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Research Article

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Abstract

Nineteen (M_{age} = 45, *SD* = 12.8) group leaders who received extensive leadership training were surveyed regarding their experiences in leading a 10-week program with one of three randomized clinical trial (RCT) conditions (cognitive behavior training, parenting skills training, information-only support). While a high percentage indicated that the intervention led by them was beneficial, leaders nevertheless felt that some participants benefited more so than others. Perceived program benefits were linked to regular attendance and the completion of weekly homework. The major benefits to participants were gaining personal insight, receiving and providing support to others, successfully applying learned skills and knowledge to everyday life, and feeling empowered and hopeful about the future. Peer leaders were viewed positively, as was the provision of food and childcare. Group leaders faced numerous practice challenges in conducting group interventions: ensuring regular attendance, keeping participants focused and on track, and dealing with participants who dominated discussions. These unprecedented findings not only allow us insight into the dynamics of leading group interventions with grandmother caregivers, but they may also have implications for influences on the measured efficacy of such programs.

Keywords: grandparent caregivers, intervention, group leader

Introduction

As professionals working with grandparents who raise their grandchildren, we hope we could prevent the very occurrence of those circumstances giving rise to the necessity of raising one's grandchild, e.g., the parental failure, incarceration, death, drug use, or divorce of the adult child. Because we cannot, our primary goal is likely

to design and deliver programmatic interventions designed to improve the health and well-being of both the grandparent and grandchild. Indeed, a recent emphasis on the development of late-life interventions to enhance well-being, everyday functioning, and health, as well as to reduce caregiver stress (National Institute on Aging, 2014) is consistent with this preventative and ameliorative stance regarding interventions with grandparent caregivers.

The above mentioned circumstances (e.g. parental drug use or divorce) often stigmatize and isolate grandparents from needed social and emotional support, making it difficult for them to be treated equitably by social service providers (see Generations United, 2014; Hayslip & Kaminski, 2005). In this respect, social policy often puts them at a disadvantage, in that they are not treated equally relative to foster parents. They may have difficulty enrolling their grandchildren in schools and getting both medical treatment and insurance coverage for them due to not having legal custody or not having formally adopted their grandchild.

Complementing the difficulties grandparent caregivers experience in accessing needed social and medical services (see Park & Greenberg, 2007), it is important to point out that grandparent caregivers' needs are many. These needs range from coping with health difficulties and having to live on a fixed income, to coping with isolation and experiencing difficulties in parenting a grandchild. In addition, the role confusion and role stress many experience (see Landry-Meyer & Newman, 2004) is linked to their parenting skills. For example, the impact of grandmothers' distress on grandchildren's adjustment is mediated by dysfunctional parenting (Smith, Palmieri, Hancock, & Richardson, 2008), significant in that many grandchildren raised by grandparents express numerous emotional, behavioral, and interpersonal difficulties in light of changes in the structure of their families and the

subsequent placement with a grandparent (see Hayslip & Kaminski, 2006; Hayslip, Shore, Henderson, & Lambert, 1998; Park & Greenberg, 2007).

Difficulties in child-rearing may also pose numerous challenges to grandparents whose parenting skills are less than adequate and/or who have not raised children for many years (Campbell & Miles, 2008; Kaminski & Murrell, 2008; Smith & Richardson, 2008). As Cox (2000) has noted, these challenges can easily overwhelm some grandparents who are ill-prepared to deal with them, who have few resources, and who are largely unaccustomed to acting in a proactive manner to solve problems arising from their newly acquired parental responsibilities. Indeed, the isolation that often accompanies grandparent caregiving thus can easily be accompanied by a sense of powerlessness (see Cox, 2000). Other impediments in grandparents' coping with their parental responsibilities include difficulties in accessing social or medical services for them and their grandchildren, poor health (see Roberto, Dolbin-MacNab, & Finney, 2008), or the stigma attached to others' views about them as either poor parents or as necessarily in need of professional assistance (see Hayslip & Glover, 2008; Hayslip, Glover, & Pollard, 2015).

That leaders can competently deliver interventions that are efficacious is important in determining program success. Thus, ascertaining group leaders' views about such interventions are key to understanding not only their own efficacy as group leaders but also the effectiveness of such interventions. The importance of designing and implementing successful interventions with grandparent caregivers is underscored by the many challenges grandparents caregivers face (see Generations United, 2014), wherein such interventions can help grandparents cope with the many issues confronting them in raising a grandchild.

Group Work with Grandparent Caregivers

Despite discussions about and work speaking to empirically based efforts to test a variety of interventions with grandparent caregivers (see e.g., Bratton, Ray, & Moffit, 1998; Burnette, 1998; Cohen & Pyle, 2000; Cox, 2000; Grant, Gordon, & Cohen, 1997; Hayslip, 2003; Hirshorn, Van Meter, & Brown, 2000;James & Ferrante, 2013; Kaminski & Murrell, 2008; Kelley & Whitley, 2003; Kinney, McGrew, & Nelson, 2003); Kolomer, McCallion, & Overeynder, 2003; Kolomer, McCallion, & Van Voorhis, 2008; Landry-Meyer, 1999; Maiden & Zuckerman, 2008; McCallion, Ferretti, & Kim, 2013; Newsome & Kelley, 2004; Roe, 2000; Rogers & Henkin, 2000; Smith, 2003; Smith, Dannison, & James, 2013; Thomas, Sperry, & Yarbrough, 2000; Vacha-Haase, Ness, Dannison, & Smith, 2000; Whitley, Kelley, & Campos, 2013; Whitley, White, Kelley, & Yorker, 1999; Zuckerman & Maiden, 2013), only Cohen & Pyle (2000) and Kaminski and Murrell (2008) even reference the importance of the group leader/therapist in impacting the efficacy of helping efforts when discussing the nature and rationale underlying a leader's function and training. In neither study is data pertinent to group leaders/therapists presented.

Significantly, and in the light of the purpose of the present study which is to present *descriptive* data pertaining to group leaders' perceptions of their work with grandparent caregivers, in *none* of the above work with such persons are group leader/therapist perceptions discussed. Ultimately, such perceptions may bear on the impact/efficacy of a given intervention targeting grandparents raising grandchildren, being it school-based, psychotherapeutic, support group-related, or community-based.

Theoretical Approaches to Small Group Leadership

A variety of diverse theoretical approaches exist for understanding the potential positive or negative impact of group leaders on the participants in the groups they have led (see reviews by Dihn et al., 2014; Haslam, Reicher, & Platow, 2015). Several of these theories are relevant to the questions we were interested in asking and the data we collected. One class of theories focuses upon *leader characteristics*. For example, perception of self-efficacy (see Bandura, 1977) may be critical to leaders' effectiveness (Kane et al., 2002). Alternatively, incivility spiral theory (Pearson, Andersson & Porath, 2005) suggests that a leader's incivility influences the appearance of similar behaviors among group members, undermining group cohesion and communication. Likewise, one's Leadership Style (termed authoritarian/hierarchical/ instrumental versus responsible/participative) (see Storsletten & Jakobsen, 2015) reflects the nature of one's views about group participants (as either more or less powerful, in need of versus not requiring control, or in some manner inferior to the leader versus seeing such persons as equals) and has been used extensively to understand group leadership. To the extent that one style is superior to the other depends on the situation in which leadership is exercised (Vecchio, Bullis, & Brazil, 2006).

Alternatively, other theories emphasize *interactions between group leaders and group participants*, wherein leaders in varying degrees reinforce group members, use verbal and nonverbal communication techniques, or interact with group members dependent upon the latter's personal attributes (Dies, 1977). One might also utilize Functional Leadership Theory (Kane, 1996; Kane et al.,

2002) to understand group leaders' perceptions of their roles (e.g. boundaries, responsibilities) and the adequacy of their ability to meet such roles. Functional Leadership Theory might also be used to understand leaders' views regarding the roles they expect group participants to play, including their perceptions of what group participants expect of them as leaders. Group Focal Conflict Theory (see Champe & Rubel, 2012) stresses the leader's ability to reduce a variety of potential focal intragroup conflicts via the creation of an enabling group environment stressing the development of productive solutions to resolve group members' conflict.

Group Leaders' Influence and Impact on Group Members

In light of the diversity of theoretical approaches to studying group leadership, it is not surprising that they have generated a great deal of research speaking to the potential influence leaders can have on group members. In this light, it is indeed the case that leader effects have been observed in both case study and empirically-based studies to influence communication with group members and group cohesion (e.g. Bovard, 1952; Cella, Stahl, Reme, & Chalder, 2011; Peteroy, 1980; Weitz, 1985; Wright, 1980). Much support exists in the literature that the group leader/therapist per se can exert a powerful influence on group members and consequently impact group interactional processes and program outcomes.

Group leaders/therapists can wield considerable influence as a function of their ethnic similarity to participants (Holliday-Baykins, Schoenwqald, & Letourneau, 2005; Meerussen, Otten, & Phalet, 2014), and as they interact with patients of varying degrees of problem severity in influencing patient retention and recovery (Ellin, Falconnier, Martinovich, & Mahoney, 2006). Group leader expectations thus can influence the outcomes of

psychotherapy or group process. They have also affected group outcomes in the areas of participant improvement (Peteroy, 1980), leader self-disclosure (Dies, 1977; Weitz, 1985), leader-defined goals and leader self-efficacy (Kane, Zaccaro, Tremble, & Masuda, 2002), perceived procedural fairness (whether group members feel they have a voice or not) (Cornelius, Van Hiel, & Cremer, 2006), leader incivility (Campana, 2010), and leader charisma (Sy, Choi, & Johnson, 2013). Thus, based on the above literature regarding group leadership and psychotherapy, group leaders/therapists clearly can exert considerable positive or negative influence on group members as a function of their expectations of the group and their goals for the group, as well as their personal characteristics, e.g. race/ethnicity, civility, self-disclosure, self-efficacy, perceived procedural fairness.

Purpose of and Rationale for the Present Study

The present study is not derived from a given theory of group leadership or a specific set of research studies regarding group leader effectiveness and influence. However, the descriptive findings presented here can be seen as lying at the intersection of the above set of theories about group leadership and the above discussed group leader/therapist literature.

Moreover, our findings are directly pertinent to interventions with grandparent caregivers to the extent that information about group leaders' perceptions of their group-based interventions may be critical to understanding the impact/efficacy of such interventions. They also speak to a number of pragmatic issues to consider in designing future interventions with grandparent caregivers.

In that no work to date has *explicitly* examined the role of the leader in understanding *interventions with grandparents raising their grandchildren*, the purpose of the present study is to break new ground in presenting

descriptive quantitative and qualitative findings regarding group leaders' perceptions of intervention content and process, based on data gathered from such leaders in the context of a Randomized Clinical Trial (RCT). In a RCT, both group leaders and grandparent participants are blind to the study hypotheses, and grandparent participants are recruited, assessed for eligibility, and initially assessed before being randomly assigned to one of several intervention groups.

In the present RCT, the efficacy of several interventions with grandparent caregivers targeting information-only support group, cognitive-behavioral, and parenting skills programs provided to grandparent caregivers was assessed using data collected both before and after group intervention participation (Smith & Hayslip, 2011). In this project, all grandparent caregivers recruited for the RCT were female, were of a skipped generation grandfamily, and cared for at least one grandchild between the ages of 4 and 12 on a full-time basis.

The interventions led by the group leaders were organized under the umbrella of *Project COPE* (Caring for Others as a Positive Experience). The interventions to which grandmothers had been randomly assigned were two evidenced-based interventions (behavioral parent training and cognitive behavioral skills training) and a theoretically inert control condition. These interventions were designed to positively impact them personally as well as to enhance the functioning of the grandchild they were raising.

Grandmothers enrolled in Project COPE were recruited from four states (California, Maryland, Ohio, and Texas) and reflected diverse methods of contact (e.g., mass media announcements; contacts through schools, social service and health agencies, courts, libraries, faith communities, and support groups; appearances at community events; brochures; and letters mailed to

randomly selected households). The RCT was described to potential participants as providing "information that can help grandmothers get through the difficult job of caring for grandchildren in changing times."

While we did not pose specific research questions, we were primarily interested in the following:

1) What were group leaders' perceptions of the benefits of the groups that each had led?
2) What were the perceived challenges associated with leading such groups?
3) What were group leaders' perceptions of program content adequacy?
4) What were group leaders' perceptions of their own ability to lead their groups in concert with a peer leader?
5) To what extent did leaders observe group cohesion and program involvement to exist?
6) To what extent did leaders feel the program was sensitive to the issues faced by grandparents raising grandchildren?

These questions *generally* reflected a number of the above discussed leader attributes and/or ways of interacting with group members derived from theoretical approaches to group leadership. For example, *Leader Self-Efficacy Theory* bears on leaders' perceptions of their ability to implement a given intervention, their ability to overcome challenges associated with such implementation, and their ability to come up with solutions to enhance group members' participation and session attendance. *Leader Incivility Theory* is relevant to the perceived value of working with a peer leader and having any difficulty in doing so. A *Responsible/Participative Leadership Style* and both *Functional Leadership Theory* and *Group Focal Conflict*

Theory might relate to the leader's skill in creating group cohesion, providing emotional support and facilitating communication, and resolving conflict among group members.

These questions are important as well in informing practitioners about pragmatic issues that they may confront in designing and implementing small group interventions with grandparent caregivers.

Method

Sample and Procedure

In the context of the *Project COPE* experimental design, 19 group leaders, who were trained by experts in each intervention, participated in the present study. They were recruited largely though each of the authors' university-based contacts, wherein many were pursuing graduate study in the social sciences (e.g. social work, counseling, human development, psychology). These group leaders were trained via formal instruction of one to two days duration by nationally recognized experts in either parenting skills training (i.e. Positive Parenting Program – PPP) or Cognitive Behavior Therapy (CBT), or they were trained for a full day by the present authors to lead an information-only support group.

For the PPP and CBT conditions, each group leader, who was blind to the study hypotheses, adhered to a specific training manual developed by the authors and with input from the expert consultants. Group leaders adhered to a manual developed by the authors outlining the content pertinent to the information-only social support condition, where no parenting or stress reduction skills were taught. As they were blind to the study design, information-only leaders were told they were leading an intervention analogous to others in the project.

To enhance the acceptability of each intervention, group leaders were accompanied by grandparent peer

leaders (some of whom had raised a grandchild in the past) recruited from the community. This included the information-only control group. All peer leaders were female and trained by the project directors as to their function in assisting the group leader to implement the intervention, i.e., in tracking and encouraging attendance, answering any questions from group members, ensuring that group members completed the homework assignments organized around key topics particular to the intervention, assisting in providing food and child care, and ensuring any missed sessions with the group leader were made up either in person or over the phone. Each peer leader also assisted the leader in running at least one pilot group prior to the implementation of the formal intervention.

Most (84%) leaders were female, and their mean age was 44.79 (*SD* = 12.54, *Range* = 26-66). Eleven were Caucasian, six were African American, and one was Hispanic. After each had been trained in their respective program content and skills, each led at least one four-session pilot group pertinent to their condition as part of the RCT. After the conclusion of the pilot groups, they were given feedback about their performance in leading such groups in light of the program manual for each, and any difficulties that they had experienced and questions that they had were thoroughly discussed. Each leader was then assigned to lead formally several groups particular to the intervention for which they had received training. Subsequently, six led a cognitive-behavioral intervention targeting grandmothers' thoughts and feelings about their experiences as caregivers of their grandchildren, nine led a parenting skills training group, and four led an information-only support group. The average number of groups led was 2.4 (*SD* = 2.8).

While 12 group leaders indicated having little experience with caregiving grandparents prior to their training, seven reported having at least "a fair amount of

experience." Groups met once a week for 10 weeks; sessions were two hours in length. They were held at an accessible community location and at a time that was, if possible, consistent with the majority of participants' schedules. Group sizes ranged from six to 10 participants.

After leaders had conducted all of their groups, they completed a survey targeting two main areas regarding the leadership of these groups: 1) *perceptions of practical issues* (challenges in conducting the groups themselves, ensuring attendance and the completion of homework, the use of peer leaders, and the provision of food and child care to participants), where the role of the group leader (with the assistance of a peer leader) was more like that of a manager/coordinator, and 2) *perceptions of intervention benefits/therapeutic content,* where the leader took on the role of expert observer. In almost all cases, questions were framed in a Likert-style format. These questions were developed specifically for the present project.

Given the following: 1) the extensiveness of the training each leader received, 2) the fact that each leader was given substantial feedback by the authors regarding leadership of their pilot groups, and 3) each leader was blind to the experimental design and hypotheses, we expected there would be no differences in the above perceptions as a function of whether the leader had led a cognitive-behavioral, parent skills training, or information-only social support group. Indeed, we found via preliminary analyses of the leader perception variables (see Table 1) a clear lack of such differences. A series of one-way ANOVAs yielded group comparisons which were not significantly different from zero. For this reason, the descriptive findings (see Table 1) reported here are summed across intervention conditions. Supplementing the above quantitative data gathered from group leaders in the form of a survey questionnaire was a series of open-ended questions pertaining to themes arising out of each group,

perceived benefits to participants, and challenges each person faced in leading the groups. These open-ended responses were content-analyzed by the authors to yield thematic findings pertinent to leaders' experiences in implementing the interventions.

It should be noted that data pertaining to leaders' perceptions of their experiences with grandmothers, having been collected after the completion of the groups, reflected the ongoing skill development and refinement over time. Findings also revealed greater and perhaps even more personal insight into and contact with grandmothers as they gained experience in leading their groups. Thus, over the course of leading several groups, leaders' perceptions of the benefits to grandmothers, themes arising during groups, and challenges in conducting group meetings emerged.

Results

Conducting the Groups Themselves

Keeping group members focused and session attendance. The principal quantitative findings regarding leader perceptions are summarized in Table 1. While six of 19 group leaders felt that it was at least "a little difficult" to keep grandmothers engaged, on track, and focused during group sessions, 14 of 19 recognized the difficulties of dealing with persons who attempted to dominate discussions/inhibit flow among group members.

Table 1
Group Leaders' Perceptions of Interventions with Grandparent Caregivers

Practical Issues in Conducting the Groups	**Frequency (% of *N* = 19)**
A bit difficult to keep grandmothers engaged/on track	6 (31%)
Acknowledgment of difficulties in promoting open discussion	14 (74%)
Participants at least "somewhat prepared" in completing homework	11 (58%)
Quite difficult to insure completion of homework	14 (74%)
Difficulty in achieving regular attendance	12 (63%)
Attendance by grandmothers at least "good"	12 (63%)
Somewhat important to make-up missed sessions	11 (58%)
Difficulty in conducting make up sessions	11 (58%)
Importance of facilitating attendance via food and childcare	17 (89%)
Childcare is very important to maintaining attendance	15 (79%)

Providing food at sessions somewhat important to attendance	14 (74%)
Program Content and Program Benefit	
Little difficulty in delivering program content	17 (89%)
Program content was at least adequate	7 (37%)
Program content was somewhat inadequate	8 (42%)
Program was at least somewhat beneficial	17 (89%)
At least 70% of grandmothers benefited	14 (74%)
Program content generally reflected grandmother caregiving issues	16 (84%)
Program did not sufficiently address specific caregiver issues	7 (37%)
Program adequately addressed specific caregiving issues	12 (63%)
There was variability across grandmothers in program benefit	16 (84%)
Group Cohesion and Program Satisfaction	
Considerable group cohesion	17 (89%)
Absence of conflict among group members	19 (100%)
Considerable degree of participation in	17 (89%)

sessions	
Grandmothers at least "somewhat satisfied" with program content	19 (100%)
Grandmothers at least "somewhat open" to program goals and content	16 (84%)
Peer Leader and Self Perceptions	
Peer leader at least "somewhat beneficial"	12 (63%)
Difficulty in working with peer leader	4 (21%)
Satisfied with own ability to lead group	18 (95%)

Importantly, 12 of 19 felt that attendance by grandmothers was at least "good," though 12 of 19 also indicated at least "some difficulty" in getting participants to attend sessions regularly. When sessions were missed, they were reported as due to transportation difficulties (42%), other social/work/family commitments (47%), health issues (53%), or other miscellaneous reasons (21%). Eleven of 19 reported that it was at least "somewhat important" to provide make-up sessions to participants who had missed a session, and 11 of 19 noted at least "some difficulty" in conducting make-up sessions. Suggestions for increasing attendance were: increasing incentives for attending meetings (n = 5), holding meetings in closer proximity to participants' homes (n = 5), and increasing communication about the scheduling/location of meetings (n = 6).

To facilitate attendance, food and childcare were made available; 17 of 19 leaders felt that providing childcare was at least "somewhat important," and 15 of 19

noted that childcare was "very important." Regarding providing food to participants and their grandchildren, 14 of 19 felt that this was at least "somewhat important."

Homework Completion. Regarding the completion of homework, 11 leaders felt that participants were "somewhat prepared" in completing assigned readings and other homework. Fourteen of 19 felt that it was at least "quite a bit difficult" to get participants to complete homework.

The Role of the Peer Leader. Twelve of 19 leaders felt that it was at least "somewhat beneficial" to have peer leaders (fellow grandparents recruited from the local community, some of whom were raising a grandchild) present during the sessions. Such peers helped facilitate discussion, coordinated food and childcare, answered limited questions, and contacted participants between sessions regarding attendance and the completion of homework. Only four group leaders reported any difficulty in working with the peer leader.

Perceptions of Program Content and Program Benefit. While 17 of 19 reported little difficulty in delivering program content as per a formally prepared program manual, seven felt that the program content was at least "somewhat adequate," while eight felt program content was "somewhat inadequate." Yet, 17 of 19 felt the program was at least "somewhat beneficial" to participants, and 14 of 19 felt that at least 70% of participants benefited from attending the respective program meetings.

Group Cohesion and Group Members' Views on Program Content. Seventeen of 19 group leaders felt that at least "a considerable amount" of group cohesion existed, and all 19 felt that there was either little or no conflict

among group members. Seventeen of 19 felt that at least "a considerable amount" of participation during sessions was evident among group members, and all felt that grandmothers were either "somewhat satisfied" (n = 7) or were "very satisfied" with program content. Complementarily, 16 of 19 felt that grandmothers were either "somewhat open" (n = 6) or "very open" (n = 10) to the goals and the content of the program.

Satisfaction with the Group Leader Role and Program Worth. Eighteen of 19 were at least "somewhat satisfied" with their ability to lead the group, and 16 of 19 felt that the issues grandmothers faced were generally reflected in the program content. Seven still felt that the program did not sufficiently address some specific caregiving issues experienced by grandmothers while 12 felt the program to be adequate in this respect. All but three leaders felt that some participants benefited more so than others.

Qualitative Findings: Benefits and Challenges

Based upon their responses to several open-ended questions regarding perceptions of benefits for grandmothers, challenges in conducting groups, and themes which emerged over the course of the meetings, a qualitative analysis of the answers to these questions that the leaders had provided was conducted. This analysis suggested that group leaders felt five issues were most pressing for grandmother participants:

1) *Learning to change the quality of their relationships with their grandchildren* (e.g., "learning how to use new skills in working with their grandchildren," "understanding the need to spend positive quality time with the children,"

"specific techniques for strengthening their relationship with their grandchildren," " specific techniques for increasing their grandchild's positive behavior and encouraging their growth and development"),

2) *Renegotiating relationships with the grandchild's parent* (e.g.," how to deal with the mother/father of the children that causes grief every day for the grandmothers and the grandchildren," " issues with the natural parents interfering with grandparents trying to learn new skills in the home," " resentment toward the adult child"),

3) *Realizing that providing support to one another was as important as receiving support from others* (e.g., "the ability to meet and share information with other caretakers, and the opportunity to learn from and support other caretakers," "making connections, knowing they were not alone, sharing resources," "the fact that they participated in a group of other caregivers who had similar issues was apparently helpful; being able to share their experiences was very beneficial"),

4) *The importance of becoming empowered and engaging in self-care* (e.g., "I can implement change I need to take care of me," " permission to use self care and be assertive," " the importance of

recognizing when you are stressed," " Caregiver Bill of Rights"), and

5) *Frustration with and becoming aware of/being able to access community-based services, to the extent that such services existed* (e.g., "working with other agencies— schools, courts," "government lack of support and interference , both," "need for community resources," "no support from the community—they reported how unfair it is that foster parents are paid more money to care for children than are the relative caregivers").

Discussion

Group Leaders' Perceptions of the Benefits and Challenges Conducting the Groups

Perceived Benefits of the Program. The above quantitative and qualitative data reflect the fact that leaders perceived grandmothers as benefitting from being able to consistently apply what was learned in group meetings to their everyday lives, learning that it was permissible to care for themselves, and seeing the advantages of being proactive and assertive. As the above qualitative findings suggest, for many grandmothers, feeling empowered to effect change in their lives (see Cox, 2000) and being able to express themselves freely were new experiences, as was being able to focus on the positive aspects of raising a grandchild and learning how to change both their own thinking and their grandchild's behavior.

The Differential Benefits of the Program. Some grandmothers were seen as leaving the program with a

renewed sense of hope, while others were seen as remaining helpless in the face of the demands of caregiving; this is consistent with the finding that some grandmothers were seen as benefiting more so than others.

Challenges: Facilitating Attendance and Participation in Group Meetings.
Ensuring regular attendance, maintaining contact with grandmothers between sessions, dealing with participants whose personal difficulties transcended their ability to participate in group discussions and benefit from the program, and to an extent, keeping the group focused on program content were all seen as challenges.

The Perceived Adequacy of Program Content. Many leaders felt that despite the 20-hour program, they needed more time to address adequately some grandparents' concerns and that out-of-session telephone conferences might be an avenue by which this result might be achieved. Contributing to these reported challenges that they faced was the fact that some leaders noted some grandmothers were not benefiting from some aspects of the program, reflected in the fact that some failed to construct behavioral charts, were not able to understand unhelpful thinking patterns, did not complete the "planning for the future/planning for pleasurable events" exercises, or did not actually write answers in the homework forms. These challenges were universal across all conditions.

Group Cohesion and Group Members' Views on Program Content. Importantly, most group leaders felt that group cohesion characterized the groups they had led, and each observed little intra-group conflict. Complementarily, almost all 19 leaders saw evidence of active participation during sessions, reflecting the group

leader's ability to draw grandmother caregivers out and such persons' interest in being actively involved in group discussion. This finding is consistent with the perception that most grandmothers were satisfied with and open to what each program had to offer. This finding also reflects the importance attached to leaders' positive attitude and empathy toward grandmother caregivers, few of whom likely had had previous opportunities to express themselves in an emotionally supportive atmosphere.

Satisfaction with the Group Leader Role and Program Worth. Almost all leaders were at least "somewhat satisfied" with their ability to lead the group, reflecting their self-efficacy in doing so, and almost all felt that the issues grandmothers faced were generally reflected in the program content. While a minority still felt that the program did not sufficiently address some specific caregiving issues experienced by grandmothers, a majority nevertheless felt the program to be adequate in this respect.

These findings highlight the importance of leaders' being committed to competently delivering program content in a manner consistent with the program manual and being sensitive to the adequacy of their skills in doing so. They also underscore the importance of group leaders being open and sensitive to issues raised by grandmothers pertinent to the grandmothers themselves, their grandchildren, and their adult children. Thus, they have clear implications for practitioners working with grandparent caregivers in a group setting.

Implications of the Present Findings: The Dualistic Nature of Group Leaders' Experiences

These data are unprecedented in that they allow us insight into the practical challenges and difficulties group leaders faced in implementing interventions designed to positively impact grandmother caregivers and their

grandchildren, e.g. ensuring regular attendance, keeping participants on track, and making sure that homework was completed before each session to allow for maximum potential benefit.

They suggest that while group leaders sensed that some grandmothers benefited from group sessions more so than others, key positive outcomes for grandmothers as seen through the eyes of group leaders included a sense of group cohesion, making connections with others, being able to apply program content to their everyday lives, and perhaps most importantly, having hope for the future and feeling less alone and less helpless. Likewise, providing food and especially childcare to grandmothers, enabling them to attend sessions and creating a personal atmosphere of sharing and mutual support were seen as key to program success.

Notably, many of the group leaders' responses to the open-ended questions mirror observations in other published work with grandparent caregivers, e.g. feelings of helplessness and loneliness, frustration with service providers, the stressfulness of caregiving, difficulties in parenting grandchildren, impaired relationships with adult children, and a lack of self care (see e.g., Baker & Silverstein, 2008; Cox, 2002; Hayslip & Kaminski, 2005, 2008; Park & Greenberg, 2007; Smith & Richardson, 2008; Wohl, Lahner, & Jooste, 2003).

Additionally, we found that the role of the group peer leader emerged as a critical one in maintaining the flow of the program. As her presence and interactions with participants often reflected the very issues faced by the caregiving grandmothers enrolled in the groups, her participation likely contributed to the perception that the program was relevant to grandmothers' personal everyday lives.

It remains to be seen what role these findings will play in contributing to *measured* program impact on

grandmother health and well-being, especially as it relates to leader sociodemographic characteristics, expectations of program benefit, ability to foster communication and group cohesion, and leader self-disclosure, as identified in the group leader/psychotherapy literature discussed above. That is, do such leader variables predict or moderate *measured* program benefit reflecting independently collected data from grandmothers both before and after each intervention, e.g., lessened depression, improved coping skills, better physical health, improved relationships with their grandchildren, enhanced service use? In addition, as the questions we explored here were only generally derived from theories of group leadership, work exploring the superiority of one theory over the other in best explaining such work with grandparent caregivers is in order. For example, what leader attributes or styles of interaction with group members best predict measured program benefit? These questions remain ones to be answered in future research.

Despite their descriptive and preliminary nature, we argue that these findings are a valuable and unique starting point in allowing us to gain insight into the workings of intervention program implementation and intra-group dynamics, viewed from the perspective of those individuals leading such groups. They are also of value to others designing interventions with grandparent caregivers in alerting group leaders to the potential challenges of implementing a given intervention, be it a theoretically grounded one or a, relatively speaking, atheoretical support group (see Smith, 2003).

These findings centralize the valuable role of group meetings in creating an environment where grandmothers could freely express their attitudes and feelings. Such meetings allowed them to both receive support from one another and provide such support to their peers, who are

not only taking on the challenges of raising a grandchild but also are experiencing the benefits of doing so.

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