Cultural Considerations for Young Children in Foster Care

Chandra Ghosh Ippen, Ph.D.
Child Trauma Research Program
University of California San Francisco

Anna T. Smyke, Ph.D.
Tulane University School of Medicine

Vignette

- Jenee – 20 years old – ½ Native American, ½ White
  - Jayden – 27 months – father is African American
  - Julianna “Juju” – 12 months – father is Latino
- Children removed – Jayden had fractured leg with older, healing rib fractures
- Family factors
  - Domestic violence – concern re: mother’s ability to protect and children’s exposure
  - Caregiver has a long history of involvement with CPS (multigenerational involvement)
  - History of drug use

Things Are Not Going Well . . . .

- Caregiver seems
  - Hostile
  - Helpless
  - Unmotivated
  - Non compliant with current plan
  - Not getting it
  - Caregiver is not engaged with worker or with services

Diversity-Informed Practice

What role does diversity play in . . . .

- The caregiver’s engagement with the worker?
- The caregiver’s engagement with the system and with “system-sponsored” services?
- The worker’s understanding of and reactions to the caregiver?
- The system’s response to the caregiver and the worker?

Definition of Terms

- Diversity-informed practice
- Cultural competence
- Cultural sensitivity
- Cultural humility

Significant aspects of diversity, such as gender, sexual orientation, ability and disability, and religious affiliation, must also be incorporated into a multicultural focus given their association with difference and misunderstanding.

National Multicultural Conference and Summit, Sue, Bingham, Porche-Burke, & Vasquez, 1999

Talk Overview

- Reflect on role of diversity in child welfare practice
- Present core concepts for enhancing diversity-informed practice
- Show how these concepts are linked to child welfare practice
- Discuss practice implications related to these concepts

The development of the core concepts for diversity-informed practice was supported by the A.L. Mailman Family Foundation.
Important Topics Related to Culture and Diversity that We Won’t Address Today

- Cultural variability in child socialization practices
  - How we want children to behave
  - How we teach children to behave according to cultural norms
- Considering language and family’s cultural background when selecting foster care placements
- Ethnic disparities in our systems (foster care, mental health, juvenile justice . . . )
  - Annie E. Casey Foundation Reducing Disparities in the Child Welfare System

Diversity-Informed Practice

What role does diversity play in . . . .

- The caregiver’s engagement with the worker?
- The caregiver’s engagement with the system and with “system-sponsored” services?
- The worker’s understanding of and reactions to the caregiver?
- The system’s response to the caregiver and the worker?

Diversity and Engagement with Services

- Client drop-out rates from outpatient clinics range from 30-60% (Staudt, 2007)
- High attrition rates from early intervention services (10-30% of drop-out in the first month of home visiting programs) (Kimmerrman et al., 2000; Duggan et al., 2000; Gomby, Cutross, Bethman, 1990)
- Study of low-income ethnic minority parents showed high attrition from parenting programs. 26.5% attended 0-1 sessions. Over 90% noted personality and trustworthiness of the recruiter affected their participation (Gross, Julian, & Fagg, 2001)
- Poor uptake and low retention related to aspects of diversity
  - Ethnicity
  - Socioeconomic status
  - Environmental context

What Role Does Diversity Play in the Family’s Engagement with the Worker? (Note: photos were randomly selected from the web)

Core Concepts for Diversity-Informed Practice (Ghosh Ippen, 2011)

Concept #1: History affects current assumptions and interactions

- Personal history, family history, and cultural group history shape beliefs and assumptions about others.
  - Can I trust you?
  - Will you help me?
  - Could you harm me?
  - Do you understand me?
- These assumptions in turn affect our interactions.

“History is a guide to navigation in perilous times. History is who we are and why we are the way we are.” (David C. McCullough)
Concept #1: History Affects Current Assumptions and Interactions

Ghosh Ippen, 2011
Vignette

Drug treatment
• CPS worker confronted caregiver re: failure to participate
• Caregiver quit heroin and “everyone smokes weed”

Domestic violence treatment
• CPS worker worked hard to arrange group for caregiver
• Caregiver is afraid in her neighborhood at night
• Unwilling to leave Juju’s father

Vignette

• Caregiver angry with CPS worker
  “She is just like every CPS worker I have ever had”
  “She doesn’t understand what I am facing”
  “She is judging me!”

• CPS worker furious with caregiver
  “I have worked so hard to get these services for her!”
  “I feel stupid for trying this hard”
  “How can she stay with a man who brutalizes her and her son?”

Concept #1: Guiding Questions

Social Identifiers (Hays, 2001)
• How do you each self define?
• How might others perceive each of you?
  – Age
  – Disability
  – Religion and Spirituality
  – Ethnicity and Culture
  – Social Class
  – Sexual Orientation
  – Indigenous Heritage and Colonialization
  – National Origin, Immigration and Refugee Status
  – Gender and Sex

Concept #1: Guiding Questions
(continued)
• What kinds of interactions have your “groups” shared (current, recent generations, historically)?
• Do people from your “group” typically have assumptions about people from this person’s “group”?
• What are your personal assumptions related to this person’s “group”?
• Do you think the person you are working with is aware that people from your “group” may think this way about people like him/her?

Concept #1: Guiding Questions
(continued)
• Given recent experiences and prior history, what assumptions might this person hold about you?
  – What might you represent?
  – How do you understand why this may be?
• How might each of your assumptions affect your current feelings of safety?
• How might each of your assumptions affect current interactions?
• How might the way your system is organized and the role you play in your system, contribute to or disconfirm this person’s assumptions about “you”?

Concept #1: Guiding Questions
(continued)
• As you begin to understand how prior experiences and current assumptions may affect current interactions
  – Should you bring this up?
  – What are good ways to bring this up?
  – How does your system address this?
Concept #2: Shared vs. Differences in Perspectives

- The success of our interventions and systems depends in part on whether those we serve share our assumptions and perspective.

Hold on to your own opinions but acknowledge, respect, honor, and work with difference

Ghosh Ippen, 2011
Hold on to your own opinions but acknowledge, respect, honor, and work with difference.

Concept #2: Guiding Questions
- What is the overlap in your beliefs?
- When you do not overlap, do you understand the other person’s perspective?
- How might each person in the interaction answer the following questions? García Coll & Meyer, 1993
  - Is there a problem?
  - Why is there a problem?
  - What can be done?
  - Who should intervene to address the problem?
  - What is a good outcome?
  - What happens when we don’t agree?

Vignette
- Caregiver - frightened and feeling judged
  - Masks her fear with “angry” behavior
  - “If I show fear, I will not survive”
- CPS Worker – brother’s behavior never predictable
  - Feels that caregiver could “go off” at any time
  - “We don’t talk about these feelings”
- CPS Supervisor – the worker seems to be struggling
  - “How can we find common ground”

Concept #3: Diversity-Related Conflicts
Diversity-related conflicts can arise when differences in our experiences lead us to hold different values, assumptions, perspectives, and solutions.

Identifying Diversity Related Conflicts
- Strong affect (your’s or client’s)
- Loss of perspective
  - Desire to label or pathologize, “other”
  - “I don’t understand why s/he would do that?”
  - “It makes no sense to me”
- Use of specific clinical terms
  - Defensive
  - Resistant
  - Intrusive
  - Borderline
  - Controlling
- Non-verbal cues signaling lack of agreement
- Direct, “logical” course is failing

Concept #3: Guiding Questions
- How are things going between you and the person you are working with?
- How do you feel about this person?
- Do you feel like you have a shared conceptualization of the problem, the strengths, and the possible solutions?
- Do you feel stuck?
Concept #4: Echoes of Historical Conflicts and Historical Power Dynamics

When the way decisions are made and conflicts are resolved replicates historical conflicts and historical power dynamics, conflicts, which may be expressed in different ways (e.g. overtly, passively, internally), are likely to intensify.

Concept #4: Guiding Questions

- What is the history of power, privilege and oppression between your people?
- Has one group had power over the other group?
- If so, how did the group in power treat the other group?
- You may not feel like you have power or privilege but how might the other person perceive you?
- Are there recent reminders of this history?

Jenee and the System

- ½ White ½ Native American
- Former foster child
- Historical legacy of Native American boarding school
- More recent reports of negative interactions between Native American families and the child welfare system

Concept #5: Emotions and Perspective Taking

- Strong negative emotions affect our ability to think clearly and flexibly.
- When we are emotionally charged it is challenging to understand someone whose perspective differs from ours.
- Charged emotions intensify difference and impair perspective taking.
Emotions and Perspective Taking

Intersection also known as the lune=the moon

Adapted from Anne Fadiman, 2008 Grand Rounds San Francisco General Hospital

Ghosh Ippen, 2011

Charge Emotions Intensify Difference and Impair Perspective-Taking

When we are angry, we are...

- More likely to see people rather than situations as responsible for a problem (Keltner, Ellsworth, & Edwards, 1993)
- Less likely to trust others (Dunn & Schweitzer, 2005)
- More likely to make judgments based on stereotypes (Bodenhausen, Sheppard, & Kramer, 1994; DeSteno, Dasgupta, Bartlett, & Capone, 2004; Tetens & Linton, 2001)
- Positive affect is associated with increased flexibility in thinking and action (Fredrickson, 2001).

Neurological Basis: Charge Emotions Intensify Difference and Impair Perspective-Taking

- When emotions are charge, regulate your own emotions first.
- It is best not to intervene without your frontal lobes.
Concept #5: Guiding Questions

• How do you recognize when your emotions are charged?
• Can you see how your emotions affect your ability to think clearly?
• Is it good to intervene when your emotions are charged?
• What can you do?

Ghosh Ippen, 2011

Concept #6: Reflective Practice is Critical to Integrating a Diversity-Informed Approach

• Space, time, and safety to . . . .
  – Share your personal reactions
  – Feel like someone understands you and the challenges you are facing
  – Explore the caregiver’s reactions and perspective
  – Reflect on the caregiver’s history and think about how this may affect current reactions and perspective
  – Think about how culture and diversity may be affecting your interaction
  – Think about next steps. How to open dialogue to these subjects.

Ghosh Ippen, 2011

Concept #6: Guiding Questions

• When you are emotionally charged, do you have someone you can talk to?
• Do you feel safe enough to talk not only about the caregiver and family but how the caregiver and family are affecting you?
  – To talk about your feelings?
  – To talk about where the feelings come from?
• After processing your feelings, do you feel like you have time and space to think clearly about the family’s perspective and the best way to help them?

Ghosh Ippen, 2011

Reflective Practice Resources

• Key video – Early Headstart National Resource Center: Reflective Supervision Putting it into Practice http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnc
• List of readings – California Center for Infant-Family and Early Childhood Mental Health http://www.ecmhrtraining-ca.org/readings.html

Ways the Supervisor Supports the Worker

Support and hold affect
Supervisor: It seems like things have been difficult. (Lets worker vent)
Supervisor: You seem very worried about this family. It’s hard to think about all that he’s been through

Acknowledges effort
Supervisor: You’ve been trying so hard to set up services for this family.

Enhances reflection on the client perspective
Supervisor: I wonder if we might think about how Jenee’s history may be affecting the way she is reacting to you and to the services we are offering. What do you know about her?
Supervisor: How do you understand how Jenee views her partner?
References