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# The Experiences of African American Grandchildren Raised in Grandparent-Headed Families

Karia Kelch-Oliver

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## ACCEPTANCE

This dissertation, THE EXPERIENCES OF AFRICAN AMERICAN GRANDCHILDREN RAISED IN GRANDPARENT-HEADED FAMILIES, by KARIA KELCH-OLIVER, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree Doctor of Philosophy in the College of Education, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chair, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty. The Dean of the College of Education concurs.

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Karia Kelch-Oliver

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## ABSTRACT

### THE EXPERIENCES OF AFRICAN AMERICAN GRANDCHILDREN RAISED IN GRANDPARENT-HEADED FAMILIES

by  
Karia Kelch-Oliver

There has been an increase in grandparents raising their grandchildren due to parental absence. This family structure has affected urban, single, low income African Americans at a higher rate than any other racial group. Research on grandchildren reared in grandparent-headed families (GHF) states these children are at risk for significant emotional, behavioral, physical problems, and learning disabilities than children living with their biological parents. The purpose of this study was to explore the experiences of African American grandchildren raised in GHF. Both quantitative and qualitative methodology was used, including individual interviews with 14 African American grandchildren ages 10-16 and their 6 grandparent caregivers, and the completion of the Child Behavior Checklist (CBCL), which is a standard psychological measure. Results indicated that although the majority of the grandchildren were content living with their grandparents, they experienced challenges at school, including behavioral issues, low academic performance, and suspensions. Family factors that might affect grandchildren's adjustment to living in a GHF are discussed, as well as implications for therapists and recommendations for future research with grandchildren from GHF.

THE EXPERIENCES OF AFRICAN AMERICAN GRANDCHILDREN  
RAISED IN GRANDPARENT-HEADED FAMILIES

by  
Karia Kelch-Oliver

A Dissertation

Presented in Partial Fulfillment of Requirements for the  
Degree of  
Doctor of Philosophy  
in  
Counseling Psychology  
in  
the Department of Counseling and Psychological Services  
in  
the College of Education  
Georgia State University

Atlanta, GA  
2008



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## ACKNOWLEDGEMENTS

First and foremost, I would like to express appreciation and gratitude to the grandchildren and their grandparents who made this research study possible. I have been so deeply touched by their experiences of sacrifice, dedication, and love and I feel the sense of triumph over tragedy behind each story. Thank you to the administrative staff at Project Healthy Grandparents (PHG) for allowing me to recruit participants for this study. As a Data Collector, PHG gave me the initial exposure to grandparent-headed families and provided the inspiration for this dissertation topic. I would like to thank my Dissertation Committee, Drs. Ancis, Brack, and Whitley for your guidance and support. I would like to give extreme thanks to Dr. Chang, my Dissertation Advisor, for agreeing to guide my research and being so supportive of my desire to finish this dissertation process in a timely manner. Most importantly, thank you Dissertation Committee for your belief that this was a much-needed dissertation topic and for your interest in seeing a study on grandchildren in GHF being conducted. To my Research Team Damafing and Jennifer, who through their generosity offered me their time, willingness to help, and encouragement much like a dissertation support group- thanks for the laughs. You are two of the kindest people I have ever met.

To the staff at the East Lake YMCA: thank you for restoring my mental health and sanity through exercise and physical activity. East Lake Y provided me the warm and welcoming environment I needed during this very trying and difficult process.

Special thanks are due to my friends and family for their encouragement and support. To my unique “Honor Society” B.F.I.: thank you Kim; you are my idol. I admire you as you inspire me to have it all: career, family, success. To my fellow Co-Founder of B.F.I. Brandi: thank you for the dissertation venting sessions- you know what this process requires. I bask in the glow of your recent accomplishments. To my cousins Rev. Drs. Rodney and Madeline Sadler: thank you for blazing new trails in the Kelch/Sadler family by becoming the first to get PhDs. I was inspired during your dissertation process to continue your legacy. I would be remiss if I did not thank the following special people in my family for supporting me in my pursuit of becoming a psychologist. I could not have done any of this without you. To my in-laws Helen and Sampson Oliver: thank you for welcoming me into your family, your home, and your hearts. I married into a great family. I cannot thank you enough for offering your home to us for nine months. To my brother Khai: thank you for being so excited for me (you’ve been calling me “Dr. Kelch-Oliver” since I was accepted into the Ph.D. program!) I love you. Thanks for being my big brother; I couldn’t imagine my childhood without you. To my parents, Beverly and James Kelch, who instilled the value of family and education, which are two important life lessons that I carry with me every day. You have always supported and encouraged me to be the person that I am, but I am who I am because of you. Thank you Mommy and Daddy. If I could be half as good of a parent as you were...

Last, but NEVER least, my life partner, my partner in crime, my lover, my best friend, my husband Kris. You have believed in me when I had no faith in myself. You have supported me emotionally, financially, and loved me for the woman I am and the woman I strive to be. You encourage me to continue on each day and help me laugh at my shortcomings. I shed tears as I wrote this, reflecting on the love and memories we have shared over the past eleven years. We have come a long way from the 20-year-old college students with nothing but dreams...we are living our dreams now. Thank you for sharing my dream and being my cheering squad along the way. Thank you for the life lessons in love, sacrifice, compromise, and humor you have taught me in our five years of marriage. Thank you for sharing your life with me. I love you always. This dissertation is dedicated to my husband Kris, and is written in loving memory of Beverly Gail Barnes Kelch whose eternal love, words of encouragement, resilience, and spirit sustains me always and keeps me whole. You are forever in my heart.

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## CHAPTER 1

### AFRICAN AMERICAN GRANDPARENT CAREGIVERS: STRESSES AND IMPLICATIONS FOR COUNSELORS

Grandparents from one generation to another have typically played an integral role in the care and responsibility of their families. Today, many grandparents have the responsibility of being the primary caregivers of their grandchildren. The nuclear family structure of parents and children has expanded to become more intergenerational. As the number of grandparent-headed households continues to increase, the need to understand these families' experiences becomes more significant. Therefore, the purpose of this manuscript is to explore the issues affecting African American grandparents who have the sole responsibility of raising their grandchildren due to parental absence. A general description of grandparent-headed families (GHF) will first be presented, followed by a brief history of African American GHF and then a discussion of the factors that lead to GHF as well as review the current research in this area. Finally, the implications of GHF for counselors will be discussed. Due to the fact that grandparent-headed families have individual as well as societal implications, it is of great importance that grandparenting concerns are acknowledged so that they may be addressed to improve the quality of life of these families.

GHF are a growing population in the United States. A recent report from the U.S. Census Bureau revealed that over five million or 7% of children are being raised in GHF,

of which many of these homes have no biological parent present (Racicot, 2003). Between 1980 and 1994, there was an increase of more than 40% in the number of parent-absent grandparent-headed households (Kelley, Whitley, Sipe, & Yorker, 2000; Kolomer & McCallion, 2005; Racicot, 2003). A recent study found that more than 1 in 10 grandparents will take on the role of primary caregiver to a grandchild for at least six months before the child is age 18 (Kelley et al., 2000; Kolomer & McCallion, 2005 ). Custodial grandparents must return to parenthood to raise another generation when their children are unable to be parents. Primary caregiving for a grandchild is an experience out of sequence from the typical life cycle of human development (Shore & Hayslip, 1994). While non-caregiving grandparents may be making retirement plans and providing additional childcare when needed, grandparent caregivers may have different responsibilities than others in their age cohort.

There is great diversity within grandparent caregivers. For example, grandparents who co-reside with their grandchildren may have full-time caregiving responsibility, shared responsibility with the parent, or the grandparent could have no full-time or part-time caregiving responsibility. In addition, there tends to be variability within grandparent caregiver groups based on their level of involvement (e.g. the level of involvement of grandmothers versus grandfathers). Therefore, the definition of a grandparent caregiver tends to be a function of the caregiving type, degree of care provided, and household composition (Fuller-Thomson, Hayslip, & Patrick, 2005; Lee, Ensminger, & LaVeist, 2005). There are generally three categories of grandparents: non-caregiving, co-residence/co-parenting, and custodial (Musil & Standing, 2005). These forms of grandparenting are based on the frequency of contact, the type of contact, and

the parent-like nature of contact between grandparents and grandchildren (Watson, Randolph, & Lyons, 2005). Non-caregiving grandparents are grandparents in the traditional sense who may provide some caretaking responsibilities, but return their grandchildren to their parents' homes. Co-parenting grandparents are grandparents who reside with a grandchild and at least one of the child's parents and share caregiving responsibilities with that parent (Fuller-Thomson et al., 2001; Lee et al., 2005). Custodial grandparents are grandparents who provide primary caretaking responsibilities for their grandchild in the absence of the grandchild's parent (Fuller-Thomson et al., 2001) and assume full, surrogate parent responsibility (Lee et al., 2005). Custodial grandparents (also referred to as grandparent caregivers within this manuscript) are the primary focus of this research due to their caregiving responsibilities and increased risk for stress.

Population-based studies revealed that GHF occur across racial groups and socioeconomic classes. However, African American GHF are overrepresented, specifically African American, single, young grandmothers from urban, poor households (Caputo, 2001; Heywood, 1999; Kelley et al., 2000; Lee et al., 2005; Sands & Goldberg-Glen, 2000). African American grandparents in the United States now number over eight million, with more than 900,000 maintaining a household with at least one minor grandchild age 18 or younger (Watson et al., 2005); a rate higher than any other racial or ethnic group. This is a proportion six times greater than White families (Whitley, Kelley, & Sipe, 2001). Single African American women have approximately twice the odds of becoming caregiving grandparents than those of another race (Caputo, 2000; Jones & Kennedy, 1996). In addition, African American grandmothers who live with grandchildren in one generation are more likely to have daughters who in turn will live

with grandchildren in the next generation (Caputo, 2001). Possible explanations of the high proportion of African American GHF are the cyclical relationship of poverty, single parenthood, as well as a continuing pattern of coresidence and shared caregiving within African American extended families (Heywood, 1999). Despite the fact that African American families are headed by grandparents in disproportionate rates than other races, existing research on grandparent caregiving has mainly focused on predominately White, middle-to-upper-class grandmothers (Kelley, 1993; Oburu & Palmerus, 2005). The National Institutes of Health summarize the state of grandparenting research as incomplete, atheoretical, and often neglecting the roles of gender, age, social class, and ethnicity (Watson et al., 2005). Due to the disproportionately higher rate of African American grandparent caregivers, as well as their relative lack of attention in the empirical literature, African American GHF are the focus of this research.

#### History of African American Grandparent-Headed Households

There has been an increase in research on kinship care (i.e. formal and informal foster care placement of children with relatives) within the last two decades in part by the growing recognition of the contribution of grandparents who have primary responsibility for raising their grandchildren. However, grandparents who are the primary caregivers of their grandchildren are not a modern day phenomena. Historically, grandparent-headed households always have occurred, often during times of crisis and family stress (Bengston, 2001; Grinstead, Leder, Jensen, & Bond, 2003; Jimenez, 2002; Kolomer & McCallion, 2005; Watson et al., 2005). Multi-generational families headed by grandparents have been a long-standing tradition within the African American community (Henderson, 2006) due to the emphasis on kinship solidarity in Africa



(Jimenez, 2002). African-American families historically have been more likely than other groups in the United States to transition into and maintain extended family households over time (Bengston, 2001; Caputo, 2001; Jimenez, 2002; Lee et al., 2005; Musil, 1998; Sands & Goldberg-Glen, 2000). Historically, during times of the mothers' poverty and early childbearing, grandmothers of African descent have headed more three- and four-generation households, initiated more fictive kin relationships, and experienced more role salience than grandmothers of European descent (Watson et al., 2005). Furthermore, African American women are more likely than White women to be parents at all ages, with the most pronounced differences occurring during both early and late years of adulthood (King, 1999 as cited in Lee et al., 2005).

Extended family caregiving and grandparenting can be understood as forms of organization or behaviors utilized by the elderly to stabilize families, which are rooted in the age-graded family systems of West African culture as a means of survival amid the social, political, and economic adversities experienced by Black families (Lee et al., 2005). Therefore, GHF have formed in the past as well as the present as a function of culture and situation in response to the need to head households and stabilize families. This family structure tends to be a cultural and ethnic preference in the African American community which maintains family attachments and supports family ties (Kelley, Yorker, & Whitley, 1997).

#### Factors Leading to GHF

Although GHF have existed for long periods of time, several factors have played a role in their continuance. GHF have increased due to a myriad of often interrelated family circumstances and social problems existing in our society today (Whitley, White,

Kelley, & Yorke, 1999; Whitley et al., 2001). Currently, what leads to GHF are such factors as parental unemployment, substance abuse, parental incompetence, and teenage parents who lack maturity and the resources to care for their children (Edwards, 1998; Henderson, 2006; Racicot, 2003). Grandparents with custodial responsibility for raising their grandchildren often undertake this role out of necessity due to the absence of the child's parents. The most common reason for GHF is child abuse and neglect as a result of maternal substance abuse (Bowers & Meyers, 1999; Kelley, Yorker, Whitley, & Sipe, 2001; Sands & Goldberg-Glen, 2000; Watson et al., 2005; Whitley et al., 2001; Yorker et al., 1998). The "crack-cocaine drug epidemic" has played a major role as drug-addicted mothers often abandon, abuse, or seriously neglect their children (Kelley et al., 2001; Minker & Roe, 1993). In addition to substance abuse and child maltreatment, other reasons for grandparents raising grandchildren include parental death resulting from HIV/AIDS, homicide, incarceration, or psychiatric illness (Bengston, 2001; Bowers & Meyers, 1999; Caputo, 2000; Grinstead et al., 2003; Jimenez, 2002; Jones & Kennedy, 1996; Kelley, 1993; Kelley et al., 2001; Sands & Goldberg-Glen, 2000; Yorker et al., 1998). Due to the fact that child protective service agencies (CPS) tend to favor kinship placements, the number of children living with relatives in parent-absent households has increased significantly (Kelley et al., 2001; Yorker et al., 1998). Therefore, many of these children are placed in GHF through informal arrangements among family members as opposed to being formally placed by CPS (Kelley et al., 2001). The increase in these formal and informal kinship placements have increased the recognition and importance of GHF in the scholarly literature.

## Research on GHF

Research suggests that grandparents may be particularly good custodial resources for children whose biological parents are unable to raise them, as these grandparents might be one of the few constants in the lives of children exposed to family disruption (Daly & Glenwick, 2000; Edwards, 1998). Although grandparent caregiving offers a solution to foster care and non-relative placements, custodial grandparenting also requires major life adjustments in preparation for their renewed parenting role. One of these major life adjustments includes parenting another generation of children when their own children are unable to. Due to the apparent challenges of parenting a second time, several researchers have addressed the adjustments of grandparent caregivers in their studies.

Because most grandparent caregivers are women (Jimenez, 2002; Lever & Wilson, 2005; Watson et al., 2005; Whitley et al., 2001), the literature tends to focus on grandmother's experiences. The African American grandmother has been described by some researchers as occupying a highly constructive role in the family (Watson et al., 2005). From one generation to another, African-American grandmothers have been at the forefront of caring for members of their family, and continue to be an integral part of a family support system in the African-American community (Henderson, 2006). Research suggests that the typical African American grandmother exhibits a high degree of intention in their grandparenting role (e.g. greater involvement, more interaction, and more childrearing activities) compared to European American grandmothers or grandparents. As a whole, African American grandparents are more likely than European American grandparents to pursue daily or nearly daily contact, to interact with their grandchildren in a parent-like role, and to correct the misbehavior of grandchildren.

African American grandparents also encounter more difficulty with their grandchildren, express more frustration with their grandchildren, and sought more information concerning their grandchildren than their European American counterparts (Watson et al.).

Lee, Ensminger, and LaVeist (2005) conducted a longitudinal study on three different types of caregiving African American grandmothers: coresiding primary caregivers, former primary caregivers, and non-caregiving grandmothers. The authors compared the economic situation, employment status, current and past reliance on public assistance, and stressful life experiences of these three caregiving types. Results revealed variation within co-resident households, indicating that prior primary responsibility, current level of caregiving, younger co-resident grandchildren, and three or more generations in the home were associated with negative economic and social characteristics. The three generation households where grandmothers provided a high level of caretaking responsibility tended to have lower rates of marriages, less education, more welfare history, more children and young grandchildren, and the highest proportion of two or more co-resident grandchildren.

Musil and Standing (2005) conducted a qualitative study where White and Black grandmothers across three caregiving types were asked to keep diaries about their experiences in raising their grandchildren. The authors found that primary caregiving grandmothers of both races reported more stresses related to their grandchildren's school activities and health issues, while grandmothers who were co-parenting were particularly likely to report stress related to living with their adult children (i.e. disagreements over childrearing). Non-caregiving grandmothers reported more employment related

problems. In Oburu and Palmerus' (2005) study, the results indicated that full-time caregiving grandmothers of African descent experienced significantly higher levels of stress than did part-time caregivers. The stress experienced by custodial grandparents was related to the grandparent's perception of behavioral problems in the child and limited instrumental support (Oburu & Palmerus). Elevated levels of experienced stress have been associated with caregivers' perception of behaviorally difficult children with conduct problems (Bowers & Myers, 1999; Edwards, 1998). This is consistent with previous research that demonstrates that children with managerially difficult behaviors require more resources (i.e. time, energy, and patience) from the caregiver that may not be available (Bowers & Meyers; Kelley, 1993; Oburu & Palmerus).

Although 80% of custodial grandparents are women, this does not preclude grandfathers being primary caregivers (Kolomer & McCallion, 2005). However, there have been few published studies specifically focused on grandfather caregivers in the kinship caregiving research (Grinstead et al., 2003; Kolomer & McCallion, 2005).

Data which has been largely conducted on grandmothers demonstrates that grandparent caregivers experience elevated levels of anxiety and depressive symptoms more frequently than other women in their same age cohort (Kolomer & McCallion, 2005). However, little research has been conducted to determine if the physical and psychological consequences of grandparent caregiving are the same for both grandmothers and grandfathers. Therefore, Kolomer and McCallion conducted a mixed methodology study to investigate whether grandfathers experience anxiety and depressive symptoms at similar levels as grandmothers. In their study, the authors found that grandfather caregivers were less likely to experience clinically significant levels of

depression than grandmother caregivers. A possible explanation for this finding is that 73% of their participants were married. Having spouses as social support to share the caregiving responsibilities and reduce feelings of isolation may have caused the grandfathers in this study to experience depressive and anxiety symptoms to a lesser degree than what the research on grandmothers indicates. Furthermore, the grandfathers may experience less depressive and anxiety symptoms because it is more likely that grandmothers are primarily responsible for caregiving responsibilities.

Stress in grandparents who are the primary caregivers of their grandchildren is an area that has received attention in the literature. As GHF are increasing and their issues become more prevalent, the research on GHF has begun to recognize that GHF experience more stress than non-caretaking grandparents. A number of studies related to grandparents raising grandchildren report stress due to the age/physical status of the grandparent, level of support and resources, financial status, and legal relationship to their grandchildren (Kelley, 1993; Musil, 1998; Sands & Goldberg-Glen, 2000). Poor health outcomes, including depression and increased psychological distress have been associated with caregiving by family members (Kelley, 1993). Therefore, based on the research, stressors experienced by GHF appear to be associated with their caregiving situation and the subsequent psychosocial/ environmental, legal, and SES/financial issues. The impact of race as a stressor for ethnic minority GHF is unclear.

### *Grandparenting Stresses*

Becoming a caregiver to a grandchild can be both rewarding and stressful. Although some grandparents willingly accept full-time caregiving to avoid future neglect or foster care placement, the role nonetheless is an unexpected responsibility later in their

lives. There are reports that becoming a caregiver to one's grandchildren provides a purpose for living and increases love and companionship, feelings of being appreciated, hope for the future, and satisfaction of helping others (Grinstead et al., 2003; Kolomer & McCallion, 2005). Despite these rewards, grandparent caregiving can also present many emotional, physical, and financial stressors. The extant literature indicates that grandparents raising grandchildren experience increased psychological stress, physical health problems, social isolation, and inadequate resources (Kelley et al., 2001). Common issues that grandparents report include: loss of freedom and personal time due to childcare responsibilities, experiencing parenting differently the second time around, complex family situations, anger, ambivalence, or resentment toward their adult child, emotional/behavior problems in their grandchildren, social isolation, exhaustion, declining physical health, limited housing, and financial difficulties (Daly & Glenwick, 2000; Kelley et al., 2000; Kelley et al., 2001; Racicot, 2003; Sands & Goldberg-Glen, 2000; Whitley et al., 1999; Whitley et al., 2001). To complicate grandparenting issues even further, most state foster care systems provide very little or no financial assistance to relative foster caregivers. Grandchildren being raised by one grandparent are more likely to be poor, which adds to their stress in several ways (Musil & Standing, 2005). Analysis of population data spanning 1983-1994 showed that foster care households headed by relatives compared to parent-child households were more likely to have no earned income, to rely on public assistance, and to be headed by widows, those with less education, and those out of the labor force (Lee et al., 2005). Even if grandparents are married, they are at a time in their lives when their incomes may become more limited, yet have increasing expenses from raising grandchildren (Kelley et al., 2000).

Caregiving stress can be considered a function of the nature and level of caregiving being provided to the grandchild (Bowers & Meyers, 1999; Lee, Ensminger, & LaVeist, 2005; Musil & Standing, 2005; Oburu & Palmerus, 2005). Therefore, non-caregiving grandparents may experience higher levels of psychological well-being, contentment, and lower levels of stress than custodial grandparents (Fuller-Thomson et al., 2005). Musil (1998) conducted a study to compare the stresses of primary versus partial care-giving grandmothers, and discovered that grandmothers with primary responsibility, especially those caring for multiple grandchildren, reported greater overall parenting stress, depression, and anxiety. As stated previously, Oburu and Palmerus' discovered that primary caregiving grandmothers experienced significantly higher levels of stress and lower levels of social support than part-time caregivers due to their behaviorally difficult children who required more resources (i.e. time, energy, and patience) from the grandparent.

Assuming full-time parenting responsibilities for grandchildren is associated with a number of stresses and increased psychological distress in grandparent caregivers (Kelley, 1993; Kelley et al., 2000; Kelley et al., 2001; Minker & Roe, 1993; Sands & Goldberg-Glen, 2000), with depression and anxiety as the most commonly addressed mental health concern of grandparent caregivers (Grinstead et al., 2003). In Kelley's (1993) study, grandparent caregivers scored significantly higher than the general population on six out of nine symptom areas of psychological distress as measured by the Symptom Checklist-90-Revised (SCL-90-R) Inventory, and 44% of grandparents scored within what is considered to be in the clinical range (i.e. psychological stress levels high enough to warrant mental health intervention) (Kelley, 1993; Kelley et al., 2001). It was



determined in Kelley's study that social isolation and stress from the demands of parenting (as measured by the Parenting Stress Index-PSI) were found to be predictors of increased psychological distress (Kelley; Kelley et al., 2001). Kelley, Whitley, Sipe, and Yorker (2000) also found that fewer family resources, financial difficulties, less social support, and poorer physical health produced greater levels of psychological distress among grandparents raising their grandchildren. When Minker and Roe (1993) queried grandparents regarding their psychological health, 37% reported that their psychological health had "worsened" since assuming full-time caregiving of grandchildren (Kelley et al., 2000; Kelley et al., 2001; Minker & Roe, 1993).

There are various explanations for factors which may contribute to the increased psychological distress that some grandparent caregivers experience. A developmental life-course perspective suggests that grandparents raising their grandchildren may be at risk for psychological stress and adjustment difficulties because of the breach of the grandparent's expectations of being freed of the responsibility of raising another generation (Daly, 1993; Daly & Glenwick, 2000). Taking over the role of parenting their grandchild is a role perceived as "off-timing" within the life cycle, which may lead to stress (Bowers & Meyers, 1999; Sands & Goldberg-Glen, 2000; Racicot, 2003). Other factors include circumstances involving the onset of care, as there is often a precipitating family trauma (i.e. drug abuse, physical or sexual abuse or neglect of the grandchild) that occurs before the grandparent takes over the parenting role that is stressful (Bowers & Meyers). The ages, number of grandchildren cared for, behavioral problems of the grandchildren, and length of time involved in caregiving may also affect stress, coping, and psychological health outcomes (Bowers & Meyers; Kelley, 1993; Kelley et al., 2000;

Minker & Roe, 1993; Musil, 1998). Furthermore, lack of support from the grandchildren's parents, conflictual relationships with the parents, and the need to care for multiple grandchildren from different children are likely to affect the psychological stress level of grandparent caregivers (Musil, 1998). Given the number of stresses that grandparents with custodial responsibility experience, researchers have applied stress and coping theories to grandparent caregivers.

### *Stress and Coping*

Lazarus and Folkman (1984) view stress as a physiological, social, and psychological event which involves a person's appraisal, coping, and adaptation within a psychological model. In applying stress and coping theories to grandparents, the contextual variables particular to the grandparent caregiving situation must be considered. However, most of the data available on caregiving grandparents that has been placed in a stress and coping theoretical framework is from the adult caregiving literature (Bowers & Meyers, 1999). Gatz, Bengston, and Blum (1990) have proposed a model explaining the outcomes for caregivers as a result of providing care, which consists of four components. The first component is the stressor of the event that precipitates the need for caregiving (Gatz et al., 1990). Therefore, it would be expected that custodial grandparents (who experience traumatic family changes) would face the greatest stressors leading to poor outcomes (Bowers & Meyers, 1999). The second component of Gatz et al.'s model focuses on the caregiver's perceptions and appraisals of the caregiving situation. The more negative the caregiver perceives the caregiving to be, the more likely they are to experience negative outcomes (Bowers & Meyers, 1999). The third component of the model involves resources and coping which mediates the stress

associated with the caregiving (Gatz et al.). These resources include counseling, social support, education on parenting, stress management, and coping, and financial resources (Bowers & Meyers, 1999; Ross & Aday, 2006). The final component reflects the outcomes for the caregiver, which includes the stress and burden associated with providing care (Gatz et al.). Therefore, grandparents who care for grandchildren may experience negative outcomes (i.e. distress) associated with their caregiving responsibility.

It is informative to not only explore the stresses of grandparent caregivers, but also their coping skills which have been found to play an important role in mediating caregiver outcomes (Bowers & Meyers, 1999). The stress and coping literature suggests that coping may be situation-specific, and that the use of multiple strategies may be more efficacious than a few (Lazarus & Folkman, 1984). In Ross and Aday's (2006) study, the authors found that custodial grandparents who utilized specific coping strategies such as accepting responsibility, active/ confrontive coping, self-control, positive reappraisal, planful problem-solving and distancing lowered their degree of stress. Some grandparents reframed their situation as a second chance to provide positive parenting to their grandchildren when they felt they had failed their own children (Minker & Roe, 1993). In addition, research on African American grandparent caregivers often mentions prayer and church involvement as a coping strategy which seems to provide grandparents with strength, comfort, and a sense of hopefulness (Grinstead et al., 2003; Minker & Roe, 1993).

### Implications for Counseling Practice

The issue of GHF is one of growing importance to today's family counselors. However, due to the unique needs of GHF, professionals from diverse arenas (i.e. school systems, medical settings, religious organizations, mental health and social service agencies, and the legal system just to name a few) will also encounter these families. Therefore, the foundation for mental health and other professionals who are working with GHF is the recognition, understanding, and acceptance of diverse family constellations and situations. GHF should be viewed and treated as a legitimate family structure, as these grandparents are the caregivers of the next adult generation (Racicot, 2003).

The role of social support as an important factor in decreasing stress and improving health has been well documented (Edwards, 1998; Grinstead et al., 2003; Kelley et al., 1997; Kelley et al., 2000; Kelley et al., 2001; Musil & Standing, 2005; Whitley et al., 1999; Whitley et al., 2001.) Emotional and social support tends to moderate the level of stress experienced by grandparents. At times of physical and psychological distress, emotional and social support from friends, family, and professional helpers enhances self-esteem and increases the grandparents' positive appraisal of stressful situations (Oburu & Palmerus, 2005). Therefore, counselors should refer grandparents and grandchildren to social service agencies and support groups (who are able to provide childcare and/or transportation) to increase social interaction with other grandparents/ grandchildren, improve coping strategies, and reduce feelings of social isolation.

Since grandparents seldom seek treatment in the case where their "return to parenthood" is the presenting problem, grandparents may come to the attention of mental

health professionals when they seek counseling services for their grandchild whom they are raising (Daly, 1993; Daly & Glenwick, 2000). Many grandparents may be in need of services to process feelings of resentment, guilt, sadness, isolation, and anger associated with their parenting role. In these circumstances, seeking counseling services for their grandchildren may be an indirect way of obtaining help for themselves (Daly & Glenwick, 2000). Therefore, it is important for counselors to assess for grandparent functioning in addition to child socio-emotional functioning as the two could be interrelated. For example, not only must the grandparent's grief and loss of their grandchild's parent be addressed, but the grandparent's coping with their grandchild's grief/loss and the grandchild's adjustment reactions to their parental loss must also be addressed. In these circumstances, it is important that the counselor takes a systemic approach and focus on the family as a unit versus focusing exclusively on the child in order to address all variables that may impact treatment. To determine the appropriate focus of therapy, the counselor needs to assess whether the problem lies in a) the grandchild's behavior, b) the grandparent's perceptions of the grandchild's behavior, or c) both (Daly & Glenwick, 2000). It is also recommended that family counselors include grandparents in the therapeutic intervention, and/or suggest that grandparents seek individual therapy in conjunction with their grandchildren's therapy.

Furthermore, grandparents may seek counseling services to assist them in managing their grandchild's difficult behavior when the actual problem is the child. Therefore, counselors working with grandparent caregivers should be knowledgeable of child development, child psychopathology, and effective parenting skills, including, but not limited to, behavior modification techniques in order to meet the parenting needs of

these grandparents. Parenting interventions could be designed to teach the grandparent effective, empirically-based parenting skills, boost the grandparents' self-confidence in their ability to parent, and empower the grandparent to feel competent to manage their grandchild's behavior effectively. It is highly recommended that even though the grandparents may have successfully raised their own children, a training program such as Systematic Training for Effective Parenting (STEP) (Dinkmeyer, McKay, & Dinkmeyer, 1997) or Active Parenting Today (Popkin, 1993) can be very helpful.

Counseling with the GHF population can be informed by attending to the context, degree and caregiving type, and the timing of the assumption of the responsibility of caring for the grandchildren. For example, a custodial grandparent may experience an increase in stress and physical/emotional symptoms at the onset of the placement of the grandchild(ren) into their care. In addition, a change in the grandparents' caregiving status from non-caregiving to caregiving grandparent or co-parenting to custodial grandparent may negatively impact the stress response. These caregivers may benefit from supportive therapy early on in the caregiving experience. Furthermore, the grandparents' family structure (e.g. number of grandchildren in their care), family interaction, beliefs and attitudes about their caregiving, commitment to their role, and their family resources should be taken into consideration when designing interventions to meet the needs of these families.

Research into specific treatment modalities for GHF constellations is significantly lacking (Heywood, 1999). Structural and Intergenerational Family Therapies are suggested as applicable family interventions for counselors working with GHF. Due to the potential for confusion regarding the family structure or the blurring of family

boundaries following the placement of grandchildren into the grandparent's care, Structural family therapy (Minuchin, 1974) can be utilized to establish, redefine, and strengthen the hierarchy of the parental subsystem. Structural family therapy focuses on patterns of interactions and the overall structure of the family, clear family roles and appropriate boundaries, and effective hierarchy. Hierarchy and roles can either be unclear in a newly-formed GHF, or caregiving grandparents can become more rigid or permissive in an attempt to deal with family crises. To strengthen the parental subsystem and ensure that the roles and boundaries are clear, interventions should be designed to reorganize the family's structure and patterns of interaction to create appropriate hierarchical boundaries and effective grandparent/grandchild subsystems.

Furthermore, exploration of the grandparent's family-of-origin issues can be achieved through Bowen's (1978) Intergenerational family therapy model. The Intergenerational family therapy model asserts that psychological dynamics are transmitted through families, causing the past to influence the present. Within this model, the family counselor utilizes the genogram to gather information regarding family dynamics across several generations, as an assessment tool to identify family patterns and develop hypotheses, and as an intervention method to address the grandparent's levels of differentiation, family losses, and family projection processes. Intergenerational interventions such as writing letters to the living/deceased grandchildren's parents and the detriangulation of relationships between the grandparent-parent-grandchild generations may assist the grandparent in their level of emotional reactivity and differentiation, and to address unresolved issues experienced within the family.

Lastly, culture plays an important role in the client's worldview (Chang & Ritter, 2004). Given the importance of the cultural and socioeconomic context in which African American GHF live, it is imperative that counselors consider the interplay of these factors, and develop socioculturally-appropriate interventions to meet these families' unique needs. For example, it might be helpful for the counselor to inquire about important parenting values and developmentally appropriate roles and responsibilities for their grandchildren within the grandparents' cultural framework. There are aspects of child rearing that may be culturally related (e.g. age-related expectations for children, responses to crying, the role of physical punishment) that the counselor will need to be aware of (Chang & Ritter, 2004).

#### Directions for Future Research

The present research underlines the diversity within grandparent caregiving groups regarding household composition and degree of childcare provided, as well as the importance of empirical and counseling considerations with this unique type of family. Continued study of this quickly expanding population of GHF is indicated, especially as kinship caregiving becomes more prevalent in society. Attention to these issues will not only direct future research in grandparent caregiving, but also enable both researchers and practitioners to understand the lives of grandparent-headed households more fully.

This research begins to identify the increased risk of stress that some African American grandparents who raise their grandchildren experience. However, future research should continue to address the resources that GHF employ to cope with and adjust to their changing family role. Studies should explore not only risk factors, but also protective factors including coping strategies and informal and formal social support that



may serve as a buffer to the potential stressors faced by care-giving grandparents.

Qualitative and longitudinal studies may be beneficial to provide a deeper understanding of the impact of race on caregiving stressors and the unique experiences of African American grandparent caregivers.

A topic less frequently explored in the kinship care research is issues with the parents/adult children of the grandparents and the relationship between the grandparents and the parents when grandparents are raising the grandchildren. According to Kelley et al. (1997), grandparents raising grandchildren often experience divided loyalties and conflicting emotions when attempting to balance the needs of their grandchildren with the needs of their adult child. In addition, grandparents may experience a role reversal with their adult children, where the grandparents assume full-time parenting responsibilities while the parent experiences visits typical of the traditional grandparenting role. Future research should explore the relationship between the multiple generations, and how this relationship influences the stress or satisfaction that the grandparent experiences.

Although there has been increased recognition in the kinship care research on GHF, there is still a lack of attention on the grandchildren who are being raised in these families. The literature emphasizes the impact of GHF on the physical and psychological well-being of the grandparents, but there is very little emphasis placed on the physical and emotional needs of grandchildren. Therefore, future research should be devoted to the study of the grandchildren who are being raised in GHF. Being a custodial grandparent later in life often causes stresses and mental health issues, which can also affect the grandchildren. Furthermore, the research suggests that children raised in GHF are at an increased risk for psychological and adjustment difficulties due to their histories

and circumstances that brought them to live with their grandparents. For these reasons, future research on the experiences of grandchildren in GHF is warranted.

In conclusion, GHF have individual as well as societal implications. This family structure continues to increase as a response to contextual and social issues that affects all families, but African American families in particular. As these families increase, so do their stressors. These stressors GHF face should be of particular concern to mental health professionals given that increased stress is associated with decreased individual and family functioning. Because GHF are the face of today's families and the foundation for tomorrow's children, mental health professionals and researchers can support this intergenerational family structure through counseling, research, and advocacy. Continued research and therapeutic interventions are necessary to strengthen these families and prevent disruptions in their socio-emotional development and family attachments. As some of the most vulnerable families in our society, GHF need and deserve our support.

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## CHAPTER 2

### THE EXPERIENCES OF AFRICAN AMERICAN GRANDCHILDREN RAISED IN GRANDPARENT-HEADED FAMILIES

Family and societal changes (e.g. increases in child abuse and maltreatment, substance abuse, divorce, teenage pregnancy, single parenthood, and HIV/AIDS) in the past twenty years have led to major changes in the nuclear family structure. One of these family changes includes an increase in grandparents raising their grandchildren in parent-absent homes. Research indicates that these grandparents experience an increased rate of caregiver stress, parenting stress, and psychological problems (Bowers & Meyers, 1999; Grinstead, Leder, Jensen, & Bond, 2003; Kelley, 1993; Musil & Standing, 2005; Sands & Goldberg-Glen, 2000; Whitley, Kelley, & Sipe, 2001). These stresses and psychological problems may also affect the well-being of the grandchildren. Grandchildren being raised by grandparents in parent-absent homes may need support due to their caregiver's increased risk for stress as well as the situation that led them to be in grandparent-headed families (GHF). Continued inquiry into GHF and the grandchildren raised in these families are necessary to improve their individual and family functioning and prevent disruptions in the grandchildren's socio-emotional development and family attachments.

Children in GHF (including co-residing/co-parent and caregiving GHF) have increased over 70% in the past three decades (Bowers & Meyers, 1999). In 1970, over 2.2 million or about 3.3% of children under 18 lived in GHF due to absence of their biological parents (Grinstead et al., 2003). By 1980, these numbers increased to



approximately 3.6% or 2.3 million children (Bowers & Meyers), and by 1993, nearly 3.4 million or about 5% of children lived in GHF. According to the 2006 American Community Survey of the U. S. Census, there were 4.6 million grandchildren (approximately 6.4 % of all children) living with their grandparents. Of these 4.6 million children, 1, 000, 438 are grandchildren living in GHF with no parent present (2006 American Community Survey, U. S. Census). However, there could be many more children in informal care arrangements (i.e. with relatives, often grandparents) than the literature can reflect, and definitive numbers are difficult to capture at any point in time.

GHF impact families from all races, ethnicities, and educational backgrounds. However, low-income, single African Americans who live in urban communities experience this alternative form of parenting at a rate higher than any other racial and ethnic group (Caputo, 2001; Jimenez, 2002; Kelley, Whitley, Sipe, & Yorker, 2000; Sands & Goldberg-Glen, 2000; Whitley et al., 2001). According to the U. S. Census' report of Children's Living Arrangements and Characteristics in 2002, African American children are more likely to live in GHF. In 2002, 9% of African American children under the age of 18 are being cared for by their grandparent, compared to 6% of Hispanic children and 4% of White children (Fields, 2003). Some researchers estimate that between 30 and 70% of children live with grandparents in some cities with large low-income African American populations (e.g. Atlanta, Chicago, Los Angeles, Philadelphia) (Caputo, 2000).

As the number of children, particularly urban low income African American children, raised in GHF increases, the need for clinicians and researchers to understand

their experiences becomes more significant. Therefore, the purpose of the present research is to explore the experiences of African American grandchildren raised in GHF.

#### Research on Children in GHF

The research on grandchildren raised in GHF states that these children may be at risk for significant emotional, behavioral, physical problems, and learning disabilities from abandonment, prenatal exposure to drugs and alcohol, and physical and sexual abuse than children living with their biological parents (Bowers & Meyers, 1999; Edwards, 1998; Grinstead et al., 2003; Jones & Kennedy, 1996; Kelley, 1993; Kelley et al., 2000; Musil & Standing, 2005; Smith, Savage-Stevens, & Fabian, 2002). In addition, poverty, inadequate diets, removal from parents' homes, and being shuffled around the foster care system can be traumatic and stressful, leading to emotional and behavioral problems (Edwards, 1998). Prominent emotional and behavioral problems demonstrated by these children include hyperactivity, demand for attention, defiance, depression, anxiety, and aggression (Smith et al., 2002). It is important to note, however, that the risk for emotional and behavioral problems is not necessarily a result of being raised in GHF. Rather, the circumstances surrounding the need for grandparents to raise their grandchildren may lead to emotional and behavioral problems.

Prior researchers have found that between 26-50% of children being raised by relatives in their studies had clinically significant levels of emotional and behavioral problems as evidenced by the Child Behavior Checklist (CBCL), a psychological assessment that measures emotional and behavioral problems in children ages 6-18 years. These rates are considerably higher than the general population sample (Edwards, 1998; Yorker et al., 1998). In addition, many of the children in their studies had medical,

learning, Attention Deficit Hyperactivity Disorder (ADHD), and developmental problems related to prenatal exposure to drugs and/or alcohol (Edwards; Yorker et. al.).

Many children being raised by grandparents have psychological problems serious enough to warrant mental health and school support services (Kelley et al., 1997). In fact, Racicot (2003) found that 40% of the 15 grandparents in their study (6 grandparents) indicated that their grandchild received professional counseling, 27% (4 grandparents) indicated that their grandchild received counseling services at school, 53% (8 grandparents) indicated that their grandchild had an Individualized Education Plan for services at school, and 40% (6 grandparents) indicated that their grandchild was in special education classes at school. In addition to psychological problems, these children may experience difficulties in school.

Research has demonstrated that children being raised solely by grandparents are not as successful in school as children in two parent families, but are just as or more successful than children being raised by only one parent (Musil & Standing, 2005; Solomon & Marx, 1995). Prior research on grandchildren in GHF states that many children in GHF have been found to have weak cognitive, reading, and math skills (Edwards, 1998). These grandchildren have repeated grades, have learning disabilities, mental retardation, and emotional and behavioral problems that negatively affect their school performance. Moreover, often grandparents do not always recognize when their grandchildren have school problems such as reading below age or grade expectations (Jones & Kennedy, 1996). At times, care-giving grandparents may not understand the intensity of their grandchild's emotional, behavioral and learning problems, may overlook these problems, or believe that the grandchild will simply outgrow them (Smith

et al., 2002). To complicate matters further, many grandparents with multiple grandchildren do not have the time, energy, or resources to invest in their grandchild's academic deficiencies.

One study examining the adjustment of grandchildren being raised by their grandparents revealed that a strong and supportive grandparent-grandchild relationship can offer protection from the adverse effects of various life stresses faced by many of these children (Daly & Glenwick, 2000). However, simply transferring children from their parents' to their grandparents' homes does not erase the traumatic circumstances that precipitated the move, the memories that grandparents and grandchildren have of these events, and the trauma of the separation (Bowers & Meyers, 1999; Sands & Goldberg-Glen, 2000). Many custodial grandchildren feel unwanted, feel as if they are a liability to their grandparents, fear loss and abandonment by the grandparent, and dread their parents' return given its ensuing instability (Smith et al., 2002; Whitley, Kelley, & Sipe, 2001).

### *Family Functioning*

Grandchildren with emotional and behavioral problems are often difficult to rear, which may cause stress for the grandparents. A reciprocal relationship may form where the grandparents' distress negatively affects the grandchild, and the grandchild's emotional and behavioral difficulties negatively affect the grandparents (Edwards, 1998). In a study by Bowers & Meyers (1999) on custodial grandparents, grandparents rated their grandchildren as having more behavior problems than other children. This supports previous findings that such grandchildren often bring with them the emotional and behavioral problems from their parents' homes (Bowers & Meyers, 1999). In Musil and

Standing's (2005) study, two-thirds (42%) of the 64 custodial grandparents listed behavior and discipline problems as stressors, and one-third of co-parenting grandparents also stated that their grandchild's conduct was a concern. However, some studies reported positive feelings about the effects of caring for grandchildren with physical and mental health problems. For example, Harrison, Richman, & Vittimberga (2000) compared single and two-parent families with GHF who were raising children with emotional and behavioral problems. Caring for such children was less stressful for grandparents than single parents, with no differences found between GHF and two-parent families. In Emick and Hayslip's (1999) study, grandparents caring for children with physical and mental health problems were more content with their grandparenting role than grandparents caring for grandchildren without physical and mental health problems.

Although there has been research conducted on grandchildren in GHF, the research tends to emphasize the impact of grandchildren's behavior on the grandparents' functioning and not on the well-being of the grandchildren (Edwards, 1998; Musil & Standing, 2005; Smith et al., 2002). Therefore, research and therapeutic interventions geared toward the grandparents tends to assume if the grandparents' functioning improves, then the grandchildren benefit (Whitley et al., 2001). However, as stated earlier, grandchildren living in GHF are at a greater risk for emotional and behavioral problems than children living with their biological parents (Edwards). Clearly, there needs to be more child-focused attention to grandchildren in the empirical research to investigate this phenomenon further. Grandchildren raised in GHF needs to be studied to determine the unique issues that these families face. The trajectory of some grandchildren in GHF is poor. Due to the interruptions in the parental attachment process that brings

about the formation of GHF, these grandchildren may develop insecure attachments which disrupt their attachment to significant adult figures (Edwards). Research states that attachment problems in childhood relate to poor psychological adjustment across the lifespan (Edwards). These findings underscore the need to understand these grandchildren's experiences in order to develop child and family-focused treatment interventions to circumvent the problems they sometimes experience.

The purpose of this study was to explore the experiences of African American grandchildren who live with their grandparents. In addition, the goal is to make a significant contribution to the research that addresses GHF, as well as address the lack of attention to grandchildren's wellbeing in the empirical literature. It is hoped that this research will build upon prior studies which have been conducted and serve as an impetus for future studies of grandchildren in GHF. Professionals and society alike need to continue to expand on the research conducted and efforts to address the unmet needs of the grandchildren raised in GHF.

This study is exploratory in nature, and will extend our understanding of grandchildren in GHF. Given the limited available data about the experiences of grandchildren being raised by their grandparents, the following research questions were examined: 1) What are the experiences of African American grandchildren who are raised by their grandparents from the grandchild's perspective? This research question was addressed through the qualitative inquiry with the grandchildren. 2) What are the challenges of these grandchildren raised in GHF from their grandparent's perspective? "Challenges" as defined in this research study related to the grandchild's school behavior, academic performance, and behavior at home or in the community. The second research

question was addressed through the qualitative inquiry with the grandparents and through their responses on the quantitative measure. These questions are important because they are designed to gain an understanding of 1) the grandchild's perspective of their life circumstances, which is descriptive in nature, and 2) the challenges from the grandparent's perspective, which includes both qualitative and quantitative information. The quantitative findings were used to further explore the qualitative results.

### Method

A mixed methodology format was used in which the grandparents and grandchildren participated in individual interviews, and then the grandparents completed the caregiver version of a self-administered child socio-emotional questionnaire. The use of other data collection methods in conjunction with individual, qualitative interviews is a highly recommended research strategy (Creswell, 1998). Given the current lack of information regarding children raised in GHF, qualitative methodology was used to allow an in-depth exploration of GHF and to understand the individual experiences and perspectives of the grandchildren. Qualitative methodology is especially productive with participants who have historically had limited power and influence, such as people of color and those with limited income (Smith et al., 2002). For example, qualitative methodology highlights the experiences of underserved, disenfranchised populations and people who have been marginalized by allowing the researcher to hear participants from their own perspective. Therefore, a phenomenological approach, which attempts to identify the essence of a lived experience shared by a group of people (Creswell), was used in the present study. The phenomenon or lived experience under consideration was grandchildren who are raised in GHF. More specifically, a psychological

phenomenological approach was used to determine what the experience means for the group of people who have had the experience and are able to provide a comprehensive description of it (Moustakas, 1994).

### *Participants*

Creswell (1998) suggests utilizing purposeful, “criterion” sampling strategies in qualitative research where all participants have experience with the phenomenon being studied. Participants included 14 African American grandchildren ages 10-16 and their 6 grandparent caregivers. A small sample size was selected because the emphasis in qualitative research is on achieving an in-depth understanding of the participants’ experiences rather than taking the results and generalizing them to the general population (Creswell). The grandparent caregivers had to have lived in the same household on a daily basis (for an indefinite period of time) as their 10 to 16-year-old grandchildren and have assumed custodial, full-time caregiving responsibilities for their grandchild due to parental absence. This pre-adolescent to adolescent age range was selected due to their high risk for emotional/behavioral problems and school drop-out, differential level of trauma experiences and subsequent need for psychological intervention, as well as their developmental ability to articulate their experiences with their parents (D. M. Whitley, personal communication, September 15, 2006). Multiple children from one household who met the age criteria were included because their perceptions and experiences may have been different than their siblings/cousins. All participants needed to have lived in the home at least two months. This decision was based on prior research (Sands & Goldberg-Glen, 2000) that demonstrates that the grandchild and the grandparent need at least two months of post-removal from the parent’s care in order to transition to their



changing family status (as opposed to interviewing a grandparent/grandchild immediately following their placement into the grandparent's home). No grandchildren who lived with their grandparents since birth were included as participants, as these children's experiences may have been qualitatively different than the grandchildren in GHF for shorter durations. For example, these grandchildren may not have the same attachment issues because their grandparents have been their only parental figure since birth. Additionally, these grandchildren may be more stable and less at risk for emotional and behavioral problems than grandchildren who were removed from their parents' homes.

This research included 14 African American grandchildren between the ages of 10 through 16 and their 6 grandparent caregivers. Summary tables aggregating the grandchildren and grandparent characteristics are included (see Tables 1 and 2)..

The GHF in this study were recruited from Project Healthy Grandparents (PHG), which is a community service, research, and support program for grandparents who are the primary caregivers of their grandchildren ages 16 and under. PHG was created in response to the growing number of children who have been abused, neglected, or abandoned by their biological parents and are currently in kinship care (Yorker et al., 1998). Services offered by PHG are: social work services, nursing services, legal service referral, case management, grandparent support and parenting education classes, and early intervention services for the grandchildren. The goal of PHG is to empower grandparents to have a greater capacity to parent in order for them to provide a nurturing and stable environment for their grandchildren.

The reasons the grandchildren were being raised in GHF and not by their parents were: medical illness, death, mental /psychiatric illness, teenage pregnancy,

eviction/housing problems, neglect, and alcoholism or substance abuse of the parent(s). The most common reason mentioned for the grandchildren being raised by their grandparents was parental substance abuse. However, these categories are not mutually exclusive. For example, a parent's substance abuse may result in neglect or child abuse. Four grandchildren have lived with their grandparent for less than five years (i.e. two to four years), and ten grandchildren have lived with their grandparents for five or more years. The mean duration of the grandchildren's length of stay was 7.6 years.

### *Procedure*

Upon receiving necessary administrative approval from the director, GHF were recruited from a listing of former participants from PHG. One grandparent was referred by word of mouth from the general community. The PI obtained a listing of former PHG clients who received services from 2002-2005, and gave higher consideration to families from the list who received PHG services in 2005, as these families had a more recent connection to PHG and perhaps would be more likely to participate. The PI identified seven families from the 2005 listing based on the ages and number of grandchildren, with multiple grandchildren who met the age category targeted first. The PI sent a letter (Appendix A) to the seven GHF informing them of the study being conducted, the inclusion criteria, what to expect during the study, to seek their participation, and to state that the PI would call them following the receipt of the recruitment letter. The PI contacted the GHF approximately two weeks following the receipt of the letter to determine if they met the study's inclusion criteria, provide brief information about the study, address any questions they had, and assess their willingness to participate. Five grandparents contacted were willing to participate in the study, one grandparent no longer

had her grandson in the home, and one grandparent's telephone number was disconnected. In addition, one GHF was referred by word of mouth. All grandparents agreed to participate after the telephone contact. Once the grandparents stated they were willing to participate, the interview was scheduled at a date and time that was convenient with the grandparent and the PI. Data were collected in the participants' homes.

Before individual interviews were conducted, the grandparents' agreement to participate was obtained through the Informed Consent Form (Appendix C), the grandparents' consent to allow their grandchildren to participate was obtained through a Parental Permission Form (Appendix C), and the grandchild's assent was obtained through an Assent Form (Appendix C). The informed consent, parental permission, and assent form was read aloud to participants to avoid any problems with literacy. The confidentiality of both grandparent and grandchild interviews was affirmed, but especially the confidentiality of the child interview was explicitly stated. For example, it was explained that the researcher would not disclose to the grandparent the content of the grandchild's interview to ensure the grandchild's confidentiality. In addition, the grandparent was informed that the researcher would report any suspicions of child abuse, neglect, physical or sexual abuse to the proper legal authorities.

After parental consent was obtained, grandparent participants were asked brief demographic data (e.g. grandchild's gender, race, age, relationship with their parents, reason and length of caregiving) and then the Child Behavior Checklist (CBCL) was administered to gather objective self-report of their grandchild's emotional and behavioral functioning. To avoid concerns regarding possible low literacy and educational attainment of some potential participants, the measures were read aloud by

the researcher. Then, individual interviews with the grandparent were conducted to obtain information on their family history and circumstances of caregiving to their grandchild, which lasted from 15 to 45 minutes. The individual interviews followed the standard protocol. All questions were answered. During the individual interviews, grandparents were asked to respond to several open-ended questions intended to understand the antecedents/circumstances in which they came to raise their grandchildren, and their grandchild's behavior. Follow-up, additional questions, and probing were conducted based on the grandparents' response. With the grandparents' permission, notes were taken and the individual interviews were audio-tape recorded. Upon completion of the CBCL and the individual interview, grandparent participants were thanked and given a copy of the Informed Consent and Parental Permission Form in the event that they wanted to contact the investigator, and a Kroger gift card in the amount of \$15 was given to each grandparent after the interview was conducted.

Following the information gathered by the grandparent, the grandchild signed an assent form explaining the purpose of the study and confidentiality of their interview, and then a 15 to 45 minute qualitative individual interviews was conducted with the grandchild. Grandchildren were asked nine open-ended questions (with follow-up questions if necessary) intended to explore the meaning of their experiences being raised by their grandparent. With the grandchildren's permission, notes were taken and the individual interviews were audio-tape recorded. Due to the potentially unsettling nature of answering questions about their parents and being raised by their grandparent(s), a 10-15 minute debriefing session with the grandchild after the interview was conducted to assess for residual feelings that may have arisen. Upon completion of the grandchild

interview, the grandchildren were thanked for their time and willingness to participate in the research study, and they were given a copy of the Assent Form.

### *Measures/Data Sources*

*Demographic questionnaire.* The demographic questionnaire (see Appendix D) is designed to assess demographic information of the GHF (i.e. the grandparents' age, race/ethnicity, education and employment status, income range, source of income, marital status, etc.) and the grandchild's demographics (i.e. ages, sexes, and number of grandchildren residing with them, how the grandchild came to live with them, length of time providing care, and level of relationships with grandchildren and the parents.)

*Child Behavior Checklist.* The Achenbach Child Behavior Checklist (CBCL) (Achenbach, 1991) is a standardized psychological measure designed to assess youth, parent/caregiver, and teacher's perceptions of a child's behavior and emotional functioning for youth 6-18 years of age. In this study, the caregiver version of the CBCL was used to assess the caregiver's perception of the emotional and behavioral functioning of their grandchildren. The CBCL yields age- and gender-based T-scores with a mean of 50 and a standard deviation of 10. The CBCL is comprised of 8 behavior scales assessing two broad-band internalizing and externalizing behaviors, and a total behavior problem score. The 8 behavior scales are withdrawn, somatic complaints, anxious/depressive, social problems, thought problems, attention problems, delinquent behavior, and aggression. There is also a section in the CBCL that asks caregivers about their child's performance in academic subjects. The CBCL consists of 112 items where caregivers rate a series of behaviors within the past six months on a 3-point scale. Responses to these items are 0 (not true), 1 (somewhat or sometimes true), or 2 (often or very true), where

higher scores represent greater emotional and behavioral problems. Total behavior problem scaled score elevations on the CBCL were used in this data analysis (as opposed to the individual subtests) as a measure of grandchild emotional/behavior problems. In total problem scales, T-scores between 60 and 65 are considered in the Borderline Clinical range, with T-scores above 65 considered significantly elevated in the Clinical range. Achenbach (1991) recommends that the total problem score be used in research because it is composed of more items, resulting in a more reliable score.

The purpose of this study was to explore the experiences and challenges of grandchildren raised in GHF. The CBCL measure was utilized as triangulation to provide a varying source of information about the challenges of grandchildren raised in GHF. Therefore, clinically significant elevations on the total behavior problem scale of the CBCL were used in comparison to the qualitative data to determine if discrepancies exist between the two data sources (e.g. Grandparent #1's description of her grandchild's behavior during the qualitative interview was different than the information provided by the total behavior problem scale of the CBCL). The CBCL has sound psychometric properties, with test-retest reliability of .95, interrater reliability between .93-.96, and internal consistency between .78-.97. Achenbach reports adequate construct and criterion validity.

*Interview guide.* The interview guide consists of a series of open-ended semi-structured questions for both the grandparent and grandchild (see Appendix E). The open-ended questions for the grandparent, although somewhat similar to the questions asked on the demographic questionnaire, was designed to allow the grandparent participant to "tell their story" of their family history and circumstances of raising their

grandchild to capture the qualitative nature of the data. The interview guide also allowed the grandchild to describe their experiences being raised by their grandparent(s). The grandparent and grandchild questions were developed based on the extended family and kinship care research to guide the participants' discussions.

*Research team.* The research team is comprised of the PI, the dissertation advisor, and two doctoral students. The PI is an African American female, third-year Counseling Psychology doctoral student who has conducted and is involved in several research projects that focus on race/ethnicity and multicultural issues. The dissertation advisor is an Asian American female Counselor Education and Practice professor who has conducted and been a part of several research studies focused on ethnic minority issues. The other two members of the research team were doctoral students in Counseling Psychology who volunteered to assist the PI in the data analysis. One doctoral student is African American, and the other is Caucasian.

*Reflective journal/Bracketing.* Although the PI may be at an advantage due to her racial in-group status in that it may have aided in rapport with the participants, it is important in qualitative research to acknowledge the impact of researcher bias as a source of data collection and analysis (Creswell, 1998). For example, the PI has a graduate research assistantship with a social service program for predominantly low-income African American grandparents who are the primary caregivers of their grandchildren ages 16 and younger. However, the current research consisted of participants from all socioeconomic status and education levels. Thus, it was important for the PI to acknowledge these demographic differences and avoid making research decisions based on the demographics of the graduate research assistantship population. In addition, the PI

had to recognize possible social class differences that she had with the participants, the effect of her own upbringing being raised in a two-parent, upper middle-class, educated African American family, and how this may have influenced the way she interpreted the GHF data. To set aside preconceptions or biases to avoid interjecting hypotheses, questions, or personal experiences into the study and to understand the phenomenon through the voices of the informants, Creswell suggests that the researcher self-reflect on the meaning of the phenomenon or experience by “bracketing” his or her experiences in a reflective journal. Therefore, the PI kept a record of her perceptions and experiences by writing in a reflective journal after each interview with the GHF.

### *Data Analysis*

The individual interviews with the grandchildren were used to address the first research question, which was “What are the experiences of African American grandchildren who are raised by their grandparents from the grandchild’s perspective?” The data analysis for research question #1 began with semi-structured, open-ended audio-taped individual interviews conducted with the grandchildren, the audiotapes were transcribed verbatim by the PI, and then the data was interpreted using standard phenomenological data interpretation procedures (Creswell, 1998). According to Creswell, phenomenological data analysis includes the following steps. First, the research team independently read through the first three interview transcripts in its entirety. Then, each member of the research team separately identified significant statements from the three transcripts which were relevant to the research questions and experiences of grandchildren being raised in GHF, and “coded” these transcripts by writing key ideas, words, phrases, and interpretations on the transcripts to derive meaning from these



statements. Each member of the team then developed a list of nonrepetitive, nonoverlapping meanings from these statements. Because qualitative data analysis should be a collaborative process (Creswell), the research team met to compare their coding and their list of meanings from the first three transcripts. This collaboration is considered a “peer debriefing” strategy (Creswell) in order to ensure the “intersubjective validity” (Moustakas, 1994) of the data coding to get divergent perspectives, other possible meanings, and vary the frame of reference about the phenomenon (Creswell).

During the research team meeting, meanings were discussed and agreed upon until a consensus was reached. All three research team members agreed on the major categories and themes. There were no discrepancies (i.e. one team member identified a theme that the other team members did not). However, there were some comments/additions made to the themes based on the research team feedback. Themes were reviewed for accuracy and adjustments were made if necessary. Then, meanings were organized and reorganized into progressively fewer but more meaningful recurrent themes, and clustered (based on the similarity among the themes) to create a coding guide of major themes and categories. Following the initial research team meeting, the PI conducted the remaining 11 individual interviews, and these interviews were transcribed. To ensure that the data was emergent and recursive, the major themes identified from the first three interviews were used to inform the coding of the remaining 11 individual interviews as comparative data to clarify or confirm the themes. As the interviews were completed, all three research team members independently coded the remaining 11 transcripts according to the coding guide of previously identified themes. The research team met at three points of the research study process (beginning, middle, and end) to

discuss the findings. The first meeting was conducted to discuss the first three grandchild interviews. The second meeting was to discuss eight grandchildren interviews, and the final three grandchild interviews were discussed at the third meeting. After the initial coding for the identification of major themes, subthemes were identified during the write-up of the Results. Therefore, the research team reconvened to discuss the subthemes, and conducted pattern coding of all 14 grandchild transcripts to identify and confirm the subthemes. Major themes and subthemes are presented in the Results section, along with a narrative, “textural” description (Creswell, 1998) of the meaning of the participants’ experience through verbatim examples of each theme.

Steps were taken during the data analysis process to establish credibility through several qualitative procedures. For example, the PI is trained in interview methods with grandparent caregiver populations, and is matched to the participants’ race and ethnicity, as participants are more likely to share information and discuss personal issues with others of similar prestige and status (Smith et al., 2002). Prolonged engagement was established to build trust through 15 to 45 minute face-to-face individual interviews with grandparents and grandchildren. In addition, a doctoral student data coder of a different race was utilized to add another perspective and to reduce the impact of racial bias on the transcript coding.

The second research question, “What are the challenges of these grandchildren raised in GHF from their grandparent’s perspective?” was addressed through the qualitative interview of the grandparent’s perceptions of their grandchild’s behavior and the CBCL. The qualitative grandparent interview was analyzed with the same phenomenological data interpretation procedures as the grandchild interview. The data

analysis for the quantitative portion of this study, the CBCL, included entering the data into the CBCL computer scoring program. This computer scoring program analyzed the data by taking the total problem behavior raw score of each participant and converted the score into standardized T-scores and percentiles. The T-scores and percentiles served as a comparison of the individual scores to the age-based national norm average score of the general population. T-scores at or above 65 and percentiles at or above the 93<sup>rd</sup> percentile were considered significantly elevated and in the clinical range (Achenbach, 1991). Means and standard deviations of the participants' total problem scales were given. Both the quantitative and qualitative data sources were compared to the other and a determination was made based on each participant's total problem T-scores whether the quantitative information was consistent with the information provided during the grandparent qualitative interview.

## Results

The present research focuses on the experiences and challenges of African American grandchildren raised in GHF. Individual interviews were conducted with the grandchildren and their grandparent caregivers to gain an in-depth understanding of the lived experience of being raised in a GHF. In addition, the grandparents were asked to complete the CBCL to assess their perceptions of their grandchildren's emotional and behavioral functioning. Therefore, the results will be divided into two parts based on the method of inquiry: 1) the experiences of grandchildren through the qualitative interviews (Research Question #1), 2) the challenges of grandchildren from the qualitative interviews with the grandparents and the CBCL results (Research Question #2).

Four major themes with eleven subthemes from the grandchildren and one major theme with four subthemes from the grandparents were identified from the qualitative interviews. Although many themes are interrelated and overlapping, an attempt was made to differentiate between the themes as much as possible. The major themes are not presented in any particular order of prevalence; however, the themes were measured by the consistency with which the issue was mentioned across grandchild/grandparent interviews. The major themes from the voice of the grandchild are: 1) Affective response to living with their grandparent, 2) Infrequent contact with biological parents, 3) School functioning, and 4) Advice to other grandchildren raised by their grandparents. The challenges of grandchildren living with their grandparents was the major theme identified from the voice of the grandparents.

*Voice of the Grandchild, Theme 1: Affective Response to Living with Their Grandparent*

Based on the grandchildren's responses to questioning during the qualitative individual interviews, there were two affective responses to living with their grandparents: contentment and discontentment. The majority of participants seemed generally happy or content living with their grandparents.

*Contentment*

Twelve out of fourteen grandchildren explicitly stated feelings of contentment living with their grandparents. This contentment appeared to be based on their perceptions of having a good relationship with their grandparent, their perception of having better resources at their grandparent's house (i.e. toys/video games, access to better amenities, etc.) and feelings of being well provided for. In addition, grandchildren

mentioned feeling a greater connection with their other family members (e.g. siblings, cousins, extended family) while living with their grandparent.

“The best thing about living with her is she's nice, she's comfortable to be around, she comforts me, she makes me happy... The fact that she's always there for me, she cares for me, and she never lets me down.” (Grandchild 007)

“Like, um, well I think it's good because if I would have lived with my mom...living with my grandmom, it's kind of good because she's teaching me a lot of stuff about the Bible and stuff, and she got me in a good school, and she's doing the best that she can.” (Grandchild 014)

### *Discontentment*

On the contrary, two grandchildren (from the same home) expressed displeasure living with their grandparent. Both seemed to recognize the difference between caregiving and non-caregiving grandparents:

“I would rather live with my mom...I think my grandparents are different than other grandparents. Because to me they're mean. My friends tell me about their grandparents and how their grandparents treat them. And I guess they're mean to me because I've lived with them all my life.” (Grandchild 012)

“It's like, it depends on if you are used to living with your grandparents, but if you're not, it's not like what it seems as if they just come to visit, you see how nice they are. When you start to live with them, it's like a whole different person, and it's like, you don't want to be here.” (Grandchild 013)

### *Voice of the Grandchild, Theme 2: Infrequent Contact with Biological Parents*

The majority of grandchildren (eight out of fourteen) had no contact with their mothers due to death or no involvement, four out of fourteen had some contact via telephone or visits during breaks or holidays, and two out of fourteen had frequent contact with their mothers through weekend visits. Some barriers to frequent contact with their mothers included illness, death, or incarceration. Therefore, the majority of the relationships between the grandchildren and their mothers were strained, fair, or

nonexistent. Two grandchildren describe their relationship with their mother based on their level of contact with her:

“We used to be best friends but now after everything happened, it's kind of hard for me to just forgive her like that even though I can see that she's trying, and I try to forgive her, but is like every time she starts yelling at me, then it'll just make me mad all over again, and we kinda go back and forth. And now we're not as close, like, I don't wanna talk to her.” (Grandchild 013)

“...sometimes me and my mom, we don't have such a good relationship because she went through a lot, and she has to take her medicine for her anger problems. And she'll get mad for everything like, and we don't do anything, but she'll just get mad and then she just, she'll start yelling or something.” (Grandchild 014)

#### *No Contact/Poor Relationships with Fathers*

The qualitative interviews with the grandchildren revealed little or no relationships with the fathers. Five grandchildren out of fourteen mentioned some contact or involvement with their fathers, while conversations with nine out of fourteen grandchildren revealed there was no contact due to incarceration or unknown location. Below, one grandchild described his first and only contact with his father:

“I seen him, um, my grandma told me that he work at {local grocery store} around the corner from here. Um, and I had went there to see him. So, I seen him, and we talked. Well, we really didn't talk-talk really, but we caught up on few things...He gave me his number to his cell phone. And I guess he took it that I didn't really want to talk to him, but, you know, but I didn't have the time to call him, and then I lost his number.” (Grandchild 004)

However, as stated in the next quote, the potential for a relationship with this grandchild and her father was there, but was restricted due to her father's location and status.

“Have I seen my Dad? Not recently. We talk to him, like, he'll write us, or we'll talk to my grandma, my dad's mom. And, right now, he's in prison in Pennsylvania, so we don't talk to him a lot. But, he calls and he'll write us back...we have an okay relationship. Not the usual father-daughter relationship. We're not as close as we should be.” (Grandchild 002)

### *Redefinition of Family*

Due to the fact that these grandchildren were being raised in GHF, their infrequent contact with their parents seemed to influence their concept of family. When asked directly who they considered their family, all fourteen grandchildren mentioned a broad definition of family which included their extended family (grandparents, aunts, uncles, cousins) and often excluded their parents. Only two grandchildren mentioned their parents as a part of their family. Additionally, when the grandchildren were asked what kind of family they wanted to have when they grew up, several grandchildren stated they wanted a family structure similar to their current family. However, two grandchildren explicitly stated a desire to raise their own children to keep them out of foster care and provide a different life for them.

“I want a family like the family I have now...A nice, caring, relaxed family.”  
(Grandchild 003)

“...when I'm older, I going to make sure that I'm married and I have a good job or a career, and um, if and when I have kids, then I'm gonna make sure they're with me, and I'll let nothing happen to where I can't be or get my children or they have to go off for a very long time.” (Grandchild 013)

“Well, I want to have a better life than I'm having now, and I want my kids to be able to have a better life. Like, um, if I have kids and I want them to be able to see me and their dad, and be able to have visits with their grandparents sometimes, and like, to not be in argument with my family... [I want a] good family and a nice family, they're able to get along with each other, and not like, using abuse or words that hurt people's feelings.” (Grandchild 014)

### *Voice of the Grandchild, Theme 3: School Functioning*

Grandchildren were asked about their behavior at school during the individual interviews. Seven out of fourteen grandchildren encountered some problem at school, whether it was negative interactions with their peers, negative interactions with teachers, academic problems, or behavioral issues.

### *Negative Interactions with Peers*

Of the nine grandchildren who have been suspended, four were suspended due to a negative (often a physical confrontation) interaction with a peer. Below, two grandchildren described conflicts with their peers:

“I had, like, this conflict with a couple of girls at our school...She’d be like, ‘Where your mom at? Do you live with your mom?’ And we’d be like, ‘No, we don’t live with our mom, we live with our grandmom.’ And they be like, ‘Oh, your mom dead?’ and this that and the other. And then, the girl, I heard her say that my mom was a H-O-E and some other stuff. And I said, ‘Would you like if I called your mom that?’ And she was like, ‘I don’t care what you call my mom. I know my mom ain’t that.’ And I was like, ‘I don’t like you calling my mom that,’ and I got mad because my mom isn’t here to defend herself, and I know she wouldn’t like me calling her mom that.” (Grandchild 002)

“So, the next day I confronted him, and he stood up... and then we fought, and we got sent to the principle’s office. They asked, they questioned us about what happened, and neither of us were talking. And as I was sitting there, I realized that if I went to jail just once, it would have been on my record. And my grandma wouldn’t want to come see me if I went to jail, and I’m not going to jail so I spoke up. If it wasn’t for me, we would have been in jail, and we both would have had a criminal record.” (Grandchild 004)

### *Negative Interactions with Teachers*

Of the nine grandchildren who have been suspended, three were suspended due to a negative interaction with a teacher. The three grandchildren below describe negative interactions with their teachers:

“I have a behavior problem-I get in trouble a lot. I got suspended four times because I was arguing with teachers...” (Grandchild 012)

“Sometimes I get in arguments with my teachers...Like, if I sit there and do my work, and then I have trouble focusing, then I get off task, and I’ll start talking to my friends, and then the teacher gets on me and ask me to leave.” (Grandchild 014)

“I got suspended in the seventh grade for disrespecting the teacher because she pinched me and she started talking about my mother so I got mad and a pinched her back. She said that ‘your behavior must be the reason that you’re not with



your mom' so I got mad and I pinched her and I cussed her out.” (Grandchild 013)

### *Behavioral Issues*

Nine out of fourteen grandchildren have been suspended, typically for fighting or disruptive behavior. However, the grandchildren who experienced behavioral problems at school usually did not exhibit behavioral problems at home, and were able to comply with their grandparent's rules and structure. Two grandchildren briefly describe their self-perceptions of their behavioral issues:

“My behavior? Not good. I got kicked out. I just got in trouble too many times. Now I gotta go to a special kind of school for children who get kicked out...” (Grandchild 001)

“(discussing her behavior at school) It's been better. It was bad because I had a bad attitude. I threw a person out of their desk because he kept on messing with me.” (Grandchild 011)

Although difficulty getting along with peers, negative interactions with teachers, academic issues, and behavioral problems at school can be normal developmental challenges for all children, a dynamic unique to the GHF caregiving situation is the impact of the family disruption and traumatic experiences which brought the grandchildren to live with their grandparents. It appeared that the grandchildren's school behavior and functioning was a reflection of their adjustment to parental loss or a reflection of their desire to be with their parents instead of their grandparents. One grandchild made the connection between her behavior at school and her desire to be with her parents:

“When we first moved up here, the first two years that I moved up here I was good until I stopped liking to stay here, and so I started acting up in school and then I got a behavior problem last year in like, in the middle of the sixth grade...” (Grandchild 013)

Interestingly enough, twelve out of fourteen grandchildren verbalized future goals of attending college. However, their current behavior in school (and academic performance) might be a barrier to achieving these higher educational goals. As one grandchild stated:

“[I want] To complete all of the school, complete college, complete medical school and be a pediatrician, get all of my degrees...” (Grandchild 007)

*Voice of the Grandchild, Theme 4: Advice to other Grandchildren Raised by Grandparents*

When the grandchildren were asked what advice they had for other grandchildren being raised by their grandparents, their responses reflected subthemes of family loyalty/protection, maintaining a close relationship with the grandparent, respect for grandparent’s efforts and behavioral improvement, and coping with parental loss. Several of these subthemes seemed interrelated to each other.

*Family Loyalty/Protection*

Two grandchildren advised other grandchildren in GHF to protect their family and remain loyal to them. As the two grandchildren stated:

“Look out for them, like, if they lose something, find it. If they need help with something, help them, or, you know, if they have a problem, sit down and talk with them.” (Grandchild 005)

“I would say my family is different from some families. Some families, they are far apart from each other. But my family is the type of family that anybody can go to. So, they should keep their family close together and help each other when something bad happens.” (Grandchild 003)

*Maintaining a Close Relationship with the Grandparent*

Several grandchildren stressed the importance of remaining close with the grandparent in their advice to other grandchildren in GHF. Here, two grandchildren gave advice on how to maintain a close relationship with the grandparent:

“...if you are real close with your grandparents, like, keep the relationship the same or try to improve it. Like, don’t get worse. Like, they can have a relationship where they talk more and be more open.” (Grandchild 002)

“...listen to what she’s saying like, when she’s trying to give you advice, really take heed to that, because she really does know what she’s talking about. But on the other hand, when you going through something and she’s trying to tell you something, and you really think she don’t understand, listen anyway. Don’t take your grandparents for granted.” (Grandchild 004)

#### *Respect for Grandparent’s Efforts and Behavioral Improvement*

A few of the grandchildren’s responses seemed to reflect their genuine appreciation and respect for their grandparents’ caregiving efforts. Their statements of advice to other grandchildren suggested behavioral improvement based on their gratitude for their grandparents. As three grandchildren stated:

“...and never talk back to your grandparents.” (Grandchild 007)

“Don’t be in a lot of trouble...because like, the most hardest years of my life I’ve been with my grandma, and she helped me through it.” (Grandchild 002)

“...she is the person I can depend on in my life and that I don’t want anything to happen to her, because she was there for me when I was little and I will never forget that.” (Grandchild 008)

#### *Coping with Parental Loss*

Although the grandchildren were not asked directly about their coping strategies in dealing with parental loss, this subtheme was reflected in three grandchildren’s advice to other grandchildren who are raised by their grandparent. Below, three grandchildren’s different experiences living with their grandparents are revealed in their advice to other grandchildren:

“I would have to say that it's like, it's not that bad, but if you remember the stuff that happened, is not that good either, because it makes you think of the way things used to be and kinda gets you mad because you see how things are now where you can't see your parents every day. But you gotta kind of deal with it and that should make you push for when you're older so you can have a different life, and know the way that you were raised, you know. When you're older you don't really have to live that life, and you don't want your children to live that life.” (Grandchild 013)

“Um, I would tell them even though things aren't the same as if it would have been if they were still with their parents, it's okay, because they still have someone who loves and cares about them, and at least they're not in a foster home. And they shouldn't worry about anything else because at least they're in a home.” (Grandchild 003)

“I would say to them that it's not always bad living with your grandparents because sometimes it can be a good experience. You can learn new things. And like, if you were living with your mom and your mom didn't really care about you, then it would be good to live with your grandparents.” (Grandchild 014)

*Voice of the Grandparent: Challenges of Grandchildren living with their Grandparents*

Each grandparent was asked directly about their grandchild's academic performance in school, behavioral conduct, and whether there was a history of suspensions. Over half the grandparents involved in the study mentioned their grandchild had experienced or was currently experiencing some school problems, either with their behavior, suspension history, or difficulty with academic performance. The grandparents' responses typically reflected their concern for their grandchildren and their efforts to address these school problems. It was unclear whether the grandchildren were receiving services at the school to address these challenges.

Overall, there seemed to be a lack of insight into the possible connection between the school challenges and the grandchild's adjustment to their family disruption, parental loss, and being raised in a GHF. Only one grandparent directly mentioned her concern for

her grandchildren's grades and behavior and the possible connection parental loss had on their school functioning.

“(name of grandchild) said that she didn't believe that her mother loves her because she done stayed away from them so long. They haven't seen her, it's been a year already since they've seen their mother. And that's why they act the way they do. 'Cause I believe they miss their mother, and I believe that's got a lot to do with it, they miss their mother.” (Grandparent 010)

### *Academic Challenges*

Only one grandparent discussed her concern for her grandchildren's academic performance without solicitation by the researcher. The other grandparents either had no concerns, or focused more on the effect of their grandchildren's behavior on their academic performance.

“..the challenges that I'm faced with when they aren't performing like they should, that they might not be doing as well as I think they should. That's the hardest thing. And it worries me if they don't come home with Bs and As when I know that they can perform, I'm concerned to the point that it worries me. I go to the meetings at school, but I let it linger on my mind and I let it get to me.” (Grandparent 004)

### *Behavioral Challenges*

Four out of six grandparents mentioned challenges with their grandchildren's behavior at school, including suspensions. As stated earlier, nine out of fourteen grandchildren have been suspended within the past six months. However, the grandchildren generally did not display these behavioral problems at home. Some of the grandparents whose grandchildren were experiencing difficulties in school expressed feelings of powerlessness or challenges managing these behaviors.

“The hardest part is getting him to try to go to school and get an education. He don't like school, he don't really, and he acts up in school- he play in the hallway too much, if somebody tease him he want to fight back, he disrespect the teacher and the teacher will have to call me and I'll come to school to see about him. So, he have problems at school.” (Grandparent 001)

“I have a lot of problems with their behavior. School problems, lying problems, I don’t know what happened. And it’s not like we don’t be as a family. We prays together, we go to church together, I try to keep them in all the religious stuff that I can to keep the devil away from them. But I just don’t know what it is. So like I tell them, there’s nothing I can do but just leave it in the hands of God now.” (Grandparent 002)

### *Grandparents’ Future Goals for Grandchildren*

Interestingly, five out of six grandparents expressed a desire for their grandchildren to go to college and get a higher education. Often times, this goal for their grandchildren reflected a higher level of educational attainment than the grandparents were able to achieve themselves. However, many of these grandparents seemed concerned about their grandchildren’s behavior at school and the possible effect it would have on the grandchild’s future.

“...every time something happen to them in school, I let them know I want more for you all than me. I didn’t finish school, I want you all to finish school. I want you all to get a real good education. I often tell them a education is something nobody take from you but the Lord, you know? Once you get your education, people can steal something from you, but they can’t steal that from you. And I want them to finish school and go to college. Get you a good education and a good job. I don’t want them working in a warehouse like I did.” (Grandparent 002)

“Well, my dreams and goals for all of them would be that they would get a higher education, that they would become professional, career-minded women who would then focus on families.” (Grandparent 012)

### **Results of the CBCL: Overlap/Discrepancies from the Qualitative Interview**

The quantitative (CBCL) and qualitative (individual interviews) data sources were compared to one another to make a determination based on each participant’s Total Problem T-scores whether the quantitative information was consistent with the information provided during the grandparents’ qualitative interview. In general, only two grandchildren’s Total Problem scales fell within the Borderline Clinical range, with T-

scores of 63 and 60, respectively. Twelve grandchildren had Total Problem T-scores within the normal range. The Mean of the fourteen participants' Total Problem scales was 52.5, with a standard deviation of 5.84.

Nine of fourteen grandchildren's T-scores either fell just below the threshold of the Borderline Clinical range or within the Borderline Clinical range in other behavior scales, such as Somatic Complaints, Withdrawn/Depression, Attention, Rule-Breaking/Delinquent, and Aggressive Behaviors. However, not enough items were endorsed by the grandparent to fall within the Clinical range on the Total Problems scales. Additionally, the two grandchildren with Borderline Clinical Total Problem T-scores also had Internalizing and Externalizing Problems within the Clinical range.

Although not a specific focus of the present study, yet noteworthy nonetheless were the items that the grandparents endorsed about their concerns for their grandchildren's emotional and behavioral functioning at school. According to the grandparents during the CBCL completion, ten grandchildren experienced some academic, social, or behavioral problem at school within the past year. When asked when these problems started, all ten grandchildren began experiencing these problems during middle school, with eight grandchildren currently experiencing academic, social, or behavioral problems.

In addition to the checklist of emotional and behavioral problems in the CBCL, grandparents can verbally address their grandchild's academic performance. Grandchildren's (GC) performance in basic academic subjects (i.e. reading, mathematics, social studies, and science) as reflected in the CBCL was listed as:

Failing	Below Average	Average	Above Average
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2 GC      4 GC      8 GC      3 GC  
 \*these categories are not mutually exclusive.

Grandparents endorsed the following items on the CBCL, indicating their concern for their grandchildren's academic, social and behavioral functioning:

Poor school work	Truancy, skipping school	Disobedient at school	Breaking rules at home or school	Getting teased a lot	Hangs with others who get in trouble
3 GC 21%	5 GC 56%	8 GC 57%	14 GC 100%	4 GC 28%	2 GC 14%

Five grandchildren were noted as having an illness or a disability according to the grandparent's report. These illnesses/disabilities were listed as: ADHD, asthma, and allergies.

Additionally, grandparents' qualitative concerns reported during the CBCL completion included: difficulty focusing and paying attention, anger and frustration levels, difficulty grasping concepts, poor study habits, and not applying self or achieving to their fullest potential. The frequency of the concerns were as follows: difficulty making friends (one grandchild), behavior/conduct (four grandchildren), and academic performance (nine grandchildren). Therefore, all six grandparents stated a desire for all fourteen grandchildren to improve in some area of their school functioning.

Overall, the grandparents' description of their grandchildren's behavior during the qualitative interviews was somewhat discrepant (i.e. often less inclusive) than the information provided by the CBCL items and the Total Problem scores. Although only two grandchildren's Total Problem scale T-scores fell within the Borderline Clinical range, several grandparents were more descriptive of the problems, concerns, and challenges they had with their grandchildren's behavior during the CBCL completion.



However, when given the opportunity to elaborate on these school challenges during the individual interviews, it appeared as if many grandparents were downplaying the difficulties or choosing to focus on their grandchildren's academic, social, and behavioral improvements.

### Discussion

The purpose of this study was to explore the experiences of African American grandchildren who are being raised by their grandparents due to parental absence, and to address the lack of attention to grandchildren's wellbeing in the empirical literature. The research questions were explored through qualitative and quantitative research to hear directly from the grandchildren and their grandparent caregivers about their challenges and experiences in GHF. Based on the research, grandchildren experience an increased risk for emotional, behavioral, physical, and learning difficulties due to their histories of family trauma and disruption. These findings are consistent with the research of Bowers & Meyers, 1999; Edwards, 1998; Grinstead et al., 2003; Jones, 1993; Smith et al., 2002). It is easy for a clinician or researcher to view this population of children as pathological. However, the present results indicate that despite tragic family circumstances with their parents, these grandchildren appear relatively well-adjusted and content living with their grandparents. Therefore, it is important for professionals working with children from GHF to view them from a strengths-based counseling approach (Smith, 2006) which identifies the positive resources and abilities that these children and their families already have to deal with stress.

The grandchildren's perceptions and experiences in GHF may have been influenced by several family factors. For example, as related from the Results, it appears

that the grandparent's level/degree of involvement in the grandchildren's lives prior to assuming full-time caregiving may have served as a protective buffer to the adjustment process, with a smoother adjustment period for grandchildren who had consistent and involved contact with their grandparents prior to removal from their parents' homes. This observation is consistent with the research of Lavers & Sonuga-Barke (1997) who explored the impact of grandmother involvement on their grandchildren's adjustment. They found that the grandmother's involvement could represent a protective feature of the family environment when a genuine need for support was experienced by the mother and child. In contrast, contact or level of involvement of the parents may have also affected the grandchildren's experiences. The grandchildren whose parents were deceased or had no contact seemed to consider their grandparents their only option for caregiving. However, the grandchildren whose parents were in consistent contact seemed to desire to be with their parents instead of their grandparents. This finding could demonstrate that the grandchildren whose parents were in consistent contact experienced conflicting emotions regarding their grandparent caregiving situation. These conflicting emotions are similar to the feelings reported in Mayer's (2002) study, which states the grandchildren's "internal feelings reflect a chaotic struggle over grief, sorrow, rage, distrust, apprehension, embarrassment, or some optimistic notion for the parents' return" (p. 374). It appears that the length of stay with the grandparent, the type of relationship the grandchild has with the grandparent, and perception of resources in the grandparents' care could also have an effect on the grandchildren's adjustment process. The type of relationship the grandchild has with the grandparent is consistent with the research of Jones (1993) who explored the factors involved in the adjustment of grandchildren who

must live with their grandparents. Jones found that a strong and supportive grandparent-grandchild relationship may mediate positive child adjustment and provide a protection from the adverse effects of stress. Lastly, family dynamics between the grandparent and the parent (or other key family members) appears to impact the grandchild's adjustment process. The mother-grandmother relationship and its impact on grandchildren's adjustment is consistent with previous research conducted by Lavers & Sonuga-Barke (1997) and McAdoo (1978).

As stated on page 51 of the Results, only five out of fourteen grandchildren had some level of contact/relationship with their fathers. Yet, an issue that seemed to be missing from the qualitative interview was a dialogue of the other supports these grandchildren have in their lives. It is important to note that whether these grandchildren had other male role models and/or father-figures (uncles, stepfathers, mentors, etc.) in their lives to provide paternal support was not asked directly. Therefore, it is difficult to determine with certainty the full impact of the lack of the biological father. However, the support of the extended family (aunts, uncles, cousins, etc.), which is an important source of social support in the African American community, was solicited during the qualitative interviews with the grandchildren and grandparents

The grandparents tended to be more inclusive in reporting the challenges of their grandchildren's behavior during their CBCL responses than during during the individual interview. For example, during the qualitative interview, only one grandchild was reported by the grandparent as having an academic problem. However, nine grandchildren were reported as having academic problems during the grandparents' completion of the CBCL. There are several possible explanations for this observation.

Because the CBCL is a list of problem behaviors that children may have, perhaps being presented with an inclusive list of behaviors assisted them in the reporting of these challenges, and they chose not to elaborate further during the individual interview. Furthermore, at times the grandchildren were more forthcoming of their suspensions and behavioral challenges than the grandparents were. For example, one grandchild informed the researcher about his expulsion from school, placement into an alternative school, and court hearing to determine whether he should be reinstated. The grandparent never mentioned this during the CBCL completion or the individual interview. These and other factors should be considered in the interpretation of the results.

#### *Limitations and Recommendations for Future Research*

The grandchildren in this study have experienced high levels of trauma and family instability, and therefore are at risk for acting out behaviors. However, the author did not gather information on where the grandchildren resided prior to their grandparent's care (i.e. child welfare/ state custody, homeless shelter, non-relative foster care, parents' home). It was only required that the grandchild live in the grandparents' physical custody for at least two months, but information about where the grandchildren lived before their grandparent's home was not obtained. Some grandparents addressed their grandchildren's whereabouts prior to their physical custody during their open-ended qualitative interview, but others did not. Where the grandchildren resided prior to living with their grandparents could have a bearing on their experiences. Without information about the grandchild's prior placement, the effect it had on their adjustment and experiences cannot be determined. Additionally, the grandparents were not directly asked about their legal

relationship to their grandchild (i.e. custody, guardianship, or an informal arrangement) or their level of involvement prior to caregiving.

The most common reason cited for the grandparents' care was substance abuse of the parent(s). Eleven grandchildren from five grandparent-headed households were being raised by their grandparents due to substance abuse of the mother. The possibility of prenatal exposure to substances could have negative implications for the grandchildren's emotional, behavioral, and academic performance. Prior research has addressed the issue of developmental delays among children in non-relative and relative foster care. Children in Edwards (1998) and Yorker et al. (1998)'s studies had developmental problems related to prenatal exposure to drugs and/or alcohol. Curtis (1999) found consistently high rates of developmental delays in the foster care children in their research study due to prenatal maternal substance abuse. Therefore, the potential effects of Fetal Alcohol Syndrome and other developmental disabilities associated with prenatal exposure to substances must be considered in the interpretation of these results.

Another possible limitation of this study is how the researcher chose to utilize the CBCL. For example, clinical elevations on the Total Problems scale were utilized in this study. Given the nature of self-report questionnaires, the CBCL results are based on the grandparent's perception of the grandchild's behavior. Thus, if the grandparent did not endorse enough symptoms in the other emotional and behavioral scales, or tended to reply "sometimes" instead of "very true or often true," the Total Problems scale did not always reflect a reliable and valid score. Meaning, the frequency and intensity of the grandchildren's behavior may have influenced or modified the grandparents' responses and their perceptions of the seriousness of these behaviors. Also, there was no baseline

measurement of the child's emotional and behavioral functioning prior to the study (e.g. no pre and post test of the CBCL to determine if the Total Problems score increased, decreased, or remained constant). Therefore, it is difficult to differentiate between the behaviors that were present prior to the grandparent caregiving situation. Alternative uses of the CBCL could be an area of further exploration in future research studies.

Additionally, there was no objective measure of child behavioral problems (i.e. school records or direct observation by the researcher) used in this study, and there was no comparison group (i.e. grandchildren being compared with other children who are raised by their parents) used in this study. For these reasons, the relationship between grandchildren raised in a GHF and their school and behavioral challenges cannot be inferred. While there is no doubt that school and behavioral challenges are issues that grandchildren raised in GHF may experience, it cannot be assumed that these are solely attributed to their caregiving situation. In other words, the school and behavioral challenges some of these grandchildren experienced may be a function of the age of grandchildren selected for the present study, and the normal transition from middle childhood to adolescence, which is compounded by being raised by grandparents.

Another limitation is that 11 out of 14 grandchildren (from 5 out of 6 grandparent households) were solicited from a listing of former PHG clients. As a part of their participation in PHG, the grandparents completed several quantitative measures to assess their needs, one of which was the CBCL. The fact that these grandparents have completed the CBCL before could have affected their responses. Furthermore, the majority of the grandparent participants received services from PHG prior to participating in this study, which may have impacted their individual and family adjustment to their

caregiving situation. Despite these limitations, the results of this study provide additional information into the experiences of African American grandchildren who are raised in grandparent-headed families.

The following directions for future research are recommended. Because there were multiple grandchildren (at times 3-4 grandchildren) in the different households, perhaps it would have been helpful to conduct focus group interviews instead of or in addition to individual interviews as a different source of data. Future research with grandchildren raised by their grandparents could utilize this methodology.

It would have been helpful to include a self-report measure (i.e. the Youth Self Report of the CBCL) for the grandchildren to complete to assess their perceptions of their behavior at home and school. Perhaps with the grandchild's self-report as comparative data to the grandparent's report, the researcher would have been able to determine the frequency and intensity of emotional and behavioral functioning of the grandchild with more accuracy. Future studies should not only add a measure of self-report for the grandchildren to complete, but also consider soliciting the teacher's perceptions of the grandchild's functioning through the Teacher Report Form of the CBCL. With the Youth Self Report, Teacher Report Form, and caregiver version of the CBCL, future studies will be able to probe more definitively the challenges of these grandchildren in GHF. It is recommended that researchers use clinical elevations on all emotional and behavioral scales (versus relying solely on the Total Problems scales) in their analysis of the youth, teacher, and caregiver's CBCL results.

To fully understand the experiences of these children and families, future studies may want to utilize a more purposeful sample of grandchildren. For example, the

selection criteria could follow a cohort model where the grandchildren are broken down into age cohorts (e.g. 10-12, 13-15, 16 and older), duration cohorts (less than 1 year, 1-3 years, 5 or more), various levels of contact with parents (no contact, some contact, etc.) and divided according to gender. The researcher could use either randomization to select one grandchild from each cohort criteria, or the researcher could select grandchildren from the same home for each cohort via randomization.

The grandchildren in this study are not very different than children in non-relative foster care because of their traumatic histories of neglect and abuse experienced before placement and risk for emotional and behavioral problems. Future research studies could conduct comparison groups of children in GHF, non-relative foster care children, and children who are adopted to determine if these children go through similar experiences based on issues of adjustment. An area of future exploration could be whether there are similarities or differences in adjustment relative to their family environment.

In order to understand the multiple experiences of all those involved in a GHF, individual interviews with the parents (mothers, fathers, or both) could be conducted to assess their perceptions of the grandparent's parenting of their child, and their experiences of being parented by the grandparent when they were growing up. Additionally, longitudinal studies are needed that explore the parent's ability to parent in the future, and to explore the type of relationship they develop with their children. For example, some of these parents have never raised their children, were ineffective parents when they did raise their own children, or were under the influence of substances when they were parents. Long-term studies can explore these parents' experiences of parenting in the future.



Because it is unclear whether the adjustment of the grandchild is moderated by their length of stay with the grandparent (e.g. the longer the stay, the smoother the adjustment, resulting in less emotional and behavioral challenges), longitudinal studies are needed to explore the long-term effects of grandchildren being raised in GHF, the coping strategies utilized to deal with their family situation, their relationships with their parents and level of contact, and the types of families the grandchildren create.

The intention of this study was to explore the experiences and challenges of African American grandchildren from their perspective while also interviewing the grandparents to understand the context of the GHF environment. Interestingly, the results of the individual interviews revealed more information on the adjustment experiences of the grandparents than the grandchildren. However, an attempt was made to keep the grandchildren as the focal point. Nonetheless, the research suggests a reciprocal relationship between the adjustment of grandchildren and the adjustment of the grandparents. In order to have healthy grandchildren, future studies need to be conducted to explore the mental health and adjustment of grandparents and its impact on grandchildren. These recommendations for future research suggest promise in research and practice with African American grandchildren in GHF.

#### *Implications for Practice*

The goal of this study has been to help clinicians and researchers better understand the experiences of grandchildren raised in GHF. It is imperative that counselors working with grandchildren in GHF are aware of the unique struggles that many of these children and families face. The following counseling implications, which

are based on the results of the study, are presented to enhance the well-being of grandchildren raised in GHF.

#### *Affective Response to Living with their Grandparents*

Based on the results of this study, the majority of grandchildren seemed content living with their grandparents. Although many of the grandchildren in the present study were forthright in their appreciation and gratitude for their grandparents' caregiving, some of the grandchildren appeared to struggle with abandonment issues based on the circumstances which brought them into the caregiving situation. The impact of their traumatic histories, family disruption, and adjustment to parental loss cannot be denied. Therefore, counselors should provide a safe therapeutic environment where grandchildren can discuss their affective responses to living with their grandparents. If necessary, the counselor may need to process with the grandchild the possibility that their parents might not be able to assume caregiving in the near future, and that the grandchild could be living with their grandparents until early adulthood.

#### *Coping with Parental Loss/Infrequent Contact with Parents*

Counselors working with GHF may need to reframe the grandchild's emotional or behavioral challenges at home and/or school as an expression of the grandchild's adjustment reactions to parental loss. Expressive techniques (i.e. art therapy, role play, storytelling, play therapy) can be utilized in individual therapy with the grandchild to discuss grief and loss of parental figures. Counselors should either refer to or develop support groups for custodial grandchildren which are modeled after those for children of divorce, parental loss, or other forms of family disruption (Smith et al., 2002). In addition, the biological mother-child relationship should be explored. The counselor

should attempt to facilitate a healthy relationship between the grandchild and his or her mother, especially if there is a possibility that the grandchild will have visitation or reunification with their mother in the future. An example of parental loss and the influence it can have on school functioning is suggested by the comment below:

“My mom, she was dating a man, and she spent most of her time with him and before it wasn't like that. It was good when it was just me, my mom, and my sister, and I was getting A and B honor roll, and when she started dating him she stopped helping me with my work and stuff, and he would help me and I didn't like him, I wouldn't want him to... Um, I blame my mom, and I blame that man too because if my mom would have never got involved with him then she never wouldn't have taken time away from us, and everything would have been the way it used to be.” (Grandchild 013)

Additionally, the involvement of fathers in these children's lives should be encouraged by the counselor. For grandchildren who have no contact with their fathers, if possible, counselors should encourage and/or facilitate a positive relationship between the grandchild and his or her father. For the grandchildren who have some contact or involvement with their fathers, the counselor should develop therapeutic interventions to help the grandchild maintain or nurture this relationship.

#### *Behavioral and Academic Improvement*

##### *Behavioral Interventions*

The grandchildren involved in this study for the most part did not exhibit behavioral problems at home. Most of their behavioral challenges manifested themselves at school. Therefore, counseling interventions should be tailored to address behavioral issues in school. For example, a behavioral management system of rewards for desired behavior and logical and natural consequences for negative behavior displayed during the school day could be implemented. The behavioral management system should be designed in collaboration with the grandparent, and the counselor should check-in with

the grandparent weekly to ensure that it is being carried out at home with consistency. Consultation with the school will also be necessary.

### *School Interventions*

School interventions such as collaboration with teachers and other school personnel, counseling services, referral for psychological testing to determine appropriate services, and an educational advocate for academic support are necessary to improve these children's functioning. Because some of the grandchildren had negative interactions with teachers which seemed related to their caregiving situation, teacher training and sensitivity may be necessary to make the school aware of the family environment in which the grandchild lives in and some of the emotional/behavioral adjustment reactions that could be affecting their school functioning. However, it should be explained to the school personnel that this information should be treated with sensitivity and confidentiality to prevent information about the grandchild's family circumstances being used in a negative way.

### *Grandchildren's Advice to Others*

There were several family issues that were reflected in the grandchildren's advice to other grandchildren in GHF which can be interpreted as implications for counseling. For example, the grandchildren in this study discussed family loyalty, protection, and maintenance of family bonds with their grandparent. Therefore, family interventions that focus on establishing or maintaining the bond between the grandchild and grandparent through family activities or one-on-one quality time should be encouraged. Additionally, counseling sessions with the grandparent present to facilitate the grandchild's communication of their appreciation for their grandparent's effort may strengthen family

bonds and contribute to a healthy relationship between the grandchild and their grandparent.

In conclusion, although six grandchildren in the current study have been involved in sporadic counseling according to the grandparents' report, none of the grandchildren have received long-term or consistent therapeutic services. However, these services are needed to address the grandchildren's unique experience of living in GHF, especially their experiences of family disruption and parental loss, in order to process these experiences and increase coping strategies. In general, counseling interventions should address: the adjustment of living with their grandparents, feelings that they have about their parents and grandparents, their behavior at home and school, and positive coping strategies that address improved behavior and the adjustment process. Counselors working with these grandchildren should emphasize their strengths and already-established positive coping strategies, maintenance of bonds with their family, especially their grandparents, and offer encouragement and praise.

#### *Policy Recommendations*

There remains limited available data about the needs of grandchildren living with grandparents. However, the results of this exploratory study raise the question of whether the challenges of these children are being addressed effectively, and whether the schools that these children attend are creating resources to address their unique needs. It is of great importance that the needs of grandchildren in GHF are addressed through effective social and educational policy. The following are recommendations for policy on the local level (i.e. individual schools or school districts, community-based services) to address these grandchildren's needs. Further research needs to be conducted to yield legislative

policy, as not enough is known about grandchildren raised in GHF to recommend changes on a larger scale.

Schools with high proportions of custodial grandchildren can establish pilot programs of screening mechanisms to identify barriers to successful educational performance that arise from being raised by grandparents. For example, as stated by Grandchild 013 in this study, academic problems that arise as a reflection of complex family dynamics and how the absence of parents can impede school functioning. These grandchildren could be screened for difficulties in their academic performance, cognitive development, and behavior and provided in-school resources to address these issues. Perhaps there could be collaboration between the in-school pilot program and grandparent support agencies (e.g. PHG) to provide funding of resources for these children's socio-emotional-academic needs.

In this study, several of the grandchildren's parents became parents at a young age. Additionally, the most common reason the grandchildren were raised by their grandparents was parental substance abuse. Therefore, community-based grandparent programs could create support services for the grandchildren that would provide teenage pregnancy and substance abuse prevention. Previous research on children in relative and non-relative foster care (i.e. Curtis, 1999) has identified the direct link between maternal substance abuse, developmental disabilities, and potential learning difficulties in school. Therefore, substance abuse and pregnancy prevention would be highly beneficial to these grandchildren to break the potential cycle. Corporate sponsorship could provide these and other services (i.e. extracurricular activities, case management, wrap-around services) through grants and other government funding sources. These social and educational

policies are recommended to provide the best maximum services and resources to support these grandchildren.

### Conclusion

This research has just begun the journey to understand the experiences of African American grandchildren raised in GHF. The information provided by the individual interviews and psychological assessment measure may have merely scratched the surface of the issues of these children. However, the present study begins the groundwork for clinical and research endeavors with this unique family constellation. It is hoped that the information obtained through this exploratory study will serve as an impetus for more in-depth studies of this population, and will assist in the creation of support services and programs to meet these children's needs more effectively.

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## APPENDIXES

## APPENDIX A

## Letter to PHG Participants

Dear Grandparent,

My name is Karia Kelch-Oliver. I work at Project Healthy Grandparents and I am also a Ph.D. Student in Psychology at Georgia State University. I am conducting a research study about grandchildren who are raised by their grandparents. I am writing you to see if you are interested in allowing your grandchild to participate in my study.

I am looking for grandchildren who are:

- Black/African American
- Between the ages of 10 and 16 years old
- Living with you for at least two months because their parents cannot take care of them.

If you have more than one grandchild living with you that meets the criteria above, please consider allowing both/all of them to be in the study.

I will come to your house to conduct the study at a time when it is convenient for you. During the study, I will speak with you about how you came to raise your grandchild and about your grandchild's behavior at home and school. I will also meet with your grandchild for approximately 45 minute to 1 hour to ask them questions about what it is like being raised by their grandparents. For allowing your grandchild to participate in this study, you will receive a Kroger gift card as a token of my appreciation.

After you receive this letter, I will call you to speak with you about the study, answer any questions you may have, and get your agreement to allow your grandchild to participate in the study. Thank you for your attention. I hope that you will consider allowing your grandchild to be a part of the study.

Sincerely,

## APPENDIX A (cont'd)

Karia Kelch-Oliver  
Project Healthy Grandparents  
Ph.D. Candidate  
(404) 651-2064

Dr. Catherine Chang  
Dissertation Advisor  
Georgia State University  
(404) 651-3253

Susan J. Kelley, Ph.D.  
Director of Project  
Healthy Grandparents  
(404) 651-3030

## APPENDIX B

## Recruitment Flyer

# **ATTENTION GRANDPARENTS!**

**Are you raising your  
grandchild age 10-16  
without their parents?**

**If yes, your participation is being requested  
for a research study about grandchildren's  
experiences being raised by their  
grandparents.**

**Interested grandparents, please call Karia at (404) 289-3524.**

**Principal Investigator:** Karia Kelch-Oliver, Counseling Psychology PhD Student,  
Georgia State University

**Faculty Advisor:** Dr. Catherine Y. Chang, Associate Professor, Counseling and  
Psychological Services, Georgia State University

## APPENDIX C

**Georgia State University**  
**Department of Counseling and Psychological Services**  
**Informed Consent Form**

**Title: The Experiences of Grandchildren Raised in Grandparent-Headed Families**

**Principal Investigator: Dr. Catherine Chang**

**Student Investigator: Karia Kelch-Oliver**

**Purpose:**

You are being asked to participate in a research study. The study is being conducted to find out how grandchildren feel about being raised by their grandparents. The goal of this study is to help counselors and researchers better understand the experiences of grandchildren raised in grandparent-headed families. You will participate in this study for one time only.

**Procedure:**

The researcher will meet with you in your home or at the agency you attend for approximately one hour to ask you basic information about you and your family, and ask questions about how you came to raise your grandchild. Also, you will be asked to answer some questions about your grandchild's feelings and behavior at home and at school. Then, with your permission, the researcher will interview your grandchild. The interviews will be audio-taped. You will receive a \$15 Kroger gift card as a token of appreciation of your time and participation in this study.

**Risks:**

As far as we know, volunteering for this study will not hurt you or your grandchild. However, there is the possibility that some of the questions the researcher asks about you or your family may be uncomfortable for you. If answering the questions makes you feel uncomfortable, please let the researcher know at once. The researcher will provide a list of community mental health referrals where you can receive help. You will be responsible for all costs associated with seeking mental health services.

**Benefits:**

This study may or may not help you or your grandchild directly. But, the information gained from this study may help other grandchildren raised by grandparents.

**Voluntary Participation and Withdrawal:**

You do not have to participate in this study. Participation in research is voluntary. You have the right to refuse to be in this study. If you decide to participate and change your mind, you can withdraw at any time. However, any information already used to the point of withdrawal will not be removed.





## APPENDIX C (cont'd)

**Georgia State University**  
**Department of Counseling and Psychological Services**  
**Parental Permission Form**

**Title: The Experiences of Grandchildren Raised in Grandparent-Headed Families**

**Principal Investigator: Dr. Catherine Chang**

**Student Investigator: Karia Kelch-Oliver**

**Purpose:**

Your grandchild is being asked to participate in a research study. The study is being conducted to find out how grandchildren feel about being raised by their grandparents. The goal of this study is to help counselors and researchers better understand the experiences of grandchildren raised in grandparent-headed families. Your grandchild will participate in this study for one time only.

**Procedure:**

The researcher will meet with you in your home or at the agency you attend for approximately one hour to ask you basic information about you and your family, and ask questions about how you came to raise your grandchild. Also, you will be asked to answer some questions about your grandchild's feelings and behavior at home and at school. Then, the researcher will interview your grandchild about what it is like to be raised by their grandparents, which should take about 45 minutes to one hour. The interview with your grandchild will be audio-taped. You and your family will receive a \$15 Kroger gift card as a token of appreciation of you and your grandchild's time and participation in this research study.

**Risks:**

There are no known risks as a result of your grandchild being in this study. However, there is the possibility that some of the questions the researcher asks your grandchild about his or her family and about being raised by their grandparent(s) during the interview may cause your grandchild to feel sad and uncomfortable. This does not happen often, but if your grandchild does feel uncomfortable, your grandchild can choose not to answer certain questions, your grandchild can take a break and continue later, or your grandchild can stop their participation in this research study with no penalty. The researcher will have a 10-15 minute debriefing session to make sure that your grandchild has not become upset from the types of questions they were asked in the interview. If you notice that your grandchild is feeling uncomfortable following their participation in this research study, you can pursue counseling. A list of community mental health referrals will be provided to you by the researcher. You will be responsible for all costs associated with seeking mental health services.

## APPENDIX C (cont'd)

**Benefits:**

This study may or may not help your grandchild directly, but the information gained from this study may help other grandchildren raised by grandparents.

**Voluntary Participation and Withdrawal:**

Your grandchild's participation in this research study is voluntary. You have the right to refuse to allow your grandchild to be in this study. If you agree to have your grandchild in the study and change your mind, you can withdraw your grandchild at any time. However, any information already used to the point of withdrawal will not be removed.

**Confidentiality:**

Information that is gathered about you and your grandchild will be kept private and will not be reported outside the research project in a way that identifies you or your grandchild, unless required by law. For example, if we have concerns about your grandchild's safety (i.e. if they are at risk of harm to themselves or others, being abused or mistreated) we must make a report to the proper authorities. We will use a code number instead of your grandchild's name on the research records, and all records will be kept in a secure, locked file cabinet in a locked office to ensure your grandchild's privacy. We will not include your grandchild's names or any other identifying information in the published research results. The findings will be summarized and reported in group form, and your grandchild will not be identified in any way.

**Contact Persons:**

If you have any questions about this research study, please contact Dr. Catherine Chang (404 651-3253) or Karia Kelch-Oliver (404-289-3524).

If you have questions or concerns about your grandchild's rights as a participant in this research study, you may contact Susan Vogtner in the Office of Research Integrity at (404) 463-0674 or [svogtner1@gsu.edu](mailto:svogtner1@gsu.edu).

**Copy of Consent Form to You:**

We will give you a copy of this consent form to keep.

If you are willing to allow your grandchild to participate in this study, please sign below.

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Child Participant's Printed Name

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Grandparent/Guardian/Legally Authorized Representative's Printed Name

---

Grandparent/Guardian/Legally Authorized Representative's Signature

Date

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Principal Investigator's Printed Name

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APPENDIX C (cont'd)

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Principal Investigator's Signature

Date

PLEASE SIGN BOTH COPIES OF THIS FORM. KEEP ONE AND RETURN THE OTHER TO THE INVESTIGATOR.

## APPENDIX C (cont'd)

**Georgia State University**  
**Department of Counseling and Psychological Services**  
**Grandchildren's Assent Form**

**Purpose:**

You and your grandparent(s) are being asked to volunteer for a research study. This is a study to find out how grandchildren feel about being raised by their grandparents. The project will help counselors and researchers understand some issues that grandparent-headed families deal with.

**Procedure:**

There will be a researcher that will come to your home or the agency that you and your grandparent(s) attend to speak with you and your grandparent(s). The researcher will spend about one hour with your grandparent(s) to ask them some questions about your family, and then the researcher will meet with you for 45 minutes to one hour to ask you some questions about what it is like to live with your grandparents. After the interview is over, the researcher will spend 10-15 minutes checking with you to see how you feel after the interview.

**Risk/Benefit:**

We do not think that anything bad will happen to you if you answer these questions. But, there is a chance that some of the questions the researcher asks you about your family and about being raised by your grandparent(s) during the interview may make you feel sad or uncomfortable. This does not happen a lot, but if you do feel uncomfortable, tell the researcher. You can choose not to answer certain questions, or you can stop at any time. If you decide not to be in this study, no one will get mad at you, and no one can force you to come back to the study.

What we learn from this study may help us to better understand other grandchildren who are raised by grandparents and create programs for grandparent-headed families.

**Confidentiality:**

With your permission, the researcher will audiotape your interview. Only the researcher and her advisor can listen to the audiotapes. The researcher will keep what you say during the study private, unless you tell the researcher someone is hurting you or you want to hurt yourself or someone else.

If you have any questions, you can ask your grandparent(s) or the researcher. If you agree to be in this study, tell the researcher "yes". If you do not want to be in this study, tell the researcher "no". Remember that you can stop being in the study at any time. Signing your name on the next page means that you have been told about this study and you agree to volunteer for the study.

**Contact Persons:**

## APPENDIX C (cont'd)

If you have any questions about this study, please contact Dr. Catherine Chang at (404) 651-3253, Karia Kelch-Oliver at (404)-289-3524, or Susan Vogtner at (404) 463-0674 or [svogtner1@gsu.edu](mailto:svogtner1@gsu.edu).

---

Grandchild's name

Date

**Principal Researcher's statement:**

Using language that is understandable, I have discussed this study and the information contained above with the participating grandchild.

---

Principal Researcher's printed name

---

Principal Researcher's signature

Date

## APPENDIX D

## Demographic Questionnaire

**Age**

30-45      45-55      55-65      65 and older

**Race/Ethnicity**

African      African American      Black

**Education level**Less than 12<sup>th</sup> grade      Completed High School      Some College      College Degree**Income Level**

0-\$10,000      \$10,000 to \$14,999      \$15,000 to \$19,999      \$20,000 to \$24,000

\$25,000 to \$29,999      \$30,000 to \$34,999      \$35,000 or more

**Employment status**

Working/Employed      Not Employed      Retired

**Source of income**

Employment      Retirement/Pension      SSI for Disability      Social Security

Public Assistance (i.e. welfare, food stamps)

**Marital status**

Single      Married      Separated/Divorced      Widowed

Partner

**Total number of grandchildren you are raising****Age of grandchildren that live with you****Gender/sex of grandchildren you are raising****How did your grandchild come to live with you?****How long has the grandchild/grandchildren lived with you?****How would you describe your relationship with your grandchild?**

Excellent      Good      Fair      Poor      Very poor

**How would you describe your relationship with your grandchild's mother/father?**

Excellent      Good      Fair      Poor      Very poor

**How would you describe your grandchild's relationship with their parent/your son or daughter?**

Excellent      Good      Fair      Poor      Very poor

## APPENDIX E

## Interview Guide

For the grandparent: Each grandparent will be asked to elaborate on answers if necessary.

1. How did (name of child) come to live with you? Where are their parents?
2. How long has (name of child) been living with you?
3. How would you describe (name of child)'s relationship with his/her parent(s)?
4. How long do you expect to care for (name of child)?
5. What is the best thing about being a grandparent raising your grandchild?
6. What is the hardest thing about being a grandparent raising your grandchild?
7. How does (name of child) get along with the other kids in school? others in the home? Does (name of child) get in trouble/ have problems at school?
8. What adjustment did you have to make when (name of child) began to live with you? What adjustments did (name of child) make when they began living with you?
9. What are your dreams, wishes, and hopes for your grandchildren?
10. Are you receiving any outside help/ services for your grandchild?  
Follow-up: Probe for various types of help/services: help from family and friends, religious organizations, DFCS, mental health counseling, services through the community for food stamps, clothing, etc.)?
11. What advice would you give another grandparent raising their grandchild?

For the grandchild:

1. What do you think brought you to living with your grandparent? How do you feel about that?
2. What are the best things about living with your grandparent?
3. What are the hardest things about living with your grandparent?
4. How has your behavior been at school? Have you ever been suspended from school? How is your behavior at home?
5. How often do you see your parents?
6. How would you describe your relationship with your parents now?
7. Who do you consider as part of your family?
8. What are your dreams, wishes, and hopes when you grow up?  
Follow-up question: When you get older, what type of family do you want?
9. What advice would you give to another grandchild being raised by their grandparent(s)?

## TABLES

Table 1: Grandchildren Characteristics (N=14)

Characteristic	
Gender	
M	5 (35.71%)
F	9 (64.29%)
Age	12.28 years (range = 10-15 years)
Range of current grade	6 (range = 4 <sup>th</sup> – 9 <sup>th</sup> grade)

Table 2 Grandparent Characteristics (N=6)

Characteristic	
Gender	
M	0 (0%)
F	6 (100%)
Age	61.33 years (range = 52-69 years)
Relationship to grandchild	
Maternal Grandmother	5 (83.33%)
Paternal Great-grandmother	1 (16.66%)
Marital Status	
Single	3 (50%)
Married	1 (16.66%)
Divorced	2 (33.33%)
Range of # of grandchildren	2.33 grandchildren (range = 1-4 grandchildren)
Range of length of caregiving	7.6 years (range = 2.5-11 years)
Education	
Less than 8 <sup>th</sup> grade	1 (16.66%)
Completed HS	3 (50%)
Some College	1 (16.66%)
College or Graduate Degree	1 (16.66%)



