

March 2015

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Recommended Citation

Sampson, D., Hertlein, K. (2015). The experience of grandparents raising grandchildren. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*, 2 (1).

Available at: <https://scholarworks.wmich.edu/grandfamilies/vol2/iss1/4>

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Cover Page Footnote

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*Research Article***The Experience of Grandparents
Raising Grandchildren**

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Abstract

The purpose of this qualitative study was to understand the experiences of grandparents and the challenges they face raising their grandchildren. This study was conducted through qualitative interviewing, where participants responded to open-ended questions regarding the challenges of raising their grandchildren. Themes and patterns were identified through an open-coding process. The five themes discussed include: characteristics of everyday life, parenting experiences, lack of resources, managing negative emotions, and social changes. Implications for clinical practice and further research are discussed.

Keywords: grandparents, grandchildren, custodial grandparents

Background

According to the U.S. Census Bureau, in 1970, 2.2 million American children lived in a household maintained by a grandparent. By 1997, the number had risen to 3.9 million, a 76% increase over 27 years. An estimated 7.5 million children in the United States live in a household maintained by a grandparent (U.S. Census Bureau, 2010). The practice of grandparents rearing grandchildren is steadily rising.

Grandparents acknowledge several benefits when raising their grandchildren. These include a sense of purpose, a second chance in life, an opportunity to nurture family relationships, a chance to continue family histories, and receiving love and companionship (Langosch, 2012). Grandparents also benefit from giving and receiving love (Doblin-MacNab & Keiley, 2009), and perceiving themselves as more effective caregivers (Strom & Strom, 2011). In spite of the benefits, there are some real challenges. National studies of grandparent-headed families (GHF) in the United States indicate that such families are more economically disadvantaged (Brabazon, 2011) and have disproportionately high poverty rates, an economic variable strongly associated with poor health outcomes (Longoria, 2009). The economic demands of custodial grandparenting can cause problems with the already compromised health of grandparents as economic support from social service agencies is frequently unavailable or difficult to access. For example, 41% of GHF report having unmet service needs. In these instances, those not receiving services were younger and less likely to receive public assistance (Yancura, 2013).

These challenges also extend to one's physical health. Custodial grandparents describe more limitations in performing daily activities. Further, caregiving stress may result in exacerbation of health problems (Kelley, Whitley, & Campos, 2010; Williams, 2011). Studies cited frequent presence of multiple health problems such as hypertension and diabetes (Hadfield, 2014). Grandparents in GHF also reported feeling physically tired, having less privacy, and having less time with friends, family, and spouses (Hayslip & Kaminski, 2005).

The challenges faced by caregiving grandparents often influence their emotional and social health (Bundy-Fazioli, Fruhauf, & Miller, 2013). Research has consistently demonstrated that custodial grandparents have

high rates of depression (Song & Yan, 2012; Strutton, 2010), with married and older grandmothers experiencing less emotional strain than single or younger grandmothers (Conway, Jones, & Speakes-Lewis, 2011). Custodial grandparents seek health-services less frequently and experience a higher level of distress, emotional problems, clinical depression, and insomnia than grandparents in traditional roles (Song & Yan, 2012). Grandmothers in particular experience higher levels of stress, strain between family members, more severe physical symptoms, and severe depression symptoms (Musil, Gordon, Warner, Zauszniewski, Standing, & Wykle, 2011). This is especially true in cases where the grandmother has no high school diploma, is not employed, lives in poverty, and whose grandchildren possess severe behavioral problems (Park, 2009). These grandparents can also experience grief and disappointment over the primary parent's situation, adding to the intense emotional distress (Strom & Strom, 2011). In cases where the primary parent has been incarcerated, used or uses drugs, or suffers from AIDS/HIV, the stress of dealing with the children and the parent's problem can create a tense environment for the custodial grandparent. Additionally, if the child's parent has died, grandparents must simultaneously cope with their own grief as well as that of their grandchild.

In addition to impaired physical and emotional functions, intergenerational households headed by grandparents may experience social isolation due to the stigma attached to substance abuse, AIDS/HIV or incarceration of the absent parents (Harris & Kim, 2011). Custodial grandparents can also become isolated from their peers due to caregiving responsibilities. Such responsibilities may put them out of step with their peer group (Backhouse & Graham, 2012). The social isolation that grandparents experience may make management of their physical and emotional issues more difficult.

Purpose of the Study

According to Hayslip and Goodman (2007): “we have not spent as much time and effort in developing interventions which have proven beneficial to needy grandparents and grandchildren” (p. 118). Most literature related to this population either focuses on the grandchildren’s experiences (Downie, Hay, Horner, Wichmann, & Hislop, 2010), or the adjustment of grandparent caregivers as regards coping with stress, role theory, or functional/economic issues (Backhouse & Graham, 2012; Conway, Jones, & Speakes-Lewis, 2011; Musil, Gordon, Warner, Zauszniewski, Standing, & Wykle, 2011). The purpose of this qualitative study is to understand the experiences grandparents face and the challenges they experience while raising their grandchildren, particularly as it pertains to role changes and the effects on familial relationships as well as its attention to parenting practices in an attempt to provide suggestions for interventions.

Method

This research was conducted using phenomenology as the objective was to reveal the nature of human experience from the perspective of one who has lived it. Applied phenomenology utilizes open-ended, face-to-face interviews as a means of data collection (Patton, 2000). One way to understand the phenomena of grandparents becoming primary caregivers is to gather information from one-on-one interviews with these grandparents. As the participants reflect on their experiences, we begin to appreciate the challenges they face and the ways in which their lives changed.

Procedure

Participants. Participants were recruited through snowball sampling. The first author knew someone who was raising her grandchildren. From there, referrals were made for the researcher to contact other potential participants. The first author contacted potential participants via phone. Limitations for participants were as follows: they must have at least one biological grandchild living in the home for a period of at least six months without the presence of a biological parent. The biological parent(s) may be in contact with the family. The children's ages varied widely but were all under the age of 18. If the referrals agreed to participate in the research, semi-structured interviews lasting between 45-60 minutes were conducted. All interviews were recorded and transcribed. Participants were compensated in the amount of \$15 each. This study was approved by the University's Institutional Review Board.

Measures. Prior to the interview, a brief demographic form was completed by participants. This form included questions regarding age, ethnicity, gender, number of children and ages, and the length of time children were in the care of the participants.

Focused interviews comprised of a series of open-ended questions. Areas of interest included; the circumstances that brought the grandchildren into participants' care, the role changes that took place as a result of the placement, and how the relationship between family members changed. Grandparents were also asked to describe changes to their social life. Finally, they were asked to share any additional information about the experience of raising grandchildren.

Data Analysis. The data analysis portion was guided by Strauss and Corbin's (1990) procedures. This

approach outlines a means of extrapolating themes within data in order to explain a phenomenon. Because we were interested in determining meaning in the participant's experiences, we believe this to be the most appropriate method. We began by independently reading the interviews without analysis. Once completed, we again read the data and employed a bracketing method (Patton, 2002) to identify themes, paying particular attention to the participants' experiences related to their roles, as well as anything additional they reported. We then utilized analytic induction and constant comparison (Glaser & Strauss, 1967) as a means of organizing the data. We generated a refinement of themes by re-reading the interviews and reviewed, collapsed categories, and modified themes. After performing these tasks independently, we collectively compared our themes and categories. Through discussion, we worked toward an agreement of categories and themes.

Ensuring Rigor. Within two months of the initial interview, researchers followed up with participants with an email or phone call. To ensure creditability and remove bias, the second author worked with the first author to ensure that the themes and patterns detected were accurate. Three volunteers transcribed the interviews and an assistant reviewed the data for emerging themes. A reflexive journal was also kept to assess and manage potential researcher biases.

Findings

Ten grandparents (four grandfathers and six grandmothers) participated in the study. Ages of the participants ranged from 48 to 86, with an average of 58.4 years. Eight of the participants were married and two were single grandmothers. The range of time children were in the care of their grandparents was 9 months to 11.5 years, with an average of 8.5 years. The age of the children in care

ranged from 9 months to 18 years, with an average age of 10.5 years.

Five main themes emerged from the interviews: characteristics of everyday life, parenting experiences, lack of resources, managing negative emotions, and social changes. Each area is described in greater detail below.

Characteristics of Everyday Life

Involvement with multiple systems. This theme describes how families were involved in larger systems such as court systems, foster care, police, etc. All grandparents in this study were raising their daughter's children. With the exception of one family, all of the parents in these families were involved with drugs and most of the daughters are or had been incarcerated. One grandmother recalled:

“She was in high school and started this kind of behavior, you know boys and drugs and sneaking out and getting drunk and lying and you know, just this whole horrible spiral and we thought once she had her first child, that she'd, you know, kind of step up to the plate and those crazy behaviors would be done because hey, you know, I can't behave like that anymore and that, you know, that didn't happen and still hasn't happened. I love my daughter but I'm disappointed and... angry. My heart is broken. That she could do this...I just can't...I look at his little face and I just can't imagine that she could do this.”

The feeling of disappointment with their daughters' choices left most of the participants feeling they had failed while raising their daughters. This influenced their decision to take in the children. Many of them did so in order to spare their grandchildren a life of mistreatment and neglect.

Trauma/abuse. Most children living in the home of a grandparent have suffered from some form of trauma or abuse. Some participants reported finding neglected children, without food or clothing, when they took them in. Others described lengthy court battles in order to provide a stable environment for the children. One family described the grandmother's struggles to keep her granddaughter on the right path. The child was born to a drug-addicted mother and suffers the consequences of her mother's choices. The grandfather admitted it takes extra patience not only to have the child in the home but also to remember she has a disability. He stated:

“Our granddaughter is an ADA child and you have to remind her every day that “no, you have to put that in garbage can and you can't leave it on the floor” and it's every day. It's repetitive every day. And it takes a tremendous amount. So you got to be patient. You got to say “wait a minute” before you get upset or raise your voice or start jumping up and down. You got to say “wait a minute this is a child that has problems.”

Parenting Experiences

Leniency. Participants reported that they are more lenient with their grandchildren than they were with their own children. One grandparent stated:

“my standards are the same as when I was raising my own children. I have just become a little more lenient, a little less obsessed.”

Most grandparents interviewed also reported having considerably more patience now than when they were younger. One participant stated:

“a spill is a spill now; instead of hollering and yelling that you spilled something, you get a towel and wipe it up.”

Participants also reported they tend to buy more for the grandchildren living with them. Although money is often tight, it is spent on necessities such as clothing and glasses, as well as extracurricular activities and entertainment. Participants believed that keeping children involved in activities such as ice-skating, Scouts, gymnastics, and music lessons would prevent future problems. One participant stated:

“I’m more involved in her life. I was not the type of mom that did softball or the Girl Scout thing. I wasn’t into that stuff. I was more into partying really. I had one that turned out good and one that turned out bad. I failed my daughter so I’m hoping I don’t fail my granddaughter. I can only do my best and hope it is enough. I want her to grow up to be a good citizen and give back to society.”

Addressing today’s challenges. Some participants reported that maintaining the grandchildren’s involvement in activities prevented them from struggles children face today. One great-grandmother raising her 8-year-old great-granddaughter commented on the loss of security in today’s world. “Children are so susceptible to bad people and they have to be taught there are those people. I was not like that 50 years ago when I was raising my children.” Statements like this were common throughout the interviews. Participants reported feeling stressed trying to balance their grandchildren’s daily activities with safety issues of today.

Lack of Resources

Lack of financial resources. Participants in the study also reported experiencing an unanticipated financial burden. Most stated that they are spending their retirement savings on necessities for their grandchildren. Many spoke

of the stress that results from a lack of support from the biological parents. As one participant noted:

“The main thing is expense and we don’t seem to be getting any help from the parents. Her father, we haven’t seen him since last year and he swore when we last seen him that he would help and he hasn’t come through. I don’t see it happening. Her clothing, that’s the main expense. Her health, doctor appointments, dentist and clothing. Her mother comes around when she feels like it but again we get no help with money”.

This lack of parental involvement leaves grandparents with the problem of finding other ways to support their grandchildren. Most participants reported having difficulty finding financial aid, either in government or social services. Many participants stated that they are saving the government money by taking in the children instead of having the government place the children in foster care. One participant stated:

“...we are past our maximum earning period. There’s no help out there. Sure you can say, “Oh well, you’re the one that raised the bad kid that didn’t stick around to raise their kid.” I am willing to accept responsibility that my daughter didn’t turn out to be a responsible adult. I went to welfare and was treated like a piece of dirt. It was horrible. There will be no retirement money left. There should be some sort of program to help us. “

Lacking emotional/supportive resources.

Participants also reported lacking the energy needed to keep up with children. Children are time-consuming, and participants reported having little to no time to devote to themselves. One female participant summed it up by stating:

“Time management...trying to work full time on the other side of town and yet still get him to his activities on this side of town when I’m not here, knowing how much responsibility I can give him in making those arrangements. How much do I take? So that’s a balance. The other thing with time is I need to do some things for myself, spend some time with myself or with friends and not spend it completely with him. But yet, we’re just still trying to figure out that balance. “

When there is a lack of support, meeting the daily needs of both the grandparent and the grandchild becomes a burden.

Managing Negative Emotions

Resentment. Many of the grandparents interviewed in this study reported feeling resentful that they had lost the freedom they had enjoyed as retirees. They did not resent the children but rather resented being put in a situation to care for children again at this late stage of their lives. One participant asserted:

“It’s not a place you expect to be at 55. At 55, you expect to be with your grandchildren that they come and play and that you’re excited to see them and they’re excited to see you and just all little bundles of cuteness, you know, and that they have a happy little home to go to and you’re sharing things with your children and it’s just not that at all. I mean, not that he’s not a cute little bundle of cuteness, but there’s sadness and then there’s a responsibility. That’s what I feel. Raising grandchildren becomes a full time job with no vacation time.”

Strained relationships with other family members. The participants in this study reported changes in their relationships with other family members. For

example, the grandchildren often became jealous of other grandchildren not living in the home. They do not experience the novelty of visiting their grandparents and are, instead, subjected to discipline from their grandparents that other grandchildren who do not live with them do not experience. One participant described the struggle her family faces with the grandchildren who do not live in her home:

“I just don’t have the freedom to be as available to any of them... And it’s not that they don’t have fun with me, it’s just, it is different and I feel badly, but on the other hand all of my other grandkids are blessed with other grandparents. It’s not like...they don’t know me because they do, but they do have other grandparents.”

Further, other family members often raise concerns over the relationship. Many adult siblings of the missing parent feel a twinge of jealousy. They believed their children are not treated equally and that the grandchild living in the grandparent’s home is being favored. One grandmother stated that her daughter often became upset over the “special” treatment she felt her nieces received. The daughter often told the grandmother “you buy those kids clothes and shoes, take them to adventure parks, support their daily needs, and you tell me you can’t buy my children birthday or Christmas gifts. How is that supposed to make my kids feel? It’s not fair, I’m your child and my children are your grandchildren, too.”

Sacrifice of personal expectations. The guilt of not treating the grandchildren equally often creates feelings of being “shortchanged.” Grandparents are saddened by the perceived loss of the benefits of being a grandparent, rather than the responsibilities of a primary caregiver. They are forced to face the reality that they are, in essence, forced to

act as a parent again. Often while attending activities with their grandchildren, they are left feeling out of touch and exhausted. One grandfather stated “I look around and I am the oldest guy there. I wonder what the hell am I doing here? Then I remind myself it is okay, I have done this before.” Grandparents who raise their grandchildren do not resemble stereotypical images of grandparents. Most participants reported feeling as though their grandchildren keep them young and in touch with contemporary society. Many read articles in teen magazines to keep up to date while others join in activities such as soccer or softball, which has the added benefit of contributing to their overall health.

Social Changes

Immersion in children’s lives. All participants in this study agreed that they are immersed in the lives of their grandchildren but they disagreed about what that means.

One participant stated:

“I’m just thankful that I am able to do it, you know. I know that there are a lot of grandparents that do this and that are in different circumstances for different reasons. I just look at it as an opportunity to make a difference in a kid’s life, and if I could do it for more children, I would like to.”

Others feel a sense of duty perhaps as a result of the perceived failure of raising their own children. This often causes friction between spouses. As reported in one interview:

“Well, immediately my husband and I didn’t agree on this at the start you know. Immediately I was just like “Ok, we’re taking the baby. We’ve got to raise him. We’re his family, we’re this, and we’re that.” And my husband’s opinion, you know, was that she needed to come get him. It’s her responsibility. It’s

her child. If she can't raise him then you know then what about the father? And the other grandparents and whatever. I just couldn't imagine...she's not going to raise him and I don't even know about these other grandparents. I know I can at least take care of him and keep him safe."

Separation from peers. Participants in this study found that raising their grandchildren impacted their social lives in unexpected ways. Many reported being unwelcome at events because they are raising young children. Some found it difficult to trust a babysitter and felt obligated to stay with their grandchildren. Participants reported changing travel plans to accommodate children. One participant stated:

"Well, we used to travel a great deal... We were free to go places but now we're limited because obviously our grandchild is in school. So now it is narrowed down to where you can go and of course you have to take her needs in consideration. For example, if you went to Alaska and went fishing on a fishing vessel, she's not going to enjoy that one bit. So now what we do is plan trips that are something that she would enjoy. It's like going back in time in a way. We go to places like Sea World or Disney World."

The participants reported putting aside their own desires in order to meet the needs of their grandchildren, which often left them with little peer interaction. Many participants reported being too tired or stressed to find time to socialize; yet none of the participants considered this particularly painful, and most had no ill feelings regarding the loss of a social life. They felt that raising the children was more important than dinner with friends or an exotic vacation.

According to one participant, “They’re family: you do what you have to do.”

Discussion and Clinical Implications

Daily life changes dramatically for grandparents raising grandchildren. Since every child in this study came from an abusive or traumatic situation, it became necessary for the grandparents to raise their grandchildren. The findings of this study are consistent with other research that determined that grandparents took custody of the grandchildren under disruptive circumstances, often when the parents were experiencing difficult problems, and it was typically an unanticipated, involuntary, and indefinite situation (Strom & Strom, 2011). The themes in this study are also consistent with those described by Lander (2011) with regard to the process of recovery for both parties as relates to the necessity of the new living arrangement. Many children may experience grief over their parents’ absence (Langosch, 2012). They may have residual problems such as disabilities, a physical addiction to a drug, or emotional or psychiatric disorders. Physical abuse by or incarceration of their parents may cause additional problems for children which can perpetuate the problem, as grandparents now must manage the anger and mistrust of their grandchildren.

Clinically speaking, therapists need to consider and address the underlying traumatic context that created the current situation. In addition to the trauma experienced by the children, therapists must fully understand the challenges faced by grandparents when offering support. Given that the grandparents in our study reported a greater focus on the needs of their grandchildren, it is possible they may neglect their own needs, resulting in depression and stress. Application of the Trauma-Focused CBT model (Cary & McMillen, 2012; Cohen, Mannarino, Kliethermes, & Murray, 2012) would likely be effective in working with

youth in GHF. In addition, Allen and Johnson (2012) note the portion of training most practitioners skip is the portion teaching child behavior management skills to the caretaker. Therefore, practitioners need to be sure that they are including all components of TF-CBT in order to provide the most relief to GHF.

While previous research has demonstrated that custodial grandparents present high rates of depression, poor self-rated health, and/or frequent chronic health problems, the grandparents in this study reported that their grandchildren keep them active and healthy. This is consistent with the research of Bailey, Letiecq, and Porterfield (2009) which found that a youthful presence in the home may play some role in moderating the impact on a grandparent's health. Other positive benefits to the children included increased to a child's self-esteem and sense of security. This knowledge can be useful to a therapist who can highlight the potential benefits of raising young children on self-care of the grandparents as well as the benefits on the children, thus increasing the utility of strength-based approaches in practice (Hayslip & Smith, 2013).

Participants in our study acknowledged feeling a lack of support, both emotionally and financially, adding credence to Kelch-Oliver's (2011) suggestion that there be avenues for seeking support for GHF. Resources could be dedicated to providing support for these families both in family therapy, support groups for grandparents, and concurrent support groups for the children. Because of the financial struggle for grandparents, such groups could be offered within family therapy or counseling training programs where the services would be little-to-no cost. Another alternative would be to have policymakers propose to provide some of these services as a normative part of the placement process. Such groups would address the feeling

of being alone and “out of touch” with others their age and would normalize the experience for GHF.

The most prominent theme in this study was the expressed desire to make the best of an unexpected situation. None of the participants reported regret at the decision to raise their grandchildren although many indicated a sense of disappointment in their own children for making poor choices that led to the current situation. Innovative practice methods in this area might include art-based therapies as a way to make different meaning of one’s experiences (i.e., making different meaning of one’s own child-rearing or the children’s experience of trauma) as well as offering one a sense of control over an uncontrollable situation (Smilan, 2009). For example, rewriting personal narratives, specific scrapbooking techniques, and helping each member of the GHF live their reality as opposed to their expectation (Smilan, 2009) may be useful in creating a different meaning for those in GHF. In addition, therapists may work with GHF to effect accommodation coping (i.e., finding positive meaning) as a way to build resiliency (Vulpe & Dafinoiu, 2012).

Limitations and Future Research

A key limitation to our study was the small number of participants. We believe, however, that this is moderated by the depth of the information gleaned in the interviews as well as the saturation of the data and the fact that our findings were consistent with previous research. Future research may focus on replication with a different sample size. Additionally, we did not inquire as to the differences between younger and older grandparent caregivers and the effects that each may have on the development of their grandchild. Future research may explore how the age of both the grandparent and the grandchild affects their relationship. We also know little about the effects of the age of the children when they initially transition to living

with their grandparent. These differences may have implications for both the caregiver and the children. In addition, the efficacy of the suggested treatments (TF-CBT, resiliency training, etc.) on GHF and should be investigated in future research.

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