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Collaborating with Big Brothers Big Sisters and Parents to Develop CareGiver-Initiated Mentoring

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Collaborating with Big Brothers Big Sisters and Parents to Develop CareGiver-Initiated Mentoring

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Abstract

Research shows that youth enrolled in formal mentoring programs often wait months before being matched with a mentor. This paper describes the development and pilot test of Caregiver-Initiated Mentoring (CG-IM), a program originally designed to equip caregivers to assist Big Brothers Big Sisters (BBBS) mentoring program staff in identifying and recruiting mentors from their social network. Using a mixed-methods design, the initial efficacy of the CG-IM program was evaluated via a small pilot test. I broadly explored caregivers' experiences participating in the CG-IM program and a BBBS staff member's experience implementing it. Caregivers completed a post-survey that included quantitative measures assessing their knowledge, attitudes, efficacy, and intentions in identifying potential mentors, as well as their impressions about the appropriateness, acceptability, feasibility, and general satisfaction. Semi-structured interviews were used to gather qualitative feedback from caregivers and the BBBS staff member. A total of 15 caregivers completed the CG-IM program and the quantitative survey. Eight caregivers and one BBBS staff member participated in qualitative interviews. I report what I learned from caregivers and the BBBS staff member who engaged in the pilot test. Caregivers described gaining knowledge and feeling empowered by their involvement in identifying potential mentors, challenges experienced identifying such adults, and recommended changes for the CG-IM program. The BBBS staff member reported on the benefits and utility of the CG-IM program within BBBS, observed challenges, and recommended revisions to the program. I describe how data gathered from this study can be used to inform future collaborations between mentoring organizations and caregivers to promote safe and supportive relationships within and outside of BBBS via the CG-IM program.

Keywords: Big Brothers Big Sisters, Mentoring, Web-based training, Parents

Dedication

To my family, friends, and mentors who have provided me unwavering support throughout graduate school.

Thank you to my husband Parker who supported me throughout the highs and lows of my graduate training. I appreciate your patience, encouragement, and support every step along the way. I would not have been able to succeed without you next to me!

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Table of Contents

Introduction……1

1. Supportive Relationships and Youth Development……1
2. The Opportunity Gap of Youth Mentoring……3
3. Alternative Programs to Increase Youth Access to Mentors……..4
4. The Deficit Narrative of Parents in Youth Mentoring……7
5. Parental Support in Child-Rearing: An Alternative Narrative……8
6. Involving Caregivers in Youth Mentoring……10
7. Parents as Gatekeepers to Increase Access to Mentors…….....12
8. Development of the CG-IM Program……...….13
9. The Current Study……..19

Method……...…20

1. Procedures……..20
2. Participants……22
3. Measures……23
4. Analytic Strategy……...28

Results……29

1. Quantitative Results……...29
2. Qualitative Results……33

Discussion…….....49

1. Development of the CG-IM Program……50
2. Initial Evaluation of the CG-IM Program……..50
3. Support for the CG-IM Program…….……..51

4. Concerns about the CG-IM Program…….55

5. Strengths and Limitations……..57

6. Implications and Future Directions……58

References……..……....61

Figures……71

Tables……...…..73

Appendix……80

Collaborating with Big Brothers Big Sisters and Parents to Develop CareGiver-Initiated Mentoring

Research has shown youth benefit from having relationships with supportive non-parental adults. Unfortunately, vulnerable youth are often less likely to have access to supportive relationships with either formal or informal mentors than youth from more affluent families. Furthermore, youth enrolled in formal youth mentoring programs also experience difficulty accessing these relationships and often wait nearly six months before being matched with a volunteer mentor, with boys, youth of color, and LGBTQ youth waiting over a year. There are several promising mentoring programs that have the potential to increase access to supportive relationships with non-parental adults; however, these programs uncommonly engage caregivers. Lack of investment in caregivers is prevalent across the mentoring literature and program practices, with caregivers often being viewed through a deficit perspective, despite more recent research suggesting that caregivers are supportive and invested in facilitating mentoring relationships for their children (Weiler, Scafe, et al., 2020). The current study describes the development and pilot test of the CareGiver-Initiated Mentoring (CG-IM) Program, which aims to engage caregivers in the process of identifying potential mentors with support from Big Brothers Big Sisters (BBBS).

Supportive Relationships and Youth Development

Developmental psychologists have long recognized the crucial interplay between children's genetics and their environment on youth development. In 1992, Sandra Scar published a seminal paper in which she synthesized both nomothetic and idiographic perspectives of human development. In this paper, Scar (1992) made a critical point that variations in children's environments impact their developmental outcomes. She proposed youth raised within an

average expectable environment (Hartmann, 1958) can be exposed to a variety of environmental stimuli and continue to develop normally; however, youth raised in environments that fall out of the normative range (e.g., exposure to violence or neglect) are more likely to experience negative developmental outcomes. Research clearly supports Scar's theory with the Centers for Disease Control and Prevention recognizing poverty as an important *social determinant of health* (SDH) for youth (Bitsko et al., 2016; CDC, 2019). Furthermore, those who experience Adverse Childhood Experiences (ACEs) are at an increased risk for worse developmental outcomes that last into adulthood (CDC, 2019; Child Trends, 2019; Steele et al., 2016). ACEs were originally defined as traumatic events that occurred during childhood and included abuse (psychological, physical, or sexual) or exposure to substance abuse, mental illness, maternal intimate partner violence, or criminal activity in their household (Feliti et al., 1998). Findings from this study and others demonstrate a strong association between cumulative ACEs and negative health (Feliti et al., 1998), mental health (Chapman et al., 2004), and neurobiological outcomes (Anda et al., 2006).

A promising counterweight to such adversity is children's involvement in supportive and nurturing relationships. In fact, Scar (1992) argued that protective parenting relationships and supportive relationships with non-parental adults and peers are considered crucial to youth development. Her position is again supported by research that demonstrates supportive and nurturing relationships with non-parental adults (e.g., extended family members, school staff, or mentors) can potentially offset the harm arising from ACEs (Bethell et al., 2019; Biglan et al., 2012; Li & Julian, 2012). These findings are aligned with a large body of work on childhood resiliency, which Masten et al. (1990) defined as, "the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances" occurring during youth

development" (p. 426). Studies from over six decades of research suggest that supportive relationships with non-parental adults can mitigate risk and promote resiliency (Luthar, 2006; Masten & Coatworth, 1998). Moreover, numerous studies have found high-risk youth with the support of non-parental adults during childhood and adolescence are less likely to experience problems in adulthood (Arincorayan et al., 2017; Bethell et al., 2019, Masten et al., 1990; Werner & Johnson, 2004).

The Opportunity Gap of Youth Mentoring

The systematic study of promoting such relationships between youth and supportive non-parental adults falls generally under the category of *youth mentoring. Formal* youth mentoring relationships are defined as supportive relationships between youth and non-parental adults under the supervision of a formal mentoring program (Rhodes, 2005; Cavell & Elledge, 2013). Meta-analytic studies consistently show these programs typically have small to moderate effects across a variety of youth outcomes ranging from $d = 0.18$ to 0.21 (Dubois et al., 2002; Dubois et al., 2011), $d = 0.11$ to 0.29 (Tolan et al., 2014) and $d = 0.21$ (Raposa, Rhodes, et al., 2019). Specifically, youth show improvements in their emotional and psychological well-being, social competence, and academic performance, as well as reductions in problematic or risky behaviors (Dubois et al., 2002; Dubois et al., 2011; Raposa, Rhodes, et al., 2019). *Natural or informal* mentoring relationships are relationships between youth and a supportive non-parental adult (e.g., coaches, teachers) in their existing social network that do not occur under the supervision of a formal mentoring organization (DuBois & Silverthorn, 2005; Zimmerman et al., 2002). Again, recent meta-analyses support the argument that youth benefit from these relationships, with small to modest effects across the domains of social-emotional development and academic and vocational functioning (van Dam et al., 2018; $r = .106$; van Dam et al., 2021, $g = .30$).

Despite these promising findings youth from socioeconomically disadvantaged families are less likely to have access to either formal or informal mentors compared to youth from more affluent families (Bruce, & Bridgeland, 2014; Erickson et al., 2009; Putnam, 2015; Raposa, Rhodes, et al., 2018). In fact, BBBS-America estimates between 30,000 and 35,000 youth are waiting to be matched annually (www.bbbs.org), with some youth waiting as long as six months to be matched with a mentor after enrollment (Bruce & Bridgeland, 2014; Herrera et al., 2013; Garringer, et al., 2017). Moreover, vulnerable youth (i.e., boys, children of color, and LGBTQ youth) are on waiting lists much longer than other youth (Bruce & Bridgeland, 2014; De Wit et al., 2016; Garringer et al., 2017), with one estimate indicating that 25% of boys in a BBBS-Canada sample were waiting to be matched with a mentor 30 months after enrolling (De Wit et al., 2016). These estimates clearly demonstrate that despite youth benefiting from mentoring relationships there is also a prevalent opportunity gap for youth from disadvantaged families and groups existing in youth mentoring programs.

Alternative Programs to Increase Youth Access to Mentors

There are several types of mentoring programs that have been implemented that have the potential to increase youths' access to relationships with supportive non-parental adults. These programs focus on reducing barriers to such relationships by offering mentoring programs at different locations (e.g., schools) or by involving youth in the process of finding mentors in their existing social network.

Site-based Mentoring

Site-based mentoring (SBM) programs have traditionally operated within the context of formal mentoring programs but have important differences from community-based mentoring programs (CBM). For example, SBM programs are often more structured with mentees and

mentors typically meeting in specific locations (i.e., schools, youth organizations) at predetermined times (Herrera et al., 2007). Meta-analytic evidence supports that SBM programs have small to modest effects on numerous scholastic outcomes as well as youth report increased social support from family and peers (Dubois et al., 2011; Wheeler et al., 2010). Scholars speculate SBM programs are more cost-effective, more convenient, and have the potential to reach more at-risk youth who would otherwise not be connected to a CBM program (Herrera et al., 2007; Herrera et al., 2013). However, one study found no differences in childhood risk status based on program type (CBM vs. SBM; Sourk et al., 2019), suggesting these programs might not be increasing access to mentoring programs for vulnerable children as previously speculated.

Youth-Initiated Mentoring

Another approach that has the potential to increase access to mentors is Youth Initiated Mentoring (YIM; Schwartz et al., 2013). In YIM, program staff task youth with identifying a supportive non-parental adult in their existing social network and facilitating the development of a mentoring relationship between the youth and that adult. The YIM approach is supported by the notion that 50 to 80% of American youth report having access to supportive non-parental adults (Bruce & Bridgeland, 2014; Hurd & Zimmerman, 2014), and that risk-status does not moderate the likelihood of youth reporting the presence of supportive non-parental adults in their lives (van Dam et al., 2018). Studies have described the development and evaluation of YIM programs. The National Guard Youth ChalleNGe Program (NGYCP) was the first YIM program to be developed and the first to be evaluated (Schwartz et al., 2013). As part of the NGYCP residential treatment program, adolescents were required to nominate one to three potential informal mentors who were then screened, interviewed, and trained by program staff. Results from this evaluation indicated there were no group differences between youth in the YIM

condition and the control condition across academic, vocational, and behavioral outcomes nine months post the baseline survey. However, at a 21-month and 38-month follow-up youth who were still in contact with their mentors showed significant improvements in academic, vocational, and behavioral outcomes compared to youth in the control condition. Other YIM or YIM-like programs have been developed for youth aging out of the foster care system (Caring Adults 'R' Everywhere C.A.R.E.; Greeson & Thompson, 2017), youth at risk of out-of-home placement (van Dam et al., 2017), youth participating in after-school programs (Developing Resourcefulness, Engagement, Acceptance, and Mentoring; Albright et al., 2017), and adolescents participating in outpatient mental health services post-psychiatric hospitalization (King et al., 2019).

Despite the promise of these programs increasing access to mentoring relationships, the current examination of these programs suggests that SBM programs do not reach youth who are more disadvantaged (Sourk et al., 2019), and YIM programs are not designed to serve younger children who often rely on their caregivers more so than adolescents. Taken together, these findings suggest a need to identify additional strategies to increase access to mentoring relationships for younger, disadvantaged youth. One possibility is to involve caregivers in the process of identifying mentors based on evidence that suggests adolescents participating in YIM programs sometimes relied on parents to identify potential mentors (Schwartz et al., 2013; van Dam et al., 2019). Furthermore, more recent studies indicate parents are invested in facilitating mentoring relationships for their children (van Dam, 2019; Weiler, Keyzers, et al., 2020; Weiler, Scafe, et al., 2020). At issue, however, is that caregivers are infrequently involved in youth mentoring relationships, programs, and research.

The Deficit Narrative of Parents in Youth Mentoring

The term *deficit narrative* is used here to refer to a tendency for parents to be overlooked, excluded, or devalued in and by the field of youth mentoring (Miller, 2007; Styles & Morrow, 1992). For example, it has been estimated that only 31% of existing mentoring programs identify family engagement/support as an integral component of their program (Garringer et al., 2017). Implicit in this deficit perspective is that youth are matched with mentors because they lack the presence of supportive, responsible adult in their life (Rhodes, 2005). Thus, mentors are cast as a "substitute or auxiliary parent" who compensates for the deficit in the life of mentored youth. Findings from studies of resilient youth have been used to make the case that mentors are a potential answer to the dilemma of disadvantaged or at-risk youth lacking adequate parenting (Werner & Smith, 1982, p. 31). Other scholars have theorized that mentors can provide a "corrective experience" or serve as "surrogate" parents for youth who lack a responsible, caring parent (Offiong et al., 2020; Olds et al., 1997)

A separate but related component of the deficit perspective is that parents are viewed as a disruptive hindrance to the mentoring relationship (Miller, 2007). This notion is supported by qualitative evidence from studies of BBBS staff who reported a tendency to view parents as having the potential to "make or break" a match, with some staff reporting that parental involvement contributed to the success of the relationship, while others strongly held the belief that parental involvement was associated with match difficulties and failures (Basualdo-Delmonico & Spencer, 2016; Spencer & Basualdo-Delmonico, 2014). BBBS staff in one study (Basualdo-Delmonico & Spencer, 2016) raised questions about parents' capacity to support the mentoring relationship and reported being wary that parents would damage, sabotage, or interfere with the match. Staff also expressed concern about parents' involvement with the

mentor and with the organization as potentially problematic, with both under- and over-involvement by parents being challenging and a cause for unsuccessful matches (Basualdo-Delmonico & Spencer, 2016; Spencer & Basualdo-Delmonico, 2014). Mentors also described uncertainty and ambivalence about interacting with mentees' parents, based in large measure on training that emphasized a need to focus on the relationship with the mentee and a caution to avoid interacting with parents (Basualdo-Delmonico & Spencer, 2016). In fact, mentors described their training as highlighting how parents might interfere with the mentoring relationship, overstep boundaries, or make inappropriate requests of the mentor (Basualdo-Delmonico & Spencer, 2016). Given the nature of their training, mentors also reported anticipating being taken advantage of by parents or parents being unappreciative of their efforts on behalf of their child.

Importantly, these sentiments are reflected in the Elements of Effective Practice for Mentoring (EEPM), which lists recommended practices for formal youth mentoring programs (Garringer et al., 2015). In the most recent, fourth edition of the EEPM, parents are mentioned only minimally with standards of practice specific to parents appearing in a select few places: a) parental enrollment, b) parental consent, and c) match monitoring via monthly phone calls.

Parental Support in Child-Rearing: An Alternative Narrative

The deficit perspective can be contrasted with other fields of scientific study that make different assumptions about parents who seek or accept the help and support of other adults. For example, sociologists have proposed that alloparental care (i.e., non-parental organisms that provide caregiving to unrelated offspring) is present across cultures, with some estimates suggesting that over 90% of American children have experienced regular alloparental care (NECCR, 2001; Sear & Mace, 2008).

As discussed in Scafe and Cavell (*in prep*) societal and cultural norms often influence how the sharing of caregiver responsibilities is viewed, with some groups seeing it as a valued, normative practice whereas other groups might perceive this activity as a form of parental irresponsibility (Kesselring, et al., 2016; Scales et al., 2004). Thomas (2017) has argued that African American families tend to perceive child-rearing as a communal activity (Forehand & Kotchick, 1996; Garcia Coll et al., 1995) that involves extended family and community members taking on various caregiving responsibilities and providing needed support to caregivers (Boyd-Franklin, 2013). In other cultures, promoting relationships between children and supportive non-parental adults is tied to various religious beliefs. This is perhaps best illustrated by the practice within the Catholic faith tradition of parents identifying for their infant child a pair of "godparents" who are tasked, symbolically at least, with supporting the child's spiritual development. A similar tradition, *compadrazgo* or co-parenthood, is found in the Latinx culture (Lopez, 1999). This tradition involves parents developing lasting relationships with adults, both kin and fictive kin, who support them in the upbringing of their children (Ho, 1987). This custom requires that parents cultivate relationships between their children and related or unrelated adults (i.e., godparents) to promote their child's spiritual development as well as to provide protection to the child if needed (Williams, 1990). Lopez (1999) notes that not only do children benefit from these supportive relationships, but parents also commonly benefit via emotional and instrumental support provided to parents. A recent systematic review provides evidence to support the positive association between informal social support, maternal outcomes, and youth outcomes (Radey, 2018). Specifically, maternal informal support was consistently positively associated with maternal mental health/well-being, positive parenting, parental engagement, and negatively associated with economic hardship and parental stress. In addition, maternal informal

support was positively associated with youth cognitive achievement and negatively associated with youth behavioral problems (Radey, 2018). Generally, the literature suggests sharing parental responsibilities with supportive non-parental adults and receiving social support from others throughout the process of raising a child is a normative parenting practice across numerous cultures and groups. The notion that parents commonly rely on other supportive non-parental adults to provide their children supplemental support directly challenges the deficit perspective of youth mentoring that often casts parents seeking the support of mentors as unhealthy parental role models who need another adult to be their substitute because they lack the ability to support their children (Beam et al., 2002).

Involving Caregivers in Youth Mentoring

Contemporary mentoring scholars support the dismantling of the deficit perspective, arguing that parents have a role in facilitating and maintaining mentoring relationships (Keller, 2005; Scafe & Cavell, *in prep*; Spencer et al., 2011). Keller's (2005) systemic theory of youth mentoring provides a base framework to consider parents role within youth mentoring relationships. In this model, he made explicit that parents are part of children's social support network that also includes mentors and program staff; however, he did not acknowledge how mentoring programs often fail to involve parents or provide mechanisms to increase their involvement. Keller's theory that relationships between parents, youth, and mentors interact is generally supported by empirical studies. For example, studies demonstrate youth-parent relationship quality is positively associated with improved match relationship quality (Courser et al., 2017; Meissen & Lounsbury, 1981; Sipe, 2002) and other studies indicate numerous effects of youth mentoring are mediated via improved parent-child relationship quality (Chan et al., 2013; Karcher et al., 2002).

Other studies that have examined whether parental involvement in youth mentoring relationships is associated with positive youth outcomes are mixed. Some quantitative evidence suggests parental involvement does not moderate favorable youth mentoring outcomes (Dubois et al., 2011; Kaye & Smith, 2014). However, an earlier meta-analysis (Dubois et al., 2002) indicated parental involvement moderated the effects of youth mentoring and a more recent review (Goldner & Ben-Eliyahu, 2021) pointed to the importance of parental involvement in youth mentoring relationships. Qualitative studies also demonstrate varied results with some studies indicating staff and mentors perceive caregivers as potential resources that enhance the mentoring relationship while others were apprehensive about parental involvement (Basualdo-Delmonico & Spencer, 2016; Spencer & Basualdo-Delmonico, 2014; Spencer et al., 2011). These mixed findings are contrasted with other areas of study which consistently demonstrate parental engagement in youth mental health treatment is positively associated with the effectiveness of programs for children and families (Dowell & Ogles, 2010; Karver et al., 2006).

Furthermore, scholars argue that parental engagement is not only associated with the effectiveness of youth mental health treatment but is essential to treatment because youth rely on their parents to obtain and attend treatment (Haine-Schlagel & Escobar Walsh, 2015). Similarly, scholars in the mentoring field have referred to parents as gatekeepers and recognize that parents likely impact whether children access mentoring programs (Spencer et al., 2017; Taylor & Porcelleni, 2014). Despite this recognition, the youth mentoring literature lacks help-seeking models to explain how youth come into contact with mentoring programs. Therefore, the current study draws upon three help-seeking models developed in the mental health treatment literature that can be easily applied to the field of youth mentoring. The Parent Participation Engagement (PPE) model posits parental attitudinal and behavioral factors simultaneously influence whether

parents actively seek out mental health services for their children (Haine-Schlagel & Escobar Walsh, 2015). Similarly, the Parent Utilization Framework (Costello et al., 1998) indicates children rely on their parents to access services due to legally needing parental consent to participate in most services. Due to this reliance the model acknowledges how youth, parental, and familial factors influence whether children will access services. For example, parental beliefs about help-seeking and problem recognition are both key factors which predict whether parents seek out services for their children. Finally, the Gatekeeper Model suggests youth access services because they come into contact with either a formal or informal gatekeeper that refers them to a specific service (Stiffman et al., 2004). In this model, gatekeepers collaborate with parents and youth to refer them to resources that could benefit the family. Taken together, these help-seeking models strongly point to the prominent role parents play in their children accessing services and therefore, I argue parents should be leveraged to increase access to mentors by involving them in the identification and recruitment process.

Parents as Gatekeepers to Increase Access to Mentors

Few studies have examined processes related to parents seeking mentors for their children and little is known about how youth come into contact with formal mentoring programs. Of the studies that have been conducted, findings support parents have specific motivations and reasons for seeking out formal mentors for their children. For instance, parents commonly report wanting mentors to be role models, provide social and emotional support, or access to novel opportunities for their children, as well as mentors provide needed respite time to parents (Spencer et al., 2011; Keller et al., 2018, Sourk, Weiler, & Cavell, 2019). Similarly, studies of YIM indicate parents have specific reasons for wanting their child to have a mentor (e.g., personal, and practical support) as well as preferences (e.g., ethnicity) for who the youth choose,

although parents are not always involved in the process of mentor identification (Spencer et al., 2019; van Dam et al., 2019). Recent studies also demonstrate that parents not only have specific motivations for facilitating mentoring relationships for their children, but they are also supportive of being more actively involved in the process of identifying mentors (van Dam, 2019; Weiler, Keyzers, et al., 2020; Weiler, Scafe, et al., 2020). Despite these findings, the mentoring field lacks programs which intentionally engage parents to identify and recruit mentors for their children. One exception is a recent qualitative study conducted with parents and youth serving professionals which explored participants perceptions about strategies to support parents facilitating informal mentoring relationships for their children (Weiler, Keyzers, et al., 2020). Thematic analyses from this study resulted in participants identifying the importance of youth serving professionals helping parents a) see the value of actively seeking informal mentors, b) recognize and manage potential risks, and c) identify and make requests of potential informal mentors. The development of CG-IM program is described further.

Development of the CG-IM Program

To develop the CG-IM program I followed the core principles of community-based participatory research by actively engaging community members, organizational representatives, and researchers in generating, prototyping, trialing, and revising the CG-IM program based on the intended users' input and feedback (Minkler & Wallerstein, 2008). The development of the CG-IM program included the following phases: 1) identifying key stakeholders, 2) forming a Development Team, 3) generating content for the CG-IM training module, 4) creating a prototype of the CG-IM program, 5) conducting a small beta trial of CG-IM and gathering feedback from intended users, and 6) revising the CG-IM program based on feedback from beta trial participants.

Initial Development of CG-IM

I collaborated with a local BBBS program to design the CG-IM program. The decision to collaborate with a formal mentoring program for this project was based on conversations with representatives of BBBS of America and Canada who described that their formal mentoring organizations would not support assisting caregivers with identifying informal mentors because of perceived risk (e.g., harm to a child) that could occur without the standard procedures of formal mentor screening, training, and monitoring. However, representatives were supportive of developing a program that aimed to have caregivers collaborate with BBBS to recruit formal mentors into their program. Based on this consultation, I contacted the director of BBBS-Northwest Arkansas to explore the organization's willingness to collaborate in developing a new program. The director organized a meeting with other BBBS staff to discuss project aims, anticipated logistics, and staff involvement. BBBS agreed to partner with my research team at the University of Arkansas to develop and pilot test the CG-IM program.

Once the partnership was established, a Development Team was formed, which consisted of several stakeholders to help generate material for the CG-IM Program. The Development Team included three BBBS staff members, two caregivers with experience having children participate in BBBS, and researchers from the University of Arkansas. The BBBS staff members held the following positions: Executive Director, Community Engagement Manager, and Mentor Support Specialist. Caregivers on the team identified as a mother and grandmother of youth who either currently or previously participated in BBBS.

The Development Team met bi-weekly for five months by zoom, with meetings usually lasting one hour. Initial meetings focused on providing team members with a project overview and a rationale for developing the CG-IM program based on previous research suggesting

caregivers were open and interested in identifying mentors for their children and that youth often wait months before being matched with a mentor (Weiler et al., 2020; 2020; van Dam et al., 2019). In subsequent meetings, team members helped generate content to include in the eLearning course and procedures to identify potential mentors. Input focused on both the structure and format of the program and was based on team members lived experiences as BBBS-affiliated caregivers and BBBS staff. Caregivers who participated in on the Development Team were given a $250.00 Amazon e-gift card for their participation.

CG-IM Program Content

The Development Team decided the CG-IM program would include three steps: 1) an eLearning course that educates caregivers about the value of assisting BBBS staff in identifying and recruiting potential mentors from their social network and that equips caregivers with knowledge and skills needed to do that task, 2) a procedure for obtaining a list of potential mentors identified by caregivers, and 3) a procedure for BBBS staff to contact and recruit potential mentors identified by caregivers. Development Team members labeled the first step the *Mentors and Parents* (MAP) eLearning course given its focus on caregivers collaborating with mentors to facilitate these relationships. The Development Team recommended that the MAP training be an online eLearning course that would increase accessibility and reduce the burden for BBBS staff. Development Team members saw value in limiting the length of the MAP eLearning course to 20-30 minutes due to concerns that caregivers might become bored or not have the time to complete a longer training. Identified were four learning objectives for the MAP eLearning course: 1) what is CG-IM, and why do it, 2) characteristics of acceptable mentors, 3) characteristics of unacceptable mentors, and 4) working with program staff to identify and recruit potential mentors.

Also included in the MAP eLearning course was guidance on how to generate a list of potential mentors. Specific points focused on contexts (e.g., school, neighborhood) where caregivers or youth might interact with potential mentors. To guide caregivers through the process of identifying adults in different social contexts, the Development Team helped create a form (i.e., The Mentor List) that identified several key contexts in the lives of parents and their children that potential mentors might be present (see Appendix A). This form was made available online so caregivers could complete it immediately following completion of the MAP eLearning course. The Development Team saw value in caregivers completing the Mentor List independently, thereby further reducing staff burden. Therefore, a demonstration of the process of completing and submitting the Mentor List form was included in the MAP eLearning course. Once the Mentor List was submitted online, it was emailed directly to a BBBS staff member, who would then contact the caregiver to review the list of names and a) possibly identify additional potential mentors, b) ensured that caregivers support BBBS staff contacting the adults listed, and c) obtain contact information for the adults listed.

The Development Team developed a script to guide BBBS staff when reaching out to adults on the Mentor List. This script began with sharing the good news about the adult being nominated to be a mentor, briefly introducing the BBBS mentoring program, and gauging the adult's initial interest in being a BBBS mentor. BBBS staff would then inform those interested in next steps for becoming a mentor, alerting them to the possibility that they could be matched with a child other than the one whose caregiver nominated them.

Development of the CG-IM Prototype

To facilitate the development of the CG-IM prototype, I consulted with a web developer. The web developer attended several of the Development Team meetings to help design the MAP

eLearning course based on the input from the stakeholders on the team. We discussed course content, presentation, and functionality of the MAP eLearning course throughout these meetings. The web designer provided the team with a prototype of the MAP eLearning course and requested feedback from the Development Team. In addition, I created a google form to use as the Mentor List Form. Upon creating several web-based elements, the Development Team decided the CG-IM program materials should be hosted on a website. Thus, I consulted with the developed a website (https://sites.google.com/view/cg-im-project/home) to house all the CG-IM program content.

Beta-Trial of the CG-IM Program

Three caregivers with children on the BBBS waitlist were recruited to participate in a beta trial of the CG-IM program and provide initial feedback in an interview. BBBS staff emailed eligible caregivers about the project with instructions on how to complete an online consent form. Once consented, participants received a link to and instructions for completing the MAP eLearning course and Mentor List. Upon completing the Mentor List, BBBS staff reached out to caregivers and reviewed their list. Once caregivers completed all phases of the CG-IM program, they were asked to participate in an interview about the program. Upon completing the interview, caregivers were emailed a $100.00 Amazon e-gift card for their participation. A BBBS staff member responsible for implementing the CG-IM program was also interviewed to gather her perspective on the CG-IM program. The interview was conducted via zoom, recorded, and transcribed.

Beta-Trial Feedback

In general, the caregivers agreed that the MAP eLearning course was straightforward, easy to use, and engaging. They also described the course as informative and had learned "*what*

to look for [in a mentor], whom to look for, where to look [settings], and what questions to ask [themselves to identify mentors]." However, caregivers noted challenges specific to completing the Mentor List. For example, one caregiver reported struggling to think of potential mentors because she had few social connections due to having recently moved to the area. Two caregivers reported worries they would be burdening those listed, offering that asking them to mentor their child was *"too much to ask*." These two caregivers also suspected the individuals listed would be "*too busy*" or have other commitments that would prevent them from mentoring. One parent reported that being asked to identify potential mentors was unexpected and a bit onerous given that she was already overwhelmed with other caregiving responsibilities, which had been her reason initially for asking BBBS to find a mentor for her child. Taken together, these caregivers agreed that the CG-IM program would likely benefit some families but might not be appropriate for all families.

Recommendations and Revisions to the CG-IM Program

Caregivers also offered specific recommendations for revising the MAP eLearning course and Mentor List procedures. One recommendation was to include in the MAP eLearning course information about "Red Flags"—characteristics (e.g., felony conviction) that would automatically disqualify adults from being a BBBS mentor. A second recommendation was to add a scenario to the Mentor List instructions that would expand its focus to include adults who might know other adults who were potential mentors. A third recommendation was to include in the Mentor List instructions asking children to identify potential mentors in their life. A fourth recommendation was to emphasize in the MAP eLearning course that caregivers should not limit their focus to adults who might be eligible for or available to mentor. A final recommendation

was to give caregivers the option of completing the Mentor List with assistance from BBBS staff. Once these recommended changes were made, the CG-IM pilot study was launched.

The Current Study

The current study examined caregivers' and a BBBS staff member's experiences in the initial pilot test of the CG-IM program through a mixed-methods design. The aims of this study were to explore caregivers' knowledge, attitudes, efficacy, intentions, and anticipated risks associated with identifying potential mentors collaboratively with BBBS, as well as their impressions about the appropriateness, acceptability, feasibility, and their general satisfaction regarding the CG-IM program. Further, feedback was gathered from caregivers and the BBBS staff member about recommended revisions to the CG-IM program. Caregivers who participated in the CG-IM program completed a quantitative survey and then a subset of caregivers participated in semi-structured qualitative interview to give context to the quantitative data. No a priori hypotheses were made as the aim of this study was to explore caregivers' experiences in a newly developed and innovative mentoring program. Based on previous research, I expected that caregivers would report having knowledge (Kupersmidt et al., 2017), positive attitudes (Weiler, Keyzers, et al., 2020; Weiler, Scafe, et al., 2020), and efficacy (Weiler et al., *under review*) in identifying potential mentors' post-completion of the CG-IM program. I also posited that caregivers' perspectives about their intentions, ability, and the perceived risks of identifying potential mentors would vary based on previous research that shows caregivers have varying perspectives about identifying mentors for their children, with most being supportive and others being more ambivalent (van Dam et al., 2019; Weiler, Keyzers, et al., 2020; Weiler, Scafe, et al., 2020). Finally, I anticipated that caregivers would report being generally satisfied with the CG-

IM program as well as reporting that they felt the program was acceptable, appropriate, and feasible based on initial feedback gathered from caregivers in the beta trial.

Method

Procedures

Proposed Study Design

Originally, I proposed a pre/post-test mixed method study design to examine the initial efficacy of the CG-IM program. I planned to quantitatively assess whether caregivers' knowledge, self-efficacy, attitudes, and intentions differed pre/post completion of the program. Further, I planned to assess caregivers' feedback (e.g., acceptability, appropriateness) about the CG-IM program post-completion. To examine these questions, I planned to recruit caregivers who currently had children on the BBBS waitlist into the pilot study. I planned to have caregivers complete the CG-IM program in-person with the BBBS enrollment specialist during their children's match interview at BBBS. I planned to have caregivers complete pre- and post-quantitative surveys during completion of the CG-IM program in-person. Finally, I planned to follow up with a randomly selected group ($N = 5$) caregivers on the phone to gather qualitative information about their experience in the CG-IM program if they consented.

Modified Study Design

Due to numerous challenges associated with the COVID-19 pandemic, I pivoted my study design by collecting data from participants at a single timepoint, which was post-completion of the CG-IM program. My study design was revised in several other ways. First, I shifted my recruitment procedure for the pilot test due to the difficulty recruiting caregivers from the BBBS waitlist during the beta trial, which was likely due to stressors associated with the COVID-19 pandemic. Instead, BBBS staff adopted the CG-IM program for the pilot test and

required caregivers of all new enrollees to complete the program to increase program participation and study recruitment. Due to this change, I recruited participants that were new to BBBS rather than those with children on the existing waitlist. Second, BBBS experienced unexpected staff turnover prior to the implementation of the CG-IM pilot test, which led to challenges starting the program as anticipated because the new staff needed to be trained. Further, BBBS hired a part-time staff member and two part-time interns who only had a limited availability to devote to the project compared to a full-time staff member who had previously helped develop the CG-IM program. Third, the CG-IM program procedures were all conducted online or by telephone instead of in-person due to the COVID-19 pandemic. This shift likely led to problems engaging participants in the program and thus resulted in a smaller sample size than previously proposed.

CG-IM Program Procedures

BBBS Northwest Arkansas adopted the CG-IM program as part of their standard operating enrollment procedures from August 2021 to May 2022. During this timeframe, the pilot test occurred. As previously discussed, BBBS required all caregivers participate in the CG-IM program before being matched with a BBBS mentor. Exclusionary criteria included caregivers who with low-tech literacy and those whose primary language was not English because the MAP eLearning course was hosted online and is only available in English. At intake, BBBS staff provided an overview of the CG-IM program to caregivers and then asked them to complete the MAP eLearning course, by emailing them the website link. After completing the MAP eLearning course caregivers were instructed to complete the online Mentor List form. Once this form was submitted, BBBS staff contacted caregivers by phone to review the

caregiver's Mentor List. BBBS staff tracked CG-IM program participation and reached out to caregivers to complete different aspects of the program as needed.

CG-IM Research Procedures

Once caregivers completed all aspects of the CG-IM program, BBBS staff notified the research team and caregivers were emailed a link to an online Qualtrics survey by the research team. All survey measures (e.g., demographics, knowledge assessment) were gathered at this timepoint. Caregivers provided consent electronically and survey questions followed. Once the survey was submitted, caregivers were emailed a $100.00 Amazon e-gift card for their participation. Caregivers were also given the option to consent to a follow-up qualitative interview. The first ten caregivers who consented to the interview were contacted. Interviews were conducted via telephone and all audio was recorded and transcribed. Verbal consent was gathered prior to the interview and caregivers were emailed a $30.00 Amazon e-gift card for their participation. Finally, one BBBS staff member completed a qualitative interview following the pilot test. The BBBS staff member interview was conducted via telephone and the audio was recorded and transcribed. Verbal consent was gathered, and the staff member was emailed a $100.00 Amazon e-gift card for their participation throughout the project.

Participants

Participants were 15 caregivers (female, $n = 14$; male, $n = 1$) who enrolled their children in BBBS Northwest Arkansas during the months of August 2021 to May 2022. Participants ranged in age from 28 to 61 years ($M = 44.6$, $SD = 10.62$), and described themselves as children's biological mother ($n = 9$, 60%), adoptive mother ($n = 2$, 13.3%), grandmother ($n = 2$, 13.3%), stepfather ($n = 1$, 6.7%), or legal guardian ($n = 1$, 6.7%). Caregivers were either divorced/separated/widowed ($n = 9$, 60.0%) or never married ($n = 5$, 33.3%), with one

participant not reporting marital status (6.7%). All caregivers identified their ethnicity as non-Hispanic and identified their race as follows: White (*n* = 9, 60%), African American (*n* = 4, 26.7%), American Indian (*n* = 2, 13.3%), or did not report their race (*n* = 1, 6.7%). Caregivers' reported household income was distributed as follows: < $10,000 (*n* = 4, 28.6%), $10,000-$39,000 (*n* = 8, 85.7%), $40,000-$59,000 (*n* = 1, 7.1%), > $60,000 (*n* = 1, 7.1%), and missing (*n* = 1).

Participating in a qualitative interview were 8 caregivers (biological mother, *n* = 6, 75%; grandmother, *n* = 2, 25%) with an average age of 44.0 years (*SD* = 11.48, range 29-61). Caregivers were either divorced/separated/widowed (*n* = 5, 62.5%), never married (*n* = 2, 25.0%), or missing (*n* = 1, 12.5%). Caregivers in this subsample identified as African American (*n* = 2, 25%) or White (*n* = 6, 75%), with a reported household income as follows: < $10,000 (*n* = 1, 14.3%), $10,000-$39,000 (*n* = 6, 85.7%), and missing (*n* = 1). One BBBS staff member participated in a qualitative interview. The staff member identified as a White female who had worked part-time at BBBS over the last nine months.

Measures

All measures used in this study can be found in Appendix B.

BBBS Enrollment and Match Expectations

To gauge the length of time children had been waiting to be matched with a BBBS mentor, participants were asked to report when they enrolled their child ("How long has your child been enrolled in BBBS?") Participants were also asked their expectations about the time needed to match their child ("When do you think your child will be matched with a BBBS mentor?") and their level of concern about the time to match ("How concerned are you about the amount of time it is taking for your child to be matched with a mentor?).

Knowledge

I developed an 11-item scale to assess caregivers' knowledge after completing the MAP eLearning Course. All items were true/false statements about content covered in the MAP eLearning course that focused on the process of identifying individuals who might be a potential BBBS mentor.

Self-efficacy in Identifying Potential Mentors

Participants completed a five-item questionnaire adapted from the Personal Efficacy Beliefs Scale (Riggs et al., 1994) to assess their self-efficacy in identifying potential mentors. Items were rated on a five-point Likert-type scale (1 = *strongly disagree* to 5 = *strongly agree*), with higher scores indicating increased self-efficacy. Example items included "I have confidence in my ability to find adults to mentor my children" and "I doubt my ability to ask another adult to be a mentor for my child" (reverse coded). Riggs et al. (1994) found that The Personal Efficacy and Beliefs Scale had adequate reliability (α = .85-.88) and validity. In the current study, the adapted five-item scale demonstrated moderate reliability (α = .62).

Attitudes about Identifying Potential Mentors

Caregivers completed five items aimed at measuring the degree to which they held positive attitudes about parents' involvement in identifying potential mentors. Items were drawn from a scale developed by Weiler, Scafe, Keyzers, et al. (*under review*) to assess parents' attitudes regarding informal mentors (α =.73). Items were rated on a 5-point Likert-type scale ranging from 0 (*strongly disagree*) to 5 (*strongly agree;* α =.85), with higher scores indicating more positive attitudes. Example items were "I believe parents should encourage their children to

have relationships with caring non-parental adults" and "I believe parents play an important role in connecting their children with caring non-parental adults outside of formal mentoring programs like Big Brothers Big Sisters."

Caregiver Intentions about Identifying Potential Mentors

Caregivers were asked to respond to five items assessing their intention to identify potential mentors for their children in the future. Three of the five items focused on a specific context (e.g., school, community, friends) where parents might seek potential mentors. Whereas the other two items assessed caregivers' intentions to either *encourage* their children to seek support from non-parental adult or their intentions about *asking* a non-parental adult to mentor their child. Items were rated on a five-point Likert-type scale (1 = *extremely unlikely* to 5 = *extremely likely*). As expected, ratings across the five items indicated little internal consistency ($\alpha = .33$), supporting use of the five items as separate variables.

Identification of Potential Mentors

Caregivers were asked three questions about their efforts to identify potential mentors. First, caregivers were asked to identify how many adults they identified on their Mentor List (i.e., 0, 1-2, 3-4, 5-6, > 6). Next, caregivers were asked to identify the setting (e.g., school, church, sports) associated with each adult listed. Presented were seven options that paralleled settings covered in the MAP eLearning course and Mentor List form. Finally, caregivers were asked how many adults BBBS staff had contacted.

Acceptability of the CG-IM Program

To assess overall acceptability of the CG-IM program caregivers completed an adapted version of the Acceptability of Intervention Measure (AIM; Weiner et al., 2017). The AIM is a four-item measure that assesses stakeholders' perceptions about whether a program is agreeable,

palatable, or satisfactory. Items are rated on a five-point Likert-type scale (1 = *strongly disagree,* to 5 = *strongly agree*), with higher scores indicating higher acceptability. A sample item includes, "*This EBP meets my approval."* In a previous psychometric study, the AIM scale had appropriate structural validity (α = .85) and test-retest reliability (α = .83). In the current study, scale reliability was adequate (α = .89).

Appropriateness of the CG-IM Program

To assess appropriateness of the CG-IM program, caregivers completed an adapted version of the Intervention Appropriateness Measure (IAM; Weiner et al., 2017). This four-item measure is designed to assess stakeholders' perceptions about the perceived fit, relevance, and compatibility of a program. Items are rated on a five-point Likert-type scale (1 = *strongly disagree,* to 5 = *strongly agree*), with higher scores indicating stakeholders view the intervention as more appropriate. A sample item includes, "*This EBP seems suitable."* In a previous psychometric study, the IAM scale had appropriate structural validity (α =.91) and test-retest reliability (α = .87). Tests of reliability indicated the scale was satisfactory (α = .97) for the current study.

Feasibility of the CG-IM Program

The Feasibility of Intervention Measure (FIM; Weiner et al., 2017) was adapted to assess caregivers' perceptions of the feasibility of the CG-IM program. The FIM consists of four items that assess the extent to which a program can be successfully used or carried out within a given agency or setting. Items were be rated on a five-point Likert-type scale (1 = *strongly disagree,* to 5 = *strongly agree*), with higher scores suggesting that stakeholders believe the program is more feasible. A sample item is, "This EBP seems easy to use." The FIM scale has shown to have

acceptable structural validity (α = .89) and test-retest reliability (α = .88). In the current study, the scale had acceptable reliability (α = .94).

Caregiver Satisfaction with the CG-IM Program

Caregivers' general satisfaction with the CG-IM program was assessed using the Client Satisfaction Questionnaire-8 (CSQ-8; Attkisson & Greenfield, 1994), which has been used in other studies of youth mentoring (e.g., Elledge et al., 2010). The CSQ-8 has been shown to have good reliability (α = .92 - .93) and validity (Larsen et al., 1979). Items were rated on a five-point Likert scale (1 = *strongly disagree,* to 5 = *strongly agree*), with higher scores indicating greater satisfaction. For this study, sample items were "I am satisfied with the amount of time it took to complete the MAP program" and "I would participate in the MAP program again if I needed to." Cronbach's alpha (α = .94) based on data from this study indicated adequate reliability.

Potential Risks of the CG-IM Program

To assess potential risks associated with the CG-IM program, participants completed a 5-item measure developed from findings that emerged from previous qualitative studies (Weiler et al., 2021a; 2021b) exploring parents' perceptions of risks associated with identifying informal mentors. Items were rated on a five-point Likert-type scale (1 = *strongly disagree,* to 5 = *strongly agree*), with higher scores indicating increased perceived risk. Example items were "I worry that the MAP program will harm my child" and "It is too risky to ask parents to identify possible mentors through the MAP program." The scale demonstrated adequate reliability (α = .84)

Qualitative Interviews

Qualitative data were gathered via semi-structured interviews (Braun & Clarke, 2006) with a subsample of caregivers and one BBBS staff member. Interview questions paralleled

quantitative research questions and explored caregivers' general perceptions about the CG-IM program and its use by BBBS. Questions prompted participants to provide feedback about the CG-IM program generally and to comment on specific aspects of the program (e.g., MAP eLearning course). See Appendix C for a copy of the semi-structured interview for caregivers and Appendix D for the semi-structured interview for the BBBS staff member.

Analytic Strategy

This is a preliminary, exploratory study; therefore, I did not compute a power analysis and no effect sizes were estimated. All quantitative data analyses were completed using IBM SPSS Statistics 26 (IBM, 2019) and all qualitative analyses were conducted in NVivo (QSR International, 2020).

Quantitative Analyses

First, I computed descriptive statistics (frequencies, means, standard deviations) to examine caregiver demographics in the sample. Descriptive statistics (frequencies, means, standard deviations) were also computed for caregivers' knowledge, attitudes, efficacy, intentions, and perceived risks regarding identifying potential mentors in collaboration with BBBS. Further, descriptive statistics (frequencies, means, standard deviations) were computed for caregivers' ratings of the acceptability, appropriateness, and feasibility of the program, as well as their general satisfaction with the CG-IM program. Finally, bivariate correlations among demographic and study variables were computed to explore whether significant patterns of associations emerged between variables.

Qualitative Analyses

To supplement the quantitative data, I conducted telephone-based qualitative interviews to provide a richer understanding of caregivers' and the BBBS staff member's experiences and

feedback about the CG-IM program. Interviews were audio-recorded and undergraduates transcribed them. A multi-step thematic analysis was conducted by using procedures recommended by Braun and Clarke (2006). First, I familiarized myself with the data by reading over interview transcriptions and noting any aspects of the interview that stood out. Second, I developed an initial codebook based on my research questions focused on experiences and perceptions of the CG-IM program. The codebook was continuously evaluated and revised based on topics and that were identified during the coding process. Third, I engaged in coding of the interviews independently by reviewing each of the transcript's multiple times. Fourth, I reviewed the codes to generate larger themes across participants.

Results

Preliminary data analyses were conducted to check for missing data and the normality of study variables. Data were missing at less than 5% for all variables. Data were plotted to examine distribution of caregiver responses across study measures (See Figure 1 and 2). To answer the research questions, quantitative results are presented first with qualitative data following.

Quantitative Results

BBBS Enrollment and Match Expectations

Most caregivers indicated their children had been enrolled in BBBS for less than one month (n = 10, 66.7%), one month (n = 3, 20%), or more than three months (n = 2, 13.3%). Caregivers had varied perceptions about how long they expected the match process to take with some anticipating their children would be matched in less than one month (n = 4, 26.7%), within one month (n = 4, 26.7%), two months (n = 2, 13.3%), three months (n = 2, 13.3%), or greater than three months (n = 3, 20.0%). Most caregivers were not concerned at all (n = 9, 60.0%) with

the amount of time it would take for their children to be matched with a BBBS mentor. However, few caregivers expressed they were slightly concerned (n = 3, 20.0%), somewhat concerned (n = 2, 13.3%), or extremely concerned (n = 1, 6.7%) about the amount of time it would take their children to be matched with a mentor.

Knowledge

Results from the assessment of caregiver knowledge indicated that on average caregivers answered correctly 9.23 of the 11 questions (83.9%, range 7 to 11), with the following distribution: 7 correct (n = 2, 13.3%), 8 correct (n = 2, 13.3%), 9 correct (n = 4, 26.7%), 10 correct (n = 4, 26.7%), or 11 correct (n = 3, 20.0%). Caregivers' responses to individual items on the assessment varied and are presented in Table 1.

Self-Efficacy in Identifying Potential Mentors

Quantitative results generally indicated caregivers felt somewhat efficacious in identifying mentors after completing the CG-IM program (M = 3.20, SD = 0.65). Table 2 presents descriptive statistics for each item developed to assess caregiver self-efficacy in identifying potential mentors. Item level analyses indicated caregivers rated their confidence in finding a mentor for their child lowest (M = 2.60, SD = 0.99) compared to the other items that assessed their efficacy (M range: 3.00 – 3.80).

Caregiver Attitudes about Identifying Potential Mentors

Results from quantitative measures generally demonstrated caregivers held favorable attitudes toward identifying potential mentors (M = 4.23, SD = 0.53). Table 3 presents descriptive statistics for each item that assessed caregiver attitudes about identifying potential mentoring relationships. Interestingly, caregivers generally rated items related to their beliefs about identifying potential mentors (M range: 4.27 – 4.67) more positively than the item that

assessed whether caregivers should ask other supportive adults to be mentors for their children (M = 3.60, SD = 0.91).

Caregiver Intentions about Identifying Potential Mentors

An average was not computed to assess caregivers' general intentions about identifying potential mentors if their children were not enrolled in BBBS due to the measure not demonstrating sufficient reliability (α = .33). However, results for individual items are presented in Table 4. Generally, caregivers tended to report strong intentions to encourage their children to seek support from non-parental adults (M = 4.07, SD = 0.48), but reported being less inclined to ask another adult to be a mentor for their child (M = 3.64, SD = 0.63). Further, caregivers reported stronger intentions to try to find a mentor in the community (M = 3.40, SD = 0.99) rather than in their child's school (M = 2.86, SD = 0.77).

Identification of Potential Mentors

A little more than half of caregivers (n = 9, 60%) reported they were able to identify at least one person for BBBS to contact about being a mentor, with most caregivers listing one to two non-parental adults (n = 6, 40%) on their Mentor List. However, there were three caregivers (20%) who identified zero potential mentors on their Mentor List. Generally, caregivers identified potential mentors who were associated with their children's school (n = *8,* 53.3%) or church (n = 6, 60%). More detailed descriptive statistics regarding non-parental adults identified by caregivers can be found in Table 5.

Acceptability, Appropriateness, and Feasibility of the CG-IM Program

Caregivers largely reported they found the CG-IM program to be acceptable (M = 3.98, SD = 0.64, range 2.50 – 5.00), with caregivers reporting they liked the program (M = 4.00, SD = 0.76) and they felt as though BBBS should keep using the CG-IM program (M = 3.93, SD =

0.70). Similarly, caregivers reported somewhat favorable perspectives about the appropriateness of CG-IM within the BBBS organization (M = 3.83, SD = 0.85, range 2.25 – 5.00), with caregivers reporting that the CG-IM program is a good fit (M = 3.87, SD = 0.74) and good idea (M = 3.87, SD = 0.92) for parents whose children are enrolled in BBBS. Finally, caregivers reported broadly that the CG-IM program seemed like a feasible program for BBBS to offer to caregivers (M = 4.02, SD = 0.61, range 3.00 – 5.00). In fact, caregivers indicated that the CG-IM program could be offered to many parents (M = 4.13, SD = 0.64) and that the CG-IM program seems doable for parents with children enrolled in BBBS (M = 4.07, SD = 0.70). Descriptive statistics for items measuring acceptability (Table 6), appropriateness (Table 7), and feasibility (Table 8) are included.

Caregiver Satisfaction with the CG-IM Program

Caregivers were generally satisfied with the CG-IM program (M = 3.99, SD = 0.58, range 2.88 – 5.00); however, their satisfaction regarding the program varied. For instance, caregivers rated their satisfaction with the CG-IM program helping them identify a mentor for their child the lowest (M = 3.53, SD = 0.83) and caregivers' ratings about whether they would participate in the CG-IM program again were also less favorable (M = 3.93, SD = 0.88). In contrast, other items from this measure suggested caregivers rated that the program met their expectations (M = 4.13, SD = 0.74) and they would recommend it to others (M = 4.13, SD = 0.64). Table 9 presents a complete list of descriptive statistics for items that measured caregiver satisfaction.

Potential Risks of the CG-IM Program

Results suggested caregivers viewed the CG-IM program as posing minimal risk for their children (M = 1.80, SD = 0.62, M range 1.00 – 2.80). See Table 10 for more detailed descriptive statistics regarding perceived risk of the CG-IM program.

Bivariate Correlations

Correlations indicated that measures of caregiver knowledge, efficacy, and attitudes regarding identifying potential mentors were not associated. In addition, these measures were not associated with assessments of acceptability, appropriateness, feasibility, satisfaction, or perceived risk of the CG-IM program. However, measures of acceptability, appropriateness, feasibility, and satisfaction were significantly and positively correlated with each other (see Table 11).

Qualitative Results

Characteristics of Caregivers and Children

Qualitative interviews were an opportunity to gather additional information about caregivers, their children, and their reasons for enrolling in BBBS. This information is described to provide context to the findings. Caregivers identified themselves as single females, with most experiencing separation from their partner and two identifying as grandmothers. Generally, families expressed experiencing various stressors, which included medical illness, caregiving for multiple young children, lack of transportation, recent relocation, non-traditional student status, refugee status, financial limitations, and stressors associated with COVID-19. Further, most caregivers reported having low social support and few community connections outside of their family. Caregivers also described the children they enrolled in the BBBS program. Children were boys and girls between the ages of 9 and 12. Caregivers discussed their children's

challenges (e.g., academic problems, social difficulties) and strengths (e.g., artistic, energetic, extroverted). Further, some children participated in many activities (e.g., scouts, sports, church, camp), while others engaged in few activities outside the home.

Caregivers were asked to describe their reasons for enrolling their children in BBBS. Many caregivers shared having a previous positive experience with BBBS that led them to enroll their children. For example, caregivers described participating in the program as a child, having other children participate, or knowing of someone else's children who had participated in the program. Caregivers shared similar reasons for enrolling their children in BBBS. Caregivers described wanting their children to have more supportive adults in their lives to engage in fun activities outside of the home and for children to have additional trustworthy adults they could go to for support, and some noted their children did not have male adult role models.

Benefits of the CG-IM Program

Caregivers described several benefits of participating in the CG-IM program. Generally, caregivers agreed that they gained knowledge about mentoring relationships by participating in the program. In some cases, this opened conversations with their children about the qualities of safe and supportive adults. Caregivers also described how the CG-IM program impacted them positively by highlighting the strengths of their social network and increasing their engagement with BBBS.

Caregivers Gained Knowledge about Potential Mentors. Most caregivers reported gaining valuable information from the MAP eLearning course, which included gaining skills to evaluate the qualities of safe adults and learning settings in which potential mentors might already be present in their children's lives. Indeed, several caregivers reported that learning information about acceptable mentors in the MAP eLearning course opened conversations with

their children about evaluating whether an adult is trustworthy. One caregiver shared, *"I tried to encourage her to think about what to look for and what not to look for to prevent someone from harming her."* Further, caregivers reported that participating in the program shifted their perspective about who might be a suitable mentor. One caregiver reported,

> *"It made me think about people like around us and people in the community that I wouldn't have thought of as like a mentor to an 11-year-old. I think I already had this standard of what I thought to expect."*

Additionally, caregivers shared that they had not considered that mentors might be present in their neighborhood, community (e.g., police, firefighter), or the children's school because they had the perception that mentors were "*young college kids."*

Caregivers' Feelings of Empowerment. Caregivers also described that the MAP eLearning course prompted them to reflect on their current social supports and community connections. In some cases, reflecting on their children's social support made caregivers realize that their children had positive relationships with adults that they had not considered. Caregivers shared that realizing their children had positive adult role models in their lives increased their confidence and satisfaction with caregivers sharing the following statements.

> *"It felt good to like really like I was like wow, I do know some people, and I do know people that are willing or that don't mind, and it made me just kind of confirm that there are people that support [child's name] and I."*

> *"I think just pointing out the fact that you can find these people, you know, in your, in your bubble, even if it is kind of small, which ours is, I mean, you interact with people at school, your church, or, like I said, camp War Eagle where they go, and they've met good people, and Ozone. So, I feel like it made you stop and really consider the people and not just feel like you don't know anybody."*

Caregivers' Increased Involvement in BBBS. Several caregivers also expressed satisfaction with being involved in the process of identifying mentors in collaboration with BBBS. Caregivers described that the CG-IM program made them feel more included in the

BBBS organization because they had more frequent contact with staff. A few caregivers said their involvement in the CG-IM program helped them know what to expect from the BBBS program because the MAP eLearning course outlined information associated with the program. Further, caregivers reported feeling more involved with the BBBS organization because they had more in-depth conversations about the qualities of mentors they desired for their children during the Mentor List review. Another mother reported that assisting with mentor identification made her feel more comfortable and less anxious about the match because she felt like she had more influence on who would be matched with her child. She said,

> " I *appreciated the fact that I had like a little bit of a say so. They were like, hey, at least you know, giving me some options and making me feel a little more comfortable doing it...because I personally know them."*

Caregivers' Concerns about the CG-IM Program

Caregivers also voiced concerns associated with the CG-IM program that centered around caregivers having few social connections, preferences for BBBS traditional mentoring recruitment, and discomfort regarding how potential mentors might respond to being contacted by BBBS.

Poor Fit with their Social Network. Some caregivers reported feeling like they did not know anyone who would be a suitable mentor because they had limited social support and community connections. One mother stated, "*My first reaction was like, oh gosh, if I had those people in my life, I, you know, I would, I would utilize them."* Caregivers also reported that reflecting on their social networks led them to feel discouraged because it highlighted that their children had few social supports. One mother shared,

> *"It kind of made me feel a little bit sad, really. That almost makes me tear up. OK. Sorry. I'm sorry. I guess so. I'm so tender-hearted when it comes to my son. And, you know, am I providing everything for him that I can? I'm sorry. It made me just a little bit sad that I didn't have more relationships in my life. Like, I don't. I live a very, you know, kind of almost, I would say, sequestered.*

Further, one caregiver indicated she did not feel caregivers had appropriate social connections to identify potential mentors for BBBS to contact for their children. She stated that caregivers likely did not have access to safe and supportive adults and therefore should rely on BBBS.

Preferences for BBBS Staff to Recruit Mentors. Several caregivers also reported they preferred BBBS's traditional way of recruiting volunteer mentors for various reasons. A few caregivers shared that they felt it was the responsibility of BBBS to identify mentors, and the pressure should not be put on caregivers to identify potential mentors. One caregiver stated, *"Why am I trying to figure out who to mentor my child? That's why I came to the program."* Further, another mother reported that she intentionally enrolled her children into the program because she wanted them to have new relationships outside of their existing social connections. For her, it was important for the mentoring relationship to be separate from other existing relationships. Finally, some caregivers expressed preferring the BBBS recruiting process compared to the CG-IM program.

Concerns about BBBS Making the Request of Potential Mentors. Further, caregivers reported that having BBBS staff ask another adult to be a potential mentor on their behalf brought up feelings of discomfort for many. Caregivers referenced experiencing "*anxiety, dread, guilt, and awkwardness"* about listing someone they or their children knew on their Mentor List because they feared unnecessarily burdening them or that the person might not be interested in mentoring. One caregiver described, *"I had trouble thinking about asking those people because, since I know them a little bit, I'm sure their schedules are busy and the last thing I wanted to do*

was ask them for, you know, more or something." Indeed, many caregivers reported they were wary about identifying potential mentors because they assumed the person would be too busy with their personal life. Caregivers also shared they feared that if their children were matched with potential mentors on their Mentor List, it might *"change our relationship"* and cause the person to act differently because of their request. Finally, one caregiver reported concerns that if her children were matched with mentors identified from their existing social network, it might be difficult or awkward to end that relationship if needed. She stated bluntly, *"You can't fire your friend."*

Caregivers' Experiences Identifying Potential Mentors

Caregivers reported on factors they considered when identifying potential mentors for BBBS to contact. These factors were related to personal preferences, and caregivers also discussed barriers and facilitators that impacted their ability to identify adults on their Mentor List form for BBBS to contact.

Factors Caregivers Considered when Identifying Potential Mentors. Caregivers described many factors they considered when listing potential mentors on their Mentor List. Some caregivers expressed needing to know the adult personally. In contrast, other caregivers described that they nominated them if their children were familiar with the adults and positively spoke of them. One grandmother described how her grandchildren commonly talked about a coach.

> *"Every time we [children] see coach C, we do a pose in the hallway and different things like that; obviously, he makes an extremely good impact on the kids, and they love being around him. So, they talk about him."*

Further, caregivers reported a desire to select adults with desirable personal qualities or characteristics. For instance, one mother shared how the adult's personality traits were most

important. *"He is very approachable. He's very sympathetic and empathetic. I think he really has a heart for the kids, and he is just wonderful."* In addition, other caregivers reported that they desired their children's mentors to share similar demographic characteristics, including race and culture.

Barriers that Made it Difficult for Caregivers to Identify Mentors. Caregivers identified numerous barriers that made it challenging to identify potential mentors on the Mentor List. One of the main barriers to identifying potential mentors was families having few social connections or their children being involved in few activities. Upon inquiry, it was revealed that many factors limited families' social connections. Several caregivers reported they had recently relocated to the community, with one caregiver describing her recent relocation and her family's cultural differences, making it challenging to identify potential mentors.

> *"We have a really different background. I have only nine years in the United States. I came to the United States as a refugee from Iran. So, really, I have a different experience, different background. I speak another language, English, not my native language… I don't have anyone like this."*

Further, caregivers stated that social isolation associated with COVID-19 led them to engage in fewer community-based organizations and caused their children to participate in fewer activities. Caregivers also reported limited financial resources, personal medical illness, and lack of transportation as reasons why their children were not involved in as many activities; and therefore, had fewer pre-existing relationships with non-parental adults. A few caregivers also mentioned they had difficulty listing adults because of their uncertainty of whether the adults would be trustworthy mentors. For some caregivers, the role of mentor seemed to require an additional level of trust that was different from the level of trust needed for the other role (e.g., coach) that non-parental adults held in the lives of their children.

Facilitators that Assisted Caregivers with Identifying Potential Mentors. Conversely, families with more social connections seemed to have an easier time identifying potential mentors. This group of caregivers expressed that their primary way of identifying potential mentors was based on their children's activities. Some caregivers reported that potential mentors' interests needed to align with their children's. For example, a grandmother reported her grandchildren were interested in outdoor activities, and therefore she identified adults on her mentor list that she thought would be interested in those activities. Generally, caregivers reported talking to their children as a helpful method to identify mentors. One caregiver mentioned she learned that her grandson had a meaningful relationship with a camp counselor that she did not know existed prior to completing the CG-IM program.

Caregiver Recommendations for the CG-IM Program

Caregivers provided detailed feedback regarding the goals of the CG-IM program as well as delivery of the program and specific elements of the program (i.e., MAP eLearning course and Mentor List). Caregivers were asked to also share ways in which they would revise the program based on their experiences.

Caregiver Feedback about the Goals of CG-IM. The primary aim of the CG-IM program is for caregivers to collaboratively identify potential mentors from their social network with the support of BBBS. By gathering ongoing feedback from the BBBS staff member and caregivers throughout the implementation of the pilot test it was apparent that caregivers had difficulty identifying potential mentors because they had few social connections or due to the discomfort of BBBS making requests of potential mentors. This led caregivers to list very few, if any adults on the form. Therefore, I worked BBBS to clarify the language about the aims of the CG-IM program. Language about the goals of the CG-IM program was revised to clarify that

caregivers suggest the names of adults in their social network whom they thought would be good mentors. Inherent in this change was that caregivers were no longer nominating adults to mentor their child. Instead, they were nominating adults for BBBS to contact and share general information about the BBBS mentoring organization. This shift seemed to alleviate some of the difficulty identifying potential mentors on the Mentor List Form, with caregivers reporting they preferred taking this approach throughout the qualitative interviews. One caregiver shared, "*When it was framed more of like – maybe not being paired with my child, that made it easier to think of people."* Several other caregivers shared similar sentiments and described that sharing information about BBBS with adults in the community felt like a more reasonable and less anxiety-provoking request than asking non-parental adults to be a mentor for their children. Caregivers also expressed they could see how BBBS reaching out to adults in the community about the organization could grow awareness of the organization and help recruit mentors. A mother described the new approach this way.

> *"It started making sense to me. I was like, you know, inviting these people is like getting a reference pool, you know, getting a pool of people together. I can see how that would be a good idea because I would say people probably don't think daily, hey, how can I help a child today or hey, why don't I become a Big Brother?"*

Feedback from Caregivers about the Delivery of the CG-IM Program. Caregivers commonly reported being surprised and confused when provided information about the CG-IM program at enrollment. Understandably, caregivers shared that they were not expecting to participate in the CG-IM program because of the program's novelty to BBBS. Caregivers expressed that this made them feel confused because they did not understand how the CG-IM program fit within BBBS. Further, some caregivers reported not understanding the concept of CG-IM initially and being "*stressed*" when tasked with providing a list of adults to BBBS.

Caregivers provided feedback on ways to improve the process of onboarding caregivers to the program. One caregiver shared,

> *"Just explain the steps of program and the rationale to the person. So, they don't get that knee-jerk reaction…because if you're thinking in terms of, you know, these names are going into a pool of people that maybe others could choose from, that shows us how it is tied together with the organization."*

Caregivers also reported that confusion arose due to the virtual nature of the CG-IM program. Some caregivers shared that it was difficult to understand the program's logistics because they had to complete it independently online. Other caregivers, however, reported that the online nature of the program did not bother them, and they found it beneficial because they were able to complete it on their own time. Caregivers agreed it would likely be beneficial if caregivers were given the option to complete the program in person because that would give caregivers the opportunity to ask questions as needed. One caregiver described her viewpoint about the benefits of having an option to complete the CG-IM program in person with staff available.

> *"It feels authentic, and you get to actually sit down with someone. I think that would be definitely helpful…. Like if someone could help a parent or even help me and think it through and maybe I could've listed more people. And maybe they could've explained it. I definitely would have appreciated a one-on-one."*

Feedback from Caregivers about MAP eLearning Course. Caregivers generally reported positive feedback about the MAP eLearning course. Most caregivers reported that the course took them a short time to complete (15-30 minutes) and that the course was user-friendly. Caregivers reported the course was visually appealing; however, one caregiver shared that the number of tabs on the navigation bar made her feel overwhelmed initially. Further, one caregiver expressed some annoyance with the computer-based voices used throughout the course. Caregivers did not describe ways they thought the MAP eLearning course should be changed or improved.

Feedback from Caregivers about the Mentor List Form. Caregivers described several reactions to the Mentor List form outside of difficulty identifying non-parental adults to include on the form. Caregivers shared concerns about providing individuals' contact information. First, caregivers reported it was unclear whether they needed to include the individual's contact information and what they should do if they were unaware of it. Further, some caregivers reported not feeling comfortable sharing others' contact information without their permission. This led caregivers to either reach out to the individual themselves ahead of time or choosing not to list them on the form. One caregiver reported that she would have felt more comfortable providing contact information if the nominated adult could opt into being contacted rather than BBBS contacting them unsolicited. Other caregivers also described a desire to remain anonymous when BBBS reached out to the adults listed on their Mentor List form. Caregivers shared that they would prefer to be anonymous, so the caregiver and their children would not be impacted if the adult had an adverse reaction. One mother described,

> *"I would probably be a little bit more comfortable. You know, just because you don't want them to start feeling awkward around you, like, oh no, I had to tell them, no, and I bet they hate me, and I hope this doesn't change the nature of our dynamic our relationship. And you know, it's just you don't want to put somebody in an uncomfortable situation."*

Interestingly, caregivers did not appear to view the identification of potential mentors as risky. Most caregivers stated there are inherent risks associated with your children having relationships with adults and participating in activities; however, many caregivers did not perceive connecting their children with youth they were already familiar as risky. Indeed, caregivers agreed that since the adults would be affiliated with BBBS this alleviated some of their concerns about potential risk.

BBBS Staff Feedback about the CG-IM Program

Qualitative information was gathered from a single BBBS staff member who oversaw the implementation of the CG-IM program throughout the pilot test. The staff member described herself as an Enrollment Specialist. She shared that her typical role at BBBS is to assist caregivers in applying for their children to be a BBBS Little, completing family interviews prior to their match, and conducting mentor background checks. For the CG-IM pilot test, she described her involvement as introducing caregivers to the CG-IM program upon BBBS enrollment. She reported that this mainly consisted of emails and phone calls to caregivers to share information about the program.

Further, she was responsible for reaching out to review Mentor Lists submitted by caregivers, and she also reached out to the potential mentors listed by caregivers on their Mentor List form. The Enrollment Specialist indicated she also had two part-time social work student interns to help coordinate the CG-IM program. Their primary duty was to follow up with caregivers to complete their Mentor List forms.

BBBS Staff Experiences Assisting Caregivers with Identification of Potential Mentors

The staff member shared that one of her most in-depth experiences engaging with caregivers throughout the CG-IM program was reviewing the adults identified on the Mentor List. She stated she commonly contacted people by phone, and this process usually took around 15 to 20 minutes. She shared that the focus of the conversation was discussing families' social supports and activities their children participate in to identify additional potential mentors or understand why caregivers listed different adults. The staff member reported that this process made her really *"bond"* with the families and understand the needs of their children more and

the adults already present in their lives. The staff member also observed some of the caregivers' distress about identifying and/or BBBS contacting adults on the form. She said,

> *"I would hear, you know, I'm just so uncomfortable starting that conversation, I don't know how to, like, ask them, I don't want to be signing them up for something. And so, I think there was a lot of anxiety on the parents' part as far as listing people."*

She described reassuring families throughout this process as helpful in alleviating some of the discomforts. For example, she shared that BBBS would only contact adults with caregivers' permission and would only share information about the organization and the family if given permission. Further, she stated it was necessary to remind families that BBBS would match their children's mentor regardless of if someone volunteered from their Mentor List.

Challenges of Implementing the CG-IM Program

The BBBS staff member shared challenges she encountered while attempting to engage families in the CG-IM program. One of the most prominent challenges she noted was that families seemed to have difficulty completing the program because it was an additional task for caregivers. The staff member noted that families enrolled in BBBS generally have difficulty completing necessary paperwork due to additional stressors (e.g., working long hours, single-parent status) experienced by families. The staff member said, *"Our parents are often struggling to fulfill the needs of their kids…. So oftentimes, they don't have either time or physical resources, internet access, or stuff like that to complete the program."* In addition, the staff member noted that many of the caregivers who enroll youth into BBBS are guardians and are oftentimes grandparents. Like caregivers interviewed, the staff member suggested the CG-IM was more difficult for caregivers who had difficulties with technology or needed additional staff support to understand and complete the program. The staff member agreed that engagement in CG-IM in person would have likely been helpful. She also said those challenges were likely

magnified by having limited staff and time to devote to the program. She speculated that if the staff had more resources implementing the CG-IM program might have been less complicated.

COVID-19 Impacts on BBBS and CG-IM. Another obvious challenge to implementing the CG-IM program at BBBS was the pilot test conducted during the COVID-19 pandemic. The staff member shared that the pandemic caused many individuals to be hesitant about engaging in social activities understandably. She shared that this led to mentees dropping out of the program and being on the waitlist and mentee enrollment plummeting. Further, she stated that the organization also saw a decrease in mentor applications, likely due to similar social-distancing precautions. In addition, the staff member said there were also likely residual effects of COVID-19 that have impacted BBBS mentoring negatively. For instance, she described the economic impact COVID-19 has had on families and volunteers has likely led individuals to have fewer financial resources to devote to others. She reasoned that this has likely led to fewer volunteers because they do not have the means to help support engagement in community activities with Littles. She also noted how caregivers' social connections and relationships likely suffered because of the pandemic. She speculated that this made it more challenging for caregivers to identify adults to list as potential mentors during the CG-IM program. She said, *"It just made it that much harder to do CG-IM. During a pandemic, it's also that much more needed because parents or people just generally are so disconnected right now."*

Utility of the CG-IM Program

The BBBS staff member described several benefits of the CG-IM program for caregivers and the organization. She reported viewing the program as aligned with BBBS's mission to support and uplift the potential of youth. She stated, "*I think that CG-IM gives us an opportunity to support youth by giving parents the resources to find people who can ignite potential as*

well." She shared that she viewed the CG-IM program as a beneficial educational resource for caregivers to assist them in learning about the characteristics of safe and supportive adults and teach caregivers skills to identify these adults in their children's lives. She also said she believed the CG-IM program was a great way to advertise BBBS to individuals in the community by sharing, "*One of the biggest gains, at least for our organization, is CG-IM pointing us in the right direction of where we can do recruiting and where we can engage our community and find more volunteers."* Further, she noted that when she contacted potential mentors about volunteering with BBBS their responses were overwhelmingly positive. The staff member summarized potential mentors' reactions by saying, *"They were always so like, honored and just felt so valued by these parents. And I think, like, I like to consider how that impacts their relationship with the parents going forward."* Unfortunately, however, none of the potential mentors she contacted agreed to volunteer with the BBBS organization. She speculated that the limitations of the pilot study (i.e., brief timeframe and few participants) likely impacted the utility of the CG-IM program as a BBBS mentor recruitment strategy. She shared,

> *"In the short term, it has not been particularly effective connecting us with mentors, at least not beyond making sure that they're aware of our program and sort of planting the seed that you would be really good at this."*

It is possible that if the CG-IM program had been offered to more caregivers over an extended period, BBBS might have been able to recruit adults identified by caregivers to volunteer as BBBS mentors.

Recommendations for the CG-IM Program

Based on the challenges of engaging caregivers in completing the CG-IM program and the additional difficulties caregivers experienced identifying potential mentors, the BBBS staff member shared several recommended changes to the program. First, she agreed with clarifying

the language about the goal of the CG-IM program to focus on caregivers sharing the names of adults in their social networks to facilitate BBBS reaching out to them to share information about mentoring. Further, the staff member strongly indicated she believed the CG-IM program should continue to be a resource for caregivers participating in BBBS. However, she suggested it should not be offered during enrollment because it added a burden to caregivers trying to complete the BBBS enrollment process. She suggested offering the program as a caregiver engagement strategy after completing the enrollment process. She reported that the program could be used in this way.

> "*I see it as a way of encouraging parents to recognize the safe and trusting adults in their kids' lives that are already even just mildly connected with their families so that they can reach out and build those relationships that are even just sort of sprouting…It could be used to either connect other kids to mentors or to expand their own adult support in their kids' lives."*

The staff member also provided a valuable recommendation for other organizational staff who might implement CG-IM in the future related to caregiver engagement. She stated it was essential to take a strengths-based perspective when contacting caregivers. Otherwise, the process would have seemed overwhelmingly frustrating since she had to contact caregivers numerous times. She shared,

> *"It's important to see the constant pursuit of the parents as an opportunity to connect with them, as opposed to like, something that you have to do in order to check a box…. The narrative has to be that I have this opportunity to work with the parent in this way. And like, how am I learning about this family."*

Further, she noted the importance of having a BBBS staff member dedicated to implementing the CG-IM program. She shared that taking on responsibilities associated with the CG-IM program in addition to her typical job duties was challenging because the CG-IM program requires the staff member to engage in multiple roles with the caregiver. Specifically, the staff member was responsible for caregivers' initial engagement, completion of the MAP eLearning course,

assistance with identifying potential mentors, and outreach to the potential mentors as part of recruitment. Understandably, managing multiple roles was noted as being time-consuming and thus, she suggested there could be merit in having a staff member have dedicated time to oversee the CG-IM program if it continued to be offered as it was initially designed.

Discussion

The current study consisted of the development and initial evaluation of the CG-IM program. The CG-IM program was developed through an iterative process in collaboration with BBBS staff and caregivers. BBBS-Northwest Arkansas then adopted the CG-IM program, and the pilot test was conducted. The purpose of the pilot test was to gather information from caregivers and one BBBS staff member about their experiences in using the CG-IM program and elicit their feedback about improving the program. Findings from the initial evaluation of the CG-IM program consisted of both quantitative and qualitative results. Quantitative findings suggested that most caregivers answered questions on the knowledge assessment accurately, suggesting they knew about mentoring and the qualities of acceptable potential mentors. Further, quantitative results suggested that most caregivers had positive attitudes about identifying potential mentors but rated their efficacy and intentions to identify potential mentors in the low to moderate range. Caregivers also generally rated the CG-IM program as highly acceptable, appropriate, and feasible, with most caregivers rating the program highly in satisfaction. Qualitative findings paralleled caregivers' quantitative results, with most caregivers describing that they gained knowledge and empowerment related to being involved in the process of identifying potential mentors; however, some caregivers expressed lower efficacy and intentions about identifying potential mentors due to different barriers (e.g., few social connections). Caregivers provided valuable recommendations about revising the program to meet the needs of

caregivers participating in BBBS. The BBBS staff member shared her perspectives about the CG-IM program. She commented on the benefits and utility of the CG-IM program within BBBS, observed challenges for caregivers and staff engaging with the program, and recommended revisions for the CG-IM program. In summary, the findings suggest some support for the CG-IM program and important recommended revisions to improve its fit within BBBS.

Development of the CG-IM Program

I collaborated with a local BBBS and formed a Development Team with several stakeholders (e.g., BBBS Staff and parents) to create the CG-IM Program. The Development Team met for several months to generate content to include in the MAP eLearning course and procedures for caregivers to identify potential mentors with BBBS staff collaboratively. As recommended by the Development Team, the CG-IM program content was designed to be accessed virtually by BBBS staff and caregivers. Based on their recommendation, I developed a website, consulted with a web designer to create an eLearning course, and made the mentor identification procedures available online via a google form. After creating this online content, a small beta trial was completed to gather feedback from caregivers with children on the BBBS waitlist about the CG-IM program. This feedback was used to revise the CG-IM program prior to the pilot test.

Initial Evaluation of the CG-IM Program

Initially, I planned a pre/post-test mixed-method study design to examine the efficacy of the CG-IM program with caregivers that currently had children on the BBBS waitlist. However, due to numerous logistical challenges, I shifted my study design. Predominantly, I faced difficulty recruiting caregivers into the beta trial, which was likely influenced by the COVID-19 pandemic. After consulting with the Development Team, it was decided that BBBS would adopt

the CG-IM program and have caregivers participate who enrolled their children into BBBS during the study period. The BBBS staff member also expressed concerns about the feasibility of caregivers completing a pre/post-survey. Thus, I changed my study design only to include a post-survey following completion of the CG-IM program and the option to participate in a qualitative interview. Despite these changes, I still faced difficulty recruiting caregivers for the study. The COVID-19 pandemic likely influenced low recruitment because fewer children were enrolled in BBBS and all CG-IM procedures occurred virtually. In addition, BBBS experienced high staff turnover throughout the development and pilot test of the CG-IM program and had limited resources, which likely impacted the pilot test negatively because staff did not have ample time to dedicate to program procedures.

Support for the CG-IM Program

Caregivers and the BBBS staff member reported generally supportive attitudes regarding the CG-IM program Data gathered from quantitative and qualitative sources provide a more in-depth picture of how caregivers and the BBBS staff member benefited from the CG-IM program. Quantitative findings reflected caregivers rated the CG-IM program as highly acceptable and caregivers also rated being highly satisfied with the program. Qualitative findings support caregivers gaining knowledge about safe and supportive potential mentors, increasing caregiver involvement with BBBS, instilling a sense of caregiver empowerment, and facilitating BBBS's engagement in community outreach to recruit potential mentors.

Caregiver Knowledge

One of the main benefits caregivers and the BBBS staff member highlighted is that caregivers gained knowledge from participating in the CG-IM program. Quantitative and qualitative findings supported this notion, with caregivers' average score on the knowledge-based

assessment being above 75% and most caregivers (n = 6) sharing in interviews that they learned novel information about potential mentors after participating in the MAP eLearning course. For example, caregivers shared the information in the MAP eLearning course shifted their perceptions of who might be appropriate potential mentors and thus facilitated their ability to identify such adults. These findings are aligned with another small pilot study conducted by Greeson and Thompson (2017). They found that most youths were able to identify a potential YIM after participating in the C.A.R.E. Intervention designed to facilitate YIM relationships between supportive non-parental adults and youth in foster care. Further, the BBBS staff member shared that the MAP eLearning course provided caregivers with valuable information about the qualities of safe and supportive adults and ways to identify these adults in their social network. These findings are consistent with a study conducted by Kupersmidt et al. (2017) that found support for training mentors via a single-session web-based training, with found mentors gained knowledge and self-efficacy post-training.

Caregiver Involvement

Caregivers and staff also reported that participation in the CG-IM program increased caregiver involvement with BBBS. Involvement with BBBS was not measured quantitatively; however, half of the caregivers (n = 4) interviewed shared feeling more involved with the BBBS agency because of the CG-IM program. Findings related to increased caregiver involvement in mentoring should not go unnoticed because studies point to the importance of caregiver involvement in youth mentoring outcome studies (Dubois et al., 2002; Goldner & Ben-Eliyahu, 2021). Caregivers generally described the CG-IM program increased their communication with BBBS staff about its components and facilitated conversations about their hopes for their children they enrolled in BBBS. One caregiver noted that she appreciated that the CG-IM

program allowed her to express her input when selecting a mentor for her child. This finding is consistent with other studies that find caregivers are interested in and appreciate being involved in helping identify informal mentors for their children (van Dam et al., 2018; Weiler, Keyzers, et al., 2020, Weiler, Scafe, et al., 2020). The BBBS staff member agreed, sharing that she believed the CG-IM program increased her involvement with caregivers and helped her get to know them and their families more in-depth. It is speculated that if caregivers are more involved with BBBS, this could facilitate positive relationships with BBBS staff and thus, decrease premature match closures. Indeed, several studies conducted by Spencer and colleagues (Spencer et al., 2019; Spencer, 2007) show that caregivers' dissatisfaction with mentoring organization staff is associated with early match closures. Further, in previous work, staff have described concerns that caregivers' involvement with the organization or mentor will negatively impact the mentoring relationship (Basualdo-Delmonico & Spencer, 2016; Spencer & Basualdo-Delmonico, 2014). The current study findings counter this perspective and suggest that the CG-IM program might be an opportunity to demystify the deficit perspective commonly held by mentoring staff about caregiver involvement.

Caregiver Empowerment

Again, this construct was not measured quantitatively, but some caregivers described that participating in the CG-IM program increased their sense of personal empowerment. Specifically, several caregivers (n = 4) shared that the CG-IM program prompted them to recognize the prosocial social networks they have developed for their children; resulting in acknowledgement of their capacity to promote their children's development. A focus on empowerment is prevalent throughout the principles of social welfare practice, with social workers recognizing that giving individuals a voice in their decisions has the potential to increase

their sense of power, self-esteem, and self-efficacy (Breton, 1994, Hossen, 2005, Parsons, 1991). Indeed, caregivers in the current study reported feeling empowered about their role within BBBS because of the CG-IM program. These findings extend the work of Spencer et al. (2010) who found caregivers described several roles (i.e., collaborators, coaches, and mediators) within mentoring relationships. It is speculated the CG-IM program might impact the roles caregivers play in mentoring relationships and potentially empower caregivers to have a more active role within their children's mentoring relationships.

Community Outreach to Potential Mentors

One of the unexpected benefits of the CG-IM program recognized by both caregivers and the BBBS staff member via qualitative interviews was the utility of improving community outreach to potential mentors. Participants described that the identification of potential mentors by caregivers would help create what one caregiver called a "*reference pool*" of potential mentors that BBBS could then use to reach out to share more about BBBS mentoring. Participants agreed that many individuals in the community might not be aware of BBBS or might not think to volunteer as a mentor. The participants suggested the CG-IM program could be an effective mechanism to increase community awareness and potentially a recruitment tool for volunteers at BBBS. The EEMP (Garringer et al., 2015) recommends a similar mentor recruitment strategy in which volunteer mentors directly ask individuals they know to mentor. The EMMP references research that shows that this type of volunteer recruitment strategy has shown to be effective in the employment sector (Van Hoye & Lievens, 2009) as well as in a in BBBS agencies (Furano et al., 2013). Indeed, preliminary results suggest that the potential mentors BBBS contacted about volunteering responded overwhelmingly positively and did not express feeling burdened or off-put by their identification as most caregivers speculated. This

finding is critical to share with caregivers moving forward to reassure them and challenge some of their initial ambivalence about identifying potential mentors from their social network. Further, although identified potential mentors did not go on to volunteer with BBBS, this was likely impacted by the short-term nature of the pilot study. Although outside of the scope of the current study, it is possible that potential mentors would have agreed to volunteer if the CG-IM program had been offered to more caregivers over a more extended time.

Concerns about the CG-IM Program

Understandably, caregivers and the BBBS staff member also expressed concerns and challenges with the CG-IM program. One of the main concerns raised were the challenges associated with identifying potential mentors. In addition, caregivers and staff described concerns related to staff burden.

Challenges Identifying Potential Mentors

One of the most salient challenges noted by both caregivers and the BBBS staff member was the identification of potential mentors for families that had few existing social supports or community connections. Although caregivers, on average, rated themselves as somewhat efficacious in identifying mentors ($M = 3.20$, $SD = 0.65$), their ratings on the item measuring their confidence in finding an adult (i.e., "I'm confident that I can find an adult to mentor my child") was lower ($M = 2.60$, $SD = 0.99$) than other items on the efficacy scale. In addition, quantitative data suggested that several caregivers ($n = 3$) did not identify a single potential mentor in collaboration with BBBS. Qualitative interviews provide context to findings and suggest reasons caregivers might have had trouble identifying mentors. First, caregivers in the current study endorsed experiencing many environmental stressors (e.g., single-parent, medical illness, limited financial resources), which likely contributed to their children having less access

to potential mentors. This notion is supported by previous research demonstrating that youth from less affluent families are less likely to have access to informal mentors (Bruce, & Bridgeland, 2014; Erickson et al., 2009; Putnam, 2015; Raposa et al., 2018) despite nearly 50 to 80% of American youth reporting they have relationships with supportive non-parental adults (Bruce & Bridgeland, 2014; Hurd & Zimmerman, 2014). Counter to this explanation; however, is another study (van Dam et al., 2018) suggesting that at-risk status (e.g., teenage mothers, homeless youth, youth in foster care, and children of alcoholic parents) did not moderate the relation between presence of natural mentors. Another factor that caregivers noted made it challenging for them to identify potential mentors was social isolation associated with COVID-19. This is unsurprising given recent research showing individuals reported less access to supportive resources, including family members, informal social support, and formal services throughout the pandemic (Gadermann et al., 2021). These are likely only a few of the factors that impact the size of families' existing social networks; however, apparent from the current findings is the need to consider whether the CG-IM program is a good fit for families based on the size of their existing social network.

Discomfort about BBBS Making the Request of Potential Mentors

Caregivers and the BBBS staff member also reported observed anxiety and discomfort associated with BBBS reaching out to caregiver's identified potential mentors. These findings are somewhat expected based on previous research showing that caregivers are generally ambivalent about making requests of potential informal mentors (Weiler, Keyzers, et al., 2020). Caregivers shared different reasons for feeling uncomfortable with BBBS contacting identified potential mentors, with one of the most frequently reported concerns being the fear of burdening others. This is unsurprising, given perceived burden has been documented by several scholars as

a barrier to individuals seeking mental health services (See Gulliver, Griffiths, & Christensen, 2010 review). In addition, caregivers also expressed worry about how they or their children might be perceived by the potential mentors contacted by BBBS. This led some to not list individuals on their Mentor List or say they preferred to remain anonymous when BBBS reached out to potential mentors. This finding is consistent with findings that showed caregivers' fear of stigma about their children and/or parenting prevented them from initiating mental health services for their children (Hansen et al., 2021).

Increased Burden

The BBBS staff member also shared concerns that the CG-IM program might unnecessarily burden caregivers if offered at enrollment. She noted in her interview, many caregivers who enroll their children in in BBBS commonly face challenges including financial limitations, transportation issues, and employment difficulties. She described that anecdotally such challenges have made it more difficult for caregivers to complete BBBS standard enrollment paperwork and procedures. These findings are consistent with Hansen and colleagues (2021) study showing there are a multitude of barriers (e.g., limited financial resources) that prevent caregivers from initiating mental health services for their children. Further, research also shows that burdensome application procedures is associated with decreased engagement in social services (Kissane, 2003; Lens, Nugent, & Wimer, 2018). The BBBS staff member also referenced that implementing the CG-IM program also has the potential to overly burden staff given the multiple components of the program. As such, it was highly recommended to designate a specific staff member with protected time when implementing the CG-IM program in the future.

Strengths and Limitations

A major strength of the current study is that it was conducted utilizing principles drawn from community-based participatory research (Minkler & Wallerstein, 2008). Specifically, the study was conducted with intended end users (i.e., caregivers with children enrolled at BBBS) and thus this approach increases the external validity of the findings. Further, the pilot test was conducted with a diverse group of caregivers who varied in their age and caregiver status (e.g., mother, grandparent). Again, this increases the external validity of the findings and represents a strength because families who participated are those who would ultimately participate in the program. Several limitations should also be noted. The study sample was very small ($N = 15$), which limits the generalizability of the findings as well as limits the ability to draw cause/effect conclusions from the current data. Finally, there were numerous logistical challenges encountered during the implementation and delivery of the program. For example, high staff turnover, the COVID-19 pandemic, and low BBBS youth enrollment all likely impacted recruitment into the study. These challenges should be taken into consideration when interpreting the current findings because they likely negatively impacted caregivers' ability to participate in the program and identify potential mentors for their children.

Implications and Future Directions

Several key practice implications can be drawn from the development and pilot test of the CG-IM program. One of the most salient implications was that caregivers and the BBBS staff member agreed that the CG-IM program should continue to be offered by BBBS because it provides caregivers valuable information about safe and supportive adults and enhances relationships between BBBS staff and caregivers. Caregivers and the BBBS staff member provided several recommended changes to the CG-IM program that they thought would improve

the program based on the challenges observed throughout the pilot test. First, the BBBS staff member recommended shifting when the CG-IM program is offered to caregivers. She recommended providing the CG-IM program as additional training to caregivers after enrollment to alleviate the potential burden on caregivers during enrollment. Second, the BBBS staff member suggested using the CG-IM program as a caregiver engagement strategy to promote and enhance the family's social networks and facilitate supportive relationships with non-parental adults outside of BBBS. However, it should be noted that BBBS-America has previously advised that their organization is hesitant about having caregivers participate in a program that promotes mentoring relationships outside of BBBS due to the inherent liability and risk it carries. Third, caregivers and the BBBS staff member agreed that BBBS could continue to use the CG-IM program as a community engagement strategy to identify contexts in which potential mentors exist within the Northwest Arkansas community. In the future, these recommended changes should be taken into consideration when implementing the CG-IM program within BBBS.

Several research implications can be informed by the current pilot test, which was impacted by numerous logistical challenges, including BBBS staff turnover, participant recruitment difficulties, and the COVID-19 pandemic. Additional studies are needed to test the CG-IM program's efficacy with larger samples and more rigorous study designs. For example, suppose the CG-IM program continued to be offered to caregivers as a way to identify potential mentors for their children. In that case, scholars should conduct a randomized controlled trial of CG-IM to test whether caregivers who complete the program can identify additional potential mentors for their children compared to those who have not completed the program. Further, researchers should test whether there are benefits associated with children being matched with mentors from familiar social connections compared to children who are matched with traditional

BBBS volunteers. Indeed, research suggests some benefits associated with mentor-mentee match similarities, with several studies finding that same-race matches last longer (Raposa, Ben-Eliyanu, et al., 2019; Raposa, Rhodes, et al., 2019) and a shared dislike of activities is associated with longer match duration (Raposa, Ben-Eliyanu, et al., 2019). Finally, studies could also examine how caregiver engagement in CG-IM impacts relationship quality and satisfaction with BBBS staff, given preliminary findings suggesting that the program enhanced relationships between the BBBS staff member and caregivers.

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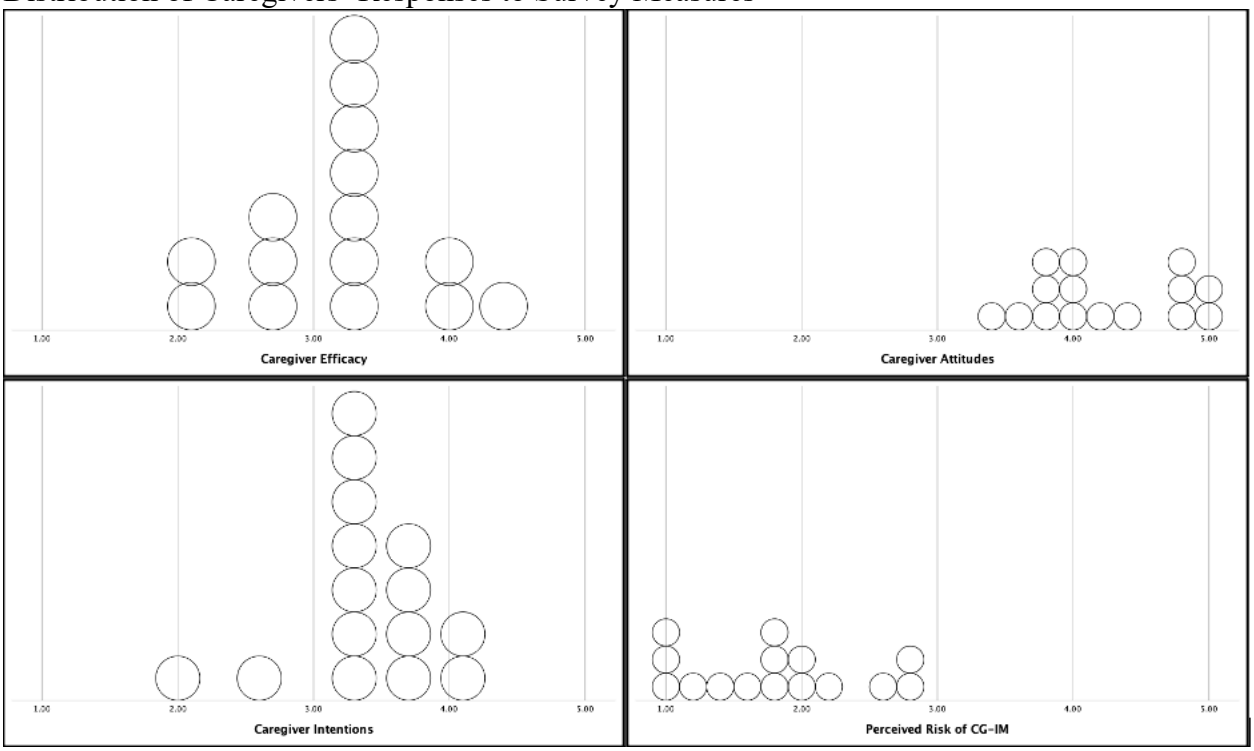
Figures

Figure 1

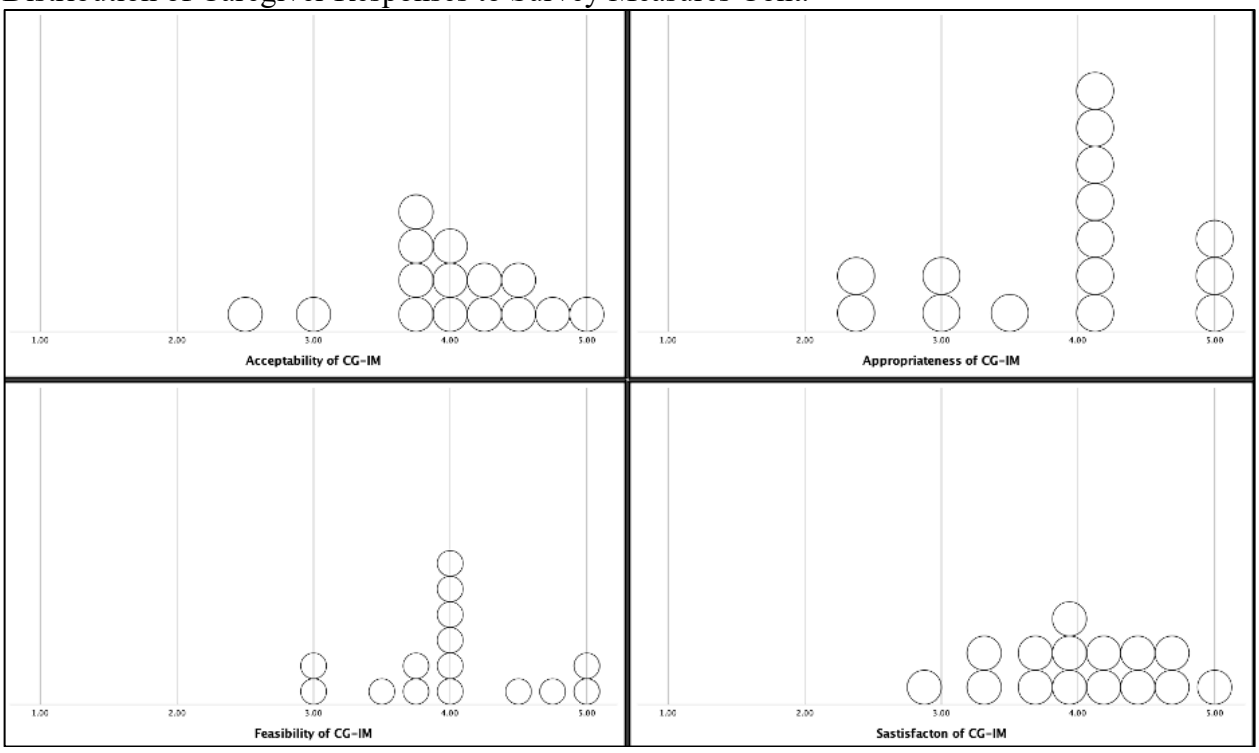
Distribution of Caregivers' Responses to Survey Measures



Note. Measures of efficacy, attitudes, and risk were rated on a five-point Likert-Type scale (1 = *strongly disagree* to 5 = *strongly agree*) and the measure of intentions was rated on a five-point Likert-Type scale (1 = *extremely unlikely* to 5 = *extremely likely).*

Figure 2

Distribution of Caregiver Responses to Survey Measures Cont.



Note. Measures of acceptability, appropriateness, feasibility, and satisfaction were rated on a five-point Likert-Type scale (1 = *strongly disagree* to 5 = *strongly agree*)

Tables

Table 1

Correct Answers to MAP eLearning Course Knowledge Assessment

True/False Question	*n*	%
Studies show that children in mentoring programs wait, on average, between 3 to 6 months before being matched with a mentor (T)	14	93.3
Research shows that as many as 70% of children can identify at least one adult in their community or school who they consider to be a mentor. (T)	13	86.7
Compared to children matched with mentors from a different community, children matched with mentors from their same community report feeling more connected. (T)	11	73.3
In most mentoring programs, mentors are expected to mentor a child for five-years. (F)	10	66.7
Mentors are expected to buy things for the children they mentor. (F)	14	93.3
Mentors should be both safe, fun, and teach children to take risks. (F)	8	53.3
Mentors are expected to help parents by babysitting their children. (F)	15	100
Adults who are overly interested in spending time with children but not other adults are thought to be unacceptable for mentoring. (T)	11	73.3
It can be helpful to ask children which adults in their community they might want as a mentor. (T)	14	93.3
The only good place to find acceptable mentors is at your child's school. (F)	14	93.3
Someone you work with might be an acceptable mentor. (T)	15	100

Note. (T) = True statements and (F) = False statements

Table 2

Caregiver Efficacy in Identifying Potential Mentors: Means and Standard Deviations

Items were rated on Likert-type scale (1 = *strongly disagree* to 5 = *strongly agree*)	*M*(SD)
I'm confident that I can find an adult to mentor my child.	2.60(0.99)
After completing the MAP program, I think I can ask another adult to be a mentor for my child.	3.00(0.93)
After completing the MAP program, I have all the skills I need to identify an adult who could be a mentor for my child.	3.20(1.15)
Even after completing the MAP program, I don't know if I can find an adult to mentor my child.	3.40(1.12)
If my children do not have a mentor in their life, it is because I don't know how to help them start these relationships.	3.80(1.01)

Table 3

Caregiver Attitudes about Identifying Potential Mentors: Means and Standard Deviations

Items were rated on Likert-type scale (1 = *strongly disagree* to 5 = *strongly agree*)	*M*(SD)
I believe parents should encourage their children to have relationships with caring non-parental adults.	4.33(0.62)
I believe parents should support relationships between their children and other adults such as aunts/uncles, teachers, & coaches.	4.67(0.49)
I believe parents should help connect their children with caring non-parental adults, even if not part of programs like Big Brothers Big Sisters.	4.27(0.70)
I believe parents play an important role in connecting their children with caring non-parental adults outside of formal mentoring programs like Big Brothers Big Sisters.	4.27(0.59)
Parents should ask other supportive non-parental adults to be mentors for their children.	3.60(0.91)

Table 4

Caregiver Intentions about Identifying Potential Mentors: Means and Standard Deviations

Items were rated on Likert-type scale (1 = *extremely unlikely* to 5 = *extremely likely*)	*M*(SD)
If your children were not enrolled in a BBBS mentoring program how likely are you to try to find a mentor within your community (e.g., coach, youth minister, club leader, neighbor, parent of your children's friend)?	3.40(0.99)
If your children were not enrolled in a BBBS mentoring program how likely are you to try to find a mentor within your child's school?	2.86(0.77)
If your children were not enrolled in a BBBS mentoring program how likely are you to try to find a mentor among your group of friends?	3.29(0.83)
If your children were not enrolled in a BBBS mentoring program how likely are you to encourage your child to seek support or guidance from another non-parental adult?	4.07(0.48)
If your children were not enrolled in a BBBS mentoring program how likely are you to ask another non-parental adult to mentor your child?	3.64(0.63)

Table 5

Identification of Potential Mentors

		n	%
How many potential mentors were on your mentor list?	0	3	20.0
	1-2	6	40.0
	3-4	3	20.0
	5-6	1	6.7
	> 6	2	13.3
Areas where you identified potential mentors	Neighborhood	4	26.7
	School	8	53.3
	Church	6	40.0
	Activity	5	33.3
	Workplace	2	13.3
	Family	4	26.7
	Other Adult	6	40.0
Did you and the BBBS staff member identify at least one person on your mentor list to contact about being a mentor for your child?	Yes	9	60.0
	No	6	40.0

Table 6

Acceptability of the CG-IM Program: Means and Standard Deviations

Items were rated on Likert-type scale (1 = *strongly disagree* to 5 = *strongly agree*)	*M*(SD)
The MAP program met my approval.	4.13(0.92)
The MAP program is appealing to me and other parents with children enrolled in BBBS.	3.87(0.52)
I liked the MAP program.	4.00(0.76)
I think BBBS should keep using the MAP program.	3.93(0.70)

Table 7

Appropriateness of the CG-IM Program: Means and Standard Deviations

Items were rated on Likert-type scale (1 = *strongly disagree* to 5 = *strongly agree*)	*M*(SD)
The MAP program is a good fit for parents whose children are enrolled in BBBS.	3.87(0.74)
The MAP program is a good idea for parents whose children are enrolled in BBBS.	3.87(0.92)
The MAP program makes sense for parents whose children are enrolled in BBBS.	3.80(0.94)
The MAP program is a good match for parents whose children are enrolled in BBBS.	3.80(0.94)

Table 8

Feasibility of the CG-IM Program: Means and Standard Deviations

Items were rated on Likert-type scale (1 = *strongly disagree* to 5 = *strongly agree*)	*M*(SD)
BBBS was able to make the MAP Program work for participating parents.	3.87(0.64)
The MAP program is a program BBBS can offer to many parents.	4.13(0.64)
The MAP program seems doable for parents whose children are enrolled in BBBS.	4.07(0.70)
The MAP program seems easy to use for parents whose children are enrolled in BBBS.	4.00(0.66)

Table 9

Caregiver Satisfaction with the CG-IM Program: Means and Standard Deviations

Items were rated on Likert-type scale (1 = *strongly disagree* to 5 = *strongly agree*)	*M*(SD)
The MAP program is a high-quality program.	3.93(0.70)
I believe my child was (or will be) matched with the kind of mentor I wanted.	4.13(0.52)
The MAP program met my expectations.	4.13(0.74)
I would recommend the MAP program to other parents.	4.13(0.64)
I am satisfied with the amount of time it took to complete the MAP program.	4.00(0.85)
The MAP program helped identify a mentor for my child.	3.53(0.83)
Overall, I am satisfied with the MAP program.	4.13(0.74)
I would participate in the MAP program again if I needed to.	3.93(0.88)

Table 10

Potential Risks of the CG-IM Program: Means and Standard Deviations

Items were rated on Likert-type scale (1 = *strongly disagree* to 5 = *strongly agree*)	*M*(SD)
I worry that the MAP program will harm my child.	1.53(0.52)
I do not trust mentors identified through the MAP program.	1.80(0.76)
It is too risky to ask parents to identify possible mentors through the MAP program.	2.00(0.85)
I don't want anybody in my community knowing that I enrolled my child in BBBS.	1.80(0.94)
The MAP program is not a good fit for me and my child.	1.87(0.83)

Table 11

Correlations for study variables

	1	2	3	4	5	6	7	8
1. Caregiver Knowledge	-	-	-	-	-	-	-	-
2. Caregiver Efficacy	.10	-	-	-	-	-	-	-
3. Caregiver Attitudes	.31	.27	-	-	-	-	-	-
4. Acceptability	.09	.23	.08	-	-	-	-	-
5. Appropriateness	.15	-.03	.18	.79**	-	-	-	-
6. Feasibility	.30	-.19	.13	.77**	.81**	-	-	-
7. Satisfaction	.26	.20	.04	.87**	.72**	.86**	-	-
8. Risk	-.26	-.16	.78	-.75**	-.64**	-.60*	-.74**	-

*Note. * = < .05, ** = < .01*

Appendix A

Mentor List Form

Now that you have completed the MAP online training you will fill out this form with the name of potential mentors for your child. For now, don't worry about whether adults would be eligible or willing to mentor. Write down as many names as you can for each question. If one of the questions does not apply, you can leave it blank. Try to list at least 2-3 names total, but if you can think of more that is great!

1. Write the names of all the adults **your child** named.

2. Write the names of all the adults in your **neighborhood** who could possibly be a mentor.

3. Write the names of all the adults at your child's **school** (e.g., teachers, principals, other staff) who could possibly be a mentor.

4. If you attend a **church or places of worship,** write the names of all the adults who could possibly be a mentor.

5. Write the names of all the adults involved in your **child's activities** (e.g., sports, clubs, or other activities) who could possibly be a mentor.

6. Write the names of all the adults at your **work** (e.g., co-workers, supervisors, other staff) who could possibly be a mentor.

7. Write below the names of all the adults in your **family** who could possibly be a mentor.

8. Write the names of **any other adults who help you, your family, or your child (e.g., counselor, nurse, tutor).** who could possibly be a mentor.

9. Write the names of adults who you know who might know someone to recommend being a mentor for your child (e.g., boss, pastor, friend, etc.).

Appendix B

Quantitative Survey

Contact Information

Provide your contact information below so we can make sure to email you your gift card for participating. Your contact information will be stored separately from the answers you provide in the survey. Your survey answers will be identified with a code number and will not be published in any reports.

1. Your first and last name:
2. Your phone number:
3. Your email address:
4. First and last name of the child enrolled in BBBS:

Mentors and Parents (MAP) Program Survey

Thank you for participating in the MAP program and completing this survey to help evaluate the program. As a reminder, survey responses are being collected by researchers at the University of Arkansas. If you have any questions about the research or survey please contact either Meredith Scafe (mjsourk@uark.edu), Tim Cavell, PhD. (tcavell@uark.edu), or the University of Arkansas IRB (IRB@uark.edu).

Remember: Participation in this study is voluntary. You can decide not to participate at any time. The questions in the survey have no right or wrong answers—the researchers just want to know more about the experiences in the MAP program. You may skip questions in the survey,

but we hope you answer every question to the best of your ability. Your answers will be saved with a code number separately from your name and contact information.

Caregivers should only complete this survey **AFTER** they have completed the MAP Program. Have you completed the MAP Program?

1. Yes, I have completed the MAP program
2. No, I have not completed the MAP program

Demographic Questions

Please answer the following questions about you and your family.

1. Parent/caregiver's age (years)
2. Parent/caregiver's gender
    a. Male
    b. Female
    c. If preferred, self-describe
    d. Prefer not to disclose
3. Parent/caregiver's race (mark as many boxes as needed)
    a. African American
    b. American Indian/ Native American
    c. Asian
    d. Caucasian/ White
    e. Marshallese /Pacific Islander
    f. If preferred, self-describe
4. Parent/caregiver's ethnicity
    a. Hispanic / Latinx
    b. Non- Hispanic
5. Household income
    a. < $10,000
    b. $10,000 - $39,999
    c. $40,000 - $59,999
    d. ≥ $60,000
6. Parent/caregiver's marital status
    a. Married / Common-law/Co-habitating
    b. Divorced / Separated / Widowed
    c. Never Married
7. Relation to child enrolled in BBBS
    a. Biological mother
    b. Biological father
    c. Grandmother
    d. Grandfather
    e. Stepmother
    f. Stepfather
    g. Adoptive mother
    h. Adoptive father
    i. Foster mother

j. Foster father
k. Prefer to self-describe

BBBS Waitlist Duration

The next questions are about your child enrolled in Big Brothers Big Sisters (BBBS)

1. How long has your child been enrolled in BBBS (months)?
    a. Less than 1 month
    b. 1 month
    c. 2 months
    d. More than 3 months
2. When do you think your child will be matched with a mentor?
    a. Less than 1 month
    b. 1 month
    c. 2 months
    d. 3 months
    e. More than 3 months
3. How concerned are you about the time it is taking for your child to be matched with a mentor?
    a. Not at all concerned
    b. Slightly concerned
    c. Somewhat concerned
    d. Moderately concerned
    e. Extremely concerned

MAP eLearning Course Knowledge Assessment

The next questions will help us know what you learned from the MAP program. Please indicate whether you think each statement is TRUE or FALSE.

1. Studies show that children in mentoring programs wait, on average, between 3 to 6 months before being matched with a mentor.
    a. True
    b. False
2. Research shows that as many as 70% of children can identify at least one adult in their community or school who they consider to be a mentor.
    a. True
    b. False
3. Compared to children matched with mentors from a different community, children matched with mentors from their same community report feeling more connected.
    a. True
    b. False
4. In most mentoring programs, mentors are expected to mentor a child for five-years.
    a. True
    b. False
5. Mentors are expected to buy things for the children they mentor.
    a. True
    b. False
6. Mentors should be both safe, fun, and teach children to take risks.
    a. True
    b. False
7. Mentors are expected to help parents by babysitting their children.
    a. True
    b. False
8. Adults who are overly interested in spending time with children but not other adults are thought to be unacceptable for mentoring.
    a. True
    b. False
9. It can be helpful to ask children which adults in their community they might want as a mentor.
    a. True
    b. False
10. The only good place to find acceptable mentors is at your child's school.
    a. True
    b. False
11. Someone you work with might be an acceptable mentor.
    a. True
    b. False

Caregiver Efficacy to identify informal mentors

Please indicate how much you agree or disagree with the following statements on the following scale.

1 = strongly disagree (1)	2 = disagree (2)	3 = neither agree or disagree (3)	4 = agree (4)	5 = strongly agree (5)

1. I'm confident that I can find an adult to mentor my child.

2. After completing the MAP program, I think I can ask another adult to be a mentor for my child.
3. After completing the MAP program, I have all the skills I need to identify an adult who could be a mentor for my child.
4. Even after completing the MAP program, I don't know if I can find an adult to mentor my child.
5. If my children do not have a mentor in their life, it is because I don't know how to help them start these relationships.

Caregiver attitudes about identifying and recruiting of mentors

The following statements are about non-parental adults that you or your child might know in your social network, family, or community and do NOT include mentors that are identified through BBBS. Please indicate to what extent you agree or disagree with the following statements.

1 = strongly disagree (1)	2 = disagree (2)	3 = neither agree or disagree (3)	4 = agree (4)	5 = strongly agree (5)

1. I believe parents should encourage their children to have relationships with caring non-parental adults.
2. I believe parents should support relationships between their children and other adults such as aunts/uncles, teachers, & coaches.
3. I believe parents should help connect their children with caring non-parental adults, even if not part of programs like Big Brothers Big Sisters.
4. I believe parents play an important role in connecting their children with caring non-parental adults outside of formal mentoring programs like Big Brothers Big Sisters.
5. Parents should ask other supportive non-parental adults to be mentors for their children.

Caregiver intentions about identifying and recruiting mentors

If your children were not enrolled in a BBBS mentoring program how likely are you to...

1= extremely unlikely (1)	2 = unlikely (2)	3 = neither likely or unlikely (3)	4 = likely (4)	5 = extremely likely (5)

1. Try to find a mentor within your community (e.g.: coach, youth minister, club leader, neighbor, parent of your children's friend)?
2. Try to find a mentor within your child's school?
3. Try to find a mentor among your group of friends?
4. Encourage your child to seek support or guidance from another non-parental adult?
5. Ask another non-parental adult to be a mentor for your child?

Identification of Potential Mentors

The next questions are about the adults you listed as possible mentors for your child.

1. How many potential mentors were on your mentor list?
    a. 0
    b. 1-2
    c. 3-4
    d. 5-6
    e. More than 6
2. Check all the areas where you identified a potential mentor for your list (select all that apply)
    a. Neighborhood
    b. Child's School
    c. Church
    d. Youth Activity
    e. Parent's Workplace
    f. Family
    g. Any other adults (e.g., friend, professional, etc.).
3. Did you and the BBBS staff member identify at least one person on your mentor list to contact about being a mentor for your child?
    a. Yes
    b. No

Acceptability of the CG-IM Program

This last group of questions are about your experiences (good or bad) with the MAP Program. Your answers will help make this program better for parents and other caregivers.

Please indicate how much you agree or disagree with these statements.

1 = strongly disagree (1)	2 = disagree (2)	3 = neutral (3)	4 = agree (4)	5 = strongly agree (5)

1. The MAP program met my approval.
2. The MAP program is appealing to me and other parents with children enrolled in BBBS.
3. I liked the MAP program.
4. I think BBBS should keep using the MAP program.

Appropriateness of the CG-IM program

Please indicate how much you agree or disagree with these statements.

1 = strongly disagree (1)	2 = disagree (2)	3 = neutral (3)	4 = agree (4)	5 = strongly agree (5)

1. The MAP program is a good fit for parents whose children are enrolled in BBBS.
2. The MAP program is a good idea for parents whose children are enrolled in BBBS.
3. The MAP program makes sense for parents whose children are enrolled in BBBS.
4. The MAP program is a good match for parents whose children are enrolled in BBBS.

Feasibility of the CG-IM Program

Please indicate how much you agree or disagree with these statements.

1 = strongly disagree (1)	2 = disagree (2)	3 = neutral (3)	4 = agree (4)	5 = strongly agree (5)

1. BBBS was able to make the MAP Program work for participating parents.
2. The MAP program is a program BBBS can offer to many parents.
3. The MAP program seems doable for parents whose children are enrolled in BBBS.
4. The MAP program seems easy to use for parents whose children are enrolled in BBBS.

Caregiver Satisfaction with the CG-IM program

Please help us improve the MAP program by answering the following questions.

1 = strongly disagree (1)	2 = disagree (2)	3 = neutral (3)	4 = agree (4)	5 = strongly agree (5)

1. The MAP program is a high-quality program.
2. I believe my child was (or will be) matched with the kind of mentor I wanted.
3. The MAP program met my expectations.
4. I would recommend the MAP program to other parents.
5. I am satisfied with the amount of time it took to complete the MAP program.
6. The MAP program helped identify a mentor for my child.
7. Overall, I am satisfied with the MAP program.
8. I would participate in the MAP program again if I needed to.

Potential Risks of the CG-IM Program

Please indicate how much you agree or disagree with these statements.

1 = strongly disagree (1)	2 = disagree (2)	3 = neutral (3)	4 = agree (4)	5 = strongly agree (5)

1. I worry that the MAP program will harm my child.
2. I do not trust mentors identified through the MAP program.
3. It is too risky to ask parents to identify possible mentors through the MAP program.
4. I don’t want anybody in my community knowing that I enrolled my child in BBBS.
5. The MAP program is not a good fit for me and my child.

What else do you want us to know about your experience with the MAP program?

Appendix C

Caregiver Qualitative Interview Protocol

Hi, my name is Meredith and I'm calling about the Caregiver-Initiated Mentoring (CG-IM) program you completed with Big Brothers Big Sisters Northwest Arkansas. I'm part of a research team at the University of Arkansas that is helping evaluate this new program. I'm calling because I'd like to hear about your experience in the program and what you see as positives or negatives and ways to make it better!

Remind Participants:

- *Voluntary participation* (can stop at any time)
- *Confidentiality* (nothing you say will be shared in a way that you could be identified unless there is a concern about your safety or the safety of a family member)
- *Interview and transcription process/Privacy:* (would like to record interviews→ transcribed interviews will have all names/identifying information removed before analysis. Information like names & contact information will be kept on secure server files or locked in filing cabinets)
- Describe role of interviewer: I have some topics to cover and questions to guide us, but I would really like to hear about what things have been like for your family. Examples and stories are helpful. I hope you will be doing most of the talking.
- Provide opportunity for questions
- **Acknowledge when recorder is on**

BACKGROUND QUESTIONS

I'd like to start by getting a little bit of background about you and your family.

- Which children in your family are enrolled with Big Brothers' Big Sisters?
    - What is their first name?
    - Gender?
    - Age/grade?

INVOLVEMENT IN BBBSNWA

- Why did you enroll this child in Big Brothers Big Sisters?
- Before going to Big Brothers Big Sisters, did you consider other activities or programs?

INITIAL REACTIONS TO CG-IM

My next set of questions are about your initial reactions to the CG-IM program and the idea of involving parents in identifying possible mentors.

- What did you think at first?
    - What were your initial concerns?
    - Did you the program make sense to you?
    - How would you describe this program to other parents?

BROAD EXPERIENCE IN CG-IM

- What was it like to participate in the CG-IM program?
- What did you like about it?
- Was there anything that you didn't like?
- What changes would you make to the CG-IM program?
- Should BBBS continue to involve parents in identifying potential mentors?
    - Why/Why not?

MAP ONLINE TRAINING QUESTIONS

- Remember the online training you did for CG-IM? Did you find it helpful?
    - What did you like about it?
- What did you not like about it?
- After the training, did you feel ready to identify adults in your child's life who might be good mentors?
- What did you think about the training **being online?**
    - Was that helpful or not?

MENTOR LIST FORM QUESTIONS

- What did you think about being asked to come up with a list of names of adults who BBBS can ask about being a mentor?
    - What helped you with this part of CG-IM?
    - What made it difficult?
- Do you think involving parents in identifying potential has benefits?
- Do you think involving parents in identifying potential has risks?
- What changes would you make to this part of CG-IM?

CLOSING QUESTIONS

Those are all my questions for you.

- Are there any other things you think caregivers or BBBS staff should know about the program?

Thank you so much for taking the time to share your experiences in the program. Our team will be emailing you a $30.00 Amazon gift card for your participation.

Appendix D

BBBS Staff Interview Protocol

INTRODUCTION
Hi, my name is Meredith and I'm calling to speak with you about your experience as a staff member during the pilot test of the Caregiver-Initiated Mentoring (CG-IM) program. I'm calling because I'd like to hear about your experience in the program and suggestions you have about how to make the program better.

Remind Participants:

- *Voluntary participation* (can stop at any time)
- *Confidentiality* (nothing you say will be shared in a way that you could be identified unless there is a concern about your safety or the safety of a family member)
- *Interview and transcription process/Privacy:* (would like to record interviews→ transcribed interviews will have all names/identifying information removed before analysis. Information like names & contact information will be kept on secure server files or locked in filing cabinets)
- Describe role of interviewer: I have some topics to cover and questions to guide us, but I would really like to hear about what things have been like for your family. Examples and stories are helpful. I hope you will be doing most of the talking.
- Provide opportunity for questions
- Acknowledge when recorder is on

BACKGROUND QUESTIONS
I'd like to start by getting a little bit of background about your role at BBBS.

- Tell me about yourself and your role at BBBSNWA.
    - What is your name?
    - How long have you been with BBBSNWA?
    - What is your title/role at BBBSNWA?
- Tell me about your role in the CG-IM pilot test.
    - What aspects of the CG-IM program were you involved with?
    - What types of tasks did you complete for the CG-IM program?

REACTIONS TO CG-IM APPROACH
My next set of questions are about your reactions to the CG-IM program and the idea of involving parents in identifying possible mentors.

- When you were first told about the CG-IM program, what did you think?
    - What were your initial thoughts?
    - Did you the program make sense to you?
- For BBBS, what do you see as the potential benefits of involving parents in identifying potential mentors?
- For BBBS, what do you see as the potential benefits of involving parents in identifying potential mentors?
- For which caregivers is CG-IM a good fit? Not a good fit?
- How does CG-IM align with the mission of BBBS?

EXPERIENCES IMPLEMENTING THE CG-IM PROGRAM

- How well did the CG-IM procedures fit in with BBBS' standard practices?
- What was it like for you to implement the CG-IM program?
- What were the biggest challenges you faced when implementing CG-IM?
- What made the CG-IM program easier to implement/use?
- What did you like about the CG-IM Program?
- What did you dislike about the CG-IM Program?

CHANGES AND RECOMMEDNATIONS

- What changes would you make to the CG-IM program?
- How likely are you to recommend that BBBS continue to involve parents in identifying potential mentors?
    - Why/Why not?
- What advice would you give to other mentoring organizations or staff who implement the CG-IM Program?

COVID QUESTIONS

- How much did COVID affect BBBSNWA and its operations?
- How much did COVID affect the implementation and testing of CG-IM?

CLOSING QUESTIONS

Those are all my questions for you.

- Are there any other things you think caregivers or BBBS staff should know about the program?

Thank you so much for taking the time to share your experiences in the program. Our team will be emailing you a $30.00 Amazon gift card for your participation.

Appendix E

IRB Approval

UNIVERSITY OF ARKANSAS

To:	Meredith J Sourk BELL 4188
From:	Douglas J Adams, Chair IRB Expedited Review
Date:	10/05/2020
Action:	**Expedited Approval**
Action Date:	10/01/2020
Protocol #:	2009282885
Study Title:	The Development of CareGiver-Initiated Mentoring with Big Brothers Big Sisters
Expiration Date:	09/30/2021
Last Approval Date:	

The above-referenced protocol has been approved following expedited review by the IRB Committee that oversees research with human subjects.

If the research involves collaboration with another institution then the research cannot commence until the Committee receives written notification of approval from the collaborating institution's IRB.

It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date.

Protocols are approved for a maximum period of one year. You may not continue any research activity beyond the expiration date without Committee approval. Please submit continuation requests early enough to allow sufficient time for review. Failure to receive approval for continuation before the expiration date will result in the automatic suspension of the approval of this protocol. Information collected following suspension is unapproved research and cannot be reported or published as research data. If you do not wish continued approval, please notify the Committee of the study closure.

Adverse Events: Any serious or unexpected adverse event must be reported to the IRB Committee within 48 hours. All other adverse events should be reported within 10 working days.

Amendments: If you wish to change any aspect of this study, such as the procedures, the consent forms, study personnel, or number of participants, please submit an amendment to the IRB. All changes must be approved by the IRB Committee before they can be initiated.

You must maintain a research file for at least 3 years after completion of the study. This file should include all correspondence with the IRB Committee, original signed consent forms, and study data.

cc: Tim Cavell, Investigator