

Grandparents Raising Grandchildren - Designing Interventions That Make a Difference

The Gerontology Society of America
61st Annual Scientific Meeting
November 21-24, 2007

Acknowledgements

■ Family Connections

- Original support received from U.S.D.H.H.S. Children's Bureau, Grant 90-CA1580
- Diane DePanfilis, PI; Howard Dubowitz & Esta Glazer-Semmel, Co-PIs

● Grandparent Families

- Pilot tests of interventions with grandparent families supported by Georgia State University & the Hasbro Foundation, MD Department of Human Resources, & Maryland Children's Trust Fund

Current Support

- Replication of Family Connections with Intergenerational Families

(Grandparent Family Connections)

- U.S. D.H.H.S, Children's Bureau, 5-Year Cooperative Agreement
- Maryland's Title IVE Education for Child Welfare Program (support for some program staff)
- Annie E. Casey Foundation (10% cash match)
- Maryland Department of Human Resources (partial support of operations for Family Connections program)

Staff

- Grandparent Family Connections/Family Connections
 - Frederick H. Strieder, M.S.S.A., Ph.D., Program Director, GFC
 - Deborah Sarsgard, M.S.W., Clinical Faculty Field Instructor
 - Maureen Harkness, M.S.W., Academic Coordinator
 - Patricia Noel, M.S.W., Academic Coordinator

- Ruth H. Young Center for Families and Children
 - Diane DePanfilis, Ph.D., M.S.W., Co-Director, Faculty
 - Clara Daining, M.S.W., Research Director
 - Kim McCorr, B.A., Program Management Specialist
 - Gillian Gregory, M.S.W., Research Coordinator
 - Tiffany Williams, B.A. Research Assistant

The Family Connections Mission



Family Connections/Grandparent Family Connections is a program of the University of Maryland School of Social Work Ruth H. Young Center for Families and Children that develops, implements, and tests community-based family strengthening services that empower vulnerable families to achieve their safety, well-being, and stability. The program is committed to educating social work and other professionals to use evidence-based models of practice.

www.family.umaryland.edu

Increasing Safety, Well-Being, Permanency

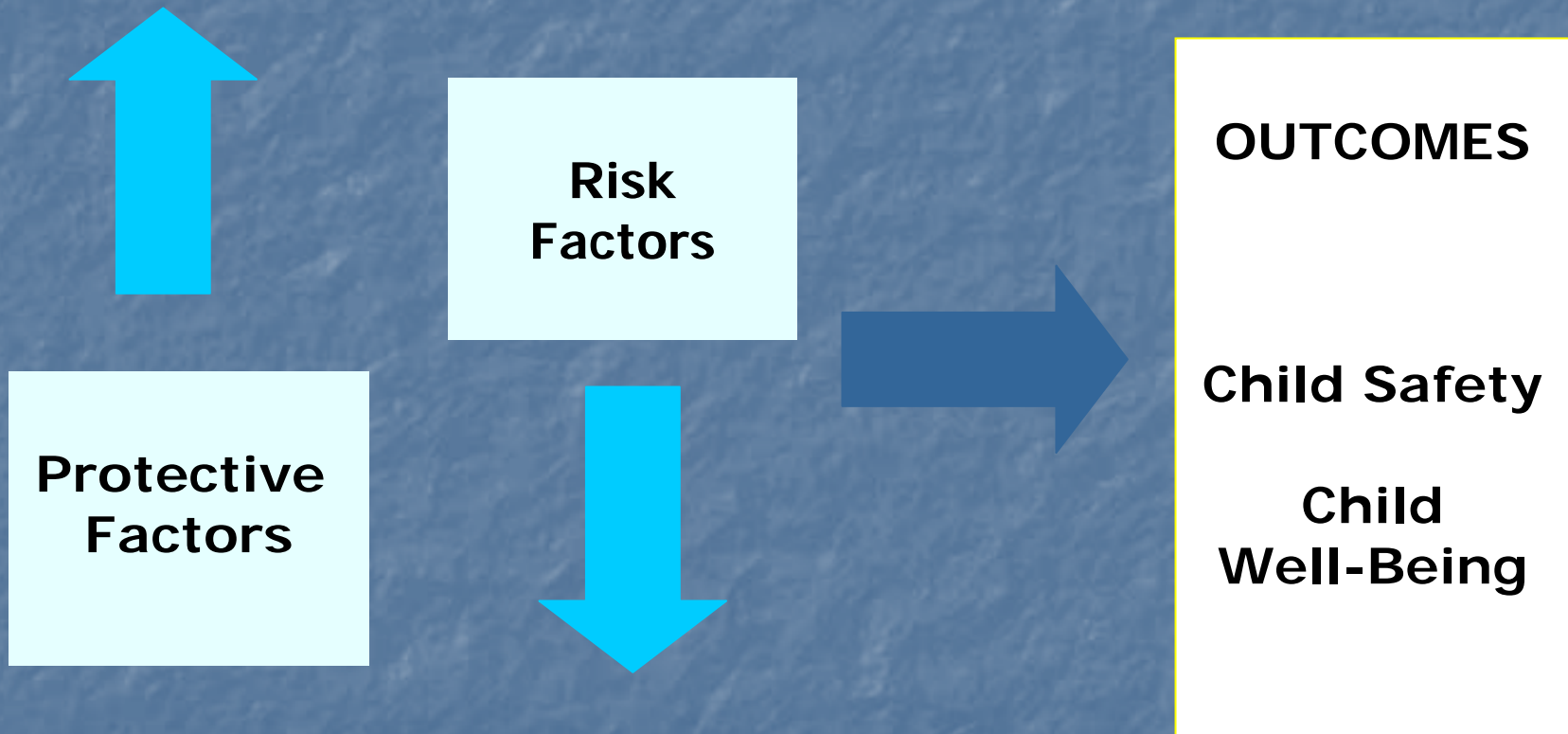
- ✓ Many families struggle to meet the basic needs of their children.
- ✓ Though the consequences of not meeting children's are serious, we know less about the assessment and treatment of this area than about other forms of child welfare services.
- ✓ Neglect is neglected - Our mandated systems often get involved too late. We need to understand more about successful models for reaching and intervening with families early.

West Baltimore: Challenges that Children Face*

- **Poverty**
 - up to 58% of children live in poverty
- **Truancy**
 - 39% miss > than 20 days/year
- **Child abuse & neglect**
 - 39 per 1000 children
- **Juvenile arrest rates**
 - 130 per 1000 children
- **Teen pregnancy**
 - 16% of females ages 10-17 give birth.

*Baltimore City Data Collaborative, 2001

Prevention Framework



Working With Families to Increase Capacity & Reduce Risk

- Practice Principles
- Assessment
 - Observational Measures
 - Self-report measures
- Family Assessment Protocol
- Service Plan
- Intervention Strategies

Results of an Early Intervention Service Model

- Analyses suggest that intervention may have an effect on:
 - **Reducing Risk Factors**
 - depressive symptoms
 - parenting stress
 - life stress
 - **Increasing Protective Factors**
 - parenting attitudes and satisfaction
 - social support
- AND.....**

Based on research conducted by Diane DePanfilis, Ph.D. on the University of Maryland Baltimore Ruth H. Young Center for Families and Children Family Connections Program

Results of an Early Intervention Service Model

- Results suggest improvement in targeted outcomes:
 - **Child Safety**
 - decreased CPS involvement
 - fewer housing problems
 - improved mental health care
 - enhanced parental teaching of children
 - **Child Well-Being**
 - decreased externalizing behavior and internalizing behavior
- Most positive effects endure six months following case closure.

Grandparent-headed Households

- Maryland - 98,157 grandchildren live with their grandparents and for 49,810 (3.6%) children the grandparents, 44,124, are responsible for their needs.
- 7th Congressional Districts - ranks the 5th highest % of children living in grandparent-headed households of all 435 and for 14,061 (14.7%) children the grandparents are responsible for their needs.
- Baltimore 24,341 (15.2%) grandchildren live with their grandparents and for 14,061 (8.8%). children the grandparents, 9,724, are responsible for their needs.
 - Living in poverty with no parent present – 35.5%
 - Grandparent has a disability – 38.7%

(% of all children)

U.S. Census Bureau. 2005 American Community Survey

Explaining the Trend

A number of factors have contributed to the increase in intergenerational households:

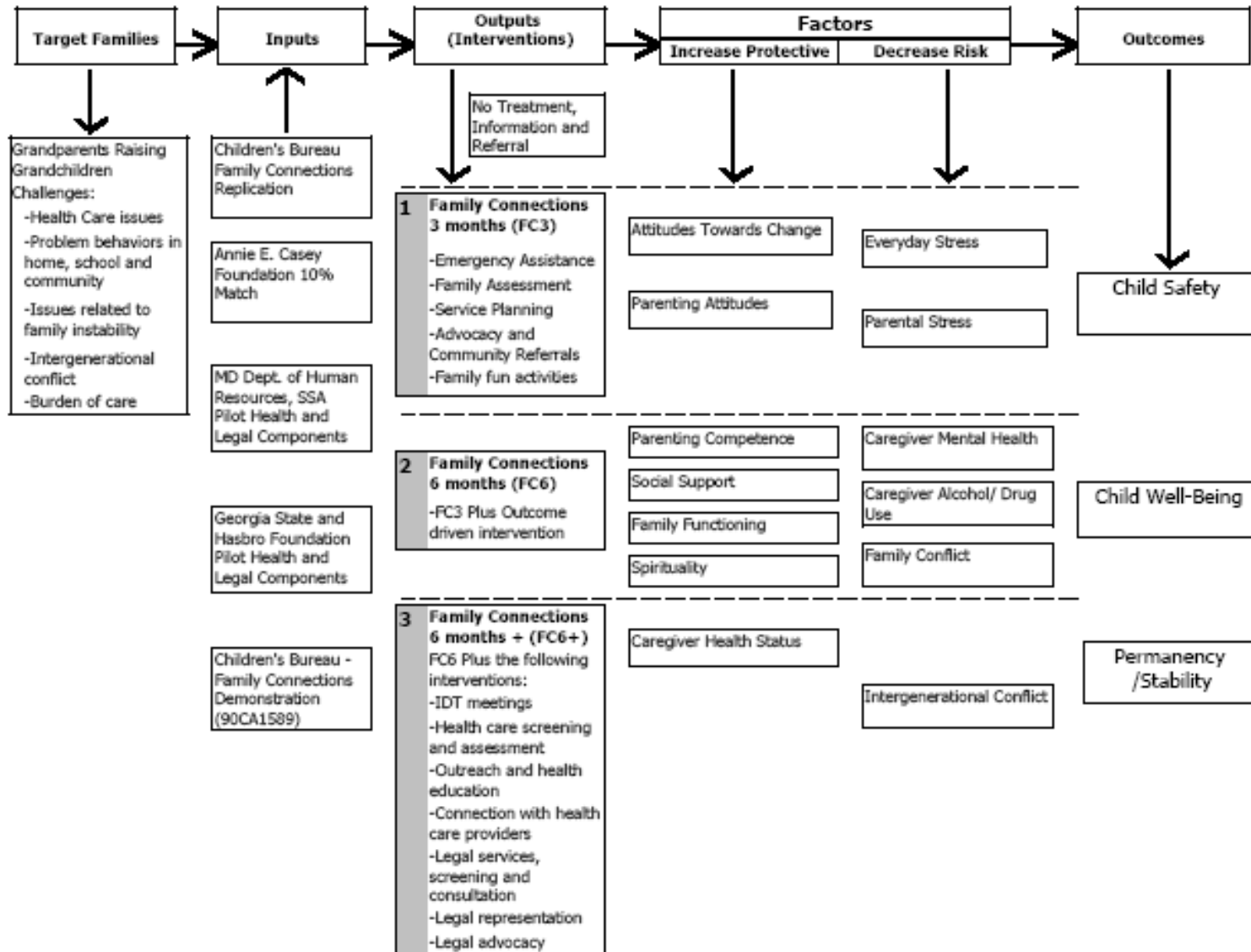
- Increase in drug abuse, especially crack cocaine
- AIDS
- Parental incarceration
- Divorce
- Teen pregnancy
- Rise in single-parent households
- Poverty
- Occurrences of child abuse and neglect

A Population in Need of Services

Though their needs are serious and unique, few programs assist intergenerational families. Grandparent caregivers often fall between the cracks of foster care, aging, education, and disability service systems.



Family Connections with Intergenerational Families



Increasing Protective Factors

- Attitudes towards change
- Parenting Attitudes
- Parenting Competence
- Social Support
- Family Functioning

Decreasing Risk Factors

- Caregiver Mental Health Functioning
- Alcohol/Drug Use
- Grandparent Family Conflict
- Intergenerational Conflict
- Caregiver Health Status
- Everyday Stress
- Parental Stress

Practice Principles

- Ecological developmental framework
- Community outreach
- Family assessment & tailored intervention
- Helping alliance with family
- Empowerment/strengths-based
- Cultural competence
- Outcome-driven service plans

Intervention Services

- Crisis Intervention
- Emergency Assistance
- Individualized Outcomes-Based Services
- Individual and Family Counseling
- Advocacy
- Case Management
- Interdisciplinary Practice

Assessment Protocol

- Ecological perspective
- Family orientation in philosophy and practice
- Multiple sources
- Outcome driven

Observational Measures

Family Assessment Form*

- Designed to integrate assessment, service plans, and documentation
- Subscales based on areas of family functioning
- Ecological perspective
- Assesses context
- Strengths and needs based

*Children's Bureau of Southern California, 1997.

Family Assessment Form, Cont'd

Family Functioning Factors

- Living Conditions
- Financial Conditions
- Supports to Caregivers
- Caregiver/Child Interaction
- Developmental Stimulation
- Interaction Between Caregivers

Family Assessment Form, Cont'd

Caregiver Factors

- Caregiver History
- Caregiver Personal Characteristics

Family Assessment Form, Cont'd

Behavioral Concerns Observational Checklist

- Acting-Out Behaviors
- Inner-Directed Behaviors
- School Behavior Problems
- Health and Development Problems
- Temperament

Family Risk-Child*

- Physical health
- Mental health
- Home behavior
- School adjustment
- Delinquent behavior

* Magura, Moses, & Jones, 1987

Self-Report Measures

Self-report Measures

Families participate in research interviews. Some of the data gathered is shared with service providers...

Family Resource Scale

Dunst, K. J., & Leet, H. E. (1987). Measuring the adequacy of resources in households with young children. *Childcare, Health, and Human Development*, 13, 111-125.

MAST

Selzer, M. L. (1971). The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. *American Journal of Psychiatry*, 127, 1653-1658.

DAST

Skinner, H. (1982). The Drug Abuse Screening Test. *Addictive Behavior*, 7(4), 363-367.

Self-report Measures-Cont'd

RAND Health Survey

Ware, J. E., Sherbourne, C. D., & Davies, A. R. (1988). *A short-form general health survey*. Publication P-7444. Santa Monica, CA: Rand Corporation.

BSI

Derogatis, L. R. (1993). *Brief Symptom Inventory Manual*. Towson, MD: Clinical Research.

CES-D

Radloff, L.S. (1977) The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.

Support Functions Scale

Dunst, C., Trivette, C., & Deal, A.(1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA; Brookline Books.

Use of Measures in Practice

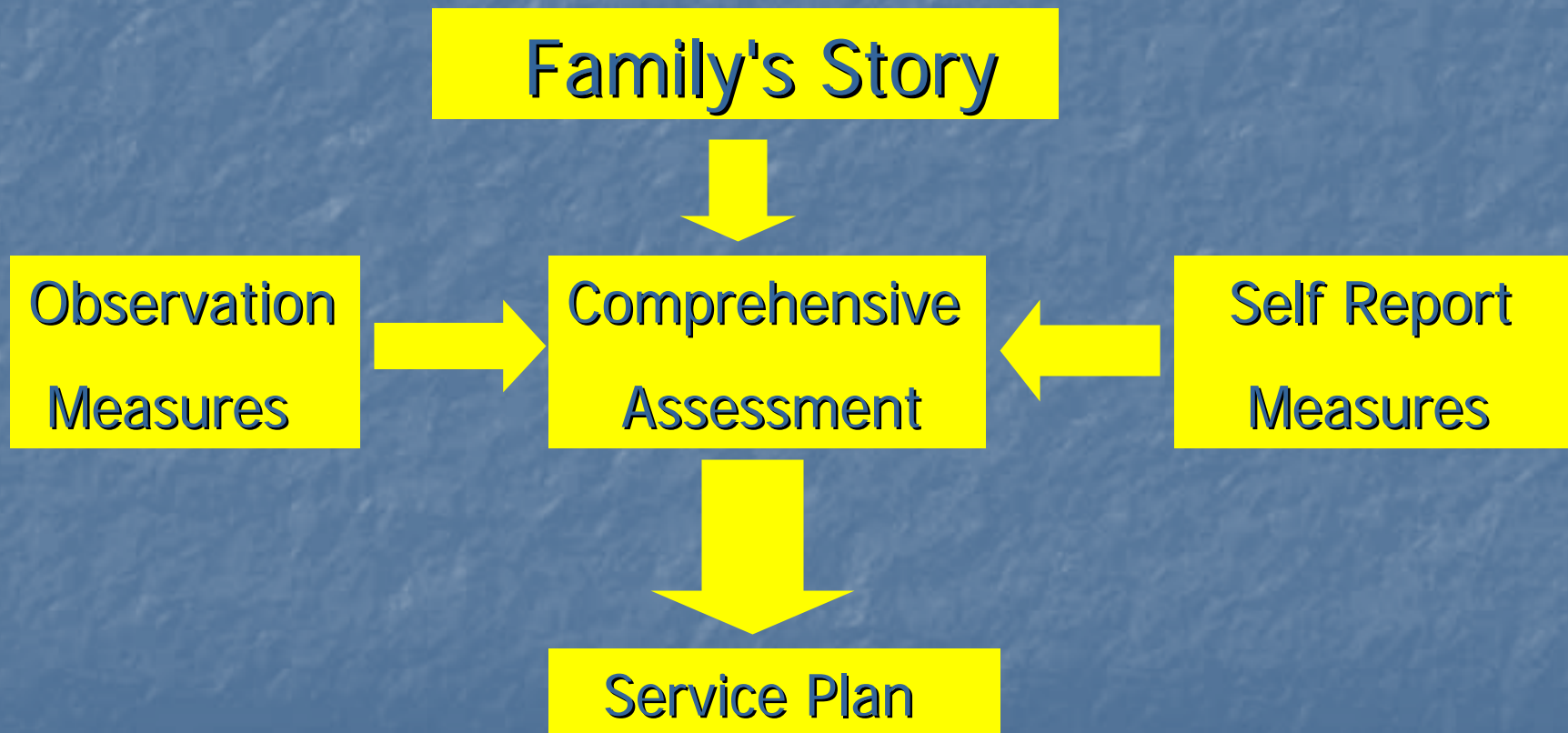
- Develop a comprehensive assessment
- Provide a caregiver perspective
- Utilize in concert with observational measures
- Define both strengths and needs
- Utilization
 - Decide when to introduce the information
 - Use strengths-based perspective
 - Decide who should be present when discussing the measures

Family Assessment Protocol

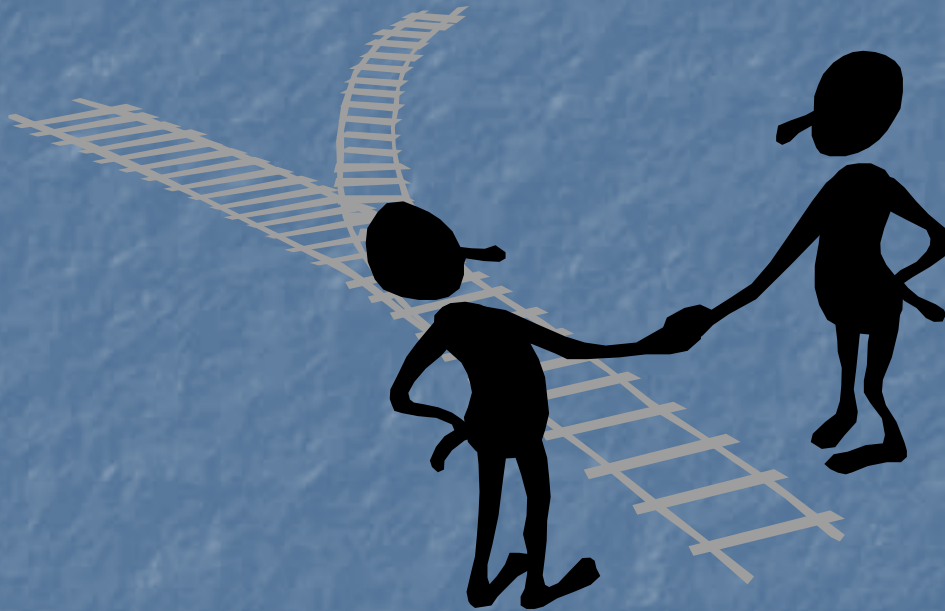
The Service Plan

- Based on the assessment and outcomes determined to be addressed
- Developed in concert with the family
- Specifies goals and related methods
- Subject to periodic review

Developing Intervention Strategies



Finding Common Ground...



Collaboration with Family



Using Measures in Practice: Additional Benefits

- Supervision
- Administration
- Research and Program Evaluation

DISCUSSION

Questions?

Comments?



To retrieve a copy of this presentation, please visit:

The Family Connections Web Site

<http://www.family.umaryland.edu>



References

- Gibaud-Wallston, J., & Wandersman, L. (1978). *Development and utility of the Parenting Sense of Competence Scale*. Paper presented at the meeting of the American Psychological Association, Toronto.
- Hall, L.A., Williams, C.A., & Greenberg, R.S. (1985). Supports, stressors, and depressive symptoms in low-income mothers of young children. *American Journal of Public Health, 75*, 518-522.
- Johnston, C. & Mash, E.J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology, 18*, 167-175.
- Magura, S. & Moses, B.S. (1986). *Outcome Measures for Child Welfare Services*. Washington, D.C: Child Welfare League of America.
- Radloff, L.S. (1977) The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.
- Robins, L., Helzer, J., Cottler, L., & Goldring, E. (1989). *NIMH Diagnostic Interview Schedule – Version III – Revised (DIS-III-R)*. Bethesda, MD: National Institute of Mental Health.

References (cont'd)

- Russell, D. & Cutrona, C. (1984). *The Social Provisions Scale*. Unpublished manuscript, University of Iowa, College of Medicine, Iowa City.
- Selzer, M. L. (1971). The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. *American Journal of Psychiatry*, 127, 1653-1658.
- Skinner, H. (1982). The Drug Abuse Screening Test. *Addictive Behavior*, 7(4), 363-367.
- Ware, J. E., Sherbourne, C. D., & Davies, A. R. (1988). *A short-form general health survey*. Publication P-7444. Santa Monica, CA: Rand Corporation.