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INTERDISCIPLINARY INTERVENTIONS FOR GRANDPARENTS RAISING GRANDCHILDREN

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Abstract: **The author initiated a multidisciplinary healthcare education and wellness-awareness program for an under-served population consisting of grandparents who become the primary caregivers of their grandchildren (or great-grandchildren) due to a dysfunctional family constellation. The Program was called the "GRG" Program. The program consisted of 50 weekly educational workshops for the grandparents with free childcare included. Six workshops included the grandchildren whose grandparents were participating in this program. A team of following professionals provided workshops to the participants: a social worker (the author/program director), a geriatrician, a social media and computer technology professional, a pediatrician, and a geriatric group coordinator. Evaluations conducted at the end of the program indicated that the participants reported lower stress levels and greater coping skills.**

Keywords: **Grandparents, grandchildren, stress, dysfunctional families, abused children.**

I. INTRODUCTION

Over 2.7 million grandparents in the US report being primary caretakers for their grandchildren [1]. It is estimated that only one in 20 children raised by grandparents are in the formal foster care system, limiting the grandparents' access to the financial, health, and social service resources offered to licensed foster parents [2],[3],[4]. Grandparents take on the responsibility of raising grandchildren for a number of reasons, including stressful family situations, parental incarceration, child abuse/neglect, physical and mental illness, substance abuse, and military deployment [5], [6]. Grandparents who raise grandchildren need education, resources, and support to cope with an unplanned responsibility at an older age. Grandparents who care for their grandchildren in the absence of biological parents and who have little or no support from others report greater stress and depressive symptoms [7], [8]. They face many challenges, such as emotional and social isolation, stigma, a lack of support from formal and informal systems, and limited access to services [9], [10].

This paper provides a description of an innovative multidisciplinary health and wellness program, called the "GRG Program," conducted by the author for an underserved population of grandparents raising grandchildren or great-grandchildren. The program was conducted in the year before the onset of the pandemic COVID-19. Due to the social restrictions imposed by the pandemic, a follow-up study could not be conducted to assess the effects of the pandemic on the ability of the grandparents to raise their grandchildren. However, some grandparents continued to stay in touch with the author through e-mails and the social media.

II. METHODOLOGY AND DESCRIPTION OF THE PROGRAM

Pilot Small Group Program

Prior to planning and organizing this program, the author conducted a six-week pilot group program for grandparents raising grandchildren to assess the need for a bigger, more comprehensive, longer-term program. The group consisted of nine grandparents and one great-grandparent. At initial assessment, high levels of stress and unexpressed depression and grief were found among group members that had not been identified and addressed by their healthcare providers. Several

physical health issues, such as hypertension, headaches, back aches, and insomnia were also needed attention. valuations completed by the group members indicated that the group sessions had reduced their sense of isolation, made them feel empowered, reduced some of the physical symptoms of stress, helped them explore alternate solutions to several problems, and helped re-evaluate their caregiver role. The grandparents felt a desperate need for support and resources to help them deal with their unexpected caregiver role for a young person while they were dealing with their own aging issues. They felt that the healthcare providers did not address their unique healthcare needs. They found the group sessions to be therapeutic that filled a gap left by healthcare providers [11], [12], [13], [14].

These nine participants signed up for the GRG program also. They became the peer-mentors for other participants.

GRG Program Description

The GRG Program consisted of 50 weekly educational workshops for the grandparents with free childcare included. Six workshops included the grandchildren whose grandparents (or great-grandparents) were participating in the program. A total of 43 grandparents participated in this program. The author was the Program Director and the primary facilitator of the workshops and assessments. Six guest speakers were invited to focus on topics such as, advantages and disadvantages of social media, grief and anger management, changing needs of children in a changing society, common childhood illnesses and mental health issues, puberty and sexuality, healthcare needs of older adults, and stress management. Guest speakers included professionals from different disciplines such as, a geriatrician, a social media and computer technology

professional, a pediatrician, and a geriatric group coordinator. Each weekly session was 75 minutes long consisting of 50 minutes of workshop-time and 25 minutes of small sub-group breakout sessions. The breakout sessions were facilitated by a group member serving as a peer-group facilitator. A public conference was organized after 45 sessions. The purpose of this conference was to reach out to a wider community, raise awareness about the issues discussed in the GRG Program, educate professionals and para-professionals, and to identify resources that would help other grandparents in similar situations.

Objectives of the GRG Program

1. To offer therapeutic and goal-based interventions to GRG
2. To create a self-empowering safe environment
3. To create and develop educational material for supportive caregiving
4. To identify strategies and methodologies that have positive outcomes in addressing the needs of grandparents raising grandchildren
5. To disseminate evaluative outcomes data for future replication of this project
6. To Increase participants' knowledge of and skills in parenting and understanding of child development
7. To fortify family relationships among caregivers, their spouses, and other family members
8. To inform grandparent caregivers about, and connect them to, available community resources for addressing their own as well as their grandchildren's normative and special needs.

Strategies and Activities

A multi-method approach was used to provide healthcare education, wellness-awareness information, and coping strategies information to the grandparents participating in this program. The Project Director, who is a Licensed Clinical Social Worker, and six guest speakers facilitated the sessions. Following are the types of activities that were offered:

1. Structured and supervised group exercises for group interactions to enable the participants to explore the physical and mental impact of their caregiver role,
2. Individual narrations of coping with the role of unexpectedly becoming a caregiver to a young person
3. Reading of case examples by the facilitator to identify and explore positive coping skills
4. Providing reading "assignments" from selected books on grief management and asking group members to share their thoughts

5. Screening films relating to positive stress and grief management

6. Using relaxing music for guided imagery exercises

7. Inviting expert guest speakers to discuss healthcare-related and technology-related topics

8. Providing healthy snacks and beverages during group-time to highlight the role of diet and nutrition in Stress-management

9. Inviting group members to share their hobbies and relaxation techniques for stress management

10. Conducting a pretest and a post-test to evaluate the effectiveness of each intervention offered to the group.

11. Providing educational materials, created by the Project Director, to each member for developing healthy coping skills and healthy relationships with the grandchild and their school and peer environments

The program was conducted in a large room provided by a local senior center. Another room was used to provide childcare to the children accompanying the participating grandparents. During a one-year period, fifty group sessions of 75 minutes each were held. The total time for each session included: 50 minutes of preparation time, 75

minutes of workshop time, 25 minutes of post-workshop activities that included post-test completed by the participants, writing of the session report by the Project Director (after the departure of the participants), and clean-up.

At the beginning of the program, the participants completed a demographic information sheet and signed an informed consent form as well as a confidentiality agreement form.

Measurement and Evaluation

a. In session # 1, participants were asked to complete a self-report relating to the following: sleeping and eating patterns; social support system; self-described isolation (pretest)

b. In session # 1, participants completed the "Stress Assessment" instrument (pretest) [15]

c. In session # 2, participants were asked to describe their thoughts and feelings associated with their caregiving role (pretest)

d. In session # 2, participants completed the "Inventory of Strengths"[16]

e. In sessions 3 to 7, participants were asked to identify their physical health symptoms by completing a checklist of illnesses/symptoms.

f. In session # 15, participants were asked to describe their specific actions and behaviors that helped them cope with their stress

g. In sessions # 25 to 27, the participants were asked to describe their thoughts and feelings associated with their caretaker role (post-test of item # C).

h. In sessions 28 to 45, educational workshops were continued

i. A public conference was held after session 45

j. In session # 49, participants were asked to complete items a, b, and d listed above as a post-test exercise. The differences in responses to the pretest and the post-test determined the extent of change that occurred in their coping skills as a result of this program.

k. In session # 50, the participants were asked to describe how the program helped them by answering a survey created by the Project Director.

III. RESULTS

Participants reported the following changes relating to their physical and mental health and their communication skills at the end of the program:

1. eighty six percent of the participants reported enhanced coping skills developed due to the information provided in the workshops, to cope with their caregiver role as an unexpected responsibility in later life. This result was measured by self-reports and standardized measures.

2. ninety four percent of the participants reported identification of their emotional, psychological, and personality strengths to cope with their new responsibilities as a grandparent raising their grandchild (or more than one child)

3. seventy eight percent of the participants reported a reduction in the symptoms of physical ill-health caused due to their caregiving role in later life and addressing the needs of their grandchild appropriately.

4. ninety three percent of the participants reported a reduction in isolation and the development of a support group

5. seventy six percent of the participants reported a development and demonstration of effective communication skills and their ability to express their feelings and thoughts relating to their caregiving role.

Overall, the results indicated a significantly positive impact of this program on the participants.

Impact of COVID-19

The elderly population was affected the most by the COVID-19 pandemic. The measures that were taken to protect the elderly from being infected with the virus also put them at a higher risk for depression, anxiety, and drastically diminished their support systems. They became vulnerable to social isolation, financial hardship, difficulties accessing needed care and supplies, and anxiety about avoiding COVID-19 [15]. The Project Director was not able to conduct a follow-up study of the participants that had participated in this program. However, some of the participants wrote e-mails and used the social media to express their distress. Based on this information, it became evident that they were finding it more and more difficult to continue with their role of being the primary caregiver to their grandchildren. Three grandparents reluctantly sent their grandchildren back to their parents despite the dysfunctional home environment. Four grandparents continued to provide care to their grandchildren. Other participants did not stay in touch with the Project Director.

IV. CONCLUSION

Most interventions to support grandparent caregivers have adopted a stress and coping framework to help them develop emotional and mental strength and resilience. The goal of the GRG Program was to teach skills, techniques, and behaviors to the participants that would enable them to use a strengths-based approach to a functional resolution of their prolonged stress and responsibilities associated with their caregiving role as a grandparent raising their grandchildren. The participants were trained to use cognitive restructuring methods to examine the reasons, and consequences, for their stress, anxiety, and depression. The program aimed to teach skills that the participants were able to apply to their lifestyle to make it more healthy on a long-term basis.

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