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Grandparents as Foster Parents: Psychological Distress, Commitment, and Sensitivity to their Grandchildren

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Research Article

**Grandparents as Foster Parents:
Psychological Distress, Commitment, and
Sensitivity to their Grandchildren**

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Abstract

Grandparents are increasingly solicited to become foster parents. This study aims to describe the psychological distress, parental sensitivity, and parental commitment of a group of Quebec foster grandparents. Forty-eight foster parents were assessed in this study, including 12 grandparents. Psychological distress was assessed using the Symptom Checklist-90-R (SCL-90-R®) parental sensitivity using the short version of the Maternal Behavior Q-Sort and commitment using a semi-structured interview. Results indicate no difference between foster parents and grandparents as a function of parental characteristics, sensitivity, and commitment. However, results show an association between grandparent status and depressive symptoms even after controlling for family income and child externalization. Challenges faced by foster grandparents are discussed, as well as their need of support from child welfare protection.

Keywords: grandparents, foster parents, psychological distress, commitment, sensitivity

Grandparents can play a major role in child development (Harnett, Dawe, & Russell, 2014), and they often provide invaluable social support to parents (Zinn, 2012). Thus, when the home environment compromises a child's development and security, grandparents might be the first to be designated to care for a child through a placement order. Indeed, in the United States and Canada, the law favors placement within the extended family (Kolomer, 2000). In the United States, the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) was designed to promote placement measures that ensure greater stability for children through this type of foster placement. In the province of Quebec, legislative amendments in 2007 underscore the importance of the extended family to help provide stable relationships for the child (Youth Protection Act, 2007). Consequently, placement within the extended family is the first option, and grandparents are among the family members considered in this regard. However, despite the legal context that favors calling on grandparents as alternate caregivers, Quebec seems to lag behind in the implementation of this social policy. In 2010, of the 4.9 million American children in foster care, over half were placed with their grandparents (U.S. Census Bureau, 2010). In comparison, of the 11,022 Quebec children placed in foster care from 2013 to 2014, less than 25% were fostered by a member of their extended family, mainly grandparents (ACJQ, 2014).

Although Quebec foster placement has increasingly favored kinship placement, levels of kinship placement have remained well below those observed in the United States. Placement within the extended family helps children

maintain continuity in their relationships with the family of origin and contributes to their wellbeing and behavior (Harnett et al., 2014; Holtan, Rønning, Handegård, & Sourander 2005). In addition, grandparents can provide a source of relationship support and stability for their grandchildren (Goodman, 2012), since children who live with their grandparents are more likely to be reunited with their parents, rather than being placed in a subsequent foster home (Zinn, 2012). Nevertheless, placement with grandparents raises issues of concern, particularly when the quality of foster care is not assessed. Grandparents may be living in precarious socioeconomic conditions, receiving limited assistance from child protection agencies or help in dealing with family conflict (Callahan, Brown, Mackenzie, & Wittington, 2004; Geen, 2003; Wilson, Sinclair, Taylor, Pithouse, & Sellick, 2004). It is important to state that although legally, kinship placement remains a form of foster placement in Quebec, prior to 2015, fewer resources were allocated to this form of placement in comparison to other forms. Kinship parents were not paid at the same level as regular foster parents and received much lower intervention support from child protection agencies. Further, they received no training prior to their accepting a child. Although this situation changed in 2015, the current report focuses on the situation that prevailed prior to that date. After 2015, a greater emphasis will be placed on kinship placement for children. In this perspective, gaining greater insight into the kinds of environments that are provided by foster grandparents appears to be highly pertinent.

Children who experience foster placement are known to be highly vulnerable. While specific circumstances vary, these children are more likely to have been exposed to a combination of risk factors that affect development, such as abusive treatment at very early age (Cicchetti & Carlson, 1989), exposure to alcohol and/or

drug use (Singer et al., 2002; Testa, Quigley, & Eiden, 2003), and gross neglect (Norman et al., 2012). Consequently, these children are more likely to show cognitive delays as well as emotional and behavioral problems (Leslie et al., 2005; Stahmer et al., 2005).

The behavior of foster parents has been identified as a critical factor that can help promote attachment security and reduce developmental delays as well as emotional and behavioral problems (Dozier, Peloso, Lewis, Laurenceau, & Levine, 2008; Dubois-Comtois et al., 2015; Ponciano, 2010). However, little is known about the parenting behaviors of grandparents who foster their own grandchildren.

Parental Sensitivity and Commitment

Parental sensitivity and commitment are key factors that influence parenting behaviors. Maternal interactive sensitivity refers to the ability to adequately perceive and interpret a child's signals and to respond in a prompt, appropriate, and warm manner. Research has frequently confirmed the positive associations between parental sensitivity and the development of attachment security and other indices of socioemotional development in both high and low risk circumstances (Ainsworth, Blehar, Waters, & Wall, 1978; Atkinson et al., 2005; Fearon, Bakermans-Kranenburg, van IJzendoorn, Lapsley, & Roisman, 2010; Madigan, Atkinson, Laurin, & Benoit, 2013; Nievar & Becker, 2008; Tarabulsky et al., 2005). Sensitivity has also been examined in foster parents where similar relations have been found with different indices of child socioemotional development (Dozier et al., 2008; Ponciano, 2010). This research, however, has not involved foster grandparents.

Parental commitment refers to the parent's motivation to maintain a stable relationship with the child over time (Bates & Dozier, 1998). Parental commitment

may be weakened in the foster care context. Foster parents do not have the biological imperatives of pregnancy, delivery, and breast-feeding, all important moments that contribute to building the initial relationship, to prepare for parenthood. Furthermore, foster children accumulate adverse experiences linked to negligence and abuse prior to being taken from their biological parents and placed in foster care. Such developmental histories may make the normal challenges of parenting greater still (Dozier & Lindhiem, 2006). However, foster parent commitment remains a critical aspect of foster child experience and outcome. Foster parent commitment has been linked to different aspects of child adjustment and socioemotional development (Ackerman & Dozier, 2005; Dubois-Comtois et al., 2015; Lindhiem & Dozier, 2007). However, to our knowledge, no studies have addressed parental commitment in foster grandparents. Given their family ties, foster grandparents would be expected to show higher commitment compared to unrelated foster parents.

Psychological Distress in Foster Grandparents

Clearly, a number of challenges await grandparents who foster their own grandchildren. Some foster grandparents assume their new role with a positive attitude, whereas others cannot cope with this major life change. They may have to modify their daily routine, their social life, and their plans for the future when caring for a foster grandchild at a time when the adjustments that are called for may be made more complex because of financial or health-related issues (Backhouse & Graham, 2013; Marken & Howard, 2014). In addition, grandparents may find it stressful to have to raise small children once again, leading to different kinds of psychological distress (Janicki, McCallion, Grant-Griffin, & Kolomer, 2000; Kelley, Whitley, Sipe, & Yorker, 2000; Musil, Warner, Zauszniewski, Wykle, & Standing, 2009). Caring for a

grandchild under a protective custody order may be linked to negative, psychological effects such as anxiety and depression (Musil et al., 2009).

Foster placement with grandparents implies important changes for all three family generations. The new role entrusted to the grandparents requires them to adjust their relationship with both their child and their grandchild. Studies have revealed that grandparents who take care of their grandchildren may express uncertainty about how to deal with the children entrusted to them (Backhouse & Graham, 2013), as well as feelings of concerns or resentment toward their own children (Crowther, Huang, & Allen, 2015; Janicki et al., 2000), and concern that their ability as parents might be viewed as inadequate because their own children have failed in their parenting role (Janicki et al., 2000).

Other studies have found opposite results, whereby grandparents benefit personally from caring for their grandchildren. Some grandparents find the experience to be positive, as it gives them a chance to make up for mistakes they feel they have made with their own children, and it gives them the opportunity to educate their grandchildren and spend more time with them (Crowther et al., 2015). This major life change may serve to give them new opportunities to solve problems and improve their parenting style (Backhouse & Graham, 2013; Crowther et al., 2015; Marken & Howard, 2014).

To the same extent that parental adjustment is an important predictor of child developmental outcome, it can be expected that grandparent adjustment to the task of foster-parenting their own grandchildren is critical to foster child developmental outcome, and indeed, Goodman (2012) has found that grandparent wellbeing is linked to more favorable grandchildren behavior. However, this issue has yet to be examined in the case of foster grandparents looking after their own grandchildren.

Parenting Behaviors and Psychological Distress in Foster Grandparents: Potential Confounding Variables

Different variables may be linked to the quality of parenting behaviors and the presence of psychological distress in foster grandparents. Sociodemographic circumstances are often linked to parenting in general (McLoyd, 1997) and may affect grandparent wellbeing as well as their parenting behaviors (Cheung, Goodman, Leckie, & Jenkins, 2011). Grandparents who foster grandchildren tend to be women who are already living in precarious socioeconomic conditions (Crowther et al., 2015). Their financial situation usually worsens when they take on the added responsibility of caring for a child (Backhouse & Graham, 2013). Since these environmental factors can influence psychological status and parenting behaviors, we felt it critical to investigate them in foster grandparents (Kelley et al., 2000).

Child characteristics may also influence parenting behaviors, as may the child's level of psychological distress. For example, a child in placement is at risk for disruptive behaviors that may make it difficult for him/her to interact positively with foster parents (Tarren-Swenney, & Hazell, 2006; Vanschoonlandt, Vanderfaeillie, Van Holen, De Maeyer, & Robberechts, 2013). Externalizing behaviors, which are characterized by a diversity of overt and disruptive behaviors, may be linked to severe psychological distress for the foster parent, in the form of anxiety and depression (Chamberlain et al., 2008; Greeno et al., 2015). In addition, externalizing behaviors are inversely linked to parental sensitivity and the quality of parent-child interactions, linked to later child outcome (Vanschoonlandt et al., 2013; Wang, Christ, Mills-Koonce, Garrett-Peters, & Cox, 2013). Moreover, externalizing behaviors have been found to contribute to unstable placement trajectories in foster care as well as problems

reuniting with the family of origin (DeGarmo, Reid, Fetrow, Fisher, & Antoine, 2013; Newton, Litrownik, & Landsverk, 2000).

Purpose of the Study

The purpose of this study is two-fold. First, we describe and compare foster grandparents to non-grandparent foster parents with respect to psychological distress, interactive sensitivity, and parental commitment. Second, we examined whether the grandparent vs non-grandparent distinction was associated with these characteristics when controlling for potentially confounding factors related to socioeconomic status and child externalizing behaviors.

We expected that grandparents would report greater levels of commitment toward the child that was placed with them. However, in light of the greater vulnerability attributed to grandparents who act as foster caregivers, we expected to observe less interactive sensitivity and greater levels of psychological distress in this group, even after controlling for family income and child externalization.

Method

Procedure

Participants were recruited with the collaboration of three regional child protection centers in the Province of Québec. Case workers identified children aged 12 to 42 months who had been placed in a foster home by court order and had lived there for more than two months. Preschool-aged children were selected in order to ensure the coherence of all child measures used. All children placed in foster homes were eligible for this study. Written informed consent was obtained from the foster parents during individual interviews held at their home. After collecting socioeconomic data, foster parents completed questionnaires reporting on their psychological distress and

the child's externalizing behavior. They also took part in an interview assessing their commitment to the child. Finally, parenting behaviors (sensitivity) were observed during a play activity, later coded by trained research assistants. Home visits lasted two hours and a financial compensation of \$20 was given to participants.

Participants

We met with 48 foster parents individually at their home. Of this initial group, 11 were grandmothers and one was a grandfather. Children were placed with their grandparents (250%), with a foster family (45.8%), or with foster parents in an "intent to adopt" program (29.2%). This latter group was composed of foster parents who were actively looking to adopt a child from the welfare system, fully aware that the legal status of the child that was placed with them was not fully determined.

Foster parent age ranged from 29 to 64 years. The average age of the grandparents was 49.33 years ($SD = 6.07$), and 42.42 years for the other foster parents ($SD = 8.74$) ($t(46) = 2.54, p < 0.05$). Grandparents report a lower family income on a 8-points Likert scale with a mean score of 4.92 ($SD = 1.98$), which is lower than non-grandparents foster parents' family income ($M = 6.49, SD = 1.52; t(46) = -2.85, p < 0.01$). Grandparents did not differ from the other group in terms of years of education; a majority of both family groups have 11 years of schooling (respectively 58.33% and 66.67%). Child age ranged from 12.13 to 45.73 months ($M = 30.56; SD = 10.14$). No difference was found between groups as to child age.

Measures

Grandparent status. The variable "grandparent" is a dichotomous variable that takes the value zero (non-grandparent) or 1 (grandparent).

Parental sensitivity. Foster parents were asked to play with their child with toys (seven minutes) and without toys (three minutes). The sessions were videotaped and coded by a coder blind to all other information. The short version of the Maternal Behavior Q-Sort (MBQS) (Tarabulsky et al., 2009; Pederson & Moran, 1995) contains 25 items that assess the quality of parenting behaviors during interactions with the child. The items describing possible parenting behaviors are first sorted into three piles according to whether they are representative of the observed parent, less representative, or neutral. The items are then sorted into five piles to obtain a score from 1 to 5 according to whether they are not characteristic of the parent (scored 1) or highly characteristic (scored 5). Correlations were computed between the raw scores and the criterion scores for each item, corresponding to a typically sensitive parent. Thus, scores could vary from -1 (the least sensitive) to 1 (the most sensitive). The short version of the MBQS has been validated, and various studies have confirmed that the obtained scores correlated with the long version (Pederson & Moran, 1995; Tarabulsky et al., 2009), child cognitive development and attachment security (Tarabulsky et al., 2009), and maternal attachment state of mind (Lindhiem et al., 2011).

Foster parent commitment. Parental commitment was measured using the “This is My Baby” interview (Bates & Dozier, 1998). This 12-minute interview assesses whether caregivers perceive the foster child as they would their own child. It contains three scales addressing 1) their *acceptance* of the child, 2) their *commitment*, and 3) their *awareness* of influence. The recordings were transcribed and coded using a 5-point Likert scale, 5 for high commitment and 1 for low commitment. *Acceptance* scale is coded in respect of positive feelings expressed toward the child, congruence of the child’s description, as well as

elaboration of the answer. Ultimately, the score assigned is based on the rater's judgment on the mother's overall level of acceptance. *Commitment* is rated considering the degree to which the mother views the child as her own. Finally, the *awareness of the influence* is rated regarding the parent's perception regarding how the relationship with the foster child may affect his or her psychological, emotional and relational development. This instrument has demonstrated good psychometric properties (Bernard & Dozier, 2011; Lindhiem & Dozier, 2007). Interviews were coded by a trained and highly experienced doctoral student in psychology. Given the high correlations between the three scales (> 0.85), we used the mean as global score.

Psychological distress. Psychological distress was assessed with the Symptom Checklist-90-R (SCL-90-R®) (Derogatis & Lazarus, 1994), a 90-item questionnaire assessing nine symptomatic scales including depression and the anxiety. This easily administered self-report questionnaire has good psychometric qualities and is widely used in both research and clinical settings. The depression (13 items) and anxiety subscales (10 items) were used in this study and our results reveal good consistency (Cronbach alpha = 0.87 and 0.82 respectively). Clinical cutoff scores for depression and anxiety was 27 and 16 respectively.

Externalizing behavior. The Child Behavior Checklist (CBCL, Achenbach & Rescorla, 2000) is a parent-report questionnaire containing 100 items assessing child behavior. Foster parents were asked to rate the frequency of various behaviors on a three-point scale: Not True (as far as you know) (0); Somewhat or Sometimes True (1); or Very True or Often True (2). In the present study, only the responses on the Externalizing scale (24 items) were analyzed. This scale is calculated from items

concerning temper tantrums, lying, stealing, defiance, disobedience, and destructiveness. Clinical threshold is reached when the T score is 63 or more, and scores at slightly below threshold (60–63) are deemed worrisome. Results of the present study confirm that the internal consistency of the Externalizing scale is very good (Cronbach alpha = 0.93).

Results

Data analysis

Analyses proceeded in the following order: Descriptive statistics were obtained. Preliminary analyses were then conducted to examine whether parental commitment, sensitivity, and anxious and depressive symptoms varied as a function of the type of foster family. No differences were found between regular and “intent to adopt” foster parents. These two groups were therefore combined. Univariate analyses were then conducted to identify dependent variables that differed as a function of grandparent status. Correlational analyses were finally conducted to identify potential confounding variables to include them in linear multiple regression analyses.

Descriptive analysis. Scores on commitment, parental sensitivity, and anxious and depressive symptoms are presented in Table 1. It is notable that no significant differences were found between grandparents and non-grandparents foster parents except for depressive symptoms, which are greater for foster grandparents ($t(46) = 2.47; p < 0.05$). Depression symptoms remain above the clinical cut-off for every participating grandparent.

Child externalizing behavior ranged from 28 to 82 ($M = 52.5, SD = 11.51$), with 12.5% of the children reaching clinical threshold. Child externalization did not vary as a function of grandparent foster placement.

Table 1

Sociodemographic, Psychological Distress and Parental Characteristics

	Grandparents (<i>n</i> =12)			Non-grandparents (<i>n</i> =36)			<i>t</i>
	<i>N</i> (%)	<i>M</i>	<i>SD</i>	<i>N</i> (%)	<i>M</i>	<i>SD</i>	
Years of education							
10 years	0 (0%)			7 (19.44%)			
11 years	8 (66.67%)			21 (58.33%)			
12 years	2 (16.67%)			2 (5.56%)			
13 years	1 (8.33%)			2 (5.56%)			
13 years or more	1 (8.33%)			4 (11.11%)			
Age		49.33	6.07		42.42	8.74	2.54*
Sensitivity		0.28	0.28		0.28	0.46	0.30
Commitment		8.91	1.89		9.03	2.39	-0.16
Anxious symptoms		3.58	4.50		2.08	2.70	1.40
Depressive symptoms		9.75	9.08		5.00	4.22	2.47*

Note: * $p < 0.05$

Correlational analyses. Bivariate correlations are presented in Table 2. The results revealed that grandparent status was not associated with either parental commitment or sensitivity. However, an association was found between grandparent status and depressive symptoms ($r_{pb} = 0.34$, $p < 0.05$). We examined this association further using hierarchical regression analysis.

Several potentially confounding factors were considered. The results revealed a significant correlation between depressive symptoms and child externalizing behaviors ($r = 0.33$, $p < 0.05$). Together with family income, child externalizing symptoms will be considered as a potential confounding variable in the regression model.

Table 2

*Correlations between Grandparent Status, Socioeconomic,
Psychological Distress and Parental Characteristics*

	2.	3.	4.	5.	6.	7.	8.	9.
1. Grandparent status ^a	0.35*	-0.39**	-0.13	0.00	0.00	-0.03	0.20	0.34*
2. Foster parents' age		-0.46**	0.26	0.25	-0.11	-0.03	0.15	0.18
3. Income			-0.17	-0.16	-0.03	0.25	-0.05	-0.19
4. Child's age				0.08	0.26 [†]	-0.22	-0.25 [†]	-0.27 [†]
5. Externalizing behavior					-0.37*	-0.14	0.37*	0.35*
6. Sensitivity						-0.07	-0.18	-0.11
7. Commitment							0.11	0.00
8. Anxious symptoms								0.83
9. Depressive symptoms								

^a biserial point of correlation are performed in relation to the dichotomous variable grandparent.

Note: * $p < 0.05$; [†] $p < 0.10$

Hierarchical regression analysis. Bivariate correlations revealed that depressive symptoms are linked with grandparent status. A hierarchical regression analysis was carried out to examine whether grandparent status was associated with depressive symptoms over and above the potential associations with foster parent income and child externalization.

Requirements for conducting hierarchical regressions were verified. Residual plots were examined to confirm the linearity and multivariate normality of the relationships between variables. The hierarchical regression model specifies that depressive symptoms in foster parents

are predicted by child's externalization and grandparent status. As described in Table 3, foster parent income and child externalization are entered in step 1, and in step 2, grandparent status. Results showed that both steps accounted for a significant portion of depressive symptoms variance with grandparent status yielding a small effect size ($f^2=0.11$).

Table 3
Hierarchical Linear Regressions to Predict the Depressive Symptoms from Family Income, Child Externalization and Grandparent Status

Variables	<i>B</i>	<i>R</i> ² (%)	<i>F</i> change
Step 1		0.14	3.50*
Foster parent income	-0.13		
Externalizing behavior	0.33*		
Step 2		0.24	5.43*
Foster parent's income	0.00		
Externalizing behavior	0.35*		
Grandparent status	0.34*		

Note: * $p < 0.05$

Discussion

This study addresses an important issue for child protection agencies: the characteristics of grandparents who care for their grandchildren under a foster placement system. Results indicated that there were no differences between non-grandparents and grandparents foster parents on parental sensitivity and commitment. Therefore, a family relationship between foster parent and foster child does not appear to influence parenting behaviors.

Consequently, the present data do not provide support for the accepted notion that the family environment provided by a grandparent is more favorable for positive child development (Crowther et al., 2015), or, as others have suggested, less favorable (Fergusson, Maughan, & Golding, 2008; Leder, Grinstead, Jensen, & Bond, 2003). In effect, the present results suggest that if there are factors that drive developmental process in different kinds of foster families, they do not involve the quality of foster-parent interactive sensitivity or commitment to the foster child.

Results also show that parental sensitivity varies considerably across foster parents. Foster grandparents would most probably make up a heterogeneous sample in which parental sensitivity would be related to individual characteristics, such as perhaps their own attachment experiences. It should also be mentioned that the mean sensitivity score for both foster parent groups was comparable to those obtained in studies investigating parenting behaviors in parents with high psychosocial risk (Moss et al., 2011), perhaps a reflection of the more problematic home environments that children are placed in, as well as a possible reflection of the behavioral characteristics of children placed in foster homes who may render sensitive parenting more complex. Foster placement involves substantial parenting challenges, and as such, the present results argue in favor of improving the training and preparedness of potential foster parents whether they be regular or kin.

Foster grandparents were expected to show higher commitment due to previously established emotional and physical ties with the child (Kolomer, 2000; Zinn, 2012). However, our results reveal no differences in commitment between grandparents and non-grandparent suggesting that intragroup differences related to individual characteristics may be more important than kinship status. Neither were “intent to adopt” foster parents more committed to in their

foster parenting role than were regular foster parents, suggesting that other factors may be driving variations in foster parent commitment. Given the importance of foster parent commitment for the development of foster children, it is important to tease out those factors that are at the base of individual differences in this concept (Ballen, Bernier, Moss, Tarabulsky, & St-Laurent, 2010). A good understanding of the factors that are linked to commitment may help select and train potential foster parents.

The regression analysis indicated a significant association between grandparent status and depressive symptoms, even after controlling for the variance explained by family income and child externalization. The fact of being a foster grandparent was associated with higher levels of depressive symptoms than being a non-grandparent foster parent. Several possibilities may underlie this finding. First, it is possible, as some have suggested, that depressive symptoms are more frequent with older adults, grandparent or not (Brown, Richman, & Rospenda, 2016). Thus, apart from the basic issue under investigation, unstudied, confounding factors linked to age may be involved. This may not be a “grandparent” issue, but rather an issue related to the age of the foster parents involved. Further work in this area will need to involve greater numbers of foster parents, including foster grandparents, to parse out this potential confound.

The association between foster grandparenting and depressive symptoms exceeds the variance explained by family income alone, an important issue as adults advance in age, as well as child externalizing symptoms. Thus, a second possible explanation, and one that we favor, is that in the specific context of foster parenting, being a foster grandparent appears to be meaningfully linked to increased levels of depression symptoms, above and beyond what might be accounted for by socioeconomic or child behavioral characteristics. This finding concurs with other

studies showing that grandparents who bring up their grandchildren report greater levels of psychological distress (Bunch, Eastman, & Griffin, 2007; Crowther et al., 2015; Cuddeback, 2004; Harnett et al., 2014). This greater distress may be linked to the major changes that foster grandparenting may bring to grandparents' lives, and that may mediate this link. Specifically, accepting a foster child, for all parents, potentially involves changes to personal projects, a reduction of leisure time, changes in daily routines, and a reduction of available finances (Backhouse & Graham, 2013; Marken & Howard, 2014). Other factors may also be at play: grandparent depressive symptoms may be related to feelings of failure or shame with respect to their own children (Bunch et al., 2007; Cole & Eamon, 2007). The role of grandparents in supporting their adult child, who is experiencing important parenting difficulties, and in helping them maintain contact between that child and their grandchild is well documented in the literature and poses a number of important challenges (Bunch et al., 2007; Cole & Eamon, 2007).

Our results also confirm the known association between child externalizing behavior and foster parent depressive symptoms. Although our study does not allow us to draw definitive conclusions about the direction of the relation, we may hypothesize a bidirectional relationship. This has been shown in other studies where a reciprocal relationship between parents' depressive symptoms and child externalization was documented (Gross, Shaw, Moilanen, Dishion, & Wilson, 2008). Further work is needed to articulate the causal processes in this association, namely by using more prospective research which investigates symptoms of grandparent foster depression prior to the arrival of foster children in their home, and examines trajectories in comparison to matched grandparents who do not take on foster children. Other possibilities involve the use of intervention procedures that

support foster grandparents to see if changes in depression symptoms may be attributable to such changes. In light of the often documented link between foster parent depressive symptoms and child externalization, and the possibility that causal processes may be bidirectional, the development of effective intervention and support strategies would seem to be an important part of future work in this area. This proposal is supported by research that has shown the importance of parental characteristics for promoting development in foster children (Dubois-Comtois et al., 2015; Moss et al., 2011) and of effective intervention targeting kin foster families (Garcia et al., 2015). Moreover, support and intervention are needs that have been expressed by foster grandparents in previous research, especially with respect to the specific challenges posed by more difficult children (Musil et al., 2009; Strong, Bean, & Feinauer, 2010).

Study Limitations, Directions for Future Research and Implication for Social Policy

The results of this study suggest that foster grandparents may be at greater risk of reporting depressive symptoms than other foster parents, especially when considering levels of foster child externalized behavior. Among the strengths of this study are the use of interview and observational data and the comparison of foster grandparents with non-grandparents.

Among the limitations to this study are that some measures, such as externalization and depressive symptoms, rely on parental reports. It is possible that some of the observed association between these two constructs are related to shared method variance, and it will be helpful in future work to obtain independent assessments.

Results also point towards the need for more work in this area with this difficult, yet prevalent and highly vulnerable population, to gain a greater understanding of

developmental processes, and to devise intervention strategies that address the specific concerns and needs of foster grandparents. Such interventions are absent in Canada and the United States. Moreover, a more detailed assessment of grandparent individual characteristics may advance knowledge about the specific needs of grandparents who become responsible for the education and the material and psychological well-being of their grandchildren. Among the parenting factors that are emerging as important in this regard are those related to trauma. Past experiences of abuse, neglect and abandonment have been linked to highly problematic parenting behaviors, related to transgenerational transmission of developmental problems (Bailey, Tarabulsky, Moran, Pederson, & Bento, in press). More accurate assessments of trauma may indeed prove to be an important moderator in the connection between foster grandparenting, interactive sensitivity and parental and child outcome.

The small sample size precludes drawing major conclusions and rather emphasizes the need for further work and replication in this area. Moreover, as foster grandparent experience is no-doubt quite varied, results call for an indepth examination of potential moderating factors that may influence the effects that are presently documented. Another limitation of the current study is that this was not a “Grandparent” study per se. Rather, grandparent participation was voluntary and part of a larger study on foster parents in general. It is possible that this type of procedure may have created some type of sampling bias.

Finally, as previously mentioned, the research design precludes the drawing of a causal relationship between grandparent status and depressive symptoms. Both prospective and intervention studies would be helpful in attaining a greater understanding of the different ways in

which becoming foster grandparent may lead to greater levels of psychological distress. Clearly, as local and national child welfare agencies increase the recourse to extended family, including grandparents, in their search for appropriate foster placements for children, it will become highly pertinent that such practice be accompanied by the social research that can inform policy makers and practitioners as to developmental process, both for the children and grandparents who are involved.

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