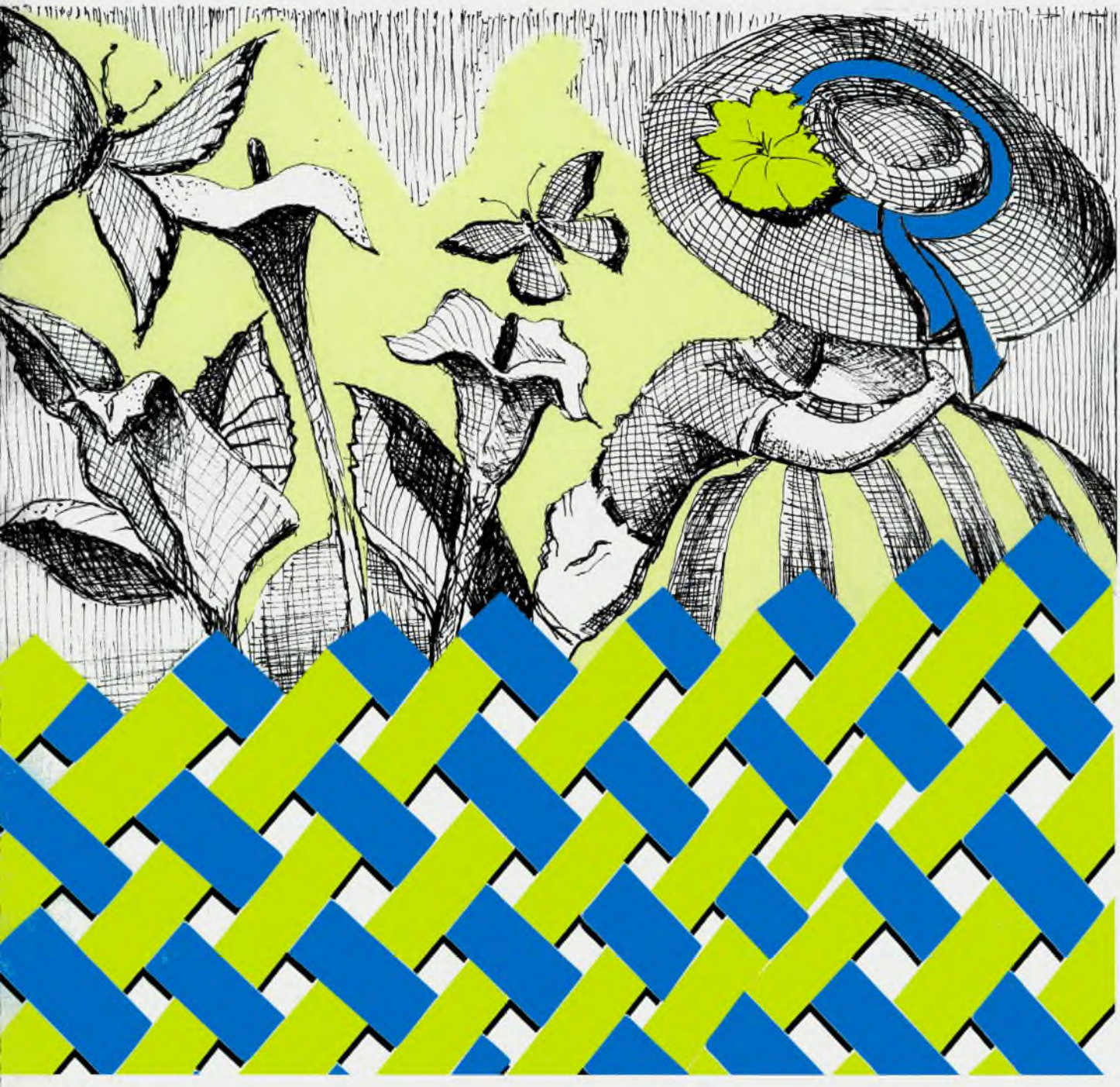
REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING



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REFLECTIONS

NARRATIVES OF PROFESSIONAL HELPING

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Special Issue:
Advances Through Second Chances: Grandparents Raising Grandchildren

Guest Editor: Catherine C. Goodman, DSW, Department of Social Work, California State University, Long Beach

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Introduction to the Special Issue Advances Through Second Chances: Grandparents Raising Grandchildren

Catherine C. Goodman, DSW, Department of Social Work, California State University, Long Beach

"Everyone needs to have access both to grandparents and grandchildren in order to be a full human being."
Margaret Mead, Blackberry Winter: My Earlier Years.

Overview of Grandparents Raising Grandchildren

The reality of today's grandparent role is far from yesterday's "pleasure without responsibility." These days, more grandparents are assuming major caregiving roles for their grandchildren, either in support of adult children who share a household, or as sole caregivers for their grandchildren. Almost 4 million children were raised in grandparent-households in 1997 (5.5% of children under 18) compared to 2.1 million children in 1970 (3% of children under 18). These increases have resulted from a myriad of social and economic pressures and are the forerunner of powerful and challenging roles for grandparents to come.

This special edition of ***Reflections*** addresses grandparents who have responded to social and economic pressures to keep families together and provide for the next generation. Economic pressures have contributed to three-generational living. Teenagers who become parents, or adult children who divorce, often seek the protection of grandparents. Social pressures center around parents who have fallen prey to the drug epidemic, which persists unabated in its most serious form. The prison population has tripled since 1980, and the number of women incarcerated for drugs quadrupled over a five-year period during the late 1980's. Over the past decade, there has been a 16% increase in reports of child abuse and neglect along with concurrent decreases in traditional foster families to care for abused children. Mental illness, physical illness including AIDS, and death are other reasons that grandparents raise grandchildren. In all of these circumstances, grandparents have stepped in to keep families united in spite of the challenges involved. Amongst the challenges are the often unresponsive organizations and institutions that have failed to respond to "nontraditional" families. Personal challenges may result from poverty, family conflict, grief and disappointment over the problems or loss of the adult child, as well as stress of assuming care—sometimes for children with special needs. Parents may be torn between attachment and obligation for their children and personal struggles that may render them unable to parent. Legal complexities and custody battles often leave children without stability or permanency. Inherent in the topic is the breadth of perspectives from several generations and the complexity of difficult social issues. The heart of the topic is the many courageous men and women who are working to keep the family together.

My Own Pathway to Grandparents Raising Grandchildren

I caught a second wind and began a second phase to my career, just as many grandparents begin a second round of parenting. The shift started in 1992. This year signaled a converging of grief over the death of my father and, just months later, the conflagration of riots in Los Angeles resulting from the initial Rodney King court decision. As the city burned, I sought some sign of rebirth. I looked for a renewed academic focus, one that would embrace some of the thorny urban issues confronting Los Angeles.

Earlier in my career, I had focused on caregiving of older people, particularly care provided by the adult children and spouses of Alzheimer's victims. I subsequently shifted to a broader view of family relationships: marriage and divorce in older couples. A colleague suggested grandparents raising grandchildren as a new arena. This was a perfect fit, which retained a focus on caregiving and family relationships but shifted to older people as caregivers instead of as care receivers. The topic involved many complex and difficult urban problems and could officially be viewed as "gerontology."

This was "grandparents to the rescue," incorporating a view of middle and older adulthood as a time of strength, attempting heroic challenges, and continuing development in spite of hardship. It included commitment to the family group and to giving children the best possible chances in life. Therefore, it required grandparents to reach deeply into themselves to find the strength to achieve for someone and something beyond themselves—in spite of grief and loss. Grandparents pinch hit for a generation that might have been expected to become the "sandwich" generation in 10-20 years. But instead of a "sandwich," it's a "skipped generation," with an "absent parent." The parent is absent from the household but not absent from the imagination or wishes of grandparent and grandchild. The convergence of personal grief and my need for renewal launched a winning and productive second focus to my career and gave me a new chance to conduct research that could have important policy and practice implications.

My second chance materialized in a National Institute on Aging grant to study over 1000 grandmothers raising grandchildren in Los Angeles. This large, three-year project is now in its final year: data collection is completed and analysis is underway. The pathway of winning and working on this award has been energizing and exhausting, with forays into new school and child welfare communities and retreats to the support of a loyal and gifted staff. I have collaborated on the grant with Merril Silverstein, Andrus Gerontology Center, University of Southern California, and data has been collected by the Survey Research Center, Institute of Social Science Research, University of California, Los Angeles. These affiliations have provided guidance and been my lifeboat through the swift academic waters. Didi Scorzo, my project coordinator, has been loyal and "fearless," a compatriot in breaking new ground. She coordinated the search for grandmothers through grandchildren attending over 200 schools in the Los Angeles Unified School District. Javier Contreras, as Graduate Assistant, has masterfully crafted a data management system, enabling the production of a fine and accurate data set.

As we enter the final analysis phase, I am grateful for the understanding and encouragement of these wonderful staff members; for a personal sense of renewal, joy, and creativity in my career; and for a refresher course by UCLA and USC researchers. My own journey has brought me deep satisfaction, a unity of mission, and a focus I haven't known before in my work. Thus the possibility of a special edition for ***Reflections*** on grandparents raising grandchildren offered the opportunity to create a family album of grandparents and professionals, united in desire for the common welfare of family members in this growing family type.

Overview of this *Reflections* Edition

This edition of ***Reflections*** attempts to bring together many voices of grandparents and professionals. The journal is divided into two sections. The first section of the journal represents the voices of grandparents themselves and of their family members. We see, in the striking eulogy by Lynn Evans, that the parents are never truly absent from the hearts and minds of other family members in custodial grandparent families. Men and women lost to drugs may be struggling, as Lynn Evans' daughter, caught and unable to get out. I have often referred to the "missing parent," a term which hides some anger at the middle generation for not

fulfilling their parenting responsibility. This narrative makes it clear that the parent generation has been victim to poor drug policies, too little available rehabilitation, and too frequent and punitive incarcerations for minor drug offenses. Particularly poignant in this narrative is the power of the grandchild to evoke memories of the lost parent.

In contrast, the narrative by Shook and Shook focuses clearly on life without the parent and the reconstitution of the family with remaining members. They demonstrate that "family" is not limited to grandparent or any other parenting unit but also often includes aunts and uncles. This "family" was able to pull together at the crisis times to support two grandchildren. It is less typical for white families to include aunts and uncles in such an active role: African American families more often involve some parenting by many participants. Role flexibility is also a theme in the narrative by Mary Harris-Robinson. This narrative is a tribute and eulogy for a parenting grandmother as told by her granddaughter. Mary Harris-Robinson also paints a portrait of life in the rural south. Striking is the role flexibility of family members in this African American family in response to Mary's ear infection and her grandmother's illness.

Grandparent short narratives portray a variety of other themes. Lydia Slawson emphasizes that the mastery gained in caregiving can be used for a successful career dedicated to helping others deal with similar circumstances and advocating for changes in the child welfare system. LaVonne Bottoms speaks of the ingenuity needed to raise special needs children, and Mildred Page emphasizes the joy of the grandchild. Ben and Angie Colclasure emphasize overcoming tragedy. The perspectives of both husband and wife and their shifts in role, are shared by Duane and Alberta Kriesel. The narrative by Merril Mushroom also demonstrates the advocacy role that many grandparents assume and the possible marriage of work career and caregiving career.

The second section of this ***Reflections*** edition presents the voices of professionals in many roles: administration, practice, research, and education. As seen in the previous section, professional roles are often shaped by personal experience. Rolanda Pyle's dedication and appreciation for her grandmother shaped her career choice as Director of the Grandparent Resource Center in New York. As she notes in her narrative, children often don't understand the enormity of the costs—and grandparents may not fully see the benefits and rewards from their efforts in their lives. Both Rolanda Pyle and Mary Harris-Robinson lost their grandmothers early, testimony to the age gap and the tendency of custodial grandparents to turn last to their own health needs.

While conducting research appears to be a step back from the immediate lives of grandparent subjects, several narratives demonstrate ways researchers have been influenced by their topic. Lee Miller and Jonathan Marx supplement the experience of conducting research on national samples with this qualitative portrayal of a grandparent- headed family. This family also illustrates the emotional repercussions when grandchild siblings have different legal arrangements. Nadine Bean, Euretta McAllister, and Lynn Hudgins conduct ethnographic research and in-depth interviews with grandparents from different cultural groups. The strength of cultural traditions and roles and the attachment of grandparents are felt through the words of their subjects. In his narrative on policy research, Richard Caputo shares an intellectual journey in policy-related research and struggles with the most effective approach to advocacy for a researcher. His research brings to the professional community solid facts and knowledge, which generate useful recommendations for policy. As Caputo points out, custodial grandparents are involved in private acts that promote the public good and their efforts deserve public support.

With a focus on practice, therapists Beth Bordeau and Megan L. Dolbin struggle to adapt to the constant transitions that one grandparent headed family experienced during family therapy. This narrative shows

up close some of the difficult attachment issues that grandparent families may face. This is a family with a history of abuse and violence: authors describe their struggle to find effective interventions in the chaos of the changing family.

Amongst the several programs presented, Leslie Covey demonstrates the rewards and challenges of building support groups and the natural growth of self-advocacy among the grandparents in her group. Teresa Jones provides a view of a university-based program, which started as policy analysis, shifted to a needs assessment, and evolved into an innovative "Speak-Out" in which grandparents were helped to be their own policy advocates. Grandparents presented their circumstances and opinions to agency representatives and policy makers, using the power of personal experience. Another university-based project is described by Diane Holliman, Martha Giddings, and Susan Closson. In this case, collaboration is the theme and program efforts resulted in important learning, from grandparents and from other staff, about true collaboration. Finally, Phyllis Pelt describes her experiences as a school nurse working with grandparents. While the school system typically looks to parents, Phyllis Pelt no longer assumes that there are parental caregivers. She found sensitive methods of helping families and children cope with sometimes wrenching violence.

It is my hope that the many professional and nonprofessional voices in this special edition demonstrate our mutual interdependence. Grandparents have become their own advocates with professional encouragement. Professionals have gained a sense of meaning from the courage of the caregivers they study and serve. A wise grandmother, Jessie McClelland, who worked on my research, has often reminded me of the interdependence of age stages inherent in the grandparent-grandchild relationship. Older people are a portrait of aging, which young people will look to as they age, as well as a repository of past history. Young people are in charge of the future and are the product of the teaching, love, and dedication given them by previous generations. Insights into this special bond are represented here through the views of professionals, grandparents and grandchildren raised by grandparents. These are stories of rejoicing, renewal, invention, struggle, stress, and grief all at once. We need a large and united outpouring of many voices to advance public awareness, and to develop programs, research, and supportive policies for grandparents raising grandchildren.

References

• Mead, M. (1972). *Blackberry Winter: My Earlier Years*. New York: William Morrow.

My Sweet Juliette, The Sea Brings You Closer to Me

By Lynn Evans

Many grandparents find themselves raising grandchildren when their own children are caught in the throes of addiction. The following journal excerpts detail the author's wish to memorialize and grieve for her daughter, as well as provide information for her grandchild when she is older.

July 3, 2000:
I realize how much has changed

My beautiful daughter Juliette did not recover. She died in October of a drug overdose. She has lost her life, my sweet child, my Juliette, only twenty-nine years old. My hopes that she would recover and mother her daughter, Jordan, are gone. Hopes and dreams are gone, leaving me with responsibility for my granddaughter. I am Jordan's mother on earth and Juliette can be her mother only in heaven. It is so huge and overwhelming for me. Jordan is only six.

Addiction is deadly; believe me, I know. I lost my sweet and gorgeous daughter.

Saturdays will never be the same. We would pick her up at the bus every week when she came on visits from the recovery home. As soon as she was with me, no matter the cold weather, I rushed her to the boardwalk and the edge of the sea so she could breathe again. It was the best medicine for my addicted and recovering angel.

July 5, 2000:
Memories of you, Juliette

Summers at the beach with you are my most vivid memories. Sailboat and fishing boats in the background. You in that cute little green checkered two-piece bathing suit, five years old. Suddenly in my memory you are a woman. We had collected sea glass and you and Jordan collected white stones. You are playing with Jordan.

You are the sea to me now, Juliette. You are with me all the time. The early morning sun rays stream down to the water, reminding me of you in your glory. Now, no more pain for my baby.

Just off the boardwalk, there is a new Memorial Park with many bricks but with a special memorial brick that Jordan has dedicated to you. It reads: "For my Mommy, Julie, from your Jordie." The brick is close to where the two of you played on the beach, collecting your stones. The brick reminds me of you. But more than the brick, the sometime stillness of the ocean, with only a few soft breakers, brings me thoughts of you, my lovely girl at peace.

For all the years to come, I want to keep walking by the sea remembering you, and with the aid of ginseng and vitamins, perhaps I will!

People on the boardwalk have tee shirts commemorating a 1998 event – it gets to me of course; it is the year you died.

July 19, 2000:
I can feel your goodbye

A beautiful beach day. All the kids playing in the water. I remember you as my baby girl, healthy and adorable in your little swimsuit. When the sun goes down by the bay, I can feel your good-bye. Your light and your life now gone.

I try to hear Our Lord telling you, "Now you are mine."

When the ocean shines like bright

diamonds I think of your smile that a million diamonds could never outshine. And when Jordan plays at the water's edge, I see you there instead. As the blue sky breaks through the heavy clouds after two days of rain, I try to revive my hopes and dreams, only now they will have to be for Jordan.

July 26, 2000:
Sandpipers in my path

I saw the sandpipers today. I love the way they move so swift and free. When I see them, I tell myself they are a gift from you. You knew my love of nature and wildlife. Thank you for these comical pipers in my path. They make me chuckle. Jordan also loves His creatures, and nature, flowers, music, and music, music, music.

I feel closer to you at the beach. You put the sandpipers in my path, and the dolphins in my view. The shells and stones touch me by their simple beauty. I think of you and Jordie collecting them in buckets and in little piles on the beach.

Jordie has problems in school and I need your help. I have come to talk to you about it. I see you and feel you near me at the ocean. When I feel tired, thinking of you helps me get over my weariness. When I feel sad, thinking of you certainly brings back my sense of humor. And when I am in a tailspin of confusion, or a funk, I smile thinking of your smile, and forge ahead with almost no effort at all.

July 29, 2000:
What we didn't say

The light gray skies and darker gray waters make me think of a grayish look your face sometimes had, my girl.

I think of the words we left unsaid to each other. All the talk of illness and addiction and the hopes of your "going straight." How sad I am that this never came to pass!

You were a wonderful mother to Jordie, my sweet. You tried very hard, when you were able to be there for her. You taught her to ride her bike without training wheels. You played "dolls" and "kitchen." You told me to be careful of the cords on the window blinds—small children were strangling on them. You had many talks with Jordie about doing the right thing, and being a good girl for Granny.

Thank you for the notes and letters you wrote to her and to me. I have them all. But much, much more, thank you for giving life to your child, this child of yours and mine. Happiness comes in my loving and caring for her. I delight in her and in seeing you in her—you as a child again. Watching her on the swings, I see you at seven.

August 1, 2000:
In and out of recovery

The beach is quiet today with the gray, rough, rolling clouds and sea. One box kite flying, hooded jackets on lifeguards, and only a smattering of people.

In the afternoon, it is lovely to see the bits of blue sky after three days of rain clouds. On my walks on the beach, I feel closest to you, yet I also miss you the most. I get a pretty good image of you in my mind and can talk to you, laugh with you, hear you saying, "Hi mom, it's me." But now, only the sea is here.

When the ocean is in turmoil, I think of the turmoil you endured—you would try, but you would slip in and out of recovery, in and out of recovery. I went through those slips with you, but mine was not as horrible a suffering as yours

August 15, 2000:
Two years later

Today is two years since I held you and hugged you for the last time. It was family day at the rehab. We did not know that your life would end soon. You looked like a little girl in your short denim overalls with your hair in a high ponytail one of the other girls in rehab fixed for you. At the end of the visit, you looked so sad. I murmured as we left you at 4:45 p.m.: "Please God, don't let this be the last time I see her." I knew you so well. How did I know you well enough to say that?

August 27, 2000:
Just like us, Honey

There is a downpour on the beach. It is Sunday afternoon in August, everything empty and deserted, just like my heart. This summer rain makes me think of you. You disliked heavy rain…you were never prepared…you always looked like a drowned rat, poor girl.

I struggle walking against the gusts. The flying gulls are struggling too. When the gulls are scarce, I search for those rascals and usually find a few. Two at a time is best, as if they are us, flying free and together again. One seagull, then a second one (me) flying so free! I say out loud, "Just like us, Honey."

I pass the place on the beach where you sat with me one August day in 1992, carrying your child in your belly. Now Jordie, already a young lady of six, is the only one here to share August days with me.

September 6, 2000:
The sea brings you closer to me

Today, your baby girl begins second grade, a most promising beginning for us all. Instead of "Granny", I am "Mom-mom" now. Anything I plan for your baby girl (as you would call her), I do in your memory. I loved you so!

I need to walk on the beach and see and hear the waves. They turn, slide and crash, just like my life. I believe God placed me at the seashore. He knew I would need the sea when you were gone. He knew I would need the peace and strength of the sea to raise Jordie.

I am lost in my own thoughts. Your death brings me to a transition. It feels spiritual to me and I am accepting of it. I have a job to do. I can bring comfort, security, and happiness to Jordan. Such a beautiful, innocent little girl. I can help her grow. But can I? Why me? Do I want this job? Is there no end to the jobs given to me?

The movement of the waves brings me peace. Looking at the sea, the endless horizon, the birds sailing to nowhere, I can imagine your face and I say to you, "No more frantic confusion of drug dependency, Honey, just infinite peace." It brings me a

vision of the heavenly place you are now. And thankfully, I can see you smiling.

About Juliette, Jordan and the author:

I can remember how peaceful and playful my Juliette was when not under the influence of drugs. She would show me in many ways her extreme caring and kind spirit. I saw her give her last cigarette and/or her last dollar so many times to many street people in Philadelphia.

So many times she would ask me, "Mom, why can't you get Jordan a Barbie jeep?" She was Jordie's best playmate because Juliette herself was always the child and, I believe, she wanted the jeep for herself. She never lost her childlike ways.

Together, we had our bouts of anger, depression, and helplessness and with it all, we knew each other's hearts. Juliette hated her addiction and she would say, "Do you think, mom, I like being addicted?" I understand, now that she is gone, how very painful this was for Juliette – her struggle and her loneliness.

Now, about Jordan, Juliette's daughter:

Jordan has so many unique qualities: features like her mom, beauty like her mom, and a feisty spirit like her mom. Jordan has high-risk fetal drug effects and is classified as a special education student. She gets all of my attention; however, she still craves a male role model (father) in her life, as it is just the two of us. This I know. Jordan is

funny and you know what she is thinking, because she tells all. She is open and honest, sometimes to the point of embarrassing me. Jordan is "quite active," very smart and precocious with an ADHD embrace of life. She loves animals and recently took a third place ribbon in a horse show. She participates in a horseback-riding program called Hippo therapy. Aside from chasing seagulls every chance she gets, she wants to belong in the world, always testing life and its creatures as well.

Now, about me:

I take one day at a time. My second home is the sea, the boardwalk, the bay, and the beach. The trunk of my car smells so gross, like dead fish, due to the assortment of stuff I have collected during my beach walks.

I have dedicated much of my recent life to advocating for grandparents raising their grandchildren and for children with special needs. Thankfully, I have many grandparent friends raising their grandchildren.

I love Jordan dearly, and I will never forget the miracle of life when Juliette gave birth to Jordan.

And why this style of journal writing?

I keep a journal for Jordan to have when she is ready for more information about her mom. I also journal for myself; it helps me to grieve. And my attraction for the sea, the ocean, the bay, and the beach is my communion and communication with Juliette.

I want to memorialize my sweet Juliette to the highest level. I feel that addiction is such an illness and no one, at that time, understood how seriously ill she was. I will always feel that Juliette died a useless death as so many drug abusers do. Other people write them off as losers. Juliette suffered a death no one should have to experience; she was alone, sick, and sad. And I want others, at least her family and friends, to take ownership for some of the loneliness that Juliette suffered to the end, that they could have been there for her, in some way, at some time, with some help in her desperate need for recovery.

If others can read this and reach out to help the drug abuser, then I have attained my goal in sharing my story about my sweet Juliette.

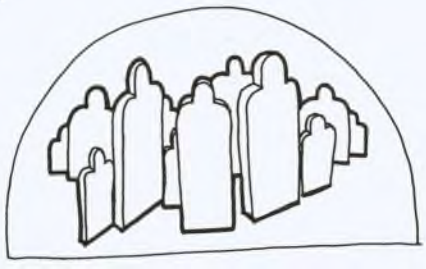
GRANDPARENTS RAISING GRANDCHILDREN: THE COMPLEXITY OF A SIMPLE LABEL

By Carole E. Shook, MA, 5th grade teacher, Beach Elementary School, Round Lake, Illinois
Jeffrey J. Shook, JD, MSW, Ph.D. Candidate in Social Work and Sociology, University of Michigan

This narrative considers the story of a family bearing the label of "grandparents raising grandchildren." The authors argue that families bearing this label are quite complex with regard to their circumstances, roles of family members, and issues of race, class, and gender. Policy makers, social services providers, and educational institutions must become aware of the numerous complexities these families present in order to provide supports and resources both through child welfare and other social service institutions. Additionally, the circumstances and complexities of these families must be considered within the dominant political discourse over family and family policy.

An increased amount of attention is currently being paid to grandparents serving as the sole or primary caregivers of their grandchildren in the United States. Although many grandparents have assumed this role throughout history, the American Association of Retired People (AARP) and other groups are reporting the growing numbers of grandparents raising their grandchildren. This situation places the grandparent(s) in the primary role of caregiver, or parent, in opposition to more traditional American notions of the role of the grandparent.

Understanding what it means to be "grandparents raising grandchildren" is important in many respects. First, it sheds light on the many struggles, joys, needs, and strengths of these families. Second, it speaks to the intersection of issues of race, class, and gender in our society. Finally, it deconstructs notions of the traditional American nuclear family, exhibiting the need for our society to accept diverse and varied family forms. Understanding the vast complexities that belie the simplistic label of "grandparents raising their grandchildren" will also help us better conceptualize how many American institutional structures work to oppress and marginalize many people and groups.



This essay will speak to these issues through a narrative of our family. Technically, our family now fits the label of "grandparents raising their grandchildren." It consists of the maternal grandparents (Carole and Jim), two grandchildren (Devan and Eric), an aunt (Lori), and an uncle and aunt (Jeff and Sara). What we hope this narrative will reveal is a family much more complex than this label, one based upon the work and effort of seven people, one that has undergone many struggles, and one that has benefited from much joy and happiness. It is important, however, for us to note that our story cannot be generalized to all grandparents raising their grandchildren. As we will try to express, we are relatively privileged within the categories of race, class, and gender compared to many families that we know and have encountered. While we feel that our story is valuable, it is just one of many stories of families of all types seeking their way in our society.

How did we become what we are?

The most common question we hear when asked about our family is why. "What happened?" "Where are the parents?" "I don't mean to be personal, but why are you raising your grandchildren?" Children lose their parents in many ways, including economic circumstances, death, illness, abandonment, and incarceration. In some cases the parents are totally out of the picture, such as death or total abandonment, but in many other cases the parents still play

a role. For many, there is no simple answer to this question of why, a situation that serves to draw a broad array of views from family, friends, and society.

In our case, the "why" is not simple. It is a question that we all struggle with and will continue to struggle with throughout our lives. The "why" has a profound impact on who we are as a family and as individuals. Essentially, our situation can be labeled as abandonment, a nasty divorce between two people struggling, both economically and personally, to raise their children. As a family we decided to provide the children with a home while the situation worked itself out and the parents determined how they would care for the children.

However, the situation never worked itself out. The parents went their separate ways without resolution of any issues except separation. They lived in the area, but neither served as a parent, made plans for serving as a parent, nor showed the desire to serve as a parent. The boys, six and seven at the time, felt rejected, awash in a sea of uncertainty and instability. During this period, Jeff and Lori lived in Washington, D.C., and Carole and Jim lived in Illinois with the boys. At one point, when Jeff was home with Carole and Jim, Eric (6) was in the bathtub, and Carole went in to get him out and ready for bed. Eric would not move. He pinned himself in the tub. He said he would stay because no one wanted him and he had no home. Carole called Jeff in. Eric still would not move. They left the bathroom, dejected. Jim went in. Eric still would not move because he had nowhere to go. Jim promised him a home, that he would never let him go without a home, and that he would always have a place with us. Finally, Eric got out of the bathtub. At that point, we decided that we needed to provide the stability and certainty of a home and of people to care for them. That is the point at which we decided on legal custody.

The decision to obtain legal custody was premised on a much broader array of factors than this incident. The boys had spent a large portion of their lives living with their maternal relatives, Carole, Jim, Jeff, and Lori, both with and without their parents, forming substantial bonds with each family member. Connection with their father's family was limited. For a variety of reasons, it was uncertain whether either parent could or would provide sole care. Arrangements were discussed whereby the boys would live with their grandparents, but one or both parents would still provide substantial care. These negotiations never came to fruition and neither parent assumed this role. Relationships with all parties became tense and violence erupted between the parents. All parties played a role in this tension. It was a time of extreme confusion and uncertainty for everyone, and we cannot recall an exact pattern of events. The one certainty that emerged throughout this period was that the boys were going to live with their grandparents. This certainty drove the decision that night to provide the stability that the boys expressed they needed.

Loss

The detail described above is difficult for us to process. We all have dealt with our emotions in different ways, being dragged down at certain points and rebounding every time. As we write, it is apparent that our decision was the right one. Both parents have left the scene for the most part. The father sees the boys for a few hours once every month or two. He provides financial support and has developed a stable life situation, but has developed other relationships that consume his remaining time and resources. The mother has left the scene almost entirely, with a phone call or short visit every six months to a year. While the parents are gone for the most part, their sporadic interaction prevents a period of grieving and full acceptance of the loss we all feel.

Consequently, the sense of loss is difficult to convey. For the boys, this loss has been expressed in distinctly different ways. Devan, now 13 and in 8th grade, has kept things inside. Early on in the process, he seemed to leave us for long periods, revert-

ing to the only safe place he really knew, himself. Over the course of time he has practiced this strategy less and less, but it still occurs frequently. He has felt responsibility for what happened and for what he feels. He talks about having to hide under his bed when his parents fought to avoid the troubles he felt he caused. Although we have tried many strategies to bring him out, including counseling and attempting to create safe havens in our home and lives, his journey toward dealing with the essential loss of his mother and father is largely his own journey. His acceptance of his new home and caregivers is testimony to his own inner strength and personality, slowly emerging as he gains confidence and attempts to express his feelings. Through this process it is apparent that he stills hurts and aches for his parents' acceptance, feelings that will always be with him and shape his life.

Eric, now 11 and in 6th grade, expresses his emotions outwardly. Anger is the primary form of expression, although its frequency has diminished over time. Early on, he struck out at people and things. During his first Christmas in our custody, when his mother visited more frequently, he became out of control when sitting in the living room with his mother on Christmas Eve, throwing a poinsettia on the floor and spilling its contents. A series of punches and screaming followed as Jeff tried to dissuade him from more damage. It took the efforts of both grandparents to calm him fully, at which point he reverted to his sweet and charismatic self. Similar to Devan's learning to not keep his feelings bottled up, Eric has learned to control his anger, largely through his own efforts at coming to grips with his situation. While the family was an early object of his anger, he now talks openly about what makes him angry and sad. This often occurs when one member of the family leaves his immediate presence. Jeff and Sara live in Michigan and Lori lives an hour away from his home. He has come to grips with their comings and goings, but still expresses a great amount of concern when they are away. When one of his grandparents is away from home, he often cannot sleep. When his grandfather attends meetings that extend past his bedtime, he stays awake with his grandmother, waiting for the garage door to open. Grandpa has taken to carrying a cellular phone with him so that he can communicate with Eric that he is safe and will be home.

In essence, both boys are learning to accept their situation, their feelings, and their loss. It is a long battle, with peaks and valleys, and will be with them forever. They cannot point to one or two concrete reasons why they feel as they do but must try to piece together many incidents. This is further complicated by caregivers who feel similar confusion and feelings of loss and experience their own peaks and valleys. While Eric and Devan have lost their parents, Jim and Carole have essentially lost a daughter, and Jeff and Lori have lost a sister. This loss has affected us all individually, bringing us down at certain points in our lives and requiring a great deal of strength and support to regain our stride. However, it has also brought us together, as the common feeling of loss goes unspoken, yet not unnoticed. It has also brought us closer to the boys because we can share and understand many of their feelings and struggles throughout this journey.

Through this sense of loss we have come together as a family. We know what we are and what we mean to each other, but we don't always know how we got here. We must answer the questions of why and how posed in the beginning of this section with a smile and a quick answer. It is because this is the way that it is.

Race, Class, and Gender

One of the most obvious consequences to society of grandparents raising grandchildren is the financial ramification. The costs of raising children are high and the financial capabilities of grandparents are often less than when they were parents. Although an extremely valid and vital concern, it is also quite complex when one considers the tremendous variation in the age of these caregivers, their financial status, and community and family networks. In our case, we

feel relatively privileged economically. Jim and Carole, one coming from a working-class family and the other from a middle-class family, both were teachers. Jim, taking advantage of a plan in Illinois to retire older teachers who had worked their way up the economic ladder, retired prior to gaining custody of the boys to begin a second career in golf course management. Carole still teaches 5th grade, a few years from retirement in a society that still speaks to women caring for their young children but does not provide them with credit while away from the workplace.

Jim was working at a golf course and Carole was teaching when they began caring for the boys. They soon realized, however, that given the emotional state of the boys and seriousness of the situation, Jim would have to quit his job and become a full-time caregiver. With Carole's salary, Jim's retirement, and child support from the parents, they felt the family could manage financially. This has been borne out for the most part, although Jim has recently gone back to work part time. The father continues to pay some support, but the mother has neglected to pay. This support does not go far in raising the boys, but the family has managed in these financial arrangements.

Living in a town with inexpensive housing, Jim, Carole and the boys were able to move into a new home two years ago that is nearly twice as big as their old home. Both boys now have their own bedrooms, and the house has a large yard and a garage. Although maintaining custody of the boys has impacted Jim and Carole's financial resources, and is a cause of concern when they think about college, savings, and their ability to enjoy a comfortable retirement, they feel blessed with enough resources to provide a nice and stable home and to provide the boys and themselves with various material and cultural necessities. In this respect, our family is privileged given the financial situations of many grandparents raising their grandchildren with fewer resources.

Another privilege the family experiences is Jim staying home as the primary caregiver for the boys. When people use the label "grandparents" raising grandchildren, it is our experience that they are primarily talking about grand*mothers* raising grandchildren. In discussions with other grandparents raising their grandchildren, it is evident that women maintain the primary caregiving responsibility, similar to child rearing in many nuclear families. In the case of our family, however, the term "grandparents" truly fits. Both Jim and Carole spend significant amounts of time involved in the lives of the boys, with Jim maintaining more of the household responsibilities. Even with both grandparents, as well as help from Lori and Jeff, the job of raising two children is difficult. Without the involvement of both grandparents, the struggle would be so much greater. Consequently, the impact of traditional gender roles is largely negated and the label of "grandparents" raising grandchildren is appropriate.

Race is another issue that impacts our family. Jim, Carole, Lori, and Jeff are white, while Devan and Eric are bi-racial (part African American and part white). In a larger family context that is not tolerant of diversity, we have been forced to remove ourselves from a family network. Although many family members are not racially intolerant and are supportive, the overall context has forced us to look inward for our support. Additionally, because we operate in primarily white social groups and social structures, we experience negative reactions as a multi-racial family. However, the truth remains that we are still considered to be a white family and still benefit from this status in society. As the boys grow and experience being "black" in America, race will play an increasingly important role in our family situation. One element of this impact is our difficulty in providing a perspective on being African American to Eric and Devan. Our ability to understand and be sensitive to racial issues will be important in the overall success of our family.

My "parents" are different

One of Jim and Carole's struggles, and one of the struggles that they have observed among other grandparents raising their

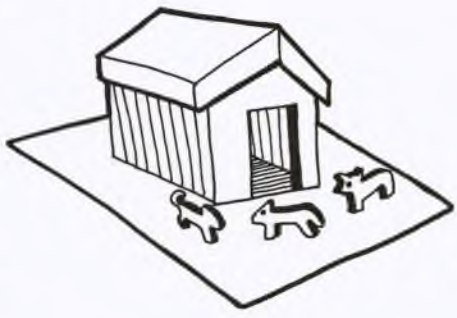
grandchildren, is that they are different from many of today's parents. They look different, are from a different generation, were raised under different conditions, and have already raised children. Many of today's parents are their children's age. The grandchildren notice this, too. They must deal with fitting in, although their "parents" may not totally fit in with their friends' parents. For the most part, teachers and other social service programs do not take into account that "parents" come in many different varieties. As a teacher, and as a grandparent raising her grandchildren, Carole experiences these differences in various roles. She sees her own struggles with another set of childcare responsibilities, sees the struggles of her boys, and sees how other grandparents and their grandchildren are impacted in her school and other settings.

For families like ours, struggling inside themselves to negotiate through the many issues that brought them to their present position and dealing with added financial, familial, and social instability, fitting into the normal course of social relations, such as school, are added dilemmas. The uncertainty of our present position is further compounded when we do not seem to fit into the social institutions that we and our children must navigate. These social institutions are premised upon conceptions of the nuclear family and are not flexible enough to deal with other family forms, such as grandparents raising grandchildren, single parent families, or same sex couples. Everywhere we go, we are seen as different, and this sense of difference impacts your overall family group, as well as individuals within that family group. Our family has been engaged in efforts to advocate for grandparents raising grandchildren through the formation of support groups and advocacy projects to address some of these issues. These attempts have mostly been unsuccessful, as the pressures of everyday life have taxed our time and resources. However, these types of endeavors are necessary to change the structure of our society's institutions to better reflect these differences.

Strength and Joy

The primary result of our family's journey over the more than five years of legal custody of Devan and Eric has been the development of an inner and family sense of strength over time, and the incredible joy that we take in our "family." This strength is the result of years of work and effort by all, and the joy is in experiencing this strength and watching our family grow. Carole and Jim have made a firm commitment to their grandchildren, have applied the effort necessary to make this commitment work, and have given up a great deal in making this commitment. However, they have also received a great deal in this exchange. The morning smile through tired eyes, the games to extend bed time, the "A" on the spelling test, and the compliments of strangers are ample payment for their commitment. Watching these boys grow and amaze underscores the convictions and efforts put in by Carole and Jim.

Lori and Jeff both have also given much of their time, given up various opportunities, and played a significant role in the growth of our family. Having two other adults to help out has made a tremendous difference. Although they live away from home now, both Lori and Jeff have spent considerable time living with the family at different points, serving as another "parent" at times and being an older "sister" and "brother" at other times. While they have given, both have also benefited personally from the strength and joys of the family. The family unit that we have become has served to help strengthen and guide them through their journeys, as well as needing them in its journey. They boys struggle with their departures, but have learned to express their feelings through the family "doghouse." This doghouse consists of a wooden model of a doghouse and little wooden dogs with each family member's name that can be put into the doghouse. When Jeff and Lori leave home, the boys will place them in the doghouse to represent that they miss them



and want them to come home. Through this, the boys have learned that it is safe to express their anger and grief.

The strength and joys of our family are also represented through the recent marriage of Jeff and Sara. Sara came into the family soon after Jeff left home, potentially causing further feelings of abandonment. However, knowing that Jeff would always be there for them, the boys accepted Sara into our family and represented this through their charm, maturity, and giving at the wedding. A potential test of the family, the wedding proved to be another example of our strength and a time of celebration and pride. While difficulties remain, and we will be tested in meeting both old and new challenges, we will continue to draw on available supports to overcome these difficulties and meet these challenges. Thus far, we have been blessed with ample support. Whether this will continue is a question that we must continually ask ourselves.

Hope

We end this essay with a message of hope. Hope that our story will provide some insight into how one family has coped with tremendous change and challenge. Hope that professionals, policy makers, and politicians will begin to consider the complexities in the various family forms that are part of our social landscape and reject the common rhetoric that is so damaging to the many families that do not fit defined forms. Hope that social structures and institutions can be re-made over time so that they will serve to include all sorts of family forms. Hope that those in power will listen to the stories of these families and begin to provide more immediate relief and resources to help these families survive in our current social structure that continually oppresses across issues of race, class, gender, and sexuality. The arrival of "grandparents raising grandchildren" on the national radar presents not only an opportunity to meet the many and varied needs of these families, but also an opportunity to re-think definitions of family that have marginalized many family forms. Our story shows that given the right resources and support, these families can thrive. This is not, however, a burden that should be placed upon the family itself, but one that needs to be shared more broadly by our society.

The Joy And Love Of Being Raised By My Grandmother, Eliza Eatman

By Mary Harris-Robinson

This narrative is told from the unique perspective of a grandchild who was raised by a grandparent. The author honors the life of her grandmother by describing the special bond they shared.

First, I would like to explain why I was raised by my grandmother. I'm the fifth child of eight children born to Bennie Harris and Willie Pearl Hardy who are divorced. Frenchie, my oldest sister, was allowed to live with Grandma Liza until she was able to help Mom with chores around the house. Then one day Mom decided it was time for her to come home to stay. On that day Mom and Grandma agreed that the next child born would be allowed to live with her forever. *And guess what! I was the lucky one.*

Grandma Liza was my greatest inspiration in life. She taught me great family values, to love mankind, not to do anything to anyone that you wouldn't want done to yourself, and foremost and forever to always love thy self. She often said, "If you follow this path in life, you shouldn't have any problems in the future."

Although Grandma only received a 7th grade education, her knowledge and wisdom went far beyond that. She had a strong faith in God, and we attended Hopewell Baptist Church every Sunday, which helped to keep our family strong.

As I recall, I never went to a doctor for a physical examination or a major illness. But, I don't recall being very ill, and Grandma had an herb or home remedy for any and everything that ailed us. Every morning after breakfast, I was given a tablespoonful of liquid cod liver oil to help my eyes, teeth, bones, hair, and fingernails grow strong and healthy. At the end of summer, I had to eat a bulb of fresh garlic, which grew in the corner of the front yard at my parents' house on the same property, to cleanse my body. The garlic would expel any worms that may have entered my body by my going barefoot in the summer. During the Christmas Holidays, I was given SSS Tonic (Three S Tonic) to prevent anemia, and Black Draught Syrup to cleanse and regulate my bowels. And last but not least, and the one thing that I absolutely hated, I had to swallow a tablespoonful of castor oil and be given a small stick of peppermint candy to prevent colds. If we did get a cold or slight cough, there was the old standby, Horehound Candy, to the rescue. Cold and cough were expelled overnight.

When I was five years old, Grandma and I would pick wild herbs from alongside the road and the woods on our 46-acre farm. She showed me what herbs to pick and let me carry the large brown shopping bag to put them in, a bag that I dragged on the ground because I wasn't tall enough to keep it from touching the ground. During the time we were picking herbs, Grandma would

always keep an eye out for dried sassafras root. We drank it as a tea, and it was very good in helping prevent colds. When we returned home, Grandma would wash and towel dry the herbs, lay brown shopping bags end to end on the pantry shelves, and spread the herbs out to dry away from direct sunlight because direct sunlight could affect the potency of the herbs. Once the herbs dried, she made labels for the Hellman's Sandwich Spread jars from cut strips of a small brown paper bag, put Mucilage LePage glue on the back of the label, and placed it on the jar in which the herbs were stored to keep them fresh and potent.

Grandma enrolled me in Johnson Hill Elementary School when I was five, and my teacher was a beautiful and lovely lady named Velma Goodson. This was an exciting time for me, because I would be attending school with the first grade class. Grandma had bought me new school clothes and shoes from the Spiegel, Sears & Roebuck, and J. C. Penney's catalogues, because we were not allowed to try on clothes or shoes in the department stores in town. Therefore, the school clothes that weren't purchased through the catalogues were made without patterns by Grandma and Mom from beautiful Dan Rivers solid, stripes, and plaid fabrics. Johnson Hill Elementary School was a school with one large classroom divided into 1st through 6th grade with two teachers. The other teacher's name was Mrs. Lula Thompson. We walked 2.5 miles to and from school in the sun, rain, hail, sleet, or snow. I attended this school from the 1st-6th grade where I was a straight "A" student.

Mrs. Goodson chose Herman Walker and me to compete for the A.G. Gaston Spelling Bee Contest at our school. I rushed home from school that afternoon to show the spelling bee book to Grandma and to explain what I had to do to win the competition. She looked inside the spelling bee book and said, "Those are some mighty big words in there. Grandma may not be able to pronounce them." But because it was for me, she was ready to take on the challenge. The next afternoon after school, Grandma and I sat in the swing on the front porch, she on the left and I on the right. We started the swing in motion, going back and forth. Grandma started to pronounce the words in syllables in the spelling bee book starting with the A's, and I began spelling them. She pronounced and I spelled until dusk. We did this routine for several weeks, and then it was time for the big day. I felt great the day of the competition and had a lot of confidence in myself. I won the competition! Again, I rushed home to tell Grandma and to thank her for helping me win. She gave me a big hug, lifted me off the floor, kissed me on my cheek, and said, "I'm so proud of you. We did it!" I told her that I would have to study more and harder because I would be going to the A.G. State Competition in Eutaw, Alabama.

At the state competition, I took fifth place, and although I didn't receive an award, Grandma and I were very, very proud of my accomplishments. She had spent many long hours in the afternoons, sitting in the swing on the front porch pronouncing words from A-Z for me to spell. Also, Mrs. Goodson, my teacher, was very proud of me. She said, "Although you didn't receive an award, you gained great experience, poise, and confidence in yourself." I will never forget my feelings after I was eliminated from the competition. I walked proudly off stage with my head high and my shoulders erect. I felt I had done my best, and I felt great!

I enjoyed being raised by grandmother, because she gave me mostly anything that I asked her for and it didn't spoil me. She was always there for me. I enjoyed playing kids' games with my sisters and brothers, like jacks, paddle ball, hopscotch, jump rope, hide and seek, marbles, softball, and basketball. Life on the farm was very quiet and serene, but when I grew older there were lots of chores to be done on a daily basis: feeding the chickens, hogs, horses, mules, cows, and dogs; collecting eggs from the chicken house; milking the cows; working in the vegetable garden; weeding and hoeing the cotton and corn fields; and later, at the beginning of fall, picking cotton and pulling corn. The chores seemed endless.

When I was eleven years old and in 7th grade, Grandma enrolled me at Carver High School in Eutaw, Alabama. Grandma was a manipulator, but I didn't realize it at the time. She said, "If you continue to get good grades and be on the Honor Roll throughout high school, I will pay for you to eat in the school cafeteria every day." I agreed quick, fast, and in a hurry, because to eat in the cafeteria was a special privilege. Otherwise, I would have to carry a brown bag lunch every day.

While playing Hide and Seek in the cotton field one Friday afternoon with my brothers and sisters — Frenchie, Mary Helen, Bennie, Juanita, Thomas Clay, Leona, and Willlie Lee — I got ragweed pollen deep inside my inner ear. As I was returning to Grandma's house from playing with my sisters and brothers, I lost my equilibrium and everything seemed to be going around in a circle. I was unable to balance myself when I walked. My sister, Juanita, happened to see me struggling to balance myself, and she ran and caught up with me. As I held on to her right shoulder, she was screaming at me, but I couldn't hear a word she was saying. I held on tightly to her right shoulder as she and I walked to Grandma's house. Grandma was sitting in the swing on the front porch, and Nita began to explain everything to her, but I was unable to hear any of their conversation. Nita went home and Grandma took me inside, laid a quilt across my bed, and using hand gestures asked me to lie down and go to sleep. I slept until early Saturday morning. During this time my father was working a construction job that required him to work out of town from Monday through Friday. He always returned home early every Saturday morning after working all week. Grandma arose early Saturday morning to make breakfast for her and me. After breakfast, she gave me a bath and helped me dress myself so we could be ready to go to the doctor when Daddy arrived home. When Mom gave Daddy the bad news, he immediately came to Grandma's house and took us to Dr. Joe P. Smith's office, which was only open for a half day on Saturday. The doctor checked my ears, explained the problem to my father, wrote out a prescription, and we walked across the street to Solomon's Drug Store to get the prescription filled. I had to put three drops in each ear three times a day, and every day at lunchtime Frenchie, my oldest sister, met me in the cafeteria to put drops in my ears. On the fifth day, I regained my hearing.

Grandma always stressed the importance of being on time to catch the school bus. She said, "If you can arrive at the bus stop at 7:05 a.m., you can arrive there at 7:00 a.m."

I arose every morning at 5:00 a.m., cooked breakfast for Grandma and me, did a few chores, took a bath, and got ready for school. We had a 40-minute bus ride to school, and the bus driver picked up several kids on his route to school. When school was out in the afternoon the students had to board their bus for the ride back home. High school was fun and challenging because I had made a commitment to Grandma to be on the honor roll throughout high school. I made new friends, was on the honor roll, and learned track and field, volleyball, softball and basketball. In the 9th grade I excelled in these sports, made the varsity team, and competed against other schools in our league for four years. The sad part was Grandma or my parents never had the opportunity to watch Nita and me compete because they were busy working the farm, and my father was busy working for Southern Foundry, Tuscaloosa, Alabama, a company that made several types of piping for building houses. Little did he know at that time that this job would cause him to have asbestosis, after working in those fine dust particles for 25 years.

When I was a sophomore in high school, the summer of 1962, I returned home from school to find Grandma sick in bed and Mom sitting at the head of the bed rubbing her forehead with a cold wet towel. I kissed Grandma and Mom on their foreheads, but I knew something was wrong with Grandma because she had a slight fever and was lying down. Grandma was a very active lady. I asked Mom what happened. She said, "Grandma had some bleeding from her

vagina, and she isn't feeling well. The doctor is on his way to the house." When Dr. Frederick arrived we had to leave the room. He checked her, gave her some medicine for the temperature, and asked Mom to bring her to his office the next day.

After he examined Grandma, Dr. Fredrick asked them to meet him at the Green County Hospital so he could do a biopsy. Grandma and Mom returned home from the hospital, and she said, "The doctor will let us know as soon as he got the results back." A few days later Dr. Fredrick returned with the results. That day is a day that stands still in time. I arrived home, kissed Grandma and Mom on their foreheads, and asked Mom about the test results of the biopsy. She said, "Grandma has terminal cancer of the uterus, and she will be going to the University of Birmingham Hospital for chemotherapy treatments once a month." I was devastated. I cried for several days, and asked myself, why? I didn't understand why God was taking my Grandma away from me when she was my *rock and pillar*. These questions flashed through my mind: What will I do now? How long does she have to live? Will she survive for my graduation? Grandma asked me to come and sit beside her bed. She assured me that everything was going to be all right, that God takes the good as well as the bad, and that God is watching over us, don't worry. I kissed her cheek and went outside and sat in the swing. I prayed for God to please take care of Grandma and make her healthy so she could attend my high school graduation. The treatment seemed to be working, because Grandma was still able to take care of herself while I was off at school during the day. She was able to attend my high school graduation in May 1964, where I was an honor roll Student from the 7th through12th grade. I had fulfilled her dream and my dream.

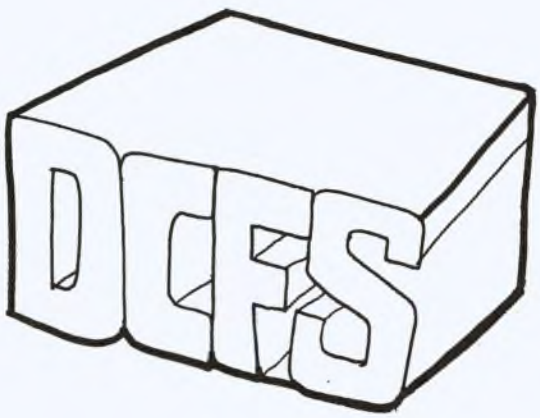
Grandma passed away Wednesday, June 27, 1966, from cancer of the uterus. Being raised by my Grandma was the greatest thing that could have happened to me. Between the two of us, the unconditional love, family values, and bonding, we will always be inseparable in life and in death.

And I Will Tell You...

Grandparents raising grandchildren were asked to write short essays about the reasons they provided care for their grandchild, and some of the special meanings that they attributed to the experience. These are excerpts from the essays, which show perspectives on caregiving as a career, the care of a special needs child, the reasons grandparents assumed care, and some of the role shifts that grandparents experience.

Caregiving As A Career
By Lydia Slawson

When my daughter Mary was growing up, I could tell there was something different about her. She never had friends, did not get along with her siblings, and in general was different from other children. When Mary was 18 years old, we were able to get a diagnosis that she was schizophrenic and had many other brain disorders. In 1992, my stepdaughter called and told me that Mary had been to her home and left the children and that the Department of Children and Family Services (DCFS) was coming in a few hours to her house. As we waited for



DCFS to come over, we agreed that the twins would remain with her and I would keep the oldest child with me. Summer came and went. Finally at the end of summer, I took the children home with me, and my husband of 30 years said, "OK, now what do we do?" We decided that we would make the effort to find help and he would help take care of the children. We would do it together.

As I entered the DCFS system, I had no idea what was going to happen, but I knew I needed help. I needed information, resources, and education to help these children through this traumatic time. There was no information to be had. I decided that I would not be a victim and set out to correct this problem. In 1992 DCFS had sent out letters to kin caregivers telling them meetings were being held at their local offices. After only a few meetings, the letters stopped and we were on our own. There were only five or six of us, but we knew we needed help. We held elections and to my dismay, I was elected President. Over the next three years, we worked hard to get changes. Along with helping to organize groups in other counties, we provided monthly meetings and speakers to address the concerns of kinship caregivers. I wrote a newsletter for kinship for two years. We had support group meetings and our mailing list grew from word of mouth to over two hundred. Along with this, I served on many committees on kinship. In May, 1995, I served at a Mini White House Conference on "Parenting a Second Time Around," sponsored by the Department of Aging. At the end of 1995, DCFS decided they needed a kinship program and brought together two people from each of their eight regions. We talked, had meetings, and held elections. I was elected president and founded The Kinship Council of Los Angeles, Inc. I was President and CEO from 1995 to 1999.

Through all of this, I was receiving twenty to thirty calls a day from caregivers asking questions. They were confused caregivers wanting answers to questions on DCFS, court, financial issues, and permanency. Many questions had no answers. I discussed this with another caregiver and we decided we needed to make an effort to correct this problem. We created the Kinship Orientation Program. This program is four hours long and consists of fourteen components addressing all the key issues. We have

also presented to other counties that have adopted this program. From 1995 to 1999, I served on many committees. I became a MAPP (Model Approach to Partnerships in Parenting) trainer for foster parents, participated in L.A. County's KEPS (Kinship Education, Preparation and Support) program, was certified as a trainer, and participated in a program to train teaching staff in the local schools. I created and edited the first Kinship Newsletter sent out by DCFS for over a year with a circulation of over 13,000. I have done workshops on Kinship Care at the Foster Parent's Conferences from 1995 to 2000. In August 2000, I did a workshop on Kinship Care for Children's Institute International. I have a workshop every year for the Foster Parents Association. I do many classes for the Community Colleges on kinship issues and serve on the Community Colleges Advisory Board. This board meets every four months in Sacramento to discuss educational needs of the kinship community. I am very proud to say that I did not allow myself to be a victim and will continue to advocate for kinship caregivers and the children in their care.

Needs of Grandchildren Versus Grandchildren with Special Needs

By LaVonne Bottoms

Troy came direct from the hospital to me. He is a child with *special*, special needs. He was born with Down Syndrome. This tubby little guy was a quiet baby, little laughter, and not much crying. He had a lot of love, and he was loved a lot. As a newborn there was no difference in his needs than those of any other baby. Troy's progress was approximately average as he grew, but at age two and a half, he didn't say much and still did not laugh. I contacted a therapist. She told me I was expecting too much. I just said, " If I expected nothing, I would get nothing."

I started looking for a school. Troy's father and grandfather decided if I was going to "dump" him in a school all day, they should at least see the school. As they visited the classroom, I talked to the director. We went to the playground where there was a step stool type of bridge—three steps up and three down. Troy counted as he climbed up "one, two, three," and as he stepped down "one, two, three." The Director stated, "You said he was non-verbal." "No, I said he did not speak much." About that time Troy asked "What's at?" He heard something but did not know what it was.

Troy started school younger than most other students, but he loved it. When he was five, his grandfather said he should go to public school. At that time there were no regular classrooms for special students. I suspected public school was a mistake when his teacher's mouth fell open as he told her his name, and spelled it for her. I was sure it was a mistake when the teacher called to tell me he had locked himself in the restroom! I arrived at the school to hear: "He made a fool of me." His teacher had decided to crawl under the door to get him. He was sitting on the stool, legs crossed, waiting for her. I laughed. "You should have known that if he could lock the door he could unlock it." He hadn't made a fool of her; she had done it to herself. Back to private school he went.

It took a lot of looking to find a school I liked that would accept him. When I found one that extended to the third grade, Troy worked with the first graders. His teacher said, "He is not the best student, but he's not the worst either." I was so proud of him.

I purchased two of each plaything for Troy. That way, the children in the neighborhood could play and he could learn by

watching and playing with me or one of the others. My yard was used as a playground, and the children took turns helping Troy learn to do things that were so easy for them, yet so hard for him to do. That way, no child was excluded from the game all the time. I rode the bike, jumped the rope, played soccer and tennis, and even rode the skateboard with him. It was a lot of hard work to teach him to be one of the children of the neighborhood but it paid off. He was included in their bike riding, invited to their birthday parties, and *no one* was allowed to torment or make fun of him.

I am well past the age most think of as the Golden Years, but my grandson is still with me and he is still in school. It is hard for older grandparents to give one grandchild a normal happy life. Because of the prejudice and ignorance that is still a part of everyday life, it is even more difficult when your grandchild has special needs.

A Distinct Connection
By Mildred Page

I can't recall, nor do I remember, a circumstance of crisis that led to our assuming care for our grandchild, Jasmine. I do recall that at first sight, she was the most beautiful baby in the viewing room. And when we were afforded the chance to hold her and embrace her, there was a special feeling, a distinct connection and bonding. Without a word or pledge being said, this was a once-in-a-lifetime opportunity and joy. Instantly we knew that she not only needed us, but we realized, we too needed her to make our lives complete. To infer we will cease to care is strictly a "no-no" and unthinkable in our table of contents. Happiness, joy, responsibility, and caring entered into our realm one July day—the 29th to be exact—in 1991. May God grant us the wisdom and capabilities to meet every challenge, fulfill every need necessary to supply her life with joy beyond measure. And may God give us the pleasure of knowing that our efforts and acts of kindness and consideration have formed and forged a life of feminine loveliness personified.

Tragedy to Triumph
By Ben and Angie Colclasure

Tragedy hits all families at certain times and ours was no exception. The phone rang on July 7th at 6:11 am with the news that our 18-year-old daughter, April Michelle, had been hit by a drunk driver while she was walking away from her vehicle that had broken down. April had an 18-month-old baby boy, Christopher, and a husband, Michael, in the Marine Corps, stationed in Germany. Michael was en route home for leave and was met at the airport with the news of April's death.

The world does not stop when tragedy hits. The clock keeps ticking, the bills are still due, the baby still needs to be fed and changed, and the overwhelming grief that floods the minds and emotions are incomparable.

April was my stepdaughter. Her father and I had both had previous marriages at young ages and when we met, I had two daughters and he had April. April and my girls immediately bonded as sisters and I loved her like a daughter. Her death devastated her husband, Michael, and sent him into a depression. His inability to pull his life together led to the decision to assign custody of the baby to us, the grandparents. The father has never fully regained emotional stability since this tragedy and rarely calls or visits Christopher, who is now 13 years old. Christopher was born with respiratory problems, several learning disabilities, ADD-HD and then, at a crucial bonding age, was removed from his mother! When he came to live permanently with us, his nighttime screaming and uncontrollable crying was at times unbearable. The decision that this child's life was on our shoulders became a stark reality, and we were at the crossroads to accept or decline the job!

I have never regretted the choices we have made to invest our lives in Christopher. We are teaching Christopher to appreciate life, to hold onto memories and to press forward. As a family we have grown through the tragic loss of our beautiful daughter and we realize it is in the hardest times of life that we pull together and go on.

As the teen years now approach and our ages increase, we will need to deal with the generation gap, the social effects of life today on a teenager (much different than we even knew), and the emotions that Christopher deals with every day as he enters his teen years. Our philosophy to pull together and trust God in all things keeps us going and causes us to truly enjoy life, even when tragedy hits.

Would You Change?
By Duane J. Kriesel

My dearest granddaughters! It has been three weeks since you asked me to write this. The wording of my "assignment" was *"If you could go back in time what would you change to make life better?"*

I have contemplated. I have procrastinated. I have wished the question would go away. I have stayed awake thinking about the question. That is certainly not an easy question to answer – not at my age. Oh sure, when I was young I could easily have answered that question; when I was young I had an answer to every question, but now I am old.

What would I change? —— There were countless times past that I wished for change, but in retrospect, the changes that I desired would have been disastrous. Fortunately every time I wished for change God overruled me.

The day that your mother announced that she was pregnant I wished for change. I wanted to go back in time to a time that your mother was still my little girl, to the day that I first held her. I did not want my daughter to bear a child out of wedlock; I did not want the embarrassment. I did not want my grandchild to live in a home without a father. Worst of all I was scared; I feared for the safety of a child born in the circumstances that then existed. You see, I could not yet picture the miniature human being that would grow inside.

A few weeks later when your mother announced that she was carrying not one child but two, I wished for change. I wanted to go back in time and undo the matter. *"Please God, just one."* I feared that one child would be a burden for your mother and that two would be an impossibility. I could not yet picture the two beautiful babies holding each other close. I could not yet picture two beautiful toddlers teaching each other to walk and talk or the two youngsters supporting and protecting each other. I could not yet picture the two beautiful ladies that you have become.

For twelve years, I feared that the authorities would remove you from your home. Your grandmother and I attempted to prevent disaster, but we could not prevent the inevitable. The changes that I longed for were not to be. So many things were beyond my control; I could not forestall that fateful day when authorities took action. I wanted to go back in time, way back – twelve years to the day you were born — twenty years to get a second chance at parenting your mother. I wanted to close my eyes and make everything OK. I wanted to fix your world, but I could not make the changes I longed for.

I took the phone call that day. I then knew that you were coming to live with us. I pictured the trauma that you would go through when you received the news. I wanted to hold you and make everything better, to go back in time and change the hand that life dealt you. Of course that was not within my power. My task was to love you, to protect you, to be a substitute parent.

Now as I look at these events, I realize that I'm selfish. I no longer want to go back. I am happy with things the way they are; the last four years have been special, and I don't want things to change.

But then I look at things from a more realistic point of view — from your point of view. I wish you could go back. I wish there could have been changes in your early life. For you I wish a natural, two-parent, God-fearing family with the love and the means to take care of you. I wish for a family that would provide all your needs. I wish that I were not needed in your life – only wanted.

The Caller Asked
By Duane J. Kriesel

The caller asked "Will you provide a home for two twelve-year-old girls?" The call was not totally unexpected; we had lived with the prospect of that call for twelve years. I quickly said, "YES!" I didn't even consult with my wife. We both knew that the answer must be "YES," but that didn't stop the floodgate of doubt from opening. So many thoughts, fragmented, disjointed, yet all related. So many reasons to say "NO!"

·I didn't ask "How long?" Did she mean forever?

·I'm too old to raise a family.

·My life is all settled; why does it have to be uprooted now?

·What about all the trips we have planned?

·Our house is always so clean; will it ever be clean again?

·I like my free time.

·Will their mother make life unbearable?

·They are almost teenagers; do you remember what teenagers are like?

God, you asked me to raise a child once before; I was young then and had a lot of energy, but I was still not very good at it; how will I be able to handle the task now that I'm older? What next? Are you going to ask me to lead a bunch of people around the desert for 40 years?

I forgot that God never asks us to do more than we are capable of doing.

·I didn't know that God would send me two angels disguised as two little girls.

·I didn't know that so many people were ready to help.

·I didn't know that those girls would enjoy old-folks' things like live theater, walks in the park, and drives in the mountains.

·I didn't know that those girls would say "thank you" for the littlest things.

·I didn't know that those girls would give so many hugs and kisses.

·I didn't know that those girls would add more to my life than I could ever add to theirs.

But I Thought I Was Just Grandma
By Alberta Kriesel

I am the grandmother and foster mother of two girls — 16-year-old, identical twins. I have been their foster mother for nearly four years, but I have been their de facto mother for most of their life. They are the offspring of our adopted daughter, but I have had a special bond with them since birth. I was even in the delivery room when they were born.

I enjoyed being a grandmother; I certainly did not want to be a mother again. My vision of a grandmother was a person that spoiled kids and then sent them home, a person that attended school plays and sporting events rather than teacher conferences. I enjoyed saying *"Here! Your kid's diaper needs to be changed."* I relished the fact that I could enjoy the girls when they were healthy and send them home when a runny nose appeared.

But I had resigned myself to another fact; I would always have to provide financial support for the girls and for their mother. Their father has not provided ANY financial support and their mother, at age 37, has never held a steady job. She cannot keep even an entry-level job. Yes, clearly the financial responsibility was left to me. But not parenting! At least that is what I told myself.

I took comfort in the fact that their mother loved them. I knew in my heart that she would not intentionally allow harm to come to them, but there was always an underlying fear; I acknowledged that she did not have the parenting skills required to keep them safe; they were constantly exposed to men whose track record included violence. My husband and I did what we could to keep Department of Children and Family Services (DCFS) out of the picture, but for twelve years they lived on the edge.

When the girls were two years old we renamed our spare bedroom "the girls' room." They spent many nights in that room; they began to appear every week to spend one or two nights. I began keeping clothes and toys at our house so they would not

disappear in a yard sale. Without realizing, it I was becoming more mother than grandmother.

When they reached the age of ten, a brother appeared. No longer were the girls allowed to spend the night at our house. No longer were they allowed to confide in Grandma. They became parents themselves – primary caregivers. For two years they carried that primary responsibility. Worse yet, for two years they were exposed to an undesirable situation with their mother's live-in boyfriend. Thanks to their school and the school psychologist, DCFS was forced into action.

For twelve years I tried to remain at arm's length, to help their mother avoid DCFS action. Was I wrong? Was I being selfish in wanting to be a grandmother rather than a mother? Did I exacerbate the problem by delaying action? I will never know the answers.

They were ten years old when my husband and I retired. We were ready to travel, to enjoy the fruits of our labor. For two years we relaxed – the same two years that the girls were caring for their brother. For two years we saw little of the girls and almost never saw their brother. I was never allowed to cuddle their brother; I was not allowed to hold him even one time. I rationalized that the boy's father was a good father figure for the girls and that finally the girls were part of a real family. How blind I was. I had no idea what was going on behind closed doors.

I can never thank the school psychologist enough; she saw through the charade. She was instrumental in getting DCFS involved. In spite of the guidance and warnings of DCFS, our daughter failed to change her ways, and the inevitable happened. The children were removed from her care.

I dreaded having the responsibility of raising children. I feared the worst. Would the girls be mirror images of their mother? Would they resent us? Would they be hostile to us? There were so many questions, so many fears.

Fortunately the fears were unfounded. The transition from grandmother to mother had been a slow and progressive process. The completion of the process by DCFS was, therefore, neither traumatic nor stressful. The girls blended into our home easily and completely. They have given my husband and me the opportunity to be parents, to experience the joys of parenthood for the first time free of conflict and rebellion. They have filled a void in our lives.

I am more fortunate than many relative caregivers in that no financial burden was created. I am fortunate to have the means to live comfortably. My heart goes out to the grandmothers that are forced to make great sacrifices for their grandchildren. I am grateful for the help and support provided by my husband; without that help and support, life would be much more difficult. My heart goes out to the grandmothers that are raising grandchildren without such support. I am more fortunate than most in that the girls are loving and helpful. There is no rebellion or resentment. My heart goes out to the grandmothers that are raising difficult grandchildren.

It may not be the way I pictured retirement, but retirement has made parenting easier.

Our life together has been simplified; retirement has insured that there are few outside forces competing for my time and energy.

"But what about the travel plans?" you ask. Take heart Grandmas of the world. Our RV has become a school on wheels, a registered California private school. We travel and the girls receive an outstanding education. Our retirement plans were not ruined. No! They were enhanced. We are truly blessed.

CJ & Me

By Merril Mushroom

In this narrative, the author recounts the circumstances that led to her being the primary caregiver for her grandson. She explains that, while it's challenging to raise an active toddler, the choice to raise him was an easy one to make.

He's napping! My three-year-old grandson CJ really is napping. He's asleep! Maybe I can do some writing. All week I've craved time to sit down and write, but all week that has not been a possibility. CJ gets up early in the mornings, starts immediately on fast-forward, and stays that way all day long. After he goes to bed for the night, I have other things that *must* be done, and I'm too tired by then, anyhow, to be able to think clearly enough to write.

But there's so much else that I should do while he's asleep. I could wash the floors. I could go outside and stack some firewood. Golly, I could just sit down and catch my breath. I made jelly this morning, with him, and my kitchen is a mess all over, jelly hardening on utensils and surfaces. I should clean up, but I can do that while he's awake and with me, so why waste precious time to clean the kitchen just because I might have to scrape a little harder later to get the jelly off? Hey, I even could take a long shower, alone. But really, I'd rather write, even though last time I sat down to write after he went to sleep, he woke up early as soon as I'd finally, at long last, gotten rolling along on the manuscript; and he was hungry and couldn't get his own food, so what's a grandma to do but stop her own work and tend to him?

I used to lecture my co-worker Eva as her daughter had one baby after another. Each time, Eva would vow that she was not going to raise *this* one, and each time, the new baby ended up at Eva's home with the others, while her daughter disappeared. "You should *make* her take care of those babies," I'd argue, from the safety of my experience-free position of observation. "Tell her NO. Let them go into foster care if you have to. Maybe that would wake her up. She'll never take responsibility for herself if you keep on bailing her out. You can't take care of all these kids and work your job and run your farm. You're old and arthritic. It'll ruin your health."

My comeuppance arrived when my own daughter informed me at the age of 20 that she was pregnant by her boyfriend who was battering her and that she didn't intend to put his name on the birth certificate.

My daughter has bipolar condition. She's been hospitalized for suicidal depression. She will not take any medication. Hormonal birth controls have caused her to become extremely unstable and spikey in her behavior. Surprisingly, in her pregnancy she became mellow, easy, and almost good-natured. This mood state persisted through the baby's birth and into the six months that she nursed him. Then her mood swings returned, and her usually short fuse shortened even more.

She'd been living at home, having finally

left the batterer permanently. I'd been helping a lot with the baby – he was very alert, active, intense—and he really stretched my daughter's limited patience. She decided it was time to get her life in order, to find a job, to move into her own apartment with the baby. She went through nursing tech training, then got a job in a nursing home. All this was not easy for her, and she needed several starts, but she did it! Of course she couldn't take care of the baby and go to school at the same time, and she couldn't care for him much while working full time. She was working very hard on pulling her life together, so I assumed the major portion of the childcare, even though I had a full-time job of my own teaching preschool. I mean, what's a mom to do but help out her daughter when she needs it?

The situation changed so gradually that I actually was surprised when I realized the baby was living with me while his mother lived elsewhere. I was doing 98% of the child-raising. I was paying for all of the daycare. I was buying the diapers, bottles, clothing, and crib sheets. I was getting two of us ready to leave in the morning, getting two of us ready to end the day in the evening, and getting up through the night to give bottles and comfort. Suddenly, I had become Eva.

I am at a big, important conference. All morning I have been listening to how older people are such valuable resources as volunteers. Now I am attending a workshop on elders caring for others. I think about when women were expected to be the unpaid volunteers of the nation, no matter how poor we were. Now that women are entering the salaried workforce in greater numbers, apparently old people are supposed to step in and carry this torch.

In my home state, as is true everywhere, grandparents often take on the task of raising grandchildren who otherwise would end up in the foster care system. Some of these children have many problems. In this workshop, I learn that my home state is considering a small pilot program that would provide some financial and health care assistance for relatives who choose to care for these children. The relatives must have legal custody of the children in order to be eligible. The only other way the State will give assistance is if the children are in foster care, i.e., state custody. I think about all the grandmas I know who are raising grandchildren whose parents are not willing to relinquish custody. No matter how poor they are, these grandparents manage to feed, clothe, and shelter, but the costs of doctors, dentists, eyeglasses, and medicines are impossible to meet.

The others in this important workshop are administrators from State Departments and volunteer agencies. I wonder why the State people, who have decided to pay huge amounts of money to private companies for helping place the ever rising numbers of kids in foster care, are so terribly stingy when it comes to giving people money for these same kids within the birth family. I notice that I am the only person in the workshop who is a grandma raising a grandchild.

I am at another workshop at a different conference – this one on brain development. The instructor tells us that the glucose levels in a preschooler's brain is many times the levels in an adult's brain. Later on, at home, this information becomes precious to me as I slump into a chair, immobilized with exhaustion, while CJ continues to run circles around himself as he has been doing all day long. He is a healthy child. During his waking hours of extreme activity, he consumes enormous amounts of food to stoke his furnace. I am forever grateful that he crashes hard when it's time to go to sleep, and that he sleeps all night without even ruffling his covers. I am comforted by the knowledge that both his energy and my exhaustion have been

actually scientifically confirmed as real. At my job, I am a preschool teacher. At home I am raising my grandson. I am sixty years old and live with three-and four-year-old children around the clock. I am tired.

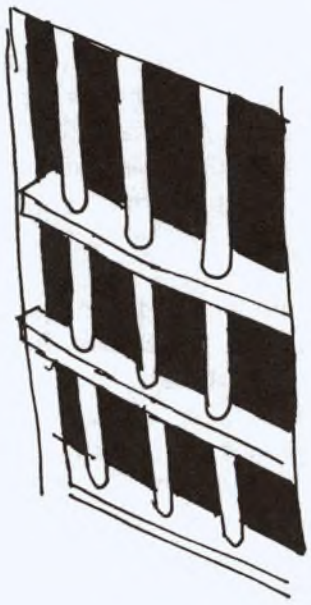
My three-year-old grandson CJ is climbing on my twenty-seven-year-old son who is visiting. He jumps down, climbs up, and jumps down repeatedly, over and over, up and down, non-stop.

"How come CJ is so hyper?" asks my son. "He's so intense!"

"How come?" I repeat. "Why not, then? I had five, high-intensity children. Why should I have a grandchild who's any lower maintenance? Why should I get any kind of a rest when I did this on purpose?"

That is true. I *had* done it on purpose. Deliberately, I didn't *have* my children, I *got* them, each one of the five from the State foster care/adoption agency; and each one came to live with us given the understanding that this was a child who would require extremely high levels of attention due to mental health needs. Absent from the discussion was the fact that these children would become adults with the same mental/emotional conditions, but they would lose all of the few supports they had as children, such as Medicaid, subsidy contracts, special education. Oh, yes, there was some assistance available for adults with disabilities through vocational rehabilitation programs, but once children reached their majority, it was up to them to take responsibility for their own programming and services. In the cases of my own children, their individual mental health needs prevented them from actually being able to do this. The only case management they'd ever gotten was from me – and what kids want to listen to their mom and do what she suggests, especially when they no longer *have* to? But that's another story...

My daughter is taking good care of her life. She is gaining sense about her condition and realizing how it affects her behavior. She has a good support system and is learning to control her depressions, overspendings, overextendings. She works hard at her job, has a new boyfriend who is not a batterer, has a home with him. She lives and works in another county, sees her son when she can, feels like a bad mother sometimes, and needs to be encouraged. Sometimes I feel as though I am the mom while she gets to be the grandma, but I am grateful that at least she is able to take care of herself – so many of my friends who are raising their grandchildren have unending grief from their children, have children who are still dependent, who do drugs or are on the streets or in jail.



My daughter would like to bring her son home to live with her, but her fuse is still very short, and spending long periods of time with this three-year-old is difficult for them both. Meanwhile, I make the choice to raise him, as though it could have been a choice at all, as though there ever had been any choice in the matter to begin with.

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This special issue will focus on the healing powers of humor and how humor can be used in professional practice, as well as how it is used by helping professionals to renew themselves as they engage in emotionally strenuous work.

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Manuscripts are due by August 31, 2001

Cast Your Bread Upon the Water and It Will Come Back to You: A Tribute to My Grandmother

By Rolanda Pyle

This narrative is a personal account of some of the issues grandparent caregiving families face. It is told from the perspective of a professional who, influenced by being raised by her grandmother, now helps other grandparents who are raising their grandchildren. It focuses on how her grandmother contributed to her career and her life. It attempts to encourage and inspire grandparents to continue in their caregiving role.

There is an old saying, "Cast your bread upon the water and in many days it will come back to you." Sometimes when you are casting your bread you really don't know how, when, or if it will come back to you. Like so many grandparent caregivers, I'm sure my grandmother wondered how the three stair-step siblings she was raising would turn out. I'm sorry she did not live long enough to see the results of her caregiving.

In my work as the Director of the Grandparent Resource Center, I often reflect on my days as a child. When I was a little over three years old, my mother decided that she had to leave our household, which consisted of my sister who is eleven months younger than I, my brother who is ten months younger than my sister, our dad, and me. Apparently my mother could not handle the responsibility of being a mother and a wife.

Her decision meant she was leaving young children motherless. As all of the grandparents I work with at the center, my grandma took up the helm and made it her responsibility to help my dad raise us.

My grandmother just stepped in where needed as grandparent caregivers are doing across the United States today. Many grandparents state that they cannot imagine having their grandchildren placed in the child welfare system or just growing up without some maternal input. Unfortunately, I never had the opportunity to ask her, so I can only imagine that my grandmother felt that she had no other choice but to help her only son out with this awesome responsibility. If her feelings were anything like the rest of my family's, I'm sure she felt shame, disbelief, anger and horror all rolled into one at the way things had evolved. After all, she was a good woman with strict Caribbean and religious beliefs. She did what was expected of any good mother and grandmother in the late 1950's; she took on the caregiving responsibility. Things have not changed much over the last 40 years because grandparents in increasing numbers are still taking on caregiving responsibilities where needed.

While my father was always the provider, my grandmother was the nurturer. She held this role for the next eight years of my life. Although she died when I was 11 years old, my grandmother left an indelible impression on my life and the lives of my siblings. It is because of her input in my childrearing that I am able to inform grandparent caregivers of the opportunity they have to inspire and impress the children in their care.

Grandmumu, as we affectionately called her, was a short Barbadian woman. The oldest of six children, she left Barbados over 70 years ago to seek a better life with her husband. My grandparents first arrived in Massachusetts, where their three children were born. My father, their only son, was their middle child. The family soon moved to Harlem in New York City with other family members including my grandmother's sister and brother. Grandmumu was a seamstress and her husband, my grandfather, was a painter. They worked very hard to provide for their family and, after many years in New York City, they were one of the many Barbadian families who purchased brownstones in the Bedford-Stuyvesant section of

Brooklyn in the 1950's. My father was their first child to marry and give them grandchildren. I was their eldest grandchild. Unfortunately, I never knew my grandfather, who died the year after my birth. My parents, who also lived in Harlem, moved to Brooklyn after my grandfather's death. Once my mother left, we stayed in Grandmumu's house and that very house became our home.

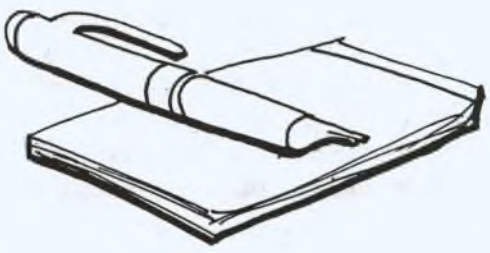
Although I had only eight short years with my grandmother, I have some vivid memories of life with her. My grandmother was an extremely spiritual, church going, God-fearing woman. Grandmumu belonged to the Brethren church, which, in those days, had very strict rules and regulations. She would often take us with her to church services and special meetings. She remained committed to her beliefs, her church, and their doctrines even when others found them controversial. It is that same faith that many of the grandparents talk about today in their support group meetings when they testify of the strength they find to raise children again for the second or even the third time.

In my treasured chest of memories is a picture of my grandmother cooking and working in the kitchen, where she would hum and sing hymns and choruses. She was a great cook! To this day the memory of her singing one of those hymns, "Tell me the Stories of Jesus," still echoes through my mind and often soothes my heart in troubled times.

I have fond memories of my grandmother caring for me when I was sick. I remember, when having the measles, chicken pox, and mumps, being bedridden and quarantined to my room for several days. Grandmumu always brought our family physician, Dr. Rock, in to see me. In those days, doctors still made house calls, and your family doctor was a family friend. Grandmumu would stay throughout the check-up, soothing and encouraging me, comforting my fears, and wiping away my many tears. Immediately following the doctor visit, she brought in my favorite dish of soft-boiled eggs to lift my spirits. The fact that she knew how to console me is one of the reasons why I developed such a strong attachment to her. I would cling to Grandmumu, because as a young child I developed a fear of abandonment as a result of the traumatic experience of my mother's leaving.

My aunts tell the story of how I would place a chair in the corner of our kitchen, hug my doll, and cry. My grandmother would come to me and ask, "What's the matter? Are you thinking about your mother?" She would be the one to comfort and assure me that everything would be all right. There were days when my grandmother would walk me to school, and I would cry as I stood in the line and watched as she left. Although I loved school, I always felt a void when she left.

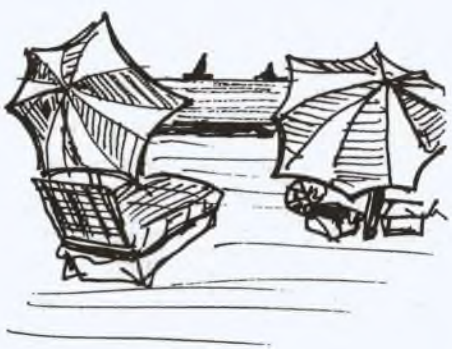
Family relationships are important to children being raised by their grandparents. Seeing healthy parent-child relationships can be examples for grandchildren to pattern later in life. One of the things I noticed very early was the close relationship my grandmother had with her daughter. We affectionately called my aunt, Auntie. My grandmother's eldest daughter died at the age of sixteen, so Auntie was her only daughter. Auntie had lived in the house with Grandmumu until she married and relocated to Massachusetts. It was obvious to me that Auntie treasured her relationship with her mother and looked out for her. After my grandmothers death, we would often spend summers in Boston with my aunt and her family.



Back in the days when I grew up, winters in New York were very cold, snowy, and icy. Unfortunately, one winter my

grandmother fell outside on the ice and broke her arm. During her convalescence, I became both her secretary and her beautician. Grandmumu would have me write letters to my aunt in Massachusetts whom I continued to correspond with until her death. By the time I reached junior high school, I was writing letters to most of my out-of-town family members. From those experiences grew a passion for writing, which I still possess today, and the letter writing legacy continues. As I counsel grandparents today, I encourage them not only to involve their grandchildren in activities but to give them tasks and chores. Grandparent caregivers should try to assist their grandchildren in discovering and developing their talents.

I often remind the grandparents to take this child rearing opportunity not only to create memories but to instill values in their grandchildren. One of my most enjoyable memories is sitting and combing Grandmumu's hair. My grandmother had very thin hair and I loved playing in it. I looked forward to scratching her head and massaging her scalp. The time spent playing with her hair was our "bonding time."



I believe one of the greatest values she instilled in me is love and loyalty for family and friends. My grandmother had a couple of friends with whom she had a close relationship both socially and emotionally. I vividly recall summer trips to the beach with her friends and their families. They were very dedicated to each other and I have grown to be the same type of friend. Grandmumu and her siblings were also very close and watched out for each other. My siblings and I have developed those same qualities, thanks to my grandmother and my father.

Like so many grandparent caregivers today, my grandmother neglected her health to care for us. She had gallstones and abdominal problems. Apparently, the doctors told her that she needed surgery, but she did not want to leave us. Although my grandmother had lots of support from my father, her daughter, and two of my maternal great aunts, she was still concerned about the care of her three grandchildren. Evidently she waited too long. Once admitted into the hospital, my precious grandmother never came home, and at the age of 11, I had to cope with the first death of a very important person in my life. The death of my grandmother was doubly hard because now I lost not only my grandmother but also my maternal caregiver. For the second time, I felt cheated in life.

As I reflect back, my grandmother had a major impact in my life. She was not only a nurturer but also a spiritual leader and a friend. During my childhood, it never occurred to me that my grandmother was making a big sacrifice to care for me. I never thought about the fact that she could have said no and turned and gone another way. I certainly didn't think that she had anything else that she could have been doing with her life besides caring for us. At her age, what else was there for her to do? I didn't learn until later in life that my retired grandmother wanted to use this time in her life to travel back to her beautiful homeland of Barbados. And that she had considered moving to Massachusetts to help her daughter raise her children. Or maybe she could have just wanted to sleep late, not cook, participate in more church activities, or enjoy peace and quiet. I don't think I considered the fact that she had a choice in the situation and could have said no, nor did I truly appreciate the fact that she did say yes. I didn't understand that saying yes meant giving up her dreams, rest, resources, health and yes, even her life. It had never occurred to me that she could have been raising us because she felt she had to and not because

she wanted to. No. All I know is that I missed her when she was gone and I had never even thanked her for her sacrifice.

And that is why in 1992, my love and appreciation for my grandmother's care and sacrifice influenced me to jump at the opportunity to work with grandparent caregivers at a community-based agency in Brooklyn. After completing college, I began my career working as an intake worker in an alcohol detoxification ward at Cumberland Hospital. Many of the women on the ward had children who were placed in foster care. These women frequently talked about missing their children and the difficulties they faced with the child welfare system.

When the city went through a fiscal crisis and many civil servants were laid off, I went to work for a foster care agency. I found this job very difficult and often quite depressing. Later, I worked at preventive services agencies helping at-risk families prevent foster care placement of their children. It was at one of these preventive agencies that I had the opportunity to work as a volunteer coordinator where I placed seniors in the homes of at-risk families. These elderly women were role models for the mothers in those homes. They helped them with child care and discipline issues. They also modeled household tasks and child-rearing techniques. I enjoyed coordinating this very successful program. But, in time, I had to move on.

Eventually, a colleague from this same agency offered me the position of director of a Grandparent Program at a community-based agency, Miracle Makers Inc. It was there the miracle of giving back began for me. Within one year, the program grew from one grandparent support group to three grandparent support groups and case management services.

Today, I am the Director of the Grandparent Resource Center (GRC) of the New York City Department for the Aging, which is the largest Area Agency on Aging in this country. The GRC serves as a clearinghouse, offering information and referral to grandparent caregivers and providing technical assistance to community-based agencies, in the form of training on starting and maintaining support groups, workshops on relevant issues, and specialized sessions. The GRC also provides community awareness through information forums for grandparents and service providers.

The resource center was started in 1994, and in 1995 I was offered the position as the Director. I have been here ever since. As a result of working at the Department for the Aging, I have received numerous awards and accolades. These honors include community service, hero of the month, and a public service award. In addition, the GRC was a semifinalist for an "Innovations in American Government" award. This resource center is being replicated around the country.

I believe that my experience of being raised by my grandmother sensitized me to the plight of grandparent caregivers. I can truly identify when grandparents talk about the fear of leaving their grandchildren, neglecting their own health, or of being overwhelmed with their caregiving responsibilities. I can understand when they say that their grandchildren don't understand them or what they have sacrificed, and that they don't seem appreciative of the enormity of their sacrifice. I can understand because I lived it, and I believe in kinship care.

I can also understand and relate to some of the issues faced by the grandchildren. These include issues of divided loyalties, embarrassment, and yes, being unappreciative of what you have. I understand that there is a generation gap. But most of all, I know that if these grandchildren did not have these grandparents, many would be lost. As someone once told me, these grandparents are "silent saviors." I totally agree and as a recipient of this salvation, I am honored to have been afforded the opportunity to give back. Today, I help grandparents in honor of my grandmother and also to show grandparent caregivers that when you cast your bread, you never know how or when it will come back.

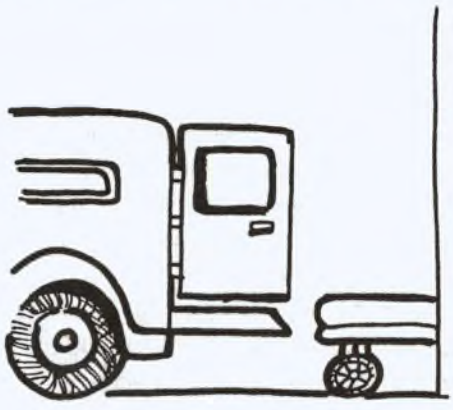
"I Want You To Be My Mother, Not Her": Conflicts of Grandparents Raising Grandchildren

By Jonathan Marx, Ph.D., Professor, School of Sociology, Winthrop University
Lee Miller, Graduate Student, Master of Liberal Arts Program, Winthrop University, South Carolina

In this narrative, two sociologists share an account from a grandparent family. The grandparents' experiences are representative of the researchers' general empirical findings. Grandchildren fare quite well in grandparent families compared to those children raised in other family structures. Yet, grandparents solely raising grandchildren experience increased physical and mental health risks. The complexity of the findings are communicated through these grandparents' words in a manner that is often lost by mere statistics. The researchers hope the narrative sensitizes practitioners to the challenges and rewards in raising grandchildren.

With tears streaming down her young cheeks, in desperation and pain, Danielle*, 12, pleaded, "Grandmamma, why can't you adopt me like you have Mark. I want you to be my mother, not her! Please, please adopt me!"

Laura, her husband Mike, and their granddaughter Danielle were sitting in the family room outside the hospital's emergency room where their daughter Karen was being rescued from an overdose of cocaine. Danielle had gone to visit her mother and found her overdosed on the bathroom floor. She called 911 for an ambulance and then



notified her grandparents and asked them to come get her and take her to the hospital. This wasn't the first time Danielle had seen the ravages of drugs on her young mother's body. It was a too frequent occurrence and that was why Danielle stayed in her mother's parents' home. Her older brother, Mark, 15, also lived there. Laura and Mike had adopted him when he was three in order to rescue him from the dangers of his parents' drug habits. The mother's drug abuse and child neglect pattern seemed to be repeating itself with Danielle, but the Clarks knew that Karen would bitterly fight Danielle's adoption. They would have to decide something soon. The damage to Danielle was just too painful to watch and allow to continue.

The Clarks joined the ranks of grandparents raising grandchildren 15 years ago when their 16-year-old daughter, Karen, gave birth to her son Mark. Karen did marry Mark's father, and being "helpful" grandparents, the Clarks built a small home for the young family. The drug abuse that had preceded the pregnancy soon manifested itself with Karen frequently dropping off Mark for the grandparents to baby sit while she and her husband, Chris, went out to "party" and play the night away. The drug abuse escalated, and by the time that Mark was one, he was staying at the home of his grandparents on a routine basis. Laura told me, "Karen wanted to have her cake and to eat it too. She just wouldn't take the responsibility of Mark's daily care and nurturing and so I had to do it. Mike and I discussed the fact that Karen was not accepting her responsibility as a parent and we wanted to make sure that Mark had what he needed. We were willing to make whatever sacrifices were necessary to assure that our grandchild received the most loving care possible." Two years later

**Names have been changed*

this agreement would lead to the grandparents legally adopting Mark.

The initial purpose of the adoption was to rescue Mark from any relationship with his father. Since the divorce, Karen and Mark were now staying full time with her parents. Chris would come for his time with Mark, take him to a friend's house, go and make a drug buy, come back, use, and then take Mark back to Karen. Karen realized what danger Mark was in, so she did not fight the adoption proceedings. Laura related that "She would later throw it up in my face that I had stolen her child. I quickly reminded her of the conversation we had when I told her that she had a choice of taking on the responsibility of being Mark's mother and giving him the love that he deserved and needed or that I would because I was not going to let him go without that kind of love." This hostility from Karen is one reason the Clarks hesitate to initiate adoption proceedings for Danielle.

The family dynamics of the Clarks are similar to so many other grandparents who find themselves engaged in the role of "parents-once-again." The issues they face and must resolve are often overwhelming and demanding in terms of the emotional, physical, and financial strains experienced by the family members. Laura and Mike support each other emotionally as they try to work through the disappointment of the choices their daughter made and continues to make for her life. They are united in their efforts to insure that Mark and Danielle know that they are loved, cherished, and worthy individuals regardless of the mistakes their parents make.

This has not always been easy. When Mark was young he just accepted the fact that Laura and Mike were his parents. He called Karen "Momma Karen" and Laura "Momma" but then he grew older and had to explain to his friends why he called both Laura and Karen "Momma." That is when the anger and confusion emerged. Through counseling, Mark began to reconcile and accept the role Karen had in his life. She was simply his biological mother. Mike and Laura were the parents who gave him the unconditional love and support he needed. They were the ones who fed, clothed, and housed him. They were the authority figures and the people he turned to for advice. He accepted their discipline as a positive part of his life and evidence of their love for him. It is Mike and Laura he always refers to as Mom and Dad. With this acceptance also came a freedom to be able to look at Karen, acknowledging her presence in his life but not allowing it to control his self-esteem. The pain and bitterness still come out sometimes, but he talks about it or just sloughs it off and goes on with what must be done. Laura shared, "We both feel that Mark will always wonder why his parents didn't feel that he was important enough to make sacrifices for; however, we both feel that Mark has truly known the love of a mother and father because he has always known us as Mom and Dad. We hope he will remember how much we always love him and that he looks at the discipline as a positive part of his growing into a fine young man."

The embarrassment of their mother's drug abuse is something that Mark and Danielle share. It is more than embarrassment. They just don't understand why she continues to make the mistakes many of their age group are now making. Will she ever grow up? Danielle constantly wants the security that will come when her grandparents adopt her and remove from Karen the responsibility of being Danielle's mother. She is tired of seeing her mother strung out on drugs or in the hospital emergency room seeking rescue. She doesn't want to explain who Karen is. She wants to be able to go with Laura and Mike and introduce them as her parents. Danielle is so grateful for the shelter, caring, and love from her grandparents that she is willing to be patient. Danielle told them once, "Thank you for letting me be here. I know you don't have to." She is waiting for her mother to make one more mistake and then she will demand that the Clarks be accountable for their statement that "if Karen messes up once more, that will be it. She will have to leave immediately and not expect to ever come back."

Mike and Laura are encouraging Mark

to plan for college. He is quite intelligent and looks forward to obtaining a degree in business. Although this will add to the financial burden they already experience, the Clarks are confident that with loans and scholarships, Mark will be able to get his

degree and become a successful businessman and responsible citizen.

The financial burdens have taken a toll on Laura and Mike. Retirement is a word they don't have in their vocabulary. While most of their cohorts are planning for retirement, they are deciding whether they need to sell their business and find something else to provide a more substantial income. The expenses incurred for the house for Karen and her first husband placed them about $10,000 in the hole and the numerous attempts to help Karen get the drug abuse treatment she needed added another $20,000. They will never recoup this money. Their home has been refinanced and now that their business is in a downward spiral, they face another financial struggle. Medical costs for Danielle can also put a dent in the cash flow. If they adopted her, they could add her to their medical insurance and ease that expense. As it is now, they just pray that she doesn't get sick or hurt and need medical attention. Danielle's father (from Karen's second marriage) does not provide consistent financial support.

Keeping up physically with two active children sometimes causes Mike and Laura to feel more than their ages of 53 and 57. Church, school sports, and other extracurricular activities demand much of their time and energy. But that is one area that brings enjoyment for them as a family unit. They enjoy the pool at their home and find it a relaxing escape from the hectic schedule of the children's activities. Mike finds time to hunt and Laura enjoys her church work. They have dinner out twice a month with friends. These are necessary and cherished emotional and physical outlets for them.

Laura shared that their marriage is stronger for taking on the responsibility of raising their grandchildren. "It could have gone the opposite way. It almost did at first but now we can be totally upfront with each other. We share the decisions and the pain." She said that at first it was so painful to look at their daughter and see what she was doing to herself and to her children. They were angry at her because she was wasting her life and neglecting her children but also angry at themselves for not recognizing the early signs of drug abuse. If they had known what was going on, could they have prevented the outcome? This is a question they kept asking themselves. They realized that their knowledge about Karen's drug abuse came too late to prevent an unwanted, teenage pregnancy and that their attempts to force Karen to get help with her drug problem would not make the problem go away. They had to take over the parenting responsibilities for the sakes of their grandchildren and they don't regret it. Knowing how the events unfolded and what lay ahead, they would do it again. The grandchildren have been a blessing in so many ways. They are bright, basically happy young adults. It feels good to have a chance to make a positive difference in their lives. "I told Danielle and Mark, you touch one drug and you are out of here with what you came with—your birthday suit—not your car or clothes, food or money. That is not a threat. That is where I draw the line. Been there, done that, and I just can't do it again. And I won't. It is not an option. You make the choice." They both looked at her as if to say, "Mom, you know we aren't going to do that." They have seen and felt the hurt and pain that comes from drug abuse. For parents facing the same situation, Laura offers this advice. "Never be afraid of

having your child drug tested. Insult them. Just do it. I heard about drugs but we did not realize how easy they were to get or what the symptoms of drug use were. It is so painful to realize their problem. It was totally devastating. One minute you are going to die. You don't want to face tomorrow. You talk until you are blue in the face and then you go through all the strict rules and if they don't want to get off the drugs, you can't make them. And then they bring a child into the world and you have to decide if you are going to rescue that child, hold the parent responsible, or place the child up for adoption with another family or with yourself. Whatever the decision, know that it will be a struggle, filled with frustration and anger. But you will also have moments of pride and joy, laughter and tears."

Laura and Mike have allowed Karen and her brother, who is recovering from crack addiction, to return home temporarily. They have told them firmly and without reservation that this is the last chance. No more. If they blow this, they are gone and will NEVER be welcomed back. The choice is theirs. I asked her how she could say that now. What gave her the strength to be so firm and no longer be an enabler for her children's drug addictions? Her response was, "The continuous hurt and betrayal of your child and then seeing the pain, fear, anger, and embarrassment of my grandchildren. No more. God has given me the strength to get this far. If I have to, he will make me strong enough to say 'no more'. God's grace is sufficient!"

Laura and Mike return home, leaving their daughter in the care of the medical staff. Danielle gives each of them a hug and tells them she loves them. She goes to Mark's room and fills him in on the evening's events. He comforts her and assures her that she is safe here and is loved: "Maybe someday Mom and Dad will be able to make you legally theirs. Be patient."

Mike goes to his recliner to find some peace and quiet. Laura goes to the kitchen to clean up the remains of the dinner that was abruptly interrupted earlier that evening. She turns on the teakettle and brews a cup of

comforting tea for herself and Mike. When she returns to the family room, Mike has fallen asleep and so she quietly drinks her cup of tea, turns off the light by Mike's chair, covers him with a blanket, and utters a prayer of thanksgiving for being blessed with such a caring husband and father. She locks the doors, securing their home and family from any outside dangers. As she goes down the hall, she passes Mark's room and sees Danielle curled up beside her brother, sound asleep. Mark looks up at Karen with a reassuring smile and whispers, "She'll be okay Mom, Dani just needs our love and security."

Laura kisses Mark goodnight after he has carried Danielle to her bedroom. She tucks in Danielle's covers, kisses her goodnight, and closes the door. As she prepares for bed, she reflects on Mark's words and knows a peace that all will be okay tomorrow. She reaffirms the decision to raise her grandchildren regardless of the physical and mental stress she experiences. "Isn't that what it is all about? The need for love and security –that is why I do it. That is why I know I can continue with God's grace to be the mother these children need. Thank God for second chances."

CODA

Our empirical research (Solomon and Marx 1995) utilizing data from 1988 National Children's Health Supplement finds that grandchildren raised by grandparents fare quite well relative to children with biological parents present, a category which includes both single-parent and blended families. Furthermore, children raised solely by

grandparents are not significantly different, except for academic performance, from children raised in traditional families where two biological parents are present. On the other hand, we (Solomon and Marx 1998, 1999, 2000) have explored the possible negative health consequences of surrogate parenting to grandparents. The physical, mental, and social health of custodial grandparents is clearly poorer than that of the same age peers. They have more chronic conditions, lower self-rated physical health, and they find strenuous activity more difficult. By most measures, the emotional health and life satisfaction of custodial grandparents is lower than that of grandparents with fewer caregiving responsibilities. Finally, the social health of custodials, as measured by both quantity and quality of relationships, is also worse than that of grandparents who do not have full responsibility for grandchild care. This means they have fewer people to rely on for assistance with childcare, fewer people to turn to in emergencies, fewer people to confide in, and fewer sources of other types of support.

In the preceding narrative, individual biography is used to illustrate those general findings. Clearly, extreme constraint in utilizing general patterns to explain individual cases is warranted. Rather, our aim is to give life to the faceless numbers that surround this important topic. The story (a result of several taped interviews with the grandparents) brings to life the challenges of raising grandchildren and the struggles and battles that grandparents confront. While grandchildren may benefit from the custodial grandparent family structure, grandparents are confronted with many unique challenges and responsibilities that increase certain health risks. We hope this narrative is insightful and encouraging for those who are facing the decision of whether they need to take on the responsibility of raising their grandchildren. Such grandparents need to make new choices for their grandchildren within the long shadow cast by their previous decisions made with their own children. Mike and Laura are examples of the determination, love, perseverance and courage it takes to accept the challenge a second chance at parenthood brings. Their story illustrates the complex dynamic between the joy of giving and the pain of sacrifice. It becomes evident that the heavy responsibility of grandparents raising their grandchildren could be lightened if there was coordination of the varied institutions that intersect in this life challenge. Grandparents must have knowledge about and access to the services available to them. Community based support of services, such as substance abuse, school teachers, counselors and administrators, social work professionals, medical personnel, and financial planners, to name a few, must be readily available to these families. If the families are to make the wisest decisions, the cooperative assistance of these institutions is imperative.*

References

• Solomon, J.C. and Marx, J. (1995). To grandmother's house we go: health and school adjustment of children raised solely by grandparents. *The Gerontologist,* 35, 386-394.

• Solomon, J.C. and Marx, J. (1998). The grandparent grandchild caregiving gradient: hours of caring for grandchildren and its relationship to grandparent health. *The Southwestern Journal on Aging,* Vol. 14, No. 2, 31-39.

• Solomon, J.C. and Marx, J. (1999). Who cares? Grandparenting/grandchild households. *Journal of Women and Aging,* Vol. 11, issue 1 (Spring 1999).

• Solomon, J.C. and Marx, J. (2000). The physical, mental and social health of custodial grandparents. In Robin Goldberg & Bert Hayslip, Jr. (Eds.) *Grandparents Raising Grandchildren: Theoretical Empirical and Clinical Perspectives.* Springer Press: Thousand Oaks, CA.

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Call for Narratives

SPECIAL ISSUE:

CONFLICT IN THE MIDDLE EAST

This special issue focuses on the long-standing tensions, struggles, and violence affecting Israel, the Palestinians and their Arab neighbors. **Reflections** seeks to give voice to all sides in pursuit of a deeper understanding of the pain as well as the hope for some resolution of the seemingly intractable issues that remain unresolved in this region.

NARRATIVES:

- ❑ Accounts by members of the helping professions about their work and experience in this region
- ❑ Narratives of those with family members in the region who have been directly affected by the conflict
- ❑ Narratives from visitors to the region who have had experiences they wish to share

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Manuscripts due by August 31, 2001

Cross-cultural Lessons and Inspirations from Grandparents and Great-grandparents Raising Grandchildren

By Nadine Bean, Ph.D., Assistant Professor, Graduate Department of Social Work, West Chester University
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Lynn Hudgins, MSN, Pediatric Nurse Practitioner, Philadelphia School District

This narrative is a sharing of lessons learned and inspirations gained by the authors who interviewed grandparents and great-grandparents raising grandchildren from myriad cultures across the United States. During the two-year period that the interviews were conducted, the three co-authors found that, despite cultural differences, there are powerful cross-cultural themes which are expressed eloquently by the strong men and women in this narrative.

Introduction

The letter from Lois* to her tribal members seemed to move us most. We could feel the outrage, disbelief, and pain that she expressed at suddenly being ordered by the court to return the granddaughter she had raised and nurtured for most of the child's five years of life to a mother who was neither ready nor able to be a good parent.

> *"Mitakuye Oyasin! All my relatives! Something is happening with our children's rights, not to mention our own.*
>
> *As everyone is aware, my granddaughter, _____, was raised here. She was respectful of everyone and all of you acknowledged her. I, her maternal grandma, raised her here because her mother, my daughter, did not want her. Judge _____ decided that (my granddaughter) should live with her mother...*
>
> *There is a Resolution (#2-2-70) that is supposed to be in place in the Tribal Court. ECAGWAYA (ee chaug wa ya) – to raise as one's own. Among many things it says that the best interests of the CHILD and recognition of where the CHILD'S sense of family is will be decided on a case-to-case basis. Because I try to adhere to our traditional Lakota ways, my granddaughter became knowledgeable of them. She accompanied me to many sweats and ceremonies. She belongs in our tyospaye. I never, ever, thought that I would have to resort to a court of law over my granddaughter's best interests. But because I am looking out for them I will do everything possible to help her. ECAGWAYA – to raise as one's own.*
>
> *I thank you for your prayers for (my granddaughter) and I welcome your presence in the courtroom..." (Lois, 2000)*

Ecagwaya or "Traditional Adoption" is a centuries-old tradition in Lakota and other Native American tribes. According to tribal custom, the child is placed by his or her natural parent(s) with another family but without any Court involvement.

> *"After a period of two years in the care of another family, the Court, upon petition of the adoptive parents, will recognize that the adoptive parents in a custom or traditional adoption have certain rights over a child even though parental rights of the natural parents have never been terminated. The decision of the Court shall be based on the best interests*

*Names have been changed

of the child and on recognition of where the child's sense of family is. Ecagwaya is to raise or take in as if the child is a biological child." (Lakota Tribal Resolution #2-2-70)

Preceding the attempted genocide of American Indian tribes during the second half of the 19th century, Indian cultures operated much as tribal cultures in Africa had for time immemorial. That is, tribal or village families shared in the responsibility for child rearing. Many, many times, grandparents, aunts, uncles, and other kin had as much influence in a child's upbringing as did the child's biological parents (Boyd-Franklin, 1989; Cross, Earle, & Simmons, 2000; Pinderhughes, 1998; Voss, Douville, Little Soldier, & Twiss, 1999). Placement of the child with relatives or other tribal families when the child's parents were unable to care for the child properly was a given.

Only in the last two decades of the twentieth century, after the passage of the Indian Child Welfare Act and the development of Tribal Social Services, has the tradition re-emerged as the placement route of choice in cases where children need care by adults other than their parents. Now, by federal and tribal law, Tribal Social Services must first try to place a child within his or her own family, then within the reservation, and then, if necessary to go off reservation, within their own tribe. Outside of the "awareness" of Tribal Social Services, the tradition of Ecagwaya is, again, widespread. Grandmothers are considered sacred in Lakota and other American Indian tribes and are generally those relatives that step in first to aid in the rearing of children whose parents are having difficulty in meeting all of their parental duties (Lois, personal communication, December 27, 2000).

Perhaps it was Lois' story that convinced us of the importance of looking at cross-cultural similarities and differences in families where grandparents are raising grandchildren. Lois lives on a reservation far from Maryland, Michigan, and Pennsylvania, where the authors reside or have resided, yet her story had a familiar ring to us all. We have all worked in homes, schools, and communities with grandparent-headed families. Our discussions about our practice experiences led us to realize that it must be more than coincidence that increasing numbers of families in rural and urban Michigan, Maryland, and Pennsylvania were changing in this way.

When a serendipitous interview during a trip to Lakota Indian Reservations in South Dakota provided another grandparent story, we decided to flow from our practice experiences to research. Inspired by the strengths of these grandparents and frustrated by social policies that seemed downright unfriendly to these grandparents, we undertook an ethnographic investigation of these grandparents' experiences. We had a two-fold purpose: to gather the stories of these grandparents, and to share these words of wisdom with other practitioners and policy makers who affect these families.

With little outside funding, we had to limit our study to ethnic groups we could most easily access—those we were working with. We had access to African American, Caucasian, Hispanic (both Puerto Rican and Mexican), and Native American grandparents. We worked and interviewed grandparents in rural, urban, and suburban areas.

Historical, Cultural Overview

African American families also have a centuries old tradition of "to raise as one's own," dating back to their ancestry in Africa (Pinderhughes, 1998; Scannapieco & Jackson, 1996). This tradition continued during the horrible period in U.S. History when African men and women were enslaved. When children were separated from their parents, the African women took over in the care and raising of the children. This practice continued during the great migration northward, as fathers and mothers often went north in search of jobs before their children.

Grandmothers, grandfathers, aunts, uncles, and cousins cared for the children. This was part of the beginning of kinship care in America (Boyd-Franklin, 1989; Hines, Preto,

McGoldrick, Almeida, & Weltman, 1999).

The tradition of kinship care is present in Hispanic culture as well. The term Hispanic is used to describe people who came to the United States from any of the many countries that were once under Spanish influence, each unique in its customs and culture. Despite the diversity of national origin, there are numerous similarities, the most important of which is the value Hispanic families place on the extended family structure and the desire to maintain connections across several generations. It is not unusual for related Hispanic American families to move in with each other or to build homes on or near their parents' land (Lum, 1992).

There is a long, proud history of "natural helping" in Mexican American culture and a "porous" concept of family. Mexican Americans turn first to family and kin networks in times of crisis, including times when substitute child care is needed (Patterson & Marsiglia, 2000). These traditions have continued in third and fourth generation Mexican American families. The same is true of Puerto Rican families where grandmothers are the matriarchs of the family and the first line of refuge for children who need some care outside that of their parents.

European-American grandparents were often involved in the day-to-day care of their grandchildren during the height of the immigrant wave from Europe, from 1880 to 1954. During that period it was customary for many generations to live within the same household (Reeves, 1998). Two of the authors had European, immigrant grandmothers who provided primary care for them during times when their parents were not able to care for them. Second and subsequent generation European Americans have strayed somewhat from this multi-generation household. Now, some of these families have been forced to revisit this "model" due to substance abuse, mental illness, incarceration, or accidental death in their grandchildren's parents.

During the period 1990-97, the rate of growth of grandparent-headed households has been phenomenal, with an increase of approximately 76% (U.S. Census Population Division, Working Paper Series Number 26). Contrary to popular belief, this is not just an African American phenomenon. In fact, the rate of growth of European-American, grandparent-headed households during this period has been the most dramatic of any ethnic group. Across *all* ethnic groups in America, grandparents are primarily caring for approximately four million grandchildren. This number is only an estimation, as so many children float back and forth, informally, between their grandparents' care and other relatives or parental care.

Methodology

As aforementioned, we were inspired by the stories we heard in our practices to undertake an ethnographic and cross-cultural investigation of grandparents raising grandchildren. In ethnography, the investigators immerse themselves in the culture of the groups being studied in an "attempt to understand the meaning of behaviors and attitudes" (Goldstein, 1991). We used a semi-structured interview guide with open-ended questions.

The grandparents' stories were tape-recorded and then transcribed. The transcripts were coded for common themes. This particular study had the added advantage of triangulation of the data analysis, as the three co-researchers all saw, independently, the same sorts of themes emerging in their data analysis. What follows is a sharing of portions of the narratives of the grandparents interviewed organized according to common theme.

Neglect and Abandonment

The most common theme in the stories we heard was one of neglect and abandonment during the grandchildren's lives. This neglect and abandonment took many forms. The grandparents interviewed shared that they were constantly worried about the safety and health of their grandchildren, until they or Child Protective Services intervened and took the children from neglectful parents. Even after the children were safe in their care, the grandparents continued to

witness them suffering. Nightmares, distrust of adults, attention-seeking behaviors, cries for affection, fears of being abandoned and/or maltreated, and repeated disappointments by parents who could not or would not visit were just a few of the symptoms of the emotional pain of these children that would not go away. The following excerpts from interviews reveal some of the issues of neglect and abandonment as well as the grandparents' feelings of helplessness to ease the emotional pain of their grandchildren.

The grandmother's story that was the most moving and wrenching to me (Nadine) is the story with which I began my interview project. "Susan" is a young, vibrant, and attractive grandmother of Jewish and German descent. I worked with Susan, her husband, and their two-year-old granddaughter in their suburban Maryland home, providing play therapy and (grand) parental guidance to the family. "Kayla" was diagnosed as being Severely Emotionally Disabled (an educational system term) and her disabilities were directly related to neglect and abandonment issues. Kayla had been placed with Susan and her husband by Child Protective Services. In fact, in less than two years of life, Kayla had been removed from her mother's care three times due to neglect. Kayla's mother and father were both heroin addicts. Kayla's father (Susan's son) was incarcerated for drug trafficking during the time I worked with the family. Kayla's mother had been arrested numerous times for prostitution. Kayla's mother had also left her in the care of people who had, in all likelihood, sexually abused her. Susan commented on the most difficult aspects of trying to raise her granddaughter:

> *"Well, negatively, I'm sure in every situation something is different. In this one, I had to watch a beautiful child cower in corners, scream with fright when the very...when she heard a male voice, which included my husband, which included my son-in-law, which included anybody who came into my house...To watch that, to watch a child be that broken, was almost too much for me to handle...We had never experienced a child who had suffered so much in that capacity. And I am in the business, always have been, of nurturing and fixing things. I could not fix this. I could not do this...I couldn't take away her pain. And it almost destroyed me...She had also...chosen me to be her protector. She had also become, I hate to use the word clingy, attached to me, almost like she was another appendage. She just...I stepped on her toes, she stepped on my toes. I would turn around and we would be bumping elbows and heads. 'Cause she felt so insecure, she felt that 'I finally found something, a place to be, someone to nurture me, someone I feel safe with.' No one could get near me and that included my husband, my children, my grandchildren. They were devastated...And there was a point where I almost called (Social Services) and said, 'I don't think I'm right for this child'...It wasn't the baby so much as me not being able to watch it. It was the pain of this beautiful baby."*

As I (Euretta) sat in her kitchen interviewing 54-year-old Bonita, a grandmother of Mexican American ethnicity, four of the five grandchildren she is raising kept coming in and out of doors, and the spring-less, screen door kept banging behind them. "Could I raise five energetic children who ranged in age from 3 to 13?" I asked myself. "No way! Certainly not now, in my 50's! The noise alone," I thought. Yet Bonita felt she had no choice. Still raising a 16-year-old daughter of her own, Bonita is also caring for the children of an older daughter. She and the children's mother tried living together several times, but the stress was too much for both of them:

"Their mother couldn't cope with things and started going out and drinking at night (leaving the children alone) and sleeping a lot during the day. I noticed the kids weren't going to school...I'd go over and knock and knock on the door and the kids would be up and the house would be a mess and she'd be sleeping and I started getting worried...I told her, 'You're going to sit down after the holidays and tell them that you are moving and that they are going to be with me for a while until you get yourself together.'...And she moved out. And it was so hard for her and it was hard for me, but when she left, she went back to work and we didn't see her for months... Sometimes she'd call and talk to the kids and for weeks she wouldn't call. I mean the kids would cry at night. They'd say, 'tell my mama to come home!'"

Eight-year-old "Andy" also suffered from the pain of neglect. I (Euretta) had worked with him and his grandfather for several years. His grandfather's concern about Andy's behavior and safety and his anxiety about legal issues had been evident on many occasions. The interview for this study, however, gave me a different perspective on how insightful he could be about Andy's psychological well-being. Andy's grandfather sighed as he began recounting how he came to raise Andy. A tanned, European-American man, looking older than his 57 years, his eyes filled with tears several times as he talked about his son and former daughter-in-law's cocaine addiction and incarcerations and how that has affected Andy's life:

"When he was two years old, the Department of Social Services and the police found Andy and his older sister in a drug house...They lived in another state and their maternal grandmother was given custody there. When my son and his wife got out of jail, they took Andy and came to live with me for a while. They seemed to be trying. Then one day they went out and didn't come back. I started getting calls from different places where my wife had checking accounts...This grocery store said she had bounced a check of a hundred dollars. [Turns out] it was $1200 worth of checks. My son had stolen the checkbook and Andy's mother had wrote out these checks...Three days later they called...I asked about Andy. He was in the background screaming, and they were on cocaine. They said if we didn't call the police and gave them a chance to get out of state, we could come and get Andy. I said o.k. I met them and they turned Andy over to me and I didn't call the police and they left. I didn't hear from them for about 13 months...

[Andy has some contact with both parents. His mother lives in another state and his father lives about 30 miles away.] I let her call. I told her she can call a couple times a week if she wants to and sometimes she does and sometimes she don't. And she's a nice person. It's the drugs. Drugs ruin a lot of people...People change when they're on that stuff...Both of them have gone six months, a year, clean and everything and you think they're back and then boom! That's the worst part of cocaine, as far as I'm concerned...

I just hope Andy understands that nothing is his fault. Nothing he did caused any of it...Both parents have promised him so many things that [they never carried through on]. Andy has been lied to so many times. So I try not to have him count on too much that they say and that's hard because I don't want Andy to think that his parents aren't any

good. I don't say bad things if I can help it, because that's not good for Andy."

Perhaps my (Lynn's) most dramatic interview was with Mrs. B., a 55-year-old, African American grandmother who had turned her house over to her oldest daughter to raise her seven children. Mrs. B. moved to a neighboring state with her sister and was looking forward to settling into her own new apartment. She had a job she loved as a receptionist at a casino when the "bomb dropped." Her younger daughter called her to say that DHS was taking the children because Mrs. B's oldest daughter had left her children alone in the house for two weeks. Mrs. B. recounted:

"And what she did was she was using the kids' welfare money and food stamps on drugs. So she left the kids in the house for like, two weeks, by themselves...DHS came when I got back [to the house] and I told them I didn't want the kids separated. That same thing happened with my mother. She put all of us in foster homes. So I graduated from school. I started getting all of them back. And I never want my grandkids to go through that. So I quit my job [in a neighboring state] and came back to take care of the kids."

Joy and Fulfillment

The examples related above of neglect and abandonment themes might lead one to believe that the stories we heard were overwhelmingly negative. Quite the contrary. Interspersed among the tears and expressions of anger, guilt, frustration, and fear were infectious smiles and exclamations of pride and excitement about raising grandchildren. Almost all of the grandparents had many positive things to say when asked what the best aspects of raising their grandchildren were. One of the most predominant themes was joy and how fulfilling it was to see the children growing and "blossoming" in a safe environment. Many grandparents shared how enjoyable it was to go to their grandchildren's schools and watch the children participate in various activities.

Most of the grandparents reported that their lives had changed focus and that this was fulfilling to them. Although often exhausted, they found that the increased activity level demanded of them was frequently energizing. Many felt that they were getting a "second chance." They described a sense of purpose and a reason for being. The excitement in their voices can be heard in the following excerpts from some of the interviews.

My (Nadine's) most thrilling and inspiring moment in an interview with a grandmother came while interviewing Marisa, a Lakota grandmother who is raising a 16-month-old granddaughter and had, just five days before our interview, brought home from neo-natal, intensive care, twin baby boys (sons of the same daughter). She has had custody of all three children from birth. Social Services workers have called her from the hospitals in which the children were born and/or cared for and asked that she take the children, as their mother was unable to care for them.

I interviewed "Mari" on a warm, breezy, cloudless, early summer day as she prepared a sweat lodge for that evening for herself and other women on the reservation, some of whom were also raising grandchildren. We were only 50 yards or so from her modest home and neighborhood on the reservation, yet her soft and rhythmic words and my looking out over the green, grassy, rolling plains made me feel as if I were transported to a spiritual dimension that I did not want to leave. Mari spoke of how her father was a medicine man and how, for a while, she seemed to stray from the Lakota ways. Now, she is a teacher of the Lakota ways and respected as a wise woman on the reservation. She spoke of the most positive aspects of raising her grandchildren:

"When they were born...The birth...Because I was there when she [her granddaughter] was born

on Valentine's Day. Yeah, I got to...they let me bring sage in...in the delivery room. They let me burn sage in the delivery room. And I got to wipe her off. I got to welcome her, Lakota. And I gave her things...And I sang the redirection songs with her and I always think that's why she's the way she is...Those have to be the first words they hear when they're born...And she amazes me [now], because they enrolled her at the tribe here, and my granddaughter got a letter saying, 'Congratulations, you are now a member of the Sicunga Nation.' My son [says], 'Baby, are you a Sicunga now?' She turned around and said, 'How!' She was going to shake hands right away. They really got a big charge out of that...I really cried when they were born...

...My dad was there for each, for my oldest daughter [who was killed by a drunk driver], he was there when she was born. He was there, he couldn't go to the hospital [for the actual birth], he didn't have a ride down there, but he called almost every other minute, to see if she was born...He named [her] when she was four days old. He gave her a name at the hospital...He went to see her at the hospital and he said that, 'All these pink babies are lying around with their mouths wide open.' He said, 'This little brown one, with black hair, and just – brown. She was lying there, looking around.' He said, "All of the sudden – at me – in the window, and she – smiled.' And he said, 'She reminded me of an eagle, you know, when they are looking around.' He said, so he called her, 'Little Eagle'...They all have Indian names."

Through Mari's words, I suddenly understood the interconnectedness between generations in the Lakota culture. By tradition, grandparents are involved in their grandchildren's births and conduct naming ceremonies for them. There is no question that grandparents will play a central role in their grandchildren's lives.

I had met Mari through Lois, whose touching letter to her tribal members opens this article. Lois had some equally moving stories about the positive aspects of raising her grandchild. "Well, probably in the very beginning...it was the challenge of doing it. And then it got to be, uh, perhaps something was rekindled in me, of when I was raising my children. And so it just started being applied to her. And she was just – my own...She has just been a total joy! ...She's just a baby, but I have learned so much from her...She's taught me to be patient...She's taught me tolerance."

Susan, who earlier so painfully recounted watching the ravages of maltreatment and abandonment in her two-year-old granddaughter, has incredibly joyful stories to tell of her granddaughter's steady improvement under her care:

"Just watching her grow, just watching little bits, chips of the bad paint falling off and a new day coming, and a new experience coming with her every single day. She's brilliant, and beautiful and wonderful and deserves...all the happiness that life has. She's just a joy, what can I say? I love everything about her...She amazes me with her ability to reason, her ability to sit and listen before she answers. She figures things out better than I do!

...I lost my mother in November of '97...and she became the comforter. I would try to hide my emotions, which was very difficult...and she would say to me, 'But you have me now...I know Meema is in heaven, but you have me now.'...So she's just a joy. Oh, I love all of my grandchildren, but to watch this broken baby. It's almost

like a bird that had a broken wing, and you fix it, and they can fly. And ah, we could learn, adults could learn a lot from Kayla and the innocence of love. And the unconditional love and forgiveness of a child."

Instead of Bonita, the grandmother raising five, feeling sorry for herself, she finds having the children beneficial to her life:

"I enjoy having them around. They keep me going. There's times that I'm aching and moaning and they make me do something. I have to do something for them and then I forget about my pain."

Loss of Freedom

Though grandparents, across cultures, spoke eloquently of the joys and fulfillment that raising their grandchildren has brought into their lives, almost all of the grandparents spoke of the loss of freedom as a central aspect of their experiences.

Gerry, a 63-year-old, spry, African American grandmother, who is raising two young grandchildren, shares:

"There is a part of me that says I should be free. I was at the point in my life when I should be getting on the bus to Atlantic City with the rest of the senior citizens."

Alma, another African American grandmother, speaks of when one of the two grandsons she now cares for was in foster care. The Department of Human Services called her to see if "Tommy," who was then 4, could come and visit his three brothers and sisters whom Alma was caring for at the time. She agreed to the visit and "Tommy" is still with her, eight years later. Alma said, with a sigh, "You know, that's how DHS works."

"Catherine", a European-American grandmother that I (Nadine) interviewed, is a family lawyer from a mid-Atlantic state. She has been the primary caregiver for her five-month-old granddaughter almost from birth. In fact, the baby's mother had asked Catherine if she and her husband would take custody of the baby straight from the hospital. This young woman had been the girlfriend of Catherine's college-age son, though she had gone through three more relationships during her pregnancy and was living with a man, not the baby's father, at the time of the child's birth. Catherine rearranged her professional and personal life in readying for the baby's arrival.

On the day that she was to take the baby home from the hospital, the baby's mother changed her mind. Catherine spoke very movingly of the confusion, mourning, and fears that she experienced on the ride home. After all, she shared, the baby's mother had already lost custody of another child, a son, now three or four years old. She knew, as a professional, that the risks to her granddaughter's health and well being were great. Just days later, the mother called to ask if Catherine would take the baby for "a few days." Catherine did so, willingly, but now finds herself "trapped" in being "on call" whenever the baby's mother asks her for assistance with caregiving. There was the time she called her in the wee hours of the morning, asking her if she could come and take the baby, immediately, as her shift at work had changed and she didn't have childcare. No matter that Catherine had to be in court at 9 a.m., she made the three-hour, round-trip journey at 5 a.m. and brought the baby to court with her. The most difficult aspect of the situation is that Catherine does not have legal custody of her granddaughter. She is afraid that if she presses for full and legal custody the mother will disappear. She is also afraid that if she does not take the baby, then the baby will be neglected or left with questionable babysitters.

Catherine is not the only grandparent that we interviewed that worried, incessantly, about parents showing up, unexpectedly, to "reclaim" parental rights. This was talked about in all interviews, except the two in which the parent of the grandchild was

deceased. Many of the grandparents had horror stories to share of times when their grandchild or grandchildren were, indeed, snatched up by parents and were not seen for months or even, in Lois' case, for one year. The tenuous (if any) legal rights that many of these grandparents have are pitiful. They live their lives at the mercy of DHS and the family court system. Many have experienced the pain of a family judge awarding custody back to parents who have repeatedly failed their children. Many shared the pain of being on opposite sides of the court from their adult child regarding the safety of their grandchildren. In any case, emotional and/or legal entanglement with their grandchildren's parents is a central feature of these grandparents' existences.

Coping Through Faith, Prayer, Family, and Friends

From inner city Philadelphia to the farm fields of Pennsylvania and Michigan to Lakota Indian reservations, we were all struck by the number of grandparents who mentioned faith or prayer as a central means of coping. Now, faith and prayer may manifest themselves very differently on the Lakota Indian Reservation or in an inner city Baptist community, but we are struck more by the similarities than by the differences.

Susan shared:

"I rely on my faith a lot, uh, all of this to me is...it is very important to me and I give all of the credit to God. It's still a one-day-at-a-time process, but each day I see another miracle. And so it keeps me strong and it keeps me focused on who I am...I believe that God sent this baby to us because He knew we'd nurture her and take care of her."

Bonita admitted:

"There are times when I felt like I can't do it no more. I am strong and I have faith in God and I think he keeps me going. He gives me energy and when I want to give up, I don't give up."

"Hilda," a Puerto Rican grandmother raising her teen-aged stepdaughter and a 14-year-old granddaughter, felt she had to keep going and drew on her faith:

"I remember when I had my first heart attack. While I was praying I said 'Dear God, I can't die now, I got to raise these girls!'"

Lois speaks of how she coped during a time when her daughter had snatched her granddaughter away and she didn't know where her granddaughter was for a year.

"When ___ took her away, I had a ceremony with Mr. R, he's a medicine man. And I was so afraid for her, ...it was such a good ceremony. I could feel the spirits everywhere and I could see the lights everywhere, where they were and I was crying, of course, and they would come, and they would pat me on the head, like 'it'll be all right, it'll be all right.' And afterwards, [Mr. R.] doesn't speak English there, he speaks Lakota, especially at ceremonies, and he told some other interpreters, who in turn, told me that he had sent spirits from there down to [city where she suspected granddaughter was] to watch over her until she came back. And I said, 'Ah, she's coming back? When is she coming back?' And he just kind of smiled and said, 'Just be patient.' So I felt really good that someone was watching over her anyway. And when she came back, like I said, everybody was so happy. I [held ceremonies], I just gave thanks to everywhere that she was home!"

At this point in the interview, Lois' 5-year-old granddaughter, who had been peacefully coloring in a corner of the room, came up to me holding up her right index

finger and said, "May I say something?" I said, "Of course." She then said, "My ancestors were happy." I just cried at this sharing of her spirituality.

Cultural Differences

Two of us found some fascinating, unique themes in our interviews with African American and Hispanic grandmothers and great-grandmothers raising grandchildren. Most of the African American and Hispanic grandmothers reported a positive or, at least, a stable relationship with their adult child, the parent of the grandchildren they were raising. This is in contrast to the European-American and Lakota grandparents interviewed. Pruchno (1999), in an article comparing the experiences of black and white grandmothers, notes that "Black grandparents are less likely to embrace the norm of non-interference, especially when the middle generation is comprised of a single parent" (p. 211). White grandparents may, in fact, be resented more by their adult children and seen as interfering rather than helpful during difficult times. "Donna," one African American grandmother interviewed, shared, "In the beginning he [her son, father to the grandchild she was raising] didn't really want to be bothered because that's what his dad did to him. I raised him all by myself and I talked to him and said 'Why would you want your child to go through what you went through?' After that time, Donna shared, things improved and now this father sees his daughter almost every day and she knows she can call him whenever she wants.

Two of the Hispanic grandmothers we listened to had the mothers of their grandchildren living with them. They, as did many of the African American grandmothers, reported a strengthening of the relationship with their child who was the parent of the grandchild they were raising. The mother of a teen-aged mother stated that they spent more time together than ever before and that "we are more close than we would have been if she had no kids." The close relationships of the Hispanic grandmothers may be due in part to the cultural tradition of collective responsibility and closeness of extended family. When the teen-mother's mother was asked about what she saw as her daughter's future, she answered, "I don't know. 'Cause Hispanic family live that way. They just stay there. You get too many Mexican kids - until the kids grown - and those kids never move! They add up!" Even Bonita, the Hispanic grandmother of five, thinks that eventually when her daughter is ready to parent again, they will live in trailers next to each other so Bonita can continue to help raise her grandchildren. This is further illustration of the natural helping network in Hispanic American culture.

African American grandmothers were more likely than other ethnic groups to report strengthened relationships with relatives and friends. Almost all of these grandmothers noted a sister, daughter, or close family friend who was their main support in caring for the children. Three of the Hispanic grandmothers also noted that sisters and brothers, other relatives, and friends were a big help. Two of the African American grandmothers in the group interviewed were married and reported no marital problems because of the children. They both, in fact, noted that the grandfathers were supportive and helpful. One married, European-American grandmother and one married, Lakota grandmother, however, reported great strife over the strain of raising the grandchildren. One had thought of separation and the other was, indeed, legally separated. The finding of African American and Hispanic grandmothers' reporting strengthened or stable relationships with family and friends may be attributable to the historical tradition of kin care and natural helping networks in both the African American and Hispanic American communities.

Discussion/Implications for Future Practice

With the input of the strong and resilient grandparents that we interviewed, the authors have come up with a number of best practice guidelines. First of all, in working with a grandparent-headed family, assessment should expand both "vertically and

horizontally." That is, assessment of a family's strengths and needs should occur over three or four generations and should include as wide a circle of kin as possible.

The amazing strengths and resilience factors that these grandparents possess should first and foremost be recognized. However, practitioners should also recognize that these grandparents often neglect their emotional and physical needs. Many times in interviews, we heard vague references to "not getting around to my own doctor" or "not having a chance to get my medicine." This was especially true in families where the grandchildren had complex mental and physical health challenges.

Most of the grandchildren of those interviewed had parents who had "abandoned" them. Thus, these children had a number of cognitive, developmental, and emotional/behavioral "symptoms" of their unstable lives including PTSD, depression, ADD, conduct disorders, explosive outbursts, reactive attachment disorder, and, finally, the likelihood of repeating patterns of the parenthood that they experienced. Grandparents we interviewed spoke movingly of the complex set of problems these children came to them with and the confusing, complex society in which they were trying to raise them. Almost all of the grandparents expressed strong need for more guidance on raising these children in today's society.

Mrs. Ayes, a European-American grandmother, shared:

> *"It's hard to put into words. It's not that they're more intelligent, they just know different things at 12, 13, and 14 years old. They know more than they did when our kids were that age. It makes me sound real antiquated, but it's just that it's kind of hard for us to deal with. It just makes your eyes pop sometimes."*

A number of grandparents we interviewed were also caring for frail, elderly parents. We have dubbed these grandparents members not of the "sandwich generation," but members of the "club-sandwich generation." These grandparents, especially, faced stresses and strains that we could only imagine.

We have concluded a number of things about the needs of grandparent-headed families. First of all, practitioners and policymakers must advocate for grandparental legal rights. We have much to learn from centuries-old, cultural norms about the central role that grandparents play and should play in their grandchildren's lives. Most grandparents had horror stories to tell about the lack of responsiveness and support of such institutions such as public child-welfare agencies. One of us, in her work in the child welfare system a couple of years ago, was told by a supervisor to *not* discuss the possible financial assistance available to relative caregivers.

At present, many, many support groups for grandparents raising grandchildren exist across the country, yet many of the grandparents we spoke to face almost insurmountable challenges in getting to the support groups. These challenges include such things as lack of transportation or money for transportation, lack of babysitters, and not being able to leave home easily due to their grandchildren's medical needs, their aging parents' medical needs, and/or their own! Much information is also to be had on the Internet; a prime example is the Grandparent Information site of AARP. However, most of the grandparents we interviewed did not have access to a computer. We have concluded that support might better be given on a one-to-one basis, either at home or on the phone, much as some breast cancer survivors reach out to newly diagnosed breast cancer patients.

Spiritual support, if faith is a centerpiece of these grandparents' lives, is an essential aspect of meeting the needs of these families. Grandparent-headed households might be connected to one another through faith centers and faith leaders. Members of churches or temples might be able to offer support and/or respite to these grandparents.

Finally, many grandparents raising grandchildren need assistance with the grief, guilt, and/or shame issues that they may feel about the children's parents. Individual and family counseling, in a contextual framework, is in order.

Perhaps all of these services are best provided via a multi-disciplinary team approach. Child welfare workers, geriatric social workers, nurses, physicians, educators, and lawyers should come together to serve these families. Project Healthy Grandparents, in Atlanta, uses this service model. In that project, nurses, social workers, and third-year law students do medical, psychological, and legal assessments as a team.

This research remains a work in progress and a labor of love. Next, we hope to interview grandchildren currently being raised by their grandparents or adults who have been raised by their grandparents. We have entered into an agreement with documentary filmmakers to chronicle the narratives of both grandparents and grandchildren. The cross-cultural, common themes that have emerged in this first study have been a source of endless fascination and inspiration for us. We have learned so much from these grandparents about coping, resilience, and strength.

References

• Boyd-Franklin, N. (1989). *Black families in therapy: A multisystems approach.* New York: The Guilford Press.

• Cross, T.A., Earle, K.A., & Simmons, D. (2000). Child abuse and neglect in Indian country: Policy issues. *Families in Society, 81(1),* 49-58.

• Goldstein, H. (1991, August). The case for ethnographic research in studying social work practice. Paper presented at "Qualitative Methods in Social Work Practice Research", Albany, NY.

• Hines, P.M., Preto, N.G., McGoldrick, M., Almeida, R., & Weltman, S. (1999). Culture and the family life cycle. In B. Carter and M. McGoldrick (Eds.), *The expanded family life cycle: Individual, family and social perspectives* (pp. 69-87). Boston: Allyn & Bacon.

• Lum, D. (1992). *Social work practice and people of color.* Pacific Grove, CA: Brooks/Cole Publishing.

• Patterson, S.L., & Marsiglia, F.F. (2000). "Mi casa es su casa": Beginning exploration of Mexican Americans' natural helping. *Families in Society 81(1),* 22-31.

• Pinderhughes, E. (1998). Black genealogy revisited: Restorying an African American family. In McGoldrick, M. (Ed.), *Re-visioning family therapy: Race, culture, and gender in clinical practice* (pp. 179-199). New York: The Guilford Press.

• Pruchno, R. (1999). Raising grandchildren: The experiences of black and white grandmothers. *The Gerontologist, 39,* 209-221.

• Reeves, P. (1998). Ellis Island: Gateway to the American dream. New York: Barnes & Noble, Inc., by arrangement with Friedman/ Fairfax Publishers.

• Scannapieco, M., & Jackson, S.J. (1996). Kinship care: The African American resilient response to family preservation. *Social Work, 41(2),* 190-196.

• U.S. Census Population Division, Working Paper Series Number26

• Voss, R. W., Douville, V., Little Soldier, A., & Twiss, G. (1999). Tribal and shamanic-based social work practice: A Lakota perspective. *Social Work, 44,* 228-242.

Understanding Grandmother & Grandchild Co-residency: A Policy Wonk's Intellectual Odyssey With Thoughts About Research & Advocacy

By Richard K. Caputo, Ph.D., Professor, Wurzweiler School of Social Work, Yeshiva University

This narrative portrays the intellectual journey of the author, a self-identified policy "wonk," from having a reluctantly coincidental interest in grandmothers living with grandchildren to developing a sustained research agenda that addresses program and policy responses to meet the needs of this important segment of U.S. families.

This narrative portrays my intellectual journey, which relied on nationally representative samples of women and youth, to grapple with appropriate policy responses to meet needs of grandmother-grandchild households. It tells how I became hooked on the topic of grandmother-grandchild co-residency.[1] The narrative shows how prior professional experiences and current policy concerns converged and resulted in a series of related articles on family and workplace policies and the Personal Responsibility and Work Opportunities Act of 1996. It concludes with a discussion of how my professional experience forced me to rethink the nature of helping clients, and continues to influence advice I give to students about advocacy and scholarship. One of the main lessons the narrative draws is the powerfulness of advocacy fueled by rigorous analysis of data. The narrative comprises three parts: origins, offspring, and helping.

Origins

Around the spring of 1997, a friend and former colleague, Dr. Robin Goldberg-Glen at Widener University, asked if any of the nationally representative longitudinal data files I used for my research on the economic well-being of families had any information about grandparents and grandchildren. Dr. Goldberg-Glen was conducting a study on intergenerational families in the Philadelphia area and preparing a proposal for a co-edited book on grandmothers raising grandchildren (Hayslip & Goldberg-Glen, 2000). She knew that I had taught a course in family policy when we worked together previously and that I was then currently teaching a similar course.

I approached academic-related research with nationally representative data files reluctantly, despite considerable experience using them prior to becoming a full-time academic in 1987. My hesitation was due to my relative ignorance of statistical analysis, an ideological preference for qualitative research methodologies, and an affinity for historical analysis. My aversion to face statistical analysis and rely on large data files changed, however, the more I examined the nature of social problems associated with family violence (Caputo, 1988). I felt I could do more, that is, advocate for appropriate programs and policies, to help break the cycle of family violence if I knew more about related problems. In particular, my work in the area of domestic violence led me to focus on family poverty, income dynamics, and women and work. These broader concerns were better addressed with information gleaned from larger regional or nationally representative samples of the population. Wanting to know more about factors related to domestic violence led me to work with and learn from scholars more familiar than I was about secondary data analysis and multivariate statistical procedures (Caputo & Cianni, 1997; Cnaan, Caputo, & Shmueli, 1994; Dolinsky, Caputo,

& O'Kane, 1989). By the time Dr. Goldberg-Glen had approached me in regard to grandparents and grandchildren, I enjoyed quantitative analysis and much of my research and policy recommendations had relied on nationally representative samples and secondary data analysis.

When Dr. Goldberg-Glen initially inquired about related information in national data files, I had to admit I had no idea and inquired what was at issue. Dr. Goldberg-Glen stressed the lack of longitudinal information and the need to address policy issues. Although I already had a full research agenda, in the end I half-heartedly agreed to examine a longitudinal data file based on a national sample of women aged 30-44 as of April 1, 1967, and surveyed intermittently through, at that time, 1992. If warranted, I agreed to think about contributing a chapter to her co-edited book. Thus began an ongoing intellectual journey that not only resulted in the contribution to the book, but has led to several other articles that address workplace and related public policy issues.

I knew Dr. Goldberg-Glen's request was technically feasible from research I had begun on adult daughters co-residing with aging parents and relatives (Caputo, 1999b). Still reluctant to take on the research, I had to convince myself of the substantive merits of the undertaking. At the time I was not familiar with grandparents raising grandchildren as a social issue, but a literature search revealed what many professionals in the field of child welfare had known too well for nearly two decades. The increased rate of teen pregnancies and the crack cocaine epidemic of the 1980s and early 1990s compounded the effects of other social trends (e.g., incarceration and divorce rates), placing many infants and children at risk. Apparently, for a large number of abuse and neglect cases, child welfare systems across the country had come to rely on grandparents, especially grandmothers, to assume responsibility for their grandchildren, a trend potentially exacerbated by the 1996 welfare reform legislation (Greenberg, et al., 2000; Minkler, 1999). Several students with whom I had shared related research findings and concerns in classes said that when they were protective service workers, they would routinely "drop off" abused and neglected children with their grandmothers, often without prior notice, because of the unavailability of foster care parents. Allegedly, too often neither remuneration nor commensurate legal authority for, say, medical care accompanied this responsibility, creating undue hardships for grandmothers who might be balancing careers and families. Systematic research and greater deliberation about appropriate policy responses were clearly needed. Policy "wonk" that I am, I was hooked.

Offspring

The book chapter (Caputo, 2000f) profiled trends and correlates of co-residency among African American and Caucasian families in the National Longitudinal Survey (NLS) Mature Women's Cohort between 1967 and 1992. Findings revealed that the prevalence of co-resident grandparenthood might be more pervasive than previous estimates, particularly among African Americans, and that co-residency often lasted several years.[2] Recommended policy options included revisions to the foster care program to permit and/or broaden kinship care and to the Social Security program to ensure promised benefits to low-income grandmother caregivers, as well as

to the Temporary Assistance for Needy Families (TANF) program permitting academic education in the training package of job-enhancing skills for welfare recipients. Adopting such measures would increase the capacity of skipped-generation households to obtain greater resources and encourage the young mothers in three-generation households to complete as much formal education as possible.

Intrigued by racial differences, I further explored the influence of race on the likelihood of grandmother-grandchild co-residency and found that race mattered when accounting for a variety of other factors thought to influence the likelihood of co-residency (Caputo, 1999e). I had noted, however, that despite race, the majority of co-resident grandmothers lived in households above poverty. This finding surprised me given that so much of the literature suggested that these families were poor, but it eventually led me to sharpen the distinction between "skipped-generation" and "sandwich-generation" households. At the time I concluded that the private or voluntary actions of these women contributed to the public good. I recommended that policy exclude the grandmother's household income in any determination of eligibility for public funds to which the child's mother might be eligible.

Given my longer-term interest in family poverty, I also examined trends and correlates of grandmother-grandchild co-residency among low-income families. An unexpected joy of the research agenda I was building in regard to grandmother-grandchild co-residency was its linkages to my work in regard to income dynamics and family poverty (Caputo, 1999a & 1999c). This effort resulted in recommendations to alter eligibility requirements for Food Stamps, Medicaid, and TANF, the program that replaced the Aid to Families with Dependent Children (AFDC) program in 1996. Specifically, I recommended lengthening or eliminating the sixty-month time limit for grandparents raising grandchildren, excluding all elderly and/or ill grandparents from the eligibility and work requirements, and extending the use of child-only grants. In addition, I advised policy makers and service providers to ensure that the Earned Income Tax Credit (EITC) remain a viable option for able-bodied low-income grandmothers and that these grandmothers be informed about and helped to use it as necessary (Caputo, 2000c).

Contested Policy Recommendations in a Market-Driven Age

Whether the policies I recommended could be considered the right policies remains contestable. Provision of cash assistance is a good example, given the contemporary efforts of many government officials and others to increase economic self-sufficiency. This ideology was reflected in passage of the Personal Responsibility and Work Opportunities Reconciliation Act of 1996 that created TANF. I harbor few doubts that cash assistance is an appropriate response to meet the immediate need of low-income, co-resident grandmothers. Findings from my studies and others also suggested, however, that grandmother-grandchild co-residency is often a long-term commitment, further implying the prospect of cash assistance for five years or more.

I prefer provision of cash for as long as it takes, given the service these grandmothers are providing to society either by raising kids who might otherwise get lost in the foster care system or by providing care and residence to their aging parents while still raising their own children. Given the history of public assistance in the U.S. and the contemporary climate of opinion favoring market solutions to social problems, the political viability of the right thing for government to do remains problematic. At issue are polarizing values, on one side extolling the virtues of self-sufficiency prodded by a punitive, reluctant welfare state and on the other side meeting common human needs supported by a welfare state committed to ensuring more equitable distribution of resources than might not be the case otherwise. These polarities constitute an underlying thread interwoven in the discussion and implications sections of the grandmother-grandchild co-residency studies I have conducted to date. They also provide the backdrop that tempers the certainty with which I make policy recommendations and encourage activism to promote them, themes that I take up further in the "Helping" section of this narrative.

Conference Feedback That Influenced My Research Agenda

I had presented earlier versions of the manuscripts I had written to date at the annual meetings of the American Sociological Association in 1998, the Gerontological Society of America in 1999 and 2000, and the Society for Social Work and Research in 2000. Participants at the conference sessions encouraged me to apply a longitudinal lens to a younger cohort of women, which, as described below, I did. They speculated that the cohorts might be different, particularly in regard to the influence of race and age at time of the birth of first child, and that implications for appropriate public policy and workplace recommendations might vary accordingly.

Session participants also raised the issue of accounting for the psychological effects of co-residency on the grandmothers. I was unaware of any psychological or stress-related variables in the NLS Mature Women's data files to date. I acknowledged the limitations of working with secondary data, namely researchers who did so had to rely on what others had asked – an on-going source of frustration. I thought such information was better suited to qualitative studies that relied on smaller samples. Session participants agreed, stressing the importance of qualitative research in this area of study, but nonetheless acknowledged the need for longitudinal studies not only within one cohort of women, but across cohorts to the extent there were viable sources of data. One nagging concern about the viability of the NLS data files about which session participants asked had to do with the relationship of household members to each other. Household members were identified by their relationship to survey respondents, not to each other. I could not determine with certainly if a grandmother's adult son or daughter reported to be living in the household at the time was the parent of the grandchild. This limitation is one of several reasons that tempers the claims I make in regard to findings and implications and also influences how I help students and others think about the relationship between advocacy and research, a topic developed in the "Helping" section of this narrative.

Session participants also wanted to know more about related policy issues. Several session participants were aware that the Personal Responsibility and Work Opportunity Act of 1996 mandated poor teen mothers to reside with a responsible adult as a condition of eligibility for TANF. Although few participants, however, had equated this responsible adult with grandparents, they knew that grandmother-grandchild co-residency also affected eligibility for Food Stamps and Medicaid. I often left conference sessions overwhelmed yet exhilarated by the prospect of having more work than I originally intended to do on the topic of grandmother-grandchild co-residency.

Young Grandmothers

All manuscripts and conference presentations thus far described had relied on data from the NLS, Mature Women's Cohort. One of the benefits of taking a longitudinal view of these women was identifying the relatively high proportion of co-resident grandmothers in their thirties, suggesting that some women might become co-resident grandmothers in their twenties. That prospect elevated my curiosity, because it implied that many co-resident grandmothers were very young when they became parents. I also wondered if their daughters were also likely to become co-resident grandmothers. Given these prospects, the 1996 welfare reform legislation, and encouragement from session participants at conferences, my scholarly curiosity and policy concerns peaked and I continued research in this area.

The literature led me to expect the overwhelming majority of co-resident grandmothers to be in their mid-forties and older. The majority of co-resident grandmothers in my studies to date fit this profile. Nonetheless, there were sufficient numbers in their early forties and thirties to warrant exploring the possibility of trends and correlates of grandmother-grandchild co-residency in the NLS, Young Women's Cohort. Respondents in this cohort of women were between the ages of 14 and 24

as of January 1, 1968, so the sample had promise of identifying early stages of grandmother-grandchild co-residency and plotting trends as these women matured.

Plotting the trends, I noticed that by the late 1970s and early 1980s, a roughly comparable percentage of respondents in the Young Women's Cohort were co-resident grandmothers and were similar in age to those in the Mature Women's Cohort in 1967. This was uncanny because it suggested that women in the younger cohort who were born and raised in different time periods might nonetheless follow a similar grandmother-grandchild trajectory over their life spans (Caputo, 1999d). This prospect took on added significance in light of a related study, described below, which suggested that some young co-resident grandmothers, particularly if they were single, might be at risk for depression as they get older. The existence of longitudinal data files such as the NLS Young and Mature Women's Cohorts made such a research undertaking possible.

Psychological status of co-resident grandmothers

I had become so heavily invested in co-residency research that psychological issues raised at previous conferences also became of viable interest. Given the reported stress associated with raising grandchildren found in smaller, qualitative studies, I wondered if the NLS data files contained any related measures. They did. In survey years 1995 and 1997 the CES-D scale, a measure of depressive symptomatology for the general population, was administered as part of the larger survey for each cohort. My roots in social work were clinical, shaped by my work experiences at the Arizona State Hospital in Phoenix in the mid 1970s. Hence, the focus on social-psychological aspects of co-residency was not too much of a stretch, and the prospect of pursuing research in this area rekindled dormant intellectual and advocacy concerns in the field of mental health.

Essentially, I found that co-resident grandmothers, regardless of age and cohort, were more likely than other mothers,[3] even those who had previously experienced co-residency, to have higher levels of depression. Furthermore, among older co-resident grandmothers, those in skipped-generation households experienced greater increases in depression than those in three-generation households and had the highest level of depression of any study sub-sample. Being a single co-resident grandmother was more likely among older women, portending a difference between the Mature and the Young Women's Cohorts, but nonetheless suggesting what younger co-resident grandmothers are likely to face as they approach their retirement years. Although the levels of depressive symptomatology were insufficiently high to warrant a judgment of clinical depression, they were high enough to indicate an "at risk" population.

Reviewers of early drafts of this study (Caputo, In press a) asked for a more thorough discussion of practice-related implications than I had initially provided. The request required additional thought, because the evidence I had presented suggested only that a relatively small percentage of co-resident grandmothers might be at risk and I wanted neither to typecast co-resident grandmothers nor to overstate the case for intervention. My clinical and advocacy impulses nagged me to cast as wide a net as possible to increase the likelihood that many people would get services, but my research-oriented objective proclivity dictated that my recommendations remain within the constraints of the measures and data I used in the study. In the end, I discussed criteria that practitioners could use to help identify co-resident grandmothers who might be at risk for clinical depression. I also suggested that further evaluation with more appropriate measures be done prior to developing and implementing specific interventions targeting depression.

An Unresolved Puzzle: Co-residency in the U.S. South

A fairly consistent finding across much of my research was the presence of grandmother-grandchild co-residency in the South.

One of the session participants at the 2000 ASA Annual Meetings offered an explanation to account for the finding. A self-disclosed mid-westerner by upbringing, this session participant recalled how many African American parents he knew would send their children to their parents' house to

spend the summer. That seemed plausible, given additional anecdotal evidence. One of my uncles, with whom I share much of my scholarship because of our opposing political views about the nature of and remedies for poverty, had corroborated this mid-westerner's explanation. While a child, my uncle lived in an integrated neighborhood in Brooklyn, NY. He recalled how several of his African American friends would spend entire summer vacations in the South with their grandparents, in part to get away from urban influences conducive to juvenile delinquency and the like. My uncle's story about his African American friends was meant to take issue with several of my policy recommendations regarding the appropriateness of cash assistance to low-income families. For my uncle the issue was too much reliance on government to underwrite what people are rightfully doing for themselves, even if driven by necessity. This sliver of an on-going discussion between a fiscally conservative uncle and his unabashedly liberal nephew contributes to my reflecting upon the rightness of the policy recommendations I make.

Given the sociodemographic composition of many contemporary inner cities, I suspect African American parents sending children to spend summers and holidays at their grandparents' homes in the South still goes on. My findings about the South held even when controlling for race, thereby suggesting that either European-American or other parents also send their children to their grandparents or that some other regionally related characteristics are conducive to co-residency in that part of the U.S. Session participants at conferences further corroborated the anecdotal evidence about urban African American parents sending their children to the more rural areas in the South, but they did not offer any additional attributes or characteristics about the U.S. South that might account for the finding. Further, no one suggested that European-American parents routinely send their children to their grandparents in the South. To date, I have no satisfactory explanation and remain intrigued by the finding.

Intergenerational transmission of co-residency

The co-resident grandmothers in the NLS Young and Mature Women's Cohorts appeared to share some critical sociodemographic and psychological characteristics. I wondered if the mothers of the younger co-resident grandmothers were likely to have been co-resident grandmothers themselves. That is, to what extent was grandmother-grandchild co-residency transmitted across generations and what, if any, was the role of race in the likelihood of its intergenerational transmission. The policy-related issue was the sixty-month time limit provision enacted with passage of the Personal Responsibility and Work Opportunities Reconciliation Act of 1996. The Act specified that states could not use federal TANF funds to provide assistance to a family that included an adult who had received such assistance for sixty months. Would a prospective co-resident grandmother, who might have become a sixty-month TANF beneficiary as a teen mother hersel, be ineligible for federal funds under TANF? Given that extended families are more common among African Americans than Caucasians in the U.S., would such TANF provisions adversely affect African American families by discouraging them

from assuming intergenerational responsibility in times of need? A larger issue, I surmised, was the importance and resiliency of the extended family to meet needs. Did public policies in general and TANF in particular support or erode the ability of the extended family to meet need?

There are practical and theoretical issues associated with society's response to extended families in general and to such African American families in particular. If responses are at best neutral or at worst punitive, as certain provisions associated with TANF might be, then society might be foregoing an opportunity to reward the efforts of families to take care of their own. Cost of related care burdens might thereby shift to the public sector. Further, neutral or punitive responses might adversely affect the positive effects the older generation has on the younger one by serving as role models in times of need. My research suggested that intergenerational transmission of co-residency is a learned behavior that can benefit from institutional, structured, public support (Caputo, 2000b & 2000e). The conservative battle cry to preserve and encourage the nuclear family may prove less than wise if this traditional family form is less resilient to meet the needs of an aging population or those of children whose parents experience drug-related or other social problems that interfere with responsible parenthood.

Finally, taking account of men

My work to date in the area of co-residency focused only on women. I easily justified this because women still constitute the majority of caregivers, for both old and young alike, and are more likely than men to struggle balancing work and family. Nonetheless, I started to think about the prospect of examining co-residency in a longitudinal data file of a nationally representative sample of youth (NLSY79) 14-22 years old who were first surveyed in 1979. I had used the NLSY79 data files previously for my work on income and poverty dynamics (Caputo, 1999a & 1999c) and on the use of the Head Start program by children of NLSY79 mothers (Caputo, 1998). I suspected from past research that co-residency should be an identifiable pattern in the NLSY79 by the mid-to-late 1980s and thereafter for women and possibly for men. The literature led me to expect a smaller proportion of men than women to be co-resident grandparents, but much less was known about their characteristics and the NLSY79 offered some promise to find out. As it turned out, the young men were about half as likely as the women to become co-resident grandparents. Since the number of male co-resident grandparents was small, I avoided characterization of them. Sex remained an important predictor of co-residency even when controlling for factors like education, employment status, marital status, poverty status, race, region, and time of birth of their first child (Caputo, In press b). For all practical purposes, grandparent-grandchild co-residency meant grandmother-grandchild co-residency.

Helping

My research on grandmother-grandchild co-residency has not led to any direct or personal involvement in related policy developments to date. That is, I have not directly presented or discussed the results of my research with policymakers, nor have I actively advanced the policy recommendations I made beyond the professional literature and presentations. This is not to say that the policy recommendations I made in published articles to participants at professional conferences and to my students are in vain or have no tangible effect. Students and colleagues, however, often inquire about the nature of influence and level of activism in regard to my scholarship. I suspect the implied question really is "What does any of your scholarly work have to do with helping people?" Larger questions loom regarding the proper relationship between the academic scholar and the public intellectual, between the rigorous researcher plagued with uncertainty and the passionate activist in pursuit of social justice. Must one preclude the other?

I mentioned earlier that limitations of my research often tempered the zeal or certainty

with which I presented findings or made recommendations in regard to grandmother-grandchild households. Seeking to overcome those and related limitations have virtually precluded my activist impulses to see that others, in this case grandmother-grandchild households, benefit from my work. For an activist who helped form and then head a state-level group of paraprofessionals while working for the Arizona State Hospital in the mid 1970s, questions about the tangible impact of my research on people's lives have an arresting affect on me. I recall a conversation I had with a psychiatric nurse about my transition from a mental health technician providing direct services to an administrator designing programs and strategic plans. In the midst of my explaining all I was learning about personnel policies and procedures, admission processes, discharge and recidivism rates, and the like, she interrupted me and asked in effect, "Are you really helping any of the patients with this stuff?" Stunned, I could point to no discernable benefits and admitted I was not sure.

The question of helping others continually haunts this paraprofessional activist turned professional administrator turned "policy wonk" academic. Initially, I attempted to balance and combine my professional life with my activist proclivities, at the least by bringing it into the workplace whenever work-related responsibilities absorbed most of my time. A subsequent life of scholarship, however, quieted my activist impulses, primarily because of demands necessary to meet academic standards, not only for promotion and tenure, but more basically, to do good, meaningful work. This is not to say that activism and scholarship are at odds, that activists produce shoddy scholarship, that scholars make ineffective activists, nor that meeting academic standards precludes activism. It is to say, however, that for those of us who enjoy working within the constraints of science-based or research-based practice, the search for truth and the development of criteria and studies by which to adjudicate truth-claims necessitate thinking twice before taking action.

Activism and advocacy play large roles in the MSW courses I teach. I encourage MSW students to go with the best evidence available and advocate on behalf of their clients, despite limitations of related research. I have come to the view that since all research has limitations, policy implications drawn from research can at best be offered only with caveats to that effect. I am not fully comfortable with the prospect of "pushing a point of view" based on research findings, given a healthy skepticism about the limitations of research and the cautiousness that often accompanies recommendations for practice and policy. With MSW students, however, I give the benefit of doubt to professional judgment regarding what constitutes the right thing to do, given state-of-the-art knowledge and value preferences. I encourage advocacy and help students develop appropriate advocacy skills in light of what we know will benefit clients. In this regard, I have no difficulty in policy and research courses discussing criteria by which to assess the merits of program and policy options. In particular, I encourage MSW students to advocate for changes in the 1996 welfare legislation that would, among other things, benefit grandmothers raising grandchildren. Nonetheless, I emphasize that one's professional responsibility necessitates reassessing one's value commitments and keeping abreast of what constitutes state-of-the-art knowledge. I offer doctoral students, however, somewhat different advice.

I advise doctoral students to temper their activism somewhat and to pursue research studies that meet peer-review standards for publication and that theoretically increase the prospects for better practice, program, and policy recommendations. For me, this reflects a longstanding professional effort of using research to develop state-of-the-art knowledge and to think through what it implies for social betterment (Caputo, 1985 & 1989). It is what led me, in part, to examine workplace policies regarding family-friendly benefits as I found out more and more about adult daughters' caregiver responsibilities in general and about grandmother-grandchild co-residency in particular

(Caputo, 2000a, 2000d). And it also keeps me rethinking about manifest and latent, as well as immediate and long-term, positive and adverse effects of policy recommendations that I propose. How might family leave policies, for example, retard or advance broader goals associated with gender justice and equality, especially if men are less prone than women to use them or if by using them women are passed over for promotions due to lack of face time? Does prolonged cash assistance to low-income co-resident grandmothers undermine self-sufficiency? Continued research is necessary to ensure that the social facts and policy implications are right.

If anything, my research to date has humbled me to the realization that getting the social facts and policy implications right, so to speak, is no easy task. The policy conundrum regarding cash assistance to co-resident grandmothers, who may have to rely on it for several years beyond what the public may tolerate, is a case in point. The best help I can give beyond doing methodologically sound research and thoroughly deliberative discussions about policy-related implications is to supervise and advise doctoral students in ways to contribute to the knowledge base of the profession.

An emphasis on developing state-of-the-art knowledge within a substantive area like grandmother-grandchild co-residency rather than about advocacy per se does create intellectual dilemmas for me. My advocacy of policy-related recommendations is tempered by research-related constraints to get the social facts and policy implications right. Though tempered, my activist impulses remain vital and seek expression. The professional literature has sufficient outlets affording ample room to render my advocacy impulses their due, while maintaining high standards of "academic" rigor regarding research. In effect, I channel many of my advocacy impulses into the issues I research and weave them into policy and practice recommendations that flow from the evidence. I rely on the peer-review process to weed out unsupported conclusions and recommendations of my research, thereby ensuring the integrity of my work. I remain uneasy about not ever knowing who actually gets helped in the process but nonetheless optimistic about the long-range contribution to social betterment as a result of a tempered activism that struggles to get the social facts and policy implications right.

References

• Caputo, R.K. (In press a). Depression and health among grandmothers co-residing with grandchildren in two cohorts of women," *Families in Society.*

• Caputo, R.K. (In press b). Grandparents and co-resident grandchildren in a youth cohort. *Journal of Family Issues.*

• Caputo, R.K. (1985). The role of research in the family service agency. *Social Casework, 66,* 205-212.

• Caputo, R.K. (1988). Managing domestic violence in two urban police districts. *Social Casework, 69,* 498-504.

• Caputo, R.K. (1989). Integrating values and norms in the evaluation of social policy. *Journal of Teaching in Social Work, 3(2),* 115-131.

• Caputo, R.K. (1998). Head Start, poor children, and their families. *Journal of Poverty, 2*(2), 1-22.

• Caputo, R.K. (1999a). *Advantage white and male, disadvantage black and female: Income inequality, economic well-being and economic mobility among families in a youth cohort, 1979-1993.* Danbury, CT: Rutledge Books, Inc.

• Caputo, R.K. (1999b). Age-condensed and age-gapped families: Coresidency with elderly parents and relatives in a mature women's cohort, 1967-1995. *Marriage and Family Review, 29*(1), 77-95.

• Caputo, R.K. (1999c). Becoming poor & using public assistance. *Journal of Poverty,*

3(1), 1-23.

• Caputo, R.K. (1999d). Grandmothers residing with grandchildren in two cohorts of women, 1967-1995. Wurzweiler School of Social Work, Yeshiva University. Presented at the American Sociological Association, 2000 Meetings, Aging and the Life Course Section, Washington, DC.

• Caputo, R.K. (1999e). Grandmothers and coresident grandchildren. *Families in Society, 80,* 120-126.

• Caputo, R.K. (2000a). Race and marital history as correlates of women's access to family-friendly employee benefits. *Journal of Family and Economic Issues, 21*, 365-385.

• Caputo, R.K. (2000b). Race, region, and the intergenerational transmission of grandmother-grandchild co-residency. Wurzweiler School of Social Work, Yeshiva University. Presented at Southern University at New Orleans, Race, Gender, & Class Project, Second Annual Conference, New Orleans, LA. (October, 2000).

• Caputo, R.K. (2000c). Second-generation parenthood: A panel study of grandmother and grandchild coresidency among low-income families, 1967-1992," *Journal of Sociology & Social Welfare, 27*(3), 3-20.

• Caputo, R.K. (2000d). The availability of traditional and family-friendly employee benefits among a cohort of young women, 1968-1995. *Families in Society, 81,* 422-436.

• Caputo, R.K. (2000e). The intergenerational transmission of grandmother-grandchild coresidency. *Journal of Sociology & Social Welfare, 27*(3), 3-20.

• Caputo, R.K. (2000f). Trends and correlates of coresidency among Black and White grandmothers and their grandchildren: A panel study, 1967-1992. In B. Hayslip and R.S. Goldberg-Glen (Eds.), *Grandparents raising grandchildren: Theoretical, empirical, and clinical perspectives* (pp. 351-367). New York: Springer Publishing Company.

• Caputo, R. K., & Cianni, M. (1997). The job training experiences of black and white women, 1970-1991. *Human Resource Development Quarterly, 8,* 197-217.

• Cnaan, R.A., Caputo, R.K., & Shmueli, Y. (1994). Senior faculty perceptions of social work journals. *Journal of Social Work Education, 30*, 185-199.

• Dolinsky, A.L., Caputo, R.K., & O'Kane, P. (1989). Competing effects of culture and situation on welfare receipt. *Social Service Review, 63*, 359-371.

• Greenberg, M., Levin-Epstein, J., Hutson, R., Ooms, T., Schumacher, R., Turetsky, V., & Engstrom, D. (2000). *Welfare reauthorization: An early guide to the issues.* Washington, DC: Center for Law and Social Policy. Available at www.clasp.org

• Hayslip, B., & Goldberg-Glen, R.S. (2000). Grandparents raising grandchildren: *Theoretical, empirical, and clinical perspectives.* New York: Springer Publishing Company.

• Minkler, M. (1999). Intergenerational households headed by grandparents: Contexts, realities, and implications for policy. *Journal of Aging Studies, 12,* 199-218.

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[1] Co-residency means living in the same household. It should be noted that co-residency implies two distinct intergenerational household types. The first comprises grandmothers raising grandchildren without benefit of the parents, i.e., skipped-generation households in which grandmothers are for all practical purposes "second-time around" parents. The second type of household consists of grandmothers living with their adult children who are also

raising their own children, i.e., the so-called "sandwich-generation" parents or "three-generation" households. The former group of grandmothers is the poorer of the two and can benefit from policies that increase their income and access to health care. The latter group of grandmothers is the more affluent and their needs are more difficult to disentangle. These grandmothers may be providing childcare while their adult children work and/or may themselves have health limitations taxing the resources of their adult children with whom they live. Both forms of intergenerational households, however, often serve a social welfare function and, to the extent they do, have a legitimate claim on public and private sector initiatives to help them meet need and retain dignity.

[2] The percentages of African American women who became co-resident grandmothers increased from a low of 7.34 in 1967 to a high of 17.84 in 1982, decreasing slightly thereafter, while the percentages of European-American women increased within a narrower range, from a low of 0.55 in 1967 to a high of 3.00 in 1987, with a slight decrease by 1992. More than half (65.7%) of African American and nearly one-third (29.6%) of European-American grandmothers lived in households with their grandchildren for five or more years.

[3] The data files contained no fertility-related information about respondents' children who lived outside the household, so there was no way to distinguish co-resident grandmothers from other grandmothers. Hence, other mothers comprised the comparison group.

The Only True Constant in Life is Change: The Tale of Two Therapists, Two Grandparents, and Three Children

By Beth Bourdeau, MS, and Megan L. Dolbin, MS, doctoral candidates, Purdue University Department of Child Development and Family Studies.

In this narrative, the authors share their experiences as two therapists working with one family where the grandparents were raising their grandchildren.

Introduction

In the last decade, the number of grandparents raising their grandchildren has been on the rise (Fuller-Thompson, Minkler, & Driver, 1997; Pinson-Millburn, Fabian, Schlossberg & Pyle, 1996; Woodworth, 1996). While few institutional supports exist for them, members of this group are in need of various forms of services to meet their complex and multiple problems (Heywood, 1999). Given the emotional, social, and psychological complications experienced by both grandparents and grandchildren (Ehrle & Day, 1994; Pinson-Milburn et al., 1996; O'Reilly & Morrison, 1993), therapy of some sort is often indicated.

I (B.B.) met the Bradley* family in April of 1998. I was working in the clinic of a large Midwestern university pursuing my graduate degree in Marriage and Family Therapy. The Bradleys were a family in the midst of a number of changes and stressors beyond their control. I invited another therapist (M.L.D.) to join me. We worked together with this family for a year and a half. During this time, we faced new challenges as the family continued to grow and change.

The Bradleys have given us a chance to work with three generations. Due to the many changes experienced by this family, we saw a number of combinations of family members throughout the last year and a half. In this article, we share our experiences of working with grandparents who are raising their grandchildren. We begin with a brief family history and discuss the presenting problems, our guiding theoretical orientations, and our reflections on this journey.

Bradley Family History

The Bradley family story begins with Janine. After having sons, Janine and her husband wanted a daughter. They adopted a girl, Nancy. When Nancy was about 5, Janine's husband began to sexually molest her over the course of almost ten years. Beginning in her teenage years, Nancy began to have a number of promiscuous relationships with men. She also began to use drugs heavily. Janine was quick to come to Nancy's assistance and made every effort to apologize for not protecting her. Janine and her husband divorced soon after.

Nancy moved out and married. During this time, Janine and Nancy's relationship was tumultuous and highly ambivalent. Nancy blamed Janine for not protecting her from the abuse. Yet at the same time, Nancy took shelter in Janine from her husband, who began to be verbally and physically abusive. During their marriage, the house was often a disaster, covered in garbage and feces. Their two children were often left to forage for food out of the trash. As the violence grew worse, Janine often stepped in to care for Nancy's son Josh (now ten years old). During Nancy's pregnancy with her second son Dan, Nancy suffered a physical attack that had permanent consequences for Dan. Dan (who is now nine years old) has neurological difficulties including a seizure disorder.

At this time, Janine married Bill. Nancy divorced, then began to move from one relationship to another. Janine took the children into her home. Janine and Bill say they have never really known life together without the children. Once it became clear that they would be the ones primarily responsible for the boys, Janine retired from her job to provide full-time daycare. Bill continues to work as a mechanic.

While Janine and Bill cared for her children, Nancy became pregnant with her daughter Donna. She was seeing two men at the time, one that was employed but abusing drugs, and Larry, who was still with his wife. Nancy got a paternity test for Donna and was disappointed that Larry was not the father, so she let Janine and Bill take over care of Donna. Janine and Bill agreed to "negotiated assumption" of the children (Roe, Minkler, & Barnwell, 1994). Nancy gave her verbal assurance that she would eventually bring the children to live with her.

However, Nancy resumed her relationship with Larry, and they began living together. Josh, Dan, and Donna then split their time between living with Janine and Bill and with Nancy and Larry. Despite this arrangement, the children still spend the majority of time with Janine and Bill. More recently, Child Protective Services has begun an investigation of Donna's father for sexually abusing her.

Presenting Problem

Nancy, Josh, and Dan initially presented for family therapy. Nancy reported that she was having trouble with Josh and Dan's violent outbursts and defiance. She said that both boys were difficult to handle and that she felt at the end of her rope. Nancy's belief was that much of the boys' problematic behavior was the result of witnessing a great deal of physical violence between her and her ex-husband.

Description of Therapy – Overview

When beginning to organize the vast amount of information on the Bradley family, we started by looking for themes through the family history. Several approaches have been noted in the literature, such as filial therapy (Bratton, Ray, & Moffit, 1998), group therapy (Kennedy & Keeney, 1987), role theory (Landry-Meyer, 1999), structural therapy (Bartram, 1996), and narrative therapy (Heywood, 1999). The continual changes in household membership and familial roles brought to mind a *family life cycle* perspective (Carter & McGoldrick, 1999). In addition to the history, we considered the boys' behavior and Nancy's relationship with them. We wondered about the possibility of insecure *attachment* as a hypothesis for their strained relationships (Miller, 1993; Randolph, 1997). When taken together, we felt that these two theories most adequately captured the struggles of the family. The following are our reflections on the therapeutic process, organized chronologically.

Phase I: Assessment

This phase of therapy with Nancy, Josh and Dan lasted four sessions over the course of one month. The presenting problems were the boys' aggression and defiance and their adjustment to Nancy's impending move to a boyfriend's home. Issues that Nancy presented were her resentment toward and lack of acceptance of the children, particularly Dan, and her ambivalence toward her role as parent. We decided to address the issues separately, one of us (B.B.) working with the parental system and the other devoting time to the child system (M.L.D.).

Parental System (B.B.)

In terms of Family Life Cycle assessment, the family was in transition between two developmental phases. Nancy and the children had been living with Janine and Bill. Nancy had announced her impending move to share a home with a boyfriend (the establishment of a new couple). She was

concerned about the children's adjustment to her move and wanted our help in making the transition as smooth as possible.

There was the accompanying stress of a change in family structure. The family unit then shifted into two households: Nancy and her boyfriend, and Janine and Bill with the children. However, this shift was only temporary since the children would soon join Nancy. This meant that after beginning to adjust to one structure, they would have to transition again.

When I first met this family, I was impressed. Given all that she was currently facing, I was impressed with Nancy for bringing the boys in to see a therapist. She presented as someone who was in tune with her kids and wanted to take action to help them. It seemed resourceful that she wanted helping adults in her children's life.

At the same time, I was overwhelmed. Though Nancy seemed genuinely concerned, there was an odd quality about her relationship with them. She seemed out of touch with what they were doing (both in the session and in general) and frightened of Dan. Given the many issues that they were facing and had faced in the past, it would have been easy for me to label them "multi-problem" and feel inadequate for the task of addressing their needs. I had only seen situations like this in my work with Child Protective Services, where a social work and case management role was clear. But how could Megan and I foster connection between this mother and her children when they seemed so disconnected?

Child System (M.L.D.)

When I joined this case, I had been seeing clients for only four months. I had never worked with a family and had no experience doing therapy with children. Working with children was a professional goal of mine, and here I was faced with my first opportunity. I was ready to go. I had the crayons, the paper, the clay, and the dollhouse.

Fifty minutes later, my idealism and enthusiasm for working with children was pretty much non-existent. Josh and Dan

spent that session running around the therapy room overturning furniture and boxes of toys. The dollhouse ended up on the floor, the clay was ground into the carpet, and virtually all of the crayons were broken into unusable pieces. When they did play, they engaged in killing games. Dan would take on the role of a wolf and viciously attack Josh. Quickly, I became a target of Wolf Dan's attacks. He jumped on my back and pulled at my hair, while making the most vicious snarling sounds that he could muster.

I was very intimidated. Despite the suggestions from my supervisors, Josh and Dan were very difficult to manage and I had never experienced such disruptive and violent children. I found myself bewildered. I lost the very little bit of therapist self-confidence that I had before joining this case. I began wondering if I could really "cut it" in the field. If I couldn't handle two boys, how could I possibility help couples and families?

Beyond these professional concerns, I was disappointed to find myself becoming short-tempered and impatient with Josh and Dan. There were even times when I wanted to yell at them or grab them and force them to sit still for a moment. For the first time in my life, I had some insight into why some parents physically abuse their children. I was so frustrated with Josh and Dan that lashing back at them physically seemed to be the only way to get them to listen to me. At the same time, I was ashamed for having these feelings. I would never want to hurt Josh and Dan – no matter how upset I was with them. I gained some empathy for Nancy. I could barely manage the children for an hour; how could someone manage them all the time?

Despite this destructiveness, Josh and Dan would also exhibit occasional affectionate

behavior. One example occurred at the end of the fourth session when Dan reached up and touched my hair. When I turned to see what he was doing, he scooted even closer to my side so that he was practically sitting on my lap and asked, "Will you be my mother?" It broke my heart. Under their violent behavior were two vulnerable little boys who desperately craved love and attention. I wanted to take them home with me and rescue them from Nancy and all of the chaos in her life. I made sense of their behavior by applying the lens of attachment theory. Nancy did not appear to have attached to her children and did not seem to be interested in bonding with them. In fact, during therapy sessions she would often ignore them or physically push them away from her. For me, attachment explained why the boys would vacillate between being disruptive and affectionate.

Out of my new framework for understanding Josh and Dan emerged anger with Nancy. I could not imagine how a mother could be so neglectful and disconnected from her children. Although I tried to stay resource focused, I was still mad. I kept asking myself, "What can I do to help these children if their mother is not able or willing to learn to connect with them?" The situation felt hopeless.

Phase II: Restructuring and Rebuilding

Phase Two of therapy lasted for 19 sessions over the course of 6 months. The presenting problems for this phase of therapy continued to be the aggression and defiance of the boys and tension in the boys' relationship with Nancy. New to this phase were concerns about manipulation and lying on the part of the boys as well as the adjustment of the remaining family members to Nancy's departure.

Nancy provided us with limited information about the children's everyday behavior and confessed that her mother was their primary caretaker. When we asked to invite Janine to therapy, Nancy agreed and said that she thought the consistency would probably be helpful. We called Janine who brought all three children for therapy sessions. Nancy agreed to come in as well but did not attend any of the following sessions.

In this phase of treatment, our work quickly took on a more practical tone. With the arrival of Janine, we were provided with far more detailed information on the children's behavior and feelings, as well as pertinent historical data that had not been provided by Nancy. After two sessions with Janine, other treatment issues came to light. As is common with many custodial grandparents, there was antagonism between Janine and Nancy. Janine was frustrated by her daughter's lack of responsibility for caring for the children. Second was the impact of the women's relationships on the children. Both boys acted aggressively and angrily on overhearing Janine's complaints against Nancy. Therefore, at this point, we decided to formally split up our work. Beth worked with Janine (with Donna present) while Megan worked with the boys.

Parental System (B.B.)

In life cycle terms, the main issue during this phase of treatment was the adjustment to the change in family structure and the resulting boundary negotiations, such as who should have primary parenting responsibilities. Furthermore, due to the children's emotional scars from abuse and neglect, Janine also had difficulty managing their behavior. However, it seemed that her biggest stressor at the time was her relationship with Nancy who, after weeks, displayed no intention of having the children move in with her and her current boyfriend.

Janine and I spent most of our time talking about the "temporary" feel of the circumstances. She and her husband, Bill, felt powerless to form a family and yet needed to gain some of the privileges (e.g., making educational and medical decisions) that went with the responsibility of raising the children. I felt similarly frustrated. Janine and Bill were trying their best to care for the children, but there seemed to be unending roadblocks. We decided to do some basic problem solving. During this time, Janine took preliminary steps toward having her and Bill recognized as emergency contacts for

school and to get authorizations on file at local hospitals should the children need emergency treatment. I encouraged her to continue to develop boundaries that were comfortable to her and not disruptive to the children in terms of gaining rights as well as responsibilities for the children.

The biggest shift in this phase came when Janine and Bill said that they had decided to stop viewing the situation as a temporary one. They had decided that the children were their responsibility and "gave up" that Nancy would ever function as a parent. They shifted the family boundary to include themselves and the children as a family (Williamson, 1982). I was ecstatic. The children seemed genuinely better when they were in the exclusive care of Janine and Bill, and it became my desire for them to gain eventual custody of the children. There seemed to be a sense of relief and refocusing of energy at this point for Janine and Bill as well. They drew stronger boundaries during this time by setting limits on the times that Nancy could drop by due to the disruption her visits created for the children. I felt a sense of relief when Janine and Bill decided to treat the situation as permanent; it ended the sense of ambiguity for me and gave me more of a sense of direction and purpose.

We also became resource focused. I gave them materials by the American Association of Retired Persons on the topic of grandparents raising grandchildren. They got in touch with local agencies to provide additional services for the children and distributed the materials to others in their community.

Janine and Bill also discussed their legal options in creating permanent boundaries around this new family unit. They felt that Nancy would easily give up custody and that the boys' father would not be a serious threat due to previous legal documentation of his abusive behavior. However, they had two concerns. First was Donna's father, who had maintained a relationship with Donna. They wanted to keep the children together and felt that pursuing custody would only split them up. Second, since Nancy was adopted, they were not biologically related to the children. They retained a lawyer for a time, then decided to drop the issue. I was disappointed, but could understand their concerns about taking legal action.

The legal threat came back, however. Nancy had ended her relationship with her boyfriend. At this time, her former lover, Larry, had begun the process of divorce from his wife. He and Nancy found a home together. The boys' father found out about the new arrangement and was extremely angry. He threatened to fight for custody of the children.

While legal issues still remained in the hands of angry ex-spouses, Janine and Bill focused on parenting and providing for the children as best they could. We were able to work on parenting roles, and much of the difficulties with the children subsided.

With the actions of the biological parents, there began to be a recurrent pattern of living crisis to crisis, which derailed my many attempts to move in a specific direction. Many sessions were spent diffusing crises and brainstorming plans of action, so much so that I didn't feel that therapeutic progress was being made. I found myself trapped in isomorphism. Not only were Janine and Bill's life in the control of the actions of their daughter and the men in her life, now my therapy was also in their control as well, with sessions dictated by the most recent argument or threat. I found it increasingly frustrating.

Child System (M.L.D.)

During this phase of therapy, my focus was on building a strong relationship with Josh and Dan. I wanted to help them process their experiences of abuse, their concerns about living with Janine and Bill, and the transient presence of Nancy. They pushed all of my "buttons" by testing my boundaries and rules and really challenged me to care for them unconditionally. However, through this experience, I also gained confidence in myself as a therapist and was less intimidated by their behavior. Certainly, there were sessions when I was happy to see them leave but there were also sessions

when I could have stayed all day.

A major part of my journey during this phase of therapy was learning to manage my own feelings toward Josh and Dan. As we built our relationship and connection, Josh and Dan spent the majority of the sessions trying to gain my attention and my participation in their play. In fact, there were days when they would argue over who would receive my attention. In the sessions of this phase of therapy, we addressed issues related to Josh and Dan's loss of their consistent attachment relationship with their parents and their new attachment relationships with Janine and Bill. They also expressed a great deal of anger and sadness in relation to their inconsistent relationship with their father. Besides dealing with Josh and Dan's "loss" of their mother and father, we also spent a great deal of time on the issue of lying, fighting, and getting in trouble.

During this work, my confidence and sense of worth was skyrocketing. Josh and Dan were telling me things that were bothering them and were saving some of their concerns for therapy sessions. After every session, they would each give me a giant hug. It felt wonderful to have the children be so attached to me. I loved that therapy was so important to them, and I was proud of my work.

However, during this time I also realized that just as Josh and Dan craved my attention, I also craved theirs. I wanted to protect them and be important in their lives. This was a difficult reality for me to confront. I had not realized how attached I had become to these little boys. Given my training about boundaries and maintaining professional distance, I was embarrassed. I was very fond of these children. In a way, I saw them as "mine."

Thankfully, my supervisor and I began to talk about how I might transfer the attachment Josh and Dan had toward me to an attachment with Bill and Janine. At first, I was resistant to this idea. I did not want to believe that Janine and Bill could be as important to the children as therapy – but in my gut, I knew that they were much more important and that I needed to do everything that I could to enhance the grandparent-grandchild relationship. After confronting this bias against Janine and Bill's ability to be effective parents, the remaining sessions in this phase of therapy became an exercise in my learning to let go. Although these children were important to me, I knew that I was not their caregiver and would not be around forever. I was worried that unless I did more to build the relationship between Janine and Bill, Josh and Dan would be hurt at the end of therapy because I was abandoning them just as their mother had.

After this realization, I began to actively encourage Josh and Dan to talk to Janine and Bill about their concerns and feelings. The boys eagerly bonded with Janine and Bill. They talked over their concerns with them and became less reliant on me. Although this feeling of being replaced was initially hard for me to tolerate, I began to have a great deal of hope. I felt confident that Janine and Bill would provide Josh and Dan with the love and stability that they so desperately needed. I was ready to "let go."

Phase III: Renegotiating New Roles within New Contexts

The last phase of therapy lasted 12 sessions over the course of 5 months. The presenting problems for this phase of therapy continued to be lying, manipulation, aggression, and defiance on the part of the boys and increasingly on the part of Donna. Additionally, Janine expressed concerns about the amount of fighting that occurred between the boys and that Josh's unexpressed anger would come out violently at a later time. Due to the legal threat from the boys' father, the children had begun living with Nancy and Larry on a part-time basis. Adjustment to multiple living arrangements continued to be an issue for all family members. With the upheaval of households and their increased contact, Janine and Nancy's antagonism and the impact on the children became even more salient.

Phase three of treatment began in a state of chaos for both the family and us. We had begun to feel as though progress was being made as the children's behavior

improved and the adults were settling in to set roles. Now we were faced with new set of issues and the return to ones that we thought had been resolved.

Parental System (B.B.)

From the life cycle perspective, five issues were salient during this phase of treatment. First was the sudden change in structure, *again*. This time it involved a new member, Larry, and the subsequent new relationships. Second was the shift for Larry and Nancy as a couple with young children as well as the shift for Janine and Bill as a new couple. With the sharing of child-rearing responsibilities, the third issue, triangulation, between Nancy, Janine, and the kids came up again. The fourth issue was the emotional climate, dramatically impacted by the sudden and panicked household changes. Lastly, during this phase there were allegations of sexual abuse of Donna by her father, continuing the family legacy of incest.

The initial transition was smooth and the adults and children reported that things were going pretty well. As time passed though, the children spent more and more time at Janine and Bill's home, creating some of the same tensions around the "temporary" nature of the current relationships. Janine and Bill again expressed frustrations that they are still not able to be newlyweds and grandparents. Janine often noted how much simpler their lives would be if the children's parents were not in the picture. I admit that I (silently) agreed with them. Though they wouldn't get to play the roles they desired, they could provide the children with much needed stability. The adults began to see more ambivalence in the children and, despite reassurances, Janine noticed split loyalties and triangulation in the kids.

As the initial "honeymoon" phase passed, Nancy and Larry became less present and less consistent as parents. My therapy with Janine and Bill focused more on their role as parents again. Sessions became structured around updating us on new events, venting their frustrations for the week, and brainstorming ideas for parenting in the context of the children being shuttled back and forth between homes. We shifted to crisis management, sacrificing long-term parenting strategies in favor of focusing on the problem(s) of the week.

My sense of frustration continued to grow during this phase of treatment. While I take pride in my ability to work with clients in times of ambiguity, this was becoming increasingly difficult. My limits for ambiguity were being severely tested. As Janine and Nancy moved back and forth about arrangements for the children, the sense that the situation was temporary continued to grow. Most of all, I felt that my hands were tied. The children's behavior continued to worsen in certain areas, distressing Janine and Bill, yet the circumstances didn't allow for the kind of stable environment and parenting that I thought was necessary for getting the children's behavior under control. Janine and Bill became proficient in the use of time-out, but with increased contact with Nancy and Larry, the boys' behavior continued to be inconsistent outside of therapy. I refocused my energies on crisis management, waiting and hoping for a calmer time to transfer attention back to larger parenting strategies.

During this time, I struggled with encouraging Janine and Bill to gain legal custody, hesitant to push my own agenda yet desperately wanting some stability for the children. I found that I approached each session hoping that they would bring up the subject of custody and we could move forward. They were resistant to my agenda for them! I even brought in my supervisor, given his history with custody cases, as a legal consultant for Janine and Bill. It was in vain. While they were very unsatisfied with the present situation, they still held hope that one day they could return to being newlyweds and grandparents, not parents. I certainly could appreciate their desires yet felt that they had become part of the problem. The situation would be so much easier if they decided to pursue custody, or so I thought.

With more than some reluctance, I let go of my agenda. After a point, we moved to crisis management, and I disengaged from my own power struggle with the family's circumstances and choices. I moved back

into dealing with what Nancy said this week, Josh's issues with his teacher, etc. It began to feel like we were spinning our wheels. While I didn't believe that this was a permanent solution, Janine assured me that it helped to sustain them for the time.

Child System (M.L.D.)

During this phase of therapy, I noticed that my academic interest in the population of grandparents raising grandchildren began to grow. I started working within the Cooperative Extension service on several projects related to grandparents who are raising their grandchildren. I became very interested in the issues facing these families and began to read more about the population. I also became involved in a project that educated other professionals about this population. In retrospect, I attribute much of my interest in this topic to my work with this family. Until I met the Bradleys, I had not even been fully aware of the existence of this type of family. However, my parents both worked in demanding, full-time jobs. My grandmother served as my caregiver and my third parent. I had not made this connection between my family and this population. I now believe that my experiences within my own family have played a major role in my interest in this case and the population in general.

While I was increasing my enthusiasm for grandparents raising grandchildren, in therapy with the Bradleys I was feeling an overwhelming sense of frustration. Until Nancy's return, I had been pleased with Josh and Dan's progress and was beginning to hope that they had finally found a stable environment with Janine and Bill. I trusted that Janine and Bill were providing the children with the support and love that they needed. I also had confidence that Janine and Bill were helping Josh and Dan learn to control their disruptive behavior. Janine was so creative and resourceful. In fact, I had fantasies that Janine and Bill would adopt the children and that Nancy would somehow disappear from their lives.

Despite my fantasies, Nancy came back into the lives of her children. I noticed a sharp increase in the children's disruptive behavior within the home and the therapy sessions. They began fighting with each other, breaking toys, and bossing each other around. I strained to develop some structure within the therapy session. I reminded the children of the rules and the time-outs. This seemed to help with the most disruptive behaviors; however, our previous connection was no longer present. The children were fearful and sad. There were sessions when Josh and Dan would sit in silence.

As a result, my anger toward Nancy came flooding back. I felt that she was making the situation worse and I wanted her to leave. However, I had to learn to respect Josh and Dan's love for their mother. No matter what Nancy did, Josh and Dan wanted her to be in their lives. They loved Janine and Bill but also longed for their "real mom." This was very difficult for me to manage. I had to be very careful that I did not send the children the message that I thought Nancy was not a good person. It was very difficult to remain quiet and supportive of the children's excitement. Protective feelings were coming back again. No matter what happens with these children, I feel that I will always be protective of them. I formed a strong bond with them that will, on some level, always remain for me.

As the situation remained chaotic and undefined and the children's behavior became increasingly out of control, I found myself wanting to "force" Janine and Nancy either to learn to work together for the sake of the children or to make a clear decision about who was responsible for the children. Certainly, I would have preferred to see the children go to Janine's more stable home. However, as the situation continued and the family moved from crisis to crisis, I found myself adapting to the ambiguity and refocused my attention to supporting and provid-

ing stability for the children. This was a difficult process. It challenged me to deal with the ambiguity and chaos in this family and it forced me to trust in their ability to reach their own solution. Because of the Bradleys, I am learning to trust the expertise and resiliency of my clients. I might not agree with their choices, but I have to trust them.

A Consideration of Progress

In contemplating our process with this family, we have been able to note isomorphism with the family's changes throughout therapy. The phases detailed above also reflect the changes in our experiences as their therapists. We have moved from a similar state of "chaos" to stability to flexibility in the face of uncertainty.

Given our context of a university-based clinic, we had few (if any) opportunities to work with a family with as many stressors as the Bradley family. Similarly, we had few opportunities to work with custodial grandparents. The Bradleys, in some ways, reminded me (B.B.) of my previous work with Child Protective Services in terms of the tumultuous nature of their circumstances and history. We initially relied heavily on the supervision of faculty and more experienced colleagues before gaining confidence in our ability to manage the multitude of issues.

After learning more about custodial grandparents and gaining some confidence in our ability to help the Bradleys, we spent time together theorizing about the case and formed a joint vision for our work. By having a theoretical base, we were able to view the family's experience in a non-pathological light. Taking this stance significantly enhanced our ability to balance and be responsive to the varying needs of the family. For example, my (M.L.D.) use of an attachment conceptualization enabled me to view the boys' behavior as not indicative of a permanent disturbance but rather as an adaptation to their formative environment. In addition, Family Life Cycle helped me (B.B.) organize the transitions the family had to make as well as provided a reason behind their continual struggles (i.e., rapid role changes). It was during this time that the family seemed to also gain a sense of stability and agency.

As the family made the decision to share physical care for the children between parents and grandparents, we discovered the importance of remaining flexible in the face of so many disruptions. These changes compelled us to readjust the "track" we had established in order to be sensitive to the pressing concerns of the family. Our focus on parenting issues and behavior management became less central as the family struggled with the additional stressors of household shifts, the CPS investigation, and the perpetuation of the legacy of sexual abuse. Though challenging to us as therapists, the clients have responded that our ability to be flexible felt respectful and supportive. More specifically, Janine and Bill said that they appreciated the resource that we had become in providing parenting suggestions, a place to have "adult time," and additional help in emotionally supporting the boys. For their part, the boys also expressed gratitude for the personal space provided by therapy in that they enjoyed having time to talk about concerns and fears. Based on these reflections, it seems that the family valued our commitment and availability to them.

As we conclude the story of our work with this family, we would love to have provided a happy ending for the reader, for ourselves, and for this family. However, one thing we have learned through this process is that in families where grandparents are raising their grandchildren, very few things are as neat and tidy as we would like. There may not be a "happily ever after," though there may develop a flexibility in response to the constant state of change.

*The names used in this narrative are fictitious. The family on which this narrative is based granted permission to the authors to describe their experiences of therapy.

References

• Bartram, M. H. (1996). Clarifying subsystem boundaries in grandfamilies. *Contemporary Family Therapy, 18(2),* 267-277.

• Bratton, S., Ray, D. & Moffit, K. (1998). Filial/family play therapy: An intervention for grandparents and their grandchildren. *Educational Gerontology, 24(4),* 391-406.

• Carter, E. & McGoldrick, M. (1999). *The expanded family life cycle: Individual, family, and social perspectives.* Needham Heights, MA: Allyn & Bacon, Inc.

• Ehrle, G. M. & Day, H. D. (1994). Adjustment and family functioning of grandmothers rearing their grandchildren. *Contemporary Family Therapy, 16(1),* 67-82.

• Fuller-Thomson, E., Minkler, M. & Driver, D. (1997). A profile of grandparents raising their grandchildren in the United States. *The Gerontologist, 37(3),* 406-411.

• Heywood, E. M. (1999). Custodial grandparents and their grandchildren. *Family Journal: Counseling and therapy for couples and families, 7(4),* 367-372.

• Kennedy, J. F. & Keeney, V. T. (1987). Group psychotherapy with grandparents rearing their emotionally disturbed grandchildren. *Group, 11(1),* 15-25.

• Landry-Meyer, L. (1999). Research into action: Recommended intervention strategies for grandparent caregivers. *Family Relations: Interdisciplinary Journal of Applied Family Studies, 48(4),* 381-389.

• Miller, P.H. (1993). *Theories of Developmental Psychology* (3rd ed.). New York: W.H. Freeman and Company

• O'Reilly, E. & Morrison, M. L. (1993). Grandparent-headed families: New therapeutic challenges. *Child Psychiatry and Human Development, 23(3),* 147-159.

• Pinson-Millburn, N. M., Fabian, E. S., Schlossberg, N. K. & Pyle, M. (1996). Grandparents raising grandchildren. *Journal of Counseling and Development, 74(6),* 548-554.

• Randolph, E. (1997). *Children who shock and surprise: A guide to attachment disorder.* Kittredge, CO: RFR Publications.

• Roe, K. M., Minkler, M. & Barnwell, R. (1994). The assumption of caregiving: Grandmothers raising the children of the crack cocaine epidemic. *Qualitative Health Research, 4(3),* 281-303.

• Williamson, D. S. (1982). Personal authority via termination of the intergenerational hierarchical boundary II: The consultation process and the therapeutic method. *Journal of Marital and Family Therapy, 8(2),* 23-37.

• Woodworth, R. S. (1996). You're not alone...you're one in a million. *Child Welfare, 75(5),* 619-635.

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WHO'S FIGHTING FOR THE GRANDPARENTS?

By Leslie Covey, Founder, 2nd Timers Program

Within every community across the nation you will find grandparents raising grandchildren in numbers that are rising at an unprecedented rate. These dedicated souls are especially prone to isolation, depression, ill health and poverty. A grass-root effort is spreading across the U.S., and that effort is providing grandparents with support groups and advocacy. It also presents a challenge to professionals working with grandparents raising grandchildren to view their work with grandparents as a form of community development.

It was a beautiful day. They'd been retired now for six months. Today was to be the beginning of a leisurely trip up the coast to visit friends. When the call came they were stunned, in disbelief. The caller told them that the father of their granddaughter had sexually abused her and that the child's mother was adamant that her husband had not committed the abuse. The caller said something about being a social worker from the Department of Public Social Services and that the child, two years old, was to be brought to them the next day. It would probably only be for a few days or a couple of weeks . . . . .

That was twelve years ago. The two year old is now 14 and still with her grandparents. Also with her grandparents are her five siblings. What in the world is going on?

When I started the 2nd Timers group five years ago I knew six families that were headed by grandparents. There are now over 140 families on my mailing list. These "second timers" are not living in a major metropolitan area – this is just the tip of the iceberg in a semi-rural part of Riverside County, California. According to the Riverside County Department of Public Social Services, there are 9,000 families in Riverside County headed by grandparents. These are families who have been identified because they have applied for assistance. It is unknown how many grandparent-headed households are out there and "uncounted." Every week I get at least one call from another grandparent raising grandchildren who has heard about the 2nd Timers group who wants information and wants to be added to the mailing list. They are out there, feeling alone, embarrassed, and overwhelmed. Most of the callers want two things: legal advice and financial help. All of them want someone to talk with about their situation.

This was the case when Rhonda (not her real name) first called me. She just wanted to talk with someone. Her story was a little different. Having her granddaughter live with her was causing serious problems in her second marriage. Her husband was having an affair, withholding money for basic needs, and becoming emotionally abusive. She cried a lot. She needed emotional support during this very painful time of her life. Although I consistently recommended that she attend the 2nd Timer meetings, it would be two years before she started attending. In the meantime, her lifeline was the phone. During those two years, she and her husband divorced. However, because she has no means to support herself and is 65 years old, they continue to live together. Bankruptcy has forced the sale of their home and she has no idea where she will go. Her income is $65 per month. She has garage sales in order to try and raise "extra" money. When their home sells, her husband will go off into the sunset with his girlfriend and leave her alone to raise her granddaughter. Because of the bankruptcy, there will be no money from the sale of their home.

Rhonda's daughter is mentally disabled and unable to care for her child. She left the girl with Rhonda several years ago. She calls periodically and threatens suicide if Rhonda continues to try to get some child support. The whereabouts of the father of Rhonda's granddaughter are unknown. Recently,

Rhonda has become more active in 2nd Timers. She lives about 20 miles from where the meetings are held, and the 2nd Timers' treasury provides her with gas money in order to attend.

When I started 2nd Timers, I thought it would just be a time set aside for grandparents to come and share common concerns – a sort of "chat group" which I would simply moderate. After all, they had lots of life experience and maturity on their side – they just didn't know there were others like them "out there." When I think about it now I have to laugh. How naïve I was!

Having the heart of a social worker

forced me to be creative in finding ways to help people in need. When I opened the Family Resource Center in July of 1996, it was expected that the Center would provide parenting and other enrichment classes and an occasional referral for services for parents. For the first year I laboriously kept daily records of the calls and "walk-ins" and the needs identified by those contacts. The needs were stunning. There were hundreds of calls and walk-ins – all looking for help in the midst of their situations. It was clear from the beginning that offering parenting classes would not be enough for this community. Among those needs was the growing number of grandparents raising grandchildren. Who was fighting for them?

After the first year, the questions on my mind were: "Is this my job? Why hasn't *someone* done something? How can I possibly meet all of those needs? Will the community be supportive? Who, exactly, will help?"

We held our first 2nd Timer meeting the same month that we opened the Family Resource Center (FRC). The group continued to grow and by the end of the first year we had about 25 families on the mailing list. The first complication for the group as a whole was finding a time to meet that was good for most. We started with meetings in the evenings twice a month; we did this for about a year and a half. The issues of these families were very complex, and the project was becoming labor intensive and emotionally draining. I had to find a way to address the needs of the families in a more universal manner. I could not continue to solely try to "be all" for them.

How could I detach from the individuals and become more group oriented? It was a slow process because many of the 2nd Timers had become very attached to me. I began the separation by bringing in speakers from various social service agencies who would provide them with options and referrals. I began to assign them with the responsibility of following through with resources and referrals. When they voiced an idea about how to provide additional activities for 2nd Timers, I would congratulate them on their idea and assign them the task of gathering the details. I could no longer personally check on everyone to see whether or not they had received the help they needed. I know that this seems obvious; however, building a new program requires that the benefactors of the program trust and connect with the "builder." I had worked hard to build that trust and to help 2nd Timers feel that they could trust someone with their very private and painful situations. Building this program taught me that I couldn't do it alone and that I needed to trust others to help. Letting go didn't feel good. On the other side of letting go, I had more time to advocate on their behalf throughout the county. Still on my mind: "Is anyone else fighting for the grandparents?"

We began to move from the basic "chat-group" idea to a more comprehensive program. Monthly meetings provide 2nd Timers with speakers on a variety of topics specifically concerning issues identified by grandparents, such as child development, health, child psychology, legal, access to public agencies, nutrition, senior employment,

legislation, education, and more. A monthly newsletter is full of articles on free or low-cost recreational activities, upcoming 2nd Timer events and fundraisers (like rummage sales and car washes where the kids do the work), child-rearing techniques, meetings, workshop and seminar notices, profiles of 2nd Timers, senior employment opportunities, and the food bank updates. Other components of the 2nd Timer program include networking with an organization called Cops For Kids who provide 2nd Timer families with Christmas gifts for the children; collecting and distributing clothing; providing free books for children through a Reading Is Fundamental grant; and providing free childcare during all meetings. The latest addition to the program is provided through a National Youth Garden Grant. It is an intergenerational project that links the low-income families of the Early Childhood Development Center (ECDC), a program of the Family Resource Center, and the 2nd Timers. They will design, develop, and maintain a garden on the site of the ECDC. Produce from the garden will be given to the families and distributed through the 2nd Timers' food bank.

Individually, the needs of these families were, and are, myriad. Legal issues are a constant concern, and finding knowledgeable and reliable legal resources for 2nd Timers is a continuing problem. Many of the 2nd Timers are in poor health and they worry about being able to continue to care for their grandchildren, and what will happen to the children if they become incapacitated or upon their death. Daily they struggle with their own ability to maintain the strength to "keep up" with the kids. As I mentioned, some have lost their spouses (through divorce) because of the children. Others have experienced serious marital problems because of the impact of the children in the household.

Finances are a huge concern for these families. Most are afraid to seek financial assistance from welfare. They fear that they might lose the children, lose their Social Security, and/or lose their privacy and ability to manage their household as they please. Some fear that they might lose their homes

because they live in a seniors-only area and are not supposed to have children living with them. Most 2nd Timers live on fixed incomes and the added burden of raising children on a minimal income is devastating. Some have had to return to work. Others have begun dipping into, or have spent, their retirement savings.

The predominant reasons these families do not apply for assistance is shame, embarrassment, and the anticipation of a daunting task of dealing with a bureaucracy. Even though they are struggling, they are stoically trying to get by without applying for aid. Of the 140 families on my mailing list, I know of only four who are raising their grandchildren because of the death of their child. The rest are parenting again because their children are in jail, on drugs, abusive and/or neglectful, or outright abandoned the children. These grandparents have deep, unresolved guilt and shame because of the behavior and lifestyle of their children.

Another area of serious concern for the 2nd Timers is the emotional well being of their grandchildren. These children are clearly at risk. They have deep-seated feelings of abandonment, anger, and depression and suffer from extremely low self-esteem. Additionally, many of these children are drug and alcohol babies. These children's problems range from minor to severe. Some suffer with the inability to maintain their attention span for even short periods of time. Some have tics and behavioral problems. Those who have suffered sexual abuse exhibit behaviors that range from low self-esteem to psychotic episodes. Most have outbursts of rage and lash out at others. Finding appropriate care for these children is a common issue for 2nd Timers.

Betty (not her real name) got her grandson when he was only a baby. His

mother had been on drugs and he had drugs in his system when he was born. As he grew to be a preschooler, he exhibited extreme hyperactivity, inability to focus and concentrate, and periods of rage and uncontrollable behavior. Betty's grandson is now 7 years old and suffers from ADHD, tics, and other physical ailments. Betty, 70 years old, has serious physical ailments of her own. She moves very slowly and is in pain much of the time. When her grandson was about five years old, his three-year-old sister was placed in Betty's home. She, too, was a drug baby. Betty now had two young children in her home who were significantly affected by the mother's drug abuse.

So, who's fighting for the grandparents? There are many support groups across the nation and the awareness of the needs of grandparents raising grandchildren is growing. In Riverside County, one of the supervisors has implemented a task force for grandparents raising grandchildren. It has been instrumental in developing a collaborative between the Riverside County Office on Aging and the Riverside County Department of Public Social Services. The purpose of the collaborative was to foster better relations between grandparents raising their grandchildren and the agencies.

Who else is fighting for the grandparents? Many of the grandparents are! Most of the 2nd Timers as a whole are inclined to be reticent about "making waves." There are those, however, who are natural advocates and, because of the opportunity provided through 2nd Timers, they have become strong advocates for themselves and other second timers. Those who have taken the lead have chosen specific issues that are near and dear to them personally.

One such issue was providing their family with an ample supply of food. About a year ago, 2nd Timers started their own food bank. More than 20 families participate in this weekly program. It is run by and for 2nd Timers (with a little help from my staff), who volunteer their time to pick up the food, parcel it into family packs, and distribute it weekly. Fundraisers and a $10 weekly fee help supplement the costs of running the Food Bank.

Another issue was legislative in nature. 2nd Timers have written two legislative bills for presentation at the annual Senior Legislature in Sacramento. Both bills passed. One would provide for the various counties' Offices on Aging to pay for equitable legal representation when grandparents are required to appear in court regarding the grandchildren in their custody.

The grandparents mentioned at the beginning of this article, the ones who ended up with six grandchildren and have had them for nearly twelve years, were dragged back into court multiple times over the past twelve years because their daughter would levy false accusations against them. These grandparents have spent more than $50,000 to defend themselves and the best interests of their grandchildren. Many 2nd Timers have experienced a similar ordeal. Mind you, the legal costs of the mother of the children were paid by the State. Legal costs of the children's attorney were also paid by the State. The other bill that passed would require that DPSS place children being removed from their parents' home with their grandparents within a few hours of the crisis. This bill was the result of numerous 2nd Timers who had been notified that their grandchild had been removed from the parents' home and placed in a shelter. In many cases, it took several months for the grandparents to *see* the children and weeks more to get custody. The bill requires that preliminary record checks on grandparents be accomplished in 3-5 hours. This immediate placement of the children would eliminate the placement into foster care and/or shelters and the additional trauma to the children of being taken to a strange place.

Both of these bills are the result of personal experiences of 2nd Timers. Several 2nd Timers and I developed these bills. Four 2nd Timers traveled to Sacramento in order

to lobby for "their" bills. There is now a legislative committee of 2nd Timers that is developing plans for taking their bills to the regular State Legislature. They have begun lobbying local politicians by making phone calls and writing letters. They are excited about the sense of power they are gaining.

What kinds of programs do we still need to provide? We need individual counseling for 2nd Timers, counseling and anger management for the children, case management, and respite care. Although there are counseling resources in our area, 2nd Timers are reluctant to initiate the call, often are unable to pay for costs, and find it difficult to maintain the consistency needed for proper care. It has taken a couple of years for many of these 2nd Timers to finally come to a meeting. I have not met many of the families on my mailing list. They will call me for help, talk about their problems, obtain referrals for services, but never make it to a meeting. They tell me that the newsletters help them feel connected and that they hope to get to a meeting soon.

What we as service providers must do is engage in community development. By using community development as a form of social work, we unify agencies, empower the community's citizens, and find the resources we need. There is no greater force than a grassroots cadre of concerned citizens, who see the "global" picture and the benefit to the whole community when the needs of the less fortunate are met. Developing multifaceted programs is not necessarily the responsibility of the government. It is, however, certainly the responsibility of each and every one of us. What this means is that we who care must become the motivators in our community. President Bush in his inaugural address said, "I ask you to build communities of service." That is the task at hand.

The sense of isolation within one's own community has a devastating effect not only on the individual, but also on the health of the community. It is not our job to fix the individual situations. It is our job to advocate for change and to provide information and resources needed to enable the members of the community to become successful on their own. In my struggle to build the 2nd Timers program, I often grew weary, depressed, and overwhelmed. I, too, found it difficult to determine the direction I needed in order to take this diverse group where it needed to go. Early on, I learned that I must always have a listening ear and be ready to confer, refer, and inform at any given moment. As I built my cadre of resources, I did find people who cared and wanted to help. I make numerous presentations around the county now and find that people respond when confronted with real life issues.

We must remember that grandparents raising grandchildren are a unique segment of our population. They are fragile emotionally, many are frail physically, but all are in need of a kind word at a minimum and multiple services at a maximum. They are deeply committed to their task, desperately private about their lives, and secretly hoping that someone will help them.

GRANDPARENTS SPEAKING OUT

By Teresa C. Jones, Ph.D., Assistant Professor, Michigan State University School of Social Work

As the number of grandparent caregivers increases in our communities, legislators and service providers are faced with the continuing challenge of creating policies and programs that are current, effective, and appropriate for the needs of those caregivers. Grandparents who are raising their grandchildren are the best source of information about what should be included in relevant programs or policies aimed at assisting them and the children in their care. This narrative describes a number of initiatives that were undertaken by the School of Social Work at a major university to link grandparent caregivers with the representatives of the service systems with which they had contact. The culmination of the School's efforts was a Speak Out at which the grandparents proved to themselves and to others that they can and will be advocates for themselves and their grandchildren.

Our School of Social Work has been actively involved in the area of kinship care since 1998. Kinship care is defined as the provision of full-time nurturing and protection of children by adults, other than parents, who have a family relationship bond with the children (Child Welfare League of America, 1994). Before 1998, the School's child welfare-related efforts were more broad, but primarily directed to the education and training of our students and local service providers. Our focus began to shift when I became part of the faculty and teamed with Robert (Bob) Little, one of our adjunct instructors and a nationally known child welfare and kinship care advocate who worked tirelessly on behalf of kinship care families until his death in 1999. This narrative describes some of the initiatives that were instituted through the School and the ways in which grandparents who are raising their grandchildren have made invaluable contributions to the success of all of them.

Where It All Began

Bob was interested in analyzing the policies in our state that affected kinship caregivers and in working with legislators and representatives of the child welfare system to design and implement custody, legal standing, and financial policies and practices that better suited the needs of kinship families. Our endeavors in this area began in earnest with the funding of a grant aimed at exploring, cataloging, and critiquing state and agency policies related to kinship care. In conjunction with these activities, two roundtable discussions were sponsored that offered the opportunity for local policy makers and agency representatives to meet with national experts on kinship care. The results of this grant project highlighted the fact that policy reform was critical. Secondarily, the main impact of the policies was on kinship families in our area whose experiences with the policies had never been investigated.

Bob and I frequently discussed the necessity of using the knowledge we had gained for the direct benefit of the kinship caregiving community. Our discussions led us to institute a study of grandparents raising grandchildren in the immediate tri-county area. With the assistance of a faculty member from the College of Nursing and the Executive Director of a community-based agency, we surveyed and interviewed grandparent caregivers in the area to determine 1) the structure of grandparent-maintained households, 2) the health status of the grandparents, and 3) the families' ideas for needed services and support. The ultimate goal of the study was to partner with the community to establish services that would fill the desires expressed (e.g., resource centers, support groups, health care services) in order to sustain a supportive environment for grandparents and their grandchildren.

Recruiting grandparents for this study placed us in contact with many of the agencies that provide services to kinship

care families and, more importantly, with the support groups in our area that meet regularly and provide a continuing source of fellowship, information, relaxation, and respite for kinship caregivers. Our association with these groups proved to be a valuable experience for all concerned. The groups were not only a source of participants for the study, but afforded us the opportunity to talk to and learn from the grandparents who attended. We were able to provide technical assistance and tangible support for many of the groups' events and activities. As an example, a respite day for the grandparents was organized with students from our School providing the personnel, games, and food for the children.

In examining the lives of these caregivers, several common themes emerged. The need for financial and legal assistance and respite were repeatedly raised. Underlying these needs was an undeniable truth of which all of the caregivers were aware: a great need for change at the county and state levels with regard to beliefs, policies, and practices related to kinship care. For those changes to occur, a large-scale educational venture was required. A coordinated effort aimed at educating caregivers and state officials was planned. Shortly before his death, Bob secured another grant that provided sufficient funding for the School to expand its work in the area of kinship care and to continue the legacy of advocacy that he started at our School. We established the Kinship Care Project as a way to address some of the concerns related to kinship care in our state and to increase linkages between caregivers, agencies, and policy makers.

Under the auspices of the Kinship Care Project we have:

• Continued our relationships with local kinship caregiver support groups and task forces for the purposes of providing technical assistance and becoming more familiar with the challenges kinship caregivers face. Members of the Kinship Care Project team and interested students regularly attend support group and task force meetings. Besides demonstrating our interest and commitment to the goals of these groups, our attendance allows us to make suggestions about securing services or planning events, to co-sponsor activities such as the annual Relatives as Parents Program picnic, to present information about projects at the School, and to gather feedback about the direction that the School's activities might take.

• Sponsored a second series of educational roundtables facilitated by state and national kinship care experts as a means of expanding the understanding of agency representatives and caregivers with regard to kinship care policy issues and practice innovations. Our primary aim with the roundtables was to educate the kinship caregiving community and the service providers. We discovered how useful these presentations were to the grandparents when a grandfather was asked to testify before the Appropriations Committee of the State Legislature about the funding that kinship caregivers received. When he was asked if he had any suggestions on how our state could restructure its funding to make it more beneficial for caregivers he responded, *"I'm glad you asked me that. It just so happens that I attended a roundtable meeting*

at the School of Social Work about that very thing." He had details and ideas that might not have been available to him otherwise. Needless to say, the legislators were duly impressed with the clarity and comprehensiveness of his presentation. He later told us how proud he was to be able to represent the grandparents so well.

• Created a Kinship Care Project Advisory Board composed of caregivers and agency representatives responsible for providing guidance to the School about the direction of its projects and activities. The Advisory Board has met quarterly to discuss the progress of the Kinship Care project and to make suggestions for new areas of research. Caregivers on the Advisory Board were given a $25.00 stipend to cover childcare or mileage costs. Lunch was always provided by the School.

• Created a Resource Directory that will be distributed throughout the state that lists agencies in Michigan that provide services to kinship caregivers. With the help of several undergraduate research assistants, information was gathered from agencies and organizations throughout the state that provide services for kinship caregivers or whose services might be useful for the kinship community. The information obtained includes current addresses, phone and fax numbers, e-mail addresses, and contact persons; hours of operation; services provided; fees; and eligibility requirements. The directories were professionally printed and assembled in three-ring binders so that updated pages can be added easily. The directories are being distributed free of charge to caregivers and agencies.

• Produced a series of monographs and technical reports for distribution to caregivers, legislators, agencies, and other schools of social work. The monographs were created from each of the roundtable presentations. The roundtables were video and audio taped and transcripts of the proceedings were produced. After several rounds of editing by a member of our team and by the respective presenter, a professionally printed monograph was generated. The monographs for all of the roundtables were assembled in sets that are being distributed to caregivers and agencies.

• Proposed the creation of a statewide Kinship Care Resource Center based at the School of Social Work. The Kinship Care Roundtable Series, research projects, and our networking with caregiver support groups highlighted the caregivers' need for information, support, and resources to provide the best care for their children. With the assistance of the University's Extension Service, the School of Social Work has submitted the proposal to a state agency for possible funding. Our goals of providing information, referral, and advocacy would be met through the creation of a "warm-line," additional resource materials, training modules, and a website.

• Given presentations locally and in other states about our activities and the results of our research. On one of these occasions, a grandparent couple accompanied members of the project team to an out-of-state conference to share their story. Our connections with other kinship families and with other researchers have been invaluable. The exchange of information, ideas, and skills has helped all involved become better equipped to respond to the growing numbers of kinship families across the country.

Among the most significant outcomes of the Kinship Care Project was the organization of a Speak Out at which kinship care providers related their caregiving experiences to a panel of agency and government representatives. The remainder of this narrative will describe the work involved in planning the event.

Let's Get Organized

Many of the grandparents expressed their interest in talking directly to the policy makers so that they would know first-hand of the challenges of raising their grandchildren and the ways in which state and agency policies helped or hindered their efforts. As one grandfather stated, *"They probably don't know anything about what we're going through. I think they need to listen to us so that they can make laws that make sense."* Bringing this about took the

coordination and cooperation of many individuals and agencies in our area. The end result was well-worth the investment of time and energy.

Once the desire was expressed by the grandparents, the most appropriate method for providing the forum for them came under discussion. There was the possibility of organizing caregivers to go to the Capitol to meet with legislators. Continued discussion within our project team and with the grandparents led to the decision to "have the legislators and agency representatives come to us" by having a Speak Out. Many of these officials were attending the Kinship Care Roundtable Series. Consequently, connections and familiarity were already established. Once a date and location for the Speak Out were determined and arrangements were made for video taping, a list of legislators, agency representatives, and other government officials was drafted and letters of invitation were mailed to them. Our desire was to have a panel of approximately six officials who were in decision-making positions that influenced kinship caregivers in some significant way or who had influence at higher levels of state agencies or government. State senators and representatives, the Governor, judges, child welfare administrators, family and aging-related agencies, and city and county government officials were our target populations for invitations. Within days of mailing the invitations, we were pleased to receive a confirmation of attendance from one of the local probate court judges who frequently heard and rendered decisions in cases involving custody issues for children being raised by their grandparents.

To our dismay, we were informed that the state legislature was going to be in session on the day of the Speak Out. Consequently, all of the invitations to state senators and representatives had to be declined. Initially, we were concerned that the absence of the legislators might possibly dilute the purpose and the impact of the Speak Out. We raised the possibility of rescheduling the event for a time when the legislators would be available. However, after discussions between the project team, caregivers, and agency representatives, we decided that it was more important to hold the Speak Out at the time that the caregivers had chosen and to work with those on the panel to ensure that, with their support, the speakers' concerns would be raised in the appropriate agency and legislative forums. We also agreed that, given the outcome of this Speak Out, another could be held when the legislators could attend. We were gratified by the many words of interest and support we received from the legislators' offices. It helped to know that others believed that we were doing the right thing and that, under different circumstances, we could garner their direct support.

In the end, in addition to the judge, our panel comprised a County Commissioner, a manager of the Child Protective Services Division of our state child and family services agency, the Deputy Director of the aging services department, and the President of a local City Council who has, since the Speak Out, been elected to the State House of Representatives. All of these individuals were in positions where they were either making decisions that directly impacted grandparents raising their grandchildren or where they had direct and frequent contact with policy and decision makers whose judgments or rulings could make a difference in the lives of kinship families. Our primary goal was to provide education, directly from the people who were providing this critical role in their families, so that those in power could begin to make informed decisions about the policies and practices that would guide kinship care placements in our state.

Our next task was recruiting grandparents to deliver the presentations at the Speak Out. We solicited volunteers from the three support groups with which we had contact. We wanted to give twelve caregivers three to four minutes to provide the panelists with a brief history of their having custody of their grandchildren and with their recommendations for the ways in which state entities could be more responsive to and supportive of their efforts to raise their grandchildren. We also wanted the caregivers to be as

diverse and representative a group as possible. Some of the most vocal grandparents volunteered immediately. Some well-respected but reticent grandparents were good-naturedly volunteered by their peers in the support groups. A final few were identified by members of the Kinship Care Project team and asked directly about their willingness to make a presentation. While most of the presenters were married, European-American grandparents, the group also included a lesbian couple raising one partner's grandchildren; three single, female caregivers; one Latino grandfather; and two African-American caregivers, one of whom was an aunt caring for her niece. Most of these individuals had provided care for the children for several years, in some cases since the children's births. Factors leading to their caregiving roles included parental alcohol and drug abuse, physical and sexual abuse of the children, and abandonment. The caregivers believed that the children needed to stay within the family and that foster care was not the best option to secure their safety and well-being.

For approximately six weeks following the determination of which caregivers would speak, three of us from the project team worked with them on developing and practicing their presentations. The grandparents' primary fears were speaking in front of an audience and not saying the "right" things. Very few of the grandparents had ever spoken at a public forum before. We were able to allay their fears by reminding them of several things. First, they are the experts on their families and, to a certain extent, on kinship care in general. The panelists, none of whom were kinship caregivers, would probably be hearing stories like theirs for the first time. Therefore, any experiences, ideas, and recommendations that they chose to present would be valuable to the members of the panel. Second, they already had quite a bit of experience in relating their stories through their participation in support groups. Each time they reported on new developments with their grandchildren or helped another caregiver work through a difficult situation, they were reinforcing their own ability to clearly articulate their beliefs and needs and to actively participate in problem solving with others. Consequently, they already knew how to make a presentation. Third, there would be specific ground rules for the Speak Out that would allow them to present their information without interruption by the panelists. The panelists would have their opportunity to respond to the presentations as a whole after everyone had taken a turn. Fourth, the project team members would work with them as often as the caregivers deemed necessary to ensure that they felt comfortable with what they wanted to say. We were proud of all of them for their willingness to take on this event. We would be in the audience and they would all be there to support and encourage each other. Finally, all that was really required of them was that they speak from their hearts and tell the panelists as honestly as they could how it has been for them to have custody of their grandchildren and how the state has helped and/or hindered them.

Each grandparent prepared his or her own draft of the things they wanted to convey to the panelists. Project team members met with them as small groups or individually to give suggestions as requested, but primarily to be a sounding board and a means of practicing the delivery of their statements. In the small groups, the grandparents acted as "peer reviewers," giving feedback to each other and providing a tremendous amount of motivation. Despite the grandparents' misgivings about their abilities to clearly articulate their experiences and feelings, their draft statements were clear, concise, passionate, and affecting. None of us who rehearsed with the presenters had to do any major editing or reorganizing of their statements. As we previously told them, they were the experts on their families and experiences and all they needed to do was speak from the heart.

The Day Finally Arrives

The day of the Speak Out was met with much anticipation on our parts and much admitted nervousness on the parts of the caregivers. A kinship care roundtable was

scheduled for the morning, so most of the presenters spent the entire day on campus. Lunch was provided for the presenters and their significant others who accompanied them that day. In the relatively relaxed atmosphere of the room where lunch was served, everyone talked about their upcoming statements and other events of the day. We allowed a few minutes at the end of lunch for reminders about the order of presentation, the format for the Speak Out, last minute questions, and more assurances about the anticipated success of the event.

To begin the proceedings, I welcomed everyone, gave a brief history of the organization of the Speak Out, introduced the panelists, gave an overview of the format for the ninety-minute session, and called on our first speaker. Since our School had never sponsored a forum like this before, no one truly knew what to expect or what the ultimate outcome would be. However, as each presenter spoke, it became more and more apparent that this was the right time to have this event, these were the right speakers, and although several of our invitations to panelists were declined, those that attended were the right officials to hear the caregivers' stories. The room was filled with stories of ultimate stress and ultimate triumph, heartfelt requests for appropriate and substantial help from state entities, laughter, passion, assertions of complete commitment to the children, tears, and many words of validation and encouragement from the approximately fifty members of the audience. Many of the presenters focused on legal concerns, but a wide variety of topics and issues were raised:

As a result of being threatened by her adult child because of her reporting the physical abuse of her grandson, one grandmother stated:

"Grandparents are frequently the first ones to suspect abuse and should be able to report without fear of losing contact with the child."

Another grandmother talked about a number of concerns with which many of the people in the audience wholeheartedly agreed:

"When grandparents are willing to raise a child, as my husband and I are, and are on a fixed income, we deprive our needs to help her become a better person in this society so that she realizes that people are out there for her...Foster parents can work outside of their homes and receive income for becoming a foster parent, but as a grandparent, if you take in the grandchild, that's not there for you. And so I have nothing against foster parents, but we should be treated the same way. I've tried to get help and because of our income, we don't qualify and that's not fair. If she had been put in a foster home, they [the state] would have had to pay for it...The children have got to come first. Court proceedings need to get over with in a quick and timely manner."

The lack of standing during court proceedings was a common theme among several of the presenters. As one grandmother stated:

"As of now, relatives have no place in the court room. I personally would like to see this changed because we have insights into the lives of these children. Their safety and well-being are our main concern. For me, the court process, termination of parental rights, and adoption took one and a half years. During all of that time, I was treated as an outsider and had absolutely no say in any of the court hearings. I was not kept informed of anything. Basically, I would have to sit in the waiting area until I was told I could leave."

On the same topic, one of the grandfathers said:

"The way they treat the grandparents–they treat us like we're nobody. We don't have any say in the matter. They treat us like we're senile. Maybe we are,

but we're experienced. We're experienced with kids because we've already raised ours. They push us aside and don't even acknowledge that we could give them a better home. Not only are we relatives, but we're more stable."

Some of the grandparents spoke of the fear they have because, without adopting their grandchildren, which some are not able to do, the parents might attempt to regain custody:

"[My granddaughter] knows nothing else. She's been with us since she was five months old. That's her home. That's her car. That's her dog, her cat. She knows nothing else. And for $15.00, her mom and dad could go into court and petition to get her back and they have no stability. Something needs to be done about establishing custodial environment. That's too long to allow these kids to be in limbo."

The financial strains on caregiving grandparents can be great. One grandfather related:

"I don't know how the state can say that you can raise a kid on $95.00 a month. I've already had to dig into my 401K plan three times and I'm going to be on welfare before I die because I'm going to run out of money. So somebody's going to have to take care of me down the road because I'm not going to let these kids go. And all I'm asking is for somebody to have the heart to go to somebody in our legislature and let them know what's going on here. It's an epidemic."

In concluding her statement, one grandmother echoed the commitment expressed by each of the other speakers:

"We were told that if our grandchildren were put in a foster home, they would be split up because there aren't that many vacancies for one home to take three children together. We took our grandchildren to give them love, security, and a safe place to sleep. They know they're not going to get hurt by Grandma and Grandpa. We give them all of the love we have. We have eleven grandchildren, but we had to take in three. Our other grandchildren understand. We would do it for them, too. I just want to let you know that a foster home can't give them the love that a Grandma and Grandpa can."

After the applause for the last speaker's comments subsided, one of the presenters asked to address the panel again. She wanted to be sure that they understood the meaning of the laughter in the room that accompanied many of the statements. She wanted to be sure that they understood that,

"In the situations that we grandparents are in, you have to forgive us. If we don't laugh, we end up crying and crying eats at you. Laughter is like a flower in your heart. And if you don't laugh, you're dead because the stress will eat you up. So please forgive our laughter at certain things...We just have to do that."

No one but a kinship caregiver could have expressed those thoughts so genuinely and accurately.

Each panelist took a few minutes to respond to the stories and requests and to state the actions that they could take to begin the change process for policies and practices related to kinship care in our state. Although three of the panelists worked in settings where kinship care was a prominent topic, they too expressed their gratitude for the opportunity to directly hear from the caregivers about the influence of many of their decisions on their daily lives. The panelists were able to inform the audience of some of the ways in which they and their agencies can be a part of improving the legal and financial status of kinship caregivers:

The County Commissioner asserted:

"I am just amazed by the level of

caring and commitment among all of you...There is so much that needs to be done. I am in a position...to take this back to the committee that I serve on that deals with our county probate judges. I pledge my warmth and my caring to each of you. I intend to make some contacts and get much closer to your problems."

The Child Protective Services Division Manager briefly described some of the program and policy changes that have been developed that should improve the relationships between kinship caregivers and this state agency. He also stated:

"We are aware of some of the issues that were brought up today, mainly funding; just because over the last few years, the number of out-of-home placements has jumped by 70%; 65% are grandparents; 35% of those grandparents are retired. We have been diligently working on some of the issues raised today...I appreciate all of the courage all of you have shown."

The representative of the aging services division related:

"I can't fix your court problems. I can't fix your funding problems. But I can promise you this. As an advocate on aging issues, which I am charged with doing from the federal and state government, I will raise these issues at every opportunity I have to change some of the policies that we have in the legislature with respect to the funding problems and road blocks you have in the court system."

The City Council President promised:

"The City Council can certainly be a catalyst or a place where you can voice your concerns...You are a very powerful group. Public officials would give their right hand to get before a group like this because you vote. One of the questions you should ask any public official is "Where do you stand on kinship care providers?" You need to ask that question. Organize and let your voice be known. Come to City Council meetings. We're televised and it's a good way to get your message out."

At the conclusion of the Speak Out, the panelists remained to give audience members the chance to ask questions of them directly. Business cards and phone numbers were exchanged as the caregivers extracted promises from the panelists that they would continue to advocate on their behalf and that they would support future kinship care activities. In subsequent weeks, there were follow-up phone calls between some of the panelists and the caregivers. One of the panelists attended a very successful kinship caregivers' picnic that was held during the summer.

Conclusion

The test of an event like the Speak Out is whether the optimism and activism continue weeks and months after that day. A few weeks after the Speak Out, each presenter and panelist was sent a copy of the video tape. In addition to personal use, the tapes are being used at some of the support groups and as a means of education at local agencies. As of this writing, plans are being made for a rally at the Capitol advocating for kinship care policy reform. This, again, was an action initiated by the grandparents that will be facilitated by the members of the Kinship Care Project team. We are anticipating our final roundtable for the project in a few weeks. Attendance at support groups is continuing. Several news articles have been written about our projects and about some of the kinship families. A pilot project has been established in one county to determine the feasibility of an alternate payment structure for kinship care providers. At least two support groups have applied for and received grants for enhancing their services. With all of this, there is still much work to be done to bring about the kind of change that our kinship families want and need. However, they are more organized

and more energized than before and they know what it takes to be heard.

Through our Kinship Care Project events and activities, we have found that relying on the collaborative efforts of groups composed of kinship caregivers, agency representatives, and policy makers is a powerful and worthwhile endeavor. From the beginning of the project, we believed that our collective success would depend, in part, on the level of inclusion and investment of all of the stakeholders involved in this area of child welfare and family practice. Community-based projects and programs need the skill and expertise of those in decision-making roles as well as those from local constituencies to be viable. The kinship caregivers in our area have proved themselves to be willing, enthusiastic, skillful, and dedicated advocates for their families and for others across the state. The agency representatives have demonstrated their willingness to listen and to be active partners in the reshaping of kinship policy and practice in our state. The policy-makers and legislators have kept their minds open to the suggestions and recommendations they have received from members of our team and from caregivers. We have all learned the most effective ways to listen to, talk to, and approach each other so that our mutual goal of providing the best possible environment for kinship families can be achieved.

A Personal Note

As my work in kinship care has progressed, I have felt myself change from an "interested newcomer" to a "dedicated partner." I had no idea when I arrived at this School of Social Work five years ago that this would become not only my academic focus but my personal commitment. The grandparents have shared their lives with me and with the other members of the team in so many ways. We are always welcomed at support groups and gently chastised if we miss a meeting. We have been invited to weddings, dinners, and other get-togethers and accepted as part of the family. We call many of the grandparents, just to stay in touch. When plans are being made for another event or project, two questions come to my mind. First, how will this benefit the grandparents? Apparently, we have made good decisions that the grandparents have appreciated. Second, how would Bob Little approach the event and what would he think of the results? A trusted friend has repeatedly told me that Bob would be quite pleased with the work we have done. That means the world to me.

References

• Child Welfare League of America. (1994). *Kinship care: A natural bridge*. Washington, D.C.: Author.

Beyond the Myth of Collaboration: Creating Genuine Partnerships to Support Grandparents Raising Grandchildren

By Diane C. Holliman, Ph.D., Assistant Professor, Division of Social Work, Valdosta State University
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In the past decade, a demographic shift can be seen in increasing numbers of grandparents becoming caretakers for their grandchildren. New programs have emerged to meet the needs of these families. This narrative was written collaboratively by three faculty, two from social work and one from nursing, to describe the creation of a program for grandparents raising grandchildren in rural South Georgia. From this program, a Multilevel Collaborative Model is described to emphasize the importance of collaboration and empowerment.

"Over the river and through the woods to grandmother's house we go..."

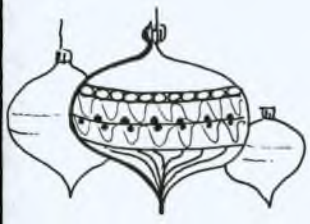
The words to this familiar song conjure up images of warmth and holiday togetherness, images that going to grandmother's house was a treat, something to be excited about long before the special day arrived! Grandmothers and grandfathers were valued, respected, and treated as important members of the family. The song, in fact, underscores the significant role that grandparents traditionally have played in the lives of their grandchildren. For generations these individuals have served as caregivers for their grandchildren, and often they have filled essential gaps when parents were away or

temporarily unable to care for their children. In the past decade, however, a profound demographic shift can be seen in the increasing number of grandparents who have become permanent caretakers for their children's children. Children no longer have to travel for a holiday visit; grandmother's home is now their home.

Project Healthy Grandparents

Project Healthy Grandparents (PHG) is a university-based program that provides social, medical, and legal services to grandparents who are raising their grandchildren in rural South Georgia. Funded by the Georgia Department of Human Resources (DHR), Project Healthy Grandparents Valdosta is an affiliate of *Project Healthy Grandparents* of Georgia State University in Atlanta, Georgia. PHG services include a monthly educational/support group for grandparents, a support group for grandchildren, nutritional education modules, and recreational and social activities appropriate for all family members. In-home support services are provided to each family through frequent visits by social workers and registered nurses. To supplement the visits, PHG staff members maintain frequent telephone contacts with each family. Additionally, comprehensive legal assistance on topics such as adoption, child custody, wills, and insurance policies is also made available to grandparents. PHG goals include monitoring the medical and psychosocial needs of both adults and children in each household, increasing family empowerment, and enhancing family social supports while decreasing family isolation. As a prevention program, PHG serves approximately 25 families each year.

At this year's Christmas party, one of the highlights of the afternoon was a rousing rendition of "To Grandmother's House We Go," a song that has become a favorite of everyone associated with the program. As



the pianist banged out the melody, the staff looked around the room – filled with the familiar faces of grandparents and grandchildren, current and previous participants. Perhaps because of the nostalgia of the moment, the staff began to reminisce about the many experiences that we have had during the past three years. We have shared a great deal.

When PHG first began, we thought of ourselves as educators and professionals, so-called "experts" who were trained to help these families. It didn't take long to learn that we were the students and the real experts were the PHG grandparents. They have taught us much about their lives. Compared to older adults who are retiring or completing their parental responsibilities, our grandparents are beginning the parenting role all over again. At a time of life when they are faced with limited incomes, the financial burdens of childcare are increasing. These grandparents have experienced gut-wrenching tragedies that have devastated the lives of their own biological children, yet they have still stepped forward to raise their children's children.

Our grandparents have told us that that they are often treated with disrespect by professionals who are supposed to help them. Even school systems that are responsible for educating the grandchildren often do not know how to respond to "older" parents. At times some educators appear unsure of what to do when a report card is signed by a grandparent rather than a parent. In many cases grandparents must fight for legal custody of the grandchildren even though they know only too well about the impact of their biological children's drug abuse, crime, or HIV/AIDS. Rather than being considered as an invaluable resource for the grandchildren, grandparents tell us that many times they are treated as if they are interfering with parental rehabilitation or family reunification. In this narrative we want to tell the grandparents' story.

We also want to tell the PHG story. PHG has had an impact on those of us who have spent much time developing the program. Over the past few years the words to the song about the visit to grandmother's house have taken on a new and different meaning to us as well as to the families. We no longer view the song as a story about a grandchild's visit to a grandparent's home. Instead, the song has come to symbolize the reality that it is PHG staff members who have gone over the river and through the woods—to where our clients live. In doing so, our perspective has been changed. We have learned about a group of clients who, in small ways, are making profound changes in the lives of their grandchildren, and ultimately for society, because of the high social, financial, and psychological costs of out-of-home placement. Mainly we have learned that grandparents have much to contribute to families, communities, programs, policies, and the knowledge base of the helping professions.

Creating this Narrative— Who is the "we"?

In the narrative "we" are three people who wear many hats. Marty Giddings is Project Director of the PHG grant and Associate Professor in the Division of Social Work at Valdosta State University. Sue Closson's titles include Nursing Coordinator for PHG and Assistant Professor of Nursing. Diane Holliman is an Assistant Professor of Social Work who has been a Summer Grants' Administrator and Social Worker for PHG. We came together through Project Healthy Grandparents and through our work with the families. In this narrative we hope to share our perspectives on collaboration and emphasize the value of incorporating clients and their needs into a comprehensive program.

The Beginning of Collaboration

We knew that the expectation of collaboration was woven tightly into Project Healthy Grandparents' grant from the outset. Because collaboration now is seen as such an important way of containing costs and providing quality services, the process is reflected in many grants, programs, and policies. As we expected, the professional literature addresses the value and methods

of collaboration (Abramson & Mizrahi, 1996; Adams & Nelson, 1997; Bronstein, 1999; Graham & Barter, 1999; Mitchener & Field, 1998; Mulroy & Shay, 1997; Selber, Mulvaney, & Lauderdale, 1998; Urwin & Haynes, 1998), but we have found few step-by-step instructions or manuals to guide us in the development of a viable social service program. It is almost as if collaboration is just expected to happen by magic. There was no magic, however, in the endless hours of planning, talking, hiring and actively managing the program by our PHG staff. Our story isn't about understanding the importance of the collaboration. Our real story is about how difficult it is to create a genuine partnership with colleagues and clients and to sustain this level of collaboration over a long period of time.

A pyramid in the South Georgia swamp

PHG is based on a multi-level collaborative service model composed of pivotal individuals and organizations. In order to support grandparent-headed families and to link the families with needed resources, we created a seven-tiered collaborative structure to under-gird the program. It would be nice to say that we developed the model before we implemented the program, but it is more honest to say that the model evolved as the program developed, a method described as "living in our house while building the house." Oddly enough, we ended up creating an organizational model that looks somewhat like a pyramid. PHG is constructed of a series of seven stair-step levels. Almost daily we are reminded that each organizational level is absolutely essential to the overall structure. Our sturdy South Georgia pyramid has arisen in a setting of live oaks, slash pines, and swamplands. Kinship and friendship ties run deep here in a community that lacks both comprehensive human services and a public transportation system.

The multi-level collaborative model

Briefly we will describe the PHG model and discuss the construction of each layer, a process that has spanned three years. The following levels of collaboration are included:

Project Healthy Grandparents Multilevel Collaborative Model

1) collaboration between the State of Georgia Department of Human Resources (DHR) and state universities; 2) collaboration among four state universities; 3) partnering between Project Healthy Grandparents and local community agencies and professionals; 4) collaboration between two academic units at Valdosta State University; 5) collaboration between faculty members and students; 6) collaboration between PHG and grandparent-headed families; and 7) collaboration between the grandparents and the community. The seventh layer forms the capstone of our pyramid and has become the most important of all.

State-University collaboration

Our story begins in the summer of 1997 when Marty received a telephone call from a colleague asking her to join a group of nursing and social work educators who were seeking grant funding for a program designed to assist grandparents raising grandchildren. The group was particularly excited by the possibility of an innovative partnership between the Georgia DHR and several state universities. The purpose of this prevention program was to provide support to grandparent caregivers in order to keep their grandchildren from entering the foster care system. The partnership was perceived as mutually beneficial to all participants, a win-win situation. Since this population of grandparent caretakers has been ignored by most service providers and policy makers,

the new partnership could provide cost-effective interventions to families through the use of innovative service delivery methods, such as a reliance on professional student interns. At the same time the educational institutions could benefit from expanded research, teaching, and service opportunities for faculty and students. Within three months, we were all pleased to receive word that four university PHG proposals had been funded. We were ready to go to work.

Bridging university boundaries

Once the grant was funded, collaboration among the university faculty members began in earnest. Among state colleges and universities there is often serious competition for needed resources and, in particular, financial resources. If anything, it was the absence of traditional rivalries that was most striking about the collaboration that emerged. Rather than each university's attempting to create the "best" program at the expense of the others, the four schools appeared to be intent on creating the "best" program to fit their particular geographical region and population of grandparents. Immediately after each university received notice of the grant funding, representatives met for a two-day PHG orientation that was hosted by Georgia State University's PHG program. The workshop was especially helpful for the newly funded PHG programs, and we were able to hit the ground running.

Collaboration between PHG and the community

Before submitting the PHG grant, several of us conducted a community needs assessment of existing services. As part of the process, we spent countless hours on the telephone setting up appointments with agency administrators, including the directors of the district health office, Department of Family and Children Services (DFCS), mental health, Head Start, Council on Aging, Georgia Legal Services, Inc., as well as the superintendents of schools. When we asked each administrator to describe services that were available to grandparent-headed families, they all said the same thing, "There are no existing services." Administrators indicated that they had seen an increase in the number of grandparent families over the past few years, but no one seemed to know how many of the families resided in the community since no demographic or census data was available. Soon it was apparent that we had stumbled upon a hidden population of individuals with significant social and medical service needs. Perhaps because we wanted to fill a genuine service gap rather than to present the organization as competing with existing agencies, PHG began with and continues to enjoy strong community support.

Scaling the walls of the ivory tower: academic collaboration

The College of Nursing and the Division of Social Work were given joint responsibility for implementing the grant. Several of us who had authored the grant proposal were asked to develop the actual program. We all met for the first time in a formal conference room with a long, wooden table. We, the faculty members, entered the room with great anticipation, hoping that the inherent goodness of the grant would eclipse the barriers that often plague collaborative efforts between academic departments or units. However, the deans of both schools also entered the room, and in the blink of an eye the politics of academia landed squarely on the polished conference table.

In every negotiation and decision, two university departments and deans were explicitly or implicitly involved. Questions arose, both stated and unstated. How would two professions implement one program? Who would run the program? Was each dean to be present at each meeting? Where would staff meetings be held? Where would PHG be housed? Who would chair the meetings? When the project began, all of us were assistant professors with neither the power nor the experience to provide answers to these difficult questions. The situation was resolved somewhat unexpectedly by the decision of both deans to withdraw from the planning process. We never knew exactly why the deans withdrew, but both of them remained quite supportive of

the program. Their withdrawal had the result of empowering us as faculty members to begin our work. Unfortunately, however, the relief that we felt was short lived because we realized almost immediately that we had no earthly idea of how to talk to one another.

Foreign language 101

When interdisciplinary collaboration is involved, each discipline brings its own values, ethics, perspectives, and procedures to the table. Neither discipline realized that we spoke two different professional languages! Subtle communication glitches sneaked up on us when we least expected them. For example, during our first few months of operation, the staff decided that we needed a pager. Sue, our nursing coordinator, had extensive on-call experience in hospitals and clinics and was given the pager to wear in case of medical emergencies. The first time Sue's pager went off, she immediately thought that she was facing a life-threatening medical situation involving a grandparent or a grandchild. Adrenaline flowing, she answered the page, ready for action. She was absolutely floored when she discovered that her "emergency" call was from a grandmother who was a "bit concerned" about having a new grandchild in her home. We now laugh about this incident that taught us that even a simple word such as "emergency" has different connotations for nurses and social workers. Slowly and surely we began to create a joint language and shared meanings so that we could work together to serve our families.

Miscommunication still arises around such issues as case documentation. The nursing staff quickly adapted to the Subjective, Objective, Assessment, and Plan (SOAP) format of documentation so often used in medical settings. The nurses had no problem in using the format to summarize data that they gathered on home visits. In contrast, the social workers found that the SOAP notes were difficult to use. They returned from home visits with pages of psychosocial data and struggled to fit the lengthy case notes into a prescribed, close-ended format. Finding a single way of conveying significant medical and psychosocial information has continued to haunt our staff. The problem hasn't changed, but we have begun to laugh about communication problems, to predict when they are going to occur, and to use multi-disciplinary meetings as arenas for problem-solving.

Last year we decided to invite Sue to train social work students in the use of SOAP notes. This training was so helpful that we asked her to conduct regular in-service training sessions for our social work students on topics such as diabetes and hepatitis. No longer do we divide PHG issues into "nursing stuff" and "social work stuff." We have realized the incredible value of having another professional discipline at hand in order to respond to the complex, overwhelming service needs of the families. The first day at the conference table seems so long ago, because now we sit around the table not as potential competitors, but as valued friends and colleagues.

Collaboration between faculty and students and staff

Staff problems have provided our biggest headaches. Because we had to begin our program so quickly, there was not adequate time to build a PHG team. Particularly serious conflicts had the impact of dissolving the fragile multidisciplinary nursing-social work team into two competing disciplines within a matter of seconds. It is surprising that our most frustrating concerns had little to do with patient care or the delivery of client services.

PHG was initially housed in a cozy, yellow bungalow about one block from the main campus. We were assigned to share office space with another grant-funded program. From the day we entered the house, we were seen as interlopers. To make matters worse, we had a large staff. Our ranks included social work faculty and students, nursing faculty and students, and clients. There was a truckload of equipment, from toys to research instruments to stethoscopes to cholesterol kits. File drawers and empty closets were soon jam-packed with PHG supplies. Within days of our moving in,

the big house became smaller and messier. Suddenly, concerns began to surface regarding personal space, ergonomic desk chairs versus regular desk chairs, scheduling, access to telephones, and who would be in charge of the house key.

Because the yellow structure was a house—with a large, open kitchen, bedrooms that were now large offices, azaleas in the front yard, and a real bathtub in the bathroom—there was a false feeling of hominess. Sound carried well in the house and a comment that was made in one part of the house reverberated throughout the building. As often happens, hostile comments spread more quickly than friendly comments! The privacy to which we were accustomed in regular university offices did not exist. Thus, normal student and staff venting about problems with other staff was almost always overheard. Comments from social work students, such as "Those nurses don't know anything about writing psychosocial assessments," had the potential to erupt into an administrator's worst nightmare. How hard we worked to set boundaries on staff communications! How many times we failed! Sometimes, despite our best efforts and our best knowledge of human behavior, boundary issues and communication problems lurked around every corner.

It was our relationships with the grandparents and their families that finally brought the PHG staff together. As we began working with grandparent families, we found ourselves riveted by the overwhelming life situations that they presented. At the same time, they showed us their incredible strength as caretakers for their children. We, as a staff, were hooked! Working with the families infused meaning and passion into what we were trying to accomplish. And, as working relationships developed among the staff, trust began to take root, and slowly we began to draw our attention away from staff problems and to focus attention on the families. The staff turned into a professional team and the frequency of the conflicts diminished. There will always be staff concerns, but we have grown more skillful at handling problems as they arise.

Training our students and ourselves

As a university-based program, we are committed to training new professionals. We watch students come and go each semester. Just as soon as a group of social work and nursing students are well-trained, they leave us and we must start again. In social work practice texts, the final phase of the helping process, termination, is carefully described. Types of termination, reactions to termination, and evaluation of termination are outlined and, on the surface, the description of the process seems clear and easy to understand (Hepworth, Rooney, & Larsen, 1997). We have found that students have more difficulty with the concept of "real-world" termination. Our PHG staff spend one year working intensively with a small number of families, visiting client homes, sharing an occasional meal, and often being with families during good and bad times. The relationships established with the families tend to be quite strong. Even after PHG staff members have terminated families from the program, they sometimes come up with a variety of reasons to continue calling, visiting, or helping the grandparents. For example, one student asked if she could visit a family several weeks after the family had left the program. She told her supervisor about discovering a program for discounted medicines that she thought might help the family. Saying good-bye is extremely difficult.

Surprisingly, we have discovered that the grandparents and grandchildren are more accustomed to relationship termination than the students. These individuals have become accustomed to staffing changes in other agencies through the use of student interns and resident-based medical and social services. Thus, the grandparents and grandchildren have grown quite skilled at predicting when a new group of students will come and when the old group will go. December, May, and August are generally the months of transition. And, because the grandparents predicted and even accepted these endings and beginnings, the staff learned to follow their lead. As has happened so many times, the grandparents taught us how to make

these transitions easier for everyone.

Collaboration with grandparents

Many different types of grandparent families participate in our program. Most of the families are African American, but we also have a number of Eruopean-American and biracial families. Our families tell us that their lives have been impacted by the absence of the grandchildren's biological parents. Additionally, PHG families have shown us the severe impact of issues such as chronic poverty, rural life, and race on their lives. Serious medical problems are common among these grandparents, including obesity, diabetes, hypertension, and asthma. Four of our grandparents have died since we began. About a third of the grandchildren are beset with developmental disabilities, learning disabilities, malnutrition, and the results of long-term physical and sexual abuse.

As revealed on the rapid assessment instruments that we use to measure grandparent resources, such as time and money, grandparents tell us that they have no time to do things such as go to the hairdresser, take walks, exercise, or sleep late, and that they have no money left over to save, take vacations, go to the movies, or eat out. Surprisingly, however, when PHG grandparents are asked about the things that they value most, they state emphatically that they do not know what they would do if they didn't have their grandchildren to take care of. Depression and despair co-mingle with love, concern, and determination.

As a European-American administrative staff, we have actively recruited African American staff and students. We have sought feedback from leaders of the local African American community, arranging cultural diversity training for students and staff. We have made our share of mistakes, but we believe in talking openly with our grandparents about issues of race. One of the first things that we ask a family is whether they want us to call them African American or Black. Sometimes they say African American, sometimes they say Black, and sometimes they say that it really doesn't matter. One of our grandmothers who is nearly 60 years old told us that it doesn't matter what she is called as long as she is treated with respect. However, her adolescent grandson disagrees. He has asked to be called "African American," telling us that the label is very important to him.

In our program we are especially sensitive to meeting the needs of biracial families who sometimes are even less visible in the community than other grandparent families. PHG staff members have always sought publicity for our PHG events and we always pester the local newspaper for coverage of our family recreational events. After a particularly successful PHG picnic celebrating National Grandparents' Day, the local newspaper printed a wonderful picture of one of our biracial families enjoying a picnic lunch together. Because our community is extremely rural, we were curious as to whether we would receive negative comments, questions, or publicity about the photograph. We were surprised that all of the publicity generated by the photograph and newspaper article was extremely positive. In fact, as a result of the publicity, we received a large number of referrals during the following week. The staff was pleased that PHG could be seen as a program that serves a truly diverse group of families.

We often find that when we, as PHG staff, decide that we have become culturally competent or that we understand our families, we will be humbled. There was so much we didn't know. For example, one of our mistakes occurred when we assumed that a majority of our South Georgia families would view the church and organized religion as a valuable source of social support. Whereas many PHG families are active and involved in their churches, there is another group of grandparent families who feel abandoned by their congregations and alienated from the religious community, particularly at a time when they have tremendous personal needs. Another mistake that we have made is related to our erroneous belief that the grandparents may have

difficulty in managing their money because of their limited incomes. Instead, we have found that many of these grandparents have demonstrated great savvy in stretching their financial resources so that they can provide for the needs of the children.

Whose empowerment is it anyway?

One of our favorite PHG stories has become a metaphor for genuine client collaboration. Among the numerous tasks faced by staff at the beginning of the program involved the need to structure the monthly support groups. Since both social work and nursing faculty members were experienced in conducting support groups, we approached the task with great enthusiasm. The faculty members and program staff met for hours to create a group structure. However, in reflecting on our hard work, it is apparent that we committed a mistake that has been perpetrated on generations of clients. While verbalizing the principle of client self-determination, the only groups that were empowered by the support group planning committee were the faculty and staff. We neglected to seek input from the clients, neither surveying their interests nor asking them to join the planning committee.

What emerged from our efforts was a support group as defined by professionals. We generated a list of local experts who could speak to the grandparents on topics that we decided were relevant, such as legal issues, medical and health-related issues, finances, discipline and parenting techniques, and drug education. From time to time we requested input from the participants on future programs. In general, we received little feedback. Interpreting their silence as disinterest or affirmation, we continued our zealous parade of speakers. What never occurred to us was that the grandparents saw through our notion of empowerment and chose not speak up to educate us about what they wanted. If we could not trust them to plan a support group for themselves, the unspoken question remained, "How could we trust them with a grandchild?"

At first we met in the small, yellow PHG house. Not surprisingly, the group maintained an odd, stiff atmosphere despite our best efforts. Speakers came and went, but typically they were received politely, with only superficial comments from the grandparents. We soon outgrew the small meeting room and, again, with no input from participants, we moved the meetings to a local African American church. One of the church members, an attorney on the PHG board, suggested that the new location would increase attendance. We met at the church for about a year, and although attendance increased somewhat, the stiff atmosphere remained. Finally, due to changes at the church, PHG found itself in search of another meeting place. Our first thought was to meet in a public library near the church. This library was in the "African American" part of town and we thought that it would be convenient for clients. However, at the last minute, we could not book our meetings at the library and, as an afterthought, we scheduled the meetings at the main branch of the public library that was near the university and local hospital.

Our real educational/support group program began the day that we told the grandparents that we would be moving to the main library. In looking back, that day was a turning point. We expected the group to be disappointed but, in fact, they were delighted. One of the African American great-grandfathers, a community activist, informed us that the move was wise. He commented that meeting in the African American church kept white families from attending. The grandfather thus injected his personal perceptions of the deep racial division that existed in this small southern town that was split down the middle symbolically and geographically. A surprised staff realized the accuracy of his perceptions. He suggested that PHG needed to create a support structure for grandparents of all races.

The poignancy of his comments was apparent to the staff, who had been blinded by the wish to present a program that exhibited racial neutrality in a community in which there could be no racial neutrality. Rather there was only the illusion of not

mentioning race openly in order to create the perception of neutrality. The words of this wise great-grandfather made the staff realize that we had been derailed not only in our ardor to create a good program, but also in our neglect to seek participant feedback. The so-called experts in client determination had fallen into the same trap as so many have before us. We had indeed empowered the staff, not the clients.

The top level of the pyramid: Empowerment of the grandparents

During the first support group meeting in the main library, PHG was transformed into a client-owned program. On a hot July morning we arrived early and waited for the grandparents to gather. Nervously, we kept looking at our watches since the morning speaker was late and we had not considered what to talk about if the speaker did not arrive. Sue came up with the notion of asking the librarian to take the grandparents on a tour of the library. The librarian was genuine in her welcome and talked about many aspects of the library. She encouraged the grandparents to bring their grandchildren to check out books. The librarian exhorted everyone in the room to sign up for a library card before they left the building.

Once the librarian had finished, Sue and I turned to the room full of grandparents—painfully aware that an hour and a half remained with no speaker. Silence descended on the room. Slowly our articulate, wise great-grandfather began to speak. "You know," he said, "sometimes we don't need a speaker at these groups." Taking a deep breath, he continued, "Some of the speakers talk so much that grandparents can't say anything." Nods and murmurs of assent arose from those around him. "We want to become a family and that's hard to do with so many speakers." We sat quietly, listening to the increasing cadence of his words. "We don't want so many speakers—we just want to talk. You know, we are a group of mostly poor people. But, that doesn't mean that we don't know what we want. We need to talk and we need to come together as a family. We need to learn from each other and we can't do this with all these speakers."

As if on cue, the whole group began to state their agreement. With both excitement and chagrin, we realized that the staff had been "fired" and for the first time in two years, members felt free to stake a claim on their own group. Genuine empowerment had occurred. We realized the profound significance of the interaction. We then asked them what they wanted the groups to be like. Their responses were crystal clear. The great-grandfather, now a spokesperson for the group, stated that they wanted the speaker to talk for 30 minutes, to answer questions, and then to leave. Why? So that the grandparents could have time to talk. As a final note on empowerment, one of the grandmothers asked for everyone's name and telephone number saying, "If we are going to be family, then we need to get to know each other and to be able to call each another between groups."

I cannot think of a professional text that has a better description of empowerment. As PHG has developed, the clients have begun to find their voice and some of these individuals have begun to assume leadership positions in the community. The great-grandfather is now a community activist, and whenever possible, serves as a community spokesperson for PHG. He has become increasingly articulate in expressing the needs of grandparent-headed families. It is interesting that PHG now receives more self-referrals than agency referrals. Grandparents talk about PHG and share the information about the program with their neighbors and friends.

One of the most important things that we have learned over the past few years is that grandparents who take responsibility for raising these children are not an invisible population except perhaps to policy makers. Rather, they are quiet leaders in their families, churches, and communities. Their immense societal value has been misperceived by professionals and those in "the system." As we continue the PHG program, we are finding ourselves devoting more time to the seventh level of our pyramid, as we encourage grandparents to use

the political system and to call and write representatives, senators, city council members, and board of education members to advocate for their children. However, political activism is only a part of the topmost layer of our organization. Grandparents have been empowered to consider adopting their grandchildren when appropriate and trained in handling chronic medical conditions such as diabetes, asthma, and hypertension. We have encouraged grandparents to complete their GED, to further their education, to re-enter the workforce, and to learn about computers so that they can help their grandchildren. It is the impact of the topmost layer of the pyramid that may become the most long-lasting.

Conclusions

The top layer of the PHG pyramid, like the topmost layer of all pyramids, reaches both upward and outward. Through our organizational structure we have attempted to provide the grandparents with a solid base—a foundation of sound medical and social work services – a base through which grandparents can learn to access needed services and supports for their families. The PHG "base" offers a workable, valuable model for grandparent empowerment. We hope that all of the families in our program, both current and previous participants, can learn to reach up and out—beyond themselves—through political activism, education, employment, volunteerism, or service. As an organization we have been awed by the contribution to their grandchildren, to others in their families, to their friends, to their communities, and to society as a whole. Their unique experiences and their unique perspective have made a difference for those around them. We, as PHG staff, are grateful to have been schooled in their wisdom and determination. Importantly, however, we have attempted to apply every bit of our own professional knowledge and expertise to support them in finding their voice and to link them with every possible resource to support the noble work that they have begun. In this way all of us—the PHG staff, the grandparents, the grandchildren, and the community—can continue to reach new heights.

References

• Abramson, J., & Mizrahi, T. (1996). When social workers and physicians collaborate: positive and negative interdisciplinary experiences. *Social Work, 41*, 270-81.

• Adams, P., & Nelson, K. (1997). Reclaiming community: An integrative approach to human services. *Administration in Social Work, 21*, 67-81.

• Bronstein, L. (1999). Interdisciplinary collaboration between social workers and other professionals: The design and development of an assessment instrument. Unpublished doctoral disseration: Barry University.

• Graham, J., & Barter, K. (1999). Collaboration: a social work practice method. *Families in Society, 80,* p.6-13.

• Hepworth, D., Rooney, R., & Larsen, J. (1997). *Direct Social Work Practice.* New York: Brooks/Cole Publishing.

• Mitchener, C., & Field, K. (1998). Identity and boundary tensions when educators and mental health professionals collaborate: between wish and reality. *Child and Adolescent Social Work Journal, 15*, 497-512.

• Mulroy, E., & Shay, S. (1997). Nonprofit organizations and innovation: a model of neighborhood-based collaboration to prevent child maltreatment. *Social Work, 42,* 515-24.

• Selber, K., Mulvaney, M., & Lauderdale, M. (1998). A field education model for developing quality agency partnerships. *Journal of Teaching in Social Work, 17,* 121-36.

• Urwin, C., & Haynes, D. (1998). A reflexive model for collaboration: empowering partnerships through focus groups. *Administration in Social Work, 22,* p.23-39.

GRANDPARENTS RAISING GRANDCHILDREN: A SCHOOL NURSE PERSPECTIVE

By Phyllis Powell Pelt, MS, RN, Director, School Nurse Certification Program, University of Illinois College of Nursing at Chicago

This nineteen-year perspective on grandparents raising grandchildren is offered by a school nurse who has identified and worked with custodial grandparents and grandchildren in suburban and urban elementary school settings. She largely credits administrative support and flexibility for allowing her to use her school nursing leadership skills to develop strategies to meet the multidimensional and continuous challenges of these "non traditional" families. Services rendered from the school site on behalf of custodial grandparents and grandchildren made a difference; however, a coordinated comprehensive school health approach is recommended as a beginning solution to this growing societal problem.

The Early Years

When I became a school nurse in 1981, I was unaware of how grandparents I encountered in my day-to-day contacts in the school environment would affect my whole perspective on school nursing. During my first seven years of school nursing, I had many opportunities to interact with grandparents, but there was always a predetermined agenda. Chances were if I needed to meet with them, it was because their grandchildren had demonstrated two or more delays in a developmental area and were suspected of having some type of special learning needs. For written reports, mandated assessments had to be done, health histories taken, hearing and vision status determined, and health concerns discussed.

As an African American, I was quite accustomed to involvement with intergenerational families. If a sixty-ish looking grandmother accompanied a child to evaluations and gave the necessary health information, I classified the situation as culturally appropriate. This intergenerational social phenomenon has a long history with African American families, especially if the families came from the south. Unless there were obvious concerns or a grandparent asked me about an available resource, I did not routinely provide that information. There was no extra time to fit things in aside from those standard activities mandated by governing bodies like the Illinois State Board of Education, Centers for Disease Control, or the National Association of School Nurses. At the time, I was the only nurse for 3,500 students in nine schools, early childhood through eighth grade. This large student caseload made it almost impossible to provide proactive supportive health services.

I thought nothing of a grandparent bringing a toddler with special needs to the assessment sites or being the person I would talk to while on a visit to the home. My paperwork only required that I document the source of information— not the why. In these cases I did my job. I did not expand on it; no one asked me to. I was under too much pressure to focus on school health mandates and to provide in-service training to faculty and staff about early case finding activities to do more. From what I learned from other school nurse colleagues, my schedule was normal and I accepted it. However, this feeling did not continue as my contact with families with special needs increased.

Identifying a Need

When I look back, I am sure I met with grandparents serving as primary caregivers for their grandchildren. But this was in the early 1980's before the phenomenon of "grandparents raising grandchildren" had been brought to the general public's awareness. It was not uncommon for grandparents to help their children with childcare, usually because of work schedules and economic considerations. But even before reading about this emerging trend in the family structure, I noticed that the grandpar-

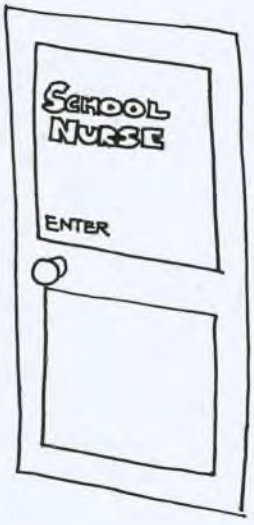
ents in contact with the elementary schools were changing. They were not what I had classified as the "typical" grandparent. Many were younger than fifty-five years old, working full-time jobs, and not talking about retirement. These grandparents assume custody of grandchildren because they thought their home would be a better place than a foster home. In contrast to grandparents of yesteryear, these grandparents were not just helping adult children because they were out of town, in school, or busy doing their own thing. These grandparents were the primary care givers. They were IT!

What stuck in my mind during that time was the level of assistance these custodial grandparents needed. Usually it is the parents' or guardians' responsibility to arrange clinic appointments for their children. Grandparents of all ages seemed to have varying degrees of problems accessing care within the period of time designated by the school, before and after-school centers and other child care facilities. Grandparents commented that they had difficulty with the non-human interactive message centers that many clinics had in place. When calling health providers, grandparents reported a low tolerance for being kept on hold as was the case with many of the HMO's at that time. Many had difficulty hearing and understanding what they were supposed to bring to the appointments. If they did remember to have the required documents completed by the health provider, there were problems remembering or bringing back the documents required for admittance into the school. In many cases it took the collective expertise of the school social worker, administrator, and the school nurse working collaboratively to assist families.

The challenge for me was to communicate to my principals the need to have extra time to serve as a liaison for these families since this service was not seen as an automatic part of the nurse's job description. It meant that some of my non-nursing duties would need to be redirected. This signified an expanded role for the school nurse and was especially necessary in settings where a school social worker was not assigned. The process of serving the needs of groups of grandparents who were raising grandchildren was a slow process. The fact that legislators, policy makers, and administrators were not aware of this "custodial grandparent" situation did not help.

Expanded Role for the School Nurse

In 1988 I became especially touched by the implications for educators, school staff, and the broader community indicated by grandparents raising their grandchildren. At the time I was working at what was to be a model for other community schools. It was located in one of the poorest communities in the country. The children who attended represented the impoverished community and were randomly chosen by a computerized lottery to attend this demonstration school, which was charged with developing a "model for the nation." The school was housed in a renovated Catholic school, between a methadone treatment center, an unused Catholic Church that housed a food pantry, and a day program for the homeless. It was at this time that I had the opportunity to really learn about the struggles and sacrifices of grandparents who were raising grandchildren.

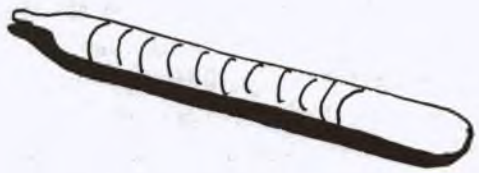


During this experience, I began to realize how the role of the school nurse could be pivotal in responding to the needs of grandparents raising grandchildren. I was there to help identify appropriate resources and expedite the use of these resources. Sometimes this meant arranging for the grandparent to make agency calls from my office instead of using a pay phone located on a street corner. Many times it was necessary for me to initiate the call on behalf of the school and grandparent, in order to eliminate some of the "red tape" common to many

health agencies. Eventually, I learned what documents grandparents needed to bring with them at all times in order to expedite services. At the time, there was no school social worker. Fortunately for these grandparents, the school had a holistic approach to service and time to assist them was part of our program. As a result of awareness of a wide range of social problems, both clear and hidden, the school administration chose to hire two social workers who enhanced the school-based services and served as a resource for me and the other school team members.

Most of the grandparents I had contact with had informal "temporary" custody, which basically meant they did not know when the biological parents would come to claim their children. In many of the cases where biological parents did come to whisk their children away, the children would end up living with the grandparents again, sometimes within the same school year. This disruptive cycle would often repeat itself several times in a child's educational career.

It is a known fact that many of the situations that resulted in the grandparent having informal "temporary" custody are painful for and embarrassing to the grandparent. Drugs, incarceration, violence, HIV/AIDS, cancer, abandonment, and death are among these factors. Because of this, the grandparents did not really talk about these situations. However, grandchildren would openly share this information. Many times children would refer themselves to the health office with a stomachache, headache, or complaints of tiredness. It was my practice to take their temperatures when they came in. I taught the students to take their own temperature by showing them how to use paper thermometers and informing them of the normal limits. Children verbalized comfort in this temperature -taking procedure and practiced it in the health office. The atmosphere of trust and comfort usually resulted in spontaneous sharing of those situations that "really" concerned them. It was from young grandchildren that I would learn that a mom had been found strangled in a hotel room, or discovered hung in a jail cell,



or did not pick the child up after a "visit" to grandmother's house.

It was not uncommon for children to come and ask for their temperature to be taken on the anniversaries of the death of their parent or the anniversary of an incident that caused them to be in their current situation. The school health office was seen as a safe place to come for mental or physical rest as needed. I did note on the child's health folder the date and time and reason of each contact. In order to prevent abuse of this process and in order to spot symptoms of emerging problems, I often consulted with school team members. The stories the children shared were hard for me to hear, but I listened to those stories, knowing that telling them was one of the only healthy ways they had to express what was happening in their lives. Quite frequently they were preoccupied with what was happening in their home lives, and this naturally carried into the school situation. From time to time, their stories sent me to debriefing sessions with the social worker or psychologist serving on the school's student support team. It did take all of us working together to help grandparents with challenges get through some of their very complex situations.

The social worker and the school nurse have many overlapping roles and responsibilities and it was always imperative that we stayed in touch with each other in the best interest of the family. When the school nurse or the school social worker were full time student services members and had offices that encouraged confidential communications for us and our clients, it was much easier to link our services. The creative use of time is a thread throughout all services that have been needed. I cannot emphasize too many times that reprioritizing the use of job time cannot be done without the support and understanding of the building principal. I am

glad that access to and regular communication with my principals were not a barrier in working to address the emerging needs of grandparents and grandchildren. Unfortunately, it has been my experience and understanding from other school nurse colleagues that this is not the case in many schools where poor families with challenges are found.

A particularly challenging incident involved a five-year-old girl who volunteered to share a handkerchief drenched in blood as part of Monday morning "Show and Tell." The teacher summoned me to her class because she knew that anything with blood on it was a concern as a possible source of infection and disease. I took the child with the bloody handkerchief to my office. The child told me that her dad had been shot in the front yard of her housing development. She wondered if her dad was dead, as no one at her house had said. She was naturally worried. My eyes swelled with tears but her eyes did not. Her grandmother had not called the school to warn of this trauma in the child's life. When I called the grandmother, I learned that the child's father had been in a gang related shooting and was alive but in police custody. The grandmother was not happy about having to share this "family business" with me and told me so. She had talked to the child and told her that this had happened on Friday and this was Monday so she should have "forgotten about it by now." The grandmother asked me to discard the bloody cloth since she could not come and get it herself without transportation. Before she hung up, she said with a sigh, "This too shall pass."

I could not believe the expectation of the grandmother that this five year old could just forget about such a traumatic incident. I was beginning to identify age- appropriate behaviors. It seemed as though grandmother was either in denial or immune to the impact of these happenings in her life because of the frequency. It was hard for me to know since I had not "walked a mile" in the grandmother's shoes. I was concerned about the coping and emotional needs of the grandmother as well as the child.

The grandmother was "outdone" that her granddaughter had brought the bloody handkerchief to school. I was allowed to refer the grandchild to the school social worker for "crisis " counseling, but not before grandmother told me of her discomfort in admitting that her granddaughter might be labeled "mental" for needing the services. Thankfully, because "listening time" was now a part of my schedule, there was time for me to allay grandmother's fears about the use of counseling services. At this time, I was serving as the "hub" coordinator for health and social services for the families of two hundred children ages two through ten.

This situation helped me to appreciate my pivotal role not only in clarifying the need for referrals, but also in renaming the services to help them become more acceptable to the clients of the school. Whereas this grandmother would not go to counseling, she would go to "talk times" with a social worker. It did not bother me that time had to be spent helping grandparents "rethink" or rename in order for them to move on and do what was needed to make it through the day. To this day, the practice of re-languaging is one that is used in the pre-service education of nursing students in my current position. My experience with re-languaging as a coping skill has been reinforced.

Coping was something I also needed to practice. At the end of a long day or when overwhelmed with the unique experiences of the families I served sometimes I fell into automatic pilot, and this is not always a good thing. I am reminded that especially when tired, I can slip into interview habits that are not helpful. For example, one morning a five year old was referred to the health office because she was sleeping soundly and snoring at her desk. Her temperature was 104. Out of habit, I said, " I need to call your mom." Before I could finish my sentence, she replied, "My mom is dead." I touched her shoulder, said that I was sorry to hear that her mom was dead, and proceeded to ask if her dad might be home. In a matter of fact tone she replied," He's in jail. He killed my mother." This interchange upset me

because it should not have happened. It is an example of poor questioning on my part. But it also points out a need to have more timely, systematic communications, especially when working with "sensitive" issues. This child had been in the school only one day and her enrollment form indicated that her grandmother was the custodial guardian. I had not seen this paper work, which was still being "processed." So, from that day forth when a child needed to be sent home, I routinely ask, "Who will be at home?" The simple act of rephrasing this routine question can be an act of support to the grandchild as well as foster children, as they adjust to their new situations.

Helpful Approaches

I was aware that the grandchildren did not want to look different from their peers and this was true for the grandparents also. They clearly wanted and needed extra services, but they did not want to "stick out" as needy. For example, many of the grandchildren had dental health problems that contributed to physical or mental absence (mental absence is my way of saying that the child's body is at school but their mind is not focused on school work.). Whereas dental examinations were required or recommended as part of the child's health profile and records, plans to help remediate the documented dental problems were not mandated. Grandchildren, in particular, reported frequent toothaches along with multiple cavities, visibly black and decayed teeth, and abscessed and misaligned teeth, impacting on eating and breathing. Because health promotion and disease prevention were priorities at the "model" school, and the infrastructure was available for creative planning, an all-school intergenerational "do not miss" family dental health field trip was designed. This intergenerational approach was acceptable to all and was well attended. Along with parents and other guardians, grandparents learned more about the need and resources for dental health. This approach created the supportive climate needed to increase follow-up on dental problems that had been previously documented or identified. Collaborating with the local dental college also increased appointment compliance with the needed benefit of identifying appointment times that decreased the amount of waiting necessary. It was a win-win situation. Further reinforcement of this health habit included an in-school, after-lunch tooth brushing program. Again, this was an example of helping grandparents by emphasizing daily routines that made a difference in the overall health and functioning of the children.

School Support

When I returned to my original assignment, which was in a suburban school serving diverse, middle to high income, mostly professional families, the type of contact I had with custodial grandparents shifted. Many of the grandparents that needed my assistance were new to the community. They wanted the best for their grandchild even if it meant moving from the old and the familiar. The fact that they had left familiar resources added to my challenge of trying to assist them in finding acceptable new resources. Many were nervous about trying to transport themselves from place to place. Evaluating the capabilities of the grandparent became as much a part of my job as evaluating the needs of the grandchild. For example, Percy's 71-year-old grandmother had had a stroke four weeks prior to my visit to her apartment. Percy had a health problem that affected how he gained weight. He weighed 25 pounds at age five. His early childhood teacher notified me because Percy was not bringing his liquid nutritional snacks to school and there was no back-up plan for what the school was to do when these snacks were forgotten. This grandmother did not realize that her expectations for Percy were not age or developmentally appropri-

ate. Helping her with a plan that would be realistic for Percy was the focus of my visit. We were able to work out a plan for her to send the supplements for the week and Percy would have the responsibility to come to the health office each day to get his supplement at snack time. The family was referred to the social worker for assistance in getting the phone turned on to improve timely contact with the school.

The Later Years

My interest in the growing population of grandparents and grandchildren mirrored my personal situation. In 1995, I focused my graduate research on African American parenting, grandmother role characteristics, and family solidarity. The studies indicated that families of all races are clearly affected in some way by our current era of epidemic drug use and abuse (Pelt, 1995).

Recently, I increased my involvement through sharing with diverse groups. Thanks to the knowledge and computer skills of a nurse colleague, a booklet compiled by the Illinois Task Force for Grandparents Raising Grandchildren entitled *Starting Points* has been made available via the internet at http://www.ebvonline.org/Grandparent/. This booklet is available free of charge by calling the Illinois Department of Aging at 1-800-252-8966. *Starting Points* contains a resource guide and information services for Grandparent caregivers including information on child development and health and coping strategies. The idea for encouraging community members to participate in uploading this information was inspired by national efforts to bridge the digital divide. Many grandparents are not aware that regular computer usage is an expectation for students. The fact that information needed by the family was on the Internet that families could access at public libraries and schools seems to be a natural way to expand resources that would impact on the quality of life. Now many of the grandchildren can help demonstrate to grandparents the increased resources available on the World Wide Web. Many times much of my job as a school nurse had to do with demonstrating how health and education were linked. Empowering families to access the information on the World Wide Web was a way to demonstrate to both generations the use of a new tool that was available for them.

One of my responsibilities is to remind families of what expectations exist to prepare for the highest possible quality of life. In today's health care environment, increased contacts with nurse practitioners are needed in order to assure positive outcomes. Safety recommendations for care have changed and there is no clear system of sharing this information with grandparents. Collaborating from the school site with other health professionals helped to bridge this gap. For example, grandparents needed to know that newborns are to be positioned on their back, not on their stomach. Putting a newborn on the stomach to sleep has been a practice that I would observe while doing a health history for an older sibling on a home visit. I have collected and taken easy-to-read pamphlets to laundromats, public aid offices, clinics, and bus stations, but there needs to be a more systematic way to inform grandparents of health and safety changes. Grandparents have voiced appreciation in learning what is expected and what steps can be done to achieve the goals they have for their grandchildren. It was exciting to see some renewed interest in watching their grandchildren learn to use the computer. I have seen tears in the eyes of custodial grandparents when they speak of the vicarious pride they experience as they see the new ways children are learning. Some grandparents have had very negative experiences in the school setting, and getting them involved in the fun of learning has been yet another challenge.

Advocacy

Currently, as the Director of the School Nurse Certification Program at the University of Illinois College of Nursing, I no longer have the opportunity to do daily health "detective work." But I work diligently to inspire my undergraduate and graduate nursing students to identify and advocate for services for this underserved aggregate of

grandparents and grandchildren. Our online school nurse certification courses have made it possible to expand the possibilities of improved service by registered nurses working in the school and community specialty setting (www.uic.edu/nursing/schoolnursing). The topic of the relationship and health implications between grandparents and grandchildren has been gradually infused into the curriculum in the Public Health, Mental Health, and Administrative Nursing Department at the University of Illinois.

My work with grandparents raising grandchildren has spanned over ten years in both urban and suburban school settings. It is clearer to me now that a system of responding to these vulnerable and often high-risk grandparent-headed families is critical. A team approach is necessary; the school nurse is only one member who responds to situations that vary greatly. A coordinated comprehensive health program, such as the one modeled by the American Cancer Society and the American Lung Association should certainly be a consideration as a proactive community strategy (Marx & Wooley, 1998).

Meanwhile compassionate and creative team members will continue to do what can be done with the resources available to respond to the multiple urgent and many times hidden needs of these families.

The public health problems that have been factors in the increase in custodial grandparents are factors that affect us all in some way. Many times the grandchildren as well as the grandparent did not voice their issues—they either couldn't or wouldn't. Consequently, in many cases their faces and their situations stick in my mind more than their voices. As they let me into their homes and their hearts, I learned to become their voice for many of their school-related health issues. During this process, many of them became comfortable in speaking up for themselves.

When I speak to groups about grandparents raising grandchildren, I remind them that any one of these grandparent stories could easily be the story of someone they know. Lately, regardless of the group I am addressing—European-American, African American, wealthy, middle class, or poor if there are more than 15 people in the group, someone will say, "I know what you say is true, my sister just took custody of her three grandchildren," or, "It has happened to me."

Sooner or later, more people will find that these challenges will not be the odd stories of strangers. I see the issues facing grandparents raising grandchildren challenges not only for members of the helping professions but for the broader community as well. I am vigilant and passionate about this issue because I am a grandmother realistic enough to know that the services I am advocating for might be the very services my family will need.

I close with words attributed to Dr. Martin Luther King, Jr.: "We are bound together by an inescapable network of mutuality. Tied in a single garment of destiny. Whatever affects one directly, affects all indirectly."

References

• Marx, E. & Wooley, S. (1998a) *Health is Academic, A Guide to Coordinated School Health Programs.* New York: Teachers College Press. pp. 22-240

• Pelt, P. (1995). *African American Grandparents Serving as Primary Caregivers of Grandchildren: An Integrative Literature Review*; unpublished Masters of Science Project, University of Illinois College of Nursing.

SENSE-MAKING:
A REGULAR COLUMN

By Paul Abels, Ph.D., Professor, Department of Social Work, California State University, Long Beach

First Do No More Harm

"The 'patient who reports atrocities' has been, until that moment in the treatment situation when the actions are revealed, his only judge and jury." - Haley (1974)

When does something begin and when does it end? How did our earth start, and how will it end? Do ideas have beginnings and endings? When does a war start? Is it with hate, with the thought of empire and expansion, with the first shot, with the failure to negotiate? Does it end when an armistice is signed? We may never know when the Vietnam War really started, but we thought we knew when it was over. But it is not over.

The recent revelation by former Senator Bob Kerrey of his involvement in the death of at least 13 unarmed women and children while leading a raid during the Vietnam War, tore from the depths of our memory forgotten images, the death of American soldiers and innocent Vietnamese women and children. It reminded us of what was, and introduced others to a vile morass. Some social workers have known that there were still little wars being fought in the minds of some of the Vietnam veterans. Many came home in need of help and got it; we walked past others, painfully living their lives on the streets, and some of those, the "survivors", are still there. While none of the veterans could forget, most went on with their lives, piecing together a life. Some went on to be leaders, congressmen and senators.

Kerrey told of being troubled and guilt ridden for years by what had taken place. There were many restless nights, and terrible nightmares. His disclosure years after the killings was an effort to come to terms with what had unintentionally taken place and perhaps find some redemption and peace. His years of opposition to war, at some political risk, attests to this effort. He wonders how people will react to his story. "I mean, because basically you're talking about a man who killed innocent civilians" (New York Times, Vistica, p. 53). As the information emerged during the last few weeks, there have been calls for both condemnation and understanding. Some have accused him of using his previously untarnished war record as a means for personal gain. Others have reminded us of the nature of the war and the horrors innocent young men and women had to face in an extremely muddled, ruthless, ill advised, and morally corrupting undertaking.

There was a role for social work in the attempts to reorder disordered lives. Some actively opposed the war, but that is another story. What were the therapeutic efforts of the mental health workers that were used to help returning veterans from that war? Many had been involved in or witnessed atrocities and were seeking help because of those experiences. We might recall that the term "Post Traumatic Stress Syndrome" achieved its poisonous fame as a result of the Vietnam War. Two particular articles with distinctively different helping approaches come to mind.

In 1974, Sarah A. Haley, a social worker in a Veterans Administration hospital, worked with a number of veterans who were involved in atrocities. Her article, " When the Patient Reports Atrocities," highlights three of the cases. One is titled "A Case of Neurotic Guilt." Each veteran is seen individually on an outpatient basis and treated with what might be considered standard therapy. While the article amply covers the interactions between worker and client, the actual "practice" is not clear, nor is it clear

whether the patient's revelations have led to successful treatment. We do not see the outcomes, just the pain and the support. We are left thinking, "Is that all there is"? She is clear in stating that the veterans needed someone to talk to, and that they needed someone to trust. Haley *talks the talk* saying that, "It is critical that in every sense the therapist be "for real;" a "real person" more so than a transference figure, and a "real person" respectful of the veterans strengths and concerned about but not "put off" by their psychopathology" (p. 195). But does she *walk the walk*?

She concludes her well illustrated article by noting, "The Vietnam combat veteran who reports atrocities presents a special therapeutic challenge. The therapist's counter transference and real, natural response to the realities of the patients experience must be continually monitored and confronted for a therapeutic relationship to be established". (Haley p. 196). How real is a natural response that needs to be constantly monitored? How "real" are you when you see their "psychopathology?" In reflection, will the veteran who has seen through the illusion of the Vietnam War not see through the illusion of a worker offering the illusion of a relationship of trust?

The second article reports the work of Chaim F. Shatan, a psychiatrist who was at New York University and who worked with Vietnam veterans. Among the approaches to help was a focus on how the veterans could comfort, confront and support each other, and an effort to help them understand and deal with the external forces that had placed them in mental-harms- way. The article "The Grief of Soldiers: Vietnam Combat Veteran's Self-Help Movement" (Shatan, 1973) illustrates efforts to help these men gain control of their lives and to reintegrate into society.

Some groups he worked with took on the goals of mobilizing against the war. Other "rap" groups worked with others in prevention efforts with veterans as it became clear that the war damage to the veteran led to self destructive and "anti-social" actions.

He notes in one prophetic statement: "Vietnam veterans are in the headlines to stay-not only as POWs or war protesters. Any week's harvest of news contains its quota of hijackings, armed robberies, murders, and suicides involving Vietnam veterans-growing testimony that the official claim of few psychiatric casualties among these men is an artifact." (Shatan, p. 641).

Shatan's stance on therapeutic relationships differed from Haley's. "To be of aid, we must become as emotionally connected with the veterans as if we were ourselves war veterans, as if we were ourselves war survivors. But we should be forewarned: we, too, may have nightmares; we, too, may be unable to sleep, unable to talk normally to other people for days or weeks. Once we professionals admit the knowledge of the veterans into our awareness, we are changed in fundamental ways." (p. 651)

He reports efforts of the government to intimidate him; his mail was opened and friends questioned. No such problems faced Haley, and we don't know what she might have thought about the responsibility to go beyond the therapeutic to work for social change or social justice.

We don't know if Senator Kerrey sought any professional help. We know the consequences for politicians seeking office when the word gets out that they have sought such help. Did he have anyone to talk to - friends, the family religious leader?

Has he paid the price, is he guilty of anything to require further suffering?. Countless stories by veterans reveal their involvement in similar mind splitting excursions, sometimes in error, sometimes under orders, or in a rage against the killings of their buddies. They were often motivated by both the truth and experience of being shot at by those they thought to be civilians, and by the stories told about the enemy, both true and untrue.

Kerry is both hero and human, both killer and human, both human and "yederman." By revealing his story he has become a person who will have contributed to our understanding of the horror created by war and hate. It would be vital for us to understand what he has gone through and "do no more harm."

When we work with persons involved in the situations Kerrey and his men faced, and have had to live with all these years, it might behoove us as helpers to move away from seeing the veterans as the problem, and as Shatan was able to do, help the soldiers see that, at that time, society was the problem. Our profession needs to accept an approach to helping in which social justice becomes a parallel goal to whatever other help we may be able to give the client.

References

• Haley, S.A. (1974). When the patient reports atrocities. *Archives of General Psychiatry.* Vol 30, Feb, pp.191-196.

• Shatan, C.F. (1973). The Grief of soldiers: Vietnam combat veterans' self-help movement. *American Journal of Orthopsychiatry.* (43)4, July. pp. 640-653.

• Vistica, G.L. (2001). What happened in Thanh Phong. *New York Times Magazine.* April 29. pp 50-57, 66—68, 133.

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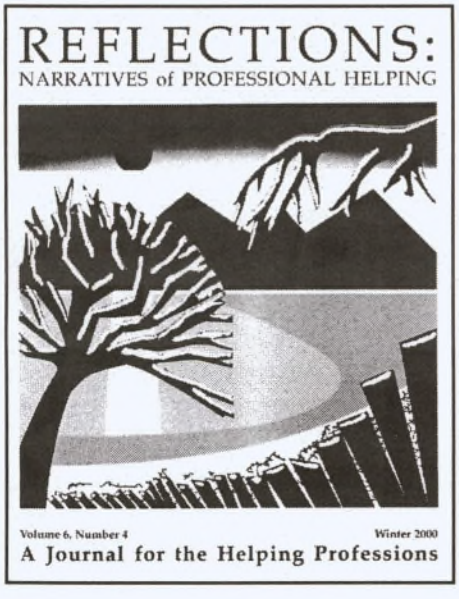

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