type of training from the local Prevention Councils administered by the Maine Children's Trust.	<i>No interview</i>
Maine Children's Alliance (Manages the Maine Child Welfare Action Network)	<i>No survey response</i>	I received an email response that their organization is involved in advocacy, not direct service, so they do not have any family strengthening services.	Though I did not interview someone as a result of my survey outreach, I later interviewed one of the founders of the Maine Child Welfare Action Network, with whom I connected through another interviewee.
Maine Children's Home	I received a survey response.	<i>No additional email communication</i>	I conducted a follow-up interview
Maine Children's Trust (funds the Prevention Councils)	I received a survey response.	<i>No email communication</i>	The survey respondent provided contact information for a follow-up interview, but after two interview recruitment

			emails, I received no response.
Maine Families (Washington County)*	<i>No survey response, email communication, or interview</i>		
Maine Family Planning*	<i>No survey response, email communication, or interview</i>		
Maine Parent Federation	I received a survey response. It was not a valid survey response because they do not and have not ever offered family strengthening training.	<i>No email communication or interview</i>	
Office of Child and Family Services (Under Maine Department of Health and Human Services)	<i>No survey response</i>	Though OCFS did not complete the survey, I was referred to another person in the agency who did not respond to that initial contact. I later interviewed that same individual because another interviewee connected us directly.	I conducted an interview with someone from OCFS and that person's colleague in the Office of MaineCare Services.
Parent Program of Midcoast Maine (University of Maine Cooperative Extension)*	<i>No survey response</i>	I received an email response that they do not provide family strengthening training at this time.	<i>No interview</i>
Penquis	I received a	<i>No additional email</i>	I had a

Community Action Program (CAP)*	survey response.	<i>communication</i>	preliminary conversation with a personal contact from Penquis and her coworker who operate the family strengthening training program.
Piscataquis Regional YMCA	<i>No survey response</i>	I received an email response stating that they offer a variety of activities and programs for youth and their families, but not a formal family strengthening training program.	<i>No interview</i>
Southern Maine Health Care*	<i>No survey</i>	I received an email response that they do not offer family strengthening training as I have defined it for this project.	<i>No interview</i>
The Opportunity Alliance*	I received a survey response.	<i>No additional email communication</i>	I conducted a follow-up interview.
University of Maine Cooperative Extension*	<i>No survey response</i>	I received an email response stating they do not offer family strengthening training at their site. As the Maine Families agency in the area, they provide in-home education and support for prenatal families and families with infants, while occasionally offering a class or webinar. The contact referred me to the Prevention Councils and explained that they provide training to professionals and families.	<i>No interview</i>

Waldo Community Action Partners	<i>No survey response, email communication, or interview</i>		
Western Maine Community Action	<i>No survey response, email communication, or interview</i>		
YMCA of Southern Maine	<i>No survey response</i>	I received an email response requesting further clarification on the definition of family strengthening training. I sent specific definitions, then an additional follow-up email, but never received an email or survey response.	<i>No interview</i>
Other YMCAs: Old Town-Orono, Downeast Family, Penobscot Bay, Waldo County, Kennebec Valley, Mount Desert Island. Bath Area Family, Central Lincoln County	<i>No survey response, email communication, or interview</i>		
York County Community Action Corporation	<i>No survey response, email communication, or interview</i>		

A possible explanation of some of the lack of email or survey response after multiple outreaches could be websites that do not accurately reflect staff turnover and new staff contacts. Based on comparing several email responses with information available online, I also believe that there may have been some confusion about what

qualifies as family strengthening training. Though my definition included home visitation to individually deliver curriculum, it seems that some of my agency contacts may have interpreted family strengthening training as only group classes. The University of Maine Cooperative Extension, for example, said that they do not offer family strengthening training, but do offer in-home education and support. If I were to conduct this research project again, I would be very clear about my definition of family strengthening training in the body of the initial survey recruitment email.

I connected with several agencies who were not part of my survey recruitment outreach. As previously mentioned, I was an intern at Partners for Peace, so I spoke informally to someone from that agency (who is a liaison between Partners for Peace and DHHS) who told me that many parents in the service area of Partners for Peace (Penobscot and Piscataquis counties) are referred to Penquis CAP parenting classes. This employee has made referrals to Penquis when appropriate, noting the caveat that some parenting classes are not always the most appropriate referral for survivors as these classes do not always utilize an approach that considers issues and challenges specific to situations involving domestic violence.

Also not included in the table above is the Maine Resilience Building Network, which I had preexisting familiarity with because of one of my research committee members and which I wrote about in my literature review. The Maine Resilience Building Network offers a wide variety of training and education opportunities on Adverse Childhood Experiences, building protective factors, increasing social connectedness for young people, and trauma-informed care (MRBN). These trainings do not necessarily fit into the scope of my research because they are, as I understand them,

not designed for caregivers but for providers and professionals. The network is worth mentioning here, however, because my focus has also been on provider knowledge and referrals to training, so a provider with a deeper understanding of these topics and familiarity with other providers and professionals may be more likely to refer the caregivers they work with to family strengthening training.

Toward the end of my research, I found out about Family Place Libraries. My mother works for the library in Hampden and, along with the Children’s Librarian, they received a grant to attend a conference and join a national network of Family Place Libraries (500 sites in 32 states) “who embrace the fact that literacy begins at birth, and libraries can help build healthy communities by nourishing healthy families” (FPL). According to their website, they transform “libraries into community centers for early literacy & learning, parent education and engagement, family support and community connectivity helping to ensure all children enter school ready and able to learn” (FPL). There are 13 established or under-development Family Place Libraries in Maine. I reached out to eight of these libraries to ask if part of their Family Place programming included family strengthening training, and received a response from six of them, summarized in the table below:

<u>Library Name (Town)</u>	<u>Program Information</u>
Kennebunk Free Library (Kennebunk)	The Children’s Librarian explained that the main part of the Family Place Library initiative is the five-week Parent Child Workshop for children ages 0-2. A volunteer resource professional from the community is available to connect one-on-one with caregivers and share information about their programs and practices while children play and do activities. One of these topics is covered each week:

	<ul style="list-style-type: none"> ● Early literacy ● Child development ● Speech and language development ● Nutrition ● Music and motion
Baxter Memorial Library (Gorham)	Similarly to the library in Kennebunk, Baxter Memorial Library offers “Play to Learn” workshops and invites experts to be available for parents to speak with. This library has invited a social worker, a speech therapist, an outdoor preschool teacher, and an occupational therapist. Parenting books are made available in the play area for parents to browse, and there is a parent resource board available.
Falmouth Memorial Library (Falmouth)	The Falmouth Memorial Library explained that staffing constraints have prevented them from offering the Parent Child Workshop.
Topsham Memorial Library (Topsham)	The Topsham Memorial Library responded that, though it might not qualify as training, they offer two workshops a year (with the same setup of toys and community professionals). In addition to the types of community professionals Baxter Memorial Library has invited, they have invited a pediatrician.
Patten Free Library (Bath)	Patten Free Library offers the five-week course for caregivers and toddlers to learn, play, and connect while having the opportunity to speak with resource professionals.
Auburn Public Library (Auburn)	The Auburn Public Library used to offer Family Place Library programming before the pandemic. They have not restarted that program, but have added a playgroup and Tiny Tunes playtime to help caregivers connect with each other.

Two of my interviewees are not from any of the agencies listed in the above tables, so I wanted to explain why I connected with them. First, I interviewed a

pediatrician from Penobscot Community Health Care who also works for the Office of Child and Family Services. One of my research advisors heard that this person had a particular interest in foster care, so I reached out to schedule an interview. The second individual is an independent child welfare consultant, to whom I was referred by an interviewee from one of the agencies above and who helped generate the Maine Child Welfare Action Network Framework, which I referenced extensively in my literature review.

Survey Data Summary

Now that I have described my responses from each of the agencies I identified and contacted, I will present the data I gathered from the nine survey responses I received.¹⁹

The table below summarizes the counties served by each agency, and Figure 5 below shows how many of the nine agencies who responded to my survey cover each of the 16 counties in Maine. Three of the nine agencies cover all counties in Maine. Figure 5 is not presented to make any claims about general distribution of family strengthening programs throughout the state; rather, my aim in offering this visual is to show the geographic distribution of the specific survey data I am presenting here.

¹⁹ I also received a survey response from the Maine Parent Federation, but they do not and have not ever offered family strengthening training, so I am not including them in my report of survey data.

<u>Agency Name</u>	<u>Counties Served</u>
Franklin County Children's Task Force	Franklin
Penquis CAP	Penobscot Piscataquis
The Opportunity Alliance	Cumberland
Bangor Region YMCA	Hancock Penobscot
Maine Children's Home	Franklin Kennebec Lincoln Somerset Waldo Washington
Healthy Kids	Lincoln
G.E.A.R Parent Network	<i>All counties</i>
KidsFirst Center for Co-Parenting and Family Resilience	<i>All counties</i>
Maine Children's Trust	<i>All counties</i>

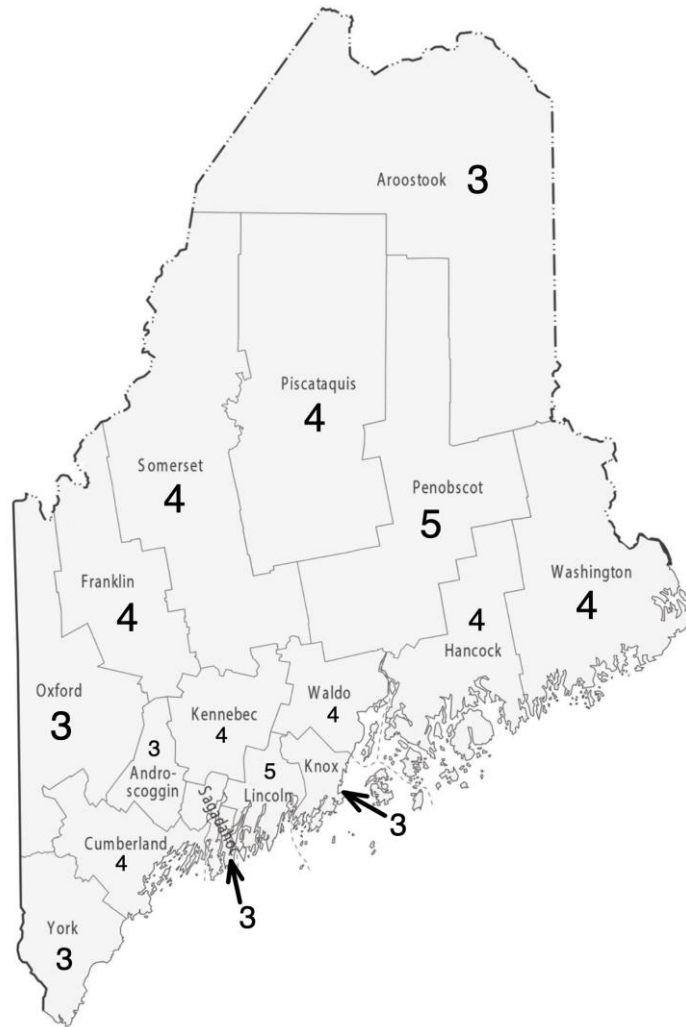


Figure 5—A map of the counties in Maine showing how many agencies of the nine who completed my survey serve each county.

One of the nine agencies selected reported they used to offer family strengthening training but no longer do (the Bangor YMCA); the other eight agencies currently offer family strengthening training. The Bangor YMCA indicated that Covid is the reason they have not been offering family strengthening training, but they plan on offering family

strengthening training in the spring of 2023 (the survey was completed in the fall of 2022).

The table below reports any details provided by survey respondents about their family strengthening training programs:

<u>Agency Name and Program Information</u>	<u>Program Details</u>
<p>Franklin County Children’s Task Force</p> <ul style="list-style-type: none"> ● They do not charge for training. ● They receive state and local funding. 	<p>The training they use was adapted from an existing training²⁰ for their context. The names of the curricula they use are Nurturing Parenting, Active Parenting, 123 Magic, Protective Factors, Safe Sleep, Period of Purple, and the Front Porch Project.</p>
<p>Penquis CAP</p> <ul style="list-style-type: none"> ● They do not charge for training. ● The individual who completed the survey is the only full-time staff member for Penobscot County. 	<p>The training they use was adapted from an existing training for their context. On the survey, they reported only their two hour Protective Factor (Strengthening Families) training, but their website and the handouts they provided to me indicate that they offer Maine Families Home Visiting, Nurturing Families through Substance Use Treatment and Recovery, the Nurturing Workshop Series, Period of Purple Crying and Safe Sleep, Active Co-Parenting, Whole Families Coaching, and Domestic Violence Intervention Program Classes for Men (Penquis).</p>
<p>The Opportunity Alliance</p> <ul style="list-style-type: none"> ● They charge for training if family income is above 185% of the federal poverty level. ● They receive federal grant dollars and philanthropic support. 	<p>The training they use was not created or adapted for their context. The names of the curricula they use are Circle of Security, Nurturing Parenting, and Parents as Teachers for family visiting.</p>

²⁰ Meaning a curriculum that is used nationally and/or internationally.

<p>Bangor Region YMCA</p> <ul style="list-style-type: none"> ● They do not charge for training. ● Training is funded by a grant. 	<p>The training they have used in the past was adapted from an existing training for their context. It was specifically focused on trauma-informed care.</p>
<p>Maine Children’s Home</p> <ul style="list-style-type: none"> ● Some of the programs are tuition based but most are free to the community. ● Their program is funded by donations and some reimbursement from insurance. 	<p>The training they use was adapted from an existing training for their context. The names of the curricula they use are Making Sense of Your Worth, Trauma-Informed Community, Self-Care and Burnout Prevention, and Trust Based Relational Interventions.</p>
<p>Healthy Kids</p> <ul style="list-style-type: none"> ● They do not charge for training. ● They have three paid staff. 17% of their budget is state contract, 83% is raised through United Way, grants, the annual fund, events, and major donors. 	<p>The training they use was not created or adapted for Maine. The names of the curricula they use are Active Parenting, Nurturing [Parenting] Programs, Circle of Security, and Magic 123. They also offer playgroups, support groups, and family events.</p>
<p>G.E.A.R Parent Network</p> <ul style="list-style-type: none"> ● They do not charge for training. ● Their funding comes from a children’s mental health block grant. 	<p>The training they use was created by their agency for their context. They did not list specific curricula as they offer “too many trainings to list here.”</p>
<p>KidsFirst Center for Co-Parenting and Family Resilience</p> <ul style="list-style-type: none"> ● Most of their programs are \$95 per co-parent. They can provide 	<p>This survey respondent provided a significant amount of detail about their programs and curricula which I have included (edited for formatting and clarity) in a footnote below.²¹</p>

²¹ **First Step: Foundations in Co-Parenting** - This four-hour workshop introduces the foundational skills necessary for an effective co-parenting experience. This workshop will explore topics including basic family and parenting law concepts, what role a child’s development plays in building resilience, how to care for yourself during a divorce/separation, and what skills are helpful for parenting together while living apart. The workshop will also introduce co-parenting strategies that work to keep kids from being in the middle. This is a webinar-style workshop and participants are not seen by the facilitators or other attendees. Parents should attend as early in the process as possible or at any time when struggling to work with their child’s other parent. **Next Step: Putting Conflict Aside** - This four-week program builds on the concepts taught in the foundations class. The Next Step focuses on co-parenting skill-building, managing conflict, and improving communication. This is a meeting-style workshop with attendees participating online as a group. Co-parenting partners may attend together, though it is not required. **Parents with New Partners** - This four-hour workshop outlines challenges faced in parenting and co-parenting when new partners are introduced into the family. The impact of a new relationship on family systems is discussed along with

<p>a scholarship for those who cannot pay the fee.</p>	<p>The training they use was created by their agency for their context.</p>
<p>Maine Children’s Trust</p> <ul style="list-style-type: none"> ● They do not charge for training. ● They have eight staff dedicated to statewide family strengthening programs funded by both the Maine Department of Health and Human Services and the United States Community Based Child Abuse Prevention Funding. 	<p>The training they use was not created or adapted for Maine. The names of the curricula they use are Nurturing Parenting, Active Parenting, and Circle of Security.</p>

In formulating my original survey, I included a question that is not now within my scope but that yielded some interesting information. In my survey, I provided this checklist of various populations who may be served by family strengthening training programs:

- Low literate caregivers
- ESL (English as a Second Language) caregivers
- Caregivers affected by domestic violence
- Caregivers of children with special needs

strategies for making this transition successful for children and to enhance the family experience for all. Open to parents and new partners, as well as parents who have not re-partnered but want to support their children in a blended family. **Kids First Program for Women** - This six-hour workshop is designed for female-identifying parents who have left relationships where intimate partner violence or domestic abuse is present. This program provides information about parenting under these circumstances, about abuse, safety planning and community resources. This is a meeting-style workshop with attendees participating online as a group. **ICOPE (Intensive Co-Parent Education)** - This nine-week program is for parents who have demonstrated to a judge or magistrate that the lack of effective co-parenting is negatively impacting their children. Participants must be ordered by a Maine court to attend ICOPE, though parents may ask a court for a referral order. ICOPE is designed to build co-parenting skills for parents who are in high-conflict situations or, alternatively, have little or no effective communication, either during the initial parental rights litigation or post-judgment. Psycho-educational programs such as this are predicated on the understanding that conflict resolution is about changing behaviors and actions, and not about changing feelings. Parents attending this course must be separated or divorced from each other, and will be assigned together into a 9-week session. This is a meeting-style workshop with attendees participating online as a group.

- Caregivers involved with the judicial system
- Caregivers of children who have experienced trauma
- Foster parents
- Adoptive parents
- Biological parents
- Kinship caregivers

Out of the eight agencies who currently offer family strengthening training, all the agencies indicated they serve most of the populations above. Three agencies²² indicated they serve all of the above populations. One agency²³ indicated they do not serve foster parents. One agency²⁴ indicated they do not serve low literate caregivers. Five agencies²⁵ of the eight agencies selected that they do not serve English as a Second Language caregivers. I will discuss this in my section for opportunities for further research in the final chapter of the research.

One of the final questions of my survey was a more opinion-based question: Do you believe that Maine’s existing and available family strengthening trainings are sufficient to meet the needs of caregivers in the counties you serve?²⁶ Though I had hoped for more detailed responses, the short statements I did receive brought up important points:

²² Franklin County Children’s Task Force, The Opportunity Alliance, and the KidsFirst Center for Co-Parenting and Family Resilience

²³ The G.E.A.R. Parent Network

²⁴ Maine Children’s Home

²⁵ Penquis CAP, Maine Children’s Trust, Maine Children’s Home, Healthy Kids, and the G.E.A.R Parent Network

²⁶ In hindsight, I might have substituted this question with another: Do you believe that providers and other agencies are sufficiently aware of your family strengthening program to provide knowledgeable referrals to the caregivers with whom they work?

- “Many families need more intensive services” (Franklin County Children’s Task Force)
- “No, some families and some communities are in need of more intensive resources” (Maine Children’s Trust)
- “I think the training needs to be updated and publicized more” (Penquis CAP)
- “No, only real funding is through CAN council and it is too little, other agencies could be supported to expand the offerings” (The Opportunity Alliance)
- “I believe it is very limited for parents and children to get the services they deserve” (KidsFirst Center for Co-Parenting and Family Resilience)
- “No—there is a shortage of resources” (Bangor YMCA)
- “I believe a lot more can be done to help caregivers and families especially after the pandemic’s effects” (Maine Children’s Home)
- “Yes. And... we can always use more... transportation is the biggest barrier” (Healthy Kids)
- “No, we have no budget for advertising our free education and supports so not all parents are aware of us” (G.E.A.R. Parent Network)

All of these comments speak to a need, either of expanded and enhanced resources, or increased knowledge of existing resources.

Interview Summaries

In the following section, I will summarize and provide highlights from each of the six formal interviews I conducted. In the last section of this chapter, I will identify key themes and points of interest related to my research question.

G.E.A.R. Parent Network

I conducted an interview with the director of the G.E.A.R. Parent Network, who was a parent volunteer with the network for eight years and has been employed by the network for 20 years. G.E.A.R. only hires parents who have children with behavioral health needs. They are incorporated as a program of Crisis and Counseling Services because when they began in 1992, they were funded by the children's mental health block grant, which assigned Crisis and Counseling Services as their fiduciary. Their main form of training is their Family Empowerment Institute, which is a full two-day training for parents of children with behavioral health needs that helps them support their child and navigate the systems of care. The training is free, and not only that, but parents are paid to attend and childcare is provided. This training includes education on the family organizations in Maine and the importance of family-provider partnerships. In that context, parents are trained in representing themselves and their child in professional settings, forming networks with other parents, and advocacy skills. G.E.A.R. also has weekly virtual²⁷ workshops on a variety of topics related to parenting children with behavioral health needs. Other topics include co-parenting, substance use, self-care, learning disabilities, and building strong families through communication. The parenting curriculum they use is called Parenting With Dignity by Mac Bledsoe, which is administered in five three-hour sessions. G.E.A.R. also has an in-home program to provide individualized support.

²⁷ My interviewee noted that since the Covid pandemic, they no longer have good attendance for in-person workshops so have shifted primarily to a virtual delivery modality. They are currently piloting hybrid virtual and in-person workshops.

Prior to the pandemic, G.E.A.R. was able to give presentations to mental health agencies to increase awareness of their programs among case management staff so they can make referrals. G.E.A.R. is also part of the Maine Alliance for Family Organizations²⁸ and has joined them to provide group trainings to DHHS staff about the services they provide. When asked whether she believes parents are aware of their services, she responded

On the whole, no... we have done public service videos, but we are at the discretion of the TV stations to put them out or the radio stations because we don't have the budget to pay for that... We've done mailings to schools..., we do mailings or calls to provider agencies, but because—this is the barrier: there is so much change, staffing change, you could do it now and then a year from now it would be almost all different people, so we continue to do that and reach out to those organizations. So every time we get a new regional coordinator, one of their responsibilities in the first six months of their hire is they have certain counties that they cover, and in each of those counties they're responsible for contacting each of those mental health agencies and scheduling a meeting to introduce themselves and let them know about: I am the person you should contact if you have families who have children with behavioral health concerns.

When asked where G.E.A.R. would refer a parent who contacted them but did not have a child with behavioral health needs, she responded that if they need parenting skills, they will refer them to the CAP agency in their region. She noted that “wherever

²⁸ Other organizations who are part of the Maine Alliance for Family Organizations are: the Maine Parent Federation, the Autism Society of Maine, Adoptive and Foster Families of Maine, and the Maine Chapter of the National Alliance for Mental Illness.

there is training, we share that information.” Speaking further about referrals, she said, “And the best thing is, if we find that another organization can better support a parent after they called us, we give them a warm handoff to that organization, after we give them the contact information, then we let that organization know: listen, we’ve had a parent from this town who will be calling you.” When asked if she believes there is space for a comprehensive list of family strengthening training programs and general information about each program, she responded:

Yes—and I think if we can’t figure that out to support that parent, what we do is we have them call 2-1-1 because that is the only place where you can find a lot of information. It might not be comprehensive, but—having our regional coordinators work in their homes across the state, they are able to find out what are those little niches that isn’t advertised, that isn’t in these certain towns that is supportive, that might be a free place where you can get clothes or food or other resources that might not be other places... Years ago... as we learned about resources, we would add it on our website but that became so cumbersome to keep active because the websites would go down, the phone numbers wouldn’t be active, and it took a lot of time every summer for all our staff to confirm all that information was accurate. And so, we don’t provide that anymore. We just provide a few links to state services, case management.

Maine Children’s Home

I conducted an interview with the manager of the Connected Families Project at the Maine Children’s Home (MCH), which is not a residential facility but is an adoption

agency²⁹ and counseling center. She had only been in that position for a couple of months at the time of the interview but has a range of social service experience and was a teacher for 18 years. Right now, the funding for their family strengthening program is from ARPA³⁰ Covid-relief funds. The Connected Families Project started in 2022; before that program, their trainings were limited to their adoption program or counseling clients and were not available to schools, community centers, and childcare centers, as they are now. Their trainings are designed to help anyone who interacts with children become trauma informed and understand the impact of social media on children. They also have groups focused on empowering children ages 8 through 18, which children attend with their caregivers. Their Journey Program is a young adult parenting program, and they have a daycare on site.

Her connections as a previous educator have been useful as MCH has been trying to offer training in schools. Some guidance counselors have familiarity with MCH because they have referred students to their counseling center. They are currently training staff at the Maine DHHS Office of Child and Family Services to do home studies, so the staff will be able to refer families to MCH. Parents also discover their services through their website and social media. She emphasized that her new program and group creation is driven by what parents are requesting. They offer Trust-Based Relational Intervention to their adoptive and foster families to help them, as healthy caregivers, build relationships with children who have experienced trauma, and Triple-P Parenting to their

²⁹ The Maine Children's home is one of the only approved international adoption agencies in the state of Maine. They are responsible for the home study portion of the adoption process.

³⁰ American Rescue Plan Act of 2021

other community families who are already involved (or at risk of becoming involved) with DHHS due to their own personal trauma.

When asked whether she believes the parents who need to know about their training are aware, she responded: “I think many are aware. I think that we can do a better job of spreading the news and getting more people involved.” When asked whether providers or agencies are aware, she responded: “It’s always a problem. There’s a lot of turnover, especially in education and the higher levels of education. So getting your name out there is going to be every year at the beginning of the school year I believe, reaching out.” At the time of the interview, they were planning a large event in Augusta centered around the dangers of social media, which she believed would create a lot of interest in their programs beyond adoption services.³¹ When asked whether she believes her own agency is familiar with the work that other agencies are doing, she said that while she is not as familiar due to her newness in the role, the agency itself is very familiar: “part of every Listserv,³² everything that you can imagine in their specific areas.”

When asked how DHHS referral to their training programs works, she explained: The parent training groups are listed on a website, so if you’re looking for parent training, that’s when MCH will come up. So you have to actually be looking for it. [DHHS or the courts will] say, ‘I think you should take Triple-P,’ and then the person will look up Triple-P. I think some of that is putting the onus on the person involved with DHHS and not saying, ‘You need to go see MCH.’ So, ‘This is the class I want you to take, figure out where you’re going to take it.’

³¹ My interviewee spoke about the misnomer in the agency name that leads people to believe that it is a residential facility.

³² An email list that disseminates information to every email address in a database. These types of information sharing lists were frequently mentioned by the people I spoke with.

She also explained that the courts cannot force a caregiver to take classes; they can highly recommend it and say the caregiver will not get their child back until they take a class. I asked her about my discovery of online courses that were marketed to caregivers involved with the judicial system and are offered nationally but made to appear as if they are Maine-specific.³³ She said, “I think they’re trying to make money... There’s a scam in every world–this just happens to be the DHHS world. If a client of human services is referred, it’s going to be to a free class.”

I asked her if she felt that a comprehensive list or searching tool would be useful; she replied:

Absolutely, and I think the state of Maine is creating something like that, at least for counseling. So you can actually go in and see who has waitlists and who specializes in XYZ. And I think that’s the state of Maine’s first attempt at trying to get people help. And if you go into, right now, the Office of Child and Family Services, you can find all kinds of supports, parenting classes.

I followed up with a question on whether such a list or searching tool should mainly target caregivers or providers, and she replied:

I think we need both. We need, okay so, almost a generic: ‘You’re having issues with XYZ, call your school guidance counselor.’ And then the school guidance counselor has this list of things that they know about that they can help. For example, I was looking for a class for parents who have children with ADHD... so I reached out to KVCAP and they have a wealth of parenting classes. But who

³³ I discuss this search result further in my opportunities for further research in Chapter Five.

would have known because everyone thinks of them as a transportation and fuel assistance [agency].

Lastly, we discussed the effect of the pandemic on family strengthening training and both the need for and ability to access resources. She offered this perspective:

I think the pandemic made us all go to Zoom, so now I can do a webinar and get the information out everywhere. But I think it has also isolated us and I think that sometimes when you are sitting in your own living room you don't have the luxury of going to a Zoom because you have kids in the background or you're just so isolated that you go into some sort of a depression.

She also talked about Washington County post-pandemic, saying that "they are really struggling for resources, and I wrack my brain all the time trying to figure out: how do I get my resources to Washington County where they don't have resources."

She was also the first person to point me to the MCWAN Framework, which was very useful in my research process. She also recommended I look into the Maine Resilience Building Network since they are focused on "getting providers together in order to help the people."

Office of Child and Family Services and Penobscot Community Health Center

I conducted an interview with a pediatrician who has worked both with Penobscot Community Health Center (PCHC) in the Key Clinic and CHAMP Clinic and with the Office of Child and Family Services. Personal experiences with adoption and the challenges of navigating resources for a child with developmental and behavioral challenges prompted her to want to help families who have adopted children. When she began working for PCHC, she "came to learn that there was actually a need for care for

kids who had been in the foster care system that I wasn't really aware of and had never learned anything about really in medical school or residency." She then got a small CATCH (Community Access to Child Health) grant to work with DHHS and assess the situation, which gave them the information that "there was a definite need for medical services and access to services for kids who were coming into foster care." The Key Clinic was created in response to this need. The CHAMP (Collaborative Home Administration Medication Program) clinic was then created when they observed that children were coming into foster care because of their parent's substance use and had Neonatal Abstinence Syndrome (NAS), requiring methadone treatment and wraparound care. The clinic was discontinued when best practice research replaced methadone treatment for babies affected by NAS with the Eat, Sleep, Console method. This method "involves really strong parenting and helps with the attachment to the baby."

She also explained that within the Office of Child and Family Services, there is Children's Behavioral Health, Child Welfare, and Early Childhood Education. She said, "What I feel like a really big part of my role is helping navigate. I was in this meeting yesterday with all of the [Department of Education] and DHHS and youth mental health and substance use, and what we can do, and we all had to say what our thoughts were about it and mine was: we have to get this information out to the community and to the medical providers because families come to medical providers with these issues and we've got all these things over here that are available and we've got people over here, and how to do get the people to there? And often they come to their medical provider."

She pointed me to the Family First Prevention Services Act, saying that the federal purpose of the program is that “instead of having all of your resources going to help kids in foster care, how about we help the family so that the child doesn’t go into foster care.” She also noted that “There’s a lot of prevention³⁴ that does go on in the state. There’s the prevention councils and there’s also prevention that the [Center for Disease Control and Prevention] does... like preventing disease, but they’re also doing prevention of mental health problems, there’s prevention of substance use” and now Family First and the CAP agencies are leading prevention efforts, as well. Regarding information about Family First, she said, “If you go on the maine.gov... I’ll send you the link so that you don’t have to search because it’s really hard.” When talking about Maine Families and what they do, she said she is “literally still learning this and it’s been three years... So... the state might have the funding and then they get an agency to do the work.”

On the subject of collaboration, my interviewee said,

There’s been some tragic deaths, back in 2021 there were four in June that prompted more collaboration and work on prevention. It’s too late... we’ve failed the child when it gets to the point that we are reviewing their death. We need to actually make sure that this family has all that we can do to prevent that situation, and that takes the community. And that’s one of the things that [the Family First program manager] did was really help do these webinars that brought all of our partners and agencies together... also she, from the Family First funding and work, created a website called Access Maine... and it’s really helpful, it goes kind of hand-in-hand with 2-1-1... Access Maine is a little more describing programs

³⁴ She mentioned that she is not sure that this type of work is called family strengthening training as often as it is called prevention.

and things... on Access Maine you might read about the program and know what you need, and then it's like 'okay but I live in Damariscotta,' so you call 2-1-1.

She also pointed me to Help Me Grow, which is under OCFS.

This interviewee connected me with my next two interviewees, and I conducted one interview with both of them.

DHHS and Family First

I conducted an interview with two DHHS employees who have collaborated in the past, one of whom manages Family First³⁵ (Interviewee A) and the other is a program lead in the Office of MaineCare Services for the Child Behavioral Health Clinics (Interviewee B).

The Office of MaineCare is the insurer of low-income individuals in Maine, and the specific area of focus of Interviewee B is delivery system reform of the healthcare system. She has been with DHHS for 3 years. In the past, she managed a project called MaineMOM, the goals of which were "improving and integrating substance use care for pregnant and postpartum people in Maine." Interviewee A has been in state government for 24 years,

working with children and families through child protection and also doing some public health as well. So my major responsibilities are the implementation of the federal Family First Prevention Services Act, but along with that, I am doing some work related to primary prevention and looking at how do we strengthen families so that we actually don't need child welfare intervention in the future.

³⁵ See page 27 for information about the Family First Prevention Services Act.

Both of these individuals have engaged in significant collaboration with each other, in the words of Interviewee B

on concepts related to supportive practices for soon to be parents or current parents of young kids and identifying ways that services that exist outside of the healthcare system can be brought in or supported for people who are seeking healthcare... That also has included parent coaching and parent support services, which there's a whole slew of support services that exist out there for parents, regardless of income, that we've collaborated on in trying to find efficient ways to either bring that education to the communities or just find ways that our systems can work better together so people have easier access to those support services.

Interviewee B is currently focused on behavioral healthcare as a primary prevention method.

Interviewee A explained that the Family First Prevention Services Act of 2018 allowed states the opportunity to claim federal dollars that were originally allocated under Title IV-E for foster care and adoption purposes and instead use them for prevention work. In order to claim these funds, states must develop a state prevention plan. This plan involves identifying

specific evidence-based programs that are on the Title IV-E clearinghouse that we can implement. And so these are services that once a caseworker does an investigation on the family and determines that there has been child maltreatment, the family then would become eligible for receiving these specific federally-funded prevention services... The whole idea behind it is strengthening families

and getting them to a place where they don't need department intervention and children don't need to enter foster care.

Interviewee A said of the cross-agency collaborations that as part of Family First we created this state agency partnership for prevention because, again, I had worked in public health prevention... prior to coming back to OCFS, so I was able to see the public health side of prevention and then also working on the human services side of prevention. So the state agency partnership for prevention was created that includes Office of MaineCare Services, Office of Behavioral Health, Office of Child and Family Services, Office of Family Independence, Department of Labor, Department of Corrections, Department of Education, and then some members from the Governor's Office of Policy Innovation and the Future.³⁶

This partnership of agencies doing either primary, secondary, or tertiary prevention began when Family First was implemented in Maine. The intent is to collaborate, make sure agencies are not working in silos, and attempt to not duplicate the work of other agencies. She provided the example that "The Department of Labor might be working with families or seeing families on a regular basis but the Office of MaineCare Services might have services that those families could benefit from, so it's like making that connection for them. I feel like we're moving in a stronger direction this administration."³⁷

³⁶ In the words of Interviewee B, this is "a future innovation office where they focus on special projects that fit the governor's strategy."

³⁷ At the time of this interview, Janet Mills is the governor of Maine.

When asked whether Family First operates programs or partners with agencies who operate programs, Interviewee A responded that they fund programs and that her responsibility was to develop the state plan but then also implement our plan. So we have contracts with the entities who are actually providing the services to the families that OCFS sees. So in Maine that is the Maine Families home visiting/Parents as Teachers program, that's one of them, and then the other one is the Homebuilders Family Preservation and Reunification program.

The Homebuilders program, though newly developed in Maine, is well-supported by research indicating that it prevents children from entering foster care. Family First did a Request for Proposals competitive bid to offer Homebuilders in Maine, which Bethany Christian Services of Northern New England won and are hiring staff to run the program. The program is taking referrals in several places in the state, and over a dozen youth have participated in the program with their families. Unlike Maine Families, there are no sub-recipients of this contract; Bethany Christian Services will administer the Homebuilders program across the state.

When asked whether they believe the same level of information sharing, collaboration, and partnership exists between private, community-based agencies as it does between state agencies, my interviewees responded that it depends. Interviewee A pointed out the level of interagency engagement and knowledge differs by community, ranging from a high level of awareness of other agencies to not even knowing the other agencies in their area exist. She said,

That's something I think we've talked about at the state level is how do we make sure that those relationships and those resources are known across all

communities and that it's not selective. And again I can't say enough about how exciting it is that the priority right now across state government is that there is increased collaboration to reduce those silos.

Interviewee B added that if at the government level, they are modeling the type of collaboration they need to see and are asking to see among community agencies, that "based on how our funding is going out to different communities, it's going to be a very different type of energy" than if we rely on those conversations to happen organically. She said that state government can assist with identifying leaders in certain communities where these prevention conversations are not happening organically. Interviewee B provided an example of the MaineMOM program, saying,

It took a lot of effort to figure out who my state partners were who were putting that funding out into the communities... to then go and talk to those community leaders and say, 'did you know that these things were happening.' And I still think it's a long-term solution, it's ever-evolving... I actually think we're sort of at that next phase of seeing more community collaboration to wrap around families, but we are going to begin to put that focus on it.

Interviewee B also offered this perspective on community conversation: "There's something to be said, like when you show up to the table within the community and say, 'hey this is really important'—we're focusing on this, we've done a lot of legwork at the department level or at the state level to collaborate, now we can help you better collaborate, agencies on the ground." Interviewee A added that there is shared

responsibility for child and family well-being³⁸ and that all types of prevention (mental health, substance abuse, etc.) are child abuse prevention.

In discussing the general availability and accessibility of online information about agencies and their programs, they pointed me to Access Maine as a resource and I followed up with questions about the vision for that tool: Is it for parents? Providers? Both? Interviewee A responded that it was originally created as a resource hub for OCFS staff to locate resources for families. She said,

We have a very robust 2-1-1 system in our state, and 2-1-1 is more of the community-level programs and providers, whereas Access Maine was more focused on sort of the state-level structure like what are the initiatives related to transportation, related to housing. Initially it was designed for caseworkers, but then it was like why would we limit this to caseworkers?

Creating Access Maine required significant inventorying of public programs across departments. She was clear that this site is intended to compliment, not replace, 2-1-1 and that a program has to be statewide to be on Access Maine, and that the majority of programs on the site are state-funded and public programs. Interviewee B said that

Access Maine was a really important step forward to begin to document and revive the aggregation of all of the state services that exist, and not in a way that got down to the provider level, but more of an informational tool about what exists and then how to find more about the next step of being able to access care and support... There's so much dust right now being kicked up—in a good way—to

³⁸ She said that sometimes it is helpful not to use the word “prevention” and instead use words like child and family well-being because it might not be understood by community members, and it is hard to measure because visible results are delayed several years.

improve information access and referral to support at the department/state level, that I'm almost waiting for the dust to settle in the next couple of years to say, okay, how—because different funding streams... from the federal government actually helps create all of our silos at the state government, which then really bleeds down to that community level... We've had conversations about how these systems can work together, but it gets so complicated so fast.

Interviewee A affirmed Interviewee B's point about government silos and prevention, "where there is little to no funding to begin with." Interviewee B said, "I think that as we continue these types of conversations and share ideas and thoughts, it actually helps to infiltrate some of the siloed systems."

In the interview, I asked directly why there is not a comprehensive list online that includes state and non-state funded family strengthening programs with basic information about each. Interviewee A responded that it is,

nearly impossible to do that. Number one, as soon as you have a resource that you've created, as soon as you either print it or start putting names and addresses, within 24 hours you're outdated—the manpower to do that. Every community is so different in the pockets of information that they have and the individual providers they have... I go back to 2-1-1. I feel like 2-1-1 has grown a lot of momentum and a lot of visibility over the years in the time that I've been in state government... I think the bigger issue might be that people don't know what to do with information, like when you specifically used the example of a provider. If a person says to a provider, 'I have concerns that I'm using marijuana more than I

should,' it's more about does the provider know what to do with that information versus are there resources available.

I will discuss this concept in further detail in the final section of this chapter.

Interviewee B shared that she had attempted to create a complete resource map (on Google Maps) when she was working with MaineMOM for family substance use resources like recovery centers, Maine Families providers, and public health nurses. She said,

It was so valuable for the times when we could upkeep it, but the upkeep of that was just exorbitant—and also we have to put parameters and barriers about what goes on it and what goes off of it. So that arose from a need... There has to be a need for a type of resource like that. And so if the need is that they don't know where the information is, whether that's at the provider level or the person level, is the answer a map? It could be. And we're not saying it's the worst idea, but it has to have parameters—like you suggested Elaine: it has to be one thing... if it's really singular focus, I think that's really valuable. And it has to meet the need of community level providers who are going to be speaking to the people who need a care, support service.

She entertained the hypothetical that increasing knowledge of and referrals to family strengthening resources is a need, asking,

Do people need to know that it exists? Is it a communication on the provider end of translating what that is? Is it that it does exist all over the state and we just need to be able to show that? I don't know, for me it gets down to potentially; instead of a resource map or a resource tool, it's communication or talking points about

what is available and how people can access those services or is there a resource that already knows those things that people should be getting access to.

Interviewee A said of my desire to find or create a complete map of resources, “We were in the exact same position and feelings and thoughts that you’re in right now; we just have learned over the past year or two years, we can’t do this.” That created an interesting dialogue between my two interviewees, because then Interviewee B said to Interviewee A,

Is this a learning moment for us? Because I am in a new project now, and I have a map that I have printed where I’m going to be marking out where are all the community services that I need to create bubbles for to enhance access. And so I think there is a purpose and a value to doing the listmaking. And the value is how does it then operate, so I think if there is a specific purpose where externally it should operate, push that forward... and what’s that next step forward after we create the list.

Next steps mentioned include education with the CAP agencies or making a statewide or community recommendation. She said that the current phase of both of their work is the relationship building phase, which is perhaps the more challenging piece that comes after information sharing.

Lastly, Interviewee A encouraged me to be more specific in my terminology, saying that “family strengthening” could refer to an actual training program or it could refer to all the other services that fall under that umbrella. I have since changed the name of my research to include “Evidence-Based” at the beginning to clarify that confusion.

She also suggested that I use the language of “curriculum” to clarify the content of the training programs that I am interested in.

The Opportunity Alliance

I conducted an interview with a senior-level employee of The Opportunity Alliance (TOA), which is the CAP agency that services Cumberland County, who has worked at TOA for 39 years. TOA was a 2011 merger that combined the Cumberland County CAP agency with another youth mental health agency (Youth Alternatives Ingraham). She said,

I’m not sure I would say we have a training department... In my department, there are the sort of traditional birth to age eight programs that support families and their children. For example, Head Start and the Early Head Start contractor here. Early Head Start is partially a home visiting program, so when I think about strengthening families, home visitation is such an important strategy... We also are the grantee here in Cumberland County for Maine Families, which is also a home visiting prevention program. We also have a parenting education department... That collection of programs in the parenting ed[ucation] world sort of waxes and wanes because what happens is that, believe it or not, securing permanent funding for parenting ed[ucation]—the delivery of parenting ed[ucation] curriculums—is actually harder than one might think. And so over the years, we’ve had a very robust parenting ed[ucation] offering, and we are now sort of in the down slump of that and have very little offerings.

The curriculums they are delivering right now are well-known and evidence-based. They find Circle of Security “to be the most parent-friendly and gets at what we

think is fundamentally crucial in the birth to three population, which is really all-around parent-child attachment.”

When TOA had more parent education offerings, they developed a parent coaching model. At the time, they did not use an evidence-based curriculum, but instead used a combination of evidence-based tools they had found to be effective. DHHS funded those coaching programs because they served families at risk of DHHS involvement. At the time, around five years ago, my interviewee said that DHHS was investing close to a half a million dollars into the TOA parent coaching, and then DHHS decided that they did not want to be funding this type of work without a contract and ceased to fund them. But TOA considered parent coaching highly important, so they sought alternative funding. She said, “What happens is that in the world, in the county, in the states, there begin to be buzzwords around promising practices, and at that time, people began to talk about whole-family, two-gen programming.” She said that it really was not a new concept because Head Start has always worked with both the caregiver and the child, but they had to pivot their vocabulary to secure funding. They started two-generation pilot programs by building cohorts and staying with them over time.

Currently, they have a two-generation³⁹ program called Project WIN (Women in Neighborhoods). The participants are 16 single moms from a specific neighborhood, several of which have been part of the project for the full five years that it has existed. Within this program, they use the parent coaching model. When discussing the two-generation approach, my interviewee mentioned principles from Ascend at the Aspen

³⁹ A two-generation approach attempts to simultaneously increase well-being for children and their caregivers “to create a legacy of educational success and economic prosperity that passes from one generation to the next” (Aspen Institute).

Institute which she said the state of Maine is building its whole family programming around. TOA has two other neighborhood projects now: one for mothers looking to become sober or remain in sobriety and attempting to reunify with their children, and TOA is contracted to provide the coaching within the inpatient residential program. The other project is a partnership with the Portland Housing Authority and serves youth exiting the foster care system in helping them secure housing. TOA was

brought in last year because some of these youth were now parents, and what the pilot at the time realized was that... if these youth have grown up in the foster care system, the probability of them having good parenting role models was probably not all that great, and they were at great risk of... reconnecting to the system.

Of the families they work with, 75 percent are connected with Child Protective Services. They have seen anecdotal success of parent coaching in preventing that reconnection.

TOA also uses curriculum from Economic Mobility Pathways (EMPath), which uses evidence-based tools and mentoring to move families into a better economic situation, "because what we know is that poverty is just such a significant contributor; that families who are trying to figure out where they are going to sleep and how they are going to feed their children are likely not thinking about their young child's developmental milestones." TOA is in their fifth year of using EMPath, and they have four mothers preparing to graduate college and one mother who is 100% off of public assistance.

TOA used to be a grantee of the Maine Children's Trust, which funds the prevention councils in the state. In 2011, Cumberland County did not have a Child Abuse and Neglect Council because Youth Alternatives Ingraham had decided that they did not want to be a contractee of MCT. After the merger, TOA and MCT reestablished their partnership and TOA became the Child Abuse and Neglect Council for the county, but that is no longer the case at the time of this interview; Kids Free to Grow,⁴⁰ the Child Abuse and Neglect Council for York County, now covers Cumberland County.

This interviewee connected me with my final interviewee, a former TOA employee and current independent child welfare consultant working with the Maine Child Welfare Action Network (MCWAN). My interviewee from TOA said the MCWAN was born out of the Community Partnership for Protecting Children (CPPC), a statewide prevention contract of TOA. That contract ended, but the providers involved wanted to preserve the model, so it became a meeting for a small group of providers. The strategies of the model were "family-centered practice, neighborhood networks, shared decision-making, and policy and practice change. Believe it or not, in our area, the networks that were built as a result of CPPC are still in place." There are networks in South Portland, Westbrook, and Portland where providers come together with the goal of "network sharing to support your most vulnerable children and families in your community. It is wild what that has done and continues to do. The theory behind CPPC was that child abuse and neglect is not an issue that can be cared for by one agency or one department." These networks, organized by an individual called community builder around a community hub, are designed to strengthen families' natural supports. My

⁴⁰ I had not heard of this agency at the time of my survey recruitment, so I did not have any contact with them in the course of my research.

interviewee said, “We believe that being on the ground and doing our work in the neighborhoods is really the most impactful strategy.” There are two pieces to this strategy: the community hubs and the provider meetings.

The community hubs are made up of neighbors coming together to connect; no services are provided. My interviewee described that,

The fundamental task of a community builder is trust-building, and the way to do that is to just simply be available. And you can’t be shoving information or providers or making referrals—your job is to just be in the neighborhood with doors open and neighbors come in, and as neighbors show up and begin to sort of build trust with you, at that point they’ll say, ‘Can you tell me about this?’ or ‘I have this problem here,’ and then the community builder will say: ‘Here’s what I would do, here’s some information.’ And that’s it. It’s the most low-barrier. We run community dinners, so last night, East Bayside was running its community dinner. The last community dinner they had over at The Root Cellar had 95 people at it. And again, there’s no service being provided, it’s purely for neighbors to know each other so in times of hardship, in times of needs, neighbors know who their sort of informal supports are.

The provider meetings gather together the providers in that area who are serving young children and families such as Sweetser, Spurwink, school staff, medical offices; in the words of my interviewee, “Anyone in the community who has a genuine worry about young children and their families.” She said, “Amazing things happen there. There’s this powerful ListServ—somebody will put an email out that says, ‘I have a family, the dad’s car broke down and if he had a bike he could get to work,’ and a bike is delivered... It’s

really grassroots stuff.” I asked if DHHS or state stakeholders are ever involved in these meetings, and my interviewee said they were:

When CPPC was in its heyday, they were one of the strategic partners... The CPPC had a governance committee, and at the governance committee the Department was there, and they came regularly. We had these amazing relationships. CPPC also had this program called ‘Parents as Partners’... there’s a legislative bill to sort of try to put this back in place, which is really a peer program. And...that program was housed inside DHHS offices.

She said there are still a few people from DHHS who maintain a relationship with the current iteration of CPPC.

TOA administers 2-1-1 for the state. My interviewee indicated the DHHS program Help Me Grow⁴¹ is designed to supplement 2-1-1 for child and family resources, though she said she does not know how it is working. She mentioned she thinks they fund several navigator positions.

Lastly, my interviewee noted that all their programs which were not evidence-based got defunded. She disagrees with this, saying,

Promising practices and evidence-informed should always—there should always be a bucket for those things, because great things come out of those. When you are executing only evidence-based things, it’s too rigid... We make modifications.

⁴¹ “Help Me Grow (HMG) Maine is a free service available to children up to eight years of age and their families. Help Me Grow Maine connects you to information and services about child development and community resources. In partnership with 2-1-1 Maine, any parent, caregiver, or provider can call for support. The Help Me Grow team will listen, link you to services, and supply ongoing support when needed” (DHHS).

These curriculums do not meet everybody's needs, and practitioners have to have an ability to sort of do what you need to do.

Speaking about how sometimes their funders want them to use a curriculum they do not like, she said, "Big organizations like ours just go find money to do the things that we think really matter... The bulk of my two-g[eneration], whole family is funded outside. It's funded by philanthropic dollars. And we will continue to grow that. All of my parenting ed efforts are funded by philanthropic dollars."

Maine Child Welfare Action Network

I conducted my final interview with an independent consultant working in public health with a focus on child, youth, and family services. She was one of the founders of the Maine Child Welfare Action Network. Previously, she worked with the Community Partnerships for Protecting Children (mentioned in my interview with TOA), which

was an initiative that started as part of the last round of really major child welfare reform in Maine. There had been a very high-profile child death, Logan Marr,⁴² and the state took action and said 'We have to look at a whole slew of reforms' and one of them was trying to figure out how to do better, how to recognize that the state agency can't be responsible for keeping kids safe. They're going to fail. The state agency can only intervene when there's already a crisis, and it's the community that really knows the families that maybe are experiencing really high levels of stress way before any of those crisis intervention systems get involved.

CPPC was a framework created by the Center for the Study of Social Policy, which helped Maine establish a similar program, piloting it in the Portland area. By 2007,

⁴² Logan Marr's foster mother, a former Department of Human Services caseworker, was convicted of killing the 5-year-old in 2001 (PBS).

CPPC was starting to expand into other communities. My interviewee led the initial coalition of partners. The state then wanted to replicate it, but they learned that

it needs to be a community-driven initiative, and when you try to run it through the state contract procurement process... the government is set up to operate to programs and not coalitions, and the requirements [of] running a program are very much focused on more concrete deliverables, and they narrowed the scope down so much that the contracts ended up really making the initiative, in the new places, not work, and then the state funding ended for the entire project. The really good news in the southern Maine site is that we had been established for so long that no one felt like it was a state project anymore, it was the communities that owned it.

The original neighborhood in Portland was chosen because at the time, it had one of the highest rates of child abuse and neglect and children coming into state care per capita. It was also easier to find neighborhoods in more urban areas.

My interviewee also discussed the provider meetings my TOA interviewee discussed. The people coming to those meetings included people working professionally with children and families like social workers, but also people like faith partners, librarians, and people doing community policing. Providers use these meetings to find out more about what services others are offering, but they can also bring deidentified situations and get recommendations from providers across disciplines. “They have a really different lens on how to help families than you would get if you just took [the situation] back to your work team where everyone is a treatment level social worker or everyone is a cop or everyone is a teacher.”

The paid positions supporting this initiative went away, but in each of the five original CPPC communities (Portland, South Portland, Westbrook, Biddeford, and Sanford), an organization offered to continue to host these provider meetings, which are ongoing almost three years after the end of the project. My interviewee said, “There are certain things that work really well to be run through a government system, but this sort of community organizing and mobilizing is not one of them... They should be there, they should be partners in it, but it shouldn’t be their responsibility to run it because the way that we are requiring them by law to run things makes it really difficult to do true community coalition building.”

Part of the CPPC coalition was also the governance committee, an interdisciplinary team that drove the coalition’s priorities and use of resources. Due to a funding threat during the project, the committee had connected with legislators to do some policy work. In 2018, Marissa Kennedy⁴³ and Kendall Chick⁴⁴ died, which prompted a legislative resurgence of focus on the child welfare system. Legislators came to the CPPC governance committee asking what they could do, so they made lists. At the time, two people with national experience with the Child Welfare League of America and the Children’s Defense Fund coincidentally relocated to the state and became involved in the conversations around policy change. My interviewee said, “Most states have some sort of organization that does advocacy around the child welfare system, and Maine didn’t have one.” The Maine Child Welfare Action Network was created through bringing together stakeholders who saw a need for this kind of organization.

⁴³ It was determined that 10-year-old Marissa Kennedy died of battered child syndrome and her mother and step-father were both sentenced to prison for depraved indifference murder (Maine Public).

⁴⁴ Kendall Chick’s mother was sentenced to prison for depraved indifference in the murder of her 4-year-old daughter (Portland Press Herald).

The Maine Children's Alliance was developed over 20 years ago by people at the University of Southern Maine Muskie School of Public Service "to be the advocacy body around child welfare policy, but they had really drifted over the years and had been publicly saying 'We don't do child welfare.' They decided that they would only focus in on early childhood development and that was what the funders were doing." But, one of the people from out of state was sitting on the board of the Maine Children's Alliance and pushed for them to be more involved in child welfare, so now the Maine Children's Alliance houses the Maine Child Welfare Action Network and the Network gets some funding from foundations to do child welfare focused policy work, which my interviewee sees as a very positive partnership.

My interviewee said of our current moment in Maine,

There's energy that I haven't seen in my career around really making some reforms to the child welfare system, for better and for worse. Some of that energy is going in directions that we don't, as a Network, think are the right ones whatsoever—there's a pendulum swing always of how much do you clamp down and become a punitive system and how much are you providing earlier supports. If you've read our stuff you know we're about, 'Hey, the reason the system is flooded is because we're not doing a good job preventing child maltreatment. You do that by supporting families to be strong.' And then there's a camp that is saying we just need to be punishing more parents, taking more kids.

Speaking about her public health education, she said, "If you really want to prevent child maltreatment, it's a public health approach. Social work is the end of the line," meaning working to treat families in crisis. She believes the framework the

MCWAN created is as effective as it is “because we have successfully married people who are program people and policy people and we are like, ‘That’s what the network is.’”

After describing my difficulty conducting my resource assessment of all the family strengthening training programs in Maine, I asked my interviewee, “Are there providers who are not as aware as they should be about programs in order to enhance collaboration and make better referrals?” Her response was, “Yes, yes, yes. It’s not you. It’s not because you’re new or because you’re a student. It is because we actually don’t have a unified system.” One of the main recommendations of the MCWAN was that the state develop a statewide plan for preventing child maltreatment, which the state government, at the time of this interview in February of 2023, had initiated through executive action as opposed to legislation.⁴⁵ She said,

The Network is partnering with the state Commissioner of Health and Human Services and a few of her staff to create a statewide... child safety and family well-being plan. It’s literally in process... The legislature will be able to respond if there are additional funding needs to implement this. One of the core components is interdisciplinary coordination... We have a community engagement plan that we’re figuring out right now, but that’s the role that the network will be playing also is really bringing together all those people to have exactly the conversation that you’re talking about. People don’t know each other, how do we get service providers better connected. And not just service providers but how do we get the people that are helping families and not in a professional

⁴⁵ My interviewee noted that Paul LePage’s administration from 2011 to 2019 was “particularly non-collaborative” and there “were official orders to not collaborate with the community,” which has required rebuilding.

way—how do we get those church leaders and the librarians and the places where they end up being the support people for families, but they don't know where the resources are.

This interviewee also said that 2-1-1 is designed to be the comprehensive information hub for programs and resources, saying that “There's a bit of grumbling out in the community about 2-1-1. The folks who actually staff 2-1-1 are amazing and know the grumbling and know why they're grumbling and want to fix it... 2-1-1 could be better if the providers would tell them when it isn't working, but the providers don't tell them when it isn't working because they're just mad that it isn't working.” She also mentioned that Help Me Grow builds off the 2-1-1 system, but it's new and has “mixed reviews in the field.” She thinks that it is important to pair these list resources with live meetings for providers.

I mentioned Family Place Libraries, and she asked me to send her my list of those sites in Maine to include in the plan. My interviewee said,

I always make the case that when my kids were little, again my son had disabilities so we were growing up with all these service systems, which I think has made me a better service system person on the provider side of things because I get what it's like to be a family, but I always, whenever I enter spaces where we're talking about it, I'm like, ‘I have to tell you, most weeks, the most important thing that happened wasn't the speech or the behavioral therapy; it was that we went to storytime... It's that, where can you go and just be supported by your community in a regular way that's not there because you've got some

problem. I'm always touting that—we've got to make these universal spaces more friendly and welcoming to all families, because that's what decreases the stress.

My interviewee said that reducing the stigma for families that need additional parenting support is also critical.

Lastly, on the coalition approach, she said that “Everyone's always saying all the same stuff, we're just not doing it in a connected way. So really what the Action Network is doing is [saying] ‘One voice guys—come on, bring it all in. What's all the stuff that we can say collectively.’”

Analysis and Interpretation

In the final section of this chapter, I identify important themes in the data and interpret my findings in light of my research question about whether a comprehensive list of family strengthening training programs in Maine would allow providers to make better referrals, thus reducing the barrier of lack of information and increasing the important facilitator that is referrals from a knowledgeable, trusted person.

I now believe the claim associated with this research question (namely, that such a list or tool would significantly improve provider awareness), is only half correct, and even then, it is also only a part of what should be a much broader strategy to increase provider awareness.

Firstly, there *are* effective tools to find family strengthening training programs in Maine, but whether or not providers and caregivers have the training to leverage them is another matter. As I reported in my findings, I discovered that these tools are Access Maine (for state programs), 2-1-1 (particularly the online search function), and Help Me Grow. No tool is perfect, but from speaking with all of my interviewees and exploring

these tools myself, these tools effectively list family strengthening training programs. Most of my interviewees also expressed the challenging nature of ensuring websites and lists are up to date, decreasing my desire to propose yet another tool that will soon be irrelevant unless an inordinate amount of time is invested to keep adding, removing, and assessing information.

The Access Maine website has a page under “Family Support” and “All Family Supports” that lists several organizations and services. This is not as useful for finding individual programs; instead of listing each CAP agency, for example, it simply provides a link to the Maine Community Action Partnership. A tool like this may, however, help providers expand their awareness of the general landscape of family strengthening resources in the state.

On the 2-1-1 website, providers can select “Family” as an area of need, select “I need parenting resources,” and then provide the town or zip code of the caregiver. It will then pull up many of the programs available in that geographic area. When an individual program is selected, 2-1-1 provides a sentence describing the program, any eligibility criteria, languages offered, application process, documents required, insurance accepted, program coverage area, and program fee information.

The website of Help Me Grow states “A network of community resources works like a power grid. When the grid functions well, families can plug in to an organized flow of resources and easily access the ones they need. Help Me Grow strengthens the grid by supporting a current directory of available services and connecting service providers to each other to create an interconnected system” (DHHS). They also state that Help Me Grow

strengthens the resource grid by connecting service providers to each other... HMG Resource Specialists find existing resources and build a collaborative coalition that creates a well-functioning grid so that families can access resources when they need them. When families or providers contact Help Me Grow, HMG aids in connecting them to the right services and supports within the resource grid. In addition, families will be contacted at a later point in time to ensure their child has received services..." (DHHS)

I am still unsure as to how this program works. The DHHS website provides a link to refer a family Help Me Grow, but no links for parents or providers to click to use the program. The referral link directs users to a page to select whether the user is a primary caregiver or a provider.

The nine agencies who provided comments in my survey brought up some important points. Franklin County Children's Task Force, the Maine Children's Home, and the Maine Children's Trust said that families need more intensive services. The Opportunity Alliance and the Bangor YMCA said there is too little funding. Healthy Kids said though there is enough training, families could always use more, and transportation is the biggest barrier. Penquis said their training needs to be publicized more and G.E.A.R. said they have no advertising budget, so caregiver awareness is an issue. The people I spoke with framed the discussion of family strengthening through a lens of scarcity (of specialty, funding, access, and awareness). I believe we need to shift our focus to tapping into community networks of providers to assist with the access and awareness pieces, especially.

Other than the comments mentioned above, the data I gathered from my survey was not as useful to me for this project; I would recommend another researcher conducting similar research in another state that has a dynamic similar to Maine forgo the survey altogether and focus on interviews. Mapping barriers and facilitators is complicated and can be subjective. I did not have great success with the one more opinion-based question in my survey and typically did not receive more than a few words. Interviews provided a better method of gaining detailed insight into my research questions. I found these interviews to be highly informative and exciting. It was not uncommon for an interviewee to express that our conversation was giving them a new perspective on family strengthening training in Maine, so I also believe they are inherently beneficial.

Something I observed through each of the parts of my research methodology (internet searching, personal communication, surveys, and interviews) was that relationship-oriented work is inherently challenging and makes the kind of provider awareness that I believe is a key facilitator of family strengthening training access rather difficult to achieve. Relationships allow for the pathways of information sharing that lead to collaboration and referral. There is a myriad of ways in which this challenge presents itself. Turnover is a major challenge, especially in human services and social work with a turnover rate of 20-40 percent for the last 15 years (Casey). Building and maintaining relationships across a geographically dispersed state that is currently relying on Zoom is also difficult. One of my interviewees mentioned the challenge of having to reestablish contact and name recognition with schools every year. Another discussed the need to retrain DHHS in what they can offer on a very regular basis. People connected to DHHS

change roles frequently due to funding and program shifts. But, relationships between providers and agencies are so empowering for caregivers and are key to the interagency collaboration and multistakeholder conversation that enables a public health approach to family strengthening. The consultant I spoke with described how the Maine Child Welfare Action Network came to be because two individuals moved to Maine and brought key stakeholders together. Many of these big reforms or effective program ideas came about because the right people were in the room.

Recommendations

Based on my findings, I have several recommendations to reduce barriers to family strengthening training in the state of Maine at the provider and agency level. Based on the data I collected, my key concern is: How can we connect caregivers, providers, and agencies in such a way that caregivers feel safe and comfortable following up on a family strengthening training referral because the requisite relationships and connections have already been created?

I believe 2-1-1 could be enhanced to be more useful for finding family strengthening training programs specifically. If only for providers, it should be clearer that the “parenting resources” to which 2-1-1 refers in their search tool means parent education and family strengthening training. I would also recommend that 2-1-1 allow providers to input a more specific and narrow area of need (such as training for divorced caregivers, substance abuse affected caregivers, or caregivers who have children with behavioral health issues). This would make the provider search process less time consuming and hopefully more accurate. As it is now, providers have to sift through the whole list of programs in that area to find a good fit for the family.

However effective and useful Access Maine, 2-1-1, and Help Me Grow may be when caregivers and providers are able to utilize them, the important caveat is these resources are only useful for people who know about them and know how to use them. They would also not be utilized by providers who are not specifically looking for a family strengthening training program. There is a need for continuing education for providers around what each of these websites can offer, as well as about the benefit of family strengthening training in general so providers in all fields are motivated to seek information for their clients. Providers in all fields should know when and how to use these search tools, which can be overwhelming.

From personal experience working for United Way, which helps to market 2-1-1 to the community, the marketing is focused on people who need services, not on service providers themselves. Providers need to be regularly encouraged to utilize it themselves to find resources to recommend to clients. One of my interviewees described that often DHHS and judiciary referrals are to a curriculum, not a specific agency or program, so the caregiver then has to search online for an agency that offers that program. What if our providers were enabled and empowered to give their clients a phone number or email address for a program they are sure is available to the caregiver in their region and is currently offered? For a caregiver in a low-resource or vulnerable situation, removing as much burden as possible could make all the difference in whether or not they actually access family strengthening training.

After speaking with my interviewees, I realized informative tools cannot be the be-all and end-all of our strategy to reduce the barrier of provider knowledge. We need to gather providers together in networks and coalitions to share information with each other

in real-time. Not only is this an excellent way to allow providers to build the relationships necessary to provide the highest quality of referrals to their clients, it also is a much more effective way of ensuring that providers can access current, updated information. From my interviews, it sounds like this is best accomplished organically: community by community.

Related to community-based prevention initiatives, family strengthening training providers need to be finding ways to connect with all parents in the community, not just the ones who have DHHS or judiciary involvement. This connection point needs to be informal and have no stigma associated with the group or the event. My discovery of Family Place Libraries and my discussion of this model with one of my interviewees is the main impetus for this recommendation. A good start would be for each of the family strengthening training providers to connect with the Family Place Libraries in their service area and offer to be present at one of the workshops, which are open to all kinds of families and may draw a broader community clientele than the agencies typically have access to. I did not hear from a library that had invited a family strengthening training professional as part of their programming. It would also be a good opportunity to make sure that the other providers who are scheduled to be present during each of the five weeks of workshops know who the family strengthening training provider is and know when referrals would be appropriate in their own practice.

I also believe an important next step in Maine is to increase collaboration and information sharing between the state and local community agencies and providers. There are some really effective partnerships and work groups functioning between offices and departments at the government level—I was able to observe one of those relationships in

real-time with the two people from DHHS I interviewed, and it was really powerful to get a sense of what these inter-agency governmental conversations actually look like. With that being said, there still seems to be a distinct separation between state-led initiatives and programs and community-led initiatives and programs. I believe finding a way to bridge that gap more fully and consistently will actually help state programs function more effectively and be more sustainable. A common theme in my interviews was the frustration of state contracts ending and programs going away. This frustration seems to be the nature of state funding, so how can the state collaborate more closely with agencies to offer the program in a way that will not need the same level of state funding forever? In one instance I learned about, the disappearance of the state funding did not mean the disappearance of the networks and awareness created by the funding, because the community had taken it upon themselves to make sure provider meetings still occurred.

We know that prevention is a community-level issue, so the goal should be getting some programs to the point where they are owned by and established in the community. Lack of resource investment is always an issue and not one easily solved; that is why I see a lot of hope and promise in the provider network models (as utilized by the Community Partnerships for Protecting Children and the Maine Resilience Building Network) because they can require less monetary resource investment, last longer, and help create more robust communities. The agencies who provide family strengthening training certainly need to be funded, but I do not see as much need for us to fund awareness initiatives to the same extent since they involve providers coming together under compensation for the roles they already hold in their agencies.

CHAPTER FIVE

OPPORTUNITIES AND CONCLUSION

In this final chapter, I begin by briefly discussing several opportunities for further research that I discovered through my research. There are many more, but I see these as the most appropriate next steps. I conclude the research by providing an overview of where I began, the research process, and my main conclusions and recommendations based on what I discovered.

Opportunities for Further Research

Future research should be conducted into Access Maine, 2-1-1, and Help Me Grow. How are these tools designed to function? How are they actually being used? How many providers and caregivers are using them to refer or access family strengthening training? Are other agencies utilizing them to refer caregivers to other agencies with a different specialty?

Further research could also be done to assess provider awareness of family strengthening training more deeply. How many family strengthening training programs are providers aware of in their area? How often do they have an opportunity to refer a family to those programs? What is their process for determining where to refer a family?

I would also like to see further research into a worrisome phenomenon I observed while looking for programs online. When I search “parenting class Maine,” the top two results are sponsored (meaning the website pays to have their listing show up first as an advertisement) online courses⁴⁶ that were marketed nationally to caregivers involved in

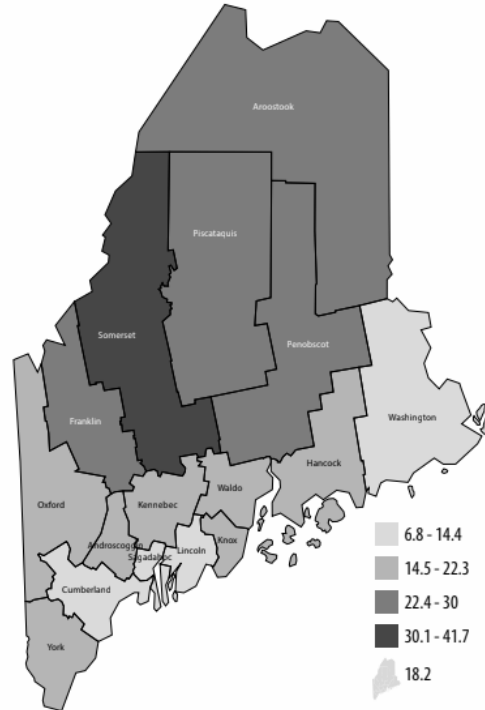
⁴⁶ The names of several of these websites are the Online Parenting Center, Prism Behavior, Course For Parent, Modern Co-Parenting Online Course, Certevia, and BTI Positive Parenting.

the judicial system. The page would include Maine in the title, but it became clear there was a page for every state. Many would guarantee the court would accept their online, self-paced course. These courses were never free and could cost up to \$150. One of my interviewees said any course that DHHS or the judiciary referred a caregiver to would be available free of charge. I wonder if the search results are similar in other states or if it is a function of the lack of advertising budget and Search Engine Optimization of the programs based in Maine.

I also think it would be important to further analyze geography and program availability in Maine. Which areas of Maine are most at risk? Rates of child abuse are not the same across the state, as can be seen in Figure 6. Which areas have sufficient agency coverage and programming? Are there areas that are underserved?

THE RATES OF CHILD ABUSE VARY WIDELY BY COUNTY

The rate per 1,000 children in Franklin County was more than three times the rate in Cumberland County.



Source: Maine Department of Health and Human Services, Office of Child and Family Services, 2019. Data is rate per 1,000 children.

Figure 6—Rates of child abuse by county in Maine (KIDS COUNT).

One of the more sensitive topics discussed in my interviews was the role of the Maine Children’s Trust. Though a representative from the MCT provided their name in the survey to be interviewed, they did not respond to two follow-up emails. One of my interviewees, who requested their agency remain anonymous, expressed the opinion that MCT is insular, not interested in collaboration, and is not as focused on the most vulnerable children as they should be. This interviewee noted that it may be difficult for agencies to open up about the difficulties of their relationship with the MCT because of where their funding comes from.

Another interviewee said MCT has never been fully funded and lacked the leadership capacity to be able to create a statewide prevention plan, and this individual said they would “prefer not to be quoted” with the name of their agency next to their comments about the Maine Children’s Trust. This person said an agency would only be given about \$30,000 to prevent child maltreatment in an entire county, which is very difficult given the lack of control agencies funded by MCT have to tackle other related issues like substance use and domestic violence.

Lastly, my survey data indicated not all agencies are equipped to offer their family strengthening training services to English as a Second Language caregivers. Though this may be because of the very small population size of ESL caregivers in their service area, it still caught my attention, especially given the increasing population of resettled immigrants in Maine. Penquis CAP (which is one of the major providers of family strengthening training in Penobscot and Piscataquis counties⁴⁷) was one of the agencies that indicated that it does not serve ESL caregivers, and the Bangor area is already welcoming Afghan refugees who speak little to no English. Agencies may not serve this population either because they are not equipped to serve them or because they have not had the opportunity to serve them, both of which are concerning. This may be something for further exploration and possibly require an increased investment in curriculum development and Train the Trainer for staff to better serve ESL caregivers. There is not only the need for ESL-accessible family strengthening training, but also culturally competent training. The latest MCWAN framework states “Immigrant families

⁴⁷ The percentage of people five years old and older who live in a home where a language other than English is spoken is 3.8 percent in Piscataquis County, 4.5 percent in Penobscot County, and 7.2 percent in Cumberland County, taking the average of 2017-2021 (Census Bureau).

are facing significant challenges in acquiring housing, and need culturally competent information about Child Protective Services” (MCWAN). Though I did not include this literature in my review, there is a significant amount of literature about culturally adaptive family strengthening, both from the developing world to the developed world and vice versa. I include a brief list of these articles in a separate section of my references.

Conclusion

I began my research focused on quantity and quality of family strengthening training in Maine with the assumption that it may not be sufficient in either area. Instead, I found a more pressing need for exploring general provider and community awareness of the family strengthening training programs that already exist. I investigated how information about family strengthening training programs is disseminated and accessed, provider awareness of specific programs, the importance of provider referrals, agency awareness of other programs, state and local agency collaboration, and the ways in which providers, agencies, and communities need to connect in order for caregivers to access the family strengthening resources they need.

Therefore, I conclude, based on my communication and conversations with key stakeholders with knowledge of the family strengthening training landscape in Maine, there is a need for providers working with children and families in a variety of capacities to enhance their knowledge of family strengthening training programs. At the beginning of this thesis, I presented literature on barriers and facilitators to family strengthening training across the country and world. Much of the existing research on the subject focuses on barriers like scheduling, childcare, and transportation. Provider-level barriers

were mentioned, but not usually the focus of the paper or study. Not only does this thesis tackle provider awareness in a way that has not, to my knowledge, been done for Maine's context, I believe it also makes a valuable contribution to the general literature on caregiver access to family strengthening training in rural areas. Because referrals are a common mode of family strengthening access, our discussion of barriers and facilitators should start at the provider and agency level, not just at the caregiver and family level.

Lack of provider knowledge can be attributed to a variety of complicated factors, including agencies and providers working in silos instead of in interagency and interdisciplinary collaboration, the challenges of relationship-building, agencies having little or no budget for advertising, not enough education about how to use the tools designed to allow for program search, lack of general community engagement with providers and caregivers not involved with DHHS or the judicial system, and insufficient opportunities for providers in different roles and agencies to gather and exchange expertise. Through forming networks and coalitions, ensuring providers are educated in how to use the information-finding tools available, reforming some of those tools to be more effective, and increasing agency interaction with community providers, we can begin to decrease barriers and increase facilitators to family strengthening training access—one good referral at a time.

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APPENDIX

APPROVED INSTITUTIONAL REVIEW BOARD APPLICATION

FAMILY STRENGTHENING TRAINING IN MAINE: A RESOURCE ASSESSMENT AND PROPOSAL TO INCREASE EFFECTIVENESS AND ACCESSIBILITY

Funding: N/A

Summary

Rationale

The purpose of this Honors Thesis research project is to conduct a resource assessment of the family strengthening trainings being offered in Maine. Based on the findings of that assessment, I will adapt the Attachment Theory Workshop (AT) for Maine and/or write a report of findings and recommendations.

In 2016, the University of Maine Honors College Servant Heart Research Collaborative Attachment Theory Team began developing a six-module workshop to introduce AT and other evidence-based family strengthening practices to caregivers in Sierra Leone (DellaMattera, 2018). Developed in response to the global movement to phase out institutional care and reintegrate children who have experienced trauma into families, one of the core competencies of the workshop is that it is designed to be accessible to low literate and nonliterate caregivers. In the years since, the AT Workshop has been regularly and successfully offered in Sierra Leone and has been adapted for Haiti and Uganda (The Honors College, 2019). The Attachment Theory team has discovered that there is overwhelming global demand for the workshop.

At this stage in our work, I would like to explore whether the AT Workshop has domestic relevance, particularly in Maine. What are the topics covered by the family strengthening trainings in Maine? Which geographic and demographic populations are served by the trainings? Do the unique characteristics that make the AT Workshop internationally sought after also have potential in a domestic context? Is there a gap in the content or accessibility of Maine's family strengthening trainings that could be better filled by the AT Workshop than by the existing and available trainings?

Seeking further insight into these questions and others will not only allow our team to

make a more informed decision about whether to pursue domestic partnerships but could potentially increase awareness of the family strengthening training programs that exist in Maine and lead to improvements in the quality of those programs.

Methods

Surveys: This project will involve a confidential online Qualtrics survey distributed in the fall of 2022. The survey may take 10-20 minutes. Participants will be employees or volunteers of agencies that work with families in Maine. The purpose of the survey is to gather information about the content, effectiveness, and accessibility of the family strengthening trainings in Maine. See Appendix A for survey questions.

Interviews: This project will involve 3-5 interviews conducted virtually via Zoom in the spring of 2023. Each interview may take 30-45 minutes and will be recorded directly in Zoom, unless the participant explicitly states it cannot be recorded, in which case I will take notes. I will utilize the Zoom transcription feature. The purpose of each interview will be to gather more information about that agency's family strengthening training program and collect their agency's training curriculum to gain a better understanding of the topics covered, the accessibility of the language, and the level of context adaptation for Maine. See Appendix E for the interview script and questions.

Personnel

Elaine Thomas will be the Principal Investigator for this research project. She will recruit and interview participants and analyze data. She is a senior studying Business Management at the University of Maine and has been a Student Research Assistant for the Attachment Theory Team of the Honors College Servant Heart Research Collaborative for over 2 years. This is her first experience with human subjects research. She has completed the CITI training.

Dr. Julie DellaMattera will be a Co-Principal Investigator for this research project. She will assist in data analysis. She is an Associate Professor of Early Childhood Education; preceptor in the Honors College; and program coordinator for Peace Studies in the College of Education and Human Development at the University of Maine. Dr. DellaMattera is part of the Servant Heart Research Collaborative and Co-PI for the Attachment Theory Workshop. She has been involved with human subjects research for 16 years and has completed the CITI training.

Dr. Melissa Ladenheim will be a Co-Principal Investigator for this research project. She will assist in data analysis. She is the Associate Dean of the Honors College at the University of Maine. Dr. Ladenheim is part of the Servant Heart Research Collaborative

and Co-PI for the Attachment Theory Workshop. She has been involved with human subjects research for 40 years and has completed the CITI training.

Participant Recruitment

Surveys: Participants will be over the age of 18 and will be employees or volunteers of the agencies to which the recruitment email is sent. The email will be sent to all agencies in Maine that work with families, including (but not limited to) the Community Action Programs, government agencies, NGOs and nonprofits, YMCAs, and Regional School Districts in Maine. Contact information is publicly available. I will send one reminder email after the initial email. See Appendix C and D for survey recruitment emails. The email will ask participants to fill out the survey if their agency has offered family strengthening training in the past or currently offers family strengthening training. See Appendix H for a complete list of agencies. I expect approximately 20 survey respondents out of the 60 agencies plus the 90 Regional School Units to which I will distribute the survey. I will send the survey recruitment email to one person from each agency.

Interviews: Interview participants will be recruited from the survey respondents. Participants will indicate their willingness to be interviewed by providing their name and email at the end of the survey. I will choose 3 to 5 potential interview participants based on which participants have the most significant family strengthening training programs. See Appendix G for the interview recruitment email.

Informed Consent

The Consent Form for the survey (see Appendix B) will be the first page of the Qualtrics survey. The Consent Form for the interview (see Appendix F) will be sent in the interview recruitment email. Participating in the survey and interview will indicate consent.

Confidentiality

Surveys: Participant names will not be attached to survey responses unless participants provide their name and contact information as an indication of their willingness to participate in an interview. Survey data will be deleted off Qualtrics by August 2023. I will not be collecting IP addresses from survey participants. Survey data will be kept on a password protected computer owned by the Principal Investigator and destroyed by May 2025. Survey data will only be accessed by the Principal Investigator and the two Co-Principal Investigators. Participant names will not be reported in any publications. The name of the agency associated with the participant may be attached to survey

answers and published.

Interviews: Interview recordings will be deleted from Zoom within 24-48 hours. Interview recordings will be kept on a password protected computer and destroyed by August 2023. Deidentified transcripts will be kept indefinitely on a password protected computer. If participants explicitly state the interview cannot be recorded, I will take notes on paper. Deidentified interview notes will be kept indefinitely in a locked file cabinet. Interview data will only be accessed by the Principal Investigator and the two Co-Principal Investigators. Participant names will not be reported in any publications. The name of the agency associated with the participant may be attached to comments and published. Any training materials participants share with the Principal Investigator will be kept indefinitely on a password protected computer.

Risk

Risks to the subjects include time and inconvenience.

Benefits

While this research project will have no direct benefit to participants, this research may help agencies working to strengthen families in Maine learn more about the family strengthening trainings available in Maine and how program offerings could be improved.

Compensation

There will be no compensation offered to participants of this research project.

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APPENDICES

Appendix A: Survey Questions

Definitions

- **Attachment Theory:** States that children need to form secure attachments with caregivers as the foundation from which to explore the world (Flaherty and Sadler).
- **Family Strengthening:** Evidence-based parent education that emphasizes child development and caregiver well-being (Center for the Study of Social Policy).
- **Trainings:** Any workshop, session, or class in which caregivers gather (in-person or virtually) to complete a curriculum and learn from a trainer or social worker and each other. “Trainings” may also include online courses or home visitation to individually deliver curriculum.

Questions

1. Name of agency or organization:
2. Counties served by agency:
 - a. Penobscot
 - b. Waldo
 - c. Somerset
 - d. Knox
 - e. Aroostook
 - f. Washington
 - g. Piscataquis
 - h. Cumberland
 - i. York
 - j. Oxford
 - k. Sagadahoc
 - l. Franklin
 - m. Lincoln
 - n. Hancock
 - o. Kennebec
 - p. Androscoggin
3. Please select whether your agency used to offer and no longer does or currently offers family strengthening trainings.

- a. We used to offer family strengthening trainings but no longer do
 - b. We currently offer family strengthening trainings
4. If you answered that you used to offer family strengthening trainings but no longer do, please briefly explain why. Then skip to Question 11.
5. If you currently offer family strengthening trainings, please provide a) the name of the training, b) the goal of the training, and c) the total hours of the training.
6. Has your training been either created or adapted for your community context in Maine?
- a. No, the training we use was not created or adapted for Maine
 - b. Yes, the training we use was created specifically for Maine
 - c. Yes, the training we use was adapted for our context in Maine
7. Please check any of the following topics that are directly addressed by your agency's family strengthening trainings.
- a. Attachment Theory
 - b. Trauma-informed care
 - c. Triggers
 - d. Emotional regulation
 - e. Self-management strategies
 - f. Attunement
 - g. Temperament
 - h. Impacts of corporal punishment
 - i. Apologizing to you child
 - j. Resilience building
 - k. Setting limits for children
 - l. Caregiver well-being
8. Please check any of the following attributes that describe the population served by your agency's family strengthening trainings.
- a. Low literate caregivers
 - b. ESL (English as a Second Language) caregivers
 - c. Caregivers affected by domestic violence
 - d. Caregivers of children with special needs
 - e. Caregivers involved with the judicial system
 - f. Caregivers of children who have experienced trauma
 - g. Foster parents
 - h. Adoptive parents
 - i. Biological parents
 - j. Kinship care
9. Does your agency charge caregivers for family strengthening training? If yes, please provide the total cost per person and whether that cost is covered by the individual or by an agency (government, nonprofit, etc.).
10. Please briefly describe the staffing and funding that sustains your

agency's family strengthening training program.

11. Do you believe that Maine's existing and available family strengthening trainings are sufficient to meet the needs of caregivers in the counties you serve? Please briefly explain your answer.
12. Please provide your name and email below if you would be willing to participate in a 30- 45 minute interview on Zoom about your agency's family strengthening training program. If you provide your information, you may be contacted for an interview.

Appendix B: Survey Consent Form

You are invited to participate in a research project being conducted by Elaine Thomas, a student in the Honors College at the University of Maine, with Dr. Julie DellaMattera, faculty member in the College of Education and Human Development at the University of Maine, and Dr. Melissa Ladenheim, Associate Dean of the Honors College at the University of Maine. The purpose of the research is to find out what family strengthening trainings are offered in Maine and determine their effectiveness and accessibility. You must be an employee or volunteer of an agency working with families in Maine to participate. Your agency must have offered family strengthening training in the past or currently offer family strengthening training. You must be at least 18 years of age to participate.

What Will You Be Asked to Do?

If you decide to participate, you will be asked to fill out a survey about whether your agency offers family strengthening training and, if applicable, describe the training you offer. You will also be asked to provide your name and contact information if you would be willing to participate in an interview. It may take 10-20 minutes to participate in the survey.

Risks

Risks to you include time and inconvenience.

Benefits

While this study will have no direct benefit to you, this research may help us learn more about the family strengthening trainings available in Maine and how program offerings could be improved.

Confidentiality

This survey is confidential. Your name will not be attached to your survey responses unless you provide your name and contact information as an indication of your willingness to participate in an interview. Survey data will be kept on a password protected computer and destroyed by August 2023. Survey data will only be accessed by the Principal Investigator and the two Co-Principal Investigators. Your name will not be reported in any publications. The name of your agency may be attached to your survey answers and published.

Voluntary

Participation is voluntary. If you choose to take part in this study, you may stop at any time. You may skip any questions you do not wish to answer.

Contact Information

If you have any questions about this study, please contact me at elaine.thomas@maine.edu or call [Phone Number]. You may also reach the faculty advisors on this project at julie.dellamattera@maine.edu or melissa.ladenheim@maine.edu. If you have any questions about your rights as a research participant, please contact the Office of Research Compliance, University of Maine, 207-581-2657 (or e-mail umric@maine.edu).

Appendix C: Survey Recruitment Email 1

Dear [Name],

You are invited to participate in a research study. Your contact information was obtained from your agency's website. My name is Elaine Thomas, and I am a senior at the University of Maine. For the past two years, I have been working with a small team at UMaine to bring a family strengthening training called the Attachment Theory Workshop to NGOs located in Sierra Leone, Haiti, Uganda, and Liberia. The workshop, which is designed for nonliterate caregivers of children who have experienced trauma and are being reintegrated into family settings, has been very successful.

For my Honors Thesis, I am bringing the project closer to home and exploring the family strengthening trainings in Maine. I am reaching out to you as a representative of [Agency Name] in hopes that you will take the time to fill out a short survey. Please fill out this survey if your agency has offered family strengthening training in the past or currently offers family strengthening training. It is my hope that the information I gather with this survey will help increase awareness about the family strengthening trainings

available in Maine and the effectiveness and accessibility of those trainings.

If you agree to participate, you will be asked to take a confidential survey. The survey will take approximately 10-20 minutes. Please click on the link below to learn more about the study and to take the survey.

[Survey link will be inserted here once it is live]

Thank you for your consideration. Please feel free to reach out to me at elaine.thomas@maine.edu or [Phone Number] with any questions or concerns. I will send you one reminder email after 2 weeks.

Gratefully,

Elaine Thomas
Attachment Theory Team Student Coordinator
Honors College Servant Heart Research Collaborative
University of Maine

Appendix D: Survey Recruitment Email 2

Dear [Name],

You recently received an email inviting you to participate in a research study. My name is Elaine Thomas, and I am a senior at the University of Maine working on my Honors Thesis about family strengthening trainings in Maine. If you have already participated in the survey, thank you so much.

If you have yet to participate in the survey, I would really appreciate it if you would take 10-20 minutes to participate. It is my hope that the information I gather through this survey will help increase awareness about the family strengthening trainings available in Maine and the effectiveness and accessibility of those trainings.

Please click on the link below to learn more about this confidential survey and take the survey.

[Survey link will be inserted here once it is live]

Thank you for your consideration. Please feel free to reach out to me at elaine.thomas@maine.edu or [Phone Number] with any questions or concerns.

Thank you,

Elaine Thomas
Attachment Theory Team Student Coordinator
Honors College Servant Heart Research Collaborative
University of Maine

Appendix E: Interview Script and Questions

Hello, thank you for being willing to speak with me about your agency's family strengthening training program. My name is Elaine Thomas, and I am a student researcher at the University of Maine working on my Honors Thesis with Dr. Melissa Ladenheim and Dr. Julie DellaMattera. It is [Date of interview]. This interview is confidential and will be recorded unless you explicitly state it cannot be recorded. You may skip questions and stop at any time. Your name will not be published with your comments, but the name of your agency may be published. Do you have any questions before we begin? *If the participant is ready to begin, the investigator will proceed with the following questions:*

1. What is your name?
2. What is the name of your agency?
3. What is your role at your agency?
4. How long have you worked at your agency?
5. What is your agency's mission?
6. What family strengthening training has your agency offered in the past?
What family strengthening training does your agency currently offer?
7. What are the parenting challenges that caregivers in Maine face?
8. Why do you believe caregivers in Maine seek out family strengthening training?
9. What feedback have you received about the effectiveness of your family strengthening trainings?
 - a. Have you collected any data from participants about your family strengthening trainings? What has that data shown?
 - b. Would you be willing to send those data reports to me?
 - c. What anecdotal successes have you observed through the family strengthening training your agency has offered?
10. Is your training accessible to caregivers with low literacy skills or lack of education?
11. Have you seen an increase or decrease in the number or accessibility of family strengthening trainings in Maine?
 - a. In the past 10 years?

- b. Since the pandemic?
 - c. *Follow up:* How would you explain this trend, either based on your own observations or the data your agency has collected?
12. What are your agency's main goals for your family strengthening trainings?
 13. What are your agency's biggest impediments to achieving those goals?
 14. Would you be willing to send me any of your family strengthening training curriculum so I can review the concepts covered?

The investigator may ask the participant other questions based on their answers to the survey questions but will stay within the topics covered in the survey.

Appendix F: Interview Consent Form

You are invited to participate in a research project being conducted by Elaine Thomas, a student in the Honors College at the University of Maine, with Dr. Julie DellaMattera, faculty member in the College of Education and Human Development at the University of Maine, and Dr. Melissa Ladenheim, Associate Dean of the Honors College at the University of Maine. The purpose of the research is to find out what family strengthening trainings are offered in Maine and determine their effectiveness and accessibility. You must be at least 18 years of age to participate.

What Will You Be Asked to Do?

If you decide to participate, you will be interviewed on Zoom. It may take 30-45 minutes to participate. The interview will be recorded unless you explicitly state it cannot be recorded, in which case the interviewer will take notes. The following are sample interview questions:

1. What are the parenting challenges that caregivers in Maine face?
2. What feedback have you received about the effectiveness of your family strengthening training program?
3. Is your training accessible to caregivers with low literacy skills or lack of education?

You will also be asked if you would be willing to share your family strengthening curriculum to Elaine Thomas.

Risks

Risks to you include time and inconvenience.

Benefits

While this study will have no direct benefit to you, this research may help us learn more about the family strengthening trainings available in Maine and how program offerings could be improved.

Confidentiality

Interview recordings will be deleted from Zoom within 24-48 hours. Recordings will be downloaded onto a password protected computer and will be deleted in August 2023. Deidentified interview transcripts will be kept indefinitely on a password protected computer. Deidentified interview notes will be kept indefinitely in a locked file cabinet. Interview data will only be accessed by the Principal Investigator and the two Co-Principal Investigators. Your name will not be reported in any publications. The name of your agency may be attached to your comments and published. Any training materials you send to the Principal Investigator will be kept indefinitely on a password protected computer.

Voluntary

Participation is voluntary. If you choose to take part in this study, you may stop at any time. You may skip any questions you do not wish to answer.

Contact Information

If you have any questions about this study, please email me at elaine.thomas@maine.edu or call [Phone Number]. You may also reach the faculty advisors on this project at julie.dellamattera@maine.edu or melissa.ladenheim@maine.edu. If you have any questions about your rights as a research participant, please contact the Office of Research Compliance, University of Maine, 207-581-2657 (or email umric@maine.edu).

Appendix G: Interview Recruitment Email

Dear [Name],

You recently responded to a survey about your agency's family strengthening training program. Thank you for providing your name and contact information as an indication of your willingness to participate in a follow-up interview. I attached the Consent Form which has more information about the interview. When would you be available for a 30-45 minute interview? Please let me know if you have any time [give several day and

time options].

Thank you for helping me with my research! I really appreciate your time.

Elaine Thomas
Attachment Theory Team Student Coordinator
Honors College Servant Heart Research Collaborative
University of Maine

Attachment: Interview Consent Form in Appendix F

Appendix H: Agency Names

1. Maine Community Action Programs (Maine Community Action Partnership)
 - a. Kennebec Valley CAP
 - b. Penquis CAP
 - c. Community Concepts
 - d. The Opportunity Alliance
 - e. Waldo Community Action Partners
 - f. Western Maine Community Action
 - g. Downeast Community Partners
 - h. York County Community Action Corp
 - i. Midcoast Maine Community Action
2. Kids First
3. ParentWorks/Home Counselors Inc.
4. Maine Children's Trust
5. Maine Resilience Building Network
6. Maine Department of Health and Human Services
 - a. Office of Child and Family Services
 - b. Help Me Grow Maine
7. Maine Child Development Services (Department of Education)
8. Maine Families
9. A Family for ME
10. YMCAs
 - a. Old Town-Orono
 - b. Bangor Region
 - c. Downeast Family
 - d. Penobscot Bay
 - e. Waldo County
 - f. Southern Maine
 - g. Piscataquis Regional
 - h. Kennebec Valley
 - i. Rockland Harbor
 - j. Mount Desert Island
 - k. Bath Area Family

- l. Central Lincoln County
 - m. Auburn-Lewiston
- 11. Good Samaritan Agency
- 12. Adoptive and Foster Families of Maine
- 13. Maine Children's Home
- 14. Maine Children's Alliance (Maine Child Welfare Action Network)
- 15. Community Care
- 16. Franklin County Children's Task Force
- 17. Maine Association for the Education of Young Children
- 18. G.E.A.R. Parent Network
- 19. Maine Parent Federation
- 20. Aroostook Council for Healthy Families
- 21. Healthy Kids Maine
- 22. Regional School Units: RSU 1-89⁴⁸
- 23. Children's Center

⁴⁸ I did not end up including the Regional School Units in my survey.

AUTHOR'S BIOGRAPHY

Elaine Thomas is from Hampden, Maine, and will be graduating from the University of Maine with a B.S. in Business Administration in Management and a minor in Music. Her most rewarding experience in college was her involvement with the Servant Heart Research Collaborative Attachment Theory team, an experience that changed the direction of her career. During college, she had two wonderful internships at United Way of Eastern Maine and Partners for Peace. She also volunteered in communications at Literacy Volunteers of Bangor and worked to increase rural engagement at the American Red Cross. Last but not least, she enjoyed teaching a lively studio of private piano students who kept her joyful and thankful.

Elaine has started a position as the statewide Microenterprise Development Program Manager of New Ventures Maine, an economic development community outreach program of the University of Maine at Augusta, and now lives in Yarmouth, Maine. She is excited to continue her work in training and development by helping under-resourced people become empowered to provide for their families through small business workshops and coaching.