

## Title

Behavioral Health Preferences Among Foster and Biological Families in a Primary Care Clinic for Families With Social Complexity

## Authors

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**Introduction:** Children with a history of welfare involvement are more likely to have behavioral health needs. Foster parents desire behavioral health support and there is concern about overusing psychotropic medications for children in foster care. Less is known about what behavior support is desired by families in primary care. This article studies 1) behavioral health preferences of families in a primary care clinic specializing in children facing social complexity, and 2) whether preferences vary by guardian type. **Methods:** We investigated family preferences for behavioral health support in a primary care clinic for social complexity via surveys and focus groups. Participants were recruited based on convenience sampling and outreach to a random sample of patients. Focus groups and surveys were anonymous and guardians were compensated with gift cards. We tested differences in preferences by guardian type using Pearson's Chi-squared test. Thematic analysis was applied to the qualitative data to identify themes from guardians' responses. **Results:** Of 101 families surveyed, 63 were biological parents and 34 were foster parents (21 kinship; 13 non-relative). Six focus groups of foster, biological, and Spanish-speaking parents were completed to further explore preferences (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 foster 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 revealed 1) the importance of trust and relationships between patients and clinicians when addressing behavioral health, and 2) appreciation for when care teams addressed guardians' stress and needs. **Conclusion:** These findings suggest that families, particularly biological and kinship parents, want behavioral health support in the primary care clinic, including direct parenting support. All desire a trusting relationship with clinicians who acknowledge family stress as part of behavioral health treatment. Inclusion of primary care-based behavioral support may help promote optimal wellbeing among children with social complexity.

Table 1. Behavioral Health Preferences by Guardian Type and Foster Parent Type

Characteristic	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>
I would be interested in more support for my child's behavior or mental health needs.			0.62			0.01
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	
I wish my provider at this clinic could prescribe medications for ADHD, depression, or anxiety for my child, if my child needed those medications.			0.81			0.29
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	
I would be interested in more parenting tricks and tools to use with my child.			<0.01			0.02
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	

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