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Overview

TIES for Families is an interdisciplinary, university-based program established in 1995 to promote the successful adoption, growth, and development of children with special needs, especially those with prenatal substance exposure who are in foster care. Our research explores the effectiveness of our services, expands our understanding of foster and adopted youth and their families, and identifies/explores protective and risk factors that impact the development of these youth.
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COVID-19 and Resource Families: An Examination of Ongoing Impact and Disparities

**Objective:** The current study examined the impact of COVID-19 on resource parents by comparing two time points, the beginning of “Safer-at-Home” and over a year later, and health disparities between groups. This study is a follow-up of Langley et al. (2021).

**Sample:** Participants included 527 current or prospective resource parents in Los Angeles County.

**Methodology:** Resource parents were surveyed about concerns related to COVID-19, its impact across several domains, helpfulness of resources, and adaptations made due to the pandemic, such as the transition to telehealth.

**Key Findings:** The findings reveal increased infection rates, maintained or increased reports of adverse impact and coping challenges, decreased reports of positive impact, and increased access to resources across time points. Approximately 45% of resource parents reported that having virtual services available allowed them to access resources they otherwise would not have had in the past. Compared to White resource parents, Black and Latinx resource parents reported both more adverse and more positive impact and less access to resources. Further, single caregiver households reported more financial worries, and foster parents and kinship caregivers reported more coping challenges than foster-adoptive parents.

Mental Health Engagement Among Foster and Adopted Youth: The Transition From In-Person to Telemental Health Services

**Objective:** This paper aimed to compare in-person mental health service utilization to telemental health (TMH) service utilization to investigate whether client engagement in mental health services changed among foster and adopted youth during the COVID-19 pandemic.

**Sample:** Participants included 55 foster and adopted youth being served at UCLA TIES for Families between March 13, 2019, and March 16, 2021.

**Methodology:** Total Number of Sessions, Accumulated Session Time, and Average Minutes per Session were used to evaluate overall levels of client engagement in services. Data was collected from client’s electronic health record.

**Key Findings:** Clients, on average, attended significantly more TMH sessions than in-person sessions. Clients spent considerably more accumulated time in therapy during TMH than in-person session. Clients on average had significantly briefer therapy sessions (i.e., fewer minutes per session) during TMH than in-person services.

**Citation:** Perez, V., Ruderman, M., Kussman, M., Waterman, J., Langley, A. (2022). Mental health engagement among foster and adopted youth: The transition from in-person to telemental health services. Manuscript resubmitted for publication.
Impact of COVID-19 on Resource Families: Unique Challenges & Strengths

Objective: The study aimed to understand the impact of the COVID-19 pandemic and “Safer-at-Home” orders on resource parents and their families in Los Angeles County.

Sample: Participants included 648 resource parents, 18 to 80 years, in Los Angeles County. Participants were predominantly female and BIPOC.

Methodology: Resource parents were invited to participate in an online survey through Qualtrics.

Key Findings: Nearly half of resource parents reported anxiety about issues such as infection, uncertainty about future, and financial hardship. Resource parents expressed concerns about children falling behind in school, mental health and developmental services, and birth parent visits. Resource parents also reported perceived benefits, such as increased family closeness. Lastly, younger parental age, fewer foster children in the home, and the less negative impact from COVID-19 a resource parent reported having were associated with an increased likelihood of resource parents welcoming a child into their home.

Objective: This study examined whether parental stress and pre-adoption risk factors was associated with later substance use among a group of adoptees.

Sample: Consisted of 82 adoptees and 134 adoptive parents. Children were between the ages of 4 months to 8.4 years. Most of the children were Latinx, African American, or Multiracial. About half of the children experienced some type of documented maltreatment.

Methodology: This was a longitudinal study in which adoptive parents participated in three-hour preplacement training sessions. After two months postplacement, children and parents completed measures annually. Once, youth reached adolescence, a survey was distributed to assess youth’s functioning.

Key Findings: Parental stress, but not children’s pre-adoption risk, predicted later substance use. Higher risk children were more positively and negatively affected by variations in parent stress.

Objective: Current study examined the associations between per-natal risk factors and developmental outcomes to assess effectiveness of adoption as an early intervention for children placed in foster care.

Sample: 87 infants were recruited from UCLA TIES for Families. 35.7% were mixed or other, 28.6% were Latino/a or Hispanic, 17.9% were African-American and 17.9% were Caucasian. The mean age removed from birth home was 1.16 months and the mean age at adoptive placement was 4.48 months.

Methodology: Data was derived from court and medical records. Bayley Scales of Infant and Toddler Development (3rd Edition) outcomes at T1 (baseline assessment) and T2 (follow-up 1 year after initial adoption placement) were also used.

Key Findings: Children adopted from foster care between 0-19 months had cognitive functioning that was comparable to the normative population at 1 year after placement. Language and motor functioning were lower, but age-adjusted language scores exhibited improvement at 1 year consistent with a developmental 'catch-up' effect.

Objective: Examined whether the association between cumulative pre-adoptive risk (e.g., maltreatment, age at placement) and adolescent/young-adult substance use is mediated by childhood internalizing and externalizing problems in youth adopted from foster care.

Sample: 82 adolescents and young adults adopted from foster care as infants through the Division of the Los Angeles County Department of Child Family Services. Approximately half suffered some form of physical or sexual abuse or neglect. Majority of the youth had prenatal exposure.

Methodology: Longitudinal study; two months after adoption, parents and children were asked to complete the Child's Behavioral Checklist (CBCL) and other measures. Information from Department of Children and Family Services records and court records were analyzed in tandem to assess pre-adoptive risk. When child reached adolescence, an online survey was administered to examine parents’ and child's perception of youth’s functioning.

Key Findings: There is an indirect effect of cumulative risk on substance use through childhood internalizing problems, but not externalizing problems. Mitigating early risk for children in the child welfare system and targeting childhood emotion dysregulation might reduce the likelihood of substance abuse among previously high-risk adoptees.

Objective: The objective of this study was to examine factors that might predict externalizing behaviors (EB) among a group of adopted individuals.

Sample: 82 children, aged 4 months to 8 years at baseline, adopted from foster care in Los Angeles County from 1996 and 2001.

Methodology: Longitudinal study. Data was derived from adoption records and assessment, including the Cameron-Rice Temperament Scales (at baseline), Family Environment Scales (at one year follow-up time point), and the Child's Behavior Checklist (at baseline and each of the five follow-up time points in childhood).

Key Findings: Youth with early reactive temperament did not exhibit heightened sensitivity to maltreatment nor to later adoptive family cohesion. Sexual abuse history predicted escalating childhood EB post-adoption, whereas exposure to family violence inversely predicted EB over time. By late adolescence/young adulthood 11–15 years post-adoption, rates of arrest and substance use were relatively comparable to normative populations of youth. However, older age of adoption predicted more substance use in late adolescence/young adulthood.

Objective: Examined the independent and interactive effects of child temperament and environmental factors on emotion regulation.

Sample: 82 children, between 4 months to 8 years at baseline, adopted from foster care in Los Angeles County from 1996 and 2001.

Methodology: Longitudinal study (families receiving services at TIES during 1996-2001). After two months postplacement, adoptive parents and children filled out measures, including the Cameron-Rice Temperament Scales, Family Environment Scale, and Emotion Regulation Checklist, annually for five years. Data regarding pre-placement risk factors was also obtained from children’s court and medical records.

Key Findings: Reactive temperament (negative emotionality) was the greatest predictor of children’s emotion regulation when they were initially adopted. However, when predicting change in temperament across 5 years post-adoption, adoptive family environment gained importance. Children with reactive temperament developed the best emotion regulation in families characterized by low expressiveness and high control; conversely, children with high easy temperament developed the best emotion regulation skills in families with high expressiveness.


https://doi.org/10.1177%2F1063426615621050
**Objective:** The study aimed to evaluate the effectiveness of a pre-placement education and preparation curriculum (PREP) for prospective and foster/adoptive parents in improving attitudes toward children with prenatal substance exposure and their substance-using birth parent and increasing willingness to adopt these children. PREP is a 9-hour curriculum (split into 3, three-hour weekly sessions.

**Sample:** 1,836 prospective parents seeking adoption through Los Angeles County Department of Children and Family Services (DCFS) who participated in PREP training between 1996 and 2013

**Methodology:** Prospective adoptive parents took a pre- and post-survey after each session, which their attitudes, knowledge and willingness to adopt youth with prenatal substance exposure.

**Key Findings:** Positive changes in prospective parents' attitudes toward children with prenatal substance exposure (PSE), people who have substance abuse problems, and substance-using pregnant women. Although no causal direction can be inferred from this study, it is possible that prospective parents' reported increase in knowledge represents an assimilation of the information presented that is necessary to foster attitude change.

Objective: Explored how pre-placement risk factors affected children's psychological symptoms and parenting stress among families adopting from foster care.

Sample: 82 children, between 4 months to 8 years at baseline, adopted from foster care in Los Angeles County from 1996 and 2001.

Methodology: Longitudinal study. Child internalizing and externalizing problems and parenting stress were assessed in families at 2 months post-placement, 12 months post-placement, and then yearly until 5 years post-placement.

Key Findings: Children who were maltreated before adoption exhibited greater emotional and behavioral problems than adopted children who were not maltreated. Behavior problems were initially greater among older-adopted children, but by 5 years post-adoption, no differences remained. Parenting stress reduced across 5 years among parents who adopted older children; in parents of younger children, stress plateaued after 1-year post-placement and then began to increase.

Parent Adjustment Over Time in Gay, Lesbian, and Heterosexual Families Adopting from Foster Care

Objective: Examined experiences of gay or lesbian and heterosexual adoptive parents over time, to understand their unique experiences.

Sample: 82 parents (60 heterosexual, 15 gay, 7 lesbian) who have adopted children (post-placement) from foster care in Los Angeles County between 1996 and 2001.

Methodology: Adoptive parents completed measures assessing adoption satisfaction, depressive symptoms, parenting stress, and social support at 2 months, 12 months, and 24 months postplacement.

Key Findings: Both heterosexual and gay/lesbian adoptive parents increased in satisfaction with adoption over time and maintained low levels of parenting stress and depressive symptoms. In both groups, greater parenting stress was related to higher depressive symptoms and reduced adoption satisfaction.

Objective: This study examined the trajectory of cognitive development among children adopted from foster care at five time points over the first five years of adoptive placement. Examined the ways in which potential risk factors such as older age at placement, abuse history, and pre-term birth may relate to cognitive development postplacement.

Sample: The sample was derived from families of 82 children receiving services from UCLA TIES between 1996 and 2001.

Methodology: Approximately two months after placement, parents filled out questionnaires and for in-person interviews and testing. They returned approximately 12 months after adoptive placement and each year after for a total of five years. At 2, 12 and 24 months, children completed age-appropriate cognitive assessments. At 36 and 60 months post-placement, children completed standardized tests of academic achievement.

Key Findings: The environmental risk factors were generally positively correlated with each other, while the biological risk factors tended to cluster together. Biological risk factors were significantly negatively related to several of the environmental risk factors. Premature birth and low birth weight were found to be significantly negatively associated with cognitive outcomes, whereas a history of abuse and neglect was found to be significantly positively associated with cognitive outcomes.

Can Gay and Lesbian Parents Promote Healthy Development in High-Risk Children Adopted from Foster Care?

**Objective:** Examined cognitive development and behavioral outcomes in children adopted by gay and lesbian couples.

**Sample:** 82 parents (60 heterosexual, 15 gay, 7 lesbian) who adopted children from foster care in Los Angeles County.

**Methodology:** Children received age-appropriate cognitive assessments, and the primary parent completed questionnaires regarding the child's behavior problems at 2 months, 12 months, and 24 months postplacement. Background risk was assessed at 2 months post placement.

**Key Findings:** Children adopted by gay and lesbian parents show the same outcomes as children adopted by heterosexual parents. Over time, children in both groups showed gains in IQ and stable, nonclinical levels of emotional and behavioral problems.

Objective: Article was written to provide primers for primary care physician (PCP) focusing on the areas of health care, speech and language, education, mental health, and psychosocial functioning of the foster child.

Sample: The article utilized existing literature such as the American Academy of Pediatrics, Child Welfare League of America and peer reviewed articles.

Methodology: The article utilized existing literature such as the American Academy of Pediatrics to provide evidence for the reasoning behind primers.

Key Findings: Primary Care Physicians (PCPs) can be an important protective factor for foster children and can provide a safety net of evaluations, services, follow-up, and referrals for specialized interventions. PCPs must take part in enrolling foster children within their busy practices, attend to the children's needs and advocate for services. PCPs can encourage foster parents to become active participants. A supportive health care provider can be a positive influence on a foster child's resiliency and future.

Objective: Examined the emotional and psychological difficulties often encountered by children and their prospective adoptive parents when birthparent visitation takes place and legal uncertainties exist. Offered clinical and policy recommendations to help both the children and families in these situations as well as the professionals who work with them.

Sample: The author conducted a literature review and then created vignettes (composites of many cases, with disguised details). The author based the vignettes off of the clinical experience of various staff members at UCLA TIES.

Methodology: The article is based on the clinical experience of the staff at UCLA TIES for Adoption, the UCLA Psychology Department, the Los Angeles County Children and Family Services, and private foundations.

Key Findings: Older children in pre-adoptive homes face shock and anger, helplessness and depression, attachment issues, issues related to court dates, tensions between birth and adoptive parents, and loyalty conflicts.

Helping Foster Parents Cope with Separation, Loss and Grief

Objective: Examined the many ways foster parents encounter loss and grief on a continuous basis. Examined the factors that affect the intensity of the loss and the healthy expression and resolution of grief. Examined the problems that can result when the grief of foster parents is not adequately addressed. Examined the ways in which professionals can be helpful to those caregivers around loss and grief.

Sample: Various existing literature such as articles from The Journal of Social Psychology, Child Welfare and their own professional experience.

Methodology: Compiled information to support their findings from various existing literature and their own professional experience.

Key Findings: The ways in which foster parents encounter loss and grief may look different depending on the kind of grief. The factors that influence the foster parents' grief include the foster parent-child relationship, the foster parent's motivation, the circumstances of the child's transition etc. Unresolved or unexpressed grief can result in a myriad of consequences like emotional unavailability. Educational programs assist foster parents with loss and validation of grief.

Experiences, Concerns and Service Needs of Families Adopting Children with Prenatal Substance Exposure: A Summary and Recommendations

**Objective:** Examined the challenges and needs of adoptive parents with a child exposed prenatally to substances.

**Sample:** The 12 families participating in the research protocol were all part of the TIES for Adoption project. The 12 families included 20 parents and 16 children.

**Methodology:** Psychologists, graduate students, or advanced undergraduate students conducted semi-structured, individual interviews with the parents at approximately three to five months postplacement and again at 13 to 15 months postplacement. The interviews included open-ended questions and five-point Likert-type ratings about adoption, parenting, and pre-natal substance exposure. One month prior to the interviews, parents received, by mail, the Parenting Stress Index (PSI) along with other measures-- which was collected at the time of the interview.

**Key Findings:** The adoption of children with prenatal substance exposure progresses relatively smoothly in the first year following placement when families receive services and supports. However, the period following the child's transition from out-of-home care to an adoptive placement can be a particularly vulnerable time for families, and both parent and child may experience stress.

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Youth In or Adopted From Foster Care and Their Families: How Do We Support Engagement?

Symposium Presented at APA, 2022

Chairperson: Jill Waterman, Ph.D.
Nekolas Milton, Ph.D., Vanessa Perez, B.A., Christine Moody, Ph.D., Matthew Ruderman, Ph.D.,
Factors Related to the Recruitment and Retention of Prospective Foster and Adoptive Parents

Objective: Analyzed the factors affecting retention and engagement of prospective foster/adoptive parents, in order to meet the growing needs of youth requiring permanency.

Sample: 25 resource families were surveyed, with the mean age being 46. 80% of those surveyed were female and 80% identified as heterosexual/straight. 32% of those surveyed were Hispanic/Latinx and 32% of those surveyed were White. 28% were Black/African American and 4% were Asian, with 4% identifying as a race/ethnicity not listed/other.

Methodology: Surveyed approved resource families (N=25) in Los Angeles County

Key Findings: Participants noted having high support from friends, family, and significant others. 1 in 3 reported child mental health or behavioral challenges and challenges with DCFS as a barrier. 1 in 4 reported stress as a barrier. Only 17% endorsed resource parent related stress at this time point.

An Examination of Pre-Adoptive Risk Factors and Engagement in Mental Health Services

**Objective:** Examined the risk factors in pre adoptive youth and their relationship to engagement in mental health services.

**Sample:** The electronic health records of 247 pre adoptive youth were utilized in this study.

**Methodology:** Quantitative (minutes in therapy). Electronic health records data collected from 2012 to 2022.

**Key Findings:** Risk factors are prominent in youth with foster care experience. Risk factors trended towards predicting an increase in mental health service engagement. Educational and Psychiatry services better explained the variance.

**Citation:** Vanessa Perez (2022). An Examination of Pre-Adoptive Risk Factors and Engagement in Mental Health Services Presented at APA Convention 2022.
Objective: Looked into the differences in collateral therapy models and traditional therapy models.

Sample: The electronic health records of 31 youth at TIES were collected. The mean age of youth at intake was 9.2 years old. 45.2% of the sample was male and 54.8% of the sample was female. 35.5% of the youth were African American, 29% were Hispanic/Latinx, 19.4% were of Mixed Race, and 16.1% were White.

Methodology: Outcome measures collected at Intake and approximately 12 months (CBCL) after intake. Electronic health records used to collect data on traditional or collateral therapist model, service minutes in therapy categories and postnatal risk factors.

Key Findings: No Significant differences on CBCL from intake to 1yr. However, total minutes in collateral therapy predicted greater symptom reductions (separate collateral therapy allowed for engagement in therapy to increase). No significant differences emerged in outcomes by collateral therapy model.

Objective: Examined the length of treatment (and re-entry into treatment) across child race/ethnicity, age, utilization of ancillary services, single or multi caregiver household and distance.

Sample: The electronic health records of 817 youth at TIES were collected.

Methodology: Accessed information from Exym, an electronic health record system, for all clients from UCLA TIEs for Families between the years of 2011 and 2022. Data linkage and organization via Excel. Descriptive and inferential analyses (i.e. regressions) via SPSS.

Key Findings: Across all treatment episodes, the median length of stay in treatment is approximately 18 months. Access to treatment appears equitable across child race/ethnicity. Length of stay in treatment primarily predicted by utilization of ancillary services. Older children spent less time in treatment at first but were more likely to return later. Female clients spent more total months in treatment. Some families from further away spent less time in treatment. Approximately 1 in 5 clients returns to treatment*. Clients of single caregivers were less likely to return to treatment later.

Citation: Matthew Ruderman (2022). Who Stays in Therapy Longer or Comes Back Later? An Examination of Electronic Health Records for Youth in or Adopted from Foster Care. Presented at APA Convention 2022.
Youth In or Adopted From Foster Care and Their Families: How Do We Support Engagement?

Symposium Presented at APA, 2022

Chairperson: Audra Langley, Ph.D.

Vanessa Perez, B.A., Lucia Casandras, Ph.D., Jill Waterman, Ph.D., Matthew Ruderman, Ph.D.
The Impact of Telehealth on Psychotherapy: Client Engagement

**Objective:** Reviewed client's records to explore if there are changes in engagement pre-TH (telehealth) and post-TH. Explored if client's diagnosis type influenced engagement. Examined if demographic variables (e.g., age, ethnicity, and gender) influence engagement.

**Sample:** Participants receiving mental health services at UCLA Ties for Families. 6 months Pre-TH and 6 months Post-TH (n=82). 12 Months Pre-TH and 12 Months Post-TH (n=66).

**Methodology:** Operationalized engagement using number of sessions, total billed minutes and average minutes per session. Performed analysis utilizing Paired Sample T-Test, One-Way ANOVA and Regression.

**Key Findings:** For Collateral Therapy, the number of sessions was higher for those 6 months Post-TH and the number of total billed minutes was higher for 6 months. For Individual therapy, the number of sessions was higher for those 6 months and 12 months Post-TH, the number of total billed minutes was higher for 6 months and 12 months, and there were less minutes per session for both 6 months and 12 months Post-TH.

**Citation:** Vanessa Perez (2021). The Impact of Telehealth on Psychotherapy: Client Engagement. Presented at APA Convention 2021.
Exploration of the Impacts of Events of Racial Injustice and COVID-19 on Foster and Adoptive Youth and their Caregivers

**Objective:** Described the impact of COVID-19 and racial injustice events on youth adopted from foster care and their caregivers. Described youth and caregiver perceptions of support qualitatively. Informed future research to help with clinical intervention for foster and adoptive families.

**Sample:** Youth (n=14). Caregivers (n=58).

**Methodology:** Conducted a COVID-19 survey on UCLA TIES families. Analyzed via content analysis of descriptive language.

**Key Findings:** Caregivers played an important role in youths' support systems. Over 70% of youth felt comfortable discussing events of racial injustice with their parents.

**Citation:** Lucia Cardenas (2021). Exploration of the Impacts of Events of Racial Injustice and COVID-19 on Foster and Adoptive Youth and their Caregivers. Presented at APA Convention 2021.
Examining Impact of COVID-19 and Transition to Telehealth on Foster/Adoptive Youth, Their Families, and the Clinicians Who Support Them

Objective: This study aimed to better understand the various impacts of COVID-19 and resulting life adaptations for youth adopted from foster care, their caregivers, and staff at UCLA Ties. Examined impact of transition from in-person to telehealth services on these groups. Reported lessons learned & give recommendations.

Sample: Direct Service Providers (N=18, mean age= 40.50). Caregivers (N=58, mean age= 50.22). Youth (N=10, mean age = 12.20).

Methodology: Online surveys sent to caregivers of foster/adoptive youth, administrative and direct service staff, and youth aged 10-17 with finalized adoptions (caregivers consent required). Surveys sent August 2020. Factor analysis utilized to yield 3 composite factors of COVID 19 impact: Negative impact, Positive impact, and Fear of infection.

Key Findings: All groups endorsed positive impacts/silver linings of COVID-19 pandemic. About 50% of both youth and caregivers preferred a combination model for future treatment. Service providers had mixed feelings about telehealth for clients, and experienced vulnerability, stress and exhaustion in implementing telehealth.


**Objective:** Examined the effects of COVID-19 on youth and families.

**Sample:** Over 600 current or prospective resource parents in LA County were surveyed at the beginning of the pandemic in 2020.

**Methodology:** An online survey was sent to resource parents.

**Key Findings:** 5 in 10 resource parents reported anxiety related to a loved one getting sick or infected. 53% of resource parents are concerned about not seeing loved ones. 82% of parents reported having a greater appreciation for family and friends. 65% of parents reported video visitation with social worker being the most helpful. 44% of resource parents reported having in-person birth parent visits during Safer-at-Home or plan to. 54% of resource parents reported being open to welcoming a new child into their home during COVID-19.

Posters
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Difficult infant temperament significantly predicted an increase in parenting stress and parent-child dysfunctional interactions for foster and adoptive parents.

**RESULTS**

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**DISCUSSION**

- Difficult infant temperament, younger caregiver age, and being a single caregiver significantly predicted an increase in parenting stress.
- Difficult infant temperament and younger caregiver age significantly predicted an increase in parent-child dysfunctional interactions.

**IMPLICATIONS AND FUTURE DIRECTIONS**

- Temperament screening should be a routine part of the adoption and foster care process to identify and provide early intervention to at-risk caregivers.
- Resources parents who identify as single caregivers should receive services to cope with added parenting and life stresses.
- Parenting instruction should be modified to suit the child's temperamental needs and decrease caregiving stress.
- Future analyses should explore the impact of race/ethnicity, caregiver employment status, income level, and other pertinent variables.

**INTRODUCTION**

- Researchers note that infants (Berglund et al., 2016).
- Higher levels of parenting stress often result in harsher discipline and less nurturing caregiving behaviors (Havk et al., 2018), which in turn is associated with an increase in future difficulties in temperament and dysfunctional parent-child interactions (Menco, 2014).
- Identifying strategies to alleviate caregiving stress in resource parents may improve difficult temperament by establishing a better match between the child's characteristics and the demands of the environment (i.e., goodness-of-fit, Uzawa et al., 2015).

**METHODS**

- Data collected from Infant Mental Health Clinic at treatment baseline (N=102).
- Measuring Parenting Stress Index and The Parental Ounce Infant Temperament Scale.
- A Difficult Temperament composite was created comprised of infant sensitivity, reactivity, adaptability, regularity, frustration tolerance, movement, and ordinariness.
- Linear regression was used to examine the relationship between parenting stress/parent-child dysfunctional interactions and infant temperament, controlling for relevant demographic variables.
Caregivers from transracial families reported significantly less adverse impacts of COVID-19 than caregivers from non-transracial families.

Introduction

- The Impact of COVID
  Many caregivers have faced experiences with COVID-19, including increased parental stress and negative emotions (Conger et al., 2020) and more quality time with children (Gately & Averett, 2021). BRCOC families experienced significantly more losses during the pandemic (Clawson et al., 2021).
- Transracial Families
  Transracial family members reported significantly less adverse impacts of COVID-19 than non-transracial family members. BRCOC families experienced significantly higher positive impacts related to COVID-19 than non-transracial families. (Department of Health and Human Services, 2020, National Center for Transgender Equality, 2021).

Current Study

Aim: Examine the perceived impact of COVID-19 on transracial foster/adoption families.
Hypothesis: Transracial foster/adoption families will experience more positive and adverse impacts from the pandemic than non-transracial families.

Methods

- Data Collection
  - Participants included families in Los Angeles County with at least one foster/adoption youth.
  - Caregivers filled out an online survey about the impact of COVID-19 on their daily lives.
  - Data was collected mid-2020 as a follow-up study to Langley et al., 2020.
- Participants
  - 50% Caregivers
  - Age range from 20 and 70 [M, 44.05 years, SD = 10.79]
  - Female: 89%; Male: 11%.
  - An Additional 42% either identified as transgender, gender non-binary, or other.
- Analysis
  - Linear regression was used to explore if being in a transracial family predicts outcomes related to COVID-19 (i.e., positive & adverse impact).

<table>
<thead>
<tr>
<th>Table 1: Descriptive Impact of COVID-19 on Resource Parents by Factors</th>
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</thead>
<tbody>
<tr>
<td>Factor</td>
</tr>
<tr>
<td>Positive Impact</td>
</tr>
<tr>
<td>favorable family and family</td>
</tr>
<tr>
<td>架 negative affect on my family and</td>
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<tr>
<td>架 new goal for my family</td>
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<tr>
<td>架 positive changes in time</td>
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<td>架 positive changes in time</td>
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<td>架 positive changes in time</td>
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<table>
<thead>
<tr>
<th>Table 2: Linear Regression For Positive Impact of COVID-19</th>
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<tbody>
<tr>
<td>Model</td>
</tr>
<tr>
<td>Transracial Family*</td>
</tr>
<tr>
<td>Two Caregivers</td>
</tr>
<tr>
<td>Age*</td>
</tr>
<tr>
<td>African American*</td>
</tr>
<tr>
<td>Latin*</td>
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<tr>
<td>Reject</td>
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<tr>
<td>Caring of length</td>
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<tr>
<td>Access to Resources*</td>
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<tr>
<td>Adult Impact of COVID-19*</td>
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</table>

<table>
<thead>
<tr>
<th>Table 3: Linear Regression For Adverse Impact of COVID-19</th>
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<tr>
<td>Model</td>
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<tr>
<td>Transracial Family*</td>
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<tr>
<td>Two Caregivers</td>
</tr>
<tr>
<td>Age*</td>
</tr>
<tr>
<td>African American*</td>
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<tr>
<td>Latin*</td>
</tr>
<tr>
<td>Mixed</td>
</tr>
<tr>
<td>Caring of length</td>
</tr>
<tr>
<td>Access to Resources*</td>
</tr>
<tr>
<td>Positive Impact of COVID-19*</td>
</tr>
</tbody>
</table>

Discussion

When adjusting for demographic variables and other COVID-19 related impacts:
- Caregivers from transracial families reported significantly less adverse impacts of COVID-19 than caregivers from non-transracial families.
- Caregivers from transracial families reported significantly higher positive impacts related to COVID-19 than caregivers from non-transracial families.

Limitations

- Caregivers in transracial families reported having better experiences associated with the pandemic (i.e., less negative and more positive impacts) than caregivers from non-transracial families.
- Results may be attributable to the ability of foster and adoptive parents to manage highly stressful situations given their unique experiences.
- Results may suggest that caregivers had a greater positive outlook on life in general and/or had the ability to focus on their positive experiences more.

Future Directions

- Explore other variables that may be associated with the impact of COVID-19 in transracial families (e.g., the impact of the social justice movement in 2020, political climate).
- The study did not include a control group of non-foster and adoptive parents, which limited our ability to compare results to the general population.

Contact Information: UCLA TIES for Families at ties@ucla.edu
The Relationship Between Number of Caregivers at Home and Engagement in Telemental Health Services
Karyn Juwadi, B.S., Vanessa Perez, B.A., Matthew Ruderman, Ph.D., Jill Waterman, Ph.D., & Audra Langley, Ph.D.
UCLA TIES for Families, University of California, Los Angeles

Introduction
- 80% of children in the foster care system have significant mental health problems (Phillips & others, 2006).
- 50% of children receiving mental health services drop out prematurely from psychotherapy services (Field & Farrow, 2005).
- Telemental health (TMH) has emerged as an alternative treatment modality to replace or complement in-person services.
- New research suggests that numerous family-like factors (e.g., parental stress, family type) impact the utilization of mental health services (Dixonian & others, 2020).
- Children in single caregiver households are more likely to experience mental health challenges (Yaring Tolui & others, 2017).

Aims
- Use electronic health records to explore client engagement in mental health services by treatment modality before and after the transition to TMH services for single and multiple caregiver households.
- Compare single caregiver households to multiple caregiver households on engagement in mental health services during TMH.

Methods
- Data Collection:
- Participants:
  - 55 foster/adoption families receiving service from UCLA TIES for Family.
  - Age range: 1-17 (M = 6.97, SD = 3.60).
  - Gender: males (55%) and females (45%).
  - Race: African American (42%), Latino (29%), Asian (22%), or Asian (21%).

Variables
- Number of Caregivers: One; Two.
- Engagement:
  - Mental Health Services Only
  - Number of Sessions: Accumulated Time in Telemental Therapy: Average Min Per Session.
  - Treatment Modality: General, Individual Therapy, Collateral Therapy, Family Therapy.
- Analysis:
  - Series of paired sample t-tests.
  - Independent sample’s t-tests.

Results

Table 1. Comparing In-Person and Teleshared Engagement

<table>
<thead>
<tr>
<th>Category</th>
<th>In-Person (Mean, SD)</th>
<th>TMH (Mean, SD)</th>
<th>Mean Difference</th>
<th>t</th>
<th>df</th>
<th>P</th>
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</thead>
<tbody>
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<tr>
<td>Number of Sessions</td>
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<tr>
<td>Single Caregiver</td>
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<tr>
<td>Overall*</td>
<td>49.38 (23.88)</td>
<td>40.66 37.0</td>
<td>-12.36 2.08</td>
<td>20</td>
<td>0.006</td>
<td></td>
</tr>
<tr>
<td>Collateral Therapy*</td>
<td>20.24 (17.08)</td>
<td>26.24 15.33</td>
<td>6.00 -3.23</td>
<td>20</td>
<td>0.006</td>
<td></td>
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<tr>
<td>Two Caregivers</td>
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<td></td>
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<tr>
<td>Overall*</td>
<td>43.85 (20.45)</td>
<td>57.74 34.02</td>
<td>15.32 2.77</td>
<td>30</td>
<td>0.600</td>
<td></td>
</tr>
<tr>
<td>Individual Therapy*</td>
<td>10.80 (10.18)</td>
<td>30.31 16.98</td>
<td>13.26 -3.80</td>
<td>22</td>
<td>0.600</td>
<td></td>
</tr>
<tr>
<td>Accumulated Minutes</td>
<td></td>
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<tr>
<td>Single Caregiver</td>
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<tr>
<td>Overall*</td>
<td>915.19 (671.02)</td>
<td>360.28 245.71</td>
<td>-21.6 2.58</td>
<td>20</td>
<td>0.108</td>
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<tr>
<td>Two Caregivers</td>
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<tr>
<td>Individual Therapy*</td>
<td>1391.28 (108.13)</td>
<td>1261.35 957.90</td>
<td>740.99 -5.13</td>
<td>22</td>
<td>0.002</td>
<td></td>
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<tr>
<td>Average Minutes Per Session</td>
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<tr>
<td>Single Caregiver</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall*</td>
<td>54.26 (11.97)</td>
<td>45.48 7.91</td>
<td>-8.86 5.22</td>
<td>20</td>
<td>&lt;0.000</td>
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<tr>
<td>Individual Therapy*</td>
<td>50.98 (13.78)</td>
<td>40.92 11.04</td>
<td>-9.16 3.05</td>
<td>14</td>
<td>0.060</td>
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<tr>
<td>Two Caregivers</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Therapy*</td>
<td>49.39 (8.39)</td>
<td>44.46 10.05</td>
<td>-4.94 3.47</td>
<td>21</td>
<td>0.001</td>
<td></td>
</tr>
</tbody>
</table>

Comparison of the results only

Table 2. Comparing Teleshared Engagement Between Single and Two Caregiver Households

<table>
<thead>
<tr>
<th>Category</th>
<th>Single Caregiver (n = 55)</th>
<th>Two Caregivers (n = 36)</th>
<th>Mean Difference</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>Number of Sessions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall*</td>
<td>59.95 (23.69)</td>
<td>33.73 34.02</td>
<td>6.22 -46.0</td>
<td>46</td>
<td>0.001</td>
</tr>
<tr>
<td>Accumulated Time</td>
<td>2,871.57 (940.64)</td>
<td>2,495.88 1,713.35</td>
<td>191.69 -73.4</td>
<td>46</td>
<td>0.006</td>
</tr>
<tr>
<td>Average Minutes Per Session</td>
<td>45.40 (7.51)</td>
<td>44.45 10.63</td>
<td>0.75 -28.0</td>
<td>73</td>
<td>0.735</td>
</tr>
</tbody>
</table>

Discussion
- Overall
  - Clients with a single caregiver attended a greater number of sessions but spent less time in services during TMH compared to in-person services.
  - Clients with two caregivers attended more sessions and had shorter services during TMH compared to in-person services.

- Intrahousehold
  - Clients with a single caregiver spent less time per session during TMH compared to in-person services.
  - Clients with two caregivers attended more sessions and spent more time in therapy during TMH compared to in-person services.

- Collateral Therapy
  - Clients with a single caregiver attended a greater number of sessions and spent more time in services during TMH compared to in-person services.

- Family Therapy
  - Clients with two caregivers had shorter family sessions during TMH compared to in-person services.

- Group Comparisons
  - In general, there was no significant group differences when comparing TMH engagement between single and two caregiver households.

Implications, Limitations, Future Directions
- Implications
  - Client engagement for both single and two caregiver household increased after the transition to telemental health.
  - Clients in both single and two caregiver households engaged in TMH therapy equally.

- Limitations
  - The small sample size limits the power of the results.
  - The sample lived in Los Angeles County which limits the generalizability of the results to other geographic areas.
  - Since the use of TMH coincided with COVID-19, the results may be confounded by increased mental health challenges and stress associated with the pandemic.

- Future Directions
  - Future research could explore how other demographic variables such as race and gender impact TMH engagement.
  - Explore how a hybrid model (i.e., a combination of in-person and TMH) of mental health treatment might impact client engagement.

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American Psychological Association, 2022

Clients’ engagement for both single and two caregiver household increased after the transition to telemental health equally.
Responses indicate that more than half of caregivers felt that COVID-19 had a negative impact on their lives.

Data indicates that caregivers and youth reported a high sense of resiliency during this time, such as greater overall appreciation of life, friends and family.
ADOPTIVE PARENT DEPRESSION AND ADOPTIVE CHILDREN’S EDUCATIONAL ACHIEVEMENT

Annie Jeong, B.A., Vanessa Perez, B.A., Joe Guzman, B.A., Matthew Ruderman, PhD, Jill Waterman, PhD, Audra Langley
Contact: asjeong7@g.ucla.edu
UCLA TIES for Families, University of California, Los Angeles

INTRODUCTION

- As many as 10% to 32% of adoptive parents experience depressive symptoms (significant depressive symptoms post-adoption (Foll et al., 2016)).
- Parental depression has been linked to poorer parenting quality, depressive symptoms in children (Liska et al., 2018; Coffi, 2020).
- Children in foster care are vulnerable to higher rates of mental health conditions and poor educational outcomes (Oswald, Heil, & Goldbeck, 2017).
- In the normative population, parental postnatal depressive symptoms predict lower academic performance in adolescence (Psychogios, Russell & Owens, 2019).

METHOD, CONTDT.

Measures:
- **Parental Depression**
  - T1-T6, using the Beck Depression Inventory (Beck, 1996)
- **Parenting Stress**
  - T1-T6 using child domain of the Parenting Stress Index (Abidin, 1997)
- **Educational Achievement in Childhood**
  - T4, T5, using Wechsler Individual Achievement Test (WIAT) Total Achievement Score (Johnson, 2011)
- **Educational Achievement in Adolescence**
  - Composite of parent-reported grades, parent perceptions of child academic performance, inclusion on the honor roll, and other academic honors collected in the follow-up study.

RESULTS

![Graph showing the relationship between parental depression and educational achievement](image)

- Parental depression (averaged T1-T6) and participants’ educational achievement in adolescence were found to be moderately negatively correlated, (r(50) = -.28, p < .048).
- The relationship was slightly stronger among children who were prenatally exposed to substances, (r(41) = -.33, p = .034)
- No significant relationships found between parental depression and educational achievement in childhood overall and when analyzed by ethnicity.

DISCUSSION

- Parental depressive symptoms reported throughout the childhood are related to lower educational achievement in adolescence for children adopted from foster care, especially among children prenatally exposed to substances.
- However, the magnitude of the influence of parental depression on academic achievement is unclear; we cannot conclude that this relationship is impactful in the context of the various risk factors affecting the academic achievement of children adopted from foster care.
- No significant relationships were observed between parental depression and parenting stress nor parental depression and educational achievement in childhood.

LIMITATIONS

- Educational achievement was retrospectively reported by parents and some reported items (i.e., honors) may not objectively capture educational achievement.
- Potential temporal trends in parental depression are unclear.

IMPLICATIONS

- Future research may involve equivalence testing to determine whether parental depression influences adoptive children’s academic achievement in childhood.
- Findings support the importance of bolstering adoptive parent mental health.

RESERACH QUESTIONS

- How does parental depression influence foster/adopted children’s educational achievement in childhood and adolescence?
- Through what pathways might parental depression affect educational achievement in foster/adopted children from childhood to adolescence?

METHOD

Participants:
- 5-year study (1996-2001)
  - N = 82, 46% female and 65% BIPOC, M = 3.7 years, SD = 3.4 years
  - Follow-up study (2014-2015)
  - N = 35, M = 19.2 years
- Repeated measures were taken at 6-timepoints throughout the 5-year study.

Findings support the importance of bolstering adoptive parent mental health.
Contrary to hypotheses, neglected youth (not physically abused youth) showed greater externalizing symptoms than non-maltreated youth across childhood.

Both neglected and physically abused youth are more likely to be diagnosed with depression than non-maltreated youth.
PREP sessions effectively alleviate stigma associated with behavioral problems in foster youth

Results revealed that single parents and parents who already had foster/adopted youth in the home were more willing to adopt children with ADHD, BPs, and LPs both before and after the PREP session.

- Married parents sometimes given higher priority in adoption process.
- Prior literature suggests that single parents may be especially equipped to handle difficulties common to high-risk adoptees.
- Prior contact with child welfare system may increase willingness to adopt children with LPs/BPs.
- More than 5 out of every 10 people said they would “definitely” make the same decision to adopt again.
- Regardless of marital status, willingness to adopt children with BPs increased across time.
- PREP sessions may especially help parents understand why children “set out” due to prior trauma.
Female adoptees may receive more intensive mental health services in adolescence to treat longstanding internalizing problems.

### Methods (Ctd.)

#### Covariates
- Socioeconomic status
  - Hollingshead scale
- Accounts for parents' education level and occupation
  - Lower score = higher SES
- Cumulative risk
  - Information gathered from DCFS court reports/records
  - Malnutrition, number of placements, age at adoption, lived with bio parent

#### Data Analytic Plan
- Utilized PROC MI in SAS to account for missing data
- Analyzed data across 50 imputed datasets using PROC MIANALYZE

### Results

#### Table 2: Service Utilization Predicted from Internalizing Problems and Gender

| Predictor | N | R² | Adjusted R² | Cumulative Risk | p
|-----------|---|----|-------------|----------------|---
| SES       | 411 | 0.005 | -0.153 | -0.200 | 0.057 |
| SES × CBCL \^ext\^ | 411 | 0.005 | -0.153 | -0.200 | 0.057 |
| Gender    | 411 | 0.005 | -0.153 | -0.200 | 0.057 |
| SES × CBCL \^ext\^ | 411 | 0.005 | -0.153 | -0.200 | 0.057 |

#### Figure 2: Externalizing problems and service utilization by gender.

### Conclusion

- **Conclusions:**
  - While level of childhood behavior problems is greatest predictor of later intensive mental health treatment among foster-adoptees, gender differences may exist in extent to which childhood psychopathology predicts treatment use in adolescence.
  - Female adoptees may receive more intensive mental health services in adolescence to treat longstanding internalizing problems.
  - Possible reasons for gender gap:
    - Girls more willing to use mental health services?
    - Differential consequences and trajectories of psychopathology
    - Posttraumatic stress symptoms associated with later problematic substance use in girls but not boys.
  - In adolescence, girls begin to exhibit more depressive symptoms than boys despite similar levels in childhood.
  - Marginally significant interaction between gender and externalizing problems.
    - Slight evidence that female foster youth may receive more intensive services than males to treat externalizing behaviors due to gender-atypical nature of externalizing problems.

### Limitations

- **Time lag between childhood and adolescent treatment** may result in failure to capture gender differences in psychopathology that emerge later in youth.
- **Some youth did not participate in follow-up study due to staying in rehab facility or residential treatment** possible attrition bias.

### Implications

- Further research should tease apart possible explanations for findings; underlying reason informs intervention implications.
  - If due to higher rates of psychopathology among females, should target more early intervention efforts towards female foster youth.
  - If due to lower referral threshold for females, should work to eliminate bias.
The Effects of Family Environment on Academic Performance of Adopted Youth

Amanda E. Preston; Austin J. Blake, B.A.; Jill M. Waterman, Ph.D. & Audra K. Langley, Ph.D.

Introduction

- Foster and adopted youth are at higher risk for poor academic performance due to deleterious prenatal and postnatal environments.
- Research on resilience indicates that foster adopted youth can change their academic trajectories if the right protective factors are in place.
- Previous studies have shown that family cohesion and parental control can improve academic performance in non-adopted youth.

Research Question

- Can family cohesion and control serve as protective factors against deleterious academic outcomes common within an adopted population?

Methods

- Participants:
  - 82 children, 88 primary adoptive parents
  - Age: M = 4.3, Range = 4 months - 8.4 years
  - Follow-up study:
  - 35 youth, 44 primary adoptive parents
  - Age: M = 19.2, Range = 14 - 24 years
  - 54.6% Male and 45.4% Female
  - 39% Latinx, 26% African American, 19% Caucasian, 24% Other/Multiracial/Unknown
- Measures:
  - Cohesion and Control subscales of the Family Environment Scale (FES) during the 9-year longitudinal study
  - Questions on academic achievement from online follow-up to original study when children reached adolescence during youth

Results

- Analyses were conducted in Mplus 6.12
  - Full Information Maximum Likelihood (FIML) estimation with robust standard errors was implemented to account for missing data and increase power
- Multiple regression analysis was implemented to test if family cohesion and control significantly predicted academic outcomes (measured as parent report of child academic performance)

Discussion

- Family cohesion may serve as a protective factor against poor academic outcomes in adopted youth.
  - This effect likely stems from being placed in a supportive environment that encourages achievement.
- However, inconclusive because adoptive parents may have felt closer to children higher in academic achievement.
  - Contrary to past literature on non-adopted youth, control within the family did not predict higher academic outcomes in this population.
  - Although control and parental monitoring may be helpful for non-adopted youth, strict parenting may act as trigger for trauma-related behaviors in this population.

Implications and Future Research

- Interventions targeting family support and unity may lessen achievement gap between adopted youth and their non-adopted peers.
- Future research should examine the effects of high family cohesion on later measures of life achievement (e.g., college attendance, career path, etc.).
- Follow-up question: do control and cohesion interact to predict academic outcomes?
  - Possible that overcontrolling may have beneficial effect when combined with warm, nurturing (i.e., authoritative) parenting.

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Although control and parental monitoring may be helpful for non-adopted youth, strict parenting may act as trigger for trauma-related behaviors in this population.