

## **Background**

Children with a history of trauma, especially child welfare involvement, are more likely to have behavioral health needs. Foster parents need behavioral health support, however, little is known about what types of behavioral health support welfare-involved parents (biologic and foster) desire.

## **Objective**

To determine 1) caregivers' preferences for behavioral health support within primary care in a primary care clinic for families with social complexity and whether 2) preferences vary by guardian type.

## **Design/Methods**

Using a convergent parallel mixed-method design, we investigated caregiver behavioral health preference in a primary care clinic for patients with social complexity (eg. child welfare involvement, parents with stressors such as substance use disorder). Quantitative data was collected via facilitated anonymous survey and qualitative data was collected via focus groups. Caregivers of patients enrolled in our clinic were eligible to participate and recruited based on convenience and purposive sampling. We tested differences in preferences by guardian type using Pearson's Chi-squared or Fisher's exact tests where appropriate. Three coders applied a thematic analysis to focus group transcripts to identify themes and patterns in guardian responses and applied codes using an inductive method. Coders then created a codebook. Using an iterative approach, the remaining transcripts were coded.

## **Results**

Of 101 families surveyed, 63 were biological parents, 35 were foster parents (21 kinship; 13 non-relative). Three caregivers who did not indicate guardian type were excluded from the primary analysis. One foster parent who didn't indicate foster parent type was excluded from the secondary analysis. Six focus groups were conducted including two in Spanish. The four English-speaking groups included two with foster parents only and two with biological parents. In total there were 24 parents (12 biological and 12 foster). All guardian types were interested in support for behavioral health needs. Foster parents had no greater interest in psychotropic medications than biological parents. Biological parents had desire for direct parenting support (76% vs 44%,  $p < 0.01$ ) (Table 1). Kinship parents had greater interest in behavioral health support (67% vs 23%,  $p = 0.01$ ) and direct parenting support (57% vs 17%,  $p 0.02$ ) than non-relative foster parents (Table 1).

Focus groups (Table 2) revealed the importance of trust and relationships between patients and clinicians when addressing behavioral health, and appreciation for when care teams acknowledged and addressed guardian stress and needs.

## **Conclusion**

These findings suggest that families want behavioral health support in the primary care clinic. Foster parents share similar preferences with biological parents in social needs screening in primary care. Kinship foster parents prefer to address social needs more than non-relative foster parents. Building

a trusting clinical relationship mitigates fears of judgment and reluctance to discuss social needs among all parents. Social needs screening within a trusting therapeutic relationship may alleviate challenges for families engaged in the child welfare system.

**Table 1 - Survey**

Behavioral health support at primary care clinic: preference by guardian parent type and foster parent type.

Characteristic	Biological vs Foster			Kinship vs Non-relative foster		
	Biological Parent, N = 63 <sup>1</sup>	Foster Parent, N = 35 <sup>1</sup>	p-value <sup>2</sup>	Kinship Foster Parent, N = 21 <sup>1</sup>	Non-relative Foster Parent, N = 13 <sup>1</sup>	p-value <sup>3</sup>
<b>I would be interested in more support for my child's behavior or mental health needs.</b>			0.62			0.03*
Agreed	34 (57%)	18 (51%)		14 (67%)	3 (23%)	
Did not agree	26 (43%)	17 (49%)		7 (33%)	10 (77%)	
Unknown	3	0		0	0	
<b>I wish my provider at this clinic could prescribe medications for ADHD, depression, or anxiety for my child, if my child needed those medications.</b>			0.81			0.47
Agreed	28 (47%)	15 (44%)		11 (52%)	4 (33%)	
Did not agree	32 (53%)	19 (56%)		10 (48%)	8 (67%)	
Unknown	3	1		0	1	
<b>I would be interested in more parenting tricks and tools to use with my child.</b>			<0.01*			0.03*
Agreed	47 (76%)	15 (44%)		12 (57%)	2 (17%)	
Did not agree	15 (24%)	19 (56%)		9 (43%)	10 (83%)	
Unknown	1	1		0	1	

<sup>1</sup>n (%); <sup>2</sup>Pearson's Chi-squared test for biological parent vs. foster parent; <sup>3</sup>Fisher's exact test for kinship foster parent vs. non-relative foster parent; \*p<0.05

**Table 2 - Focus Groups**

Focus group themes related to caregiver preferences about behavioral health within primary care.

Theme	Subtheme	Supporting Quote
<b>Building trust and relationship with guardian through actions</b>	Positive Relationship	<i>"So in talking to her [Social Worker] and the ideas, the resource and everything she gave me to help out with that [behavioral concern] actually did help out a lot. It worked."</i>
	Trust through actions	<i>"Because we got him the help he needed [Behavioral health Referral]. He's so focused now. He's so mannerable now. Everybody want him in his class."</i>
<b>The importance of being seen and heard</b>	Positive communication	<i>"I expressed my concerns to the doctor, and immediately, she said, 'I see your concerns and I understand them, so here's a referral to the Center of Autism.' And also, my firstborn, he was having nightmares at one point and just kind of like acting out, and quickly, she was like, 'I feel as though he might benefit from--'"</i>
<b>Acknowledging guardian needs</b>	Recognizing guardian needs	<i>"And she helped me. She was like, 'Count to 10 or go outside or just take some break.' And she gave me a few options to explore on what I could do when I felt like that, like overwhelmed. And she also helped me to identify the feelings that I was feeling in the moment because I just kept on saying, 'It's too much. It's too much.' So she told me-- she was like, 'You might be having anxiety.'"</i>

	Guardian additional education	<i>"Like I said, I have two autistic kids. I don't know nothing about them. The Social worker helped me with getting them into the right places to get that help because I don't know nothing. Like I told you, once they had those classes, I want to take it, so I can learn how to deal with it. Because I didn't know what was going on."</i>
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