

GRANDPARENTS AS PARENTS:  
IMPLICATIONS FOR  
GERONTOLOGICAL  
PROGRAMMING

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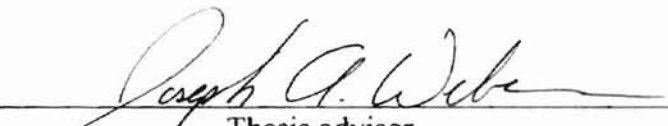
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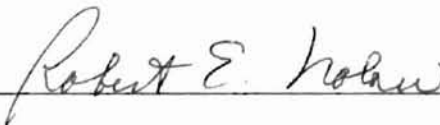
OKLAHOMA STATE UNIVERSITY

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## Chapter I

### INTRODUCTION

The population is experiencing a dramatic increase in the number of persons 65 years and older. This segment of the population has increased nearly eleven times since 1900, from 3.1 million to 33.9 million in 1996. The older population represents about one in every eight Americans. In 1996, persons reaching age 65 can expect to live an additional 17.7 years (American Association of Retired Persons [AARP], 1997). Moreover, as persons are living longer, it is becoming increasingly apparent that most do not fit the traditional stereotype of the frail elderly. Today's older person is more likely to be healthy, to be relatively well off, and to have a living spouse than was the case, as recently as 40 years ago (Aldous, 1995). This increase in life expectancy coupled with the increase in the quality of life after 65 is changing the structure of the family and deepening intergenerational relationships (Nussbaum & Bettini, 1994).

These demographic changes have increased the likelihood to a 75% chance that individuals will become grandparents in their lifetime. Ninety-four percent of older adults with children are grandparents (Pruchno & Johnson, 1996). Longer lives also mean that the grandparent role has been extended and the relationship bonds deepened (Denham & Smith, 1989). It is not uncommon for women to be grandmothers for more than four decades (Hagestad, 1988). The changes in the family are also changing the configuration of those who are grandparents. One recent estimate places nearly half of grandparents at age 60 years and younger, one-third at age 55 and younger, and one-fifth at age 70 or older (Pruchno & Johnson, 1996). Many people who are grandparents are still busy rearing their own children and actively employed, this counters the stereotypical image of all grandparents as frail and dependent or known best for their "baking skills".

Contemporary research has revealed changes in the grandparent role (Kivnick, 1982; Kornhaber & Woodward, 1982). Traditional role assumptions for grandparents

have fostered the idea of a domineering, controlling family matriarch or patriarch. Neugarten and Weinstein (1964) noted that this relationship historically has featured dictatorial authority and power. Kivnick (1982) wrote that contemporary grandparents seem to view their roles as being less associated with power and more associated with indulgence, warmth, and pleasure without responsibility. Regardless of the changes in the roles of contemporary grandparents, the relationship between a child and his or her grandparent is very important and significant in meeting the developmental needs of grandchildren (Wilcoxon, 1987). In some cases, a grandparent's involvement in their grandchild's life can increase to the role of parent.

#### Problem Statement

More grandparents are raising their grandchildren than ever before. Success in overcoming their unique problems requires that grandparents be optimistic and adjust to their new role; learn about child and adolescent development; become aware of available services, obligations, and rights; and obtain periodic relief from the demands of the role (Strom & Strom, 1993).

The more than 3 million children growing up in grandparent-headed households are there because of numerous social problems, the most common being drug and alcohol abuse, incarceration, divorce, parental death, unemployment, teen pregnancy, and the AIDS epidemic (Minkler, Driver, Roe, & Bodeian, 1993). Grandparents may have an especially difficult time adjusting to the special needs of grandchildren who were prenatally exposed to drugs and alcohol. These children often face emotional and physical problems that may add difficulty in providing care (Minkler & Roe, 1995).

Children with special problems require a variety of care or treatments for which the grandparent needs specific training. Grandparents raising grandchildren without special needs should also be well informed about current parenting skills and child rearing practices (Strom, Beckert, & Strom, 1996). As times change, grandparents must be equipped to successfully raise their grandchildren in a changing world.

Regardless of the circumstances of their situation, grandparents can become more effective when suitable education is available. In order to adequately prepare grandparents for the current broad range of new roles expected of them in today's society, it is necessary to a) acknowledge their capacity to learn, b) make known the benefits of instruction to them, and c) provide curriculum they consider to be practical and applicable (Strom & Strom, 1993a).

The problems of grandparents raising their grandchildren are many, and the family relationship issues complex. Grandparents need support and practical tools to successfully cope with this endeavor. This study explored areas of concern and difficulty for grandparents raising their grandchildren.

#### Purpose of Study

The purpose of this research was to identify the needs of grandparents raising their grandchildren, specifically the educational topics needs, delivery methods, and educational barriers. Grandparents completed a self-administered and interview questionnaire in order to gain special insight into their educational needs. Past research has neglected to measure the educational needs of grandparents and this project seeks to provide this missing link.

#### Significance of Problem

Research and findings in this area will also be useful to gerontologists and adult developmental professionals. Programs and resources which are available to aid grandparents, counselors, social service providers, and educators can relieve stress and improve their relationship with the children in their care.

Grandparents who receive current information on family developmental issues will be better able to cope with the school system, which will help them meet the needs of their grandchildren. This research addressed the educational needs and will provide insight to adult educators in areas that are of special interest to grandparent caregivers. This information will assist educators with instructional topics, formats, and facilitator

preferences for grandparents raising grandchildren. The application of these results will allow professionals to provide the best possible interventions and support for this population.

### Theoretical Context of Grandparent Caregivers

#### Developmental Perspective

Authors from both developmental psychology and the life course perspective discuss notions of “the normal expected life,” with characteristic preoccupations, changes, challenges, and rewards over the life cycle (Duvall, 1971; Levinson, 1978). The developmental approach provides an opportunity to assess individuals and families in terms of their stage in the life cycle and the corresponding developmental tasks all families share at some point in their careers (Valentine, 1980). Developmental tasks are defined as tasks that arise at or about a certain time in the life of an individual, successful achievement of which leads to happiness and to success with later tasks, while failure leads to unhappiness in the individual’s disapproval by society and difficulty with later tasks (Havighurst, 1953).

In the expected pattern, one first becomes a parent and raises children. The children then form their own nuclear families, bearing and raising their own children, and grandparents remain free of parenting responsibilities in relation to grandchildren (Burton et al., 1995). The typical developmental tasks of middle adulthood involve developing leisure time activities, becoming more involved in work responsibilities, and assisting teenage children to become responsible and happy adults (Duvall, 1971; Havighurst, 1953). The typical developmental tasks that adults face in late life involve attaining integrity, coping with bereavement and living alone, adjusting to the limitations created by diminished physical strength, shrinking social networks, and reduced income (Burton et al., 1995; Duvall, 1971).

Throughout life, individuals build expectations about what life will bring, and crises are often presented by events that represent the non-fulfillment of such

expectations (Jendrek, 1993; Morrow-Kondos, Weber, Cooper, & Hesser, 1997). There are times when the developmental tasks of family members are in conflict, and at other times they are mutually supportive. "In the interactional arena of the family, each personality strives to obtain satisfaction of his basic desires and as a result at some stages of development, parents and children are good company and at other stages their diverse developmental strivings are strikingly incompatible" (Hill & Hanson, 1960, p. 308). Thus, the timing of taking on the surrogate parent role has implications for the psychosocial development of the grandparents and grandchildren (Jendrek, 1993). For example, the off-time assumption of primary caregiving responsibilities for a grandchild may, in some cases, interfere with the immediate developmental tasks individuals face in different periods of their life (Burton et al., 1995; Jendrek, 1993).

In addition to being "off-time," the surrogate parenting role may create stress in many ways (Fuller-Thomason, Minkler, & Driver, 1997). First, stress may be caused by the dramatic change in the individual's life expectations and in the ability of peers to provide social support. Individuals who have been rehearsing expected roles suddenly find that they cannot assume the role in the anticipated manner. The resulting disconnection between the anticipated role and the actual role often create strain. Secondly, the individual's traditional support networks of friends and family may be unable to help because they are no longer experiencing similar circumstances. Thus, individuals experiencing time-disordered situations may find that they need to readjust their roles and support groups (Jendrek, 1993; Morrow Kondos, et al., 1997).

#### Questions Addressed

This exploratory study will investigate the educational needs of grandparents raising their grandchildren in Oklahoma. The research will address the following questions:

1. In what specific educational topic areas do grandparent caregivers want/need training?

2. What specific educational topic areas would be most beneficial to grandparent caregivers?
3. What are the best methods for presenting instruction to grandparents raising grandchildren?
4. What are the barriers to attending an educational program? How could these barriers be eliminated?

#### Definition of Terms

The following definitions will be utilized in this study:

Barriers: refers to structural components, stereotyping, or any other problems that may prevent grandparent caregivers from attending an educational intervention.

Grandparents: the parent(s) of a child's mother or father.

Educational Program: a program that provides information and instruction that participants find beneficial or useful.

Grandparent Caregiver: this relationship is defined as someone who has primary responsibility for one or more of their grandchildren. For the purpose of the study, the grandchildren must live with their grandparents, and the grandparents must be responsible for feeding, clothing, schooling, and providing healthcare for the grandchildren.

Life Stage: broad age categories loosely based on ideas and assumptions about effects of aging. Examples include middle age, later maturity, and old age.

On-time Development: individuals perform specified and expected developmental tasks at the appropriate life stage (Jendrek, 1993)

Off-time Development: individuals build expectations about what life will bring and the timing of events and these expectations are not fulfilled at the appropriate life stage, which often presents a crisis (Jendrek, 1993).

Developmental Tasks: tasks that arise at or about a certain time in the life of an individual. Successful achievement of tasks often leads to happiness and to success with



later tasks, while failure leads to unhappiness in the individual and disapproval by society and difficulty with later tasks (Havighurst, 1953).

#### Limitations

A possible limitation of the study was the sample of grandparents being drawn from a Department of Human Services Grandparents Raising Grandchildren Conference. The sample size is small, and therefore is not representative of the entire population of grandparents raising grandchildren. The grandparent caregivers who attended the conference could have potential biases. The grandparents may be more financially stable, more mobile, and more motivated to improve their lifestyle than grandparent caregivers who were unable to attend the conference. The conference was also primarily attended by grandmothers which therefore influenced the gender makeup of the final sample. The conference was attended by individuals from across the state and scholarships were offered to those who could not afford the minimal registration fee.

Another limitation of the research could be the lack of a controlled experimental environment due to the mail-out questionnaire. The researcher was not able to control the conditions under which the participant completed the questionnaire. Therefore, extraneous factors may have influenced the results of the study. Researcher bias in the construction of the questionnaire and the interpretation of the results may be another possible limitation of the present research.

#### Summary

This study investigated the educational needs of grandparents raising grandchildren. The researcher defined this relationship as someone with primary responsibility for his/her grandchild. The grandchild must live with his/her grandparent, but there is no requirement that the grandparent have a legal custody arrangement with the grandchild. The parent may be involved in the child's life, but the responsibilities of feeding, clothing, schooling, and providing healthcare fall on the grandparent.

The study explored specific topic areas that will benefit grandparent caregivers. These are areas that a grandparent raising his/her grandchild would like to receive assistance with or more information about. The study also explored the delivery methods preferred by grandparent caregivers; this component includes preferences on location, instructor, format, and price. The researchers also investigated the barriers that grandparents raising grandchildren experience that discourage them from attending an educational program. Barriers refer to structural components, stereotyping, or any other problems that may prevent grandparent caregivers from attending an educational intervention.

## Chapter 2

### LITERATURE REVIEW

#### Introduction

Grandparents raising grandchildren are a very diverse group, with a variety of circumstances that have led to their situation. This group also experiences many stressors and difficulties as they make their transition to parenthood. This review will discuss characteristics of grandparents raising grandchildren, effects of parental behaviors on the children, problems experienced by grandparents, and educational areas that are of special concern to grandparents raising grandchildren.

#### Grandparents Caring for Grandchildren

The assumption of the parenting role by the grandparent has been tied to life events. There are a variety of reasons the parents are unable or unwilling to nurture their own children (Pinson-Milburn, Fabian, Schlossberg and Pyle, 1996). Reasons given by grandparents for the formation of these new families are substance abuse by parents (44%), child abuse or neglect (28%), teenage pregnancy or parent failure to handle children (11%), death of a parent (5%), unemployment of parent (4%), divorce (4%), and other reasons (4%), including HIV/AIDS (Woodworth, 1994). Parents abusing drugs and alcohol is by far the major contributing factor to the creation of grandparent-headed households and the inability of parents to provide care for their children ( Pinson-Milburn et al., 1996). Frequently, parents are imprisoned for drug-related crimes; there was a 202% increase in imprisonment of women during the 1980s (Burnette, 1997). Approximately 75% of the 90,000 women incarcerated in U.S. prisons in 1991 were mothers, and 53% of the children of incarcerated mothers live with their grandparents (Dressel & Barnhill, 1994). In some cases, children are raised by grandparents because their parents are either too sick with HIV/AIDS or have died from the disease. Michaels and Levine (1993) project that by the year 2000, over 100,000 of children and

adolescents nationwide will be left motherless as a result of AIDS. In other cases, single parents may have died from other illnesses or an accident (Pinson et al., 1997).

### Characteristics of Grandparents Raising Grandchildren

Studies indicate that 60% of today's grandparent caregivers are women, and 75% of grandparents are between 45 and 64 years of age. Fifty-eight percent did not graduate from high school, and another 26% obtained a high school diploma with no additional schooling (Fuller-Thomson, Minkler & Driver, 1997). In part as a result of lack of education, grandparent-headed households are the most impoverished of all types of nontraditional households, with a median income half that of traditional households with children (Minkler & Roe, 1993; Jendrek, 1994). Twenty-seven percent of mid-life and older grandparent caregivers live at or below the poverty level, and another 14% are near poor with incomes just above the poverty threshold (Fuller-Thomson et al., 1997).

According to Fuller-Thomson et al. (1997), one in ten grandparents have raised a grandchild for at least six months and nearly half of grandparents raising grandchildren took over parenting responsibilities when the grandchild was still an infant. Nearly 72% began caregiving before the child turned five. Two thirds (69%) of the grandparents were raising the child of a daughter, and one third (31%) were raising a son's child. This role is not a short term commitment; more than half of grandparent caregivers have provided care for a grandchild for at least three years. In fact, one in five have cared for a child 10 or more years. Caregiving grandparents are likely to have more children and more grandchildren than non-caregiving grandparents, and they also are more likely to have children in their immediate vicinity. More than half of caregiving grandparents in 1990 had one or more of their offspring living in their home, versus less than a third of the noncaregiving grandparents (Fuller-Thomson et al., 1997).

### Effects of Parental Behaviors on Grandchildren

Children and youths who become members of grandparent headed families are at great risk of psychiatric as well as developmental disorders (Joslin & Brouard, 1995). If

the parent is mentally ill, perceived by the child as neglectful or cruel, absent without explanation, incarcerated, or involved with drugs, these children are affected deeply (Trupin, 1993). Unlike their peers who may have experienced the more "acceptable" traumas of parental death or divorce, these young people are harder to console and more likely to withdraw or misbehave (Joslin & Brouard, 1995; Trupin, 1993). This population of grandchildren is at higher risk for developmental delays and potentially serious emotional problems than children in general (Trupin, 1993). Reports suggest that grandparents are presented with a myriad of problems related to the care of this special population of children and that interventions are in order (Burnette, 1997; Burton, 1992; Minkler, Driver, Roe, & Bedeian, 1993). Although these children may now be receiving love, nurturing, and stability from their grandparents, they still represent a major challenge to their families and schools (Morrow-Kondos et al., 1997; Rice & Meyer, 1994).

The greatest risk factor for a host of disabilities and behavioral problems among children being raised by their grandparents is parental drug abuse (Minkler, Roe, & Price, 1992). Chronic substance abusing women receive little or no prenatal care and have inadequate prenatal nutrition. Together, these circumstances often lead to low birth weight, or significant prematurity, which can further reduce the infant's chances of optimal development (Griffith, 1992). Depending on the substances to which the infant is exposed, a host of other problems can occur (Griffith, 1992). These pre- and postnatal complications can result in learning disabilities, mental retardation, and disabilities such as cerebral palsy (Pinson et al., 1996). They also may have a higher incidence of attention deficit disorders, especially attention deficit hyperactivity disorder (Burton, 1992). Children prenatally exposed to drugs and alcohol may have a higher incidence of emotional and psychiatric disorders, resulting in placement in special education programs. They also may abuse drugs and alcohol, because the majority of people in treatment for alcohol and drug abuse have chemically dependent parents and relatives

(Jendrek, 1994; Minkler et al. 1993). These children may have a higher incidence of teenage pregnancy, demonstrate poor academic achievement, and have a higher incidence of school dropout (Pinson et al., 1996; Stein, Newcomb, & Bentler, 1993). Children who are in the custody of a drug abusing parent are also likely candidates for abuse and neglect. This neglect may come in the form of poor postnatal nutrition for the child, poor medical care, and an impoverished learning environment (Griffith, 1992).

Parents are often imprisoned for their drug-related crimes, and the children face similar circumstances to those described above (Dressel & Barnhill, 1994). However, there is a unique set of risk factors for children of incarcerated parents. Children may exhibit emotional and behavioral problems as a result of intermittent or long-term parental incarceration (Burnette, 1997; Joslin & Brouard, 1995). They may experience shame and isolation among family members and peers. They may be victims of social stereotyping on the part of schools, agencies, or social service personnel. They may experience post-traumatic stress disorder in terms of managing the stress associated with what caused the parental imprisonment. For example, children may have seen their parents shot, arrested, or taking drugs (Pinson et al., 1996).

Another contributing circumstance to the increase of grandparents raising grandchildren is parental abuse or neglect (Minkler & Roe, 1993; Woodward, 1994). Grandparents, school personnel, and professionals encounter the serious problems of children who have been victims of sexual, physical, or emotional abuse. Grandchildren may manifest psychiatric symptoms, such as depression, agitation, or even suicidal tendencies (Pinson et al., 1996). They may exhibit behavioral disorders, difficulty with problem solving, and inadequate coping skills (Stein et al., 1993). They may have failed to develop skills of independent living, and they also may have inadequate social supports (Burnette, 1997). Abused or neglected children may experience other psychiatric disorders such as developmental delays, anxiety, disorders, and post-traumatic stress disorder (Pinson et al., 1996).

Often children are being raised by their grandparents because their parents are coping with HIV/AIDS or have already succumbed to the disease (Michaels & Levine, 1993). Many children live in shame, and have difficulty forming relationships with other people because they are dealing with the "secret" of their parents illness or death (Passalacqua, 1996). Grandchildren with HIV parents may be HIV positive and have to deal with the social and peer stigma associated with HIV and AIDS (Michaels & Levine, 1993; Pinson et al., 1996). They may also be dealing with grief and bereavement issues resulting from the loss of their parents.

Children also may be dealing with the loss of the parent due to illness or an accident. These children may be dealing with grief, depression, and adjustment issues. They also may experience some form of guilt or shame depending on the cause of their parent's death (Michaels & Levine, 1993).

#### Problems Commonly Experienced by Grandparents Raising Grandchildren

Grandparents raising grandchildren often experience increased physical, emotional, and economic vulnerability due to their new role as "parent" (Minkler et al., 1993). Although these grandparent caregivers are disadvantaged in several respects, grandparents often report satisfaction from their role. Difficult financial, legal, and familial problems coupled with other stressors may cause increased physical and emotional problems (Jendrek, 1994).

This role of "parent again" is an off-time and unexpected transition (Jendrek, 1994; Pinson-Milburn et al., 1996; Trupin, 1993). It is off-time for the grandparents to be raising infants, young children, and adolescents; these unexpected transitions can be very stressful (Pinson-Milburn et al., 1996). Assuming parenting responsibilities off-time, when social timetables would assume a more passive role, changes the grandparents' lives in areas of leisure, friendships, work, health, and finances (Jendrek, 1994). The routine of their lives has totally changed; relationships with family and friends are altered; and their assumptions about themselves and their lives are in flux.



The preconceived notion of the "golden years" is lost; grandparents have little time for themselves and are once again in the middle of school activities, discipline, financial dependency, and many more difficult issues (Fuller-Thomson et al., 1997; Morrow-Kondos et al., 1997).

The psychological consequences of this transition cannot be underestimated. Often grandparents are gaining a grandchild but losing their own child (Pinson-Milburn et al., 1996). In addition, grandparents face double jeopardy as they question their own inadequacy. They may experience guilt, expressed by the thought that they made mistakes raising their children. Given this history, they wonder if they are competent enough to deal with raising children again (Minkler & Roe, 1993).

Grandparents often experience a grief response--grief for the loss of their children through death, addiction, unemployment, child abuse or neglect, or some other psychological or physical disability. Grandmothers also experience grief because of their own loss of freedom to realize their own dreams (Pinson-Milburn et al., 1996). Grandparent caregivers when reporting their emotional health often report feeling "depressed or very unhappy" (Minkler & Roe, 1993). Grandparents raising grandchildren are almost twice as likely to have major symptoms of depression as those who are not raising their grandchildren (Minkler & Roe, 1993). The risk of depression is greatest among women, African Americans, new caregivers, those in poor health, and younger grandfathers (Fuller-Thomason et al., 1997). Many grandparents report negative consequences resulting from caring for their grandchildren while others report that, although difficult, it has increased their mood and has given them a purpose and reason for living (Fuller-Thomson et al., 1997; Pinson-Milburn et al., 1996)

Grandparent caregivers often experience a decline in health as they are beginning the parenting experience for a second time. Minkler, Roe, & Price (1992) found that observable declines in physical health were reported in one third of the population of grandparents they studied after caregiving began. Health care providers often notice that



grandparents begin to miss appointments, experience an increase in their stress related conditions, and exhibit an increase in chronic health problems. Common health problems often include insomnia and sudden flare-ups of previously controlled conditions such as asthma, hypertension, and arthritis. Minkler and Roe (1993) found that 50% of their participants were concerned about their health, and 44% reported that they were in pain at the time of the interview. High proportions of their respondents reported having experienced physical problems in the last 6 months including stiffness and swelling of joints (51%), back or stomach pain (49%), heart trouble (25%), and other physical symptoms and conditions (Minkler & Roe, 1993). One of the most frequent physical complaints was exhaustion and trouble “keeping up” with all of the demands of raising children (Trupin, 1993). Despite frequent reports of pain and illness, most grandparents report that their health never got in the way of things they wanted or needed to do (Burton, 1992; Minkler & Roe, 1993; Trupin, 1993).

#### Legal Issues and Concerns

Grandparents encounter many legal issues related to caring for their grandchildren (Solomon & Marx, 1995). The process of obtaining legal custody, visitation rights, or assistance can be costly, time-consuming and confusing (Burnette, 1997; Wagner, Weber, & Cooper, 1995). Grandparents are often unaware of the legal pitfalls and ignorant of the policies that govern arrangements involving the care of their grandchildren (Solomon & Marx, 1995).

A legal relationship with the grandchild defines the grandparent’s care as custodial (Jendrek, 1994). Custodial grandparents use the court system to obtain the transfer of responsibility and authority for the grandchild’s legal and physical living arrangements from the parents to themselves (AARP, 1993). In some cases, the parents and grandparents have the legal right to make informal custody arrangement themselves. There are distinctions in the type of legal arrangements that may be obtained. Guardianship and custody give the grandparent parental authority, but the parents have

some rights such as visitation. Adoption gives the grandparents authority and leaves the parents with no rights, responsibilities or authority over the child. Another possibility, which is only true when the states Child Welfare Agency takes custody of the grandchild, is that the grandparent may be able to qualify as a foster parent (AARP, 1993). Grandparents with a legally recognized arrangement assume the functions typically linked to parenthood in our society (Jendrek, 1994).

Grandparents who do not have legal custody but provide all of the care for their grandchild without the presence of their parents can be classified as “living-with grandparents” (Jendrek, 1994). The grandparents function like custodial grandparents in regard to physical and legal care. These grandparents are defined by their role of responsibility, but without any corresponding authority because they have not gone to court to obtain a legal relationship with their grandchild. Therefore, they are not authorized to make legal decisions about their grandchild; that authority resides with the parents. These grandparents also may not be able to obtain some services to aid their grandchild (AARP, 1993; Solomon & Marx, 1995). They often encounter a catch-22 situation in which they need documents, such as school and medical records, to access other services, but they cannot get one document without first having the other (AARP, 1993). Health care providers are reluctant to treat children without parental or legal guardian consent. Thus, many grandparents have difficulty obtaining either preventative or necessary healthcare for their grandchildren (Solomon & Marx, 1995). Grandparents without a custody arrangement have difficulty qualifying for assistance or enrolling their child in school without contact with the parent (AARP, 1993).

The decision to obtain a legal custody arrangement for their grandchild is a dilemma for most grandparents (Jendrek, 1994). On the one hand, they want the parent to be present in the child’s life and in their lives. The adult parent is their child, and they desperately want the nuclear family to stay together. Grandparents would much rather be grandparents, not parents, to their grandchildren (Burnette, 1997; Jendrek,

1994). On the other hand, grandparents make the choice to obtain a custodial arrangement out of fear for the child's safety or a fear that the child will be put into foster care. Many of the custodial and "living with" grandparents fear the return of the parent and removal of the grandchild (Jendrek, 1994). Grandparents also fear that if they seek legal custody they will have to prove their child is an unfit parent, which is very difficult to do to their own children (Minkler & Roe, 1993). All of these fears and concerns cause much confusion for the grandparents, coupled with the very technical system making it difficult to obtain a legal arrangement (AARP, 1993; Jendrek, 1994; Minkler & Roe, 1993; Solomon & Marx, 1995; Wagner et al., 1995).

#### Economic Difficulties Faced by Grandparent Caregivers

The health problems faced by grandparents raising their grandchildren often are compounded by significant economic difficulties, particularly for the more than half who are already surviving on a low income (Fuller-Thomason et al., 1997). For younger grandparents, the assumption of caregiving responsibilities often means quitting a job, cutting back on hours, or making other job related sacrifices that may put their own future economic health in jeopardy (Jendrek, 1994). In Minkler and Roe's (1993) Grandparent Caregiver Study, fully 30 percent had left their jobs to become full-time caregivers. Since most of the women had occupied low-wage jobs without pensions or other benefits, few had built up savings or developed a cushion to protect themselves from poverty in old age.

Retired or non-working caregivers also frequently suffer financially from the decision to become surrogate parents, often stretching an inadequate Social Security check to cover the added costs of caring for grandchildren (Solomon & Marx, 1995). Such grandparents sometimes report spending their life savings, selling the car, giving up such luxuries as shopping for a new pair of shoes, and making other sacrifices in order to cope financially with this new developmental task (Solomon & Marx, 1995).

The negative economic consequences experienced by grandparents raising grandchildren in the United States often are compounded by the lack of adequate governmental assistance (AARP, 1993; Fuller-Thomason et al., 1997; Minkler & Roe, 1993). In all but a few states, government policy differentiates between grandparents raising their grandchildren and foster parents, who are unrelated to the children in their care. The former, because of the blood relationship they bear to the children they are raising, may qualify for Temporary Assistance for Needy Families, which offers low benefits and often stigmatizes the grandparents in the program (AARP, 1993). Grandparents are ineligible for the substantially higher government financial compensation awarded to foster parents (Minkler & Roe, 1993). Furthermore, grandparents who are raising their grandchildren are denied other benefits such as psychological counseling and a clothing allowance, routinely made available to foster parents (AARP, 1993). Not surprisingly, grandparents raising grandchildren frequently report feeling like second class citizens in the eyes of a government that penalizes them financially for their willingness to step in to raise the nation's most valuable resource, children (Minkler & Roe, 1993). Findings suggest that the recently signed Welfare Reform Act (which places a lifetime limit of five years on TANF and imposes a mandatory work requirement after two years) may not bode well for the economic health of many intergenerational households headed by grandparents (Fuller-Thomason et al., 1997).

#### Implications for Program Planning

Many grandparents raising their grandchildren may feel overwhelmed by the demands of their time, energy, and finances; education about current parenting techniques; the legal system; social service benefits; specialized care; and self-care. These grandparents want to provide a stable and nurturing environment for their grandchildren (Strom et al., 1996; Strom & Strom, 1993). In order to adequately prepare grandparents for their new role, educators and professionals must realize and encourage

grandparents, affirm the capacity to learn, and provide practical education that will benefit grandparent caregivers in everyday situations (Strom, Beckert & Strom, 1996)

The biggest hurdle gerontologists and educators face is resistance from the grandparents about taking a parenting class. Grandparents feel that they have experience raising children. These “new” parents need to realize that as knowledge about childhood and adolescence change, there will be improvements in the techniques adults use to encourage success and development. Grandparents are typically uninformed about current childrearing goals, alternatives to corporal punishment, norms of child and adolescent behavior, expectations of school teachers, and ways to counsel a generation which may have many experiences unique to its own age group (Strom & Strom, 1993).

The potential for growth and development during the middle years and later life has traditionally been underestimated; most people maintain their intellectual competence as they grow older (Browning, 1995; Ventura-Merkel & Doucette, 1993). Although adults still have the capacity to learn, this does not insure that they will pursue further education. They have to be convinced of the practical value and benefit of classes before they are motivated to enroll. Courses that discuss everyday behavior and promise practical benefits are more appealing to older adults than courses that do not pertain to everyday life (Ventura-Merkel & Doucette, 1993).

Grandparents raising their grandchildren not only need education about how to best deal with the children in their care and the resulting challenges, but they need to realize that they must also take care of themselves. They may tend to feel overwhelmed by their many obligations, instead of meeting their sudden obligations one at a time. Many of them do not realize that their mental fitness and physical stamina must be preserved in order to remain an effective source of guidance for their grandchildren. They should schedule time for hobbies, rest, learning, and exercise; all of these activities will provide respite and optimism that grandparents need. Learning to manage stress and

to feel a greater sense of control over what happens to them can help prevent grandparents from becoming abusive to grandchildren (Strom & Strom, 1993).

### Conclusions

The need for education, support, and interventions for grandparents raising their grandchildren will continue to increase as the social problems that precipitate this situation continue to rise. As more children are being raised by their grandparents, new and unique challenges will face society and educators. So, as the needs of grandparents and grandchildren change, the research and programming will also need to address the changing needs of this population. Although support groups and some assistance programs already exist, there are very few programs that primarily provide educational information to this group. Therefore, researchers and practitioners need to fill this void and also continue to evaluate the effectiveness of such programs so that they continually meet the needs of the grandparents and grandchildren. Grandparents raising grandchildren need information and assistance so that they can repair the lives of this vulnerable group of children.



## **Chapter 3**

### **METHODS**

#### Research Design

This exploratory study used a cross-sectional design to investigate the educational needs of grandparent caregivers. The unit of analysis was the individual grandparent caregiver. The study used survey research, and utilized both self-administered questionnaires and a telephone interview.

The researcher mailed all of the grandparents who attended the Grandparents Raising Grandchildren Conference, on October 10, 1997, a packet containing an introduction letter (see Appendix A) and the Grandparents as Parents Education Inventory (see Appendix A). The researcher sent a follow-up postcard to the participants who had not responded two weeks after the initial mail-out. Two weeks later, the researcher mailed another cover letter and questionnaire to the grandparents who had not responded. Participants who returned questionnaires were then contacted for a follow-up, telephone interview (see Appendix A).

#### Sampling

The data for this investigation was collected from grandparents who attended a Grandparents Raising Grandchildren conference sponsored by the Aging Services Division of the Department of Human Services in central Oklahoma. The target population of the research is all grandparents raising their grandchildren. The sampling unit consisted of the individual grandparent. The researcher drew the entire sampling frame, which consisted of all of the grandparents who attended the conference. The sample was a convenience sample.

The researcher mailed the initial survey to all 75 grandparents who attended the conference and participants were asked to return the completed questionnaire along with their acceptance of doing a follow-up interview. This procedure yielded a sample of 27 grandparents, which is a 36% return rate. Only 24 of the 27 grandparents agreed to

participate in a follow-up telephone interview. The grandparents ages ranged from 38 to 76 years, with a mean age of 56. There were no gender restrictions, but because a small amount of men attended the conference, 93% of the participants were female while only 7% were male. Fifty-six percent of the participants were married; 22.2% were divorced; 14.8% were widowed; and 7.4% categorized themselves as single.

### Instrumentation and Measurement

The research was collected using two instruments. The initial mail-out packet contained an introduction letter and the Grandparents as Parents Education Inventory (Appendix A). The researcher then conducted a follow-up interview using the Grandparents as Parents Follow-up schedule (Appendix A).

The grandparents completed the Grandparents as Parents Education Inventory (GAPEI) which was designed by the researcher. This instrument contained a Grandparent Profile which included general information about the grandparents who are raising their grandchildren. The profile gathered demographic information and the reason grandparents are caring for their grandchildren. The researcher also assessed past participation in any support groups.

The GAPEI provided the grandparents with 40 topic areas which they rated on a 5-point Likert type scale with 1 being "Not important" to 5 being "Very Important." A review of the grandparents raising grandchildren literature offers evidence of face validity for the chosen topics. The grandparents were also asked to rate their five most important areas in order of importance. The GAPEI allowed grandparents to add additional topics of concern.

The Grandparents as Parents Follow-up Interview, designed by the researcher, consisted of open-ended questions to obtain more qualitative data about the needs of grandparents raising grandchildren. The interview assessed barriers for participation in an educational program and preferred delivery methods. The grandparents were asked to discuss the joys and frustrations that accompany raising their grandchildren. The



interview obtained more qualitative information about the data collected in the survey material. The open-ended style allowed the researcher to obtain information that might not have been covered on the previous instruments.

### Ethical Considerations

There are many ethical considerations when working with this vulnerable population. Many grandparents who are raising their grandchildren experience problems with or the loss of an adult child. Therefore, discussing these issues may be difficult for the grandparent. The researcher was sensitive to this and continually reiterated the confidentiality of the survey.

The grandparents may be very frustrated or distraught with their situation and see the researcher as someone who can help them. The researcher was sensitive to the needs of the grandparent, but did not allow the interview to become a therapy session. The researcher was prepared for this situation and was equipped to make referrals to agencies that can help both the grandparent and grandchild.

### Summary

Research that assesses the needs of grandparents is beneficial to grandparents, teachers, child development specialists, gerontology professionals, and to the children in this situation. Meeting the needs of this population will allow grandparent caregivers to give the best care to this growing population of children. With support from all involved, grandparents can provide a stable, healthy environment in which their grandchildren can thrive.

Chapter IV  
Grandparents As Parents: Implications  
For Gerontological Programming

Manuscript for Publication  
Journal Title: Educational Gerontology

### Abstract

More grandparents are raising their grandchildren than ever before. Grandparents need assistance in order to successfully raise their grandchildren in a changing world. This research sought to identify the needs of grandparents raising their grandchildren, specifically the educational topics needs, delivery methods, and educational barriers. Grandparents completed a mailed self-administered survey and participated in a follow-up telephone interview. Twenty-seven grandparents participated in the study, with a mean age of 56. The sample was primarily female. Grandparents identified behavior problems, stress management, effective parenting, communication, and discipline as topics that were most important to them. Grandparents expressed interest in having an education program near their home, at a local community center or college. They indicated that they would prefer to have experts and other grandparents raising grandchildren involved in the development and teaching of an educational program. This study provides insight to service providers and educators in the field of aging to develop educational programs that will best meet the needs of grandparent caregivers.

## Introduction

The changes in life expectancy have increased the likelihood to a 75% chance that individuals will become grandparents in their lifetime. Ninety-four percent of older adults with children are grandparents (Pruchno & Johnson, 1996). Longer lives also means that the grandparent role has been extended and the relationship bonds deepened; women and men could be grandparents for more than four decades (Denham & Smith, 1989; Hagestad, 1988). The changes in the family are altering the configuration of those who are grandparents. One recent estimate places nearly half of grandparents at age 40 years and younger, one-third at age 55 and younger, and one-fifth at age 70 or older (Hagestad, 1988; Pruchno & Johnson, 1996). Many people who are grandparents are still busy rearing children and are actively employed. Regardless of the changes in the characteristics of contemporary grandparents, the relationship between children and their grandparents is very important and significant in meeting the developmental needs of grandchildren (Wilcoxson, 1987).

Changes in the lifespan and in societal characteristics are increasing the number of grandparents raising their grandchildren (AARP, 1994; Burnette, 1997; Burton, 1992; Fuller-Thomason et al., 1997; Minkler & Roe, 1993). There are more than 3 million children growing up in grandparent-headed households due to numerous social problems. The most common problems are drug and alcohol abuse, incarceration, divorce, parental death, unemployment, teen pregnancy, and the AIDS epidemic (Minkler, Driver, Roe & Bodeian, 1993). These children often face emotional and physical problems that may make the grandparents' transition to parent especially difficult. The problems of grandparents raising their grandchildren are many and the family relationship issues complex. Grandparents need support and practical tools to successfully cope with this endeavor.

This study explored areas of concern and difficulty for grandparents raising their grandchildren. A self-administered questionnaire and a structured interview were used to

assess their needs for educational program topics, delivery methods, and barriers. It is the purpose of this research to determine those critical educational areas from the perspective of the grandparent caregiver and to provide much needed insight into their needs. Little research has examined the educational topic needs of this group, research of this type will enable social service professionals to provide quality programs.

#### Grandparents Caring for Grandchildren

The assumption of the parenting role by the grandparent has been tied to life events. There are a variety of reasons the parents are unable or unwilling to nurture their own children (Pinson-Milburn, Fabian, Schlossberg and Pyle, 1996). Reasons given by grandparents for the formation of these new families are substance abuse by parents (44%), child abuse or neglect (28%), teenage pregnancy or parent failure to handle children (11%), death of a parent (5%), unemployment of parent (4%), divorce (4%), and other reasons (4%), including HIV/AIDS (Woodworth, 1994). Parents abusing drugs and alcohol is by far the major contributing factor to the creation of grandparent-headed households and the inability of parents to provide care for their children ( Pinson-Milburn et al., 1996). Frequently, parents are imprisoned for drug-related crimes; there was a 202% increase in imprisonment of women during the 1980's (Burnette, 1997). Approximately 75% of the 90,000 women incarcerated in U.S. prisons in 1991 were mothers, and 53% of the children of incarcerated mothers live with their grandparents (Dressel & Barnhill, 1994). In some cases, children are raised by grandparents because their parents are either too sick with HIV/AIDS or have died from the disease. Michaels and Levine (1993) project that by the year 2000 over 100,000 children and adolescents nationwide will be left motherless as a result of AIDS. In other cases, single parents may have died from other illnesses or an accident (Pinson et al., 1997).

#### Characteristics of Grandparents Raising Grandchildren

Studies indicate that 60% of today's grandparent caregivers are women, and 75% of caregivers are between 45 and 64 years of age. Fifty-eight percent did not graduate

from high school, and another 26% obtained a high school diploma, with no additional schooling (Fuller-Thomson, Minkler & Driver, 1997). In part as a result of lack of education, grandparent-headed households are the most impoverished of all types of nontraditional households, with a median income half that of traditional households with children (Minkler & Roe, 1993; Jendrek, 1994). Twenty-seven percent of mid-life and older grandparent caregivers live at or below the poverty level, and another 14% are near poor with incomes just above the poverty threshold (Fuller-Thomson et al., 1997).

According to Fuller-Thomson et al. (1997), one in ten grandparents have raised a grandchild for at least six months and nearly half of grandparents raising grandchildren took over parenting responsibilities when the grandchild was still an infant. Nearly 72% began caregiving before the child turned five. Two thirds (69%) of the grandparents were raising the child of a daughter, and one third (31%) were raising a son's child. This role is not a short term commitment, more than half of grandparent caregivers have provided care for a grandchild for at least three years. In fact, one in five have cared for a child 10 or more years. Caregiving grandparents are likely to have more children and more grandchildren than non-caregiving grandparents, and they also are more likely to have children in their immediate vicinity. More than half of caregiving grandparents in 1990 had one or more of their offspring living in their home, versus less than a third of the noncaregiving grandparents (Fuller-Thomson et al., 1997).

#### Effects of Parental Behaviors on Grandchildren

Children and youths who become members of a grandparent headed family are at great risk of psychiatric as well as developmental disorders (Joslin & Brouard, 1995). If the parent is mentally ill, perceived by the child as neglectful or cruel, absent without explanation, incarcerated, or involved with drugs, these children are affected deeply (Trupin, 1993). Unlike their peers who may have experienced the more "acceptable" traumas of parental death or divorce, these young people are harder to console and more likely to withdraw or misbehave (Joslin & Brouard, 1995; Trupin, 1993). This

population of grandchildren is at higher risk for developmental delays and potentially serious emotional problems than children in general (Trupin, 1993). Reports suggest that grandparents are presented with a myriad of problems related to the care of this special population of children and that interventions are in order (Burnette, 1997; Burton, 1992; Minkler, Driver, Roe, & Bedeian, 1993). Although these children may now be receiving love, nurturing, and stability from their grandparents, they still represent a major challenge to their families and schools (Morrow-Kondos et al., 1997; Rice & Meyer, 1994).

#### Problems Commonly Experienced by Grandparents Raising Grandchildren

Grandparents raising grandchildren often experience increased physical, emotional, and economic vulnerability due to their new role as parent (Minkler et al., 1993). Although these grandparent caregivers are disadvantaged in several respects, grandparents often report satisfaction from their role. Difficult financial, legal, and familial problems coupled with other stressors may cause increased physical and emotional problems (Jendrek, 1994).

This role of "parent again" is an off-time and unexpected transition (Jendrek, 1994; Pinson-Milburn et al., 1996; Trupin, 1993). It is off-time for the grandparents to be raising infants, young children, and adolescents; these unexpected transitions can be very stressful (Pinson-Milburn et al., 1996). Assuming parenting responsibilities off-time, when social timetables would assume a more passive role, changes the grandparents' lives in areas of leisure, friendships, work, health, and finances (Jendrek, 1994). The routine of their lives has totally changed; relationships with family and friends are altered; and their assumptions about themselves and their lives are in flux. The preconceived notion of the "golden years" is lost; grandparents have little time for themselves and are once again in the middle of school activities, discipline, financial dependency, and many more difficult issues (Fuller-Thomson et al., 1997; Morrow-Kondos et al., 1997).

## Research Questions

This exploratory study investigated the educational needs of grandparents raising grandchildren in Oklahoma. The research addressed the following questions:

1. In what specific educational topic areas do grandparent caregivers want/need training?
2. What specific educational topic areas would be most beneficial to grandparent caregivers?
3. What are the best methods for presenting instruction to grandparents raising grandchildren?
4. What are the barriers to attending an educational program? How could these barriers be eliminated?

## Methods

This study was designed to explore the needs and frustrations of grandparent caregivers. The major purpose of this study was to evaluate the educational needs of grandparents raising grandchildren. The study also assessed the grandparents preferred delivery methods and barriers that prevent them from attending an educational program.

Many studies have examined various components of grandparents raising grandchildren. As more grandparents are raising their grandchildren today, researchers and practitioners are realizing that this population must be continually assessed in order to provide effective and appropriate interventions. Although more attention has been paid to this population recently, little research has evaluated specific educational components that will help better serve this group; this research seeks to fill this necessary void.

## Data Analysis

Statistical measures for this research included frequencies, Pearson r correlations, and T-tests. Frequencies were used to describe overall topics that were valued by grandparent caregivers. Correlations were used to analyze the relationship between



demographic characteristics and educational needs. T-tests were utilized to examine differences between demographic characteristics and educational needs. The qualitative interviews were analyzed for themes, to obtain more information about the educational needs of grandparents.

### Reliability

Reliability coefficients were computed for the entire educational topic scale and the composite subscales. Alpha varies from 0 to 1 and indicates whether items have no relationship with each other or are perfectly related (Isaac & Michaels, 1995). The alpha coefficient for the total scale was .9592. The subscale coefficients were as follows: special needs, .7382; child-rearing techniques, .4870; substance abuse, .9118; health issues, .8347; legal issues, .8392; social programs, .8742; and future issues, .6246.

### Participant Characteristics

The participants in this study were grandparents who are presently raising their grandchildren. They were obtained from a listing of grandparents who attended a Grandparents Raising Grandchildren Conference in central Oklahoma. The conference was open to all grandparents raising grandchildren for a small registration fee.

The participants were part of a convenience sample and were asked to participate via letter. Participants received a survey in the mail which they were asked to complete and return along with their consent to be contacted for a follow-up interview. The participants were also sent a reminder postcard two weeks later to help increase the return rate. This method yielded a sample of 27 grandparent caregivers who returned completed surveys, and out of that 23 participants agreed to a follow-up telephone interview. Participants ranged in age from 38 to 76 years, with a mean age of 56. There were no gender restrictions although a smaller number of men attended the initial conference, therefore two men participated in the study was small. Fifty-six percent of the sample were married, 22.2% were divorced, 14.8% were widowed, and 7% considered themselves to be single.

## Instrumentation

To explore the educational needs of grandparents raising their grandchildren a self-administered questionnaire and a structured interview were used. The researcher mailed out a questionnaire along with a self-addressed stamped envelope. The survey gathered demographic and caregiving information, and assessed educational topic preferences. The follow-up telephone interview obtained more qualitative information about topics, barriers, delivery methods, frustrations, and joys. There were no pilot tests of these instruments performed, these results are to be used as a basis for other studies.

### Grandparents as Parents Education Inventory

The Grandparents as Parents Education Inventory (GAPEI) was mailed to the study participants. The survey contained a Grandparent Profile and an Educational preferences section. In the profile, participants were asked the following demographic information: gender, age, marital status, educational level, occupation, source of income, total family income (optional), health status, and the type of community in which they reside. The Profile also included information about the grandparents' caregiving situation, asking the following information: number of grandchildren in their care, the custody arrangement (if any) for their grandchild and their current participation in a support group.

The Educational Preferences section used a 5-point Likert-type scale to assess the importance of 40 topic areas to grandparent caregivers. The grandparents were asked to rate each topic from Not Important (1) to Very Important (5) on their inclusion in a grandparents education program. The topics were obtained from a review of relevant grandparenting literature, professionals working with this group, and previous contact with grandparent caregivers. This section allowed grandparents to provide other topics they felt were important but were not included in the previous list. The grandparents were then asked to choose the five most important topics to them and rate them from 1

(not important) to 5 (most important). The GAPEI included a section requesting consent to be contacted for a follow-up telephone interview.

#### Grandparent as Parents Follow-up Interview

The Grandparents as Parents Follow-up interview consisted of nine opened-ended questions that were administered by the researcher over the telephone. The interview schedule was designed to obtain more qualitative information about the needs of grandparent caregivers. The researcher once again asked what topics they would like to see covered in an educational program for grandparent caregivers. This area was covered again to obtain the topics that are most prevalent in the minds of grandparents, and to allow them to verbally answer the question with no constraints. The follow-up assessed the grandparents biggest need in relation to caring for their grandchild. The interview asked whether or not they would attend an education program if it was offered in their area. The grandparents were questioned about barriers that would prevent them from attending an educational program and about their preferences in terms of instructors and locations. The participants were then asked to discuss the joys and frustrations that accompany parenting their grandchild. The grandparents were given an opportunity to share any other information they felt relevant to the study.

### Results

#### Descriptive Statistics

The descriptive statistics of grandparents raising grandchildren are presented in Table 1. Participants' highest education level ranged from "finished high school" to "attended graduate or professional school." Fifteen percent of participants completed high school, 44% had some college or technical school; 19% graduated from a 4 yr. college; and 22% attended graduate or professional school. Thirty-three percent of the participants presently have a professional career (i.e., banker, teacher, social worker); 22% were retired; 19% a clerical position (i.e., secretary, administrative assistant); 15% were homemakers; 7% had a career in a service industry (i.e., laundromat, food service),

and 4% were unemployed. Thirty-three percent rated their community as a large city, 22% a small city, 15% a large town, 19% a small town, and 11% a non-farm rural residence. Grandparents were asked to rate their health from 1 to 5, with 5 being “very good health” and 1 being “very poor health.” Sixty percent rated their health as “very good” or “good.”

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Insert Table 1 about here.

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The participants’ length of caregiving ranged from 1 year to 17 years, with a mean length of 6 years. The number of grandchildren they were caring for ranged from 1 child to 5 children with a mean of 1.6. Many of the grandparents provided multiple reasons why their grandchildren were no longer living with their parents; 7% stated 3 or more reasons; 48% stated 2 reasons; 33% stated only one reason; and 11% chose not to answer. The most frequently stated reason for the child no longer living with their parent was neglect, followed by alcohol and drug abuse. Other reasons mentioned were divorce, military service, incarceration, parental age, abandonment, parental death, and poverty. Eleven percent stated they had adopted their grandchild; 33% had guardianship; 22% had legal custody; 7% had temporary custody; 15% had no arrangement; and 7.4% had power of attorney. Twenty-six percent of the grandparents had or were currently participating in a support group, but 74% had never participated in any kind of grandparents raising grandchildren support group.

#### Educational Topic Preferences

The Grandparents as Parents Education Inventory asked participants to rate 40 topics on a 5-point Likert type scale. The results of those rankings are listed in order in Table 2. The top five topics rated as most important in this format were behavior problems, effective parenting, communication, stress management, and medical care/insurance. The topics rated as least important on their inclusion in a grandparents

education program were information on Supplemental Social Security, Temporary Assistance for Needy Families, food stamps, public housing, and foster care. Behavior problems was rated highest with a mean score of 4.6296, and foster care was rated the lowest with a mean score of 2.7778.

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Insert Table 2 about here.

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Participants were asked what other topics they would like to receive information or training on that were not mentioned on the questionnaire. Grandparents mentioned the following topics: cooperation with schools, adolescent issues, attachment disorder, depression, communication with adult child, handling parental visitation, dealing with loss if the grandchild goes back to their parents, and claiming tax deductions. The GAPEI also asked grandparents to choose the five topics from the list, or from their own additions, that were most important to them and rank them from 5 (most important) to 1 (not important), the topics listed are shown in Table 3. Each topic's total score is a sum of all of the rankings received from each grandparent. Stress Management was the highest rated topic in this format, with a total score of 35. Job training, Temporary Assistance to Needy Families, and Supplemental Social Security were the topics with the lowest ranking, a score of 2.0.

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Insert Table 3 about here.

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The 40 topics areas were grouped into composite score, in order to perform t-tests measuring the differences in various demographic groupings. The composite areas included future issues, health issues, legal issues, social programs, special needs, stress reducers, substance abuse, leisure, and grief. The future issues composite score is an average of the retirement planning and planning for college. The health issues composite

consists of immunizations, healthy living, and nutrition. The legal issues composite includes guardianship, family law, foster care, legal custody, and adoption. The social programs composite is a total of the medical care/insurance, food stamps, public housing, Medicaid, community resources, and governmental assistance. The substance abuse composite score consists of the topics of drug abuse and prevention. The child-rearing techniques composite includes effective parenting, child development, communication, discipline, childcare, and sex education. The special needs composite consists of information on attention deficit disorder, behavior problems, psychological problems, and special needs children. All composite scores were tested with specified groupings of grandparents according to demographic and caregiving characteristics. Differences were tested on income, gender, number of grandchildren, length of caregiving, education, and age. There were no significant differences found in any group.

The relationship between demographic factors and the educational topic needs were measured by using the Pearson  $r$  correlation. No significant relationships were found between the age of the grandparent, health status of the grandparent, length of caregiving, and the number of grandchildren in the home. There were no significant correlations found between demographic characteristics and the composite topic scores.

### Qualitative Findings

#### Educational Topic Areas

Grandparents were asked in an open-ended format to discuss what topics they would like to see covered in an educational program. Their responses were categorized into themes. Those six themes were: services/resources, discipline/behavior, dealing with adult children, medical issues, special needs of grandchildren, and economic issues.

“Services/Resources” refers to communication with schools, locating community resources, and daycare. “Discipline/Behavior” refers to help dealing with discipline or behavior problems of the grandchild. “Dealing with the Adult Child” refers not only to frustrations in making legal arrangements, but also frustrations with their adult child for



not being responsible. A forty-three year old grandmother discussed her difficulties dealing with her adult child as she stated, "Amy talks to her mom sometimes, and her mom makes promises that she never keeps and it breaks my granddaughter's heart." The same grandmother also discussed problems dealing with her adult child's incarceration when she said angrily, "She calls me and asks for money to help her get food and clothes, and I help her because I want to give her a chance to make a change so that she can be a mother, but she always messes up and ends up in trouble again. It breaks my heart but I have to realize that I just can't help her." "Medical Issues" deals with problems obtaining medical care and insurance for a grandchild who has no legal custody arrangement. Grandparents spoke of "special needs of the grandchildren," those mostly being Attention Deficit Disorder and emotional problems stemming from abandonment issues. One seventy-six year old grandmother discussed problems her teenage grandson had and said sadly, "We have our grandson in counseling because of poor grades and his anger at his parents. He was a gifted student, but now has a feeling of a hopeless future." "Economic Issues" referred to the grandparent's needs for financial resources and planning.

### Educational Needs

Grandparents were asked what their biggest need was in relation to raising their grandchildren; their responses were categorized into three themes. Those themes being emotional support for grandparent and grandchild, financial help and effective parenting strategies. Grandparents discussed needing emotional support for their grandchildren and themselves. They mentioned needing "someone to talk to," wanting to participate in a support group, and needing help "making the child feel wanted and needed." A forty year old grandmother with two young granddaughters stated, "I need someone to help me know what to do and say when my girls ask why their mommy doesn't love them enough to be with them. I need to talk to people who can help me handle this, because I can't do it on my own." They also discussed needing financial help, how to live on a fixed

income and finding money for retirement and college. A sixty-two year old divorced grandmother worried that her grandson would not be able to go to college because she could not afford it on her minimal salary. She stated, "I haven't had the time that most parents have to begin a college fund for him, and my salary doesn't allow me to put much away. Scholarships may be available but with all of the trials he has endured, his grades are not that good. I don't know where else I can go for help." Grandparents also talked about needing help being an effective parent, learning how to effectively communicate with the child, discipline techniques, and how to effectively deal with emotional and behavioral problems of the child. A fifty year old grandmother didn't know how to handle the emotional outbursts of her grandson. With frustration in her voice she said, "He has so much anger, that he is not able to express himself. At times he just snaps, I don't want to use physical punishment, but I can't find a way to control him. I would like to nurture him and make him feel loved."

### Educational Barriers

Grandparents were asked if they would attend an educational program if it was offered in their area; 96% responded positively. All participants were asked for reasons that they would not attend an educational program to obtain participation barriers. Participants mentioned multiple reasons that would influence their participation in an educational program. Responses were categorized into six themes: transportation difficulties, lack of time and energy, scheduling, cost, daycare, and health problems. Grandparents mentioned having no way to get to the program or that the program was offered too far away for them to get there. One fifty-three year old grandmother stated, "I would love to attend a program that would give me some help, but my car is not reliable enough to travel too far or to travel at night. If car pools or transportation was offered that would be a big help." They also discussed having little or no free time that would allow them to participate in leisure activities, and being too tired to participate if they did have extra time. A thirty-eight year old grandfather discussed his schedule stating, "By



the time I get home from work, do any chores that must be done, spend time with my grandchild and my other children, I rarely have a minute to spare even if I want to attend a program.” Grandparent caregivers also mentioned scheduling problems as a barrier to attendance. Grandparents suggested that programs needed to be offered at certain times during the day or it would conflict with work. Others mentioned that cost would be a factor, or a chronic illness that would at times inhibit them from participating. A fifty-three year old grandmother discussed her recent surgery and said, “I had back surgery less than a month ago and I really should be in bed but I don’t have time to slow down. My granddaughter is three and she doesn’t understand why I can’t hold her and play with her, let alone go out of the house.”

#### Delivery Methods

Grandparents were asked who they would prefer to have as an instructor for a grandparents raising grandchildren educational program. All responses fit into the following categories: experts in a particular field (42%), other grandparents who are raising their grandchildren (25%), professionals who work with grandparents raising their grandchildren (17%), no preference (8%), minority speakers (4%), and older individuals (4%). A fifty year old grandmother of two stated, “I would hope that if a session was about custody options then a lawyer would be the leader, and if a session was on how to deal with behavior problems then a child development specialist would be the logical choice. I just think it would vary depending on the topic.” Many grandparents also discussed their need to hear from other grandparents who had or were experiencing similar problems. A sixty-eight year old grandmother summed it up by saying, “I really need to hear how other people have dealt with their problems, I think that another person who has the same issues as I do would make the most effective teacher.”

Grandparents were asked where they would prefer to attend a program. Their responses fell into three areas: no longer than 5-30 minutes from their home (58%), local community center or college (25%), and no preference (17%). Although the

grandparents felt an educational program was beneficial, their schedules did not allow them to travel long distances to attend one. A sixty-four year old grandmother stated, "I would attend a program if it was offered an hour or more away, but I would be more apt to attend regularly if it was near my home." Other grandparents mentioned specific community centers or colleges, but all locations were near their home.

### Frustrations about Parenting

Grandparents were asked to discuss what frustrates them the most about parenting their grandchildren. Responses were grouped into five themes, those being: dealing with an adult child, not being able to be a grandparent, the grandparent's health problems, dealing with government agencies, and dealing with the child's behavior. "Dealing with an adult child" referred to the grandparent's problems having to include the neglectful parent in decisions, and also having to soothe the child when the parent disappoints them. One forty-three year old grandmother with 2 young granddaughters discussed her own frustrations as she stated, "It is so hard because we do not have a legal custody arrangement for our girls and when decisions for medical care and other legal issues arise we still have to include their mother, even though we have taken on all of the responsibilities of their care. She is so hard to deal with."

Grandparents also mentioned the loss they feel about not being able to be a grandparent, and having to take on parental responsibilities. They felt like they had missed out on the fun, typical grandparent activities. Grandparents raising grandchildren must instead be responsible for discipline and day-to-day care. One sixty eight year old grandmother who had been caring for her grandson for 17 years said, "I have cared for my grandson for almost all of his life. I almost feel like I never had a chance to be a grandparent, because I took him on almost right after he was born. Although I wouldn't trade the times I have had with him, I still feel like I have missed out on another special type of relationship." Another sixty year old grandmother stated, "All of my friends are beginning to retire and travel, and they get to see their grandchildren often and do fun

things with them, but they also have time for themselves. It is different for me I have to worry about baby-sitters and school dates.”

The health problems and declining health of grandparents was a topic that was mentioned on numerous occasions. One seventy-four year old grandmother discussed her frustrations, “I’m am just getting to be so tired all of the time, I can’t keep up with my grandson anymore. I want to be able to spend time with him doing the things he loves, but I rarely feel well enough.” Caregivers relayed frustrations about dealing with government agencies trying to receive financial, legal, and emotional support for themselves and their grandchildren. One forty-eight year old grandmother with a young grandson stated, “I receive different answers from everyone I talked to, and in some cases I would get no response at all. At times of crisis, people need immediate help; they don’t need another hassle.” Once again, grandparents discussed the problems they were experiencing dealing with their grandchild’s behavior problems.

### Joys of Grandchildren

Grandparents were asked what their greatest joy was in regard to raising their grandchildren. Responses were coded into five themes which were: keeping the grandparents young, being needed, watching the grandchild succeed, unconditional love, and being able to be with the grandchild more than usual. Grandparents felt that raising their grandchildren help them to continue being active, by necessity. A sixty year old married grandmother stated, “ When all of my children were out of the house, I began to think about slowing down and relaxing; that’s not an option now. Raising my granddaughter is an around-the-clock job that keeps me going. It makes me tired, but also makes me feel more alive!” Other grandparents discussed the joy in seeing their grandchildren overcome their family difficulties and succeed in life, school, and sports. A fifty-nine year old grandmother of two stated, “After all my boys have been through, it is the greatest joy for me to see them make an A on a paper, hit a homerun, or just to see them be content.” Grandparents cited the unconditional love that their grandchildren

give them as joyful. A sixty-one year old grandmother said, "I get frustrated with the situation, but just one 'I love you' from my granddaughter makes everything else disappear." Another fifty-three year old grandmother stated, "I know that because I have been there for her when it counted, she will love me no matter what happens. We now have an even stronger bond than grandparent-grandchild, she knows that she can depend on me." Grandparent caregivers mentioned the luxury of being able to experience the little joys of life with their grandchildren, this is something other grandparents might miss. One sixty-four year old grandmother with a six year old grandson stated, "I got to be there when he took his first step, and be there to take him to his first day of school. Although it is extremely hard to commit to a job like this, I do love being able to be a big part of all of the milestones in his life."

#### Discussion

This study explored the educational needs of grandparents raising their grandchildren, and the best way to offer an educational program to this group. This study was unique because it not only investigated what grandparents feel their biggest educational needs are, but provided input on reasons that they would or would not attend an educational program. Findings will help practitioners plan the best possible interventions for this group.

The main purpose of this research was to identify educational topic areas that fulfill the needs of grandparent caregivers. The topics receiving the most emphasis in grandparenting research, seem to be locating community resources, receiving emotional support, and legal concerns (Minkler & Roe, 1993). Although this research concluded that these were needs, the biggest needs expressed by the current sample were information on how to deal with behavior problems of the grandchildren, dealing with the problems of the adult children, and stress reduction techniques. Grandparents in the present study seemed to feel that if they had help in these more interpersonal areas, this would enable them to better navigate the other difficulties involved with raising their

grandchildren. Participants were very open to receiving help, and had many ideas for programs and services that would be useful. One 44 year old grandmother discussed her many programming ideas. These included a grandmother's day out program, an exchange program for clothes and baby equipment, a baby-sitting exchange between grandparent caregivers, and a phone support program to set up friendships between grandparents. Grandparents expressed their relief that someone was trying to get their input for programs; although many had participated in some sort of support activity it had not succeeded in meeting their needs.

The most important of the delivery methods that would influence a grandparent's participation was the distance the program was from the caregiver's home. Although they had some specific suggestions for locations, their primary concern was that they travel no longer than 30 minutes from their home. They did not have strong feelings about instructors, but they did mention several possibilities. Grandparents seemed to feel strongly that other grandparents raising grandchildren should be involved in designing the program, if not involved in the actual teaching.

Grandparents rated stress and time management as important topics to be included in an education program. The developmental theory framework states that when an event happens off-time in the life cycle the transition will be more stressful than an on time event. Becoming a parent to a grandchild is definitely an off-time event in the life cycle, which would theoretically make it more stressful. Grandparents in this study did feel that this transition was stressful, and they needed support and education to successfully assimilate to being a parent again.

T-tests performed on the various demographic characteristics failed to show significant differences in any of the groupings, therefore the needs of this group of grandparents were fairly homogenous. In some cases, the mean scores of the groups were equal; this shows that for this sample there is no reason to separate age groups of grandparents or other characteristics in order to gain an effective intervention. The small

sample size and the limited geographic area of the sample most definitely contributed to the fact that no differences were found within groups.

When discussing grandparents joys and frustrations regarding the parenting of their grandchildren, grandparents were excited to share their opinions. Grandparents were frustrated that they were not able to participate in typical grandparenting activities, but they enjoyed the fact that they were able to see the daily activities and milestones of their grandchildren. This shows hints of an internal conflict, grandparents want to save their grandchildren but they also want to live the lives that they imagined.

#### Implications

This research sought to provide insight to the needs of grandparents raising grandchildren from the perspective of the grandparent caregiver. Participants rated their topic preferences and provided suggestions on things that would influence their participation in an educational program. The results of this research will be useful in the design and implementation of programming for grandparents who are raising their grandchildren. More programs are needed to help ease the trials and tribulations of grandparent caregivers, and these results provide concrete areas that grandparents feel would be of benefit.

Past research in this area has focused on reasons for removal of the child from their parents, caregiver profiles (low income grandmothers, African-American grandparents, etc.), and specific areas of concern (legal, economic, etc.) (Burton, 1992; Dressel & Barnhill, 1994; Joslin & Brouard, 1995; Minkler & Roe, 1993; Wagner et al., 1995). Little research has tapped the educational needs, delivery methods, and barriers to a grandparent caregiver's participation in an educational program. This research is a step in the right direction to filling the void of programming for grandparent caregivers, but more research must be conducted. This group of adults is growing fast and their needs continually change as societal circumstances change; research must address the continually changing needs of this group. Future research needs to utilize a larger, more



diverse sample that can be more generalizable to the entire population of grandparent caregivers.

This research assessed educational topic needs, which were discussed in different parts of the interview process. Responses that were consistent were dealing with behavior problems and special needs children, stress management, medical issues, and economic resources. Grandparents would likely receive the most benefit from an educational program if they were first exposed to ways of effectively dealing with behavior problems and the special needs of their grandchildren. As mentioned by participants, instruction in these areas should also touch on the topics of effective parenting, discipline, and communication with schools. Dealing with these problems first would help to decrease the stress of the grandparent by making their interactions with their grandchildren positive and productive. Classes could then focus on other issues such as stress management, health issues, and economic resources.

The assessment of the joys and frustrations of grandparent caregivers can be very valuable to social service providers and educators. Frustrations helps further enlighten program developers on areas where grandparents feel that they could use assistance. Learning about the joys of caring for a grandchild will help identify areas grandparents enjoy and provides better insight into their caregiving situation. These joys can be used as building blocks for dealing with problems and to help professionals in the field of aging portray positive aspects of caregiving. The use of the terms "joys" and "frustrations", rather than topic areas, may have uncovered different areas to address in an educational program. For example, the health problems of the grandparent, was not mentioned in any other format. An educational program could offer tips on healthy living and common chronic ailments to assist grandparents with these problems. One of the most often mentioned joys was, "how this experience is keeping me young and being able to watch my grandchildren succeed." Both of these areas could constantly be

interwoven into a curriculum as a positive outcome to remember when the stresses of grandparenting seem overwhelming.

This research offers practical points to professionals who work with grandparent caregivers. When planning educational programs for grandparents raising their grandchildren professionals should:

1. Provide information on topics that the grandparents themselves feel would be most beneficial. Offering a variety of options that grandparents can choose from or offering a series of lectures would allow grandparents to receive information on many topics. Topics that should be included are: dealing with behavior problems, dealing with the adult child, economic issues, legal issues, dealing with stress, and communication.

2. Grandparents are busy and time is precious as they are caring for a grandchild. For this reason, grandparents prefer to attend a program that is no more than 30 minutes from their home. Practitioners may need to offer programs at many locations throughout the state, not just in the major metropolitan areas.

3. Grandparents prefer to have experts in particular fields present programs. For example, they prefer to have a lawyer discuss guardianship, a child development specialist discuss effective parenting, and a psychiatrist discuss depression.

4. Practitioners should involve grandparents who raising their grandchildren in the planning and delivery of educational or support programs. Grandparents expressed a desire to feel that someone who knows what they are experiencing be involved in the program, which would make it more effective.

5. Practitioners can do several things to encourage grandparent participation; offer scholarships, offer transportation or car pools, offer the program at several different times during the day, and offer supplemental information that grandparents can receive if unforeseen circumstances do not allow them to attend.



### Summary and Conclusions

Grandparents raising their grandchildren may feel overwhelmed by their new responsibilities; they have increased demands on their time, energy, and finances. Grandparents want to provide a stable and nurturing environment for their grandchildren and to alleviate problems that are often associated with their situation. Grandparent caregivers feel that educational programs would benefit both their grandchildren and themselves, so social service providers must work to provide this opportunity. Providers must develop quality programs that are worthwhile to the grandparents and grandchildren.

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APPENDIXES



APPENDIX A  
QUESTIONNAIRES

Date, 1998

Dear Grandparent,

The attached "Grandparents Raising Grandchildren" questionnaires are part of a study being conducted at Oklahoma State University. The results of this important study will help provide programmers with the needs and preferences for interventions to support grandparent caregivers. We are interested in receiving your input so that the needs of grandparent caregivers will be met.

We would appreciate it if you returned the enclosed questionnaire within a week in the enclosed stamped envelope. Completing the survey will imply your voluntary consent to participate in this study. If you are willing, a researcher will then contact you for a follow-up telephone interview at your convenience.

There are no identifying marks or codes on the survey. Therefore, you can choose to remain completely anonymous. If you are interested in the opportunity to participate in a follow-up to this survey, you may fill out the information section provided at the end of the survey, at which time a code number will be assigned to you and your completed survey. Your information sheet will be kept separate from your survey responses to insure confidentiality. Whether you choose to remain anonymous or give your name, all information and responses will be kept strictly confidential. Participation is completely voluntary and you may withdraw your participation at any time.

Thank you for agreeing to help with this project. If you have any questions regarding this study, you may contact me in care of my advisor, Dr. Joseph Weber, contact my advisor directly, or contact the Executive Secretary of the Oklahoma State University Institutional Review Board, as follows:

Dr. Joseph Weber                      or  
139 HES  
Stillwater, OK 74078  
(405) 744-7511

Gay C. Clarkson, IRB Secretary  
305 Whitehurst  
Stillwater, OK 74078  
(405) 744-5700

Thank you for your help on this project.

Sincerely,

Shondel Herald  
Oklahoma State University

**Grandparents  
As  
Parents  
Education  
Inventory**

## Grandparent Profile

Please check or respond to the following questions. All responses will be kept completely confidential.

1. How many grandchildren are you presently raising?
  
  
  
  
  
  
  
  
  
  
2. How long have you been caring for your grandchild(ren)?
  
  
  
  
  
  
  
  
  
  
3. Why are your grandchild(ren) not living with their parents?
  
  
  
  
  
  
  
  
  
  
4. Please explain the custody arrangement you have regarding the care of your grandchildren?
  
  
  
  
  
  
  
  
  
  
5. Are you currently participating in, or have you ever participated in, a grandparents raising grandchildren support group?
  
  
  
  
  
  
  
  
  
  
6. What is your age? \_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
7. Gender  
\_\_\_\_ Male  
\_\_\_\_ Female
  
  
  
  
  
  
  
  
  
  
8. Marital Status  
\_\_\_\_ Married  
\_\_\_\_ Divorced  
\_\_\_\_ Widowed  
\_\_\_\_ Single

9. Please indicate the highest level of education completed:
- Attended graduate or professional school
  - Graduated from a four year college
  - Some college or technical school after high school
  - Finished high school
  - Some high school
  - Finished junior high
  - Finished grade school
10. What is your current occupation? (Be specific) \_\_\_\_\_
11. If no longer employed please list sources of income.
12. Please indicate your approximate total family income for the last year.  
(Check one) **OPTIONAL**
- |   |   |
|---|---|
| <input type="checkbox"/> 1. Under \$10,000  | <input type="checkbox"/> 4. \$30,000-39,999   |
| <input type="checkbox"/> 2. \$10,000-19,999 | <input type="checkbox"/> 5. \$40,000-49,999   |
| <input type="checkbox"/> 3. \$20,000-29,999 | <input type="checkbox"/> 6. \$50,000 and over |
13. Please rate your health status from 1 to 5. 1=perfect health, 5=very poor health
- 1    2    3    4    5
14. Please indicate the kind of community in which you reside.
- 1. Farm
  - 2. Non-farm rural residence
  - 3. Small town (population under 2,500)
  - 4. Large town (population 2,500-24,999)
  - 5. Small city (population 25,000-50,000)
  - 6. Large city (population over 50,000)

**Please continue on next page.**

## Grandparents as Parents Education Inventory

### Topics

Please rate the following topics on their importance of being included in a grandparents education program. Please rate the items from 1 to 5. 1=Not Important , 5= Very Important.

	Not		Very		Important
	Important				Important
1. Discipline	1	2	3	4	5
2. Healthy Living	1	2	3	4	5
3. Special Needs Children	1	2	3	4	5
4. Governmental Assistance	1	2	3	4	5
5. Foster Care	1	2	3	4	5
6. Legal Custody	1	2	3	4	5
7. Adoption	1	2	3	4	5
8. Child Development	1	2	3	4	5
9. Communication	1	2	3	4	5
10. Drug Abuse	1	2	3	4	5
11. Time Management	1	2	3	4	5
12. Drug Prevention	1	2	3	4	5
13. Stress Management	1	2	3	4	5
14. Behavior Problems	1	2	3	4	5
15. Learning Disabilities	1	2	3	4	5
16. Immunizations	1	2	3	4	5
17. Sex Education	1	2	3	4	5
18. Grief Issues	1	2	3	4	5
19. Leisure Activities	1	2	3	4	5
20. Planning for College	1	2	3	4	5
21. Retirement Planning	1	2	3	4	5
22. Attention Deficit Disorder	1	2	3	4	5
23. Medical Care/Insurance	1	2	3	4	5
24. Locating Community	1	2	3	4	5
<u>Resources</u>					
25. Guardianship	1	2	3	4	5
26. Family Law	1	2	3	4	5
27. Nutrition	1	2	3	4	5
28. Effective Parenting	1	2	3	4	5
<u>Strategies</u>					

29. Food Stamps	1	2	3	4	5
30. Medicaid	1	2	3	4	5
31. Public Housing	1	2	3	4	5
32. Psychological Problems	1	2	3	4	5
33. Childcare	1	2	3	4	5
34. Schooling	1	2	3	4	5
35. Financial Planning	1	2	3	4	5
36. Adjustment Difficulties	1	2	3	4	5
37. Women, Infants & Children (WIC)	1	2	3	4	5
38. Aid for Families w/Dependent Children (AFDC)	1	2	3	4	5
39. Supplemental Security Income (SSI)	1	2	3	4	5
40. Temporary Assistance for Needy Families (TANF Grants)	1	2	3	4	5

2. Are there other topics you would like to receive information or training on? Please list all that you feel are important.

3. Please list your top five topics from the list above or your additions, ranking from 1 to 5. 1=least important, 5=most important.

5= \_\_\_\_\_

4= \_\_\_\_\_

3= \_\_\_\_\_

2= \_\_\_\_\_

1= \_\_\_\_\_

Please check your preference and fill out relevant information.

**I would like to participate in a short follow-up telephone interview.**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

The best time to call me would be: \_\_\_\_\_

**I will not be able to participate in a follow-up interview.**

**Thank you for you participation in this study!**

**Please mail this questionnaire in the enclosed stamped envelope.**



APPENDIX B  
DESCRIPTIVE CHARACTERISTICS  
OF GRANDPARENTS

Table 1

Descriptive Characteristics of Grandparents Raising Grandchildren

Categories	n	Grandparent frequencies	Mean
Gender:	27		
Female		25	
Male		2	
Age:	27		55.96
Marital Status:	27		
Married		15	
Divorced		6	
Widowed		4	
Single		2	
Education Level:	27		
Some college or technical school		12	
Attended graduate or professional school		6	
Graduated from a 4 yr. college		5	
Completed high school		4	
Occupation:	27		
Professional		9	
Retired		6	
Clerical		5	
Homemaker		4	
Service		2	
Unemployed		1	
Income:	22		
under \$10,000		1	
\$10,000-\$19,999		8	
\$20,000-\$29,999		3	
\$30,000-\$39,999		2	
\$40,000-\$49,999		2	
\$50,000 and over		6	

Table 1 (continued)

Categories	n	Grandparents frequencies	Mean
Community:	27		
Non-farm rural residence		3	
Small Town (population under 2,500)		5	
Large Town (population 2,500-24,999)		4	
Small City (population 25,000-50,000)		6	
Large City (population over 50,000)		9	
Health Status:	27		
5-very good health		4	
4		8	
3		8	
2		6	
1-very poor health		1	

APPENDIX C  
EDUCATIONAL TOPIC NEEDS

Table 2

Educational Topic Needs

Topic	Frequency Mean
Behavior Problems	4.6296
Effective Parenting	4.5556
Communication	4.5185
Stress Management	4.5185
Medical Care/Insurance	4.4815
Discipline	4.3704
Community Resources	4.3704
Schooling	4.3704
Family Law	4.2963
Guardianship	4.2593
Adjustment Difficulties	4.1852
Healthy Living	4.1481
Drug Prevention	4.1481
Psychological Problems	4.1111
Planning for College	4.0370
Retirement Planning	4.0370
Nutrition	4.0370
Child Development	4.0000
Learning Disabilities	4.0000
Financial Planning	4.0000
Special Needs Children	4.0000

Table 2 (continued)

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Topic	Frequency Mean
Drug Abuse	4.0000
Legal Custody	3.9630
Time Management	3.9259
Grief Issues	3.8519
Medicaid	3.7407
Leisure Activities	3.7037
Immunizations	3.7037
Childcare	3.6667
Sex Education	3.5556
Adoption	3.5185
Governmental Assistance	3.5185
Custody Arrangement	3.4815
Attention Deficit Disorder	3.3704
Temporary Assistance for Needy Families	3.2222
Women, Infants, & Children	3.2222
Supplemental Social Security	3.1481
Aid for Families with Dependent Children	3.0000
Food Stamps	2.9259
Public Housing	2.7778
Foster Care	2.7778

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APPENDIX D  
EDUCATIONAL TOPIC RANKINGS

Table 3  
Educational Topic Rankings

Topic	Rating
Stress Management	35
Communication	27
Discipline	26
Medical Care/Insurance	25
Child Development	17
Locating Community Resources	17
Behavior Problems	15
Guardianship	14
Schooling	13
Planning for College	13
Psychological Problems	12
Special Needs Children	10
Grief Issues	10
Attention Deficit Disorder	10
Adjustment Difficulties	10
Adoption	9
Drug Prevention	9
Adolescent Issues	9 *
Childcare	8
Effective Parenting	7
Drug Abuse	5



Table 3 (continued)

Topics	Rating
Legal Custody	5
Time Management	5
Sex Education	5
Healthy Living	5
Marriage and Family Counseling	4 *
Governmental Assistance	4
Financial Planning	4
Leisure	3
Family Law	2
Aid to Families with Dependent Children	2
Supplemental Social Security	2
Job Training	2 *

\*Topics added by grandparent caregivers

APPENDIX E  
ANALYSIS OF RESEARCH QUESTIONS

### Research Questions 1:

What specific educational topic areas do grandparent caregivers want/need training in?

Participants were asked to rate 40 educational topic areas on the Grandparents as Parents Education Inventory. The topics were rates on a 5-point Likert type scale from Not Important (1) to Very Important (5) on their inclusion in a grandparent education program. The topics were obtained from a review of relevant grandparenting literature, professionals working with this group, and from previous contact with grandparent caregivers. The GAPEI allowed grandparents to provide other topics they felt were important but were not included on the previous list.

The topics that grandparents rated as most important were behavior problems, effective parenting, communication, stress management, and medical care/insurance. The topics rated as least important on their inclusion in a grandparents education program were information on Supplemental Social Security, Aid to Families with Dependent Children, Food Stamps, Public Housing, and Foster Care. Behavior Problems was rated highest with a mean score of 4.63, while Foster care was rated lowest with a mean score of 2.78. Twenty-two topics received a rating of 4 or higher, while 16 received a rating between 3 and 4. This high distribution of scores shows that grandparent caregivers value and are interested in receiving educational information on many topic areas.

The GAPEI asked grandparents about other topics they would like to receive information or training on that were not mentioned on the questionnaire. Grandparents mentioned the following topics: cooperation with schools, adolescent issues, attachment disorder, depression, communication with adult child, handling parental visitation, dealing with loss if the grandchild goes back to their parents, and claiming tax deductions.

Grandparents also discussed their educational topics needs in the interview portion of the project. Their responses were categorized into themes. Those six themes were: services/resources, discipline/behavior, dealing with adult children, medical issues, special needs of grandchildren, and economic issues. See Table 2 for the complete list of Educational Topic Needs.

### Research Question 2

What specific educational topic areas would be the most beneficial to grandparent caregivers?

The GAPEI also asked grandparents to choose the five topics from the list, or from their own additions, that were most important to them and rank them from 5 (most important) to 1 (not important), the topics listed are shown in Table 3. Each topic's total score is a sum of all of the rankings received from each grandparent. Stress Management was the highest rated topic in this format, with a total score of 35. Job training, Aid to Families with Dependent Children, and Supplemental Social Security were the topics with the lowest ranking (2).

In the Follow-up Interview grandparents were asked what their biggest need was in relation to the care of the grandchild. Their responses were categorized into three themes. Those themes were emotional support for the grandparents and grandchild, financial help, and effective parenting strategies. Grandparents feel that information in these areas would relieve many of the stresses of parenting their grandchildren.

### Research Question 3

What are the best methods for presenting instruction to grandparent caregivers?

Grandparents were asked who they would prefer to have as an instructor for a grandparents raising grandchildren educational program. All responses fit into the following categories: experts in a particular field (42%), other grandparents who are raising their grandchildren (25%), professionals who work with grandparents raising their grandchildren (17%), no preference (8%), minority speakers (4%), and older individuals (4%). A fifty year old grandmother of two stated, "I would hope that if a session was about custody options then a lawyer would be the leader, and if a session was on how to deal with behavior problems then a child development specialist would be the logical choice. I just think it would vary depending on the topic." Many grandparents also discussed their need to hear from other grandparents who had or were experiencing similar problems. A sixty-eight year old grandmother summed it up by saying, "I really need to hear how other people have dealt with their problems, I think that another person who has the same issues as I do would make the most effective teacher."

Grandparents were asked where they would prefer to attend a program. Their responses fell into three areas: no longer than 5-30 minutes from their home (58%), local community center or college (25%), and no preference (17%). Although the grandparents felt an educational program was beneficial, their schedules did not allow them to travel long distances to attend one. A sixty-four year old grandmother stated, "I would attend a program if it was offered an hour or more away, but I would be more apt to attend regularly if it was near my home." Other grandparents mentioned specific community centers or colleges, but all locations were near their home.

#### Research Question Four

What are the barriers to attending an educational program? How could these barriers be eliminated?

Grandparents were asked if they would attend an educational program if it was offered in their area, 96% responded positively. All participants were asked for reasons that they would not attend an educational program to obtain participation barriers. Participants mentioned multiple reasons that would influence their participation in an educational program. Responses were categorized into six themes. Those themes were transportation difficulties, lack of time and energy, scheduling, cost, daycare, and health problems. Grandparents mentioned having no way to get to the program or that the program was offered too far away for them to get there. One fifty-three year old grandmother stated, "I would love to attend a program that would give me some help, but my car is not reliable enough to travel too far or to travel at night. If car pools or transportation was offered that would be a big help." They also discussed having little or no free time that would allow them to participate in leisure activities, and being too tired to participate if they did have extra time. A thirty-eight year old grandfather discussed his schedule stating, "By the time I get home from work, do any chores that must be done, spend time with my grandchild and my other children, I rarely have a minute to spare even if I want to attend a program."

Grandparent caregivers mentioned scheduling problems as a barrier to attendance. Grandparents suggested that programs needed to be offered at certain times during the day or it would conflict with work. Others mentioned that cost would be a factor, or a chronic illness that would at times inhibit them from participating. A fifty-three year old grandmother discussed her recent surgery and said, "I had back surgery less than a month ago and I really should be in bed but I don't have time to slow down, my granddaughter is three and she doesn't understand why I can't hold her and play with her,

let alone go out of the house.” Practitioners can do several things to encourage grandparent participation: offer scholarships, offer transportation or car pools, offer the program at several different times during the day, and offer supplemental information (i.e. newsletter, flyer update, website) that grandparents can receive if unforeseen circumstances do not allow them to attend.



APPENDIX F  
INSTITUTIONAL REVIEW BOARD  
FORM

OKLAHOMA STATE UNIVERSITY  
INSTITUTIONAL REVIEW BOARD  
HUMAN SUBJECTS REVIEW

Date: 04-02-98

IRB #: HE-98-082

Proposal Title: GRANDPARENTS AS PARENTS: IMPLICATIONS FOR GERONTOLOGICAL PROGRAMMING

Principal Investigator(s): Joseph A. Weber, Shondel Herald

Reviewed and Processed as: Exempt

Approval Status Recommended by Reviewer(s): Approved

ALL APPROVALS MAY BE SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD AT NEXT MEETING, AS WELL AS ARE SUBJECT TO MONITORING AT ANY TIME DURING THE APPROVAL PERIOD.

APPROVAL STATUS PERIOD VALID FOR DATA COLLECTION FOR A ONE CALENDAR YEAR PERIOD AFTER WHICH A CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD APPROVAL.

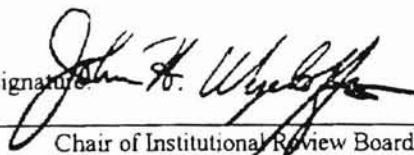
ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR APPROVAL.

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Comments, Modifications/Conditions for Approval or Disapproval are as follows:

Signature



Chair of Institutional Review Board

cc: Shondel Herald

Date: April 9, 1998

VITA

Shondel Lee Herald

Candidate for the Degree of

Master of Science

Thesis: GRANDPARENTS AS PARENTS: IMPLICATIONS FOR  
GERONTOLOGICAL PROGRAMMING

Major Field: Family Relations and Child Development

Biographical:

Personal Data: Born in Tulsa, Oklahoma, On July 24, 1974, the daughter of Jim and Teresa Herald.

Education: Graduated from East Central High School, Tulsa, Oklahoma, June 1992; recieved Bachelor of Science in Family Relations and Child Development, Oklahoma State University, Stillwater, Oklahoma, July 1996; Completed requirements for the Master of Science in Family Science at Oklahoma State University, Stillwater, Oklahoma in July 1998.

Experience: Case Manager, Reflections Senior Day Treatment, Stillwater, Oklahoma, 1995-96. Graduate Research Associate, Oklahoma State University, Gerontology Institute, 1996-1998. Graduate Intern, Senior Star Management, Tulsa, Oklahoma, 1998.

Professional Memberships: American Society on Aging, Southwest Society on Aging, Sigma Phi Omega, Oklahoma Council on Family Relations.