

Methodological Issues in Research with Grandparents Raising Grandchildren

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Focus of this Presentation:

Provide two examples of research involving custodial grandfamilies that illustrate

1. How the main themes of this symposium series -- *theoretical/conceptual framework, methodology, and intervention/modifiability/plasticity*) -- intersect.
2. How parenting and family caregiving models may inform each other

“Custodial” or “Skipped Generation” grandfamilies:

- Where grandparents raise a grandchild in absence of meaningful involvement from birth parents
- There are about 1 million such families in the U.S. [But, worldwide]

Why Should Developmentalists be Interested in Custodial Grandfamilies?

1. Parenting is the “Central Responsibility” of these grandparents

- Most research conducted by social gerontologists while emphasizing the subjective well-being of the grandparent
[Stress and Coping Models predominate].
- Research from a parenting perspective has been rare
[Conceptual frameworks from the parenting literature are relevant]

2. Custodial Grandparents and Grandchildren are at elevated risk for mental and physical health difficulties

[Thus, high public health significance.]

- Grandmothers – high rates of anxiety and depression like other caregivers

[Stressors = financial strain, anger, developmental burden, guilt/shame, social stigma, role captivity, boundary ambiguity]

- Grandchildren – Higher Internalizing and Externalizing difficulties than age peers in the general US population

Smith, G. C., & Palmieri, P. A. (2007). Risk of Psychological Difficulties Among Children Raised by Custodial Grandparents, *Psychiatric Services*, 58, 1303-1310.

3. Intergenerational Cycles of Early Life Adversity

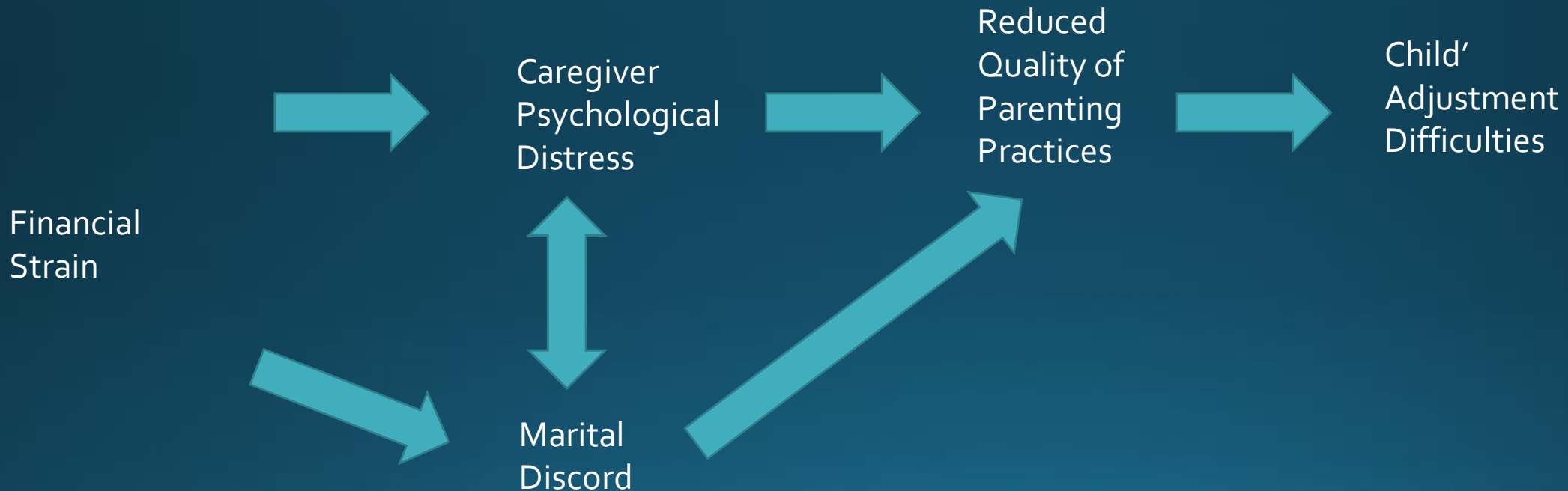
Grandchildren – Abandonment, neglect, abuse by birth parents; exposure to substance abuse toxins in mother's womb; violence; poverty.

Grandparents - No definite proof but intergenerational transmission of bad parenting is suspected; poverty.

What are the developmental implications of early life adversity experienced by multiple generations within the same family?

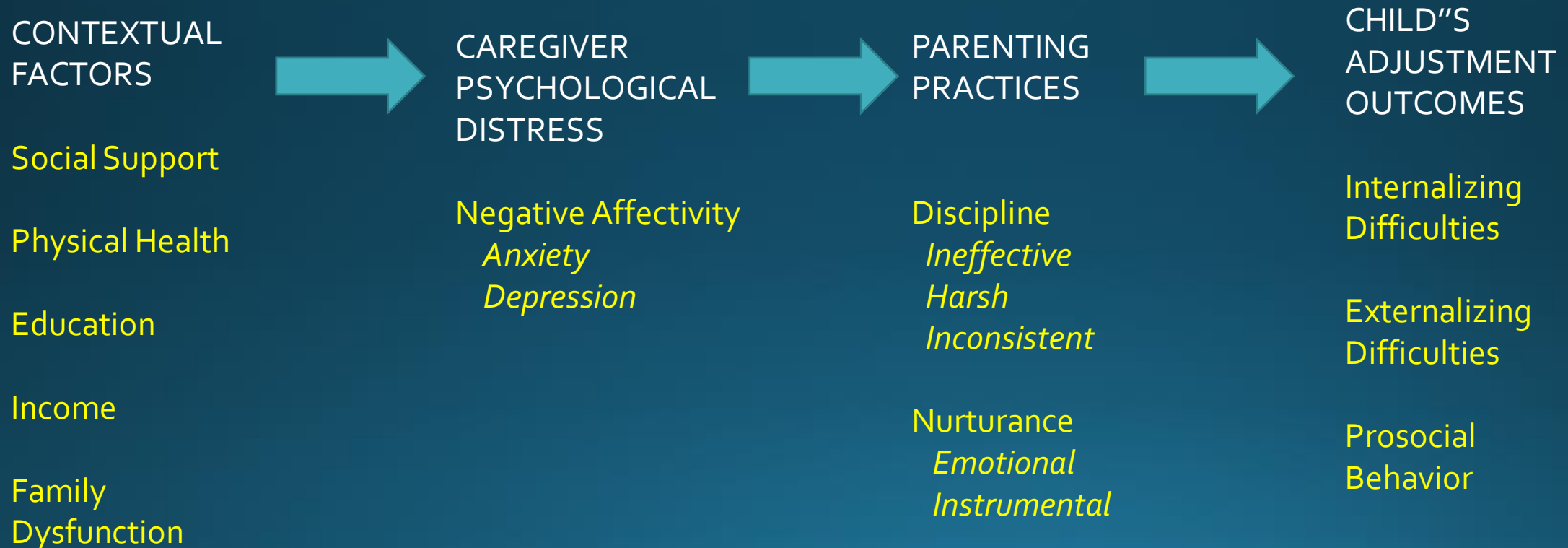
Example 1: Applying the Family Stress Model (FSM) to Custodial Grandfamilies

Rand Conger et al.



Basic Premise = The impact of caregiver distress on child outcomes is indirect through parenting practices

Adapting the Family Stress Model (FSM) to Custodial Grandfamilies



Why is the FSM Relevant to Custodial Grandfamilies?

1. Parenting is the “central responsibility” of custodial grandparents.
2. The FSM considers how stressors facing vulnerable caregivers can lead to adverse outcomes for caregivers and children alike.
3. The FSM points to targets and mechanisms of treatment change.

Eddy, Dishion, and Stoolmiller (1998):

“the most proximal goal of intervention research should be to further clarify the relationship between theoretical models of the development of psychological problems and the therapeutic change process”

Our Published Studies of the FSM with Custodial Grandfamilies

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Stress, Coping, and Well-Being of Custodial Grandparents

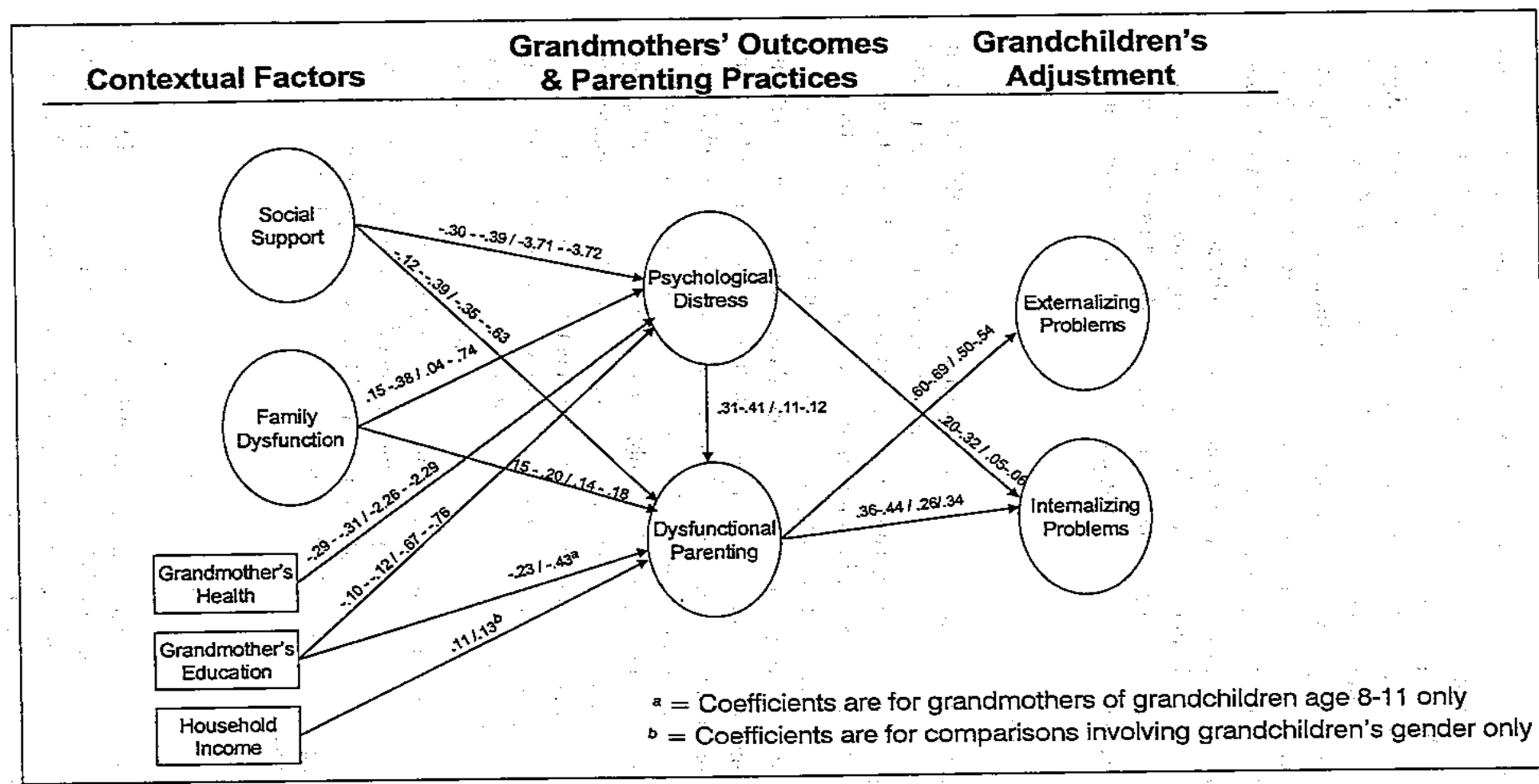
G. Smith PI

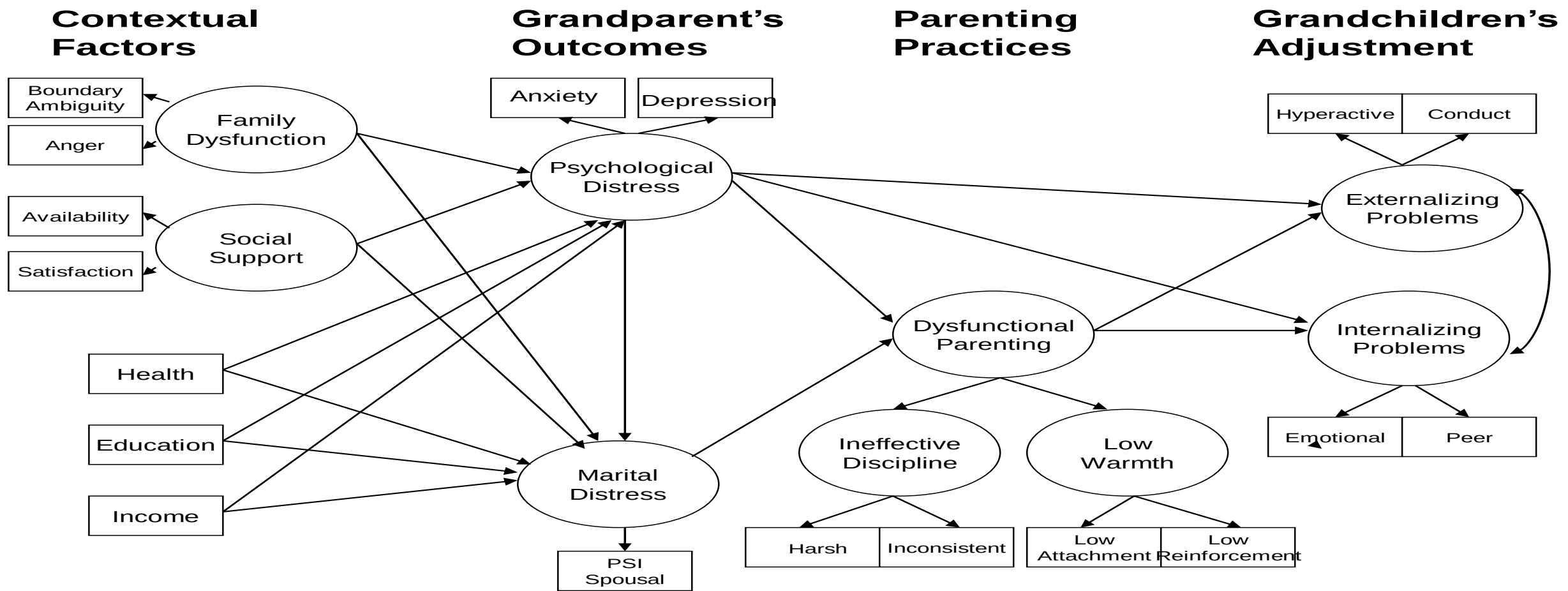
TWO CATEGORIES:

1. Minor modifications of the traditional FSM
2. The FSM blended with prominent conceptual models from the family caregiving literature - [Do these models add to each other?]

ALL STUDIES USED SEM WITH MULTIPLE INDICATORS OF LATENT CONSTRUCTS
and WERE CROSS-SECTIONAL

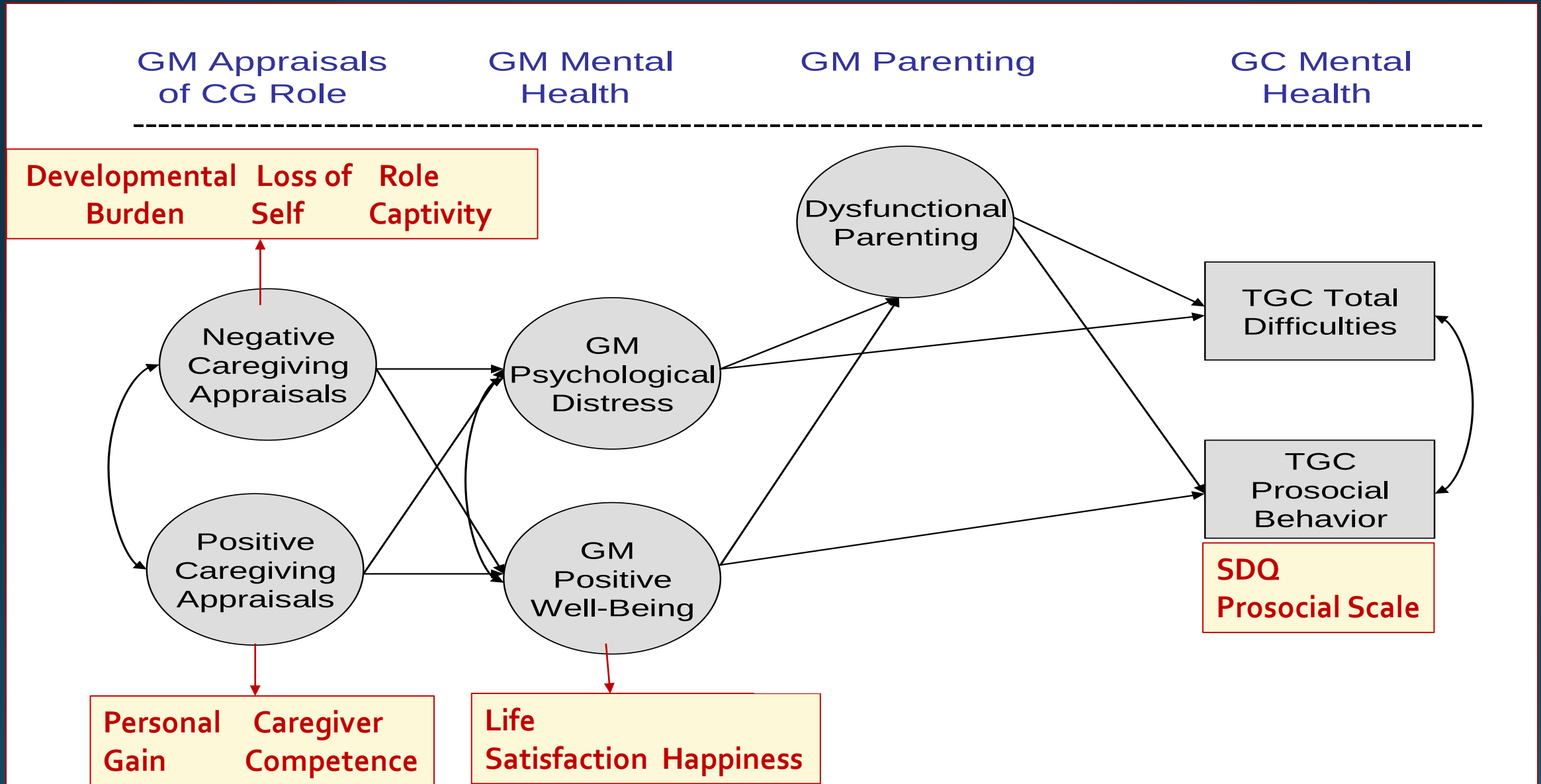
Smith, G. C., Palmieri, P. A., Hancock, G. R., & Richardson, R. A. (2008)
 Custodial grandmothers' psychological distress, dysfunctional
 parenting, and grandchildren's adjustment. *International Journal of
 Aging and Human Development*, 67, 327-367.





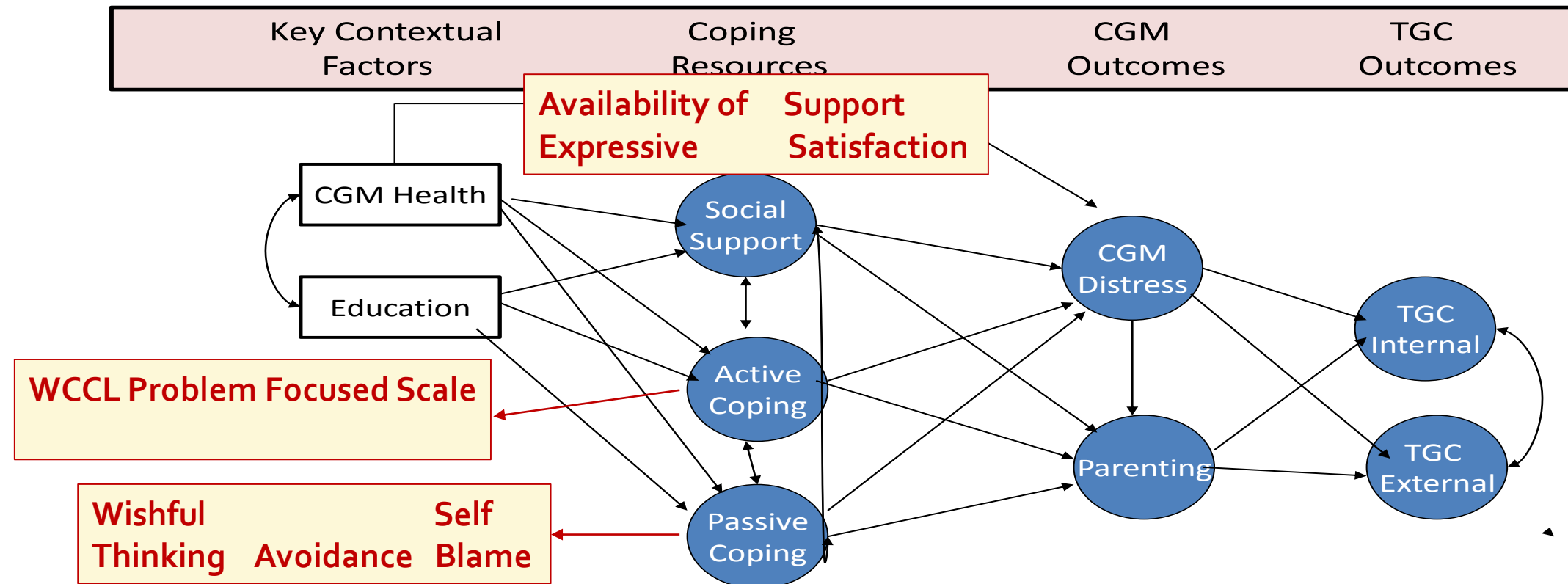
Smith, G. C. & Hancock, G A (2010). Custodial grandmother-grandfather dyads: Pathways among marital distress, grandparent dysphoria, and grandchild adjustment *Family Relations*, 59, 43-57.

Smith, G. C., & Dolbin-MacNab, M (2012). A Two Factor Model of Outcomes for Custodial Grandmothers and Grandchildren. In B. Hayslip & G. Smith (eds). *Resilient grandparent caregivers: A strengths-based perspective*. New York: Routledge.



Smith, G. C., Cichy, K., & Montoro-Rodriguez, J. (2015). Impact of coping resources on the well-being of custodial grandmothers and grandchildren. *Family Relations*, 64, 378-392.

Figure 1. Model of Custodial Grandmothers' Coping and Parenting Outcomes



Brief Summary of Noteworthy SEM Findings

- * In all models, both the measurement and structural aspects have been largely invariant by grandparent and grandchild gender; grandparent and grandchild age; grandparent race.
- * The impact of grandparent distress on grandchild externalizing is indirect through parenting
- * The impact of grandparent distress on grandchild internalizing is both direct and indirect through parenting.
- * Contextual factors exert significant indirect effects on grandchild outcomes through grandparent distress and parenting.

* For married grandparents, contextual factors and grandparent psychological distress both contribute to marital discord which, in turn, is associated with poor parenting.

* With the blended FSM –TFM, caregiving appraisals (both negative & positive) had significant total effects on grandchild outcomes (both negative & positive).

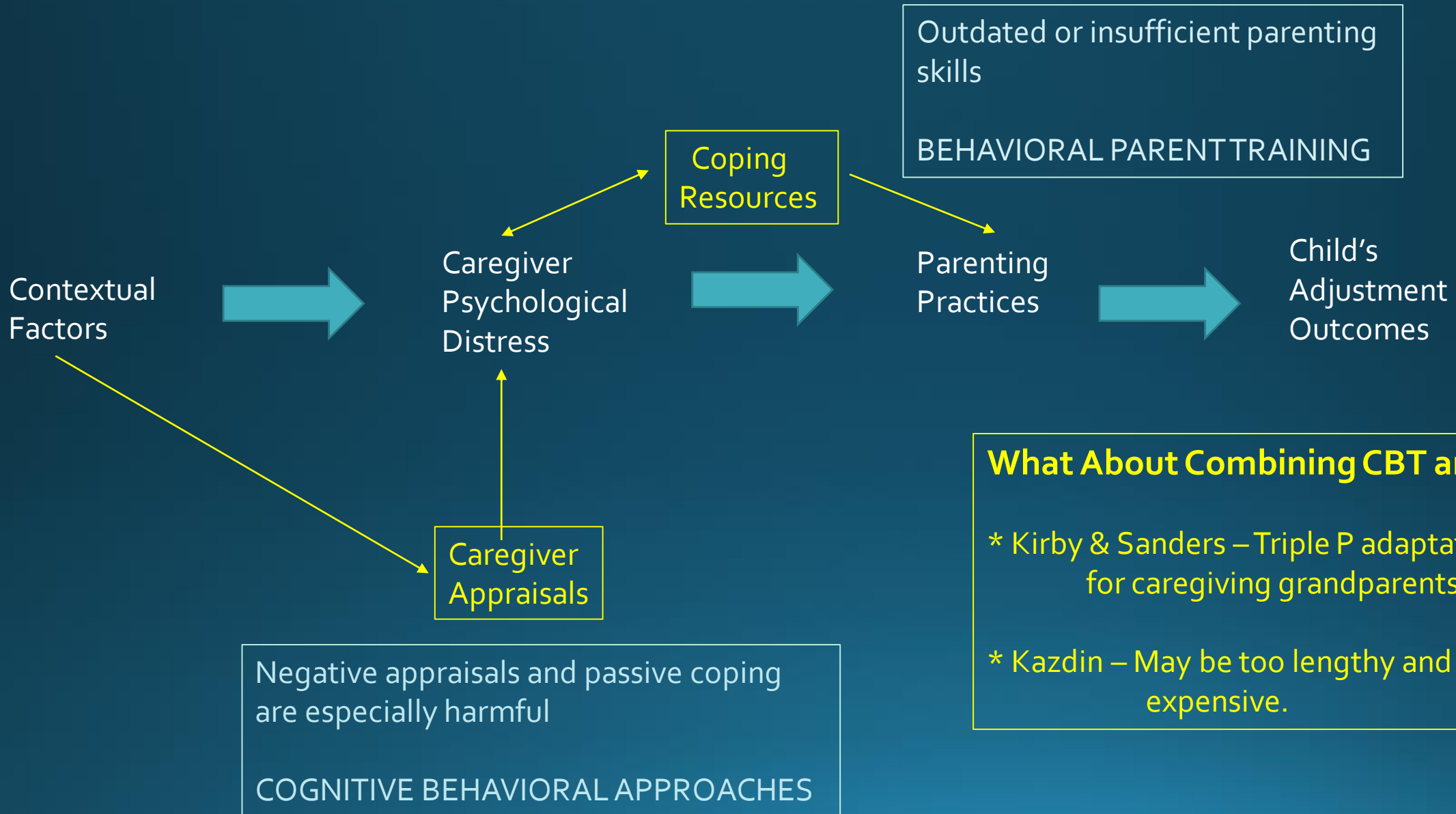
- The magnitude of these effects was much greater for negative appraisals.

* With the blended FSM - SPM, ineffective parenting had significant direct effects on grandchild internalizing & externalizing.

- Grandparent distress was NOT significantly related to ineffective parenting.

- Distress WAS related to poor coping and, in turn, poor coping was directly related to ineffective parenting

Implications for Intervention



Two Major Methodological Challenges Of Models Like FSM

1. Determining Direction of Causality

- * All of our FSM studies have been cross-sectional
 - But, numerous longitudinal studies with birth parents confirm FSM
 - Goodman & Hayslip – Longitudinal data showing impact of grandmother distress on grandchild outcomes
- * Great way to understand causality is via clinical experimentation

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Comparing Interventions to Improve the Well-Being of Custodial Grandfamilies

G. Smith Co-PI

B. Hayslip Co-PI

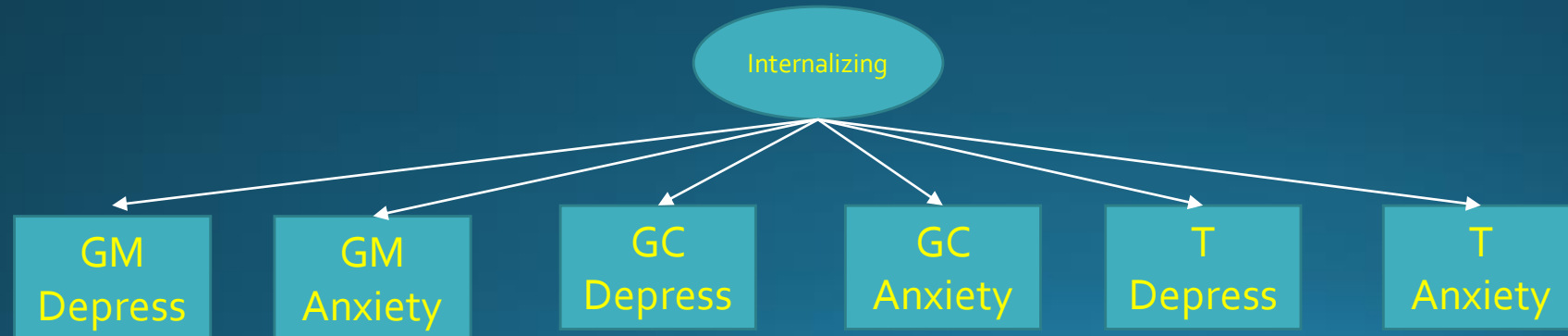
- * Most likely, there is reciprocity requiring long-term experimentation.

2. Collecting and Using Data from Multiple Informants

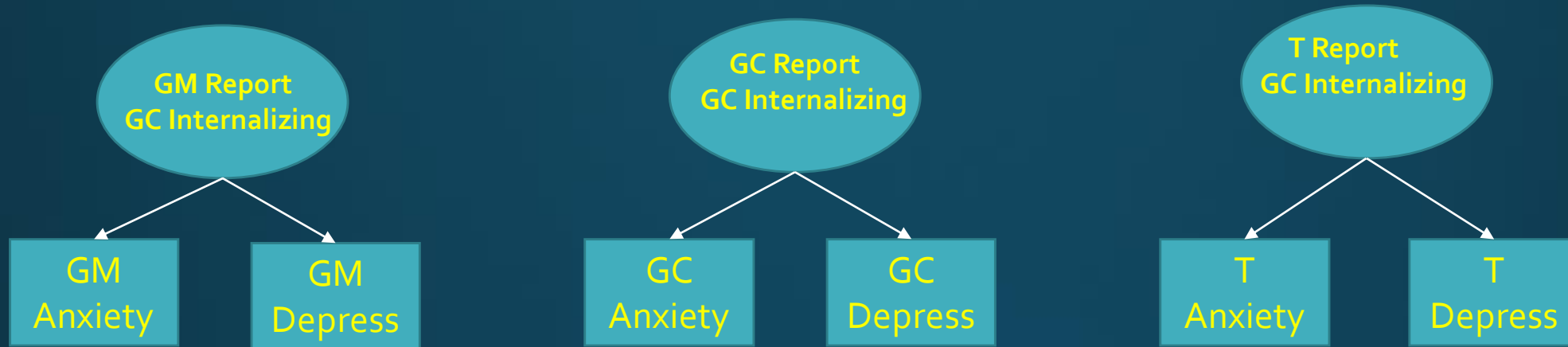
- * Our published FSM studies involve self-report data from one grandparent (except for the study of married grandparents).
 - Grandparents with higher distress may view grandchild as having more behavioral problems due to “cognitive distortion bias”. – Shared Method Variance
 - Our findings with married grandparents, however, do not suggest strong influence of shared method variance.

Typically FSM researchers use data from multiple informants re: child outcomes, but sum these data to derive composite scores

- Can we assume that data from differing informants represent a unitary construct?
- E.g., correlation between parent and child reports of child mental health difficulties is .22 on average.
- Different informants (e.g., teachers vs. parents) have different contextual reference points



Alternate Approach: Modeling Reports from Different Informants as Separate Constructs



ADVANTAGES:

1. Reflects the reality of low correspondence among informants
- 2 Provides a glimpse into the unique perspective of each informant – (differing correlates for each informant)?
- 3.. Discrepancies may reflect how informants relate to one another, and thus may point to increased risk for child and adolescent psychopathology

Some Further Measurement Considerations & Research Directions:

- * Systematic error may be present such that discrepancies exist between informants regardless of the particular construct being measured.
 - e.g., caregiver and child reports of parenting practices are likewise discrepant.
- * Subtle changes in measurement scaling affect informant discrepancy
 - Measurement features such as item content, scaling, and response labeling should be held constant across multiple informants.
- * Discrepancies also vary by informants' individual characteristics
 - e.g., Differences in caregiver – child reports of child's externalizing decrease with child age.

This knotty methodological issue points to many directions for future research

Example 2: Social Intelligence Training for Custodial Grandmothers and Their Adolescent Grandchildren

G. Smith Co-PI
A. Zautra Co-PI

Current RO1 Application

OVERALL AIM

Test an intervention model within a RCT that identifies mechanisms by which improved social relationship capacity increases the mental and physical well-being of grandmothers and adolescent grandchildren alike.

“Translational Developmental Science”
[Built from current social and cognitive neuroscience]

What is Social Intelligence?

Awareness of the value of social connections

The ability to take another's perspective

The capacity to engage in satisfying relationships

SCIENTIFIC PREMISE of OUR PROPOSED SI INTERVENTION RESEARCH

- * Both grandmothers and grandchildren are likely victims of early life adversity and cumulative disadvantage
- * Early life adversity is a risk for later mental & and physical difficulties due to diminished capacity to form and maintain close social ties. –
[Hostility, mistrust, conflict, low social support]
- * There is a strong association between social functioning and mental & physical health across the lifespan.
- * Online Social Intelligence training is an accessible and affordable intervention for reducing the negative consequences of early life adversity - -
[i.e., Modifiability of social thought and action]

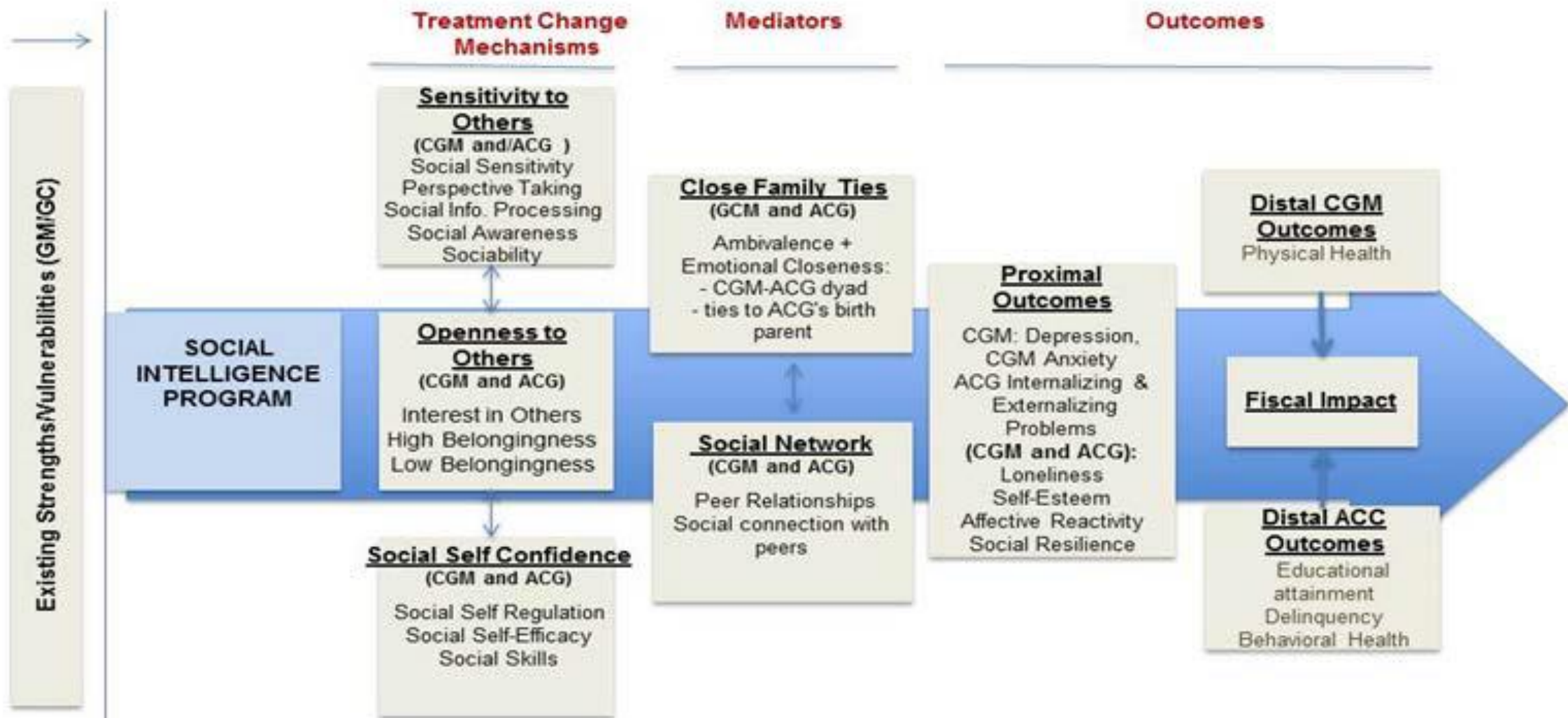
Description of the Social Intelligence Training Program

A series of short 5-10 min. sessions organized into 7 modules designed to raise awareness of human nature and social relationships and urge small action steps.

Three principles provide the foundation:

1. Humanization – We have ability to take other's perspective
2. Cognitive Science - Our understanding of others is often short-sighted and incomplete
3. Neuroplasticity - We have capacity to change

Figure 1. Conceptual Model



Note. Indicators of latent constructs are summarized in Table 1 and displayed in Appendices

Attachment-ambivalence emphasis on CGM-ACG dyad change and strained relations with birth parents

Content of the Seven Modules

1. Neuroplasticity – brain development and the capacity to form new neuro-connections underlying social relations
2. Conscious/unconscious Processing - how the brain processes social information
3. Empathy/Perspective Taking – ability to identify thoughts and feelings of others and respond accordingly
4. In-group/Out-group Biases – raise awareness of prejudice and develop self-constraint in responding to those different from ourselves
5. Face-to-face Communication – pathways to improving communication with awareness and practice
6. Social Schema Formation from Past Experiences – how early life interactions shape schemas about trustworthiness and social relationships and our desires for meaningful engagement
7. The Choice to Relate - clarifies that patterns of relating are not immutable ; we can enhance the quality of relationships in need of repair through awareness and self-regulation

Our Proposed Specific Aims

1. Examine short and long-term change in both dyad members in comparison to attention control, including patterns of collateral treatment change.
2. To probe for moderators of treatment change (cumulative risk, gender, age).
- 3 To probe qualitatively on how participants view the SI training as having changed their social relations. [Intervention Process]
4. To examine the societal economic benefits of SI training with this target population.

Methodological Features

In addition to standardize questionnaires (n = 340 dyads), we plan to use.....

- * Qualitative measures of how participants view the intervention as having changed their social relations -- *[Assessment of intervention process]*
 - Analysis of writings that participants provide during each session
 - In-depth qualitative interviews with 80 dyads.
 - Daily dairies (170 dyads)
- * Societal Cost Benefit Analyses
 - Cost of resources needed to implement the SI training
 - Comparison of program costs to future cost aversion (e.g., fewer mental health services; higher high school completion; more gainful employment).

Interdisciplinary Team

	Expertise	Affiliation
Gregory Smith	Aging Families ; Intervention Research	Kent State University
Frank Infurna	SI theory; Daily diary method	Arizona State University
Eva Zautra	SI Implementation	Social Intelligence Institute
Carol Musil	Nursing; Online intervention	Case Western Reserve University
Megan Dolbin-MacNab	Family Studies; qualitative interviewing	Virginia Tech
Max Crowley	Cost Benefit Analyses; Adolescent Development	Penn State University
Gregory Hancock	Quantitative measurement and statistics	University of Maryland, College Park

Closing Thought

Carol Goodman (2012)

“Grandmothers who maintain their own mental health and create a loving, close relationship with their grandchild over time may better assist struggling or deprived grandchildren to control difficult behaviors and successfully develop social skills” (p. 653).

Dedicated to the memory of
Alex Zautra, PhD

Thank You!