



# CULTURALLY-RESPONSIVE MENTAL HEALTH MODEL

FOR CHILDREN IN FOSTER CARE

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# UCLA TIES\* for Families

- ▶ \*Training, Intervention, Education and Services
- ▶ UCLA Departments of Psychiatry and Psychology
- ▶ Funding Agencies: Los Angeles County Departments of Children and Family Services (DCFS) and Mental Health (DMH - EPSDT); and private foundations

# History

- ▶ Prior to 2000, many children with PSE were not adopted due to doom and gloom media (much of which has been discredited)
- ▶ TIES Pre-placement Education and Preparation (PREP) designed to prepare prospective adoptive parents considering adopting from foster care
- ▶ In the context of Preparation, Services, and Supports (TIES Model Demonstration Project began 1995)



# Background

- ▶ 12.9% of pregnant women report alcohol or drug use during pregnancy (Center for Behavioral Health Statistics & Quality, 2016)
- ▶ 16-79% of children in foster care have PSE (Prindle et al., 2018)
- ▶ Disproportionate percentage of children with PSE become available for adoption due to difficulties overcoming substance abuse



# Research

- ▶ RISK Factors (BIO) Infants with PSE are at risk for higher prematurity rates, smaller head circumference, and lower birth weight.
- ▶ RISK Factors (ENV) Compared to non-exposed children, those with PSE are placed in adoptive homes at older ages, had multiple placements, experienced abuse and neglect, and had birth families with lower SES (Boyd, 2018).



- ▶ *While PSE is associated with some physical, developmental, learning and behavioral issues, these issues occur in the context of these risk factors.*

# Research

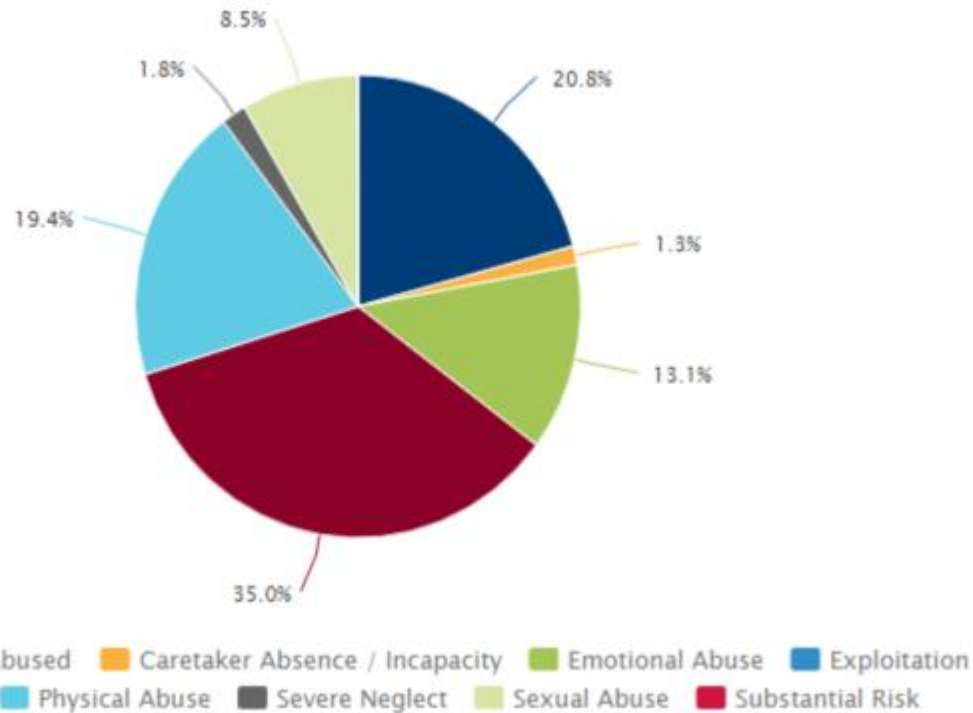
- Children with PSE are not a homogeneous group-outcomes range from no apparent effects to considerable short- and long-term impact (Viteri et al., 2015; Lebel et al., 2019).



- **Helping prospective families understand these multiple interacting risk factors and how to build in protective factors is one aim of PREP.**

# Reports of Child Abuse and Neglect, by Type of Abuse: 2015

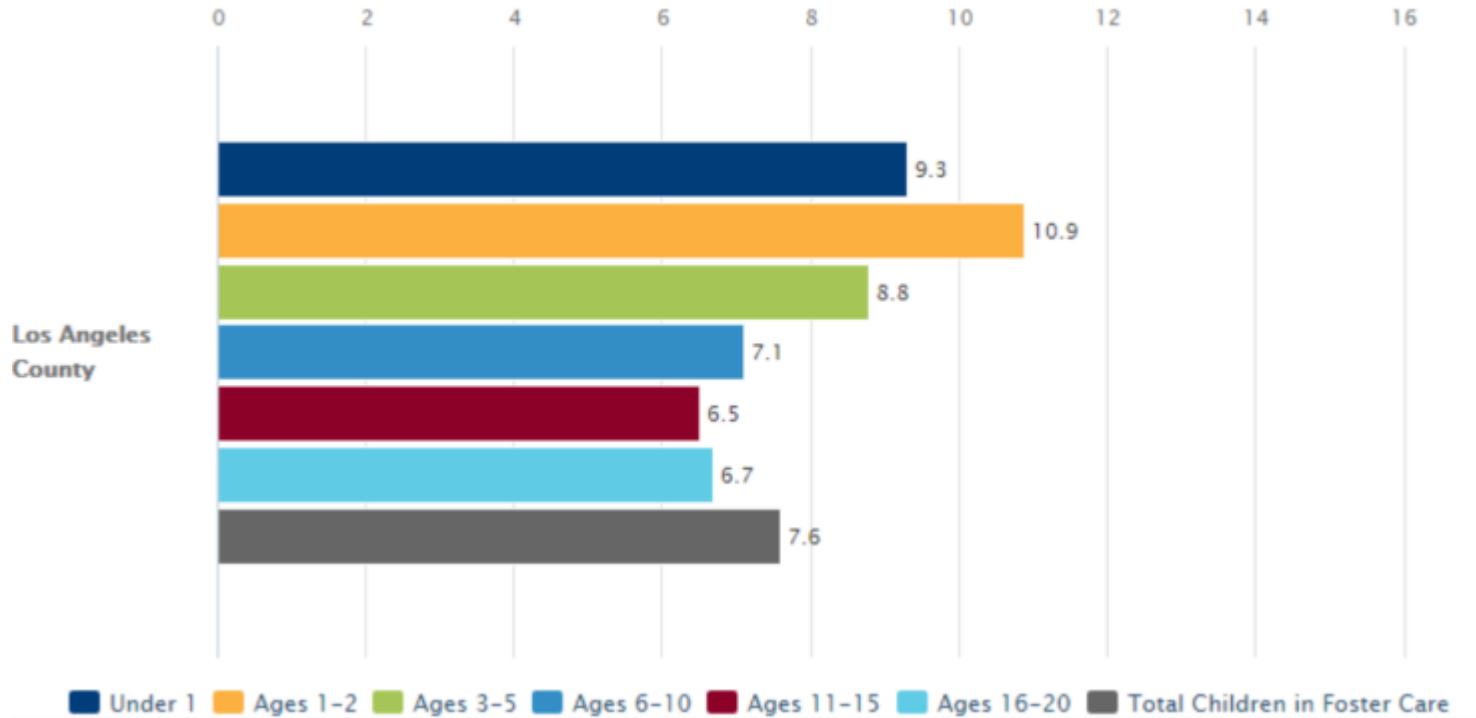
Los Angeles County



Data Source: [As cited on kidsdata.org](https://www.kidsdata.org), Webster, D., et al. California Child Welfare Indicators Project Reports, U.C. Berkeley Center for Social Services Research (Jun. 2016).

## Children in Foster Care, by Age: 2015

(Age: All)



Definition: Number of children/youth under age 21 in foster care per 1,000 on July 1 of each year, by age group (e.g., 8.1 per 1,000 California children under age 1 were in foster care on July 1, 2015).

Data Source: [As cited on kidsdata.org](https://kidsdata.org), Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research (Jun. 2016); Annie E. Casey Foundation, KIDS COUNT Data Center (Jul. 2016).

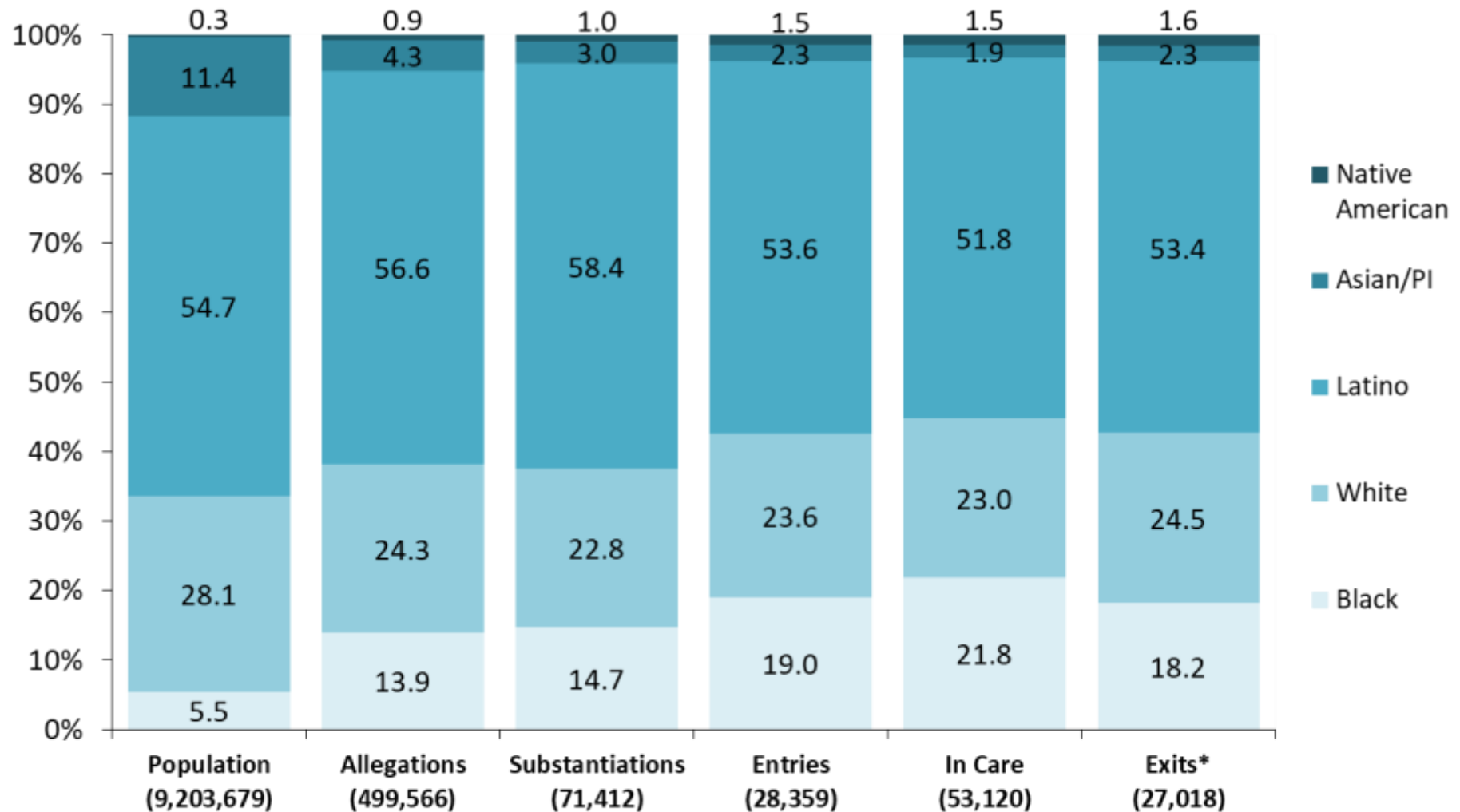


# Ethnicity and Path Through the Child Welfare System

California: 2017

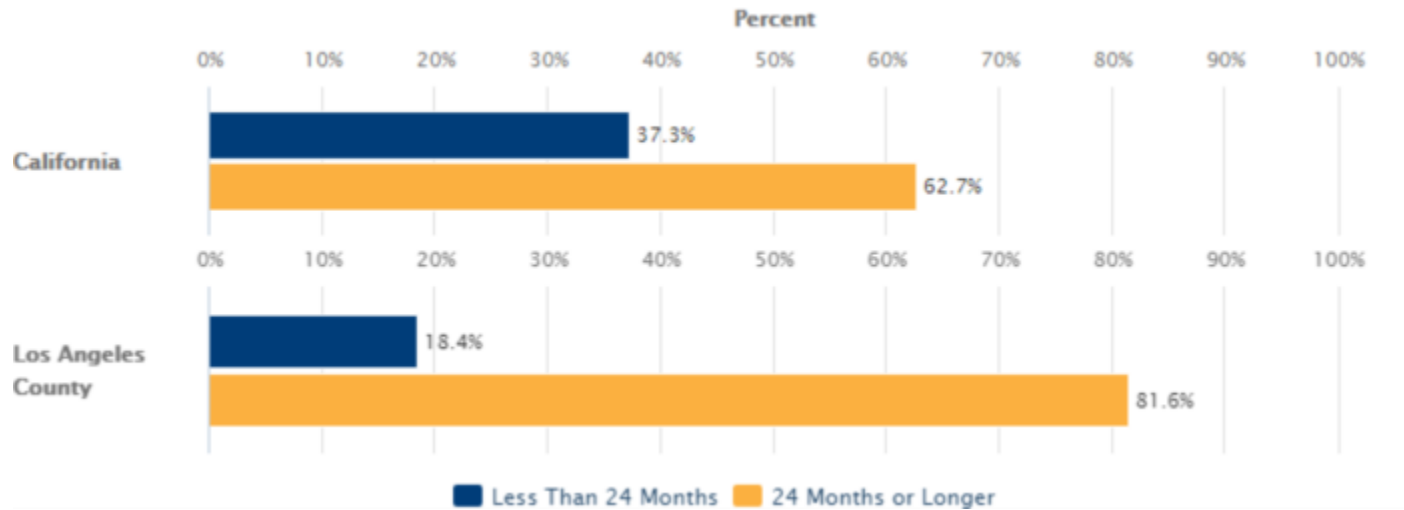
*(missing & multi-race values excluded from % calculations)*

*\*includes children age 18*



## Length of Time from Foster Care to Adoption: 2015

(Length of Time to Adoption: All)



Definition: Percentage of children/youth who are adopted from foster care, by length of time from their most recent removal from home (e.g., in 2015, 37.3% of California children/youth adopted from foster care were adopted less than 24 months after their most recent removal from home).

Data Source: [As cited on kidsdata.org](#), Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research (Jun. 2016).

# Culturally Responsive, Trauma and Resiliency Informed, Child Welfare-Competent



**Trauma Lens**-A shift in perspective from: “What is wrong with this child?” to “**What has this child been through?**”

**Within context of child’s history** (i.e.: child welfare= multiple placements, ruptured attachment, grief, loss of parents, extended family, teachers, friends, coaches, pets, rabbis/pastors/priests/imams, culture, neighborhood, language, etc.)

**Impact of discrimination/marginalization** (race, ethnicity, sexual orientation, gender identity/expression, immigration status, disproportionality and disparities)

Now... we have to **use this lens** in our approach as caregivers (and advocate that teachers, doctors, coaches, therapists, etc)

# Impact of Being Placed in the Child Welfare System

- ▶ Removal from birth family and multiple placements
- ▶ Change in schools and routine
- ▶ Loss of caregivers, family, friends and other significant relationships
- ▶ Loss of familiar surroundings/environment
- ▶ Loss of belongings
- ▶ Loss of identity and culture/language
- ▶ Court involvement; loss of privacy
- ▶ Change in social workers
- ▶ Abuse/neglect in care
- ▶ Change in view of self, others and world



# Resiliency Lens: Elevating Life Course Trajectories

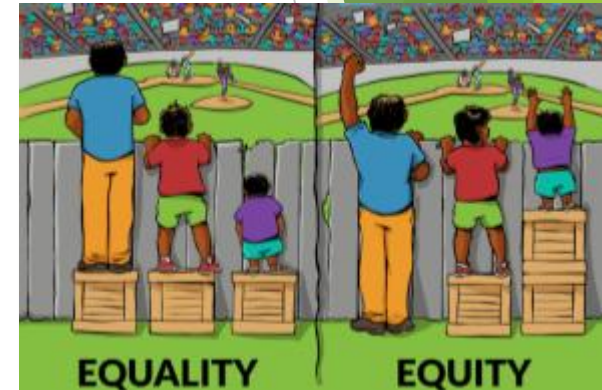
A shift from deficit to **adaptive strength**



**Social Justice**



Focus on the **wins**



Honoring and building **connections and belonging**



Not just stabilizing or catching up  
....**flourishing**

# Preparing Resource Families to Support Children from Foster Care

# Concerns of Prospective Resource Parents (fostering/adopting children with risk factors)



- ▶ Time and effort required to meet needs
- ▶ Impact on existing family members
- ▶ Lack of support from family and friends
- ▶ Lack of professional support
- ▶ Changes in lifestyle
- ▶ Financial repercussions
- ▶ Overwhelmed by real or potential physical or mental health problems of child and lack of skills to meet needs
- ▶ Fear of child's own future drug use

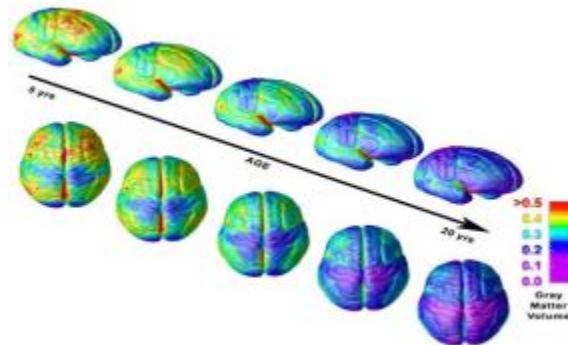


# PREP Curriculum

Three 3-hour weekly sessions prior to foster/adoptive placement

## ► Session 1

- Understanding addiction and substance abuse dynamics and impact on parenting
- Empathy for birth parents
- Exploring concerns of prospective resource parents
- How to talk about parental substance abuse and other difficult issues with children in developmentally appropriate ways





# PREP Curriculum



## ► Session 2

- Research on PSE and FAS and complexities in predicting long term outcomes for individual children.
- Medical/Pediatric issues in child welfare
- Caregiving strategies for different ages
- Temperament and match between child and caregiver
- Attachment
- Understanding child's behaviors, thoughts, reactions in the context of their history (trauma, abuse, grief/loss, neglect).
- Behavior styles and coping



# PREP Curriculum

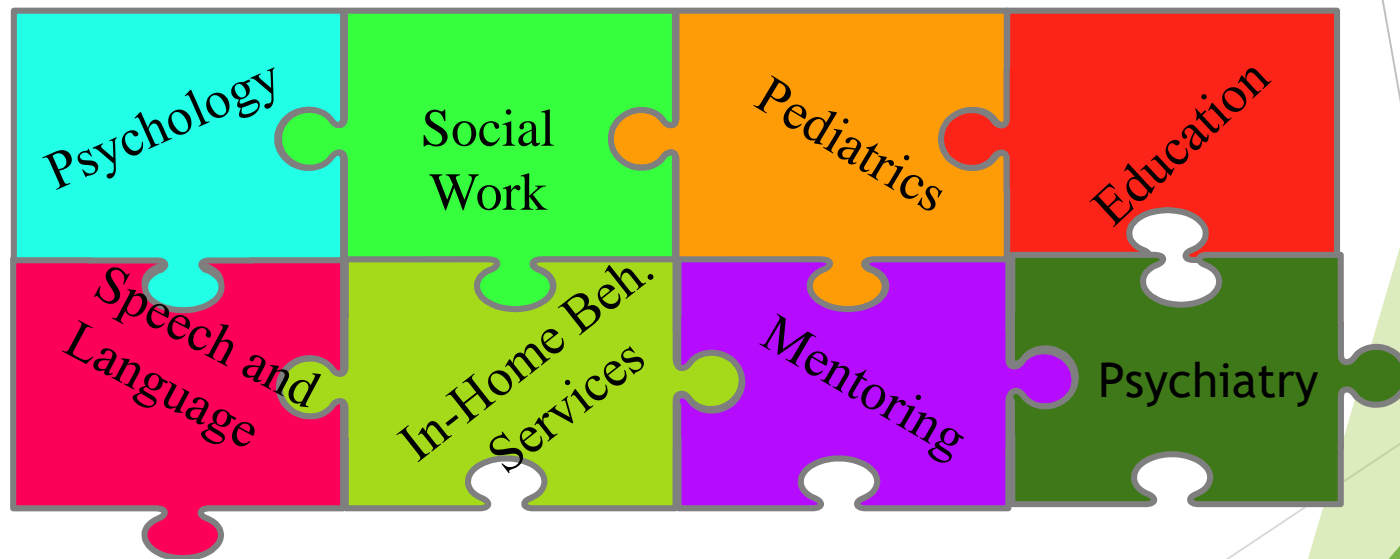


## ► Session 3

- Concerns about child's future drug use
- Understanding predisposition, not predetermination
- Parent-Child relationship as critical protective factor and strategies
- Key parenting and communication skills in substance abuse prevention
- Adoption Specific Issues
  - Who you share your child's history with
  - Openness in adoption/maintaining birth family connections
- Experienced parent shares their story



# CULTURALLY-RESPONSIVE, TRAUMA AND RESILIENCY-INFORMED, CHILD WELFARE-COMPETENT CARE



# Current Study

- ▶ Examined impact of TIES PREP on attitudes of Prospective Resource Parents (PRPs) via pre and post training evaluations.
- ▶ Participants: 2,980 PRPs seeking to foster/adopt through LA County DCFS (1993-2019)
- ▶ Recruited from DCFS PS-MAPP/RFA trainings
- ▶ TIES PREP attendance insures eligibility of any child placed with them to receive TIES multidisciplinary services.

# Participants

► 50.4% women; 49.6% men

Caucasian	27%
Latino	12.4%
African American	9.5%
Asian or Pacific Islander	2.9%

Biracial	2.7%
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Other	1.6%
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Not reported	43.9%
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► 53.6% married

18.3% single

10.1% committed relationship

5.1% divorced/widowed

12.9% not reported

► 74.2% completed at least some college

► 26.5% had another child(ren) in home

# Measures



- ▶ Prospective Resource/Adoptive Parent Attitude Survey
  - ▶ *Negative Attitudes Toward Drug Abuse and Pregnant Drug Users*
  - ▶ *Empathy toward parents with substance abuse problems*
  - ▶ *Attitudes about Children with PSE*
- ▶ Prospective Resource/Adoptive Parent Knowledge Survey
- ▶ Prospective Resource/Adoptive Parent Willingness Survey

# Findings (pre-post comparisons)

- ▶ Significant increases in self-reported knowledge (large effect)
- ▶ Attitudes toward addiction, substance users, and children with PSE were significantly more positive at post
- ▶ Willingness to adopt children with serious behavior problems, ADHD, and biological family history of mental illness increased; largest effect for PSE

# Relationship between Knowledge, Attitudes, and Willingness

- ▶ Increase in knowledge
  - ▶ significantly correlated with decrease in negative attitudes
  - ▶ reliably predicted increases in willingness to foster/adopt children with varying difficulties (total score) and PSE (specifically)
- ▶ Decreases in negative attitude were not found to be significantly associated with changes in willingness variables.



# Conclusions



- ▶ Prospective parents who attend PREP feel better prepared by end of training around issues of fostering/adopting high-risk foster children, particularly PSE.
- ▶ Such perceptions of increased knowledge may result in more informed decision making and greater adoption satisfaction.
- ▶ Positive changes in attitudes may represent an assimilation of information presented.
- ▶ Willingness to take on children with special needs is a critical improvement (esp. PSE)
  - ▶ Predicted by increases in knowledge

# Conclusions

- ▶ Change in attitudes did not directly predict willingness
  - ▶ Concern that they lack knowledge to parent a special needs child effectively may increase their reluctance to move forward
    - ▶ Thus, PREP could address these concerns and increase potential for children to find permanency.



# Infant Mental Health for Families in Concurrent Planning

UCLA TIES for Families

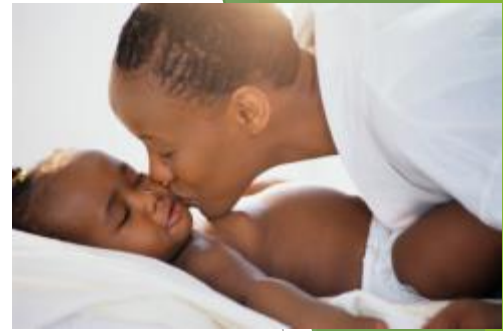
Mercedes Fernández Oromendia, PhD

Eugenia Tsao, PhD

Jill Waterman, PhD



# Description of TIES IMH Program



- ▶ Began 2004 due to concurrent planning & greatly increased referrals of babies.
- ▶ Services offered:
  - ▶ Intake home visits (in English and Spanish)
  - ▶ Ongoing home-based therapy
  - ▶ Interdisciplinary developmental assessments
  - ▶ Monthly parent-infant support group
  - ▶ Infant follow-up study
- ▶ LIFT program
  - ▶ Loss Intervention for Families in Transition

# IMH Clients Served at TIES

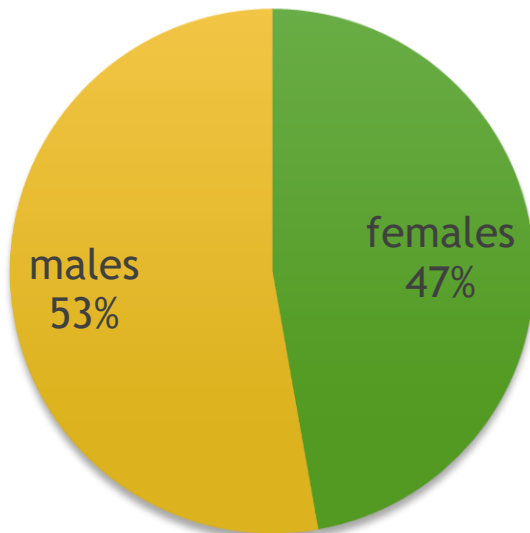
- ▶ In the past 15 years:
  - ▶ 40% of referrals are infants
- ▶ Majority in first placement
- ▶ Many children reunified (about 20 %)
- ▶ Many more have chance of reunifying
- ▶ Large majority have birth parent visits



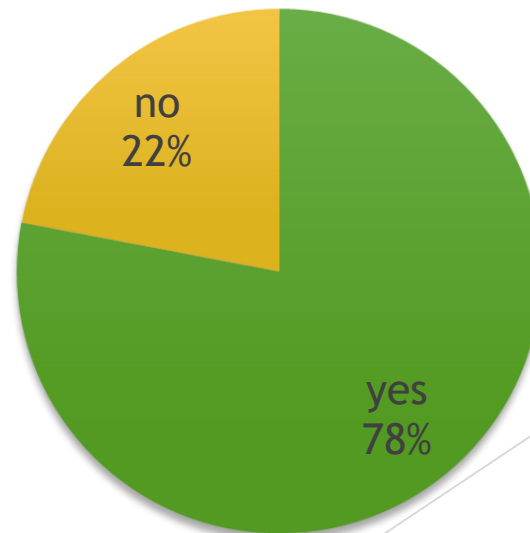
# Demographics of Infants served at TIES

- ▶ Age at Placement:
  - ▶ Average 1.05 months (range: 0 days - 25 months)

**Gender**

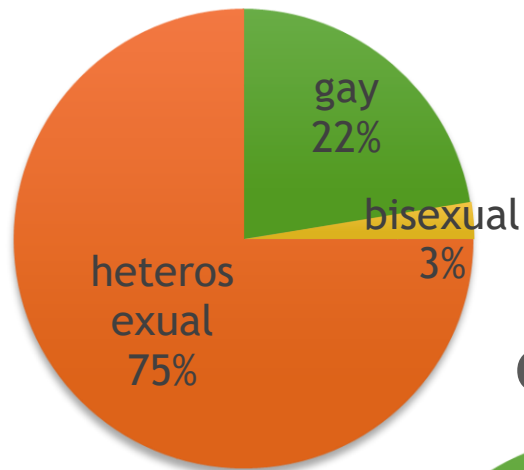


**Prenatal Substance Exposure**

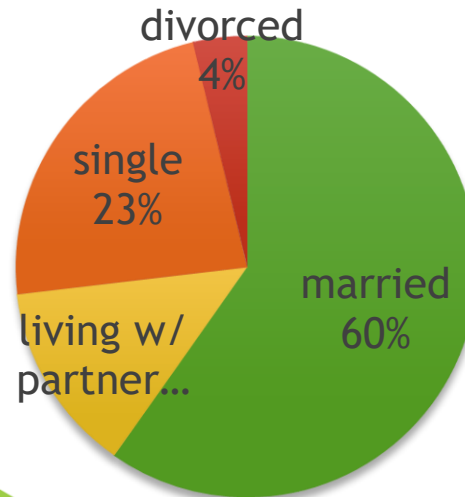


# Demographics of Primary Caregivers served at TIES

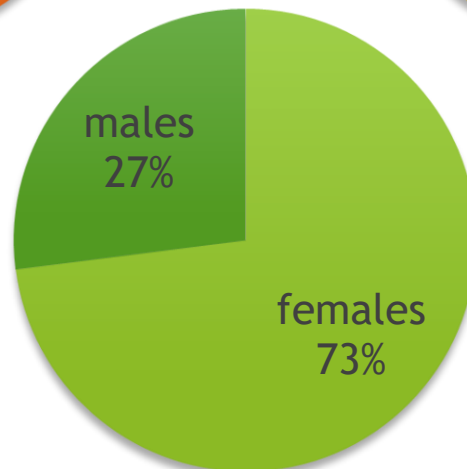
## Sexual Orientation



## Marital Status



## Gender



# Cultural and Racial Identities of Infant and Caregivers

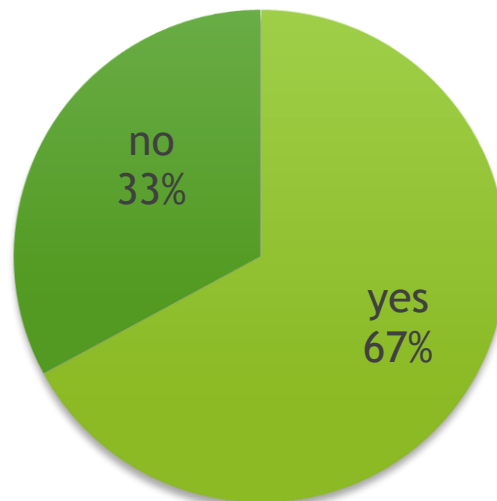
## Caregiver Ethnicity

- ▶ 51.9 Caucasian
- ▶ 22.2 Hispanic
- ▶ 14.8 African America
- ▶ 4.9 Asian
- ▶ 4.9 Other
- ▶ 1.2 Mixed

## Infant Ethnicity

- ▶ 28.8 Hispanic
- ▶ 27.1 Mixed
- ▶ 18.6 Caucasian
- ▶ 18.6 African American
- ▶ 5.1 Other
- ▶ 1.7 Asian

## Transracial Adoption





# IMH Program Treatment Goals

- ▶ The parent-child dyad is the focus
- ▶ Provide parent support
  - ▶ Help process visitation, court proceedings
  - ▶ Discuss developmental & caregiving concerns
- ▶ Facilitate increased parent-child attachment & parental reflective capacity
- ▶ Assess child developmental/socio-emotional progress



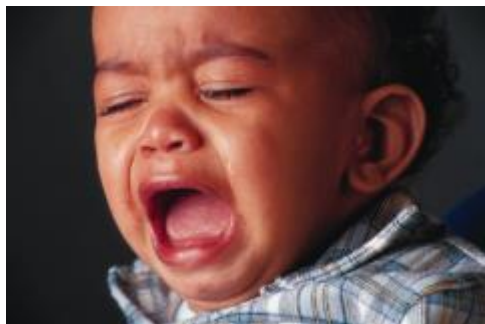
# IMH Program Treatment Goals

- ▶ Explore caregiver's feelings regarding child's background and how they may impact parenting.
- ▶ Help parents prepare to talk with the child about adoption and cultural/racial differences.



# What do IMH mental health sessions look like?

- ▶ Sessions vary depending on the child's age and presenting concern (newborn through age 3)
- ▶ Usually 1x/month in the home
- ▶ Focus on treatment goals and work closely with caregivers
- ▶ Highlight parenting strengths, facilitate attachment by noting child's attachment behaviors, provide psychoeducation on PSE
- ▶ Help caregivers with foster care specific challenges
- ▶ Special focus on parents' attunement and responsivity to infant cues



# Adoption-Specific Issues in Infant Mental Health (1)

- ▶ Holding the child's story
  - ▶ How to talk to others about the child's story
  - ▶ How to talk to the child about their own story
- ▶ Transracial adoption/placement (67% of IMH clients)
  - ▶ Raising a child of a different cultural or racial background than the caregiver



# Adoption-Specific Issues in Infant Mental Health (2)

- ▶ Family visits
  - ▶ How to prepare the child before, during, and after visits
  - ▶ How to help resource parents with the visits
  - ▶ Helping resource parents understand & honor birth parent connections
- ▶ Navigating DCFS and multiple systems
  - ▶ Uncertainty, unpredictability, feel out of control



# Holding the child's story

- ▶ Keeping records and sentimental objects for child
  - ▶ Helpful to create “life story” book
  - ▶ Encouraging taking pictures with birth family
- ▶ Being mindful of child's right to privacy
- ▶ Practicing how to respond to questions from family, friends, strangers, and children.
- ▶ Helping caregivers begin to practice talking to the child about adoption from the moment the child is placed.
  - ▶ No child is too young to start learning about foster care and adoption!
  - ▶ Normalize a wide range of families
  - ▶ Books can be a great resource



Life is beautiful

Your birth mother met your birth father through a friend of her cousin.

They lived together for 6-7 months

That is when your birth mother found out she was pregnant with you.

She soon moved into a home for unwed mothers in Gyeonggi-do and gave birth to you on

THERE IS  
ONLY ONE  
YOU

Your birth mother named you after her family names and a name she was fond of.

means bright and brilliant and she hoped by naming you this you would grow up to be a great person.

## YOUR STORY BEGINS

After you were born your mother remained at the unwed mothers home and cared for you for three weeks.

At this point she realized that she should not provide for you and it was best for you if you grew up with more security.

She gave up custody on with the hopes you would grow up happy and healthy in the loving care and support of a good adoptive family.



You were hospitalized for a short time for pneumonia. You spent in the National Healthcare Center.

For the next couple of month's you were at Eastern Welfare Society in Seoul.

On you were placed in the care of your Foster Mom, Mrs.

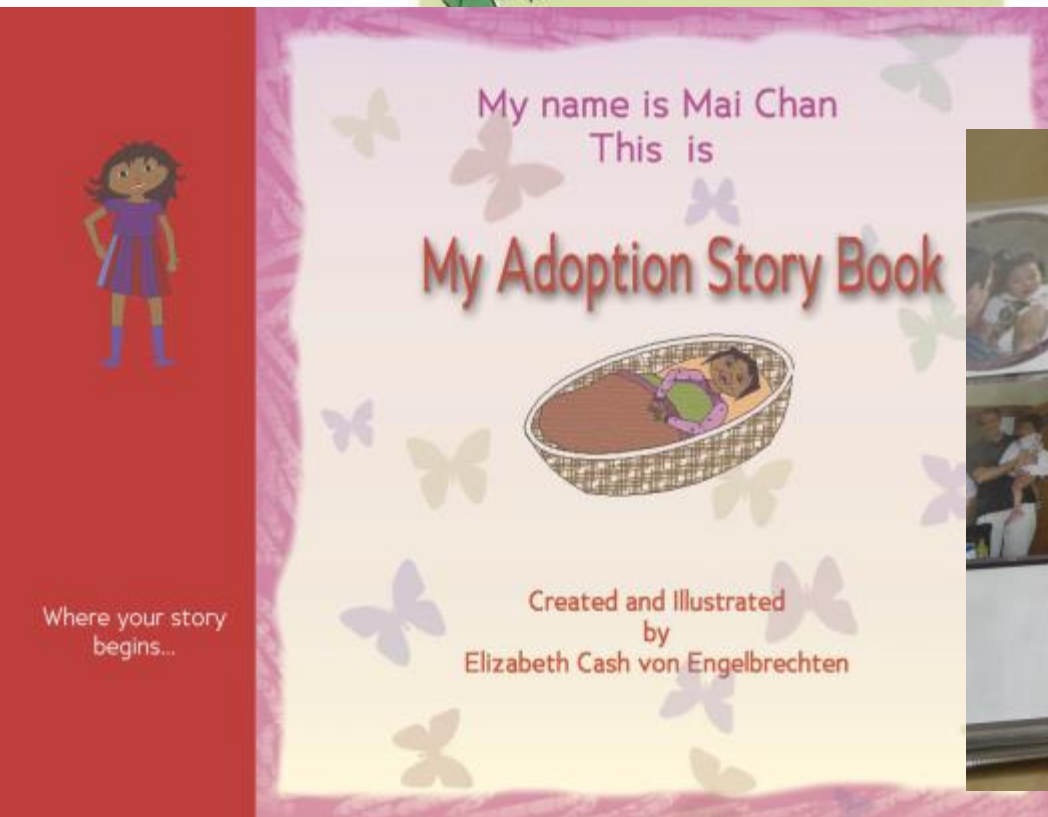
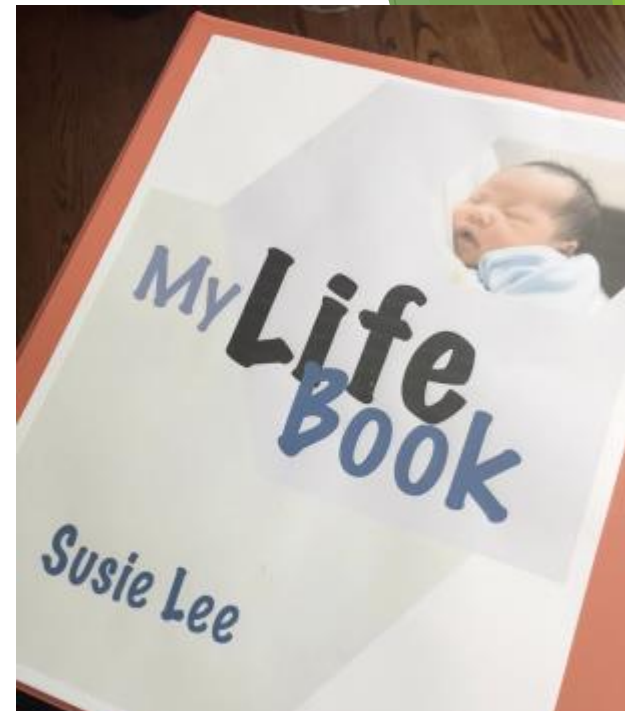
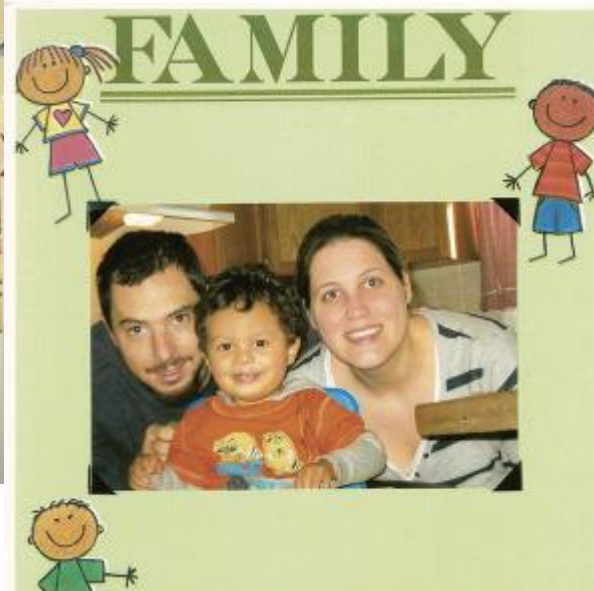
Your foster Mom was 43 years old at the time and lived with her husband and daughter.

Your Foster family lived a 30-minute bus rides away from Eastern.

Their home was clean, light, and airy.

You began to thrive and were happy.







# Transracial Adoption/Placement

- ▶ Transracial adoptions may be more visible, and attract more unwanted questions and comments.
- ▶ “Transracial family” -e.g., all family members learn Spanish rather than sending child to Spanish school
- ▶ Suggestions for therapists:
  - ▶ Talk about transracial aspect of placement even when caregiver does not bring it up
    - ▶ Ask about their feelings and concerns
  - ▶ Examine your own biases and assumptions



# Suggestions for Caregivers in Transracial Families:

- ▶ Acknowledge differences with the child
- ▶ Examine own biases and assumptions
- ▶ Explore child's cultural/racial background
- ▶ Provide opportunities for child to see themselves reflected in their world (i.e. diverse friends, books, toys, movies, etc.)
- ▶ Provide opportunities for child to learn about their background (i.e. books, trips, friends, movies, camps, etc.)
- ▶ Remain open and prepared to answer question



# Family visits



- ▶ Discuss specifics and logistics and validate how challenging these can be for child, resource parent, and bio family.
- ▶ Provided psychoeducation on long-term benefits of contact with bio family.
- ▶ Help caregivers label and validate the child's feelings.
- ▶ Explain to child who people are in developmentally-appropriate way.
- ▶ Create routines for before, during (when possible), and after visits.
- ▶ Create a visual calendar for older children.
- ▶ Take pictures when possible (part of child's story)

# Navigating DCFS and multiple systems



# Case vignette

- ▶ 2 year old African American boy
- ▶ Single African American mother
- ▶ First time mother
- ▶ Help read client's cues to build attachment.
- ▶ Work on setting developmentally appropriate expectations.
- ▶ Help resource mother understand how she is interpreting child's behaviors impacts how she responds to the client.
  - ▶ Cultural and racial factors



# Case vignette with transracial family

# Questions?

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